



COVID-19 OUTBREAK 30-MONTH UPDATE

Lebanon, October 2021. Usgure communities are turning up in large numbers to get vaccinated against COVID-19. Despite the lack of food being experienced in many parts of Somalia, families are prioritising their health. Volunteers from 'ururka Bisha Cas' give more prevention measures to be followed at home. Source: Somali Red Crescent Society

STRUCTURE OF THIS REPORT

The IFRC COVID-19 response operation is a global response composed 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 [Revised Federation-wide appeal](#) laid out the broad support needs. This update reports on the progress in executing this plan since the last operations update. **The 30-month report is the penultimate report of the operation. The final report will be issued in April 2023. From 2023 onwards, COVID-19 activities and legacy actions from this operation will be incorporated into the unified country plans of the IFRC Secretariat and National Societies.**

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 donor response, income, budgets, and registered expenditure at the end of the August 2022 reporting period, disaggregated by country, regional and thematic level.

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COVID-19

Federation-wide Overview

The pandemic is not over, the virus is still circulating, causing deaths and other devastating impacts. 30 months ago, we started our response with a mission to protect lives and livelihoods. Today, the IFRC network continues to support people affected by the pandemic by providing health related services, socio-economic support as well as investing in preparedness and strengthening their capacity to response.

In the recent Federation-wide data collection we received submissions of 95 National Societies. The number of submissions is slightly less than previous data collections as some 20 National Societies have either received no further funding or concluded their COVID-19 response related activities.

National Societies usually report their financial data in their local currency. As we consolidate figures, we convert all currencies reported into Swiss Francs. **In this update, and due to a major decrease in the Euro to CHF exchange rate, financial figures have noticeably dropped in their CHF equivalent, particularly in the Europe region where most of National Societies submit their financial data in Euros.**

This report is the seventh edition of the COVID-19 Federation-wide overview. Financial and operational data is as of 12 September 2022. Data on each National Society, disaggregated data and more details collected through recent round of data collection could be accessed through the COVID-19 Indicator Tracking Tool dashboard in GO platform.

Data Limitations

- **Missing data and breakdowns:** National Societies have diverse data collection systems and processes that may not fully align with the standardized indicators set by the COVID-19 operational response framework. Therefore, some National Societies might not be able to provide data for some indicators. 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.

Response

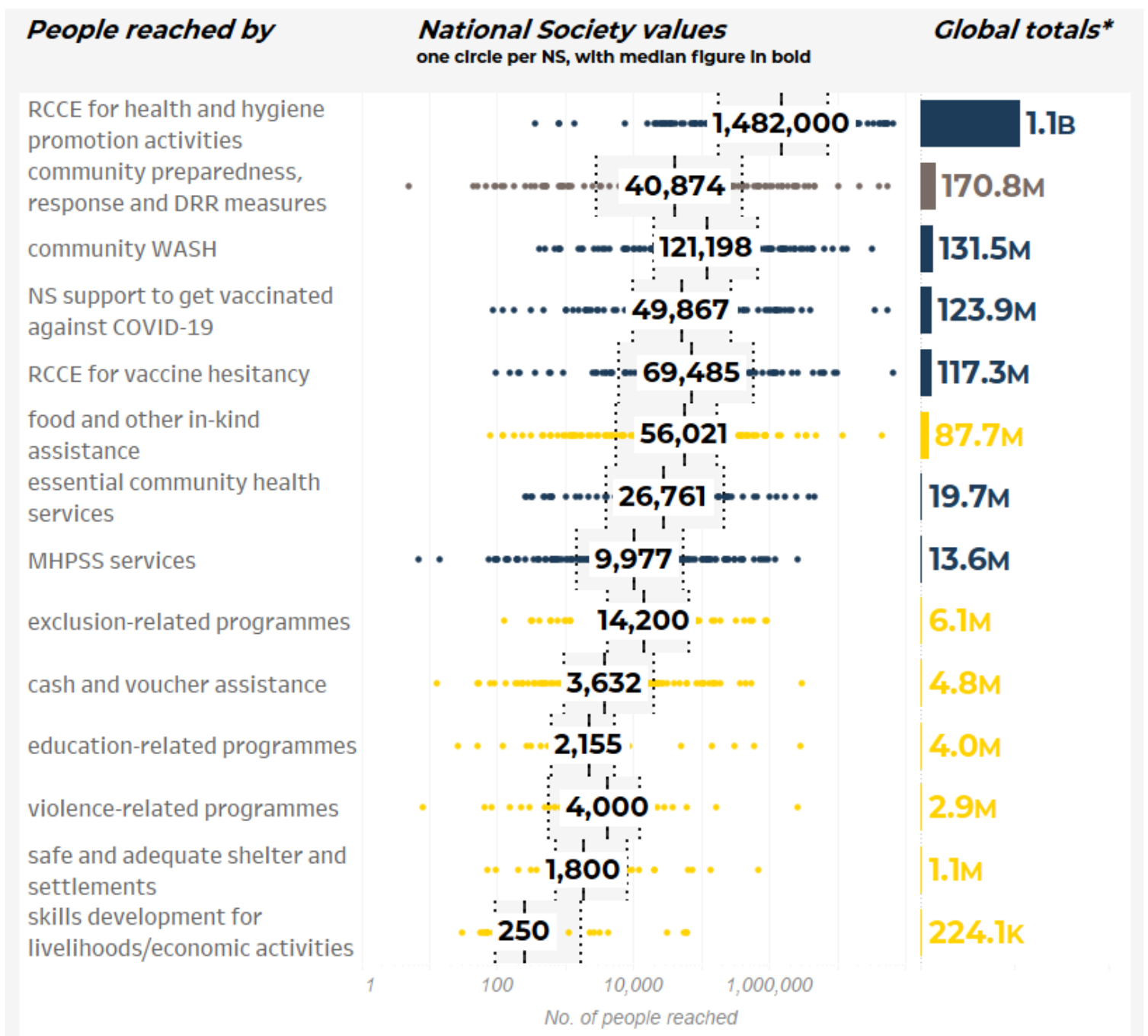
180 National Societies reporting operational information*

**number differs for each indicator*

Data related to most areas of response has been increasing at a steady rate over the past year but there is a noticeable increase in immunization data. We should note that immunization indicators were introduced last May 2021, to reflect the changes in the pandemic as vaccines became available.

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

PEOPLE REACHED BY INDICATOR



**Note: 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 **1.1B**
175 NS reporting

community WASH **131.5M**
124 NS reporting

essential community health services **19.7M**
74 NS reporting

MHPSS services **13.6M**
151 NS reporting

RCCE for vaccine hesitancy **123.9M**
84 NS reporting

NS support to get vaccinated against COVID-19 **117.3M**
98 NS reporting

vaccination through SIAs (children under 5 years of age) **3.0M**
29 NS reporting

routine immunization (children under 24 months of age) **838.3K**
33 NS reporting



1.9M
staff and volunteers trained on COVID-19 vaccine introduction
97 NS reporting



Health Facilities

14.5k

supported with IPC, WASH or other interventions to improve COVID prevention, detection or treatment
96 National Societies reporting

7.8M
COVID-19 cases in isolation receiving material support
99 National Societies reporting

45.7M
people tested
71 National Societies reporting

1.4M
contacts identified and/or followed
65 National Societies reporting



66 National Societies
providing ambulance services to COVID-19 patients

57 National Societies
conducting community-based surveillance for COVID-19 signs and symptoms

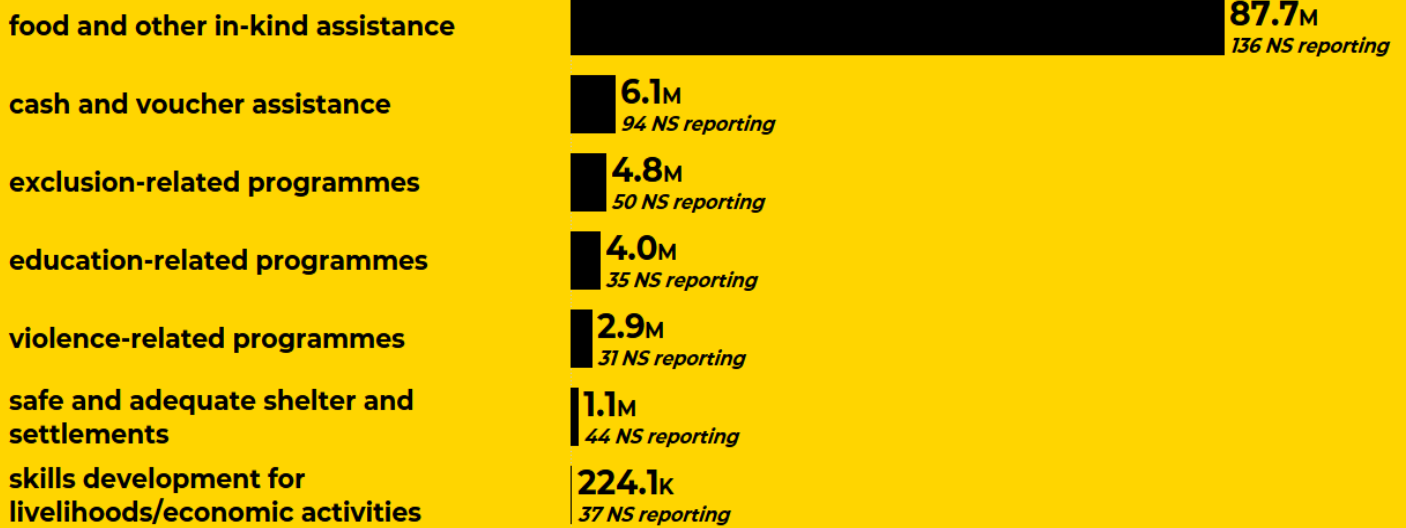


II: SOCIO-ECONOMIC

Total amount spent
CHF 615.02M

Tackle poverty and exclusion – Addressing Socio-economic Impact

People reached by



Community Feedback Mechanisms

1.8M

*community feedback comments collected
85 National Societies reporting**

** this figure is lower than the previous figure as a National Society advised of retrospective correction*

12.6K

*community feedback reports produced
67 National Societies reporting*

412.8k

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

1,991

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

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

III: NATIONAL SOCIETY STRENGTHENING

Total amount spent
CHF 131.93M

Strengthening Red Cross and Red Crescent Societies

Support to Volunteers



144

National Societies providing volunteers with insurance

*(fully or partially covered)
172 National Societies reporting*



171

National Societies providing volunteers with access to PPE

*(fully or partially covered)
172 National Societies reporting*

National Society Readiness

170.8M people reached by pandemic-proof DRR

176 National Societies reporting

152*

National Societies are included in government plans

179 National Societies reporting

** this figure is lower than the previously reported figure due to a retrospective correction*

158

National Societies have contingency plans

177 National Societies reporting

National Society Sustainability

50%

*Avg. core organisational budget funded**

116 National Societies reporting

** point-in-time indicator*

183

new streams for unrestricted income

126 National Societies reporting

145

*National Societies have adapted Business Continuity Plans**

176 National Societies reporting

** point-in-time indicator*

60

*National Societies have unrestricted financial reserves for 3 months**

174 National Societies reporting

** point-in-time indicator*

Income

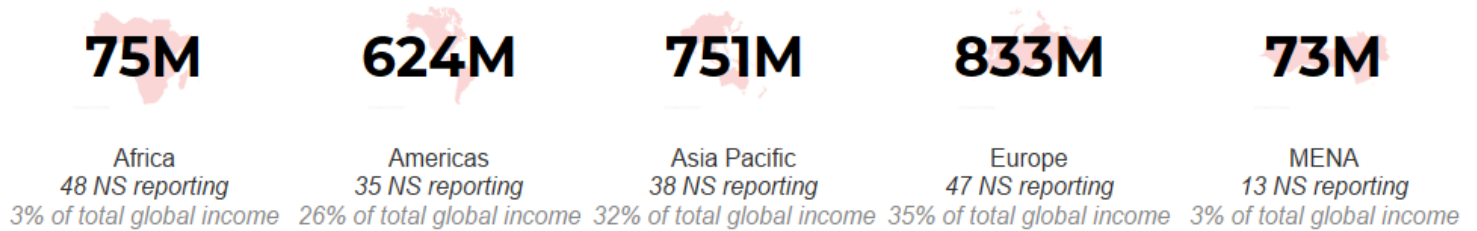
181 National Societies reporting operational information

TOTAL INCOME

CHF 2.36B

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

BY REGION

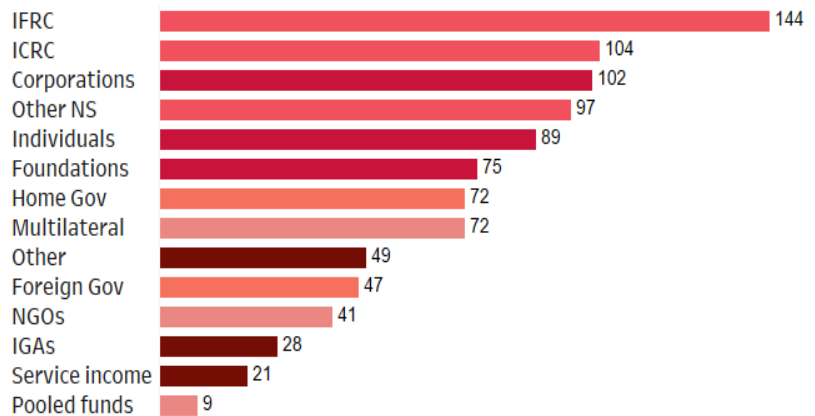


INCOME SOURCE BREAKDOWN

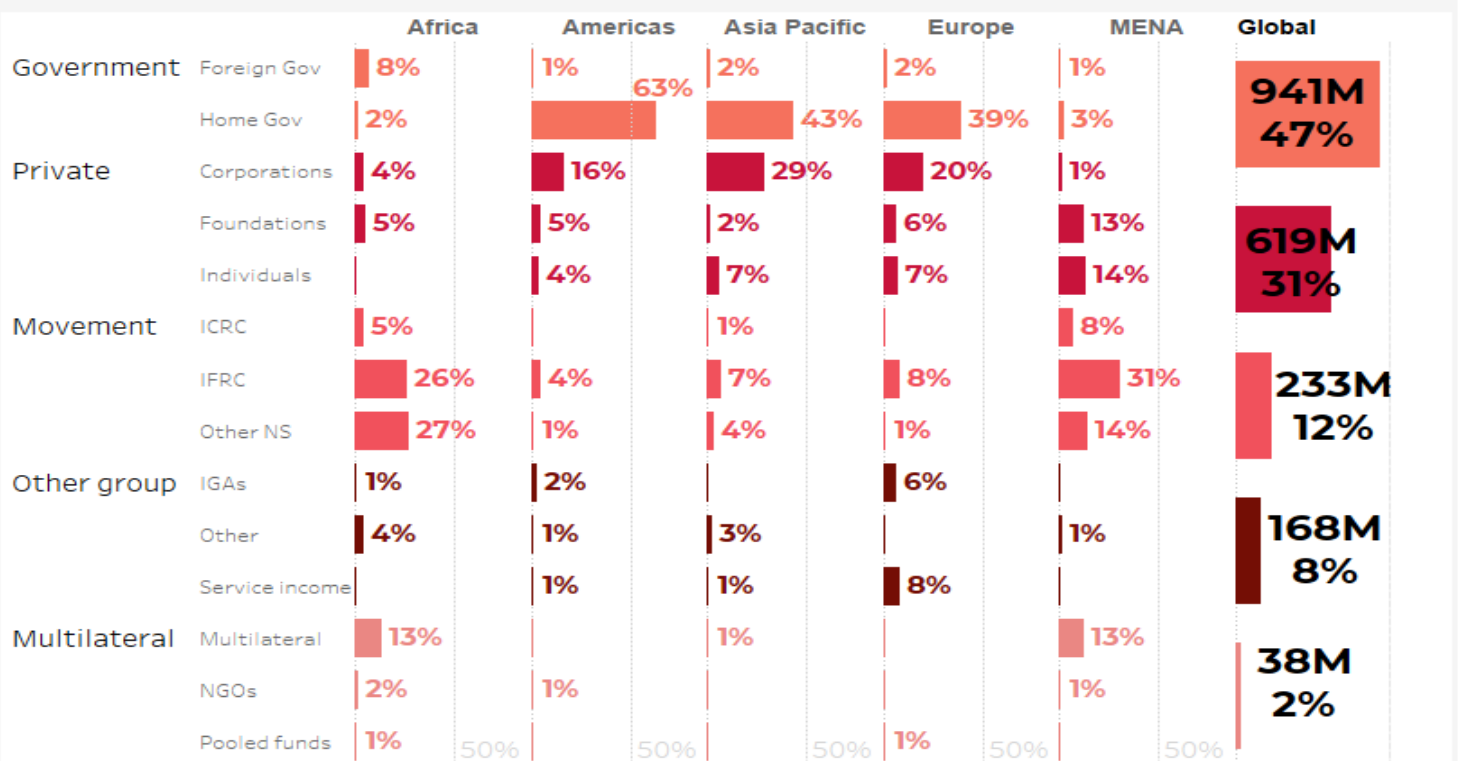
Primary source of income continues to be the home government for most National Societies across Americas, Asia Pacific, and Europe, while Movement remains the primary source of income in Africa and MENA: 58% of the income in Africa and 53% of the income in MENA are provided by the Movement.

Exchange rate fluctuation has also affected the calculations.

Number of National Societies indicating each source



INCOME SOURCE BREAKDOWN BY REGION & GROUP

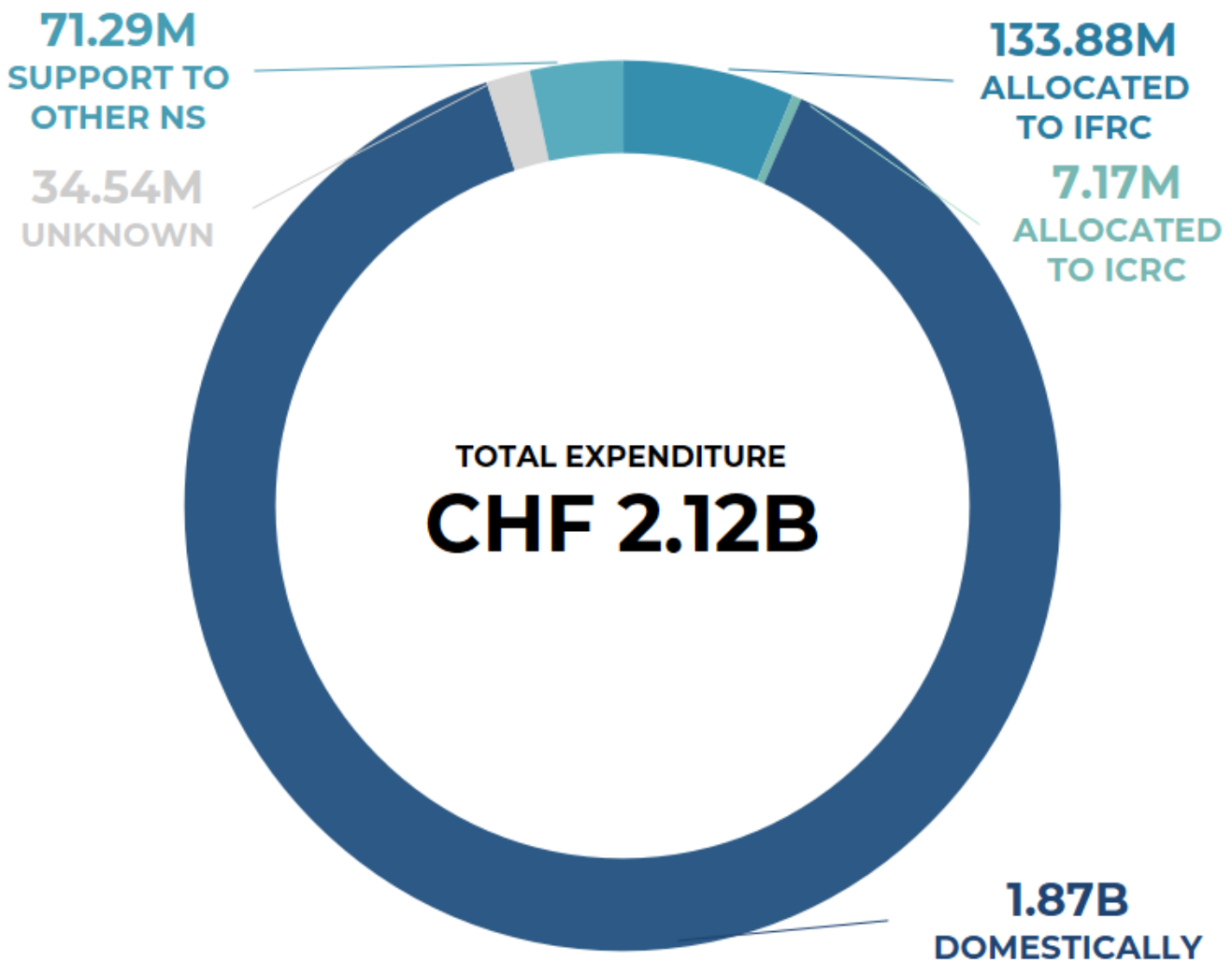


Expenditure

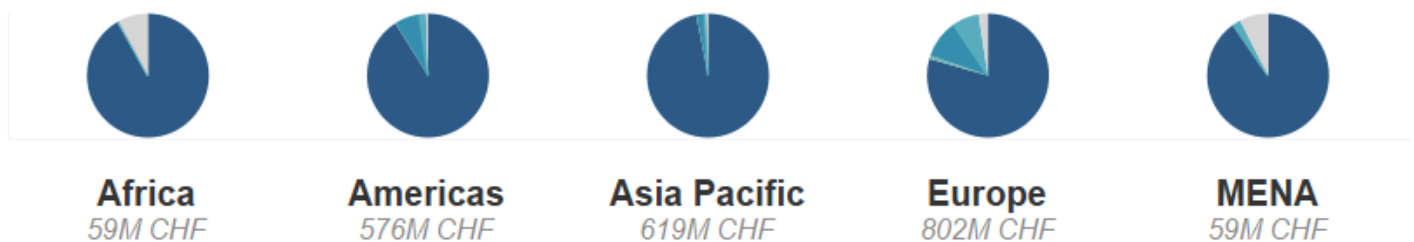
181 National Societies reporting financial information

TOTAL EXPENDITURE BREAKDOWN

The domestic expenditure continues to be the primary expense for many National Societies. The fluctuation in exchange rate has impacted expenditure figures reported, specifically allocated funds to IFRC, as this figure is mostly reported in Euros.



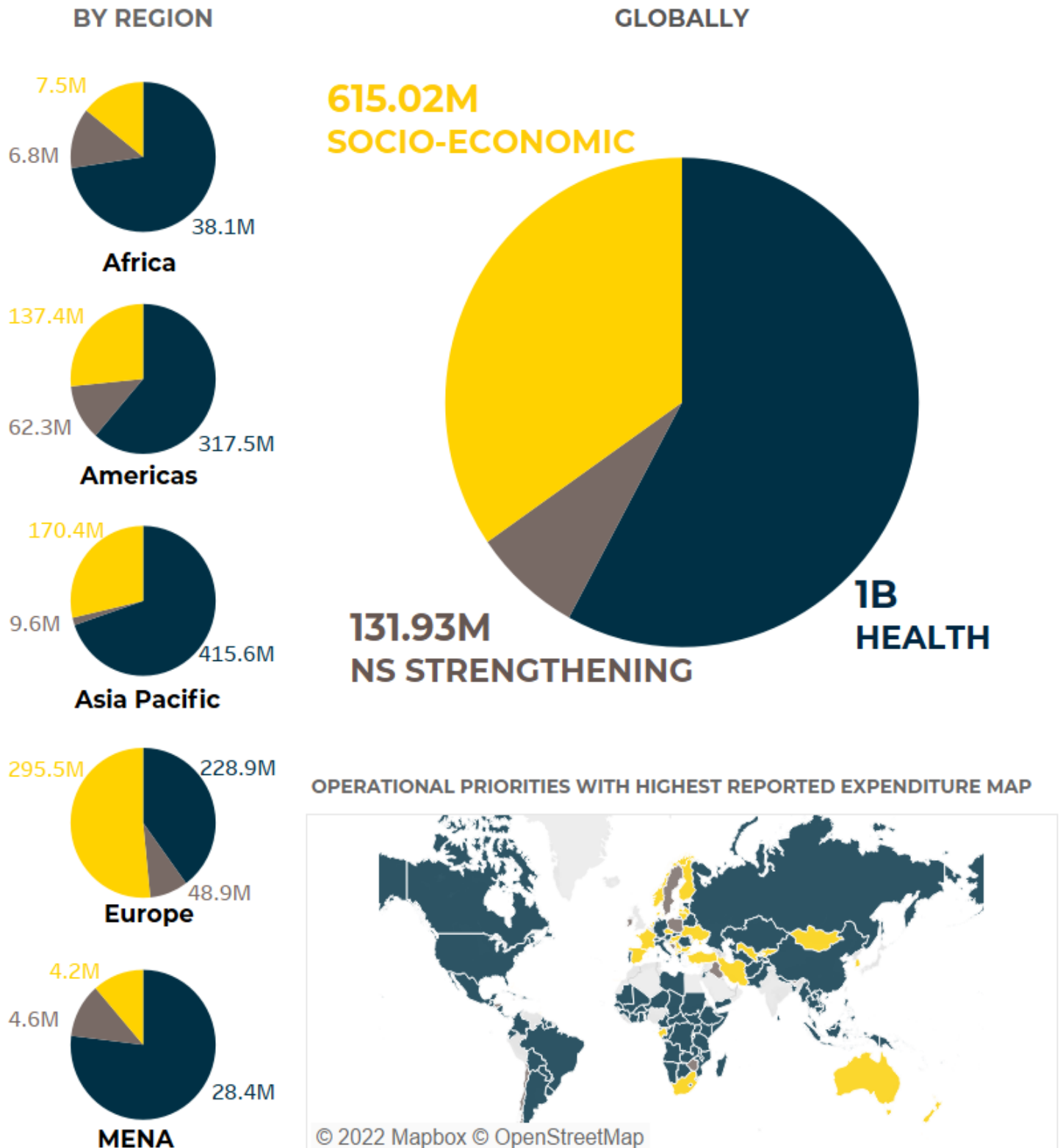
SPENDING BY REGION



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 where over half of the total expenditure has been spent to address socio-economic impacts of the pandemic. The focus on socio-economic impact in Europe region is reflected in the figures reported in Euros which is lower than previously reported figures, due to the lower exchange rate used in this overview.



Note: 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

➤ Major achievements in the past two and a half years:

The IFRC provides technical support to the National Red Cross and Red Crescent Societies across the different pillars of the operation based on the needs and peaks in each context. In addition, training and materials are available in other languages to support local activities.

The **IFRC Reference Centre for Psychosocial Support** (hosted by Danish Red Cross) created tools and guidelines to promote psychosocial well-being for affected groups, staff, and volunteers and increase awareness of psychological reactions during crises or social disruptions. It also conducted training on Psychological First Aid (PFA), Psychosocial Support in Emergencies (PSSiE) or Psychosocial support in the context of vaccine hesitancy. Since the first training of trainers, **115 trainings had cascaded down across the regions**. Participants also ran and presented at many webinars for vast audiences of volunteers, health workers and the public. After the second online test of the materials, a complete online training manual was developed. As a result, **151 National Societies have reached 13.5 million people with mental health and psychosocial support (MHPSS) services**.



The secondary health impacts of the Pandemic have increased the need to strengthen the support to national health services to promote preventive measures and hygiene practices and provide basic health care at the community level. As a result, 131 million people have been reached through community WASH services, and 19 million with basic community health services. IFRC also equipped mobile health clinics and ambulance services across National Societies to facilitate reaching last-mile communities with vaccine information and essential health services.

While efforts in 2022 focused on vaccine acceptance and delivery before COVID-19 vaccines were available, community surveillance, testing, contact tracing and support for people isolating were paramount. National Societies were vital in supporting the national health system to limit the spread of the virus, conducting **45.7 million tests in 71 countries**.

Featured Story - SRCS Mobile Clinic in Hargeisa's Shamooley village, Somaliland



Sadia (l) speaks to a mother about the benefits of being vaccinated against the #coronavirus. Credit: SRCS.

The Somali communities are mainly nomadic pastoralists. Due to unreliable rainfall in Somalia for more than three years, families have been moving from one area to another in search of pasture and water.

The Somali Red Crescent mobile health teams go into villages in far-to-reach areas so that they may provide health services, including the COVID-19 vaccine, to these communities on the move.

"Previously, people did not accept to take the vaccine. We had to do a lot of community awareness about the vaccine and the COVID-19 disease before they began to accept," said Saida. "When mothers visit the clinic to get their children immunized, we take the opportunity and speak to them about the COVID-19 vaccine. We speak to them individually and in groups. Many more get vaccinated each time".

Sadia is the team leader of the volunteers and a medical doctor by profession.

Concerning **COVID-19 immunization**, the **IFRC prioritized 50 countries** according to vaccination coverage and other specific contextual aspects, with most of the countries in the Africa Region (Burkina Faso, Burundi, Cameroon, Central Africa Republic, Chad, Congo (Dem. Rep.), Cote d'Ivoire, Djibouti, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea –Bissau, Kenya, Madagascar, Malawi, Mali, Niger, Nigeria, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Tanzania, Uganda, Zambia), seven countries in the Asia Pacific region (Afghanistan, Papua New Guinea, Solomon Islands, Bangladesh, Myanmar, Pakistan, Philippines), six countries in MENA (Syria Arab Republic, Yemen, Algeria, Egypt, Iraq, Lebanon), five countries in the Americas (Haiti, Guatemala, Guyana, Jamaica, Paraguay), and 4 in Europe (Belarus, Montenegro, North Macedonia, Ukraine). This prioritization includes the 34 also prioritized by the **Vaccine Delivery Partnership**. European countries are being reassessed accordingly within the Ukraine crisis response.

To accomplish this, more than **1.9 million volunteers and staff were trained to support vaccine introduction**. Since the start of vaccination activities globally, at least 98 Red Cross Red Crescent Societies have reported helping **117 million people to get the COVID-19 vaccine**.

Since March 2022, IFRC has seconded a position to WHO as part of the Vaccine Delivery Partnership. The focal point coordinates work at the country level to identify bottlenecks, technical support needs and possible solutions to scale up a tailored response per prioritized country. The three levers of the Vaccine Delivery Partnership include political engagement, vaccine delivery funding and specialized technical and surge support.

The **Immunization Working Group remains active**, with updates integrating the reviews and feedback from National Societies. In addition, the working group hosts monthly global sessions focused on relevant topics (e.g., PGI, building trust, resource mobilization, among others), with technical presentations from National Societies and guided discussions promoting experience-sharing and lessons learned.

Regional Coordination meetings with the IFRC regional focal points review epidemiological updates, National Societies' activities, and challenges and opportunities.

In the latest months, the IFRC promoted immunization as part of the 3Ts corresponding to Testing, Tracing and Treatment and maintains the work and support through the five pillars (Advocate, Trust, Reach, Health, and Maintain)

Noticing the disruption in different health services, including the ones related to routine immunization, IFRC continues advocating for immunization activities and country-level campaigns and monitoring other epidemic outbreaks (e.g., measles, polio) to support the necessary response.



Featured story – Understanding COVID-19 vaccine hesitancy in the Burao district, Somaliland

There are many reasons why some community members are hesitant to take the COVID-19 vaccine. Osob was injected into the wrong nerve when she was two years old. This caused her to develop weak leg muscles, leaving her unable to walk. Since then, she moves around by crawling.

"I am a mother of three children, two girls and one boy. My ten-year-old daughter helps me around the house. I have lived here for 16 years, and I cannot relocate because I cannot move properly."

Volunteers from the Somali Red Crescent Society still visit her to tell her the advantages of the vaccine.

"Because of the injection I got when I was a child, I am hesitant to the COVID-19 vaccination. As a child, I was injected at the hip, and for six weeks after that, I have been unable to walk. I just crawl", she says. "I was using a wheelchair, but it got broken and needs repair."

The village where Osob lives receives the SRCS mobile team every two weeks. Most of the community members have been vaccinated against COVID-19.



Osob Yusuf, outside her house in Burao. Photo credit: SRCS.

➤ **Lessons Learnt:**

Lessons from the COVID-19 pandemic highlight that **community health systems, community health workers and volunteers are essential in strengthening communities' prevention efforts**. These community-based networks are relevant, contextually appropriate, and co-owned by the communities, helping to maintain essential health services and access preventive and curative public health efforts.

Local actors and communities must have an active voice throughout the design and delivery of epidemic readiness and response everywhere. Evidence demonstrates that when communities are involved in problem analysis and co-construction of solutions, they take ownership of the response interventions and commit to efforts to curb the epidemic using interventions that fit their context.

The IFRC Network's capacity was strengthened in multiple areas of Health and Care to respond to COVID-19, for instance, in relation to risk communication, community feedback mechanisms, community-based surveillance, contact tracing, testing, immunization, WASH, MHPSS or the adaptation of clinical services. As WHO suggests, [the end of the pandemic might be in sight](#), and the IFRC network is integrating COVID-19 activities into its regular programming; the time is ripe to reflect on lessons learned and our long-term role in [global health security](#).

In addition to the devastating direct effects on the healthcare workforce, the pandemic disrupted every area of healthcare systems globally, impacting the provision of other healthcare services and causing setbacks in the prevention, treatment and control of other diseases. This has had a particularly devastating impact on women and children, migrants, and on those living with chronic conditions. Routine immunization services, for example, were disrupted, resulting in the [most significant sustained decline](#) in childhood vaccinations in a generation. In addition, mental health and psychosocial support services (MHPSS) continue to be in demand in countries that routinely experience disasters and crises, with the loss of loved ones, property and livelihoods, as well as incidences of sexual and gender-based violence significantly impacting mental well-being.

National Societies have a pivotal role in strengthening health and WASH systems. With their network of local staff and volunteers, they are well-placed to work with communities to improve their resilience, reduce risks and better prepare for and respond to emergencies. Their regular health and care services bridge communities and their local health and WASH systems, and trained staff and volunteers provide a frontline response when an emergency strikes. **Evidence demonstrates that community responses and strategies are essential to increase and improve demand for and access to health interventions that are people-centred, accessible, cost-effective and accountable.**

➤ **Transition to medium and long-term COVID-19 plans**

Lessons have demonstrated the critical role the Red Cross and Red Crescent network can play in preventing, detecting, and responding to outbreaks. The IFRC flagships "Global Health Security: Epidemic-Pandemic Preparedness and Response" and "Reduce cholera related cases by 50%" provide an opportunity for National Societies to scale up their activities in epidemic risk management at the community level, strengthen their capacity to manage this type of risk and engage with other key stakeholders. IFRC is committed to enhancing global health security and building a future where empowered and engaged communities are ready to respond to the following health threat. The IFRC is also pulling together an initiative on mobile health units to reach last-mile communities.

In particular, the IFRC will contribute to strengthening health and WASH systems. Together with key partners such as Africa CDC, IFRC aims to improve health outcomes for African people through the scale-up of a reinforced, people-centred, and integrated community health workforce and system to deliver impact, resilience, and sustainability. Community engagement approaches will be central and contribute to a people-centred integrated system for health to provide impact, resilience, and sustainability.

The IFRC will continue to support initiatives to steer global debates about public health in applying lessons from COVID-19 into laws, policies and plans for prevention and preparedness for future epidemics and pandemics, pressing for concerted action to end cholera worldwide, and promoting investment in Community based health and care through Task shifting and life course approach, community health workers and volunteers to deliver a range of critical public health services. Moreover, the IFRC secretariat will provide guidance and tools tailored to the specific needs and strengths of the IFRC Network and support knowledge sharing, fundraising, monitoring and evaluation, partnerships and collaboration with other actors and networks.

Risk Communication, Community Engagement and Accountability

➤ **Major achievements in the past two and half years:**

Lessons from the COVID-19 Pandemic and other recent emergencies once again demonstrate that communities play fundamental and critical roles in detecting, controlling, and mitigating the transmission of infectious disease outbreaks and pandemics.

COVID-19 Global Overview | operational updates

Reviews of health emergency responses over the past decade have called for new approaches to risk communication, community engagement, and methods of fostering community resilience. This requires that our interventions and measures are inclusive, agile and receptive to change. The Red Cross Red Crescent RCCE and CEA have encompassed multiple approaches to work collaboratively with communities. It entailed an iterative process that integrated meaningful participation, open and honest communication, and mechanisms to listen and act on feedback to encourage community action supporting healthy behaviours. Over the last 30 months, Red Cross Red Crescent reached almost 900 million people through community-centred interventions, which are inclusive and tailored, and ensure an adaptive response. The IFRC, together with National Societies, worked on agile and rapidly changing RCCE interventions, sitting under core standard approaches:

Being community-led



Lessons from this and previous humanitarian and health crises have taught us that **constructive engagement with communities and trusted leaders is essential for understanding, accepting, adapting and effectively implementing disease prevention measures.**

National Societies volunteers have played a unique role in rolling out [community-led interventions](#) that are relevant, contextually appropriate and co-owned by affected populations. For instance, thanks to a community-led design programme in [Indonesia](#), the affected population could develop activities such as contact tracing, health promotion, mask and handwashing station distribution, disinfection and surveillance, and some psychosocial and community support activities. In [Bangladesh](#), to build trust in vaccines and generate demand and uptake,

BDRCS built relations with local leaders, *Majhis*, and imams. The [Austrian Red Cross](#) and Leuven University created a participatory student-run testing and contact tracing centre, listening and responding to community feedback. In Tajikistan, more than 19,000 people who are vulnerable to COVID-19 have been able to access vaccination thanks to the efforts of Tajikistan Red Crescent Society volunteers. Under the Society's COVID-19 vaccination project, 300 volunteers have been mobilized in the country's northern Sughd province, visiting households and conducting community-centred two-way dialogues in hard-to-reach areas.



Caption: Timor Leste 2020 Volunteers toured villages and took a down-to-earth approach to generate two way dialogues about COVID-19 prevention. © Cruz Vermelha de Timor-Leste.

Above: Sri Lanka 2021 Waiting in line to get the vaccine against COVID-19 © Dinuka Liyanawatte

Being data-driven



During the last 30 months, the IFRC's approach to building trust across all aspects of the COVID-19 response has been grounded in understanding communities' perceptions and adapting our response according to the changing concerns, feedback, questions and suggestions from communities. Partners sought to scale up the use of tools to gather, analyse, and use data to develop and improve strategies supporting access to trusted information about [COVID-19 and vaccination](#), focusing on the most vulnerable. Many National Societies were already using [perception surveys and feedback mechanisms](#). These methodologies developed further during COVID-19, gathering insights into communities' concerns and the best ways to reach people with reliable and trusted information.

The Red Cross Red Crescent continues to be uniquely positioned to systematically collect and analyse different types of information from communities, especially last-mile populations. For example, in El Salvador, to reach people outside urban centres, the National Society's health experts took part in twice-weekly radio programmes across four community radio stations selected for their sizeable rural audience, answering more than 100 questions from callers about COVID-19 and compiling all the questions and rumours that came up to help inform future activities.

In Ukraine, the URCS used the National Society's in-house call centre to conduct a micro-survey of community [perceptions of COVID-19 vaccination](#), seeking the views of 1,390 respondents from 18 regions. Focusing on existing URCS service users, the survey highlighted the thoughts of older people, with key findings including identifying areas where vaccine hesitancy was highest and the related ongoing concerns.

In Malawi, the National Society partnered with a machine-learning software solution called [KatiKati](#). Working across multiple channels (e.g. SMS, Telegram or WhatsApp) and local languages, KatiKati enables National Societies to handle 1:1 conversations with thousands

COVID-19 Global Overview | operational updates

of community members, volunteers, and staff to gain a deeper understanding of community opinions and concerns and address these with contextual and tailored support.

[IFRC research in Latin America and the Caribbean](#) focused on understanding COVID-19 vaccine perceptions from the most vulnerable. Based on this research, humanitarians are highly trusted, including by migrants and indigenous communities, even when governments are not.

Hence, the IFRC Secretariat supported National Societies in strengthening community responses that highlight communities' voices, feedback, perspectives and approaches, guided by understanding the communities' capacities, knowledge, perceptions and behaviours. To date, there have been more than **1.7 million feedback comments collected and 12,645 feedback reports issued by National Societies** and a set of community insights dashboards to visualize better and enable access and use of data to inform programming: [Africa community data](#), [Asia Pacific community data](#) and [perceptions surveys, America's research on COVID-19 perceptions of the most vulnerable](#)

Reinforcing capacities and local solutions



IFRC continues to strengthen the capacity of National Societies to engage with affected communities collectively. Support continues developing and coordinating capacity building, peer-to-peer and technical coaching through distance learning and face-to-face training. National Societies trained more than 412,975 volunteers in RCCE/CEA, focusing on how to inform their programmes better to address vaccine hesitancy and build trust and uptake.

The 'Community Trust Index' was piloted. Five National Societies were tasked with pre-testing and deploying the quantitative tools for collecting community data. The Index's primary goal is to give National Societies and branches the tools to measure and explore community trust and develop evidence-based recommendations, actions, and plans to increase trust.

As part of this effort, 30 Red Cross Red Crescent staff were trained to accelerate investments into better quality, availability and use of data on behavioural and social dimensions, communities' perspectives and knowledge to inform effective National Society programming. The newly designed IFRC Social Science training package and toolbox will support this effort.

Being collaborative



Effective coordination of community engagement still plays an essential role in fostering community trust, social cohesion, and public solidarity to pave the way for the uptake of emerging lifesaving COVID-19 biomedical measures. The critical importance of coordinated and collective approaches to RCCE during public health crises and humanitarian emergencies is well established, especially in improving how public health responders and humanitarians work together.

The community engagement leadership and value of IFRC and its network at local, regional and global levels were recognized in establishing the [Risk Communication and Community Engagement Collective Service](#) from the onset of the Pandemic to scale up [data-driven interventions](#) and reinforce local capacity and coordination platform. IFRC continues co-chairing the service, engaging over 60 partners and supporting almost 30 countries globally. The data dashboard streamlined the analysis and use of socio-behavioural data, community feedback, and social listening insights. With over 250 studies and 170,000 data points, it has become a reference to understanding the COVID data landscape.

The Collective Service has launched the [Community Feedback Mechanism \(CFM\) Tracker](#), which monitors community feedback mechanisms to support RCCE response to public health emergencies, specifically COVID-19. These insightful dashboards and the knowledge hub have helped practitioners access the latest guidance and data to improve local programming.

Coordination has been essential as the technical teams work on accelerating COVID-19 vaccine acceptance, confidence and uptake. IFRC co-hosted with UNICEF, GAVI and WHO the June virtual summit to discuss strategies to drive COVID-19 vaccine demand and uptake among priority groups. The event attracted more than 450 participants, including policymakers, immunization implementers, researchers, and civil society representatives. The event featured a high-level roundtable attended by Ministers of Health, representatives from global and regional agencies and the Red Cross. Also, 4 Red Cross Red Crescent innovative, promising, and proven demand interventions were presented to inform effective programming.

Sustaining and mobilizing resources



The unique added value that the IFRC has demonstrated in engaging and listening to communities over these 30 months has been recognized by several donors. In March 2022, IFRC successfully completed the multi-agency WHO- Solidarity Fund award, which focused on community mobilization for vaccine uptake, targeting system and service changes, and those focused on ensuring community confidence facilitating access to high-risk population groups.

The IFRC Secretariat and National Societies are running a three-year grant funded by the United States of America's government (USAID/BHA) to promote vaccine uptake through community engagement and innovative risk communication strategies.

➤ **Lessons learnt:**

IFRC and National Societies should be **going to scale on humanitarian action and Global Health Security**. One of the critical lessons learned from the last 30 months is that the IFRC network needs to ensure what has been built is not wasted and that investments in community engagement and risk communication approaches, especially concerning vaccines and biomedical tools, are maximized for the COVID-19 response. The systems and partnerships are maintained and strengthened for the next Pandemic and future health emergencies.

IFRC and National Societies should continue to work on solutions to help prevent outbreaks of new pandemics. First, work on community preparedness to ensure systems are in place. Use knowledge gained during the COVID-19 Pandemic and apply it to other crises, focusing on strengthening context analysis to inform programming. To do so, IFRC will combine efforts to document how National Societies support community systems strengthening and how volunteers and staff are conveners of community groups and enablers of change. There is also a need to develop more evidence on the CEA impact at the country level, including coordination efforts.

Another lesson learned is about **strengthening and monitoring the way data is used**. There are questions about the actions needed for different stakeholder groups, for example, perception surveys, data from the hotline, data protection, and data sharing. Act on the data with detailed context analysis with understanding from the communities.

Lastly, there has been an **evident gap around measuring impact**: although the IFRC and RCRC National societies have a long and rich experience in participatory approaches and successful CEA initiatives, the effect of community engagement and accountability approaches have mainly been under-researched. Efforts have been put into documenting case studies and lessons learned, but the lack of evidence about how CEA has influenced programming and contributed to stopping the Pandemic represents a huge gap. That is why an **Impact Research will be starting on October 2022** to document how community engagement and accountability approaches have changed, impacted, or influenced the Red Cross and Red Crescent's response but also communities' preparedness and social structures.

There is also a need to enlarge CEA towards adopting a more systematic approach within programmes and operations to improve our accountability to communities. This builds acceptance and trust and supports more sustainable programme outcomes. Maintain, prioritize and fund evidence-based approaches grounded on peoples' voices and perceptions to ensure that community data continue to inform actions and decision-making at every step of the response and beyond; this is key to nurturing two-way trust between RCRC and communities.

➤ **Transition to medium and long-term COVID-19 plans**

As mentioned above, IFRC will work to build a future where empowered and engaged communities are ready for and able to respond to existing or new health threats. Central to this is to reinforce community systems that enable empowered and engaged communities to be at the forefront of preparing for and responding collectively to future crises.

IFRC will continue to support National Societies to integrate community engagement minimum commitments and principles into priority programme areas, programmatic, operational procedures, policies, and plans towards achieving system-wide changes.

Community engagement has also been central to the newly launched programme in Africa to enhance vaccine confidence and uptake through risk communication and community engagement among high-risk and vulnerable groups. The current project and the newly designed one in partnership with Africa CDC will support 55 Member States and National Societies to reinforce community systems that enable community participation in governance, decision-making and service delivery.

IFRC will work towards accelerating community engagement approaches by fostering community participation, scaling up feedback systems and prioritizing the use of local knowledge and capacities to enhance trust and spur effective local action. Community insights will be collected, analysed and used to inform programming and to measure the impact of engagement approaches on policy and programming. Where possible,

National Societies will contribute to the global Community Trust Index, an evidence-based tool to measure and foster trust within the communities they serve.

Operational Priority 2: Addressing Socioeconomic Impact

Livelihoods and Household Economic Security

The lingering impact of the pandemic continues to have massive wide-ranging secondary effects that affect the food security and livelihoods of vulnerable and marginalized populations worldwide. Despite the unprecedented worldwide expansion of social protection during the COVID-19 crisis, more than 4 billion people around the world remain entirely unprotected, a new [International Labour Organization \(ILO\) report](#) says. The report finds that the pandemic response was uneven and inadequate, deepening the gap between countries with high- and low-income levels and failing to afford the much-needed social protection that all people deserve.

According to the recently published [Global Report on Food Crisis 2022 Mid-year Update](#), over 200 million people are expected to face acute food insecurity and to be in need of urgent assistance in 45 countries. This is the highest number recorded in the seven-year history of the report. Around 45 million people in 37 countries are projected to have so little to eat that they will be severely malnourished, at risk of death or already facing starvation and death. This includes 970 000 people projected to meet catastrophic conditions of famine in 2022 if no action is taken.

➤ Major achievements in the past two and half years:

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

Cash and voucher assistance (CVA) continued for vulnerable communities, primarily as multipurpose grants to meet the basic needs of households experiencing food insecurity or whose livelihoods have been affected by COVID-19. Under the overarching Federation-wide response, **6 million people have been reached with more than CHF 265 million** in cash and voucher assistance.

Compared to the latest period, National Societies continue making distributions though at a lower rate. 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. National Societies have improved their data management capabilities through seminars on the [RedRose platform](#). Cash assistance has seen an increase compared to traditional ways of aid also by applying more often other distribution mechanisms other than cash in envelopes.

COVID-19 Global CVA Response



Countries with CVA in their COVID-19 response: **94**

FEDERATION WIDE

6 M

People reached with cash



Cash distributed

265 CHF

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 40 National Societies (81 requests) from all regions, CADRIM, and the IFRC Secretariat with training, technical assistance, knowledge creation, and the sharing of resources and tools.

The main requests are for: advice on assessment tools, revision of response options, and development of action plans to adapt or mitigate the impact of COVID-19 on livelihoods and food security-related programmes. Guidance was also provided on how to target, sharing experiences from other contexts, and on income generation activities. The LRC collaborated in the development of a Livelihoods Strategy to respond to COVID-19 at the global and regional levels and supported the development of a document to strengthen the Livelihoods and Food Security sector in response to COVID-19 in Africa. So far, LRC has also organized 42 online technical training courses with participants from more than 40 National Societies on Livelihoods Programming course (LPC), Cash Transfer Programming (CTP), and Early Recovery Livelihoods Assessment (ERLA). 29 webinars reaching more than 1,486 staff from NS, IFRC Secretariat, and other organizations have been held in different regions to discuss technical aspects of livelihoods programming in the COVID-19 context (e.g., livelihoods protection and response options, livelihoods and cash transfers, targeting, impact assessment tools, livelihoods responses in the migration context, Easy Volunteer Action Handbook, PGI). The Livelihoods Centre COVID-19 page and other materials produced for COVID-19 have reached 35,008 people on Facebook and 36,533 people on LinkedIn.

A set of technical guidelines and tools have been produced for the COVID-19 context – 23 in total (15 created by LRC and 6 British Red Cross/IFRC, and two together with IFRC). These cover such topics as possible interventions, targeting in urban and rural contexts, and household surveys to assess the impact of COVID-19 on Livelihoods and Food Security, livelihoods in Migration and Displacement contexts. In addition, infographics related to COVID-19 have been created -14 in total, covering different topics such as types of

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interventions, savings groups, projects' continuity, impact in migration contexts, PGI, targeting, child labour etc.). Two case studies were created related to CVA and livelihoods (Gambia), saving groups (Ethiopia). Guidelines and a marketing document on "Resilience Facing Malnutrition" were produced. Several toolkits were developed, including "Design and management of Microentrepreneurship projects" and an FSL toolkit for the Niger RC (aims to facilitate and harmonize Red Cross and Red Crescent National Society FSL interventions). These resources are translated into various languages and shared on social media and on the LRC website (Spanish, English, French, and some in Portuguese and Russian). Finally, technical assistance (field and remote support) was provided to the Gambia Red Cross Society for a project on "Consolidation of livelihoods recovery initiatives for Covid-19 affected families in the tourism sector in the Gambia. This involved capacity building of National Society staff and other stakeholders and the technical development of a monitoring system and dashboard.

The Livelihoods Help Desk, and all relevant technical resources, are available [here through the Livelihoods Resource Centre website](#).

➤ **Lessons Learnt:**

The last two years have also provided other successes to acknowledge (such as in the implementation of cash transfers, now accounting for 20% of our relief programming, and in the central role many National Societies have played in building community trust for public health and social measures required to contain COVID-19). However, they have also provided some **lessons that will need to go into strengthening preparedness and response systems** – for instance, in addressing “compounding risks” and complex crises, in promoting data-driven decision-making, and in ensuring a genuine programmatic response to learning through our community engagement and social accountability approaches. The pandemic also revealed significant gaps in law and policy for public health emergencies, as described in the IFRC's comprehensive study published in 2021, and the recovery stage will be an important opportunity for IFRC and National Society disaster law advocacy.

The use of the cash transfer modality is the foundation for more cost-effective and flexible FSL programming – an essential aspect of the humanitarian-development nexus. Where appropriate and feasible, IFRC can build on these experiences and expertise to **pilot and incrementally expand multipurpose cash transfers within the food security and livelihood interventions**. Enhancing the design elements of an FSL intervention using the cash transfer modality can help to simultaneously meet short-term emergency needs and contribute to recovery (including through stimulating local market recovery) and longer-term development.

The use of the **cash transfer modality** has shown to be the foundation for **more cost-effective and flexible food security and livelihoods programming** – an essential aspect of the humanitarian-development nexus.

The help desk service and related tools and materials from the Livelihoods Resource Centre (LRC) have been instrumental in **boosting the technical capacity of National Societies in Food Security and Livelihoods**. The LRC will continue to play a role in the COVID-19 response.

➤ **Transition to medium and long-term COVID-19 plans**

The IFRC is accelerating action to support the critical role of local action and the essential contribution of community systems and volunteers in strengthening communities' preparedness and response efforts which are relevant, contextually appropriate, and co-owned by communities. It will continue to scale up and mainstream traditionally under-emphasized elements into its programming, in particular community engagement, food security and livelihoods, green response and recovery, and aim to integrate lessons from the COVID-19 pandemic and other recent crises.

Education:

➤ **Major achievements in the past two and a half years:**

The IFRC supported National Societies with the overall coordination of a strategic approach to addressing education-related needs, including through technical support for capacity strengthening and integrated multisectoral programming as well as knowledge management and peer exchange. **37 National Societies contributed to the educational continuity and safe access/return to schools of almost 4.3 million people**. Activities carried out encompass 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 (i.e., disinfection, handwashing stations, PPE distribution, screening and temperature checks, vaccination campaigns)), as well as in-kind or cash assistance for (distance) learning equipment and materials, food distribution in schools, (home-)schooling support to learners, or daycare services in kindergartens and schools. Projects supported in Argentina, Ecuador, Egypt, Iraq, Myanmar, Nepal, Uganda and The Gambia contributed to enhancing children and youth's psychosocial well-being and agency and to address the increased risks of exclusion, violence and child labour resulting from the socio-economic impact of the Covid-19 Pandemic. **34 National Societies** also supported about 250 000 people made vulnerable by Covid-19 through the provision of technical and vocational training and education to develop skills for livelihoods and economic activities.



[From left to right: School disinfection by Iraqi Red Crescent Society (IRCS); COVID-19 safety demonstration in a local school by Thai Red Cross Society (TRCS); A child living on the streets supported by Ethiopian Red Cross Society since, due to Covid-19, he lost the job that enabled him to continue studying (Danish Red Cross); Young people at risk of exclusion and violence in the IFRC-Generation Amazing YABC and Football for a development project in Argentina (Argentina Red Cross Society)].

The **digitalization and online gamification of their educational offer and flagship initiatives** enabled the IFRC and National Societies to continue providing non-formal education opportunities in their thematic areas of expertise (e.g., first aid (incl. psychological), hygiene, health, risk reduction, socio-emotional life skills, international humanitarian law, migration, shelter safety, violence prevention, gender and inclusion). **140+ live online or in-person events** (i.e., webinars, interactive learning sessions/workshops, training, micro-projects) coordinated, facilitated or supported by the IFRC Secretariat, directly and indirectly, reached out to **more than 20,000 individuals from c.100 countries**, including children and youth in and out of school as well as students with intellectual disabilities.

The sharing of information, learning and collaboration opportunities has also been strengthened through the development and dissemination of **monthly education newsletters**, the hosting of **monthly education network meetings**, and the establishment of an **Online Education Resource Library** comprising key reference publications, technical guidance notes and numerous educational materials for children, parents/caregivers and teachers developed by the IFRC and National Societies, often together with key other actors (e.g., WHO, UNICEF, UNESCO, INEE, ACPHA, World Vision International, REPSSI, APSSI, MHPSS.net, Education Cannot Wait, UK Met Office, Save the Children, Plan International Generation Amazing, Special Olympics Indonesia, the Ministry of Youth and Sports of Indonesia).

➤ **Lessons learnt:**

While supporting the continued application of safety protocols and mitigation measures in educational facilities (including improved ventilation, physical distancing, mask-wearing and vaccination campaigns) as appropriate, it is vital to **ensure education-related considerations are integrated into recovery plans and future responses** and, conversely, that **education sector plans are strengthened**, especially from **preparedness and anticipatory action** perspective (e.g., through including the identification of learners at risk of drop out as well as barriers to access, return to or continue education into early warning systems; multisectoral approaches and training for teachers' preparation, retention, motivation and well-being).

As the socioeconomic impacts of the pandemic will continue to affect households' livelihoods, investment is needed for **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 is equally important to consider how our **educational interventions are adapted to the new normal** and can **support learning recovery programs** (e.g., assisting learners in strengthening foundational competencies such as literacy, numeracy and socio-emotional life skills; accompanying teachers technologically or psychologically) and ultimately **contribute to safer, healthier, more resilient and inclusive education communities and systems**, especially for those facing multiple challenges, who were already out-of-school or marginalized such as children and youth living with disabilities, on the move, in poor or rural areas and informal settlements.

➤ **Transition to medium and long-term COVID-19 plans**

- Continued digitalization of IFRC and National Societies' educational offers and related educators' training schemes
- Continued development of support tools (incl. educational resources and operational guidance) and strengthening of partnerships with educational authorities and other relevant stakeholders (e.g., Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector) for comprehensive preparedness, safety/risk reduction, recovery and adaptation plans of education communities and systems to enable safe, continuous and equitable access to education and life-long learning opportunities in the face of all hazards, including infectious diseases outbreaks

- The team will focus on the extended implementation of programs to develop socio-emotional and entrepreneurship competencies (e.g., Youth as Agents of Behavioral Change & Football 4 Development) to support youth made vulnerable by the pandemic.

Featured Story – The effects of the pandemic on people’s livelihoods, Colombia

The 27-year setback in extreme poverty for Latin America and the Caribbean due to the COVID-19 pandemic had real-life effects on the most vulnerable. In Colombia, it reflected the increase in poverty and unemployment among women. Lidia Pulitzer, a Andean city of Pasto resident, located in the department of Nariño in the southwest of Colombia, said: *"We lost our access to employment. Those of us who did domestic work in other homes could not continue to do so"*. She was part of the 58% of woman-headed households whose emotional and mental well-being deteriorated because of the COVID-19 pandemic, according to the Department of National Planning (DNP).

The global report "Drowning just below the surface" by the International Federation of Red Cross and Red Crescent Societies (IFRC) analyzed the situation in more than 38 countries and found that the pandemic significantly affected the sources of income, jobs and access to basic goods and services of households and especially women, it also found that women were exposed to personal overload due to their dual role as providers and caregivers, as they provided special care in their homes, including care for people with COVID-19, children in the household and others in need, which additionally exposed them to a higher risk of infection. In addition, the resulting confinements and social isolation also reduced their access to protective services such as help in case of gender-based violence.

In the city of Pasto, Lidia and community members met with the Colombian Red Cross Society and IFRC staff in the Nuevo Horizonte neighbourhood to discuss the harsh situation experienced throughout the pandemic. As a result, 123 women heads of the household, including her, received cash transfer support through the Red Cross COVID-19 national response appeal. A total of USD 76.000 was delivered to 527 families in the department of Nariño, with each receiving two transfers of USD 78, corresponding to half a minimum wage in the country. This cash assistance allowed them to cover their urgent basic needs, such as food, lodging, and utilities. *"With each transfer, we stretched the money so that the children did not lack food, medicines, a place to live, transportation to medical appointments and the elements of physical and occupational therapy,"* reiterated Lidia, concluding that *"in the pandemic we were forgotten except by the Red Cross"*.



Lidia in front of the house where she lives with her son and her family. Photo: Luis Carlos Rosero, IFRC



Guadalupe walks from her home to the massage parlour every day on her way to work.

Featured story – Addressing the needs of people living with disabilities in El Salvador

Guadalupe and José Ernesto have supported their families with great strength. He, in San Salvador and the municipality of Tonacatepeque, have worked for years offering therapeutic massages, but in 2020 the COVID-19 pandemic hit their businesses: public places closed, their clients became scarce, and they faced limited employment options conditioned by their visual impairment. In addition, they had to face the socioeconomic blow of the pandemic and the labour challenges posed by their condition.

Three people in each household depend on their income as masseuses; her 13-year-old daughter, her father and her mother live in her home, and his job provides for his daughter, his sister, and a nephew. *"COVID-19 affected me a lot because everything closed. People who visit us travel by bus or in private vehicles, but since there was no possibility of mobilization, the demand from patients dropped. My clients and their families were afraid of being infected by the touch,"* recalls José Ernesto.

The appalling loss of jobs in Latin America and the Caribbean (LAC) plunged 34% of its population into poverty and more than five million additional people into extreme poverty. In the first year of the pandemic, 11% of the Central American population was undernourished and primarily exposed to natural hazards. When the pandemic arrived in 2020, it destabilized the foundations of the informal economy, on which millions of people depend, affecting also those people with some disability who work informally.

Of the seven million inhabitants of El Salvador, 400,000 live with some disability, of which 148,000 have visual impairments.

"The pandemic was a real institutional challenge; the reorganization to give continuity to our response, aimed at the most vulnerable populations, required us to offer new alternatives, among which people with visual disabilities benefited," said René Aparicio, Director of Resilience Programs of the Salvadoran Red Cross.

Thus, 2,195 people affected by COVID-19 received cash transfers, including 228 families with individuals with audio-visual disabilities. The aid contributed to reactivating their family economy and recovering their livelihoods, which had collapsed due to the impact of the confinements. The visually impaired group was also strengthened in terms of employability, technical training, and labour intermediation as part of the areas in which the Salvadoran Red Cross Society works with this group in the context of the pandemic. Furthermore, the assistance received was not only used to pay for goods and services for their homes but was also invested in purchasing products for their businesses, thus supporting the maintenance and sustainability of their enterprises.

Operational Priority 3: Strengthening National Societies

National Society Readiness

➤ Major achievements in the past two and a half years:

The operational objective has been to support National Societies' capacity strengthening to respond to the direct and indirect impacts of the COVID-19 Pandemic. However, over the past months, National Societies have received increasing requests from governments and local institutions to support COVID-19 immunization campaigns, while they continue to deal simultaneously with the humanitarian consequences of climate-weather-related hazards and other crises. **(152 National Societies are part of their national governments response plans)**. This has stretched their overall response capacities. Hence, there is a continued need to invest in strengthening National Societies' multi-hazard response systems – looking both at volunteer capacities and institutional frameworks.

During this reporting period, several institutional preparedness resources were finalized, tested, disseminated, and applied by National Societies and partners. National Societies have also continued to implement **preparedness and readiness actions for seasonal risks**, such as hurricanes, monsoons, la Niña, floods and droughts within the current operating context of the COVID-19 Pandemic.

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. In addition, the Help Desk includes a comprehensive toolkit of easily accessible multilingual guidance BCP resources, including National Societies Preparedness resources and interactive FAQs.

IFRC regional offices and Reference centres (CREPD, CADRIM and GDPC) provided technical support and conducted awareness sessions on the **importance of maintaining updated Business Continuity Plans (145 NS), as well as on the interconnectedness and complementarity with their Contingency Plans (158 NS)**. For instance, technical support on business continuity planning was provided to African National Societies, and success stories were collected from Botswana and Uganda National Societies. In addition, the Caribbean Country Delegation and CADRIM reference centre reviewed the response and contingency plans in Belize, Barbados, Dominica, St. Kitts and Nevis and St. Vincent and the Grenadines.

Emergency Operation Centres (EOCs)

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

A total of twenty (20) National Societies were supported to establish and equip 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 available in Spanish, English, French, and soon Portuguese on the **Red Cross campus** and can be accessed **here**. Six (6) 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. As a result, when the COVID-19 pandemic severely affected Europe, the EOCs were already fully operational, providing a more effective response. **EOC success stories** from the above-mentioned National Societies were captured with the aim of disseminating successful experiences from these six National Societies in South-Eastern Europe and inspiring better responses in the context of the COVID-19 Pandemic and increasing interoperability and emergency management capacity.

A practical IFRC global guide for the establishment of Emergency Operations Centres is under development. A workshop was held in the Bahamas with 25 participants, including volunteers and members of the National Society governing board, to provide feedback to the guide as they were in the process of establishing a Red Cross EOC in the Bahamas. This guidance will be further tested in 2022 to obtain and integrate more feedback from National Societies and external stakeholders.

Emergency Needs Assessment

IFRC has also developed an Emergency Needs Assessment and planning training package targeting National Societies responding to different disasters and crises. This package is based on the surge optimisation process's ongoing efforts to better inform response operations and enhance emergency needs assessment capacities globally and is now ready to be tested.

National Response Teams Common Standards and Harmonized Curriculum

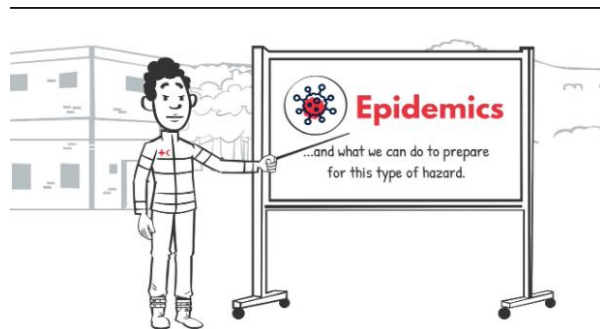
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Four (4) sessions were organized by IFRC regional delegations to introduce the [National Response Teams Common Standards](#) and to participants from National Societies and IFRC offices from all regions (around **90 participants**). National Societies, IFRC and partners are using these materials to support local responders' preparedness and response efforts.

Preparedness Videos

The IFRC continues working on its National Society preparedness awareness campaign. A series of preparedness videos were launched and are now available in different languages. [The entire video Series can be found here](#)

1. **National Society Preparedness – Introduction**
[English](#) / [Spanish](#) / [French](#) / [Arabic](#) / [Russian](#) / [Bahasa](#)
2. **Contingency and Business Continuity Plans**
[English](#) / [Spanish](#) / [French](#) / [Arabic](#) / [Russian](#) / [Bahasa](#) / [Portuguese](#)
3. **Technological and Biological Hazards**
[English](#) / [Spanish](#) / [French](#) / [Arabic](#) / [Russian](#) / [Bahasa](#)
4. **Epidemic preparedness**
[English](#) / [Spanish](#) / [French](#) / [Arabic](#) / [Russian](#) / [Bahasa](#)
5. **Legal preparedness**
[English](#) / [Spanish](#) / [French](#) / [Arabic](#) / [Russian](#) / [Bahasa](#)
6. **Urban preparedness**
[English](#) / [Spanish](#) / [French](#) / [Arabic](#) / [Russian](#) / [Bahasa](#)
7. **Community engagement and accountability**
/ [Spanish](#) / [French](#) / [Arabic](#) / [Bahasa](#)
8. **Protection, gender and inclusion** (Under development)



NS Preparedness Information Management:

The IFRC has further developed a Preparedness section in the GO platform. It includes four dashboards that present data useful to inform preparedness programming and emergency Operations, as follows:

- o **PER Summary:** to visualize which National Societies are engaged in structured preparedness processes (**86 National Societies**)
- o **PER Performance:** to visualize how the response mechanism looks per region and globally, as well as which components require further attention and the ones performing better.
- o **PER-DREF Operational Analysis:** around **5703 learnings** from **362 DREF operations** in **112 countries** have been integrated. They are organized using the PER Mechanism to analyse these results.
- o **PER Mechanism Resources Mapping:** a collection of guidelines, tools, and reference materials, organized 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](#)).

National Society Readiness Awareness sessions

The IFRC organized five **virtual Preparedness sessions** during the **Planet Red Summit**, with one hundred and fifty participants from 20 National Societies. Here, National Societies shared experiences on the importance of being prepared and ready to respond to the COVID-19 crisis and other hazards, including:

- o [COVID-19 Response: Did your institutional preparedness pay off?](#)
- o [Strengthening Local Capacity.](#)
- o [Diversifying the PER Approach in Crisis Preparedness & Emergency Response.](#)
- o [Why a One Health approach is key to preventing the next Pandemic.](#)

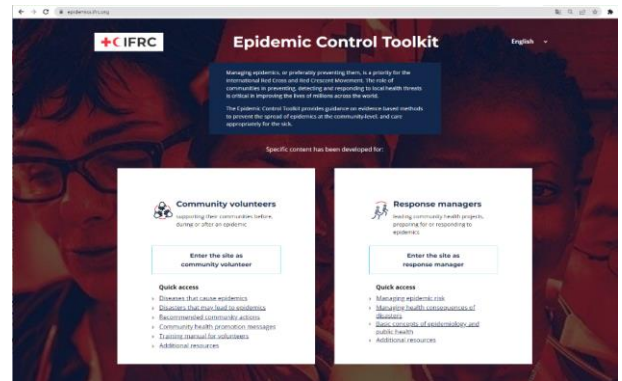
Epidemic preparedness

Tools and guidance have been developed by the IFRC network based on lessons learned from the response to a broad range of epidemics and the COVID-19 Pandemic, with various sources of funding outside of the COVID-19 appeal.

- Since 2017, with the support of the [CP3 initiative funded by USAID's Bureau for Global Health](#), IFRC has been able to develop tools and pilot proof of concept for **community epidemic preparedness**. As a result, an epidemic preparedness training framework for Epidemic Preparedness in Communities (EPIc) was developed jointly by CP3 and cholera preparedness teams in the African region. A regional EPIc master training took place in May 2022.

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- <https://epidemics.ifrc.org/>, a new website on epidemic control for volunteers and managers, developed with funding from the German Red Cross and technical support from emergency health staff in Geneva, provides volunteers with information on prevention and response to different outbreaks and managers with evidence-based guidance for health programming and emergency response. The site was launched on 22 March 2022 and was fully translated into French and Spanish. It is available online and offline. User feedback is being used to further update and develop the website, which is also translated into Arabic.
- IFRC's efforts are also geared towards advising governments to establish robust disaster-related **legal frameworks for the management of public health emergencies**, including the integration of public health emergencies with disaster risk management frameworks, safeguards and human rights during states of emergencies, human mobility and migration, protection of vulnerable groups and inclusion of people with all identities and abilities, and legal facilities for the response. Based on [its 2021 research report](#), the IFRC developed a [Guidance on Law and Public Health Emergency Preparedness and Response](#) outlining how domestic legislation, policies and plans can support effective preparedness and response to public health emergencies.
- Other resources are also available on [community-based surveillance](#) and [community engagement and accountability](#). A [newsletter](#) regularly goes out in English and French to 470 subscribers.



New website on epidemic control for volunteers and managers: <https://epidemics.ifrc.org>

The IFRC Secretariat provides Global Health Security technical guidance. It supports advocacy, knowledge sharing, fundraising, monitoring and evaluation, partnerships and collaboration with other actors and networks. It currently hosts the [Collective Service for Risk Communication and Community Engagement \(RCCE\)](#) and the [Global Task Force on Cholera Control](#). In addition, it joined the GHS legal preparedness action package launched on 31 March 2022 through its [Disaster Law Program](#).

➤ Lessons learnt:

A 2021-2022 review of COVID-19 learning found evidence stressing the link between National Society preparedness and effective response to the pandemic and for further investment in both National Society and IFRC Network preparedness to strengthen response capacity for future pandemics and global crises.

1. **Preparedness Planning:** National Societies that could develop preparedness plans based on an analysis of hazards, context, and risk, demonstrated a more robust capability to respond.
2. **Coordination with Authorities:** National Societies cited their close coordination with authorities, often attributed to a well-established auxiliary role, as a significant enabler to their response.
3. **Provision of Services:** National Society staff and volunteers who already had response experience for outbreaks of dengue or Ebola, for example, were better prepared to respond to the Pandemic. In addition, National Societies with community-based activities, including disaster risk reduction; water, sanitation and hygiene; and community health and care, were better prepared to integrate COVID-19-specific activities.
4. **Coordination of support and resource mobilization:** Regional and international support should be mobilized based on an analysis of local hazard, risk and capacity assessment and local preparedness and response plans.

The components of an effective response mechanism, central to the Preparedness for Effective Response (PER) approach, provide a helpful framework for analyzing lessons from the COVID-19 response and other response operations. Categorizing studies according to related response mechanism component enables an analysis of preparedness contribution to response effectiveness and areas for further investment in National Society and IFRC network preparedness. Along with [learnings from DREF operations, COVID-19 learnings](#) can be accessed through an information dashboard. Learnings can be reviewed using filter criteria, including PER area/component, region, country, and learning type. Accessing learning by relevant PER components can enhance preparedness planning and new innovative ways of linking learning with operational decision making

Success stories

IFRC has collected a series of [case studies](#) in English, French and Spanish to highlight how National Society preparedness has contributed to the COVID-19 response. These experiences show that a robust preparedness for response mechanism is crucial and will continue to become even more critical as the network faces the global consequences of climate change, the continued impacts of COVID-19 and future global health threats.

- Cameroon: "The Cameroon Red Cross partners with local radio stations in the fight against COVID-19". [Link](#)
- Colombia: Adapting emergency services to COVID-19. [Link](#)

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- Costa Rica: "A National response plan for a global pandemic". [Link](#)
- Egypt: Mental health and primary healthcare outreach initiatives. [Link](#)
- Indonesia: "Strong relationships with community and government partners are key in epidemic preparedness and response". [Link](#)
- Indonesia: "Preparing a hospital for COVID-19". [Link](#)
- Lebanon: "Multi-hazard scenario planning: Ensuring effective response in complex disasters and crises". [Link](#)
- Sierra Leone: "From Ebola to COVID-19: Coordination with local authorities for effective response". [Link](#)
- Somaliland: "Community-Based surveillance for COVID-19". [Link](#)
- South-Eastern Europe: "Enhancing emergency operations coordination". [Link](#)
- Spain: "Ensuring the safety of volunteers: Preparedness for procurement of protective equipment". [Link](#)
- Trinidad and Tobago: "Volunteers on the front line of the response". [Link](#)
- Vanuatu: "Disaster response: as local as possible – as international as necessary". [Link](#)

For the 2-year mark of the Pandemic, IFRC organized a discussion on preparedness entitled: "[How can we prepare for the next pandemic?](#)" on Twitter Spaces, which **reached over 540 listeners**. It included key speakers from Bosnia and Herzegovina, Kenya and Indonesia Red Cross Societies.

➤ Transition to medium and long-term COVID-19 plans

An essential aspect to consider in the medium and long term is integrating epidemic and pandemic risk management in ongoing National Society preparedness programmes and response mechanisms.

While the scale of our response to the COVID-19 Pandemic is unprecedented, the IFRC network has worked to prevent, prepare for and respond to epidemic risk for over 100 years. This includes, for example, recent outbreaks of measles, polio, dengue, cholera, plague, Zika, Ebola and monkeypox, among others. The [resolution "Time to act: Tackling epidemics and pandemics together"](#) and the integrated [Disaster Risk Management Policy](#) adopted at the 33rd International Conference of the Red Cross and Red Crescent in December 2019 have laid a strong foundation for IFRC's work in [global health security](#) and disaster risk management.

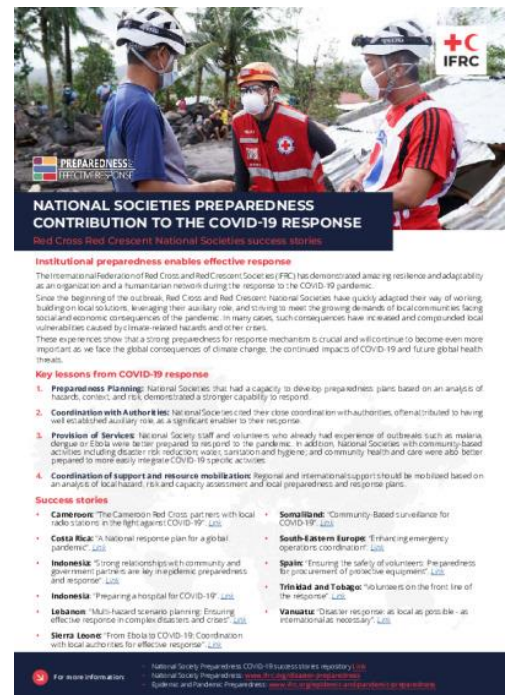
National Societies have a pivotal role strengthening local public health systems to manage epidemic risk, assisting States in meeting their obligations to comply with international health regulations, and emphasizing preparedness for and response to existing and new threats. Community members are the first to know when an unusual health event has occurred. Therefore, it is essential to enable, empower, and equip local action: community structures, mechanisms, and processes to recognize and respond to public health threats in their midst. **National Societies are well-placed to work with communities to strengthen their resilience, reduce risks and better prepare for and respond to epidemics.** Their regular health and care activities and services create a bridge between communities and their local health systems. Also, trained staff and volunteers can support communities to prevent and control outbreaks, providing a frontline response when an emergency strikes.

The IFRC Network's capacity was strengthened in multiple areas of Health and Care to respond to COVID-19, for instance, in relation to community-based surveillance, contact tracing, testing, community feedback mechanisms, immunization, WASH, MHPSS or the adaptation of clinical services. What have we learned, and how do we capitalize upon this experience to continue strengthening regular health services and preparedness and response capacity? How can we strengthen engagement with key partners and stakeholders?

Through the IFRC Plan and Budget 2021–2025, the Federation laid out ambitious goals. Six **flagship initiatives** were established to guide operational plans to respond to global challenges in a coordinated way and at scale. Three of them are directly related to multihazard National Society Preparedness and epidemic risk management:

- Going to Scale on Humanitarian Action and Risk Reduction
- Global Health Security: Epidemic-Pandemic Preparedness and Response
- Reduce cholera-related cases by 50%.

These flagship initiatives, as well as strategic priorities and enablers included in the Plan and Budget 2021–2025, will continue building on the response to the COVID-19 Pandemic, scaling-up investments in National Society preparedness for various types of hazards, including public health emergencies, and thereby supporting the long-term response to and recovery from the Pandemic.



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Some key activities to scale up IFRC's ambition in Global Health Security and National Society institutional Preparedness and Response capacity are already underway, including:

- The ongoing response to the COVID-19 Pandemic, e.g. the rollout of vaccinations, risk communication and community engagement, epidemic control and public health interventions, and livelihoods support for an inclusive, resilient, and green recovery from the Pandemic;
- Maintain continuous capacity strengthening to meet current and future challenges. **The [Preparedness for Effective Response approach \(PER\)](#) offers guidance for National Societies to systematically improve their preparedness for various types of hazards – including epidemics – over time. PER epidemic considerations were added to complement the standard PER benchmarks and assess National Societies' epidemic preparedness. **National Societies can also use lessons from the [COVID response](#) and [past response DREF operations](#) to identify gaps and work with their partners, staff and volunteers to strengthen specific components of their emergency response mechanism.****
- Preparedness and response to [a broad range of hazards, including public health emergencies](#);
- The [Community Epidemic and Pandemic Preparedness Programme](#) (CP3) is currently implemented in 7 countries: Cameroon, DRC, Guinea, Kenya, Sierra Leone, Uganda and Indonesia;
- The [Pilot Programmatic Partnership](#) funded by DG ECHO, which provides long-term support for National Societies and communities in 25 countries worldwide, and includes specific results on disaster management, epidemic preparedness and response, CEA and CVA, among others;
- The partnership in Africa with the United States Center for Disease Control (CDC) to define, strengthen and accelerate support to community engagement interventions as part of the integrated community health workforce and systems programme to achieve resilience, impact and sustainability; and
- Boost a broad range of projects on global health security and preparedness and response capacities implemented by National Societies individually or with bilateral support.

National Society Development

➤ Major achievements in the past two and a half years:

The focus of National Society Development during the COVID-19 pandemic on financial sustainability and volunteering was instrumental in incubating new ideas, accompanying National Societies in their transformations, and highlighting the relevance of the seven transformations of S2030. National Societies quickly adapted and innovated to respond to the limitations of COVID, adapting their services to the new setup and conditions. While most National Societies heavily suffered from financial losses due to diminishing income, this capacity to adapt and respond to emerging challenges limited the impact of such financial losses, and no National Society was affected to the point of not being able to continue delivering relevant services to the affected populations while being able to scale up their response to COVID and play a major role upon request of health authorities.

This capacity to adapt and transform in the face of extreme challenges is the object of a study that the IFRC is launching to capture how National Societies weathered the pandemic, emerging more vigorous and resilient.

The COVID pandemic significantly accelerated the work of the IFRC on financial sustainability. In less than three years, the capacities in this area have grown sensibly. Financial sustainability is one of the eligibility areas of the re-engineered Capacity Building Fund, where almost one-third of all applications are in this area. The more recent applications to the National Society Investment Alliances, the other NSD fund, show a growing focus on financial sustainability. The first community of practice has been launched (on financial development, see below). A second one is being developed to enhance peer support and co-design of solutions. The capacity of the IFRC in the field has grown, whereby in all regional offices and, in a few cases, in country cluster delegations, professionals are supporting National Societies in this area. A specific initiative to accelerate financial sustainability is taking place in Africa, with financial support from the Netherlands Government. Such developments go hand in hand with accrued attention and capacity on NSD.

Focus on National Societies' Financial Sustainability

Supporting National Societies on their Financial Sustainability (FS) journey is a priority for the IFRC, which was significantly accelerated during the past 30 months. And it will continue beyond COVID-19, as it keeps increasing in importance and visibility within the membership). To note, National Societies rated Financial Sustainability as the number one NSD issue during the Council of Delegates workshop session focusing on "Increased local action: Investing in sustainable and strong National Societies" (attended by 200 participants in April 2022). Furthermore, most participants expressed an interest in continuing exchanges of experiences with National Societies and facilitating approaches involving peer-to-peer support.

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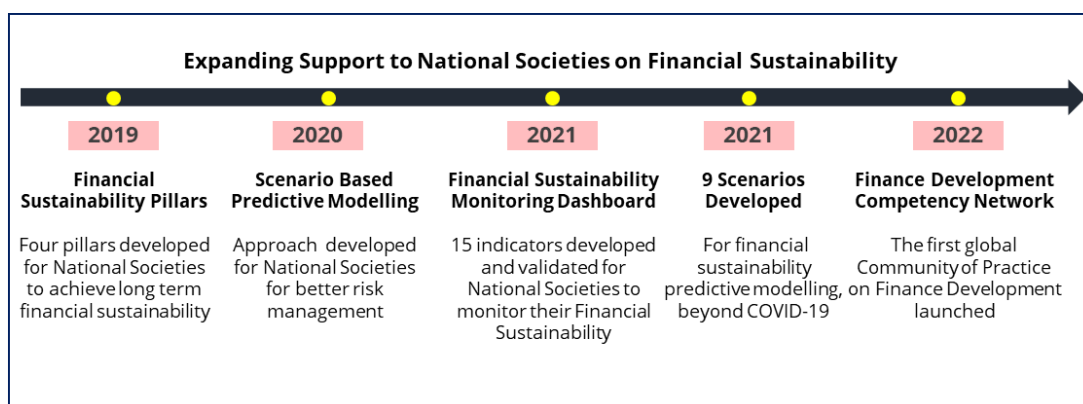
IFRC's work on increasing awareness and understanding of the financial sustainability's pillars among National Societies and facilitating a greater understanding of how to link the pillars to concrete development activities within the organization continues through the dissemination of short anonymous case studies validating and contextualizing the Financial Sustainability Pillars through real stories from National Societies. The latter have experienced or are currently experiencing the need to be financially sustainable.

In addition, IFRC is further reinforcing the culture of risk management among National Societies and increasing the number of National Societies that measure key financial sustainability indicators, use scenario modelling and take corrective measures. The piloting of the new set of Financial Sustainability indicators continues at the regional level, namely in the Asia Pacific and African regions. The IFRC will continue the work towards rolling out the Financial Sustainability dashboard to all National Societies who wish to do so, based on the learnings to be identified from the pilot phase, enhancing its accompaniment and support to those National Societies that need it through the Financial Development Competency Network (FDCN) community of practice. Data collected on a voluntary basis from National Societies will enable the IFRC to identify trends and priorities in this area early and further invest in specialized expertise. The Financial Sustainability Monitoring Dashboard (briefing, guidance and template documents) are now widely available to all National Societies.

As COVID-19 has reconfirmed the urgent need to work in a distributed network and embrace digital transformation, IFRC focused on enhancing peer-to-peer support with the successful launch of the [Finance Development Competency Network](#) (FDCN) in June 2022. This is the global **Community of Practice on Finance Development**, providing a central point of resources and capacity, enabled by a digital platform and enacting new and open collaboration models. The FDCN Community of Practice includes more than 544 members with more than 108 National Societies represented, with seven active sub-CoPs established on the platform.

Building on the successful launch of this first global Community of Practice (CoP), the IFRC will expand the offer of NSD Communities of Practice in areas of interest of National Societies and has already started the work to scope the relevant approach for a **Community of Practice on Resource Mobilization** which will be further defined and developed in the second half of 2022, including the establishment of thematic Sub-CoPs on key topics such as Asset Management and Service Development, as part of the income-generation aspect of Resource Mobilization.

These communities of practice will also serve to co-create and co-design innovative solutions to common problems, identify trends and areas where additional expertise and investment may be necessary, and share learning and inspiration.



Supporting National Societies on the Financial Sustainability Pillars is key to enabling member National Societies to be stronger, more responsive and better-trusted organizations with increased local accountability. This support is optimized with recognising the fundamental need for adaptability through continuous learning to achieve sustainable changes in complex environments. Taken altogether, this forms the backbone for more independent and sustainable National Societies, in line with the transformations in Strategy 2030.

Example of Action Learning

A National Society was struggling to generate income following two disasters in quick succession: a major hurricane followed by the COVID pandemic. This had left the organization entirely reliant on short-term grant funding, which was becoming more difficult to secure. The coach assigned to this NS advised that the action learning methodology supported set members to re-frame the problem to something more manageable and identify some practical actions included writing grant applications, developing a financial plan and improving their engagement with the private sector. One of the key insights was that corporate organisations were willing to pay first aid training for their employees, which could open up more 'fee for service' opportunities for the National Society.

The IFRC has also been providing specific support by external professional coaches to those National Societies facing complex challenges in their financial sustainability during COVID times. 21 National Societies requested such support and concluded the process provided by certified coaches in **Action Learning** through the partnership with the World Institute of Action Learning (WIAL). The approach's success has been assessed during the initiative, highlighting the value of the approach, especially in times when National Societies were facing the pressure of operational delivery and constraints for financial sustainability. The approach supported them in defining the urgent issue and building local and actionable solutions. Based on such evaluation, Action Learning has been mainstreamed as one of the competences available for National Society Development (NSD) professionals and practitioners in the process leading to the revision of the NSD Competency Framework. As a result, the partnership with WIAL will continue to support National Societies solve complex organisational challenges related to NSD and access pro bono coaching support, as well as train a pool of IFRC's own coaches to facilitate Action Learning more prominently.

Duty of care for volunteers

Many National Societies, amid a 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 identified 28 National Societies in urgent need of volunteer insurance support (6 in Asia-Pacific, 6 in the Americas, 5 in Europe, 6 in MENA and 5 in Africa) and supported them on options to insure volunteers and staff against COVID-19, based on the guidance for volunteer insurance. In addition, 23 National Societies have been supported in setting up a solidarity mechanism for their volunteers, including financial projections. Five National Societies have been supported in negotiations with private insurance companies.

A checklist on mobilising National Society 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 well-being.

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. Based on volunteers' experiences responding in new and innovative ways during the pandemic, a new volunteering vision for the IFRC was adopted by the 43rd session of the Governing Board. The vision lays out how National Societies can engage and attract a diverse and substantial volunteer base so that the Red Cross Red Crescent Societies remain rooted in and guided by the communities they support and connect volunteers globally to feel part of a truly global movement. 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 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.

V-Community app: The IFRC officially launched the v-community (formerly the Virtual Market Place) at the General Assembly in June 2022. It is an application that allows volunteers to connect, learn from each other and develop common activities globally in line with the IFRC Volunteering Vision. The App allows volunteers to connect in their language and use the translation feature to chat and read stories and messages from fellow volunteers regardless of the language. The V-Community has an in-built facility to translate contents to and from 106 languages immediately. There are close to 2300 volunteers using the app, and the numbers are

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growing daily. In addition, some National Societies are exploring using the app as the main platform for their volunteer engagement.

➤ Transition to medium and long-term COVID-19 plans

A particular focus will be on peer contacts and learning. The **V-Community** application (available from Google and Apple stores) will be scaled up to connect 100,000 volunteers in their language across the globe by the end of 2025. This platform, owned by the IFRC, will enable the IFRC to analyse better what volunteers need in terms of global and local support. The technical teams will also roll out active communities of practice, including financial sustainability and branch development. To enable National Societies to take transformative steps to strengthen their institutional capacities, IFRC will continue to grow our **key funds** for NSD – the re-engineered Capacity Building Fund and the National Society Investment Alliance. IFRC will also continue to strengthen its focus on **volunteering** by coordinating the Volunteering Alliance and supporting the varied working groups.

Featured stories – Reaching the most vulnerable in Vietnam

Vo Nhan Hau, 34 years old, is a former security guard living in Ho Chi Minh with his wife, parents and younger brother, who has cerebral palsy. Six years ago, he discovered he had a brain tumour. Despite surgery and treatment, the cancer spread to his lower body within a few years, making him almost fully paralyzed. When Ho Chi Minh City came under strict lockdown from April–October 2021, Vo Nhan feared for his family's survival. With no income and being unable to continue his treatment, it was mentally tough on him and his family as they had to rely on food donations to survive. Vo Nhan and his brother could not leave their home to get vaccinated because of their underlying conditions, which put them at higher risk of contracting COVID-19. They had no hope until they heard of the **Viet Nam Red Cross (VNRC) administering the door-to-door vaccinations**. Thanks to the VNRC mobile vaccination unit, both brothers received two vaccine doses at home.



Vo Nhan Hau getting vaccinated at home by a VNRC volunteer, Photo credit: Yen Duong/IFRC

"It was tough. If I wasn't vaccinated, I wouldn't be able to go outside or even go to the hospital for checkups. Now that I am vaccinated, I'm quite relieved" – Vo Nhan Hau from Ho Chi Minh City.

Vo Nhan Hau can now go outdoors to exercise at the park and strengthen his leg muscles as he looks forward to returning to work. The full story is available at the following [link](#).

A case study from [Review of Mongolian Red Cross Society COVID-19 Response](#)



Sh.Battsengel (second from right) and the MRCS staff. Photo credit: MRCS

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Sh. Battengel lives in the Bayanzurkh District of Ulaanbaatar with his wife and three children. They were participants in a project called: **“Improve the resilience and livelihoods of families who migrated from rural to urban areas”, funded by IFRC and carried out by the Mongolian Red Cross Society (MRCS) in 2021.** The project was designed to help families who migrated to Ulaanbaatar from rural areas during COVID-19 by teaching them life skills and helping them start their own small and medium businesses. **Participants were trained in disaster risk reduction and business management.** Once trained, a competition was organized and selected households, which included Sh. Battengel and his family were **provided with the necessary equipment by the MRCS to launch their businesses.** Before the vegetable business increased their household income by about 80%. Sh. Battengel and his wife, B.Tsetsegmaa plan to expand their business - build a winter greenhouse, grow year-round seasonal vegetables and provide jobs for other unemployed people in future.

project, Sh. Battengel and his family did not have a fixed income. Through the project, they launched a business growing and selling vegetables. In addition, they acquired greenhouses, seedlings, fertilizers and bio-preparation for their business from

“Prior to this project, my family had just migrated from the countryside. Therefore, we had financial problems. At that time, participating in the MRCS project and successfully implementing the vegetable growing activities has helped us to overcome the pandemic.”
– Sh.Battengel, Project participant.

MRCS.

Enabling Actions

Business Continuity Planning and Security within IFRC Secretariat

During the reporting period, the IFRC was positioned to anticipate and respond to threats and opportunities arising from the COVID-19 Pandemic internally and externally. Rapid response teams have been deployed to respond to the Ukraine conflict and other emergencies, such as the 2021 Haiti earthquake. **All the deployments have been done respecting the national and organizational pandemic regulations.** These months have highlighted the importance of ensuring the proper duty of care for all the staff and being a role model for volunteers and staff in the National Societies. Most IFRC delegations have gradually returned to the office with flexible working modalities to decrease the infection risk and protect our vulnerable staff.

During the reporting period, IFRC has continued to be part of the UN System-Wide COVID-19 Vaccination Programme. The programme allows IFRC staff to be fully vaccinated (booster included), targeting specific countries, namely Yemen, Central Africa Republic, Colombia, Myanmar and Peru.

In addition, the IFRC's Secretary General instructed the COVID-19 vaccination mandatory for all IFRC personnel travelling for official missions, based on the following:

- The IFRC, as a global humanitarian actor, needs to preserve its operational and institutional continuity/capacity by having a deployable workforce that can operate in any given context. In addition, more and more states require the mandatory vaccine to enter the countries and avoid quarantine which might impact our speediness and efficiencies.
- The IFRC has a duty of care towards its personnel which means protecting the health of everyone while working on IFRC premises, programmes or operations or under our emblem. As a result, IFRC has implemented certain measures to reduce the probability of exposure when deployed. Mandatory vaccination is one of the key mitigation measures.
- The IFRC must take every possible step to reduce additional risks to affected populations based on our “do not harm” principle and the duty to protect the populations supported

During January 2022, an internal Lesson learnt was completed. This exercise examined those policies, standards, benchmarks, guidance, protocols, processes, and decisions against the Business Continuity guiding principles established in February 2020 with a view to:

- support institutional learning by engaging staff in identifying Lessons Learned,
- document the captured lessons learned to facilitate the sharing of findings; and,
- analyse and organize the lessons learned for future application.

There continue to be few direct COVID-19-related security impacts on RC/RC personnel and operations. 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. The network has managed to update Security Plans, Security Risk registers, and emergency plans with the Pandemic and potential new risks included. During the Pandemic, there has also been increased monitoring of security situations and assessment/analysis.

Representation

The Special Representative of the Secretary-General (SRSG) for COVID-19 function has used the COVID-19 Pandemic as an accelerator to support the speeding and scaling up of our institutional actions, to improve quality, to explore new opportunities and to enhance

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collaboration, and internal coordination to avoid duplication, integration, and optimization in the Secretariat. It also improved our relationship with key external stakeholders such as Governments, the private sector (including pharmaceuticals companies), and Academia, among other partners. The current focus of this function is guiding the transition of the COVID-19 Emergency Appeal into a long-term program, creating space for future opportunities within and aligned with Strategy 2030 and the Agenda for Renewal to be better prepared for new global crises and pandemics.

Humanitarian Diplomacy and Resource Mobilization: jointly with the partnership and resource development (PRD) department and the Regional Offices, a COVID-19 Resource Mobilization Strategy was developed and rolled out in the regions, developing marketing packages such as the COVID-19 Investment Cases (global and per region), a COVID-19 message tracker to integrate a common narrative, COVID-19 promotional videos, and currently developing a marketing training course based on COVID-19 Resource Mobilization learnings and products, among others, to be rolled out later this year. Efforts are emphasized in crosscutting long-term proposals that support the COVID-19 Emergency Appeal but directly contribute to other aspects (long term) such as strengthening health systems, supporting livelihoods marketing proposal, leveraging our work in Mental Health and Psychosocial Support, along with others.

Creation of internal synergies and networking: IFRC continues the support to optimize cross-cutting communication around COVID-19 hosting different feedback sessions and continued meetings with the units, departments, regions and National Societies at different levels. This includes the development of Circles of Support (with IFRC colleagues) and Circles of Collaboration (with National Societies) to include National Societies' perspectives and actions, enhancing learning exchanges and peer-to-peer support. The SRSF function has created a precedent by opening a special window to engage and work with young and senior volunteers as part of the team to support COVID-19 Global related matters. A monthly COVID-19 Global Picture presentation has been distributed to the Global Leadership Team to maintain IFRC Leaders informed on COVID-19-related matters.

Learning and Knowledge Management: Given the importance of having the lessons learnt that the Pandemic has left for the organization, the SRSF function has provided constant inputs to support the development of an institutional learning and knowledge management framework, including oversight participation in aspects such as C2 workshops, learning retreat by NSDOC, Reference Centres Annual Meeting, and many other spaces for feedback and National Society participation. The team been given feedback to COVID-19 learning initiatives such as the Learnings Dashboard developed by the learning team, the World Disasters Report focused on COVID-19, and the Everyone Counts Report together with PMER and FDRS teams. In this matter, IFRC is developing an interactive Pandemics and Global Crises Playbook, a decision-making and user-friendly digital tool designed to systematize, optimize and expedite the decision-making processes required by leadership for pandemics global crises response (all in one place), learning from COVID-19. The IFRC Pandemics and Global Crises Playbook will also count with Guidance for National Societies to learn how to develop their pandemics and crises playbooks. A circle of collaboration with National Societies will be created to share experiences and build this guidance.

Business continuity planning (BCP) and Business Improvement and Development (BID): The SRSF supports the BCP framework's evaluation and adaptation to leverage BCP's learnings and promote opportunities and solutions to ensure the duty of care of staff, beneficiaries and volunteers. Currently, support is given to develop a BCP policy considering COVID-19 BCP Learnings. This has been done in coordination with the BCP team. In addition, other types of proposals have been provided to the Global Senior Management Team, such as a Good Treatment proposal to promote a broader and integrated Duty of Care; provide alternatives and solutions in the ForeSee, the development of innovative market tests learning from COVID-19 such as the COVID-19 Waste and Plastics Recycling Project with three National Societies, among others. The BID mapping of current products, services, assets and properties has also been kicked off to guide the Secretariat and the National Societies to bridge the gap between current knowledge, understanding and practice on business-related initiatives.

Supply Chain Management

The IFRC has been coordinating a *modus operandi* for in-kind donations from the Canadian Government through the Canadian Red Cross. The intended donation is to be distributed to five regions in 61 countries as follows:

Region	Gowns	Face shields
Africa	195,000	194,000
Asia Pacific	140,200	72,600
Americas	754,800	229,800
Europe	398,000	139,000
Total Request	1,488,125	523,400

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The IFRC Supply Chain Management is working with other potential donors (FCDO) on compliance and quality assurance to review technical documentation to be ready for future donations under negotiation.

During the reporting period, the IFRC SCM has provided the following support to operations:

GVA HQ, Dubai Hub and GSC - Reporting period up to September 2022:

- Purchase and supply 9600 rapid tests for Brunei with a total value of USD. 34,004/-
- Purchase and supply life-saving COVID-19 pharmaceuticals for Romania with a goods value of Eur. 160,740/-
- Supported Bangladesh Operation with CoC approval of RT-PCR machine and hospital equipment valued at CHF. 3.61 million
- Supported India Operation with CoC approval of hospital equipment valued at CHF. 4.5 million
- Supported India Operation with CoC approval of hospital equipment valued at CHF. 1.9 million
- purchased and supplied rapid tests worth approx.: CHF. 7,796,000 under DG Santé project.
- QA and technical support in procurement of oxygen therapy-related devices, incl. oxygen plants, PPE, and other medical equipment.
- Support was provided for establishing a PPE global framework agreement, QA of in-kind donations of PPE and Oxygen related equipment from National Societies and governments and QA validation of COVID-19 diagnostics.
- Six consignments of value CHF 265'000 of PPE, oxygen concentrators and manikins were sent to Yemen, Iraq, Tunisia, and Nigeria and two shipments to Syria.

Asia Pacific Regional SCM

- National Societies (NSs) continue to receive support in the supply chain management from the IFRC secretariat, which includes the mobilization of items such as medical & oxygen related equipment and PPEs to the following countries where active mobilization table(s) are opened, i.e., Afghanistan, Indonesia, Nepal, and Timor-Leste. In addition to the in-kind support, the unit has been working closely with the National Societies and Country Cluster Delegations / Country Delegations (CCDS/CDs) to provide technical guidance and procurement support. As a result, international procurements are carried out for India, Myanmar, Afghanistan, Nepal, Malaysia, Indonesia and most countries in the Pacific Islands for PPE, COVID-19 self-test kits, medical equipment, and Non-Food items (NFIs).
- In some countries, procurement focuses on longer-term preparedness and readiness where COVID-19-related vehicles are being procured. The Global Fleet Unit supports this in Dubai in close collaboration and coordination with the National Societies, CCDs/CDs, and suppliers. Figure 1 illustrates the needs and the pipeline about the specialized emergency units' procurement and delivery:

Figure 1

	Description	Requested	In production pipeline	Delivered
India	Blood Collection van	59	11	48
	Basic Life Support ambulances	42	21	21
	Advance Life Support ambulances	17	4	13
	COVID-19 patient transport ambulance	10	5	5
	Covid test van	22	15	7
	Mobile Health Units	16	16	0
	Total	166	72	94

- A total of CHF -10.5 million worth of local procurement had been secured and managed by both the National Societies and CCDs/CDs, respectively.
- International procurement has been concluded for various types of PPE, antigen self-test kits and oxygen-related equipment such as O2 concentrators worth approx. CHF3.5 million for Malaysia, Nepal, and countries within the Pacific Islands such as Vanuatu, Solomon Island, Palau, Cook Island, Samoa, Tuvalu, RMI, Tonga and FSM.
- Purchased and supplied various medicines as Home Care Kit for Malaysian Red Crescent Societies worth CHF 38,000.
- The procurement team in the GHS&SCM-AP unit has also undertaken the quality assurance of 18 procurement files worth CHF 8.3 million.
- As part of the monitoring process and ensuring all supply chain-related activities are being managed efficiently, the unit collaborates closely with the countries' teams in India, Indonesia, Nepal, Myanmar and Bangladesh. A tracking and monitoring mechanism is in place to ensure the timely implementation of procurement activities in these countries.
- All procurement activities were conducted in line with IFRC Logistics & Procurement Procedures and quality assurance guidelines, focusing on the overall technical support enabling the National Societies and CCDs/CDs to carry out their response plan in compliance with the standard procedures and practice.

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- The logistics and procurement dashboard for COVID-19 reflects the tracking of all local/regional procurement activities, including medical supplies and others.

MENA Regional SCM – *all from stocks in Dubai

- Air freight and distribution of 150 oxygen concentrators with accessories to Al Zahera Hospital in Damascus, Syria.
- Air freight and distribution of 15 oxygen concentrators with accessories and spare parts to Tunis.
- Sea freight of 100 oxygen concentrators with accessories and spare parts to Yemen.

Panama Regional SCM

- The first shipment arrived in Panama on September 19th and is under coordination to be released from the port; (3) additional shipments are in transit, and the estimated completion of arrivals in Panama is for October 1st.
- All the PPEs are being stored in Panama Warehouse for further dispatches to the National Societies of the region, based on the needs.

Major challenges faced during the reporting period:

- Recurring increases in 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.
- The global interruption in sea shipments is due to increased container deficits in the origin countries.
- The frequent delays in the manufacturing of vehicles due to various component shortages and container deficits.

Risk Management

As part of the mandate of the Special Representative of the Secretary-General (SRSG) for COVID-19 on Global Risk Management, and especially as a legacy of the COVID-19 Emergency appeal, a systematic risk management strategy is being rolled out in the Secretariat. A major deliverable for this is developing and implementing the first IFRC Risk Management Policy and framework. Related to that is embedding systematic risk management guidance and oversight in key operations and strategic initiatives, such as the COVID-19 Emergency Appeal.

The IFRC regional offices are increasingly incorporating risk management staff positions more permanently in their teams. A circle of support is being developed with these positions to institutionalize our Risk Management Capacity as part of the global risk management network. Circles of Collaboration (together with National Societies) are about to be established to benefit from National Societies' perspectives in this area and to support increased risk management capacities for the membership. The Audit and Risk Commission has increased its focus on risk management, including a regular update on the implementation of the IFRC Risk Management Strategy and highlighting key areas of risk that they want to be regularly briefed on, such as COVID-19 Emergency Appeal.

As we approach the end of the appeal, joint work is taking place between several key departments to monitor and mitigate risks. This includes regular monitoring of transactions and implementation, closely checking the closure of commitments, regular meetings with regions and country delegations to supervise the overall aspects around finance, logistics, HR, PMER and pledge management, and early communication with partners and donors to ensure commitments are met, or to find joint solutions where challenges are expected. Also, a document with frequently asked questions has been prepared and shared with the country delegation. It is regularly updated to ensure alignment across the organization on procedures for closing the Emergency Appeal.

Innovation

Limitless

During the last year, over 1,000 young volunteers from 72 countries were part of **Limitless, the Youth Innovation Academy** of the IFRC. This program was designed with a capability-building approach to identify young innovators with ideas on how to address the impacts of COVID in their communities and to build a support system for them. Instead of having a single winner (or select few), as is often seen in a traditional innovation challenge, or instead of acting as a simple funding mechanism, the Limitless Academy sought to connect and support as many young people as possible worldwide, providing them with guidance, mentoring workshops, and financial support at different stages.

Limitless created a safe space where volunteers developed 333 innovative projects addressing problems related to mental health, gender-based violence, livelihoods, and food security, among others. CHF 364,000 were dispersed among the teams across all the phases. These youth-led projects have reached over 300,000 people in urban, rural, and often underserved communities. These innovative projects have positively impacted communities and turned into [successful, inspiring stories](#) for other volunteers around the world.

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The ideas and media products that young people produced went viral. The information, material, and videos of the projects reached over 6 million people. The [Limitless YouTube channel](#) has proved extremely popular. Young participants' videos have been viewed over a quarter of a million times.

Lessons

- Building safe spaces to create, experiment, connect and innovate, and to have autonomy over design and decisions and how to allocate funding, was highly effective at engaging young people and in the development of innovative initiatives at scale.
- Young people were supported in such a way that they were able to deliver high-impact programming for large numbers of people.
- A capability-building approach appeared to provide more long-term results and stronger programming overall than previous 'traditional' innovation competition approaches.
- Efforts to connect youth volunteers globally into a network of innovators were challenging but were successful and helped to facilitate learning, collaboration, and project strengthening.

Solferino as a network service

Solferino Academy's developed a focus on convening and connecting the network with Think Tanks and other large-scale shared experiences. Over the span of 2 years, Solferino convened over 25,000 people across the IFRC network - regions and roles (leaders, staff and volunteers). IFRC hosted ThinkTanks for senior leaders to coordinate and learn about best practices and innovations around the global covid response. There were also ThinkTanks for volunteers and National Society staff. Overall in a span of 4 months, the IFRC had designed [experiences and connected over 10,000 people](#). To engage youth, the teams [curated a volunteer covid story campaign](#) to [collect stories](#), then added the insights to a StoryMap to show the global impact. The insights from these convenings were invaluable for leaders, staff and volunteers across the network.

IFRC built on these lessons and supported the global work with designed events to focus on covid response and network connects with focuses on our global challenges and transformations, [COVID-19 health innovations](#) and [Climate-Red](#), and [Data and Digital Week](#). Each of these workshops, dialogues, and co-creation sessions united a global network to focus on our strengths and learn together.

Lessons

- Connecting our network online to learn and problem-solve is essential to our efforts. Leaders found it invaluable to connect across borders and languages with our priority [focus on translation and interpretation](#).
- Solferino Academy piloted new ways of collaborating as a distributed network with a virtual human touch during a global pandemic. These methodologies were mirrored across the network in various other programmatic activities.

Our network seeks a balance of formal spaces to demonstrate leadership exchanges with more experiential co-creation experiences to challenge and support our humanitarian mandate.

Communications and Advocacy

The IFRC continued supporting advocacy efforts for equitable access to vaccines, tests and treatments. Another key focus was to highlight the network's role in helping communities to strengthen health systems and prepare for the next Pandemic. Globally and regionally, the IFRC continued to raise visibility on the secondary impacts of the COVID-19 Pandemic, including mental health on women.



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This period was marked by pandemic fatigue, which translated to fewer media opportunities. Finding new angles and communications moments was key to ensuring the network's visibility and positioning. March 2022 marked two years since WHO declared COVID-19 a pandemic. During the reporting period, the IFRC has focused its communication efforts on advocacy for building vaccine trust, preparedness for the next pandemic, and the impact of COVID-19 on vulnerable groups and, in particular humanitarian contexts. Several press releases and interviews in international media outlets continue to bring attention to the current issues posed by the pandemic. See all press releases [here](#).

As well as media engagement, IFRC worked closely with Health, Policy and CEA technical teams to produce key messages and digital assets to keep our audiences, IFRC regions and National Societies informed about the importance of vaccination and adherence to public health and social measures.

Legal Frameworks

IFRC Disaster Law finalized its report entitled [Law and Public Health Emergency Preparedness and Response: Lessons from the COVID-19 Pandemic](#). The [report was successfully launched](#) to diplomatic missions in [Geneva](#) and to states in [Asia-Pacific](#) and [Africa](#). The report examines how law and policy can support preparedness for and response to public health emergencies and how public health laws related to wider DRM laws. The report was developed to provide support to National Societies and governments on law and policy development. The research involved [mapping COVID-19 emergency decrees in 113 countries](#) during the initial stages of the Pandemic. The second stage of research, which focused on 33 countries, involved a detailed assessment of domestic legal and institutional frameworks for public health emergencies. This second stage of research focused not only on the COVID-19 Pandemic but also on the legal and policy instruments used to respond to previous outbreaks and epidemics, such as the Ebola virus, SARS, MERS and Zika virus. An accompanying [Guidance on Law and Public Health Emergency Preparedness and Response: Lessons from the COVID-19 Pandemic](#) was also developed. The Guidance provides recommendations about how to strengthen domestic laws, policies and plans relating to the preparedness and response to public health emergencies. Consultations on the Guidance were run in 2021 to solicit feedback from governments, public health experts, National Societies and international organizations. The Guidance will be launched to states at the end of 2022. The report and the Guidance were translated into French, Spanish and Arabic.



LAW AND PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

Lessons from the COVID-19 pandemic



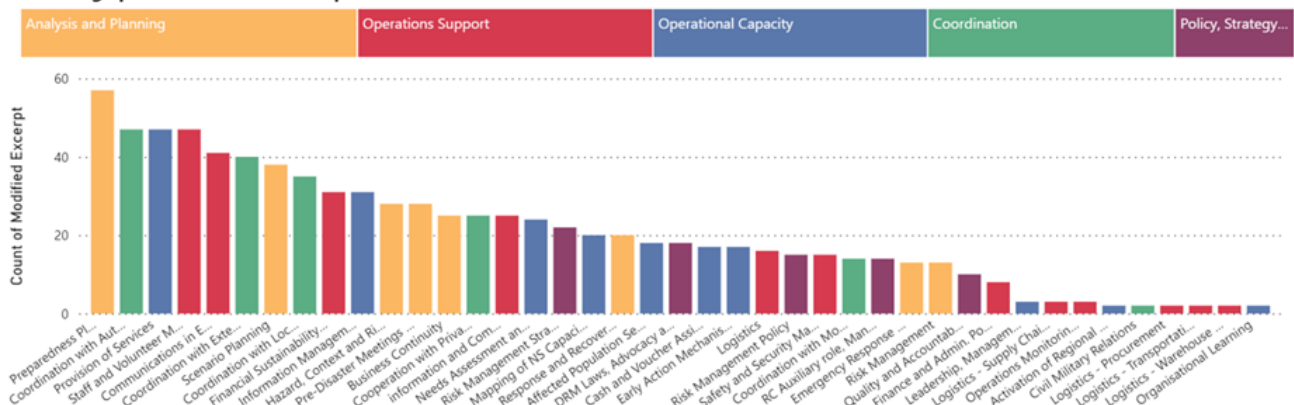
Work in this area led to IFRC being engaged in the WHA's International Negotiation Body in regard to the development of a new international treaty in this area and IFRC being asked to join the [Global Health Security Agenda's Legal Preparedness Action Package](#) initiated by Argentina, the USA, and Georgetown Law's O'Neill Institute for National and Global Health Law. Recommendations developed by IFRC on Law and PHE Preparedness and Response were also presented at the Council Working Group on Humanitarian Aid and Food Aid during Slovenia's EU presidency (2021-II) in November. Recommendations developed by IFRC in this area will also be discussed at the International Conference of the Red Cross and Red Crescent in 2024.

As governments around the world have emerged from the current crisis, many will wish to draw on the experience of the Pandemic to review and strengthen their legal frameworks for disaster risk management, including public health emergencies. IFRC's new research and guidance on the law and public health emergency preparedness and response will provide a valuable resource for governments embarking on this endeavour. IFRC, together with its network of National Red Cross and Red Cross Societies, will work in close collaboration with governments in this regard to prevent and reduce the impact of disasters and protect the most vulnerable when faced with a crisis.

Learning

The COVID-19 learning analytical framework has enabled documented learnings from across the IFRC network, including Real Time Learning reports, evaluation reports, operational updates, etc., to be consolidated and systematically tagged for enhanced analysis of trends and patterns. The dashboard, embedded within the GO platform, has been designed to provide visualization and filterable summarised findings in order to facilitate analysis.

Learnings per PER Area and Component



The systematic review of more than 20 documents, and the analysis of the trends and patterns of more than 1,000 findings, were completed. This analysis demonstrated the value added of these tools and this process, not only for ongoing COVID-19 learning but for learning from future response operations, e.g., the Ukraine operation, which it has informed, by highlighting linkages with other institutional learning processes that would further strengthen our capacity as a learning organization. The Dashboard with the tagged findings can be found on the GO platform, and [the report and findings can be found here](#).

Planning, Monitoring, Evaluation & Reporting

Contributing to organizational learning, the IFRC led 3 Real-Time Learnings and carried out a [Federation-wide Evaluation of the COVID-19 response](#).

The IFRC carried out several Federation-wide data collections and provided validated data for operational updates. The data and analysis are available in two dashboards in the GO platform: Overall, 180 National Societies submitted at least one indicator form, and 181 National Societies submitted at least one financial report since the beginning of data collection. The collected information has a wide range of users with different needs, from technical teams for programme management to management for donor briefings. This data has been further used in a COVID-19 dedicated edition of the “Everyone counts report,” which is an analytical piece deep diving into the data and complementing it with secondary data sources answering key questions and showcasing how data can be further used. The *Everyone counts report - COVID-19 edition* will be published later in the year. The experience from COVID-19 has informed other similar Federation-wide data collection exercises for the Ukraine crisis, for example.

Priorities for 2023 and beyond include a) supporting the transition of the COVID-19 appeal into long-term programming through guidance and tools, b) ensuring adequate final monitoring and closure of the operation, and c) based on the lessons learned from COVID-19 data collection tools and methods inform future Federation-wide monitoring for other crises or processes (e.g., unified planning) ensuring National Societies and IFRC country delegations have the right tools and mechanisms to collect, analyse and make use of data.

Information Management

The Information Management team has dedicated efforts to support the wider COVID-19 team in new workflows, including the recently launched COVID-19 Operational learning dashboard that can be accessed through the COVID-19 global GO page. This dashboard uses the IFRC analytical framework adapted to the COVID -19 context in order to classify and organize learnings in a structured way to benefit the global IFRC network as well as future relevant operations.

The IFRC GO platform continues to be the central source of data related to this response. The global GO Covid page has had 50,000 visits since its creation, with 1,600 visits in the last six months. National Societies regularly use the Field Report system to inform the network of the situation in their country, with more than 650 field reports submitted to the platform by almost every National Society. National Societies have also used the platform to share maps, situation reports and dashboards showing response activities. The IM team maintain the GO platform and offers support to National Societies to collect, share and visualize their data.

The COVID-19 operation has proved that Information Management is a key partner in an operation of this magnitude. IM has been critical in terms of setting data standards and implementing a rationalized data collection, analysis and dissemination strategy and coherence. IM continues to provide ad-hoc support and adapts systems to the changing situation, allowing implementation and monitoring of the operation. Through this effort, the IFRC has been able to show a global picture of both the epidemic situation and the progress from a Federation-wide lens for the first time.

Featured stories – Volunteers provide information about vaccines in Kyrgyzstan



Photo credit: Kyrgyzstan Red Crescent Society

53-year-old Eleanora from Bishkek heard a lot of misinformation about COVID-19, and therefore she was hesitant to get vaccinated. *"Lots of rumours are spreading on the Internet and in WhatsApp groups, for example, that people get very sick and even die after being vaccinated. I also had concerns that the vaccine contains components of gelatine, which is not appropriate for Muslims. But my main reason was that I haven't had COVID-19 before, so I thought there was no need for me to get the vaccine."*

For Eleanora, it took a long time to change her mind. One day she attended an information session on COVID-19 conducted by a volunteer of the Red Crescent of Kyrgyzstan and an immunization expert. They provided her with general information about vaccination, and Eleanora was able to raise all her questions and concerns with them.

They explained to her that the vaccine is safe and had been tested, that it would protect her from severe illness and lingering side effects, and that a medical worker would consult her before the vaccine is administered.

"I was surprised that the information the Red Crescent volunteer gave me was completely different from what I knew. I took her contact details in case I had more questions. I began to study this issue more, read the official pages on the Internet and consult medical workers," Eleanora says.

"When I finally decided to get the vaccine, I called the Red Crescent to find out where to go, as I had no idea how to access it. The volunteer asked me where I lived and advised me to go to the nearest hospital."

"I went to the hospital on the selected date. Indeed, I was consulted, my blood pressure was measured, they asked me if I had an allergic reaction to any medications, and after making sure that everything was fine, I received my vaccine. Now I'm glad I did because I feel safer," she concludes.

COVID-19 immunization amid a complex humanitarian crisis in Syria.

COVID-19 vaccination in collaboration between SARC and MoH, Ar-Raqqa governorate. @ SARC



Syria's COVID-19 vaccination rate remains below the target of 20%, with only 14% of the population vaccinated, mainly due to vaccine hesitancy and the difficulty of accessing COVID-19 vaccination points.

Background:

The community circulated a rumour about a judge dying after receiving the COVID-19 vaccine because he had previously declared that he would take the vaccine, but unfortunately, he passed away before receiving it. After his death, the community rejected the vaccine assuming that the vaccine was the main reason for his death. During a focus group discussion with five women in Lattakia, one of the women said that the COVID-19 vaccine paralyzed her sister, and the other women believed her. During the discussion, it became clear that the woman's sister had various health issues contributing to her illness and paralysis.

Throughout the first quarter of 2022, Syrian Arab Red Crescent (SARC) volunteers and health promoters conducted an intense RCCE campaign across Syria to raise awareness about the COVID-19 vaccine.

Door-to-door visits, public education events, and discussions with community leaders were all conducted to ensure that last-mile populations have access to vaccination and are well-informed. The community health team also collaborated closely with the Ministry of Health's mobile vaccination teams to make the vaccines accessible to people with mobility impairments and those living in unreachable areas.

Success Story

SARC's Community Based Health and First Aid (CBHFA) team raised awareness of the vaccine's safety and urged the judge's family mentioned in the first community story to help dispel rumours. Initially, all the judge's family members received and advocated for the vaccine. After this incident, the CBHFA team held group meetings and invited a judge's family member to confirm that the vaccine was not the reason behind the judge's death.

Following these sessions, people's trust in the COVID-19 vaccine grew, and most community members rushed to get the vaccine. After the SARC CBHFA team's discussion with the five women in the second community story, the women agreed to take the vaccine after considering the sister's case and understanding her medical history. The CBHFA team revisited these women and confirmed that these women had received their first dose of the vaccine.

COVID-19 vaccine awareness raising, Al-Hassakeh governorate. @ SARC



COVID-19 actions transition into IFRC unified planning

For 2023, the IFRC membership and its secretariat are embarking on a unified planning process to promote localization and in-country coordination in support of the Red Cross and Red Crescent National Societies. Based on the planning process, the main lines of action to support National Societies can be seen below at global and regional levels in our efforts to continue implementing key COVID-19 actions and carry forward the best practices implemented during the pandemic.

As the IFRC secretariat COVID-19 emergency appeal ends, several priorities have emerged and been identified that will be addressed in the medium to long term. As the impact of the COVID-19 pandemic will be felt for years to come, longer-term COVID-19 actions have been included in the 2023 annual program plans at the country, regional and global levels. The COVID-19 response acted as a catalyst of transformation within the IFRC, and in addition to a continuation of the longer-term aspects of the main operational priorities of the response, there will be a continued focus on strengthening the auxiliary role of the National Societies, the duty of care and business continuity for staff and volunteers, strengthening risk management, learning and digitalization.

Global health security remains a priority, and as part of the transition, the IFRC will be focusing on building resilience and capacity in healthcare in vulnerable populations and improving health system's resilience, which involves developing its ability to absorb, adapt and transform in the face of health threats. Empowering local organizations, including Red Cross Red Crescent-National societies, to take central leadership roles in health systems is vital, particularly to strengthen their ability to prevent, detect and

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respond to disease threats and prepare for future risks. More specifically, the goals are to improve equity in access to care, increase the capacity of affordable care, and improve the quality of accountable, reliable care.

The COVID-19 pandemic exposed pre-existing socioeconomic inequalities and vulnerabilities, and there has also been uneven socioeconomic recovery between regions and countries due to underdevelopment, poverty, and national debt burdens. With the increasing and intersecting global crises whose impacts are exacerbated by the COVID-19 pandemic, the priorities moving forward include addressing food security and livelihoods in an integrated and socially cohesive manner, supporting food systems transformation, advocating for and supporting the inclusion of marginalized and hidden groups in existing government and partner social protection/safety net schemes, and integrating community-based approaches into wider systems strengthening initiatives through complementary partnerships with national and international food security and social protection systems actors, and private sector companies.

Americas Region



COVID-19 continues to have heavy impacts in the region. The structural problems of poverty, inequality, gender gaps, informal economies, limited livelihood opportunities and low productivity are all factors that lead to the increased vulnerability of its population to the pandemic and other resulting crises such as migration, hurricanes, floods, earthquakes, civil unrest and climate change. COVID-19 has highlighted the many gaps and needs in anticipating, preparing, and responding to epidemics. The years ahead should be marked by strengthening this area at the community level as a key action to mitigate the multiple health risks. Another clear focus for action will be continuing to strengthen capacity and response in MHPSS. The pandemic has contributed to a backward trend in the prevention of mental health issues such as depression, substance and alcohol abuse and suicide, as well as the interrupted mental health programmes and services at different levels of care. Both situations will require long-term interventions to reverse and achieve SDG 3 and the goals of the Mental Health Action Plan 2013-2030.

Community Engagement and Accountability (CEA) is a way of working that recognizes and values all community members as equal partners whose diverse needs, priorities, and preferences guide everything RCRC does. COVID-19 has taught us a great deal about the impact that the use of social data has on our interventions. For communities faced with the challenges in climate change, health, livelihoods and migration, increasing capacities in social sciences is necessary to take interventions to another level/community lead. The IFRC Americas Regional Office will focus on strengthening National Societies' capacities for social data collection and analysis that allows informed operational-programmatic decisions to be made at the IFRC level as well as the National Society level.

In 2023, IFRC ARO aims to increase the scope of its efforts by focusing on sustainable recovery from COVID-19 (boost sustainable socio-economic recovery to the COVID-19 pandemic and climate-smart livelihoods), support routine and COVID-19 immunization, CBS (community-Based Surveillance), MHPSS and community engagement accountability across programming, providing technical assistance to National Societies in developing contingency plans to new threads and mainstream the learnings experienced during the pandemic.

Africa Region

As the global shift in COVID-19 programming has moved to mass vaccination and less awareness creation and screening/testing, Africa is also working towards the same trajectory, and most governments have committed significant resources toward the full vaccination of its population.

Within the RCRC movement, the ARO has got into massive partnerships and engagements that will ensure the African National Societies are better placed in supporting the mass vaccinations in their respective countries: The Africa CDC Saving Lives and Livelihoods program, as one of the partnerships and engagements, is a flagship program aiming to scale up COVID-19 vaccinations to 60% of the African population by the end of 2022.



Additionally, some of the general approaches to COVID-19 programming within Africa will include:

- Increasing the understanding of the auxiliary role in the health of RCRC National Societies
- Stakeholder engagement
- Capacity building of IFRC cluster delegations and RCRC National Societies to support and facilitate the auxiliary role in health

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- Working closely with RCRC National Societies within the African region and respective Ministries of Health and other national authorities
- Building synergies across all the thematic units and functions within the RCRC Movement

Asia Pacific Region



With the COVID-19 appeal coming to an end, there is a lot to learn from it. The longer-term COVID-19 actions would certainly depend on each country's context; however, the 2023 unified planning has definitely ascertained that National Societies will be undertaking actions towards strengthening epidemic/pandemic preparedness and response. This includes strengthening infrastructure, human resource capacities, mechanisms as well as resources. Towards this, National Societies will explore opportunities for integrated programming with relevant sectors, which will enable minimum efforts for COVID-19 prevention to continue. National Societies, through their most relevant programme entry points, will work with communities to continue their engagement in the COVID-19 response. Simultaneously, National Societies will continue to work with Governments and partners to ensure and strengthen vaccine equity. In APRO, some National Societies have done brilliantly in accessing last-mile populations such as migrants, refugees and IDPs, and this will continue. An important aspect of the COVID-19 response has been the strengthening and expansion of MHPSS. National Societies will build on this experience to strengthen their respective MHPSS capacities. National Societies will also advocate and position themselves with relevant authorities and partners in decision-making platforms and collaborate with the Movement and external partners towards a strategic COVID-19 prevention roadmap for their countries.

Europe Region

Compared to 2020-2022, the COVID pandemic is now in a different phase. Thanks to mutations and increased vaccination coverage, the virus is no longer as deadly as in previous years but remains in very active circulation.^[2]



Recently, National Societies in the region supported COVID-19 Vaccination campaigns of Ministries of Health. IFRC has also trained Red Cross and Red Crescent Staff and volunteers in risk communication and community engagement, who have then shared life-saving information adapted to the local context by our National societies with the community at risk. To prevent, prepare for and respond to epidemics, the IFRC Regional Office for Europe is also planning to train staff and volunteers to support early detection and early action to contain and reduce the spread of infectious diseases. There is a plan to organize Public Health in Emergencies training engaging National Societies in the Europe region, which would help National Societies to be resilient and further understand preparedness and response to epidemics and pandemics. Existing IFRC tools and guidance will be used, such as Epidemic Control for Volunteers (ECV), Community Based Health and First Aid (eCBHFA), First Aid and resuscitation guidelines 2020, Community Based Surveillance, Community Engagement and Accountability (CEA), Psychological First Aid (PFA) and Epidemic Preparedness in Communities (EPiC) to train our staff and volunteers. For building resilient societies, engagement with key stakeholders at the country level and regional level to jointly take public health measures to respond to epidemics or pandemics. The COVID-19 Pandemic has underlined the importance of being legally prepared for PHEs, as significant countries had old laws and policies for Public Health emergencies. The technical teams will also be promoting and sharing IFRC Guidance on Law and Public Health Emergency Preparedness and Response with governments through our National Societies.

COVID-19 has evolved into a new phase, with WHO noting that the end of the pandemic is "in sight". While less deadly than in 2020 and 2021, the spread of COVID is still wide, and both the health and socio-economic consequences will remain a challenge for several years. Compounding factors, particularly the financial situation in the region, will slow down or even reverse the recovery for many vulnerable groups. The COVID-19 Emergency Appeal will end in 2022, with continued programming through annual plans, while funding for the continued work is expected to become harder. In addition to COVID-19, there is also a continued increase in health emergencies, such as measles outbreaks which require additional humanitarian assistance.

MENA Region

National Societies will be supported in their efforts to meet and maintain national immunization targets, as well as to promote fair and equitable access to new vaccines. IFRC MENA will upscale WASH programming as a key component in pandemic and epidemic control and will continue to deliver the needed support to National Societies in countries affected by complex or protracted crises, as well as those affected by COVID-19 which has significantly increased the volume and geographic spread of WASH-related activities. This is particularly evident in infection prevention and control measures which complement efforts to support the COVID-19 response.



Looking ahead, MENA National Societies will continue supporting the COVID-19 nationwide vaccination plans and immunization efforts, assisting people affected with recovery and resilience by supporting national vaccine roll-out, awareness campaigns, and monitoring communities for post-COVID-19 impact. As part of their auxiliary role and to contain or reduce COVID-19 transmission and water-borne diseases, MENA National Societies shall continue their efforts in containing and limiting the spread of COVID-19, reaching out to the most vulnerable groups to facilitate their access to WASH, Infection Prevention and Control (IPC) and COVID-19 activities.

The aforementioned will go hand in hand with increasing the preparedness capacity of MENA National Societies for future pandemics with a holistic and integrated approach to disaster risk management.

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AFRICA REGION



The narrative section of the report focuses on the main outcomes for the period between October 2021 and July 2022.

Key data for the region

8.6M Total reported cases	2.5k New cases <small>7 DAYS SINCE DATA DATE</small>	173k Total deaths	445M Total vaccination doses administered
38.9 Doses administered per 100 people	42 NS involvement in at least 1 vaccination related activity	12 Number of WHO approved vaccines in circulation	67% Percent vaccine acceptance

National Society involvement per COVID-19 Operational Priority



44/54 NS
Sustaining Health and WASH



38/54 NS
Addressing Socio-economic Impact



36/54 NS
Strengthening National Societies



More than 30 NSs of the region actively supported their health authorities in the vaccination roll-out.

Financial Overview



Funding Requirements:

CHF 146,000,000

Income to date:

CHF 76,372,988

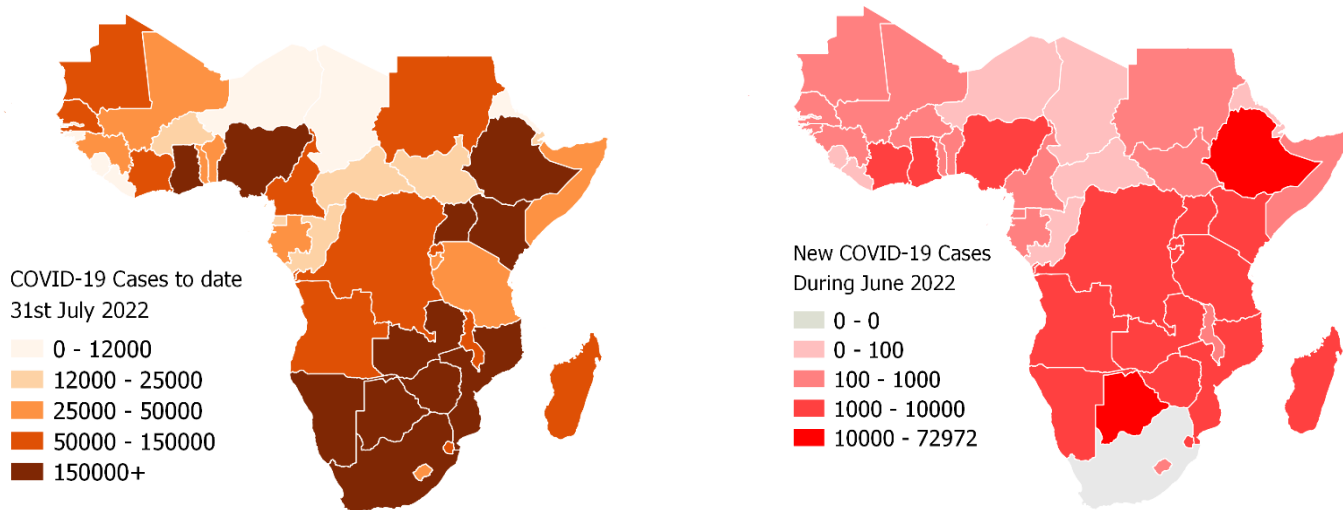
Regional coverage: **52 %**

Expenditure to date:

CHF 67.2 Million

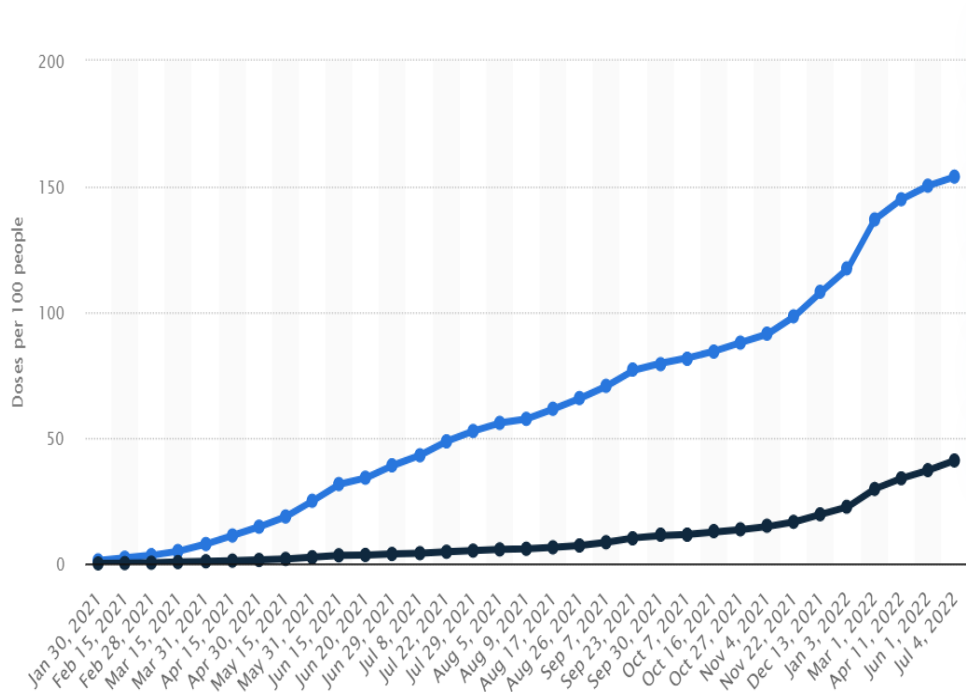
88 % of total income

Regional overview



These maps do not imply the expression on the part of IFRC or National Societies concerning the legal status of a territory or its authorities. Produced by SIMS (2022).

As of July 4, 2022, Africa had administered around 41 doses of coronavirus (COVID-19) vaccines per 100 people. While 154 doses of the COVID-19 vaccine have been administered per 100 people in the world. The vaccination rate in the continent was far slower than the world average, measured at 154 vaccines per 100 individuals on the same date. The vaccination in Africa has also been marked by a striking divide between countries. Africa started receiving vaccine supplies under the WHO-backed Covax facility in February 2021. Some African countries purchased additional doses, while others benefited from bilateral donations.



The vaccination rate in Africa compared to the world from (in doses per 100 people) - [source](#)

A total of 8,639,331 cases and 173,020 deaths have been confirmed in the Sub-Saharan Africa Region by end of Jul 2022.

This period was majorly targeting the vaccination of COVID-19. A total of 445,019,376 COVID-19 vaccines have been administered with countries registering uneven full dosage vaccination. Liberia has been leading in full dosage coverage reported at 56.8% followed by Botswana at 53.07%. DRC had the least coverage with 3% of its population fully covered. This has significantly been hindered by unending civil wars within the country.

The spread of COVID-19 negatively affected socio-economic growth in Africa, with the continent's Gross Domestic Product (GDP) contracting significantly in 2020. Specifically, Southern Africa experienced the sharpest decline, at minus seven percent, followed by Central Africa at minus 2.7 percent. Most of Africa's key economic sectors were hit by the pandemic. The drop in global oil prices led to a crisis in the oil and gas sector. For instance, Nigeria, the continent's leading oil-exporting country, witnessed a considerable decrease in crude oil trade in 2020. Moreover, the shrinking number of international tourist arrivals determined a loss of over 12 million jobs in Africa's travel and tourism sector. Society has been substantially affected by COVID-19 on the poorest continent in the world, and the number of people living in extreme poverty was estimated to increase by around 30 million in 2020

Priority 1: Sustaining Health and WASH



Epidemic control measures

Following the first surge of the Omicron variant in South Africa, technical support was offered, and operational indications were provided to the South Africa Red Cross to address a large number of cases of the new variant. Technical and operational support was then expanded to all other countries seriously affected by Omicron across Southern Africa.

The surge in new variants of COVID-19 (including the latest Omicron 5), with greater infection rates and reduced symptom severity, has led Governments in reducing crowd control limitations and the compulsory utilization of PPEs, including masks. Similar approaches have been implemented by airlines and other transport companies. In contexts with already poor testing systems, this has determined also a reduction in access to testing facilities and therefore a likely greater underestimation of the incidence of new COVID-19 cases. This makes it critical for COVID-19 vaccination to continue to be an important epidemic control measure.

IFRC regional office and cluster offices have been supporting national societies to support COVID-19 vaccine rollout through the COVID appeal with funding from different donors such as ECHO, the Coca-Cola Foundation, USAID, and others with a focus on RCCE to boost COVID-19 vaccine uptake and help communities overcome barriers to vaccine service access by providing information. National societies supported by the ECHO COVID-19 vaccine action: Kenya, Somalia, Madagascar, Mozambique, and Guinea extended their support beyond RCCE providing direct support to vaccine rollout by providing logistical support and participating in COVID-19 vaccination campaigns.

The Regional Office is engaged in the development of a joint program in partnership with Africa CDC, with the aim of increasing the number and strengthening the functions of the community health workforce, including volunteers. Planned programmatic areas of engagement include critical COVID-19 pandemic response actions that are part of the IFRC operational framework for the response to COVID-19 resurgence, and include also the reinforcement of the role of the community health workforce in the identification of cases through rapid testing.

Isolation and clinical case management for COVID-19 cases

Guidelines for the utilization of oxygen concentrators were developed and shared with countries. Countries that received oxygen concentrators like Sudan through the IsDB funding were also supported in getting technical information on the utilization of the devices.

Maintain access to essential health services (community health)

In emergency contexts, particularly in the countries affected by the weather system in southern Africa, including Mozambique, Madagascar, and Malawi, were provided with support, during the DREF and emergency appeal design, to ensure that activities and plans for continuity of essential health services would be incorporated; this included activities for COVID-19 referral, testing, and vaccination. A regional 6-months community health system strengthening program is starting in 5 countries (Eswatini, CAR, Republic of Congo, South Sudan, Malawi), plus Egypt in MENA Region, in partnership with Africa CDC, with the objective of Scaling up the CHW capacity to assist people affected by public health emergencies, building a sustainable community-based capacity for health security in Africa and enhancing the

role of CHW to address the COVID-19 pandemic with a focus on the PACT 3 T approach (Testing and vaccination, Tracking and Treatment with antiviral treatments once approved and available for use).

Support for immunization

National societies are supported by the regional and cluster health teams in the implementation and quality assurance of their COVID-19 vaccine roll out interventions. National societies have supported COVID-19 vaccine campaigns in different countries where the staff and volunteers support community mobilization, community engagement, and awareness creating and feedback mechanisms with facilitated two-way communications deployed to guide the conversation to overcome rumors and debunk misinformation. NSs in some cases are requested to involve directly in the vaccine campaigns by providing vaccinators, setting up data recording, setting up appointments, and following up next doses as well as logistical support including fully supporting mobile and outreach vaccination points. In Mozambique, the national society and the IFRC country team together with the Spanish and Italian red cross supported mobile and outreach mobile sites. In Malawi, the NS and IFRC Lusaka cluster together with the Danish red cross provided the same support and currently scaling their support to the vaccine rollout in data management with technical support from the 510 team of the Netherlands Red Cross.

The new vaccination strategies of several African Governments targets also children and adolescents. While NS activities do not focus on Under18 for accessing COVID-19 vaccines, guidance has been developed to ensure that children and adolescents are particularly engaged as agents of change for promoting access to COVID-19 vaccines for priority groups, using a whole family intergenerational approach. Conversely intergenerational/ whole family approach is also one of the rationales for integrating - as part of the COVID-19 vaccination efforts for adults and older people - health messages promoting access to routine vaccines for children.

Priority 2: Addressing Socio-economic impact

Livelihoods and Household Economic Security

Over the period of the appeal, there have been limited Food Security and Livelihoods (FSL) activities still being implemented under the COVID-19 operation. However, several National Societies continue to implement basic needs and FSL programming in other projects in response to the overwhelming economic insecurity brought on by the COVID-19 pandemic. Meanwhile, Cash and Voucher Assistance (CVA) continues to gain traction on the basis of successfully using CVA modalities in the COVID-19 response.

Shelter and urban settlement

In urban contexts, populations of concern continue to struggle with livelihood recovery. COVID-19 restrictions severely curtailed economic activity and for many members of the community ultimately led to the disappearance of their employment. In many countries such as Ethiopia, urban employment levels have not recovered fully, some households and firms continue to report income losses, and poverty is estimated to have increased. This, in turn, has exacerbated already existing vulnerabilities brought about by the effects of the previous disasters and poverty affecting the most vulnerable such as the urban poor, migrants, refugees, and asylum seekers.

Still, in other urban areas, food access continues to be an issue. Some National Societies, working with PNS and other partners such as WFP have been carrying out urban assessments of the impact of COVID-19 on household food access in urban areas. The findings have fed into the design of appropriate food assistance programs, including Cash and Vouchers. Further, working with UNHCR National Societies have worked in general camp management to implement and monitor health activities specific to COVID-19.

Community Engagement and Accountability, and Community Feedback Mechanisms

A 4-day training on RCCE was provided to Lesotho RCCE TWG. The training was attended by 35 participants drawn from the **Government RCCE pillar, ministries of information, Local government, district administrators, Health**

information office, and Partners including NS, UNICEF, EGPAF, and other local partners. Additionally, Kenya RCCE TWG was supported to develop a Vaccines 4Ws dashboard, while Lesotho, Eswatini, and Zimbabwe RCCE TWG were provided surge support to set up multi-sectorial Community Feedback Mechanisms. SoPs, Guidelines, ToRs, Data flow matrix, and stakeholder mapping were reviewed and contextualized as well as the data collection tools.

Under the Prudence foundation, a total of slightly over 4millions persons in Kenya, Ghana, Cameroon, Cote d'Ivoire, and Togo were reached through different media through social media platforms as well as other mainstream media platforms like radios and TVs. A series of online pieces of video training sessions were facilitated with the 5 National Societies to help them to script, produce, edit, and manage their videos to respond to country-level rumors, misperceptions, questions, suggestions, and fears relating to COVID-19, based on the analysis of their feedback data. Sessions were held in English & French. Best practices on how to share such communication on social media were also included in a training module. Below are the videos produced by National Societies

- Kenya [video](#)
- Togo [video](#)
- Cameroon [video](#)
- Ghana [Video](#)

Finally, the CEA team continued to maintain close coordination with the Middle East and North Africa (MENA) IFRC team to ensure technical harmonization of the RCCE approaches under Africa CDC Saving Lives and Livelihoods program, as well as ongoing technical support to respective National Societies and Partner National Societies involved in ECHO HIP, BHA USAID, and Prudence Foundation programs.

Social Cohesion and Support to Vulnerable Groups

Migration and Displacement

The Southern Africa Pretoria Delegation continues to host monthly migration coordination meetings with ICRC. IOM also is invited periodically as a way of encouraging the National Societies to be involved in the activities that are held at the country level (by the IOM and the local government) leading to the International Migration Review Forum (IMRF) meeting scheduled to take place this year in May.

Protection, Gender and Inclusion (PGI)

In January 2022, PGI in partnership with CEA, NSD and Health teams, facilitated the virtual session to launch the latest round of findings from the Volunteer Perceptions Survey working on the COVID-19 response. In total, 72 participants from the IFRC, African NSs and PNSs discussed the key findings on the usefulness of COVID-19 training packages, information products and preferred communication channels, as well as further understanding the importance of mental health support and barriers that female volunteers face. Actionable recommendations were discussed to support African National Societies leading the way in responding to volunteer demands.

Priority 3: Strengthening National Societies

Red Ready (Emergency Operational Centres (EOC):

Of noteworthy is the improved engagement with external partners within the region. Furthering this has been the partnership with SADC member states to put in place SADC Humanitarian EOC to be based in Maputo. Partnership with IGAD also culminated with the development of a joint CN and promotional document.

There has been an increase in investment by partners towards coordination and implementation of the PER mechanism and other Red Ready actions with partners and cluster delegations ensuring NSs are meaningfully accompanied in introducing communities build upon their preparedness knowledge, systems, and structures that

enabled them to evaluate their capacity, influence engagement with key sectoral ministries and enhance involvement in policy development.

The reporting period saw enhanced coordination and collaboration with regional programs technical units, GVA PER and CP3 team, and Partners in the Region including NLRC, British RC, Swiss RC, German RC, Danish RC, and other partners in the region. There has been a concerted effort in coordination with the delegations culminating with the presentation of Red Ready 2022 operational/program plans to the IOI leadership during the leadership coordination meeting held in Nairobi. This was aimed at achieving follow-up on a commitment by the IOI leadership on a myriad of agreed actions post the PER Orientation which was done in Q3 2021. The need for engaging in further partnership with strategic interest in NS preparedness saw enhanced lobbying efforts with ten partners coming on board in joining Red Ready TWG and subgroups aimed at operationalizing PER PoAs and the TWG efforts with the subsequent rollout of PER/FbF technical working group

The period saw greater engagement and commitment in lending technical support for the rollout and review of the regional ECHO PPP proposals and coordination with Regional PER focal points in engaging in reviewing the DM Tools. Further consultations and coordination with the delegations realized strategic follow-up with Harare, Pretoria & Yaoundé delegations on the finalization of PER PoAs and assessment reports for Zambia, Namibia, and Cameroon RC auspices of the regional office in collaboration with Canadian RC and NLRC. Several PER orientation sessions were undertaken in gaining the interest of national societies in investing more in their national societies' preparedness. Kenya, Ghana, Sierra Leone, Niger, South Sudan, Sudan, Cote d'Ivoire, C.A.R. Chad, Mauritania, and South Africa were all targeted with PER and BOCA support. While further Red Ready/PER induction was conducted for the Sahel national societies – the Dakar cluster

There has been a good emphasis on complementarity of both the global and regional themes with the integration of Regional technical sectors' efforts especially those espousing the strategic regional flagship initiatives while bridging the efforts of the different sectors involved in promoting the integration of priority result areas of their programs with the ongoing PER activities, this enables us to define areas of collaboration with their sectors for bridging program gaps and complementarity

National Society sustainability

Swiss Red Cross supported the PRD unit to conduct a mapping exercise of African National Societies to identify NS and markets that have the greatest potential to benefit from investment in domestic fundraising and resource mobilization development. 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, and links with other global initiatives including the revision of the Federation-Wide Resource Mobilization Strategy.

The following outlines key findings and recommendations:

Description:		Key Findings / Recommendations
Phase I	31 Countries included of which 15 responded to questionnaires, and e.g., provided annual reports, financial reports, strategic plans. Additional info via desk research, online etc	<ul style="list-style-type: none"> • Overreliance on support from Movement partners (65%+) • Strong relationships with national governments do not always translate into consistent funding support • Minimal digital presence • Lack of formal training and dedicated staff in resource mobilization • Annual reporting and sharing a challenge • Annual audits not common practice • Increased competition for resources
Phase II	More detailed research into Ethiopia, Sudan, Kenya, Tanzania, Malawi, Zambia, South Africa,	<ul style="list-style-type: none"> • Strengthen fundraising by recruiting staff and allocating support budget • Invest in communication and publicity

	Nigeria, Cote d'Ivoire, Benin, Guinea, and Senegal. The research included interviews with key NS stakeholders, financial analysis etc	<ul style="list-style-type: none">• Re-engineer/activate and equip boards• Invest in IT infrastructure• Enhance collaboration with national and state governments and advocate for government budget allocation• Finalize 2020 organizational reports and audits• Enhance organizational policies and procedures to ensure transparency and accountability.• Mapping of viable income generating projects and build financial and management capacity within the NS
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Consequently, a more in-depth investigation is needed to understand market potential for fundraising. The Netherlands Red Cross has secured funding to conduct in-depth market studies in approximately 8 countries in Africa and an initiative has been developed together with Swiss Red Cross and IFRC Africa. The countries to be supported will include those funded by the Netherlands grant and potentially a small number of others funded from National Societies/IFRC's own resources.

PRD in the region continued to engage with non-Movement donors, partners, and potential partners to highlight the needs of COVID-19 and Immunization interventions in Africa, including secondary impacts, showcase the work of RCRC actors to respond and, encourage engagement, support, and partnerships.

Support to volunteer

The experiences of National Societies in engaging volunteers in the COVID-19 Operation, the CEA volunteer perception surveys conducted, and feedback from NSD technical colleagues in clusters who have been advocating on the Duty of Care on Volunteers in all COVID-19 operation was consolidated and presented to the IFRC Working group on Volunteer Safety and Security of the Volunteer Alliance for analysis. What was then clear from the COVID-19 Operation was the safety and security of volunteers needed to be amplified but the major challenge that limited reporting on the status of volunteers in emergency operations like COVID-19 was the lack of clear indicators under the Duty of Care.

The IFRC Volunteering Alliance's Volunteer Safety, Security and Wellbeing working group led by the Swedish RC has successfully developed 13 Key Standard Indicators that will help the Safety, Security, and well-being of Volunteers not only in COVID-19 operations but in movement operations which is a huge success under the Duty of Care of Volunteers initiated during the COVID-19 responses. An implementation guide has been developed and has been tested in the following ANSs of Liberia, Burkina Faso, Cote d'Ivoire, Cameroon, DRC, and Sudan. ICRC has already adopted these indicators and has integrated them into its operations with NSs in West and central Africa.

Enabling Actions and Support Services

Business Continuity

Within the reporting period, ongoing support has been provided at the cluster delegations and National Societies. At the Africa National Societies level, promotion of understanding of duty of care and increase understanding of business continuity continued. Training and sensitization sessions were facilitated for Liberia, Nigeria, Ghana, Togo, Benin, Namibia, Lesotho, and Eswatini national societies to enable them to develop their business continuity plans.

Technical guidance in the development and updating of BC Plans at IFRC for the IFRC Mt. Nyiragongo operation; updating BCP for the Ethiopia office of the Delegation to Ethiopia and Representation to African Union and International Organizations; Zimbabwe IFRC office in updating their BCP and updated the ARO Business Continuity Plan. At the national societies, support was provided to Guinea National Society BCP development, Uganda Recross to update their BCP, Namibia NS in development of Business Continuity Plan; Lesotho and Eswatini NSs to review and update their business continuity plans.

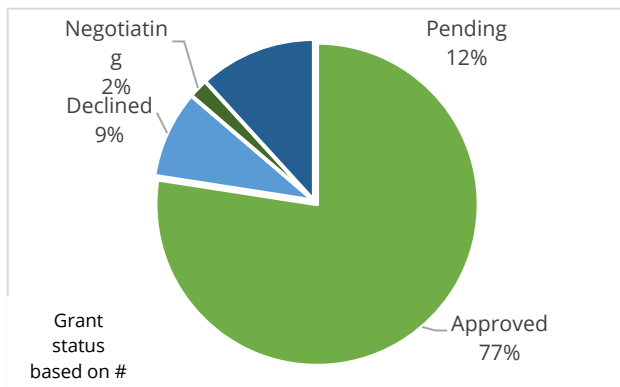
Fa back to the offices (for IFRC) that had closed to establish plans to safely return to the office. The following are the offices readjusted during this period include Equatorial Guinea, Sierra Leone Office, Rwanda to support the Mt. Nyiragongo Operation (IFRC office integrated at the NS), Liberia – IFRC office integrated at the NS, Cote d'Ivoire, Uganda – IFRC office integrated at the NS, Namibia – IFRC office integrated at the NS, South Sudan office, Readjustment Ethiopia office of the Delegation to Ethiopia and Representation to African Union and International Organizations, Abuja office, Harare Office and Regional office in Nairobi. Further collaboration with global BCP and larger IFRC BCP network such review and updating of existing BC tools continued during the reporting period. This is to ensure that the tools and resources in place were up to date and responsive as the COVID 19 situation evolved.

During the reporting period the finalization of the case studies documenting the national societies business continuity experiences have been ongoing. The case studies have been translated in Spanish and will be translated in French. The purpose is to collect and document business continuity National Society experiences on COVID-19 response operations, under readiness component, to raise awareness on the importance of preparedness for response mechanisms. These case studies highlight Uganda Red Cross Society and Botswana Red Cross Society.

Partnerships and Resource Development (PRD)

Africa overall funding coverage is currently valued at CHF 76.5M against a total funding requirement of CHF 146M, equivalent to **52%** coverage, corresponding to a CHF 69.4M (**48%**) funding gap:

Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
CHF 76,516,590	52%	CHF 69,483,410	48%



Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
CHF 28,205,906	43%	CHF 37,794,094	57%

The immunization current coverage is at **43%** against the CHF 66M funding requirement:

On compliance management, monitoring and reporting, out of 113 grant submissions valued at CHF 208M, a total of 94 grants valued at CHF 81.5M have so far been approved. 82% of the total funding available has been allocated to National Societies

and 18% to IFRC coordination structures at regional and sub-regional levels for technical support in the implementation of country plans. Currently, 82% of total income is earmarked and 18% as unearmarked.

Communication

The overall communications strategy for the COVID-19 response is to build a compelling narrative about the urgency of the humanitarian situation in Africa, and the role played by the IFRC and Red Cross and Red Crescent teams across Africa. The intent is to raise visibility and ensure one voice in highlighting the primary and secondary impacts of the COVID-19 pandemic.

The communications team continues to support communication strategy development, content gathering, digital media engagement, branding and positioning, training, and communication product development for the IFRC and Red Cross and Red Crescent societies on the COVID-19 response.

Kenya: ECHO-funded COVID-19 vaccination campaign: Funded by the EU, this campaign aims to reduce morbidity and mortality due to COVID-19 and transmission by supporting participatory vaccination rollout campaigns in the most vulnerable populations in 6 countries. This includes Kenya, Mozambique, Madagascar, Malawi, Somalia, and Guinea. The purpose is to highlight to national, regional, global, and European nations the impact of the EU funding on reducing the effects of the COVID-19 pandemic through participatory vaccination campaigns.

- Key messages: [EN](#)
- Videos: [A-roll \(Isiolo and Baringo\)](#)
- Photos: [Kenya Red Cross vaccination drives in Isiolo and Baringo Counties](#)

Information Management

The IM team continues to support the development and maintenance of the various tools for the COVID-19 operations including the [master operations tracker](#) to facilitate decision making, [operational planning process](#) that informs prioritization for additional funding, as well as supporting the monthly management reports, and caseload/immunization tracker. Recent steps have been made to simplify and streamline planning requests to NS with updated POA tools and immunization needs forms.

Logistics and Supply Chain.

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

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

In late 2021 Singapore Red Cross donated 500 Oxygen concentrators to Africa Region that were distributed amongst 15 African NSs.

For COVID-19 preparedness in year 2022, Canadian RC with Canadian Government support has donated PPEs(Surgical masks, N95 masks, gowns, and face shields) for Africa region. The PPE will be stored in Dubai for dispatch based on countries needs.

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

Security

Given the mounting pressures on the economy posed by the COVID-19, there was an uptick in in criminality, violent extremism, and low intensity conflict in Africa. During the reporting period, there Security Unit provided technical security support to the National Societies to promote duty of care and enhance capacity to protect personnel and assets while carrying out their humanitarian mandate and missions. National Societies' security frameworks were applied throughout the duration of the operation to protect staff and volunteers. In cases where IFRC deployed personnel under IFRC Security's responsibility, including surge support and integrated Partner National Societies deployed to the area, the existig IFRC country security and contingency plans applied. Regional Security Unit monitored and collected data with the support of NSs of reported incidents in their area of operations and the deterioration of the security situation, including hostilities toward RC/RC personnel.

The RSU will continue maintain the duty of care principle of the IFRC and implement IFRC MSR Policy in AR.

Risk Management

IFRC Afro has consistently managed risks inherent in this operation as per IFRC's Risk Management Approach with key risks categories focused on being Contextual, Fiduciary, Operational, Programme Delivery, Reputational, Safeguarding (including Sexual Exploitation and Abuse and Harassment) and Strategic risks.

Currently, ongoing emphasis has been on anticipating challenges/threats to the operation, given the anticipated appeal closure by end of 2022, especially around timely and quality implementation at country level of the remaining pledges, identifying and implementing key preventive and or risk reduction measures.

Financial Analysis

In the Region, overall, 91 % of the received funding (PEAR)/budget has been absorbed. Total received funding represents 52 % of the funding requirements (see financial overview). There is still a funding gap of 48%.

16 NS in the region have a balance left less than CHF 10K. Available funding allocated to their respective projects make it difficult to respond to potential new waves unless additional funding is received. 88% of the money transferred to the NS (CHF 26M) has been reported.

There is CHF 700K as unspent balance on earmarked pledges ending by end of this year. Programme Managers are encouraged to prioritise the utilization of this balance to avoid the risk of returning the funds to the donors.

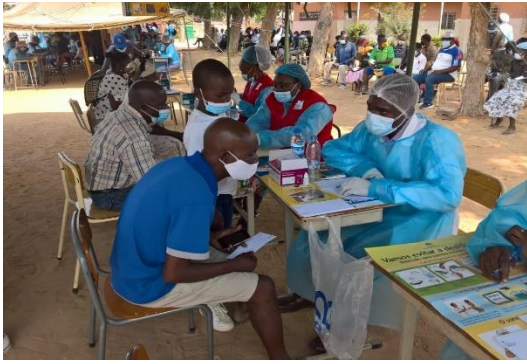
Below is the table of the overall financial situation for the Africa Region.

Regional Overview	CHF Million
Funding Requirement	146
Confirmed Income (PEAR)	73
Total Operating Budget 2020-2022	74
Expenditure Year-To-Date	67
Budget Implementation	91%
Income vs Funding Requirement	50%

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.

Angola Red Cross Society



Angolan Red Cross Volunteers together with Health Workers facilitating Covid-19 Vaccination Services in Luanda

The Cruz Vermelha de Angola (CVA) is still on the frontline supporting the country's efforts against COVID-19 in Angola, however with less specific funding currently. The NS saw its reputation increase in the first six months of 2022 with the implementation of the Drought DREF and with the IFRC presence and support, including the high-level joint visit from IFRC and the African Union and hosted by the Government which led to the emergency appeal. The NS is adopting an integrated approach to ensuring COVID-19 activities as a cross-cutting issue and with its 9,000 volunteers network country-wide, selected RCCE community mobilization centered on the COVID-19 vaccination as its flag and core business with the aim to support the Ministry of Health's vaccination strategy. CVA is part of the CDC initiative and is planning to participate in the Micro Planning exercise which will be supported and funded by the Africa CDC Team this September 2022 in Luanda and will provide the NS with appropriated resources and capacity in the field of implementation of RCCE strategy in Angola, including mass communication combining with other prevention measures.

Volunteers and Staff of CVA are still proud of being one of the information sources of COVID-19 and assisting communities in becoming more informed and prevented. Some of the other successes include:

- Mass communication through RCCE was the way to deliver messages and services on health, wash, vaccination
- Volunteers and staff management and care.

Benin Red Cross Society

The Benin Red Cross continues to support the Ministry of Health's COVID-19 campaign in 76 local committees across the country. With the support of local authorities and community leaders, volunteers are accompanying communities in the mobilization for vaccination. In addition to community awareness activities, volunteers are trained to mobilize the structures already organized, as well as to organize focus group discussions. These focus groups are used to collect feedback from the communities and analyze it. Once analyzed, the report and recommendations allow for the improvement of interventions by taking into account community feedback. During these sessions, the climate of trust established allows for maximum feedback from the communities. During this period, about thirty focus groups were organized in fifteen localities of the country. This good practice is being extended to other areas.



Focus group session in Parakou

Other successes include

- Targeted sensitization towards organized structures and mobilization with the organization of mobile vaccination posts which are very well received by the targets.
- The continuous involvement of health structures that coordinate the actions of volunteers in the field, which allows for better implementation of interventions.

Burundi Red Cross Society

The Burundi Red Cross continues to contribute to the fight against COVID-19 to support the Government in its efforts to respond to such a pandemic. Activities have been carried out throughout the country and include the provision of water in public places (car parks, churches, markets...) and awareness raising on proper hand washing, psychosocial assistance to people threatened by the pandemic, production, and dissemination of protective measures, and training of volunteers. All this is to enable them to cascade the same to their respective

COVID-19 Africa Region | National Society Highlights communities. Local authorities and religious leaders were also trained. Media programs have been produced and spots have been broadcast on different radio stations.

The main activities carried out are the following:

- Health coverage through the application of barrier measures such as hand washing, and distancing during social and special events.
- Popularization of barrier measures through community awareness sessions.
- Popularization of the pandemic prevention measures through the media
- Psychosocial support for people infected or affected by the pandemic
- Promotion of WASH and IPC activities through the dissemination of materials such as handwashing kits, and hygiene materials especially in public places.



Distribution of water at COTEBU bus station/ Buiumbura

Cameroon Red Cross Society

The Cameroon Red Cross, as part of the global response to the COVID-19 pandemic, conducted activities to promote and maintain handwashing points for the benefit of the populations of Mfoundi, Wouri, Mifi, Fako, Ocean, and Benoue divisions. Handwashing kits were distributed to the divisional committees in the project's intervention zones so that they could be made available to public places, such as schools, health centers, and churches. It was also planned that volunteers would regularly visit these places to raise awareness of the importance of handwashing and to ensure that the kit's surroundings were kept clean.

In general, it must be said that the participation of the population in this activity is very important. Men, women, and children effectively use the information made available to them, especially when volunteers or leaders reinforce awareness in order to respect the barrier measures and effectively fight against COVID-19. In addition, during the handwashing sessions, some community members or managers of the locations where the points are set up provide some assistance to the volunteers (e.g., providing water, and helping to wash the containers), which makes their tasks easier.



Animation of a hand washing point at the Trésor Health Center in Bafoussam

Other successes include

- The sensitization of communities through mobile cinemas;
- Supporting national vaccination campaigns for COVID-19.

Red Cross of the Democratic Republic of the Congo

In the framework of the USAID-funded project " Fight against the spread of COVID-19 in the provinces of Kinshasa and North Kivu in the DRC ", the Democratic Republic of Congo Red Cross (DRC RC) continues to contribute to the strengthening of immunization services with the technical support of the IFRC. Teams of Red Cross volunteers, trained in Risk Communication and Community Engagement, conducted activities to support routine immunization and 3 COVID-19 vaccination campaigns.

Some of the achievements registered include:

- Briefing of 300 volunteers, including 175 in Kinshasa and 125 in North Kivu for social mobilization activities



Mass awareness during the 3rd vaccination campaign in Kinshasa

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- 7 days of intense communication in households and public places
- Pre-registration of 24,204 hesitant people who had agreed to be vaccinated, but of whom 10,477 were vaccinated (i.e., 43% of those pre-registered and 25% of the total number vaccinated)
- Individual talks with representatives of specific groups to solicit their involvement in the vaccination, including the representative of albinos and the handicapped in Ndjili (Kinshasa). A total of 56 people from these specific groups were vaccinated.
- Educational talks with youth associations in the Selembao health zone (Kinshasa)
- Awareness-raising in the camp for displaced persons in the Mwami Tata Ndeze stadium in Rwanguba in North Kivu
- Radio broadcasts on the RTGA radio station in Kinshasa and on three community radios in the health zones of Masisi, Mweso, and Rutshuru
- 148 community leaders sensitized and vaccinated
- Monitoring of MAPI (Manifestations Post-vaccinales Indésirables)
- 120 testimonies of vaccinated people were collected.

Media links :

- <https://www.facebook.com/129836580813343/posts/1361261077670881/>
- <https://www.facebook.com/129836580813343/posts/1340186213111701/>
- <https://www.facebook.com/129836580813343/posts/1332827997180856/>
- <https://www.facebook.com/129836580813343/posts/1322964321500557/>

Ghana Red Cross Society

Ghana Red Cross society has been a major stakeholder to the Ministry of Health and the Government of Ghana in the fight against COVID-19 in the Ashanti Region. The current project in the region is the COVID-19 vaccination campaign project. The project is being implemented in four different districts with 38 volunteers. The districts include Bosomtwe, Kumasi Metro, and Atwimakwawuma. It started in December 2021 by deploying volunteers in the communities to sensitize the public on vaccination and encourage vaccination, the sensitization was done in marketplaces, churches, mosques, community information centers (CICs), and Radio stations. The volunteers assist the GHS staff during National immunization days (NIDs) at the immunization sites to help bring people to get vaccinated which increased their coverage compared to their previous engagement.



Hannelore Oduro conducting creation awareness

The Success Story of a young Nurse

Hannelore Oduro Sarpong is a young Professional Nurse, currently working at Aputuogya CHPS Compound as a preventive nurse at Bosomtwe district in the Ashanti Region of Ghana. She finds pleasure in caring for and helping people with health problems. She is a Red Cross volunteer and a member of the COVID-19 Sensitization team. She mostly combines her schedule as a practicing nurse and a Red Cross volunteer to assist the poor and vulnerable in her society at Aputuogya. Her ultimate ambition is to reach out to the poor with any assistance she can offer. She says, **“Combining Nursing and Red Cross activities, has brought me self-prestige”**, since she is able to extend her nursing acumen in no less reputable field like the Red Cross Society; educate, care, and provide first aid assistance to people. The Ashanti Region Red Cross, see her as a committed and dedicated volunteer in the region, who is always ready to offer herself to the service of the Red Cross movement.

She visits the markets, churches, mosques, and other public gatherings to sensitize them and follow up with the vaccination process, something she will always say; **“Although the work is tedious, we cannot also stop assisting the poor”** all in the name of the Red Cross. **“I’m so proud to be a volunteer of the Ghana Red Cross Society”**

Kenya Red Cross Society

Kenya Red Cross Society is currently implementing a COVID-19 Vaccination (COVAX) program aimed at reaching the hardest-to-reach areas in Marsabit County with the COVID-19 vaccine. The KRCS has been conducting awareness creation as well as vaccination outreach in this hard-to-reach area in Marsabit County. The county and areas of implementation are prone to banditry and thus a very fluid population in areas such as Funan Qumbi where the project is being implemented. Through the buy-in and goodwill that the KRCS implementing team got from the community elders, KRCS has been able to vaccinate in the neighbouring areas of Elle Boor and subsequently Elle Dimtu which are very vulnerable and very hard-to-reach populations. The health facilities in the area most often than not are just shells, getting medicine or even vaccines one has

COVID-19 Africa Region | National Society Highlights

to a long distance to travel Sololo town which is several KMs away. An elderly man who was one of the people who got vaccinated during the outreaches has continually been on the forefront as he has mobilized his family to get vaccinated. Another fact is that he is a respected elder in the community that is surrounded by beliefs and traditions, his move to do the mobilization has really helped the KRCS in getting a breakthrough with regards to COVID-19 vaccination in the area.

One of the elders who received the vaccine and mobilized the community members in Funan Qumbi had this to say with regards to the success of the implementation in the community. *"The community health volunteers from Funan Qumbi health facility visited our manyattas mobilizing us for an outreach that was to be held at the health facility. The CHV who visited us stressed that the outreaches were not for women and children only and that there was going to be public health education and a vaccination exercise on the same day. I decided to go listen and ask questions to get clarity on COVID-19 because the information I had was very minimal. Being a head of a Manyatta I felt that I owed my family and the Manyatta at large the responsibility to get the correct information on COVID-19 and if convinced get vaccinated. The CHVs and Red Cross teams educated us on the facts about the vaccine and answered the questions we had concerning the vaccine. I discovered that as an elderly man, I was at a higher risk of being affected by Covid-19 and I had to do right by my family and my children by setting a good example by being immunized now that I knew that all the stories, I had heard were lies."*



Village Elder Halake getting Vaccinated at Funan Qumbi

Lesotho Red Cross Society

Lesotho Red Cross Society (LRCS) continues to support the government of Lesotho in ensuring that communities and schools are safe from COVID-19 in 7 selected districts. LRCS in partnership with UNICEF Lesotho is implementing a project on COVID-19 vaccine demand creation in schools and communities, Risk Communication and Community Engagement, provision of WASH supplies and services in schools as well as awareness and provision of community-based Mental Health and Psychosocial Support Services. About 400 schools are being provided with WASH supplies to help curb the spread of COVID-19 whereby WASH clubs are created and capacitated with training and supplies. Key messaging on COVID-19, COVID-19 vaccines, and integrated WASH (HIV, Nutrition) was also disseminated through community forums. In addition, a CEA approach was used to collect community feedbacks on the impact of COVID-19 and its vaccine and where necessary referrals were made.



The key findings from the community feedback collection include the following:

- Persistent food insecurity due to loss of jobs during the lockdowns
- Poor nutrition among children
- COVID-19 side effects
- Increased GBV among communities

Mozambique Red Cross Society

The Mozambique Red Cross continues to ensure its support to the Mozambican Ministry of Health, in the campaign for vaccination against COVID-19 in the most remote areas of the country. This support is through community mobilization activities which rely on the support of volunteers and community leaders for vaccination against COVID-19, the creation of mobile brigades for vaccination, prevention of COVID-19, and support in the transportation of vaccines and technical staff to the mobile brigade sites in remote communities. In these communities, the lack of health units (those available are very distant from the population) and difficulties of the national health system in reaching them have meant that a large part of the population does not have access to the vaccine, in addition to situations of myths and rumours regarding vaccination that persist in some communities, such as the examples cited below:

"I have already made the two doses, I'm just waiting to die because they said that whoever vaccinates, after two years we will die" **Female, Community of Babalala, Moamba district, Maputo.** *"I didn't vaccinate because in my body no iron enters, if you prick me before reaching your destination you will be accused of having killed someone because I will be sick and die."* **Male, community of Babalala, Moamba district, Maputo**

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Health technician from mobile brigade, vaccinating a woman with a lap-child

The mobilization that has been done by the volunteers and community leaders, and the deployment of mobile brigades including door-to-door vaccination have proven to be relevant in changing the behaviour of communities regarding vaccination, as well as its adherence, since they do not have to travel long distances to benefit from the vaccine. In one of the activities, the mobile brigade from the district of Moamba vaccinated a lady with a new-born baby on her lap who said the following: *"I would really like to vaccinate but the information I received was that pregnant and breastfeeding women cannot vaccinate. I was waiting for the child to grow up and stop breastfeeding so that I could vaccinate. Since you came, you did very well, and since the health unit is very far away, I was waiting for the time to go there"*.

Congolese Red Cross Society

Since the official declaration of the COVID-19 pandemic in the Congo, some limited performance has been noted during the rapid assessment by the WHO Congo office team as well as according to survey reports from the General Department of Health Care and Services. This appears to be dependent on or correlated with the hesitation of some people to use the health services made available to them during COVID-19.

The Congolese Red Cross (CRC) has contributed to the support of information, education, communication, and social mobilization to increase community ownership of the priority areas of the response to Covid-19 with the Ministry of Health and Population in the Republic of Congo.

Some of the key achievements reported are:

- 2,216 staff and volunteers trained on IPC, CBS, CEA, and SDB in 35 health districts out of 52 in the country.
- Acceptance of the volunteers by the communities with the impact of the population covered in the vaccination campaign, voluntary testing, and respect of the barrier measures
- Involvement of political and administrative authorities and health committees (COSA) in the response to the Covid-19 pandemic
- Production and broadcasting of radio spots that provide key information on Covid-19 and contribute to the fight against common misconceptions and rumours (6 reliable community radio stations, i.e., 2/departments)
- Establishment of a feedback system and a WhatsApp platform for volunteers based on the feedback registration form which collected 2,871 concerns, rumours, and suggestions analyzed through the CEA approach.
- 161,591 people reached through Risk Communication and Community Engagement (RCCE) activities
- 8,982 people supported by the National Society to receive the COVID-19 vaccine since the beginning of the fight against the disease



Mass sensitization in a market in Brazzaville

Rwanda Red Cross Society

Since the COVID-19 outbreak, the actions to supporting the people affected by this pandemic have entailed activities on risk communication and community engagement, hygiene promotion, mobilizing people to comply with the COVID-19 vaccine programme, together with supporting the livelihoods of most affected vulnerable populations through the establishment of income generating activities. These recovery efforts are meant to raise people's capacity to cope with adverse consequences from the now prolonged pandemic (particularly socioeconomic) and progressively help them to sustain their lifestyles beyond the pre-pandemic period, hence strengthening their resilience.



Beneficiary supported with a multipurpose cash for responding to immediate needs and the conditional cash to fund income generating initiatives (Kirehe district).

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The second phase of cash distribution for the Belgian RC-funded project in Kayonza, Ngoma, Kirehe, and Nyagatare districts has reached 911 new beneficiaries (out of 913 planned). Learning from the first cash distribution experience (conducted in June – July 2021), this phase has met with great success in terms of operational capabilities across all the phases of the process: selection of beneficiaries, validation of the beneficiaries lists, close cooperation with the financial services provider (MTN), monitoring the cash distribution, managing the complaints and feedback, increased collaboration among all the people involved. As on the first distribution, a cash grant worth 150 USD per selected household was distributed for income-generating activities, together with multipurpose cash (around 30 USD). The funded income initiatives consisted of small livestock and small business (as the agriculture activities had not yielded much for the 1st cash distribution beneficiaries).

1,361 deaths and 27,020 confirmed COVID-19 cases have been recorded in

Somalia Red Cross Crescent Society

Somalia. Additionally, SRCS has been helping the nation recover from the COVID-19 pandemic, which severely burdened it and left many children orphaned. Since the pandemic was confirmed in the nation in March 2020, SRCS has deployed mobile clinics with trained staff and volunteers to the areas that other humanitarian organizations were unable to reach with their available service. Additionally, we established three specialized hotlines to track community feedback trends toward the disease and the vaccine for combating rumor information in three branches. We reopened numerous static clinics to deliver COVID-19 vaccine with various types as well as to conduct outreach efforts and advocacy sessions at clinic level.



Female health staff preparing COVID-19 vaccine alongside PHC Manager and Branch health officer discussing supervision feedback to the HC at Sunajif HC in Nugal, Somalia

SRCS targets vulnerable populations such as internally displaced individuals, refugees, and those with disabilities. Pregnant and lactating women, as well as members of the host community, through the projects supported by the IFRC and an ECHO in hard-to-reach areas, where health services are scarce.

In this crucial period, SRCS seized the chance to launch this Strong COVID-19 projects in the region amid time in need.

Some of the other successes include:

- Conducted routine monitoring on population movements to do fast mobile clinic relocation because twined disasters of COVID-19 and protracted drought.
- Fueled RCCE activities in the country which annexed CEA implementation in SRCS programs, current is SRCS among rare organizations those closely monitor community feedback trends toward COVID-19 vaccine.

Sudanese Red Cross Crescent Society



Public Hospital Manger - (SRCS 2022)

The Sudanese Red Crescent is working with donations from IFRC, movement partners, and other donors to support a myriad of health services including primary health care facilities rehabilitation, providing Psychosocial Social support to volunteers and health staff, and community awareness sessions which are core interventions in protecting the most vulnerable.

Medical equipment (Oxygen concentrator and Pulse Oximeters) were donated to key health facilities to support the acute care of critical patients. The NS provided 230 Oxygen concentrators to three states, Gadaref, Gaziara, and 125 for Khartoum state.

"I am Dr. Ibrahim Ahmed, a manager of a public hospital in Khartoum state. When the hospital received the oxygen concentrators from SRCS, it was a critical time for the hospital to provide oxygen to COVID-19 patients and this was a challenge for the hospitals since it had experienced deaths of COVID-19 patients. Thanks to the Sudanese Red Crescent Society for the donation of Oxygen concentrator and Pulse Oximeters that have enabled the poor and vulnerable people to access acute care when needed."

Tanzania Red Cross Society

COVID-19 Vaccine uptake by:

- Participating the ongoing campaign of COVID -19 vaccine uptake by mobilizing the community at household level through H2H visiting and to the community events like celebration of UHURU touch, community celebration events in accompany with vaccination team.

Tanzania Red Cross Society continuing supporting the Ministry of Health in complementing the government's effort towards Mobilizing the community on

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- Supporting training to 60 Volunteers to support COVID-19 vaccine sensitization in Singida and Dodoma.
- Participation of TRCS in reviewing RCCE strategies to increase the number of vaccinated people for 2022/2023 with aim of attaining the government goal of ensuring 70% of eligible population vaccinated across the country.
- Facilitating Regional and district Planning meetings in Singida and Dodoma by reflecting the reviewed RCCE strategies of 2022/2023 to intensify vaccination campaign (awareness on vaccine and vaccination).



Photos: Different actions photos showing TRCS volunteers supporting the COVID-19 Vaccination campaign

Zimbabwe Red Cross Society

Prior to the intervention by ZRCS, the dire need for water was exhibited by long distances walked by residents to the nearby water source, a lift pump which was hardly an adequate source for an estimated 200 Households with an average estimate of 7 members per family. The residents would spend the whole night queuing for their turn to get water from the water source, needless to mention that the borehole was overwhelmed also evidenced by the depletion of the water level during the winter season (June to November) when its output was significantly low. Sporadic breakdowns were the order of the day signifying the overreliance on the one inadequate water supply.

ZRCS decongested the borehole by reducing the number of people who relied on the Boreholes in Hopley by upgrading 6 other functional and dysfunctional boreholes into Solar Powered Water Schemes with pipelines and 40 taps/water outlets in total to bring water to the proximity of the residents. This reduced congestion on the former main borehole or lift pump. The community showed its commitment and sense of ownership by providing labor during all preliminary works, while ZRCS funded the repairs and technical know-how through a contractor by the name of Western Solar. The UNICEF-funded COVID-19 preparedness and response project has achieved a milestone by alleviating the water shortages in the Hopley community as now the community has not only water in proximity but having it in the right quantity and quality as its purified and has passed the recently carried out water quality tests. To ensure sustainability, the water is metered and paid for as per consumption to the main Water point committee to whom the scheme will soon be handed and rehabilitation and future maintenance would be their responsibility.

Through this intervention, the project has impacted the lives of beneficiaries from the circumstances they were in prior to inception. A series of remarkable changes include:

- Easier access to quality water
- Sudden disappearance of long queues at the water point
- Reduction of risk of facing dangers during the night whilst fetching water because of readily available water
- Reduction of various water-borne diseases



Picture showing the whole Piped Water Scheme Structure at Hopley Borehole 1 as beneficiaries access water.

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AMERICAS REGION



Photographs taken in Honduras in the Community Engagement and Accountability sessions during the creation of participatory videos, in the midst of the COVID-19 emergency and one year after the ETA and Iota hurricanes affected the region.

The narrative section of the report focuses on the main outcomes for the period between March and August 2022.

Key data for the region

175.8M Total reported cases	549.8k New cases 7 DAYS SINCE DATA DATE	2.8M Total deaths	2B Total vaccination doses administered
192.7 Doses administered per 100 people	31 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 114,000,000

Income to date:

CHF 48,132,311

Regional coverage:

42 %

Expenditure to date:

CHF 42,395,007

88 % of total income

National Society involvement per COVID-19 Operational Priority



32/35 NS
Sustaining Health and WASH



29/35 NS
Addressing Socio-economic Impact



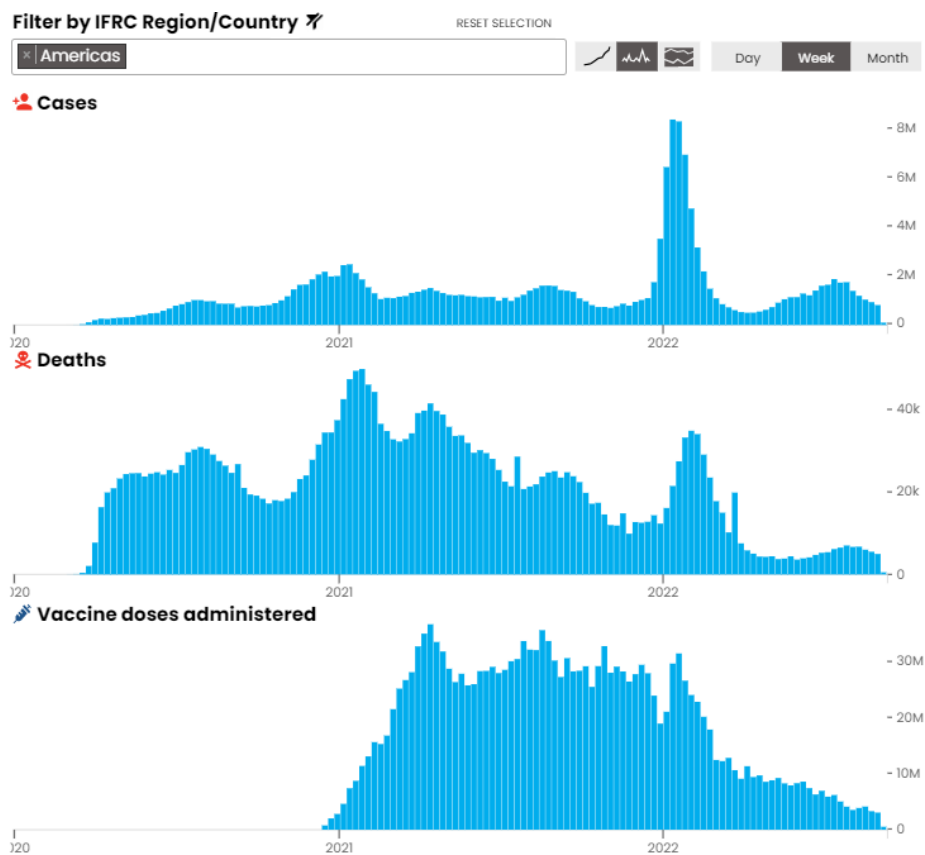
31/35 NS
Strengthening National Societies



More than 30 National Societies in the region actively supported their health authorities in the vaccination roll-out.

Regional overview

From the epidemiological point of view, the reported period is characterized by a phase of stability from March to May, with low incidence at the regional level, and a new phase of ascent (wave) between May and mid-July (when it reaches its peak) to descend again in the weeks of August. In any case, it must be taken into account that the comparison between different periods in terms of epidemiological curves is no longer accurate since the testing criteria have changed widely in the vast majority of countries. Regarding the mortality reported by COVID-19 (this does allow us a somewhat more adequate temporal comparison) the rates have remained and continue at the lowest levels since the start of the pandemic, reflecting the positive impact of the increase in coverage of vaccination in the vast majority of countries. In fact, it is already 70% of the total population in the region that is fully vaccinated against covid-19. Even so, as always, it is worth remembering the intra-regional differences with a few countries still below 30% and Haiti below 2%.



Non-cumulative weekly number of cases, deaths and vaccination doses administered in the Americas region up to 30 August 2022. Source: IFRC GO Platform

Concerning MHPSS, it needs to be mentioned that anxiety and depression have increased 25% worldwide¹. A sensitive situation that needs to be followed in the region due to the limited and accurate information is the suicide mortality rate which already based on official reports increased by 17% between 2015 to 2019 when in the rest of the world has decreased². Economic issues are a negative factor that can exacerbate suicide³ among other issues such as

¹ <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

² PAHO Suicide Mortality rate report 2015-2019 <https://iris.paho.org/handle/10665.2/55297>

³ The economy and suicide <https://econtent.hogrefe.com/doi/10.1027/0227-5910/a000487#:~:text=A%20decline%20in%20the%20economy,been%20studied%20in%20many%20countries.>

alcohol and substance abuse. Some target groups at most risks of suicide are youth between 15 to 19 years old⁴, older adults⁵, displaced people⁶, and minorities⁷. Related mental health services and programmes are still facing challenges to go back to their pre-pandemic levels, especially Community-based mental health care. Some of the services with a major percentage of disruption reported at global and regional level are school mental health programmes (55%), alcohol prevention and management programmes (51%), critical harm reduction services (50%), psychotherapy/counseling/psychosocial interventions (48%), inclusive schooling for children with special needs (48%) and suicide prevention programmes (45%)⁸. More data collection and research on the impact of the pandemic on mental health is still a gap in the region for National health systems and humanitarian organizations.

Priority 1: Sustaining Health and WASH

Pillar 1: Epidemic control measures

The reporting period has been characterized in a very constant way by the lifting of most of the specific public health measures for COVID-19 in the vast majority of the countries of the region, with which the support for the National Societies in this pillar has followed a pattern consistent with this fact. In any case, the dissemination of prevention and control messages has continued in the contexts where it is still considered necessary.

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

Since the beginning of the pandemic, the Community Engagement and Accountability team has been focused on monitoring trends, rumours, and perceptions in order to produce information materials based on this information for dissemination through regional channels. In addition, it has provided support to National Societies to ensure that through the analysis of social data, they are able to tailor not only their messages but their interventions to community perceptions. During these 30 months of operation, several risk communication toolkits have been produced, supporting actions from an epidemiological point of view, but also psychosocial support, to demystify rumours gathered through perception surveys and/or feedback mechanisms.

For this new phase of the pandemic, materials have been updated, following trends collected through multiple channels and taking into consideration current contexts. Some of the toolkits produced include:

- COVID-19 and pregnancy toolkit – Available [here](#).
- Depression prevention toolkit – together with MHPSS – Available [here](#).
- Let's talk about the vaccines Q&A – Available [here](#).
- COVID-19 Trello – Available [here](#).
- COVID-19 toolkit – Available [here](#).

More than [60 COVID-19 graphics](#) have been created and translated into Spanish, English and Creole to be shared with the National Societies on prevention, variant information, long COVID, COVID in children, in people with HIV and vaccination.

Best practice experience example:



20 MHPSS representatives and volunteers from 8 National Societies from Latin America participated in a workshop focused on Livelihood and MHPSS.

The main goal was to provide guidelines on how to include the livelihood approach in the MHPSS programs to address in an integral way the current needs of the population.

⁴ <https://reliefweb.int/report/world/state-world-s-children-2021-my-mind-promoting-protecting-and-caring-children-s-mental>

⁵ <https://www.nature.com/articles/s43587-021-00160-1>

⁶ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0263797>

⁷ <https://www.elsevier.es/es-revista-revista-colombiana-psiquiatria-379-articulo-suicide-in-indigenous-population-latin-S0034745017300021>

⁸ Global Pulse survey of essential health services during the COVID 19 pandemic: Nov- dec 2021 https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1

In coordination with the Health and Mental Health and Psychosocial support team, a series of Webinars called "We're in this together" were produced, covering topics such as: COVID-19 symptoms, COVID-19 and pregnancy, Depression and pandemic anxiety, Vaccines - COVID-19, among others. More recently, a [Webinar](#) was held to discuss Monkeypox and clarify doubts regarding COVID-19 and this new disease.

Pillar 3: Community-based surveillance (CBS)

A regional CBS information and training plan has been started with the aim of strengthening this fundamental component of the movement's action within a broad framework of preparedness and response to epidemics and pandemics. Two introductory CBS webinars were held and a face-to-face introductory CBS course with NS from Guyana and Suriname is planned for September. Before the end of the year, the aim is to replicate this initiative with other countries in the region. Obviously, the approach to COVID-19 and the lessons learned from what we have been responding to are an essential part of these trainings and strategies.

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

Coordination

A new IFRC global website for WASH technical resources has been designed and uploaded, with a regional section specific for the Americas. Also conversations have been ongoing with the Swiss Water and Sanitation Consortium for the roll out of Blue Schools in the region. In that sense, Haitian RC has advanced with the implementation of Blue Schools by building or restoring WASH facilities in the schools at the Nipes region. And Panamanian RC and Honduran RC are planning a Training of Trainers this year for piloting Blue Schools as well.

At sectorial level, monthly coordination meeting as part of the Secretariat of the WASH LAC, where the annual plan was developed and during next meeting we will present Blue Schools to external actors, and the RCRC Climate Center will present about Anticipatory Action and WASH. Also we had participation at an online course hosted by the Global WASH cluster on Coordinated WASH assessments during emergencies. As part of the global initiative of Hand Hygiene for All (HH4A), we facilitated the invitation to apply for a regional course on the WASH'em approach, facilitated by CAWST, to the National Societies of the region.

Capacity Building

In coordination with the Central American Country Delegation, a NIT course on WASH was facilitated to the Panamanian RC in Darien. Support was given to the German RC's course "Advanced-training on IPC & Health/Hygiene Promotion in Emergencies", hosted in Berlin, by facilitating the Hygiene Promotion in emergencies session and the Menstrual Hygiene Management session. An introductory session on the WASH interventions associated with migration was presented during the Humanitarian Service Points workshop.

As per virtual course, we facilitated together with the PGI delegate in Venezuela the first national course on PGI and WASH, for the Venezuelan RC. A follow up session was also held with the participants of the pilot regional course last year, to learn about the challenges and successes in implementing their final project proposal. An introduction on the potential WASH work in schools was also presented at an MHPSS regional event.

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

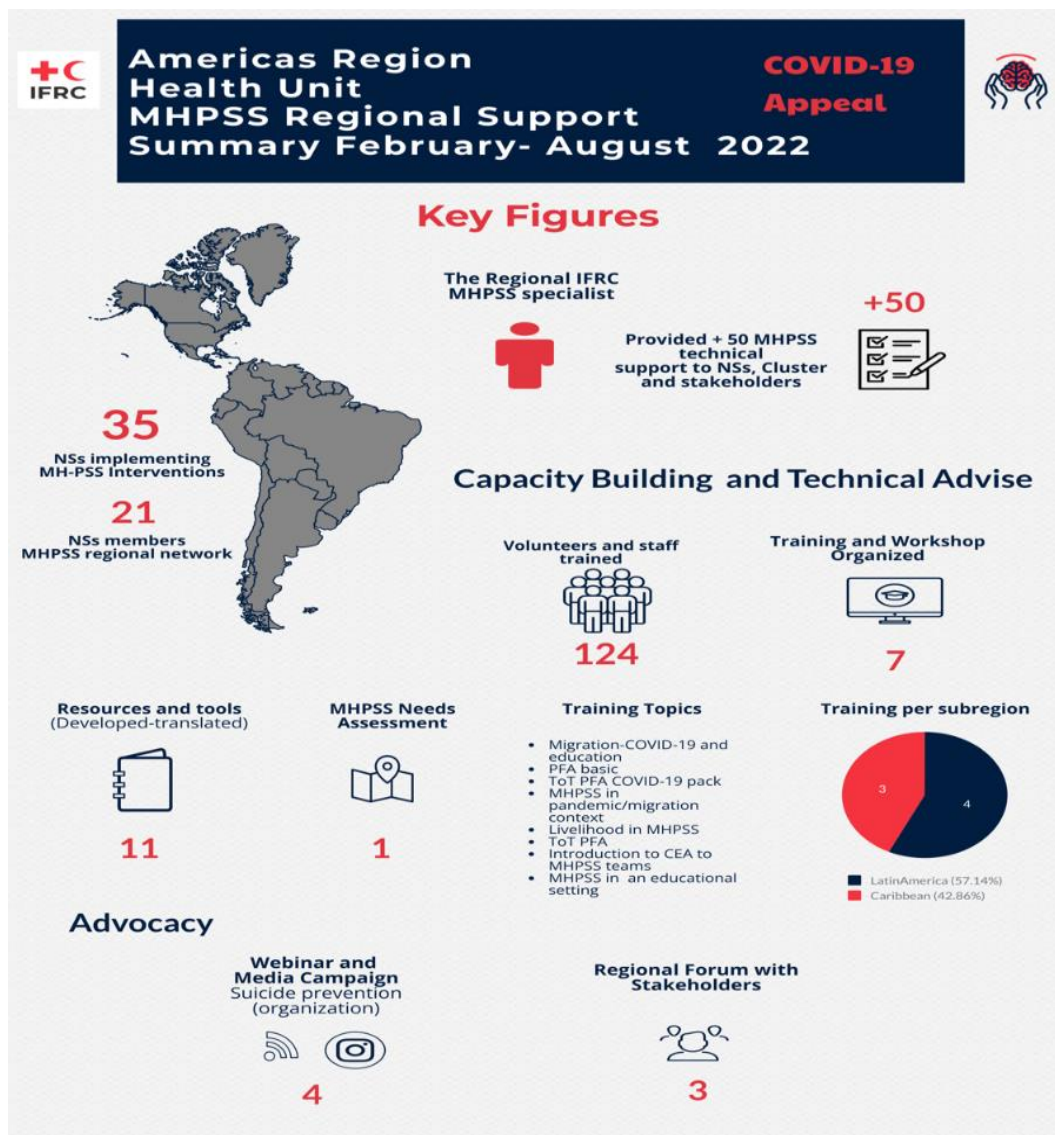
From February to August, IFRC in MHPSS continues working closely with National Societies to develop and implement accurate and relevant interventions together with key sectors such as livelihood, PGI, CEA, and Education to address the current and growing regional psychosocial needs and mental health problems that are exacerbated by the socioeconomic impact of the pandemic and global crisis.

Some of the main actions include:

Capacity Building:

124 volunteers and staff were trained through 7 trainings organized. Some examples of those training are:

- 20 MHPSS representatives and volunteers from 8 National Societies from Latin America participated in the workshop focused on Livelihood and MHPSS. The main goal was to provide guidelines on how to include the livelihood approach in the MHPSS programs to address in an integral way the current needs of the population. Colombia RC is developing a concept note including both sectors, while El Salvador RC shared their experience in a special session to demonstrate the effectiveness of joining both sectors.
- 18 community volunteers from Trinidad and Tobago were trained in the Spanish language in MHPSS in migration in COVID-19 context Summary [SP/EN](#). The volunteers will be supporting providing PFA to Spanish-speaker migrants.
- 15 volunteers from National Societies from the Caribbean were trained as ToT Psychological First Aid.
- In the month of August, 29 coordinators and Volunteers in MHPSS from 13 different National Societies completed the training Introduction to CEA for MHPSS Teams.



Summary of regional support by MHPSS from February to August 2022. Source: MHPSS

Resources and tools:

- In February, as a part of the monitoring and evaluation, it was completed the second regional assessment: *An update of the needs, capacities, and actions in MHPSS of the National Societies* where 21 National societies participated. The report is available on the IFRC GO Platform. ([SP/ EN](#)).
- A summary of the MHPSS lessons learned 2021 was shared within the region. [SP/EN](#)
- A *safe referral protocol for the MHPSS team* was developed with PGI. It is available in IGRC Go Platform [SP/EN](#)
- *Face-to-face pack Psychological First Aid (PFA)*: Three modules and presentations (PFA basic, PFA, and PFA for children) developed by the PSSRC were translated to Spanish and shared with National Societies to continue training the volunteers. Paraguay Red Cross (PRC) with IFRC technical advice is running a pilot to strengthen their MHPSS program and capacities by using all these resources to train their volunteers. Until August, 65 PRC volunteers were trained. [Link](#) to know more about their pilot.

Advocacy:

- In the framework of two years of the COVID-19 response, in February, a summary report of the MHPSS action from March 2020 to March 2022 was created [SP/EN](#)
In order to raise awareness of the increasing mental health problems across the region the Forum SOS, what is happening with mental Health in The Americas Region? Red Cross Role. 62 representatives of Mexico, Chile, Argentina, Guatemala, Ecuador, Peru, Costa Rica, Uruguay, Paraguay, and Spain National Societies and IFRC participated. [Link](#) to see the recording.
- Participation in relevant global and regional Forums advocating for the importance of implementing MHPSS actions. In March, space to raise awareness of the MHPSS needs of the migrant population including access to COVID-19 vaccination during the Toward the International Migration Review Forum ([IMRF](#)) IOM. In April, the "[V Intersectoral Forum in health "Join effort in Mental Health"](#) organized by SECOMISCA. In May, support for the CEA Unit during the webinar launch of a Toolkit with messages focused on women and pregnant providing advice about the pandemic effect on the wellbeing of the women.

Pillar 12: Support for immunization


The last few months have been characterized by the beginning of the necessary change of focus between an emergency approach in vaccination against COVID-19 towards an integration of the services of this pillar in an immunization strategy of the National Societies where support is promoted so that they can work along with ministries of health in national immunization programs in which vaccination against COVID-19 (initial protocols and boosters) are integrated in a harmonious and efficient manner. In this sense, initiatives have been started to map capacities and needs that allow the design of support and accompaniment plans for the National Societies.

Priority 2: Addressing Socio-economic impact

Pillar 1: Livelihoods and Household Economic Security

Study of socioeconomic impacts: The study conducted by the research centre was completed in Spanish in March and the final version in English was received and approved in April. The report "Readjusting the path towards equity: Challenges and actions to achieve a sustainable and equitable recovery from the socioeconomic effects of COVID-19 in Latin America and the Caribbean" was prepared based on this document.

The report "Readjusting the path towards equity" on the socioeconomic impacts of COVID-19 in Latin America and the Caribbean was presented. This activity was carried out virtually on May 20, 2022. The report documents are available on [GO](#). The report is available in English and Spanish.

Best practice experience or example: 

The piloting of livelihoods and food security initiatives using the NEAT+ tool was started. The first phase of the pilot began in Venezuela, Trinidad & Tobago, and Colombia, while phase 2 is expected to begin on early September.

Together with the communications team, we have worked on a campaign to disseminate the main results of the study. A series of [podcasts](#) in RED Hearts and materials for distribution in social networks have been developed.

Meetings of Livelihoods technicians: Periodic meetings of Livelihoods technicians in the region have been held. In this period 5 meetings have been held, addressing the topics of preparation of National Societies for the use of CVA, Climate Smart Livelihoods, link between MHPSS and Livelihoods in actions to support people affected by disasters or emergencies, Labor Market Analysis (Market Opportunities for employment and self-employment) and PGI and Livelihoods activities.

PGI guide on Livelihoods and food security activities within the context of COVID-19 completed its design and editing stage. The guide was developed by the regional office and the Livelihoods Resource Centre. This is a tool to promote and facilitate the incorporation of the PGI approach in Livelihoods and Food Security activities. The guide is available in English and Spanish on the IFRC's [GO](#) platform.

Climate-Smart Livelihoods Pilot Micro-Projects for the Recovery to COVID-19: The piloting of livelihoods and food security initiatives using the NEAT+ tool was started. The first phase of the pilot began in Venezuela, Trinidad & Tobago, and Colombia with a field activity in which training was provided on the use of the NEAT+ tool and livelihoods assessment. The National Societies, together with the IFRC, carried out a field evaluation and with the results began the development of a project proposal to implement in the evaluated community. To date, the three national societies have submitted their microprojects, which have been approved by the regional office. The three National Societies will start with phase 2 early September.

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

On 23 March, the COVID-19 Vaccine and Perception Study was launched. This was implemented in the region with the support of 9 National Societies (Argentina, Bolivia, Brazil, Colombia, Guatemala, Jamaica, Nicaragua, Panama and Trinidad and Tobago). This is a valuable tool to learn about America's perceptions on 4 topics: access to health messages and their impact, knowledge and perception of the COVID-19 vaccine, trust in COVID-19 vaccines and socioeconomic impact of COVID-19. We also presented the survey to several NGOs at the Collective Service meeting and the OCHA APP PEAS regional meeting.

Products developed as part of this study can be accessed in the following links:

- Report – Available [here](#).
- Report – summary – Available [here](#).
- Interactive page with stories and results – Available [here](#).
- Interactive dashboard – Available [here](#).
- Press release – Available [here](#).

As part of the WHO-sponsored Solidarity Fund project, Salvadorian Red Cross was supported in the development of a nationwide perception survey, as well as the implementation of a feedback mechanism.

During this period, the Mobile Data Collection online course was adapted, updated and translated into 4 languages, as a support for National Societies that needed to train their teams to collect social data using mobile devices.

Also in these eight months, multiple workshops have been held both online and in person. A presentational ToT training was conducted in Honduras, Costa Rica, Guatemala and El Salvador, and online trainings were held with volunteers and staff from Panama, Guatemala, Ecuador, Peru, Venezuela and Dominica. Additionally, a Regional Virtual Training on Introduction of CEA to Mental Health and Psychosocial Support referrals was organized together with the MHPSS team.

The BHA Building Trust project formally started in this period. National Societies involved in the planning and start-up of the activities have been supported by the team. Additionally, as part of this project and in coordination with the GVA team, the team has been working with the Argentine Red Cross to pilot the Trust Index, a global activity that includes one National Society per region.

Priority 3: Strengthening National Societies

Pillar 1: National Society Readiness

- Design and launch of the Mobile Device Data Collection (MDC) Course in English. This course will enable participants to gain knowledge of tools such as ODK and Kobo and learn how to apply it in an operation, including pandemics such as COVID-19.
- CREPD bring support to the global PER team in updating the PER GO dashboards that indicate regions' performance and progress in their PER processes, including pandemic and epidemic considerations.
- The Reference Centre has participated in the coordination meetings for the development of the Pandemic and Global Crises Playbook.
- Implementation of the pilot course IM – PGI – EA 100% online course in coordination with the IFRC Delegation in Venezuela, the main platforms used were Zoom and Classroom, a regional staff of facilitators and 9 certified people. the course was developed in coordination with IFRC/SN: CEA - Venezuela Delegation.
- Design and implementation of the IM – PMER course in migration contexts pilot 100% online in coordination with the CA cluster, the main platforms used were Zoom and Classroom, a regional staff of facilitators and 14 certified people from the following countries: El Salvador, Guatemala, Honduras, and Costa Rica.
- The course was coordinated with, IFRC/SN Units: PMER Cluster.
- Development of the NEAT+ environmental assessment tool training with Colombian Red Cross staff. The activity was carried out in the Municipality of Villavicencio and the results used for the planning of the smart livelihoods micro-project to be implemented by a community organization integrated by women.
- Participation in the AECID-IFRC-CRE collaboration framework for the identification and systematization of good practices in knowledge management during the COVID-19 pandemic acquired by National Societies. Coordinated activity with IFRC/SN: PSK

Best practice experience or example:



The second Working Group of the Interamerican Centre for Volunteering Development (ICVD) was launched.

The general objective is to demonstrate the importance of protecting mental health and psychosocial wellbeing in volunteers and staff.

Emergency Operational Centres (EOC):

- Systematization of the operation of the Dominican Red Cross Emergency Operations Centre to be incorporated into the global EOC guide.

Pillar 2: National Society Sustainability

- Climate Smart Livelihoods Microprojects: Development of community livelihood micro – projects with the National Societies of Venezuela, Trinidad and Tobago and Colombia which included training of staff in the use of the NEAT+ environmental assessment tool and which resulted in a plan for the development of the micro-projects with environmental considerations.
- Development of training in the use of the NEAT+ environmental assessment tool with the National Societies of Guatemala, Colombia, and El Salvador, more than 50 volunteers trained and the mobilization of facilitators from the network of regional trainers.
- Support to the development of the regional workshop on Climate Change with the participation of more than 21 National Societies of the region.

Pillar 3: Support to volunteers

- Volunteering & Youth Development Baseline Studies 2021: As part of the strategies for strengthening volunteering and youth in the region, annual studies of volunteering management and youth development

have been conducted in the National Societies. These studies will provide an overview with updated information for a strategic plan of action in the local and regional levels.

- COVID Videos – Fundraising Campaign: Provided support to the COVID Special Representative of the IFRC Secretary General to produce a series of videos with volunteers from the Americas Region that will support the ongoing efforts to raise funds for COVID activities.
- Working Group on Mental Health: The second Working Group of the Interamerican Centre for Volunteering Development (ICVD) was launched. Its general objective is to demonstrate the importance of protecting mental health and psychosocial wellbeing in volunteers and staff, as an essential action to guarantee humanitarian assistance in a sustainable and person – centred way, with emphasis on youth (children, adolescents, and young adults).
- Webinars with RC Volunteers from the Americas Region: With the presence of more than 4,000 volunteers from all the region, several webinars took place as an opportunity for volunteers to obtain first-hand information about COVID-19 directly.
- Guidance - Duty of Care: Several sessions, either as regional events or targeted NSs' activities, took place to provide guidance on the Duty of Care for Volunteers. This provided technical support on how to develop context – specific approach where domestic coverage for medical care or death compensation is lacking and how to strengthen safety mechanism such as solidarity funds.
- Report on how volunteers and young people perceive the challenges of COVID – 19: As a result of the involvement of young people and volunteers in the forums of the Volunteering Development Platform to get their opinions and perspectives in relation to COVID 19, more than 300 replies were received in 24 hours to questions developed together with the two representatives of the Americas in the Global Youth Commission.
- Actions from Volunteers and young people in the Americas in relation to COVID – 19: Key documents were produced on the Humanitarian Actions Carried out by the National Societies of the Americas in Response to the COVID19 and on the Perspectives of Volunteers and Young People in Relation to COVID19 in the region. Also, an interactive presentation with the actions carried out by the volunteers and the National Societies are available [here](#) and the specialized map on humanitarian initiatives in relation to COVID19 within the Volunteering Development Platform is accessible by [here](#).
- Perception of vaccine: A survey was made with more than 1,600 volunteers from 18 National Societies to know what the volunteers and young people think about the vaccines and also what they have heard in the communities where they work.

Enabling Actions and Support Services

Logistics, Procurement and Supply Chain

The Americas Regional Logistics Unit prepared themselves to provide essential PPEs for COVID-19 response when the supply chain disruptions triggered the demand of these products. The production of personal protective equipment was hampered by the closure of large factories in Asia and the limited space for shipping the products worldwide, significantly increased the cost of the products. Therefore, we relied on the IFRC network capacity, to perform the purchases safely, according to specifications and standards set. 19 different products were procured, through a range of 17 vendors worldwide, that resulted from sourcing activities. A total of 113 purchase orders with a value of CHF 4.9 million were executed by the Americas.

A simplified Directive of Procurement Action for COVID-19 response was disseminated with National Societies to provide a short overview of procurement procedural requirements to be followed for any procurement conducted for COVID-19 emergency response, accelerating sourcing and procurement management with a certain degree of flexibility, to ensure an adequate level of compliance and accountability. This global decision was taken, due to the markets that were flooded counterfeit supplies not complying minimum quality standards, country restrictions in terms of export, lack of opportunities to ship supplies to operational counties and sites and shipment delays. At the

same time, the RLU held training sessions and webinars along with colleagues from the Health Unit, about the appropriate PPEs selection, based on the activities to be carried out and the local market capacities.

Between April 2020 to July 2022, 156 shipments to 32 National Societies of the region were dispatched, meaning: 234 tons / 1,162 CBM. From this, 58% of the shipments were dispatched by air, 36% by sea and 6% by road

Even though the unit faced major customs challenges and limited transportation availability, due to the global supply chain disruption, from April to December 2020, the largest number of shipments were sent to our National Societies and this coordination, equals to the 79% of the total response.

Americas RLU managed to incorporate a kitting station that produced more than 30,000 PPE kits for Volunteers, Doctors, and NS – IFRC staff in the region.

Top 5 most purchased supplies	
Item	Quantity
Surgical mask	5,032,740
Gloves	3,099,365
KN95	1,066,050
Surgical Cap	541,355
Shoe cover	517,590

5 most purchased PPE supplies. Source: RUL

Business Continuity Planning and Security within IFRC Secretariat

With the changes in the contagion in the early months of the year vs the decrease in reported fatalities, some Country Offices submitted their Back to Office (BTO) Plans to Regional BCP and Global Security Unit. Physical distance has been key to establish the maximum capacity for assisting to the office in presential mode. BTO process has been followed up closely for Duty of Care of staff members, that also covered traveling for essential missions and presential meeting participation.

Partnerships and Resource Mobilization

IFRC has been in constant contact with movement and external partners in one-to-one meetings and sharing information to keep them informed and responding to them enquires. Together with the Country Delegations we have been working on tool such as The Investment Cases activities and proposal for the Humanitarian Buffer and Building Trust project in order to reach more affected people and address their needs.

On the last year of this operation, PRD ARO has been working together with COVID-19 ARO team on the closing process for this Emergency Appeal. These actions include pledge management, following up on unspent funds, reaching out to donors to update on challenges and reach agreements in case of unspent funds and need to reallocate funds, follow up on reporting, compiling information from the Americas and exchange of information with PRD Geneva.

Planning, Monitoring, Evaluation and Reporting (PMER)

During the reporting period, PMER provided support to country Cluster Delegation and National Societies through a wide range of activities including:

- In February 2022, PMER coordinated and supported the **National Society Response Plan revision process no. 4**. At the end of the revision period, 30 out of 35 NS Response Plans were submitted to ARO for publication. The NSRPs were published, and they are available in the regional [Dashboard](#).

COVID-19 Americas Region | Regional Overview

- During March, PMER coordinated the completion of the COVID-19 **24-month report** along with the **KOBO data collection for Indicators Tracking and Financial Overview**. The final report was published on 11 April 2022 and it can be accessed through the IFRC GO Platform [here](#).
- During April, PMER actively worked on coordinating the **Emergency Plan of Action revision process No. 5**. The revised regional EPoA was published on 15 May 2022 and it can be accessed through the IFRC GO Platform [here](#).
- Since June 2022, PMER provided support for the **roll out of the COVID-19 transitional plan**. The plan was first drafted and shared within the core workforce team and then socialized with Country Cluster Delegations and Country Delegations. Focus was put into ensuring all p-codes are properly closed.
- Through July and August, weekly meetings have been coordinated with the National Societies involved in the BHA CEA Project and PMER has been providing support with the completion of the Monitoring Tool.

Finally, PMER during the reporting period, PMER provided support to Country Cluster Delegations and National Societies for the completion of pledge-based reports for donors including the WHO, Spanish Government, Netherland Red Cross, Johnson and Johnson, British Red Cross, USAID BHA – Trust project, Swiss Government and American Red Cross

Information Management (IM)

- COVID-19 Socio-economic Impact: Conducted in coordination with Livelihoods a COVID-19 Socioeconomic Impact Regional Survey. Available [here](#).
- National Societies Response Plans Dashboard: Updated and published NS Response Plans available [here](#).
- BHA project: Participated in Social Science Training and contributed to tools and resources suggested for adapting current data collection and analysis strategies. TOR and addition of IM consultant to support COVID-19 Trust Index and Regional Perception Surveys.
- GO Emergency Page: Ongoing maintenance and update of IM products and documents.
- CVA Distributions: Ongoing support for ongoing distributions and related data collection activities.

Communications

- In the reporting period key messages, informative content, social media assets, videos and podcasts were produced and shared with National Societies regarding COVID-19 prevention, the socioeconomic impact and Red Cross activities across the Americas region.
- Close coordination with sub regional clusters allowed the publication of in depth stories and activities:
 - 2 Years Mark – Available [here](#).
 - Vaccination of Indigenous communities in Peru – Available [here](#).
 - Livelihoods in Colombia - Available [here](#).
 - Women’s support in Argentina – Available [here](#).
- Media reach: From March 2021 to July 2022, 240 [articles](#) have been published in international media with information on National Society activities, IFRC support and relevant COVID-19 situations in the region. In the last 6 months 29 articles were published on regional and international media outlets. 7 press releases and 1 media-pitch where published addressing:
 - Increase of extreme poverty, - Available [here](#).
 - Caribbean confidence of vaccine.
 - launch of report on Covid-19 community trust, - Available [here](#)
 - Impact of COVID-19 in SDGs, - Available [here](#).
 - Visit of SG to New York for COVID-19 Summit, - Available [here](#).
 - Pitch of Day against trafficking in persons – Available [here](#).
- Social Media: In the Americas, IFRC published more than 241 posts on Twitter related to COVID-19 between January and July 2022. Of these contents, more than 35 have been about vaccination. Other topics discussed have been livelihoods, PGI, and migration related to the COVID19 pandemic.

Financial Analysis

As the end of the Emergency Appeal approaches on 31 December 2022, there are only four months remaining to complete all the activities programmed. During the current fiscal year, all the contributions received were focused on supporting the immunization activities across the Americas. The region is projecting that all the earmarked contributions that ends by December 2022 will be fully executed. The regional financial overview is summarized in the table below.

Regional Overview	CHF Million
Funding Requirement	114
Confirmed Income (PEAR)	47
Total Operating Budget 2020-2022	46
Expenditure Year-To-Date	42
Budget Implementation	91%
Income vs Funding Requirement	41%

During the first quarter of 2022, a Socio-Economic Impact Study was developed in the Americas region. As a result of this exercise, five National Societies were selected to design and implement a Livelihoods Micro Project in two phases during the last 5 months of 2022. The idea is to build a robust plan that can continue in 2023 with possibility of extension to other National Societies.

National Society response – key highlights

Antigua and Barbuda Red Cross

The National Society did not report any activities during this reporting period.

Argentine Red Cross

The Argentine Red Cross continues working on the prevention and mitigation of the third wave of COVID-19 in the country. Activities related to the recovery of the most affected population are being carried out through the implementation of structural works related to drinking water in the metropolitan area of Buenos Aires. At the same time, work was carried out on a project to prevent gender violence in Wichis and Gom communities in the north of the country, in the province of Salta. A total of 38 affiliates participated in the implementation of employability workshops for people who have lost or reduced their income due to the COVID-19 pandemic, providing job development techniques. The National Society continues to work on HIV testing and blood donation campaigns and to provide basic services through the mobile health unit in Chaco. In recent months, community first aid workshops were held in 32 branches throughout the country. Trust Index actions are currently being implemented.

Barbados Red Cross Society

With the closure of mass vaccination sites in March 2022, the volunteers of the Barbados Red Cross worked with staff at community polyclinics and mobile vaccination units to support vaccination activities. The National Society provided information leaflets on protection methods, bottles of water, PPEs and sanitizing materials to persons to be vaccinated.



Volunteers preparing care packages for distribution at polyclinics. Barbados Red Cross. July 2022

Belize Red Cross Society

Since the beginning of the **COVID-19 vaccine programme**, the Belize Red Cross has continued to support the Ministry of Health and Wellness with its rollout. During this reporting period, six volunteers assisted a mobile team with registration, data entry and provision of information to persons as the ministry expanded its programme to **the rural and most remote communities**, where approximately **3,000 persons were vaccinated monthly**.



Community member being vaccinated at remote collective center. Belize Red Cross. July 2022

A 30 – second promotional video on vaccine sensitization was developed in English and Spanish that dispelled myths and fostered vaccine confidence.

Vaccination of school children was also prioritized as face-to-face learning resumed and the country's activities were normalized. To support activities in schools, PPEs and sanitizing materials were provided to its **420 insured volunteers**. In addition to working in schools and remote communities, **volunteers also provided psychosocial support to 100 persons** during a food distribution.

Bolivian Red Cross

The Bolivian Red Cross expanded their actions nationwide due to two factors: the first one, inherent to the safety of the volunteers and the second one, referred to the State's needs regarding the ways to reach the population for immunization. The return to classes of primary and secondary school students, not only reactivated the country's economy but also the structure of life of Bolivian families. The BRC volunteers used different kinds of playful tools to reach student populations to promote the virtues and benefits of personal care (biosafety), the importance of immunization and the promotion of healthy habits. Also, and within the framework of the immunization support processes, the BRC was able to strengthen the capacities of at least 150 health centres by providing personal protective equipment and equipment for the vaccination campaigns; in this action the accompaniment of the BRC volunteers was also relevant, and the BRC teaching centres were involved in these processes. Additionally, psychosocial support services are still in operation, developing training processes within the volunteers to focus on the needs of the population. Also, the telephone lines are still active because the service was positioned, and it is well received by the population. Installing capabilities is a constant need, and volunteers from different branches developed training processes to provide an adequate response in first aid and enhance the missionary actions through basic institutional training, so that the BRC currently have a team of volunteer trainers strategically assigned throughout the national territory.



Vaccination and sensibilization campaign August 2022. Santa Cruz, Bolivia

Brazilian Red Cross

The Brazilian Red Cross (BRC) implemented a Cash Transfer Program (CTP) in four states that reached 800 families. The second stage of the program is currently being implemented. Hospital supplies were purchased for two National Society hospitals. A gender-based violence (GBV) prevention campaign was carried out in Mato Grosso through dissemination of key messages. Mobile Health Units continue to operate in the north of the country, providing first aid and psychosocial support (PSS) to people in vulnerable situations. The vaccination support campaign continues to be disseminated through social networks.



First Aid ToT in Brazil. Source: BRC

Chilean Red Cross

The Chilean Red Cross supported the Ministry of Health in rapid testing days. Hygiene kits were delivered to the "Alta Nueva Placilla" informal settlement in Valparaíso, reaching both the host and migrant population. Health and hygiene promotion campaigns were carried out during the event "Workshop on WASH and energy efficiency, COVID-19 prevention" in the municipalities of Puente Alto and Valparaíso. Food kits were also delivered to vulnerable people at the Estación Central High School. A Workshop on Prevention and Care in STI Pandemic, Sexual/Reproductive Health and Breast Cancer was also held in virtual mode, aimed at preventing the different diseases related to sexual health. The development of information material for the community on COVID-19 has been oriented to new variants and to disseminate prevention measures in stages with a greater number of social events.

Colombian Red Cross Society

The CRCS through different efforts and with strategic allies has managed to respond to the needs arising from the COVID-19 pandemic, reaching 2,357,799 people in 175 municipalities assisted with activities to mitigate the effects of COVID - 19, including:

- 310,566 people assisted with primary health care (direct care for COVID 19 suspects, installation of hand washing sinks in health centers and provision of care centers for the elderly)
- 1,489,946 people reached with humanitarian assistance activities (installation of sinks in schools and in the community, and construction and rehabilitation of drinking water systems),
- 284,933 people reached with psychosocial support activities (reaching community members, children and adolescents, and volunteers),
- 48,918 people reached with protection activities,
- 15,945 people reached through livelihood actions and monetary transfers (including food, accommodation, payment of public services, and transportation to prioritized populations from the departments of Amazonas, Choco, Nariño),
- 208,253 key messages (through the application of the perception study for the implementation of risk communication, community participation and health promotion),
- 270 activities to strengthened hospitals capacities (delivery of personal protective equipment, implementation of respiratory triage areas, purchase, and delivery of medical-surgical items),
- 341,733 beneficiaries with virtual COVID 19 courses (community health and first aid course, workshops of water, sanitation and hygiene in the communities, Course of psychological attention groups social, Lessons Learned Workshop), among others.



Nariño Sectional, Psychosocial Meeting with Pasto Volunteers. Department of Nariño

Costa Rica Red Cross

The vaccination campaigns against COVID-19 and influenza, organized by the Costa Rican Ministry of Health, continue to be supported to a lesser degree. It is important to mention that at the country level these actions have decreased considerably, due to the fact that the massive campaigns have reached their objective.

As part of the MHPSS and basic health services, the CRRC attended **275 migrants** in the Temporary Care Centres for the Southern and Northern Migrant Population as part of the humanitarian aid services in the area of Integral Health provided by the Community Health Area.

In April 2022, a TOT workshop was held with the support of IFRC, so there are currently **385 people trained in CEA** approach, 20 regional referents to support the national team and 21 trainers in the CEA approach.

As part of the activities to strengthen the National Society, the CRRC, together with the different areas of the National Society, are working to identify actions related to Migration Policies and Strategies in the northern and southern borders of the country, due to the impact of the COVID-19 pandemic. Also, staff was trained in Planning, Evaluation, Monitoring and Reporting (PMER), in order to strengthen the various directorates, areas and units of the National Society in reporting, involving the collection and analysis of data. As well as generating a system at the National Society level to establish information management flows in COVID-19, among other functions and responsibilities in which it can support.



Costa Rican RC providing support and attention to migrants in the northern border zone. July 2022.

Cuban Red Cross

The updated information included in this report was submitted by the National Society on March 2022 when the OU had already been published.

As of March 2022, 31,179 volunteers were supporting the response to COVID-19 at the national level. The main highlight from this National Society is that it had continued the COVID-19 vaccination and communications campaigns with the Soberana01 and Abdala vaccines to adults and children. Furthermore, volunteers have been trained by local sanitary vaccination authorities (in compliance with the requirements of the MINSAP) to detect possible adverse reactions to the vaccines.

Dominica Red Cross Society

Ensuring that children understood the importance of protecting themselves against COVID-19 was the main objective behind the activities conducted by Dominica Red Cross during this period. **The National Society conducted fun and interactive sessions in 11 communities and reached 169 (88M,81 F) children between the ages of 4-16 years on COVID-19 vaccination and sanitization.** Children were also involved in the painting of murals in two high-traffic areas that depicted COVID-19 protocols and encouraged persons to get vaccinated. The National Society also distributed PPEs, to volunteers in its 10 branches. persons.



Flyer designed for interactive sessions. Dominica Red Cross, July 2022

Dominican Red Cross

The National Society did not report any activities during this reporting period.

Ecuadorian Red Cross

The Ecuadorian Red Cross (ERC) has developed interventions in the 24 Provincials that included health services, psychosocial support, prehospital care, blood donation, and support in the national vaccination campaign. Among the main achievements it can be include that 2,014,985 people were reached with a national vaccination campaign, over 36,000 people were reached with health services and mental and psychosocial support, 26,053 people were reached with ambulance service. In addition, the ERC gave support to the national government with 173,712 inoculations of vaccines in the provinces of the Guayas, Manabi and Pichincha, almost 32,000 people received humanitarian assistance with the delivery of kits, 11,766 people were reached through cash transfers and 3,342 volunteers received health services.



Medical Care at triage point in Santo Domingo, Ecuador, June 2022.

Grenada Red Cross Society

The National Society did not report any activities during this reporting period.

Guatemalan Red Cross

The Guatemalan Red Cross (GRC) continues to work in coordination with the health authorities in support of the National Vaccination Plan. Vaccination centers have been set up, providing human resources, fixed and mobile facilities, supplies, computer systems and

emergency units for the management of events suspected to be attributed to vaccination to some Vaccination Centers installed in Quetzaltenango.

During the last few months there has been an increase in the number of cases at the national level and the Guatemalan Red Cross has supported with expenses for the purchase of food, medical expenses for post COVID-19 evaluations and expenses for medications authorized by the Ministry of Health to reduce symptoms.

A total of **280 people** (141 women and 139 men) has been transferred, with the definition of suspected and confirmed COVID-19 cases, in the delegations of the departments of Guatemala, Retalhuleu, Quetzaltenango, Cobán, San Marcos, Quiché, Izabal, Quiché, Quiché, Izabal and Quetzaltenango.



Albert and Perla, characters developed for the GRC to reach children with campaigns and didactic material delivered to schools.
Source: GRC

Through social networks, information was provided on queries made by users of the different digital platforms used by the institution about the vaccine, the Delta variant, how the vaccine works in our body, symptoms of BA.4 and BA.5 variants and monkeypox, and **219 comments** from the community have been collected through Facebook, Instagram and Twitter posts.



Implementation of transparent masks to communicate in sign language in vaccination centres.
Source: GRC

After a year since the suspension of on-site classes, the Government of Guatemala decided to return to classes in February. The GRC, through information gathered from its social networks, website and volunteers, designed a series of recommendations for a safe environment for classes. Working together with the Ministry of Education with the aim that children returned to their schools safely, the National Society delivered⁹ **2,000 promotional sports backpacks, 2,000 cloth bags, 2,000 water bottles, 2,000 wooden stamps of Albert and Perla, 200 bathroom stickers with recommendations for children of preschool, primary, elementary, basic, diversified and teachers and 500 posters for schools** which contain: promotion of the vaccine, personal biosafety kit, symptoms of COVID-19, use of the mask and mental health.

To provide timely and inclusive assistance where the institution supports, the use of **transparent masks** was implemented to communicate in sign language with **hearing impaired people** who assists to the Vaccination Centers.

The GRC financially supported **51 volunteers** after testing positive for COVID-19 in recent months. In addition, **22 volunteers** were supported to pay for PCR tests, since there were many positive cases due to the fifth wave of COVID-19 infections at the national level.

Guyana Red Cross Society

Guyana Red Cross provided ongoing support to the national vaccination campaign in the following areas: screening, registering, post-vaccine monitoring, conducting health awareness sessions, procured and distributed PPEs at vaccination sites in all 10 regions

⁹ [CruzRoja.gt. Guatemalan Red Cross donates didactic material for COVID-19 prevention in Guatemalan schools](https://www.cruzroja.gt/Guatemalan-Red-Cross-donates-didactic-material-for-COVID-19-prevention-in-Guatemalan-schools)



COVID-19 vaccine being administered to resident of Aruka while in a canoe. Guyana Red Cross, June 2022.

of the country, with more attention to the migrant and indigenous population. During mobile COVID-19 vaccine drives **305 adults (172M, 133F)** were reached. Observing that a number of babies and children between two months and five years had never received any routine vaccination to protect their immune system, **107 children (51M, 56 F)** were reached.

The National Society's **Meals on Wheels programme supported 60 persons** with hot meals daily.

As part of a perception survey with migrants and indigenous groups, the Guyana Red Cross completed three focus group discussions with thirty-four participants. **Migrants expressed that more information on COVID-19 vaccine in their native languages was needed** to dispel rumours, and because they had limited access to health services due to the remoteness of communities.

Eighteen persons whose livelihoods were affected during the pandemic, also received psychosocial support directly at the headquarters of the National Society or community outreach or via virtual support.

Haitian Red Cross

The National Society did not report any activities during this reporting period.

Honduran Red Cross

The Honduran Red Cross has completed the implementation of COVID-19 actions supported by the global appeal until December 31, 2021. The latest activities were reported in the 24-month report.

Jamaica Red Cross Society

The focus of activities for the Jamaica Red Cross were the roll out of the second phase of its cash and voucher assistance (CVA) programme, COVID-19 vaccine sensitization, PSS support with school populations and other vaccination support activities.

For the second phase of the CVA programme, there were **280 recipients of debit cards** valued at USD 150 per family. Recipients included school gate vendors, and shrimp vendors and river raft captains who lost their livelihoods during the pandemic. **A livelihood restoration project that supported 101 persons (30M, 71F)** in alternative livelihoods such as livestock rearing, apiculture, artisanship, and entrepreneurship was also completed.

As Jamaica continues to record the lowest COVID-19 vaccination uptake in the English-speaking Caribbean at 24.4%, the National Society continued to partner with the Ministry of Health and Wellness and administered vaccines to 338 vulnerable persons in this period. Mental health and psychosocial sessions on COVID-19 prevention and control and stress management were held with students from seven primary and secondary schools. To further build its capacity in PSS, **22 persons were trained in community-based PSS.**



Jamaica Red Cross volunteer registering recipient for CVA programme. Jamaica Red Cross, March-April 2022.

COVID-19 Americas Region | National Society Highlights

In appreciation of its invaluable contribution to the national COVID-19 response effort, the Jamaica Red Cross was recognized the Ministry of Health and Wellness at a COVID-19 Donor Partners Recognition Banquet.

With the resumption of face-to face learning, **risk communication and vaccination awareness was done with student populations in 29 rural schools** targeting those in the most vulnerable and underserved communities. The National Society also partnered with the Jamaican office of Food for the Poor International and UNICEF to implement a WASH programme in schools.

Public Service Announcements (PSAs) to reduce vaccine hesitancy and promote proper hygiene practices were also aired on the island's main radio stations. In further support of these efforts, PPEs and sanitizing materials were distributed to homes, institutions and to communities.



From left: IFRC Operations Coordinator-Nasir Khan, Director General, JRC-Yvonne Clarke; Chief Medical Officer, MOHW-Jacqueline Bisasor-McKenzie, July 30, 2022.

Mexican Red Cross

The Mexican Red Cross has focused 97% of its actions on prevention activities to mitigate and prevent COVID-19 infection in the population. Meanwhile, 3% of the operation is focused on care activities such as pre-hospital emergency medical care services, ambulance transfers and clinical case management.

The Mexican Red Cross has completed the implementation of the COVID-19 actions supported by the IFRC appeal and will continue to support affected populations through national funds as they become available.

Nicaraguan Red Cross

The Nicaraguan Red Cross (NRC) has been implementing vaccine promotion actions at schools and health centres.



Visit to the Elmer Chávez Pilas Rural School N°2. School material for distribution of school material. June 2022. Source: NRC

In the municipalities of Villa El Carmen, Mateare and Chiquilistagua, schools were provided with a portable hand-washing station that was placed in most cases at the entrance of the educational centre with a banner indicating the steps established by WHO/PAHO for hand washing and soap dispensers with stickers of the prevention measures. In the municipality of El Crucero, it was decided that the beneficiaries would be the educational community of scarce resources and geographic remoteness since these schools are rarely visited and there is a high reluctance to be vaccinated.

As part of the COVID-19 prevention and vaccine promotion, school kits consisting of a waterproof backpack with the prevention measures, a notebook with the importance of the prevention measures, the steps for hand washing and the benefits of the vaccine, disinfection kits (60 ml alcohol spray and 30 ml soap dispenser), and psychosocial support material such as colouring books, colours and an anti-stress ball were also given to each pre-school and elementary school student and to the teachers at each school visited.

A **communication campaign** was carried out with an advertising spot on the importance of vaccination and a social media campaign was also conducted through the virtual platforms of Facebook and Instagram, showing the



Delivery of portable hand wash station to the Carlos Lacayo Manzanares Family and Community Health Center, May 2022. Source: NRC

importance of vaccination in pediatric patients, the care of groups vulnerable to the pandemic, mental health tips and the implementation of preventive measures, leading to a reach of **2,665,776 people**.

During May 2022, portable hand wash stations and soap dispensers were delivered to Family and Community Health Centers: Villa Carlos Fonseca Amador - Villa El Carmen and Carlos Lacayo Manzanares - Mateare. This will allow compliance with hand washing in the access areas, benefiting health staff and each of the patients who visit these primary care centers on a daily basis.

Paraguayan Red Cross

The Paraguayan Red Cross supported the vaccination campaign in last-mile communities. They reached rural and peri-urban populations. Community hand hygiene workshops were provided. 1,044 volunteers have accident insurance; these volunteers are carrying out the activities set out in the COVID Action Plan of the National Society. Additionally, PPE as well as Psychosocial Support (PSS) have been provided to volunteers.

The National Society is currently strengthening its internal PSS and PGI capabilities to carry out community actions during the last quarter of the year. The National Society received donations of First Aid manikins from IFRC.



National Society received donations of First Aid manikins from IFRC.

Peruvian Red Cross

Since the beginning of the COVID-19 pandemic, the Peruvian Red Cross has actively supported the most vulnerable families in rural and peri-urban areas. The last six months, the Peruvian Red Cross (PRC) focus its efforts on providing ambulance services for the transfer of COVID 19 patients, also the PRC developed a Community Engagement Accountability (CEA) Workshop for volunteers. The PRC has continued with the promotion of WASH activities, principally hygiene promotion.

Red Cross Society of Panama

The Red Cross Society of Panama (RCSP) has completed the implementation of COVID-19 actions supported by the global appeal until March 31, 2022. Between February 1 to March 31, 2022, the following activities were carried out:

- The NS continues to support the immunization operation (PANAVAC) with the presence of basic relief units as well as volunteers (biosecurity measures guide and support to vulnerable people).
- Three hand-washing stations were installed in five public schools, in order to support the safe return to classrooms. Along with the sinks, soap was donated for the first semester and key hygiene messages were promoted. A total of **3,600 students** between 6 and 12 years old and **180 teachers** benefited, reaching a total of 3,780 people.
- Campaigns were carried out to promote vaccination among young people and children. Promotional videos were recorded with children and adolescents, with key messages about the safety of the vaccine. Likewise, the Youth organization carried out VACUNATE campaigns in high traffic centres (Metro stations) to promote acceptance of the vaccine.

The National Society will continue to support affected populations through national or bilateral funds, as they become available.

St Kitts and Nevis Red Cross Society

COVID-19 vaccination support activities were conducted by St. Kitts and Nevis Red Cross where the National Society distributed PPEs and sanitizing materials to institutionalized persons. Sanitizing stations were also installed in 30 health centres, as mass vaccination sites were closed, and persons were advised to go to their community health centres.



Distribution of PPEs and supplies by St. Kitts and Nevis Red Cross, August 2022.

St. Lucia Red Cross

The Saint Lucia Red Cross National Society continued to conduct contact tracing and provide ambulance services for persons affected by COVID-19.

Salvadorean Red Cross

The Salvadorean Red Cross (SRC) is working with a complaint's mechanism through a WhatsApp number, where the population writes to report any disagreement, this serves the National Society to improve services. In addition, the ODK platform is being used to collect and manage data obtained from the communities involved in the vaccination awareness days, as well as the concerns that people have in relation to vaccination, which are made through the open microphones in the different radio programs.



Vaccination awareness actions with elderly women in the department of Santa Ana, February 2022. Source: SRC

Work continues the detection of suspected cases and respiratory diseases at the SRC emergency clinic at headquarters, and those cases with signs and symptoms of COVID-19 are registered.



Vaccination awareness actions with people with limited vision, SRC Training Room, February 2022. Source: SRC

During February and March 2022, support was provided to the SEM emergency system of the national health system to be present in the largest vaccination centers in the country and ensure that the Salvadoran population has adequate immunization care by providing **pre-hospital care service**. The National Society has a basic vaccination team that provides services in the self-vaccination centre located in La Gran Vía Shopping Centre. During this time, **52 assistances have been provided**, of which the most frequent diagnoses are: hypotension, anxiety crisis, dehydration, headache, slight allergic reaction. In addition, informative and immunization awareness activities have been carried out, among the groups that have received such activity are health committees, elderly people, pregnant

women, people with limited vision.

As part of the activities to strengthen the National Society, a sound system was installed in the auditorium for use in CEA workshops and advocacy workshops. Also, the WHO Solidarity Fund implementation finalized with a perception survey on COVID-19 and vaccines, awareness campaign and the establishment of internal and external feedback mechanism.

St Vincent and the Grenadines Red Cross

Protection of the most vulnerable groups and front-line personnel were at centre stage of the activities of St. Vincent and the Grenadines Red Cross (SVGRC) where **masks, sanitizers, COVID-19 test kits were distributed to 28 pre-schools, 5**

police stations and various health facilities. Risk communication materials and sanitizing dispensers were also installed in some of these locations.

Still in the recovery phase of the effects of a compound disaster (COVID-19 and La Soufrière eruption) the National Society continued with its **livelihoods programme that reached 312 affected persons.** Farmers, fisherfolk and agro processors received assistance to strengthen their livelihood. **The rental assistance programme supported 74 families for a period of five months.**

Volunteers continued to be protected while working in communities with the provision of PPEs, care packages and self- test kits.



COVID-19 posters handed over to schools. SVGRC. July 2022

Suriname Red Cross

The focus of the Suriname Red Cross National Society has been reaching the indigenous and tribal peoples (ITPS) in the interior of the country, with information and messaging about COVID-19 and the vaccine. In this regard the SRCS worked with the Medical Mission Public Health Care Suriname (MZ PHCS) to conduct door – to – door and community education activities. The partnership with the MZ PHCS was formalized with the signing of a Memorandum of Understanding (MoU). This collaboration saw the SRCS and MZ PHCS working together to increase vaccination awareness and uptake in the target communities along the banks of the Upper Suriname River.

The National Society completed a KAP study in February 2022. A total of **517 persons were interviewed (208M 309F)** in the age from 18 to 80 years old from 64 communities. The results were used to inform the activities of the response in the ITPS. The results indicated, among others, the need for optimisation of community engagement and awareness initiatives. The findings were shared at **a community engagement and accountability training for the 18 (11M 7F) community health workers from the MZ PHCS, 25-26 May 2022.** This training was done to better prepare primary health care givers to assist the vulnerable groups in the interior of Suriname, and to build resilience in a rapidly increasing disaster and health risk prone environment, triggered by the impact of climate change.



Suriname Red Cross Disaster Coordinator presenting the findings of KAP Survey at training session held in May 2022. Source: SRCS



18 participants from the MZ PHCS received certificates after completing training in Community Engagement in Paramaribo, Suriname in May 2022. Source: SRCS.

The SRCS also embarked on the production and dissemination of IEC and risks communication materials to the target population. These materials were translated in the native languages of the ITPS and were made available through the medical centres, WhatsApp groups, social media, radio and television. The messaging was **"I protect you, you protect me"** and was centred around vaccination.

Activities for the reporting period were heavily interrupted by the flooding in Suriname, which commenced in March 2022 and continued into July. This made it difficult for SRCS staff and volunteers to physically reach the communities. As such more radio and television ads were utilized during this period.

The Bahamas Red Cross Society

The Bahamas Red Cross continued to nurture its partnership with the Ministry of Health to reduce the levels of vaccination hesitancy and conducted sensitization workshops for school populations, staff and volunteers. Vaccination awareness workshops in communities provided a space for persons to voice fears and concerns. The National Society also reached school populations and distributed PPEs and sanitizers, the latter which were placed in dispensers that were previously installed during the operation.

Through its Meals on Wheels programme, **the National Society reached 1,252 persons**, some of whom were still without any form of livelihood since the onset of the pandemic.



Vaccination awareness information shared at local beach. The Bahamas Red Cross, June 2022

Trinidad and Tobago Red Cross Society

Trinidad and Tobago Red Cross (TTRCS) continued activities that included infection prevention and control in migrant communities, alternative livelihood support, and community engagement for parents of children preparing to receive COVID vaccines.



Red Cross volunteer handing over temperature stand and sanitizer device to a Primary School. TTRCS, July 2022.

The National Society supported **180 persons in two migrant communities** in community health and access to WASH facilities to reduce incidence of illness and spread of COVID-19.

In preparation for administering COVID-19 vaccines among 5 – 11 year olds in schools, **the National Society supported 30 primary schools with temperature, sanitizer devices, and 2,000 student protection kits**. A survey on parents' perceptions and concerns on COVID vaccines for children obtained 4,154 responses. A programme on awareness and sanitation education was conducted with principals and teaching staff in preparation for the new academic year 2022 - 2023.

Twenty migrants were reached through an entrepreneurship training programme to support small business development.

Over the period, there were seven community capacity building trainings:

- 185 persons trained as Community Emergency Response
- Team (CERT)
- 213 persons trained in Shelter Management
- 32 persons trained in Incident Command System (ICS)

Uruguayan Red Cross

The Uruguayan Red Cross (URC) adapted its two Humanitarian Service Points to support the national vaccination campaign. The National Society carried out two virtual health inductions for the deployment of volunteers in the COVID-19 Vaccination Campaign. Additionally, epidemiological surveillance, basic first aid, psychosocial support, and psychological first aid (PFA) activities were carried out at the La Ribera contingency center.

The National Society implemented a cash transfer program for people from the host community and migrant population, addressing the issue of livelihoods in a comprehensive manner. It also continued with the delivery of food

baskets and food parcels to homeless people. With the deployment of the National Intervention Team (ENI), the National Society coordinated (management and logistics) the transit space for people at the Rivera border awaiting the results of the COVID-19 test, delivering hygiene elements, coordinating ambulance transfers to contingency centers, providing psychosocial support (PSS), and delivering food. Online forms for suggestions and complaints were designed to be accessed through QR codes so that people can scan them and quickly access them. The National Society developed multiple trainings on health issues for volunteers and distributed personal protection kits. The National Society is currently purchasing hygiene and shelter kits for distribution to the migrant and refugee population.

Venezuelan Red Cross

The Venezuelan Red Cross (VRC), with the support of 1,830 volunteers, has reached a cumulative of 1,368,939 people through triage points, risk communication activities, hygiene promotion sessions and during the participation of the VRC in support to the National Immunization Plan implemented from May to December 2021.

In June 2022, with the assessment of the IFRC Livelihood Regional Advisor, the VRC is implementing a micro project in livelihoods and climate change. The micro project is being developed in the community of Brisas de Guerrilandia, with the support of the VRC Portuguesa branch. In this community, the livelihoods of the community have been severely affected by the floods during the rainy season and due to the pandemic. The micro project aims to strengthen the livelihoods of the community through the building of raised garden beds to protect their crops and seeds from flooding and soil contamination. In addition, the VRC will produce audio-visual materials about healthy food preparation, using alternative recipes. Thus, increasing the capacity of the community to improve their livelihoods within the context of the pandemic.

Finally, the National Health Direction has identified which activities will continue to be implemented as part of the regular activities of the VRC. In this sense, the VRC will continue implementing COVID-19 triage stations in the hospitals and outpatient clinics, alongside educational sessions, and the dissemination of key messages as part of the National Health Strategy.

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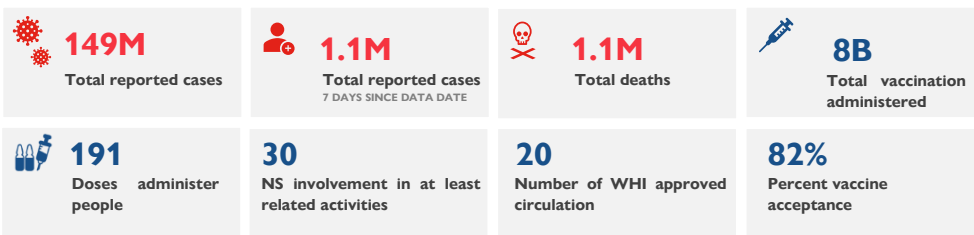
ASIA PACIFIC REGION



A Thai Red Cross Society volunteer testing school children who participated in a disaster response training for COVID-19 with rapid antigen test kits. Photo credit: Thai Red Cross

The narrative section of the report focuses on the main outcomes between February and July 2022.

Key data for the region



National Society Involvement per COVID-19 Operation Priority



38 NS
Sustaining Health and WASH



37 NS
Addressing Socio-economic impact



35 NS
Strengthening National Society



More than 35 NSs in the region actively supported their health authorities in the vaccination roll-out

Financial Overview



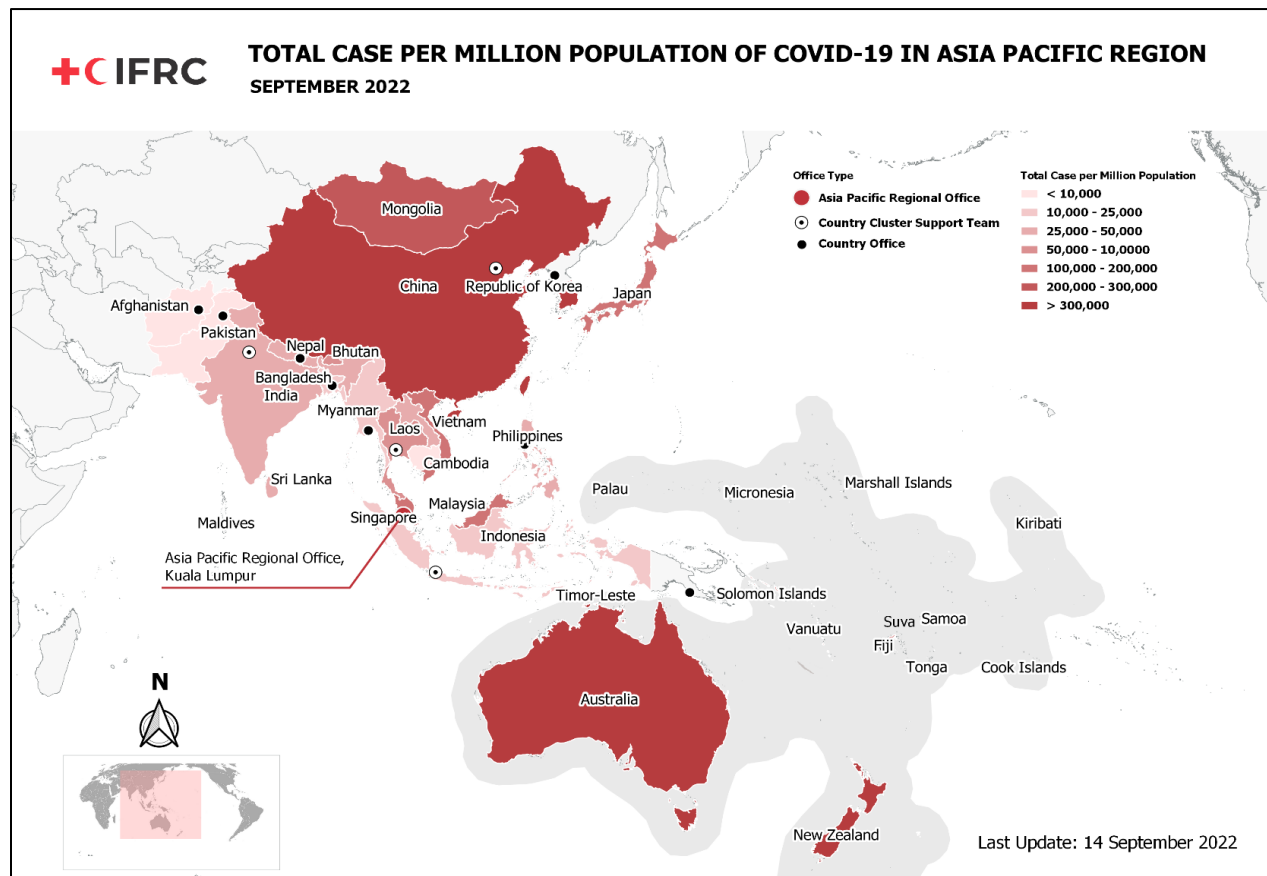
Funding Requirements:
CHF 130 million*

Income to date:
CHF 110 million

Expenditure to date:
CHF 79 million
(72% of total income)

*Half of the income received is earmarked to India and Bangladesh, while many countries in the region are still in need of funding support.

Regional overview



Over the last six months, from February to July 2022, the Asia Pacific region experienced a see-saw trend of daily new COVID-19 cases as the region continued to grapple with the omicron variants. Many countries, particularly in the East-Asia region, saw a sudden spike in infections in March, which declined in April and May before a renewed surge in cases occurred between June and July swept across the region, most of the BA.4/5 Omicron variant. During this period, China, South Korea and Japan contributed the highest number of confirmed cases and deaths. In addition, some Pacific Island countries and the Democratic People's Republic of Korea reported their first COVID-19 cases. As of July 2022, there are 149.7 million confirmed cases and 1.1 million deaths related to COVID-19 in the Asia Pacific. Overall, India has the highest total number of confirmed cases (44.5 million) and deaths (528,150) in the region.

Vaccination rates in Asia-Pacific have seen a healthy improvement during the reporting period. However, the rates across the region remain diverse. For example, Afghanistan, Solomon Island and Papua New Guinea (PNG) are the least vaccinated countries in the region, with PNG having less than 3% of its population fully vaccinated. Vaccine refusal, hesitancy, and illiteracy are all contributing factors to the low vaccine uptake.

In recent months, most Asia Pacific countries have started to reopen their borders to international tourism with relaxed pandemic control measures amidst rising vaccination and natural immunity against COVID-19. However, China's borders remain closed to international tourists, allowing only selected international travels into the country under tightly controlled measures. In addition, the Government continues to impose strict lockdown and movement controls in some major cities under its zero-COVID policy.

The COVID-19 pandemic has set back the fight against poverty in Asia-Pacific by two years¹. The pandemic may have worsened food security, access to essential health services and education in many nations. The pandemic has hit the poor and vulnerable communities the hardest. Economies are beginning to recover, although progress is uneven across the region. Developing Asia Pacific countries face the potential for stagflation, increased food insecurity, energy price shocks exacerbated by the ongoing Ukraine conflict affecting the global supply chain and internal civil unrest in some nations, which dampen hopes for immediate economic recovery.

IFRC continues to implement COVID-19 response efforts across Asia-Pacific to complete all implementations within the appeal timeframe ending 31 December 2022.

Priority 1: Sustaining Health and WASH

Epidemic control measures

Steady vaccine rollout throughout the region has led to a corresponding reduction in cases and deaths in most countries. However, the highly infectious Omicron variant spread led to initial spikes in, for example, Australia, China, South Korea, and the Pacific but with mostly milder symptoms. Some countries have been highly successful in fully vaccinating 75 per cent of their population, leading to relaxing travel and other restrictions.

By the close of the reporting period, the Asia Pacific Region had eleven countries with a fully vaccinated rate lower than the world average – mainly in the Pacific and in countries with confounding factors such as the complex emergencies in Afghanistan and Myanmar. Low vaccine rollout in some countries, such as Papua New Guinea and the Solomon Islands, is attributed to low demand caused by vaccine hesitancy, mainly from misinformation and rumours around vaccine safety. Logistical constraints also had a negative influence. As a result, an emphasis was poured on countries with lower vaccine coverage, and strategies were developed to overcome the limitations. The IFRC secretariat has worked with health and community engagement and accountability teams to develop targeted approaches, including analysing the psychological barriers to vaccine take-up.

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

Technical support has been offered to national societies (NSs) in maintaining first aid and blood donation for affected people. Guidance on blended learning and blood donation during COVID-19 has been provided with support from the Global First Aid Reference Centre and GAP on blood services.

Community-based surveillance (CBS)

In preparation for future epidemics, NSs' capacities have been strengthened in preparedness and response through training on Community Based Surveillance (CBS) building in Australia, Fiji, and Indonesia. More NSs expressed strong interest in CBS, and training will be organised for them in the coming months.

Mental health and psychosocial support services (MHPSS)

The Asia Pacific Mental Health and Psychosocial Support Training and Learning Collaborative primarily focused on strengthening the Asia Pacific MHPSS Network to support the national societies (NSs) on MHPSS through knowledge sharing, capacity-building, and technical support. Together with the IFRC Reference Centre for Psychosocial Support, the PFA Training on Pandemic Fatigue was developed and conducted some pilot training in the region – the training kit can be accessed through the IFRC PS Centre website. The AP MHPSS Collaborative also supported the integration of key messages on mental health regarding stress, anxiety, and healthy coping skills of children to the [SafeStepKids Project](#).

Also, to improve evidence generation and knowledge sharing in the region, a series of publications, such as the [Mental Health and Psychosocial Support in the Asia Pacific during COVID-19](#); and regular monthly [newsletters](#) highlighting the best practices and ongoing MHPSS operation.

¹ <https://www.adb.org/news/pandemic-sets-back-fight-against-poverty-asia-least-2-years>

Priority 2: Addressing Socio-economic impact

Livelihoods and Household Economic Security

The socio-economic impact of COVID-19 continues to affect many countries in the Asia Pacific region in varied ways. To this reporting, a significant increase in food prices has been observed, affecting further the most vulnerable sectors of the community impacted already by the pandemic. In addition, new outbreak cases have been reported, especially in the Pacific and some parts of Asia. Countries are strategising their response as per the situation in their respective countries. In the Cook Islands, Samoa, Kiribati and Timor-Leste, National Societies provided food assistance through in-kind and vouchers for families in isolation facilities to ease household food expenses. Early livelihood recovery programs have been introduced to NSs. In Mongolia, pilot livelihood trainings and cash support have been completed. The NS is planning to expand further after the success of the pilot.

Similarly, in Nepal, skills and livelihood training kicked off. In Malaysia, plans are underway to conduct a household economic analysis to inform their livelihood programming further. In addition, some NSs have commenced cash and voucher assistance (CVA) programmes to support affected people in resuming their lives with greater resilience and a safety net.

Community Engagement and Accountability (CEA)

The onset of the pandemic capacity increased the demand for CEA capacity building within the region. Accordingly, the regional team provided training, tailored technical support, revised guidance notes, face-to-face training (where possible), and revision of technical documents.

COVID-19: Training of Trainers for Risk Communication, Community Engagement and Accountability: Online training was organised for CEA focal points using several interactive methods on zoom. The slides were translated into twelve regional languages (Bangla, Chinese, Indonesian, Japanese, Khmer, Lao, Malay, Myanmar, Tagalog, Thai, Urdu, and Vietnamese) by Asia Pacific Regional Office (APRO) and shared with the respective NS. The training was to support CEA focal points to train their volunteers on risk communication, engaging with communities even during the physical distancing and two-way communication. Various National Societies carried out volunteer training with the support of the regional team. The trained volunteers were mobilised to engage with the communities to listen to them, address the information gap, manage misinformation and address those with actionable information via trusted channels.

More than 20 National Societies in the region were provided with national-level CEA in COVID-19 training. These trainings included a variety of learning opportunities, such as Country Cluster Delegation (CCD) briefings, National Society volunteer-based training, Training of Trainers (ToTs) and more. Sample training for Singapore Red Cross: [LINK](#).

Face-to-face full 3-day CEA training: Afghanistan PGI and CEA training supported in late 2021, Pakistan training support in January 2022, Bangladesh training supported in March 2022, Maldives, Sri Lanka, Mongolia three-day training provided by regional CEA and IM March 2022. These trainings included IM sessions on how to collect and analyse community feedback.

WhatsApp and Regular CEA focal calls: The regional WhatsApp CEA focal group and regional movement-wide CEA calls were also used to exchange best practices and lessons learned on COVID-19. These forums were also used to share resources, opportunities, challenges, and experiences from external experts such as Translators without Borders, Internews and WHO.

Interagency CEA Training on Vaccine Rollout:

In early 2021, the APRO CEA team engaged in a regional interagency CEA training on vaccine rollout with WHO and UNICEF. The training was a scenario-based six-week online training which proved a great opportunity for country teams to engage with their Ministry of Health, UNICEF and WHO counterparts and draft a joint Risk Communications and Community Engagement plan. Access the training here: [LINK](#)

Translation and Resources Sharing: Various resources like the Community action guide, Stigma guide, Rapid assessment tool/perception survey, feedback collection form and more were translated into regional languages (Thai, Vietnamese, Simplified Chinese, Traditional Chinese, Bahasa Indonesian, Hindi, Bangla, Tagalog, Japanese, Myanmar) Resources in languages are available at CEA hub: [LINK](#)

CEA in times of COVID-19 e-learning: The CEA in times of COVID-19 e-learning module was translated into regional languages and is available at IFRC e-learning platform (Japanese, Bangla, Bahasa Indonesian, Korean and Hindi) IFRC learning Platform: [LINK](#)

Community Data:

Perception Survey: With the trainings on data collection, data analysis and perception survey, various National Societies carried out perception surveys initially co-led by IFRC, WHO, and OCHA and later led by IFRC. Inter-agency questionnaires [1](#) and [2](#). The perception survey helped National Societies to identify trusted channels in various countries, communities' perception towards COVID-19 and their perception towards the COVID-19 vaccine. With this information, National Societies planned and implemented tailor-made community engagement initiatives. National Societies that carried out perception surveys are the Malaysian Red Crescent (funded by WHO), Bangladesh Red Crescent, Pakistan Red Crescent, Nepal Red Cross, [Cambodian Red Cross](#), Myanmar Red Cross, Mongolian Red Cross, Fiji Red Cross and Indonesian Red Cross. Among them, [Malaysian Red Crescent](#) carried out four rounds of survey tracking changing perceptions presented to partners, including the Ministry of Health. The interagency Perception survey dashboard can be found here: [LINK](#), RCRC perception survey dashboard is here: [LINK](#), some of the media coverage (i.e. [Reuters](#) opinion piece in [Bangkok Post](#) and [SCMP](#)).

Additionally, a short FGD [research report](#) on the impact of COVID-19 on migrants in Thailand was supported and published. A regional data analyst consultant helped several countries draft sampling frameworks and data analysis (Papua New Guinea, Pakistan, Afghanistan, Cambodia, Malaysia, and Nepal). In Cox's Bazar, Bangladesh, the regional team supported the CEA teams of BDRCS and IFRC in collaborating with Ground Truth solutions to survey perceptions of host and guest communities: [LINK](#)

Community Feedback: Community feedback from Fiji, Tuvalu, Nepal, Palau, Solomon Island, Indonesia, Pakistan and Cambodia was coded by the regional CEA team and visualised in the community feedback dashboard. So far, 9,475 community feedbacks are included in the public-facing dashboard reflecting community insights. See the Regional Community Feedback dashboard [LINK](#) and [sample report](#).

COVID-19 has been identified as a compounding crisis, and some NSs have already initiated COVID-19 response programs for communities as an integrated response approach. i.e., the Myanmar Red Cross Society targeted those who were not only affected by COVID-19 but also by civil unrest and natural hazard-related disasters. The same integration is happening in the other emergency responses such as the Philippines typhoon operations, Afghanistan humanitarian crises, Tonga Volcano eruptions, tsunami operations and civil unrest operation in Sri Lanka.

Together with the regional youth, health and comms team, the CEA team supported the production of two short videos in which IFRC answered questions from young people on COVID-19 and vaccines. [LINK](#)

Learning

Early in the pandemic, IFRC regional published [short lessons learned documents](#) summarising emerging learning from the pandemic in accessible formats. In addition, the IFRC regional CEA team supported three case studies on CEA in COVID-19 (Pakistan, [Indonesia](#), [Bangladesh](#)) and shared CEA lessons learned in numerous fora, highlighting the work of National Societies in Asia-Pacific (i.e. Global Collective Service calls, CDAC annual meeting, WHO regional meetings, a regional interagency COVID task force led by UNOCHA). Additionally, an exploratory report on lessons learned from covid for climate work was commissioned (forthcoming).

Coordination

IFRC regional has been co-chairing the regional risk communication and community engagement working group from the start of the pandemic (initially with UNOCHA and WHO, later with WHO and UNICEF). As part of this work, several guidance notes, such as on how to engage with marginalised and vulnerable populations during COVID-19, have been authored and widely shared. Moreover, several regional inter-agency webinars were organised, such as a session on the role of media in addressing stigma, which was [moderated by the IFRC](#).

Social Cohesion and Support to Vulnerable Groups

In Mongolia, plans are underway to kick off business grants and technical support to people affected by the pandemic. In Malaysia, the IFRC secretariat supports the Malaysian Red Crescent Society in conducting a household economic security analysis that will enable the National Society to develop an informed recovery plan. During this process, several NSs in the region will also be invited to participate in increasing knowledge and skills in assessing household economic security and initiate a similar process with their respective national societies.

Migration and Displacement

In Malaysia, the IFRC supported the Malaysian Red Crescent Society (MRCS) in conducting a need assessment on migration and displacement. The findings and report have been shared with the MRCS National Committee on Migration and Displacement. IFRC will continue to support the MRCS in developing its policy and strategy on Migration and Displacement. In addition, as part of the ongoing support to MRCS' COVID-19 vaccination programme for marginalised communities, including migrants, IFRC conducted a

joint workshop on migration and Community Engagement and Accountability (CEA) for MRCS Selangor state chapter to support their outreach to migrant communities. Further trainings to develop the NS capacity in this field will be conducted to support COVID-19 vaccination activities and more comprehensively mainstream migrants into the MRCS humanitarian programming.

Thai Red Cross Society (TRCS) has mobilised its resources to assist in the effort to reduce death rates and minimise the severity of illness, as well as to help to build the immunity of the community by launching the proactive vaccination rollout event against COVID-19 for vulnerable groups, both Thais and migrants, including displaced persons who had not been vaccinated before. In this operation, TRCS uses the technological service system to record the vaccinated persons' data, with face verification and iris recognition. As a result, by September 2022, TRCS has vaccinated 68,056 migrant workers and refugees living in temporary shelters along the Thai-Myanmar border.

Priority 3: Strengthening National Societies

National Society readiness

Given the challenging context around COVID-19, many NSs have been readjusting their resource mobilisation and fundraising strategies, adapting to a more COVID-19-preventive environment which generally means moving from face-to-face fundraising towards digitalisation of fundraising. For example, Nepal Red Cross launched its integrated online donation platform to improve the digitalisation process; several NSs launched digital fundraising campaigns on World Red Cross Day – 8 May.

Asia Pacific Youth Network (APYN) has tried to connect grassroots young people online to share best practices and to promote local youth-led actions as part of COVID-19 transition and support, especially in climate changes, mental health and awareness, which have been identified as priority areas during the virtual APYN Extraordinary Meeting in February 2022. APYN also organised a webinar to enable national societies to exchange practices on how to fundraise during and after COVID-19.

National Society sustainability

Planning has started to look at the post-COVID-19/transition organisational strengthening needs of Asia Pacific national societies. Key areas include youth engagement (refreshing junior Red Cross programming), financial sustainability, volunteer retention, branch development, and financial management. The COVID-19 pandemic has highlighted the importance of a sound financial management system. This has been a focus of 4 national societies in Asia-Pacific. Besides, reviewing the financial management policy in emergencies and ensuring that this guidance document is up to date is also a priority area. The financial sustainability dashboard that was piloted in Timor-Leste, Mongolia, Kiribati and Solomon Islands has given national societies more insight towards areas in their society that needs further strengthening.

Support to volunteers

There has been a significant focus on volunteer protection and insurance to enable teams to conduct a broad range of activities safely and effectively relating to the COVID-19 response, as well as to ensure the incorporation of COVID-19 safe practices in the existing programmes. Most of the national societies in the Asia Pacific Region have purchased PPE supplies for volunteers, and 5 national societies have taken on solidarity insurance mechanisms allowing insurance mechanisms to be adopted when they are not sufficient on the commercial market. In total 33 Asia Pacific national societies are now known to have insurance policies that cover injuries and accidents. There were also several engagements with national societies (Thai Red Cross and Malaysian Red Crescent Society) to improve their volunteer database management systems to improve volunteer mobilisations in times of COVID-19 through mobile applications and web-based platforms.

Enabling Actions and Support Services

Communications

Key media highlights include media coverage on the COVID-19 crisis in the Pacific nations and the urgent need for vaccinations through IFRC's [press release](#) which highlighted how countries hitherto free of COVID-19 were now struggling to contain rampant outbreaks of the virus.

Extensive [photo](#) packages from across the region encourage engagement from global audiences on IFRC and National Society social media channels, digital platforms, and Newswire and Slack. These include photos on [vaccination of migrant workers](#) in Thailand, [vaccination of displaced people from Myanmar living in camps in Thailand](#) for over three decades, and [promotion of mental health during COVID-19 in Cambodia](#).

At the end of June 2022, an animation video advocating 'COVID-19 Vaccine Equity' around the globe was launched on [IFRC APRO's Twitter channel](#), highlighting the importance of vaccinating everyone, everywhere if we are to see the end of the COVID-19 pandemic. The animation is in the form of a nature documentary that examines how humanity is coping with the global pandemic and why vaccines are key to controlling COVID-19. The video gathered over 2 million views and 4 million impressions helping to spread the message around a wide global audience successfully.

It was accompanied by a set of social media cards and press releases- all available [here](#).

Logistics and Supply Chain

The Global Humanitarian Services & Supply Chain Management – Asia Pacific (GHS&SCM-AP) unit has played an integral part in providing timely and efficient supply chain support to the COVID-19 response since its outbreak in 2020. The support continues to ensure the supply chain interventions and implementation for this operation is properly managed and carried out in a timely manner.

National Societies (NSs) continue to receive support in the supply chain management from the IFRC secretariat which includes the mobilisation of items such as medical & oxygen related equipment and PPEs to the following countries where active mobilisation table(s) are opened i.e., Afghanistan, Indonesia, Nepal, and Timor-Leste. The GHS&SCM-AP unit has also coordinated the PPE donation from the Government of Canada to the countries in the Asia Pacific region.

In addition to the in-kind support, the unit has been working closely with the NSs and Country Cluster Delegations / Country Delegations (CCDS/CDs) to provide technical guidance and procurement support. International procurements were carried out for India, Myanmar, Afghanistan, Nepal, Malaysia, Indonesia and most countries in Pacific Islands for PPE, COVID-19 self-test kits, medical equipment and household items (NFIs). In some countries, procurement focuses on longer-term preparedness and readiness, which includes vehicles to support COVID-19-related actions. This is supported by the Global Fleet Unit in Dubai in close collaboration and coordination with the NSs, CCDs/CDs and suppliers in countries. In India, five units of COVID-19 Patient ambulances, 32 units of blood collection vans and seven units of COVID-19 Test vans were delivered and handed over to the NS between May-July 2022.

In the last three months, an additional CHF 7.2 million worth of local procurement had been secured and managed by both the NSs and CCDs/CDs, respectively. The procurement team in the GHS&SCM-AP unit has also undertaken the quality assurance of procurement files worth CHF 6.9 million. As part of the monitoring process and ensuring all supply chain-related activities are being managed efficiently, the unit works in close collaboration with the countries' teams in India, Indonesia, Nepal, Myanmar and Bangladesh. A tracking and monitoring mechanism is in place to ensure the timely implementation of procurement activities in these countries.

All procurement activities were conducted in line with IFRC Logistics & Procurement Procedures and quality assurance guidelines, focusing on the overall technical support enabling the NSs and CCDs/CDs to carry out their response plan in compliance with the standard procedures and practice.

The logistics and procurement dashboard for COVID-19 reflects the tracking of all local/regional procurement activities, including medical supplies and others.

Information Management

Continued support was provided by the Information Management (IM) Asia Pacific Regional Office (APRO) team in providing the latest update on COVID-19 outbreaks and vaccination status in 38 countries under the Asia Pacific region through the COVID-19 Portal. Regular updates on COVID-19 finance dashboard and country profile were also taken place during the reporting period to give the management strong evidence to develop strategy and take action. Some improvements on the IM products were taken to improve the quality of information and added new features required per the request from the technical units in APRO. For example, the additional information on vaccine boosters was added to the dashboard to give users a comprehensive picture of the COVID-19 vaccination status in the entire 38 countries.

During the reporting period, a lot of support was provided for implementing Community Engagement and Accountability (CEA) activities. The IM APRO team helped with the setup, training, analysis, and visualising the result of primary data collection on community feedback on COVID-19. At least ten countries namely Fiji, Tuvalu, Nepal, Palau, Samoa, Palau, Solomon Island, Marshall

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Islands, Indonesia, and Papua New Guinea were continuously supported by the IM APRO Team. During the reporting period, more than 1,500 feedback were received, analysed and presented on the CEA dashboard.

There was a special request from Papua New Guinea to support the development of the mobile-based questionnaire for the household survey, focus group discussion and key informant interviews support their activities on community context analysis. Training to the volunteer was delivered to ensure they will be able to do the survey by using the mobile device as well as providing simple troubleshooting if necessary, during the data collection. The survey was done to give a complete picture of community situation towards the COVID-19 vaccination, stigma and concern about COVID-19 as well as the best action to be taken to reduce the community hesitance towards COVID-19 vaccine. At least 1,404 family participated in the household survey, 63 focus group discussion took place and 57 key informants were interviewed. Once the data were gathered, the IM APRO team assisted with the data cleaning before it handed over to the CEA team for further detail analysis.

Resources Mobilisation

A lot of efforts had been put into the resource mobilisation efforts for the operational costs needed to support the Humanitarian Buffer² in Pakistan. Unfortunately, IFRC and Pakistan Red Crescent Society (PRCS) had to withdraw the application due to some legality issues with the implementation of the vaccines in country. As UNICEF had initially agreed to fund a large part of the operational costs, IFRC is now continuing discussion with them to support the PRCS in the implementation of the ongoing vaccination rollout activities in Pakistan.

Funding towards the COVID-19 dipped by the second half of 2022. However, countries continue to actively implement the planned activities in coordination with the host national societies. The APRO team focused on monitoring implementation and tracking progress of the pledges.

Financial Analysis

As the table shows, a total confirmed income of CHF 108 million has been received for Asia Pacific, with 74% of funds spent. In the coming months and before the end of the Appeal, over CHF 28 million will have to be spent in 5 countries of India, Bangladesh, Indonesia, Nepal and Myanmar. A great majority of such expenses will be on procuring needed equipment (medical equipment, ambulances etc) to support the National Societies and respective governments. Major challenges are timely production and delivery of such equipment due to the disruption of supply chains overseas. Regular monitoring of such risks has been put in place so that the equipment can be delivered on time, or extension would be sought from donors.

The other countries will also have their funds fully spent by the end of the appeal.

Regional Overview	CHF Million
Funding Requirement	130
Confirmed Income (PEAR)	108
Total Operating Budget 2020-2022	107
Expenditure Year-To-Date	79
Budget Implementation	74%
Income vs Funding Requirement	83%

² The COVAX [Humanitarian Buffer](#) ensures people in conflict zones or humanitarian settings that can't be reached by government vaccination campaigns do not get left behind. IFRC and PRCS developed an application for COVID-19 vaccine doses through the COVAX Humanitarian Buffer to vaccinate the migrant population, including Afghan refugees in the border provinces in Pakistan

National Society response – key highlights

As at the end of this reporting period, COVID-19 response operations under IFRC allocated funding and support have ended for the national societies in the following countries, with no significant updates to report in this reporting period:

- Afghanistan Red Crescent Society
- Cambodian Red Cross
- Tonga Red Cross Society

Bangladesh Red Crescent Society

Bangladesh Red Crescent Society (BDRCS) with the support from IFRC and PNSs continues to actively support the authorities at all levels in COVID-19 response efforts throughout the country. Since the beginning of the pandemic, more than 14,000 staff, youth and community volunteers have been mobilised in the COVID-19 response operation by BDRCS. Volunteers have been crucial in supporting the Government in country wide COVID-19 vaccination – on average, 1,600 volunteers are assisting the vaccination program every day. BDRCS has supported around 35 million people to receive their COVID-19 jab in nationwide vaccination campaign.

Some key highlights of the ongoing COVID-19 response activities:

- 35,048,958 individuals received **vaccine support** under regular and mass/special vaccination campaigns: 1) 35,048,958 for 1st Dose; 2) 31,344,810 for 2nd Dose; 3) 11,129,191 for booster dose.
- **Red Crescent Youth (RCY) volunteers** has supported the Government to inoculate 13,228,166 people with 1st dose, 11,265,629 people with 2nd dose and 3,456,387 with booster dose.
- Under **PROVASH project**, 15,920,211 students received 1st dose and 13,808,958 students received 2nd dose of Pfizer vaccine from 42 schools/colleges of Dhaka city and schools of 60 districts through the special vaccination drive for school students, which started from 1 November 2021.
- BRCS assisted in vaccinating 5,242 residents of the fishing village of Dublar Char in Sharankhola, Bagerhat District which is one of the remotest islands in Bangladesh to reach-out.
- 20,820 people were assisted in receiving 1st dose of the COVID-19 vaccine in 6 places in Dhaka under the Special vaccine Campaign for Bangladesh Dokan Malik Samity (Shop Owner Association) in Dhaka and Chattogram.
- 100,000 **COVID-19 RT-PCR Diagnostic Kit** (including VTM+ Swab stick) (Lysis Buffer based) and 100,000 **COVID-19 Antigen Test Kits** handed over to Director General of Health Services and Central Medical Stores Depot on July 2022 under PROVASH.
- 8 **refrigerated vaccine-transportation vans** handed over to the Government of Bangladesh with support from the IFRC and USAID under PROVASH project. 4 vans are fully operationalised and a total 57,602,832 vaccines have been transported throughout the country. The other four new freezer vans will start vaccine transportations from August 2022.
- Additional 5,010 households received **unconditional cash grant support** in 12 districts. Overall, 76,374 households or 381,870 people directly reached through this support since March 2020.
- 551,600 people reached with **cooked food** in the most impacted districts to the people especially whose livelihood adversely affected due to country wide movement restriction.
- 2,344 COVID-19 patients received **free ambulance services** in the worst affected 21 districts using 21 units ambulances hired for providing emergency 24/7 transportation service to the critical COVID-19 patients.
- 4,924 people provided with **24/7 free lifesaving oxygen support** by BDRCS: 640 **oxygen cylinders** and 148 **oxygen concentrators** were sent to 68 BDRCS branches, including 56 Mother and Child Health (MCH) centres located at the remote areas. At the same time, 7 sets of high flow nasal cannula were distributed to the Holy Family Medical College Hospital in Dhaka and 3 sets to Magura district 250 government general hospital.
- 3,590 people reached with **psychosocial support (PSS)** from February 2022 to July 2022. Overall, 59,664 people have been reached with PSS service.
- BDRCS volunteers, in different teams, provided 24/7 support at the Dhaka airport and **helped the authority to verify the COVID-19 RT-PCR test report** of the passengers. About 621,200 COVID-19 RT-PCR test reports were verified where almost 14,000 reports were fake.
- 100 BDRCS volunteers mobilised at Dhaka Medical College Hospital and Bangabandhu Sheikh Mujib Medical University Hospital to **support the outpatient department (OPD)** for three months (February – April 2022): Volunteers collect



Multipurpose Cash Grant Distribution among families affected due to COVID-19 in Laxmipur Unit (Photo: BDRCS)

information about COVID-19 response from respective hospital authorities, provide the relevant information patients and guide them accordingly in the OPDs. Approximately 120,000 individuals were supported each month.

- BDRCS **blood bank renovation** in Dhaka and its necessary consumable and equipment were successfully purchased. The blood bank is now in full phase of operation.
- Installation of most awaited **oxygen generator plant with filling system and gas pipelining** is almost at the end. It is expected to inaugurate in August 2022. This plan will be able to generate 49.5 Nm³/hour at 95% ±1% purity, with 3,000 litres oxygen buffer tank capacity. The air receiver tank capacity is 4,000 litres.
- During this reporting period, BDRCS received total 356 calls through its **CEA hotline** number related to information request, service request, vaccination information, etc. 325 staff and volunteers have received training on CEA during this reporting timeframe.
- Approximately 23.5 million people reached in two rounds of nationwide miking on COVID-19 messages in 68 branches during February-March 2022. Around 633,900 people were also reached with **COVID-19 awareness messages** through social media.

Population Movement Operation (PMO) in Cox's Bazar

- According to WHO, as of 3 July 2022, a total of 29,685 confirmed cases of COVID-19 has been recorded: 5,975 in the camp settlement, 23,710 cases among the host community in Cox's Bazar district. The cumulative death count stands at 311 in the camp community and 269 in the host community.
- The BDRCS Isolation and Treatment Centre (ITC) was one of 12 ITCs operating in the camp serving with inpatient (30 beds) and outpatient care, and sample collection services. However, the facility was closed on 30 June 2022 and merged with the BDRCS field hospital, located next to the ITC. The field hospital will soon operate an isolation ward utilising the former ITC facility. To date, 2,554 people has been treated as outpatients and inpatients at ITC.
- BDRCS, with support from IFRC and PNSs has set up Community Engagement and Accountability (CEA) hubs which are located in camp 2E, 5, 11, 13, 14, 18 and 19. During this reporting period 10,509 people have been provided with information or given necessary feedback on COVID-19 at these hubs.
- During the reporting period, 178,930 people were reached through COVID-19 hygiene promotion sessions in Cox's Bazar. Activities included handwashing demonstrations and dissemination of key messages among camp and host communities. Additionally, 25,159 people have been reached with COVID-19 messages at Dignity, Access, Participation and Safety (DAPS) centres and through outreach visits in camps.



People in Camp 19 participated COVID-19 awareness session
(Photo: BDRCS)

Bhutan Red Cross Society The Bhutan Red Cross Society (BRCS) plays a vital role in complementing the Government's effort in combating the COVID-19 pandemic especially during lockdowns, through various national response activities supported by its dedicated staff and volunteers.

Furthermore, BRCS has been accredited by the Government's Health Emergency Management Committee as the lead agency for dead body management and cremation related activities. Specialised volunteers have also handled the management and transportation of any COVID-19 related and suspected deaths. A total of 483 dead bodies including COVID-19 deaths have been managed in 18 branches since the start of the pandemic to date.

Some of the key highlights:

- In coordination with the Royal Centre for Disease Control, **supported health screenings** organised at Bhutan's border entries, as well as **surveillance and disinfection activities**, including ensuring public compliance to health protocols, disinfection of vehicles and commodities and public advocacy on the COVID-19 preventive measures, especially in the southern areas categorised as high-risk areas. As of July 2022, some 2,309 contacts have been traced with the support of BRCS.
- Extensive specialised volunteer network of BRCS 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.
- 758,355 people have been reached through **risk communication and community engagement** for health, hygiene promotion and other risk reduction activities.

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- 'Red Cross Ride for Health' initiative of BRCS provided free transportation, within districts and across districts, to 2,668 patients from their homes to hospitals and back and 338 meal boxes to travellers during lockdowns.
- Supported the Government of Bhutan's effort in the COVID-19 vaccination roll out programme and in transporting health workers to help the public register for the vaccination. To date, 674,846 people has been fully vaccinated (2 doses), including 1,010 people with disabilities reached and about 35,000 people have received booster dose.
- 2,785 people have been reached with food or other in-kind assistance.
- As part of reverse isolation facility programme, BRCS has been complementing the Government of Bhutan's efforts in protecting those most vulnerable individuals by providing a safe space where they can effectively isolate themselves when there is a surge of COVID-19 positive cases in the communities. Over January and February 2022, BRCS has had 20 volunteers (4 volunteers per week) who have made a total of 916 trips (732 for routine dialysis and 184 for COVID-19 testing before dialysis) as part of transportation services under the reverse isolation facility.



BRCS' team handling dead body management receive a dead body (death due to COVID-19) from one of the isolation centres in Thimphu. (Photo: BRCS)

Red Cross Society of China

China suffered its largest wave of COVID-19 in the first half of 2022. The daily cases reached over 30,000 in the Chinese mainland in mid-April. Hongkong SAR suffered its worst wave of COVID-19 from February to March 2022, with the COVID-19 death rate per million hitting the highest in the world. The country introduced strict restriction measures to suppress the spread of COVID-19. Over 89.6% of its population have been fully vaccinated against COVID-19 (two doses) as of 31 July 2022.

Since the start of 2022, in response to sporadic outbreaks, the Red Cross Society of China (RCSC) HQ has launched COVID-19 emergency response 19 times and **provided prevention assistance kits** worth 260 million RMB to 20 provinces and Hongkong SAR as of 6 May. During the surge of COVID-19 in Shanghai in April, considering the inconvenience of the strict restriction to those residents with critical diseases such as cancer, psychiatric disorder and dementia, RCSC **procured and delivered food parcels** to 4985 households in need. When Hainan suffered a new round of COVID-19 in August, the RCSC HQ actively allocated one million RMB for the local branch to procure and deliver coverall and surgical masks.

Hongkong branch, the Red Cross Society of China (HKRC) has launched its **COVID-19 support hotline** to the public since 21 February 2022, which is a one-stop platform to provide the latest update on COVID-19 related policies, health information, PSS support, as well as providing a referral to other social services when need. Until 31 July 2022, the hotline has served over 11,000 callers and provided food and hygiene items to more than 9,800 people in need. To support the community to recover from the impact of COVID-19 and to enhance long-term community resilience, HKRC prepared a **two-year integrated recovery plan** with three major aspects including health, livelihood, social cohesion and connectedness.

Cook Islands Red Cross Society

The first case of COVID-19 was recorded in the Cook Islands in February 2022. In response to the outbreak CIRC rapidly scaled up their response capacity, increasing volunteer deployments from 46 to 116 to assist the affected population.

For the month of March- April when the COVID-19 cases were surging, CIRC assisted the Government by **packing and delivering of welfare/food packages** to all positive cases in isolation. During this operation CIRC volunteers distributed an average of 130 packs daily to households with a total of 7,930 welfare/food packs distributed over a two-month period.

CIRC also provided ongoing support to the **COVID-19 vaccination programme** at the main hospital in Rarotonga and the National Auditorium. Volunteer have assisted with vaccine administration, registration and crowd control. CIRC were also based at the Ministry of Health (MoH) Health Intelligence Unit to **support contact tracing** during the outbreak. Volunteers were engaged to conduct regular welfare visits and phone calls to individuals that were identified as contacts with close to 8,000 people supported through this initiative. CIRC also played critical role in **disseminating COVID-19 information online** and through community

engagement, as well as targeting those in isolation. Approximately 12, 000 people have been reached through messaging and **distributions of PPEs, groceries, and other household essentials.**

Red Cross Society of Democratic People's Republic of Korea

The Government of the Democratic People's Republic of Korea (hereinafter referred as "government of the Republic") achieved the great victory in the maximum emergency anti-epidemic campaign in exterminating the novel coronavirus that made inroads into the country and protecting the lives and health of the people. The territory of the DPRK became free from the virus. In May 2022, the Government of the Republic switched the state anti-epidemic system to the maximum emergency anti-epidemic system in line with the inflow of the COVID-19 and concentrated the labour, material and sci-tech forces of the country on the anti-epidemic work, thus coordinated to stabilise the anti-epidemic situation early. All chemist shops across the country were switched over to the 24-hours service system, and at least 8,000 various service teams were organised to supply food, medicine and daily necessities to the people. As a result, 4,700,000 fevered persons by malignant pandemic had been completely recovered in the DPRK within three months after the operation of the maximum emergency anti-epidemic system. The reported fatality rate is 0.0016%.



RC volunteer is disinfecting around a public building (Photo: DPRK RC)

As an auxiliary to the Government, the Red Cross Society of the Democratic People's Republic of Korea (hereinafter preferred as "the DPRK RCS") has been fulfilling its responsibilities and roles in the **anti-epidemic campaign**. The DPRK RCS's work system was strengthened in line with the maximum emergency anti-epidemic system. Various works were conducted to support more active anti-epidemic efforts and public health sectors by mobilising Red Cross (hereinafter preferred as "RC") volunteers.

The DPRK RCS activated the National Disaster Response Team (NDRT) and the Provincial Disaster Response Teams (PDRTs) and took practical measures to implement business continuity plan against the outbreak and to effectively respond to the epidemic spread in close collaboration with relevant local stakeholders.

Main Activities:

- The RC branch staff and volunteers participated actively in **health promotion and medical examination campaigns** among local people in close cooperation with household doctors and anti-epidemic workers. They were also involved in the medical examination and disinfection work for passers-by and vehicles at anti-epidemic posts in different parts of the country.
- In close collaboration with IFRC, the DPRK RCS has been **preparing to bring PPE kits into the country**, which were procured in December 2021 and presently stored in China

Achievements

- During the reporting period (from January to July 2022), around 240,780 RC volunteers across the country were mobilised to **disseminate key health and hygiene messages** and **conduct medical examination** targeting around 2.84 million people.
- Around 27,000 RC volunteers have obtained promotional messages, common knowledge on prevention of COVID-19 and anti-epidemic measures through public education networks, including sci-tech diffusion rooms in their respective cities and counties in close cooperation with household doctors, contributing all to their activities in communities

Fiji Red Cross Society

Fiji Red Cross Society (FRCS) continue to assist the **ongoing COVID-19 vaccine campaign** which is targeting booster, paediatric and adolescent doses. Total of 29 volunteers were engaged during the reporting month at 5 medical stations and 1 volunteer stationed at National Office for COVID-19 vaccine administration support for the Central Division. During this period 9,400 people were reached.

In February and March 2022, FRCS conducted **Community Based Surveillance (CBS) training** which integrated COVID-19 for 83 community-based volunteers in the Northern Division. Each of the participants was also provided with a pulse oximeter to assist with surveillance in the community and identification of severe symptoms of COVID-19. After the training, the volunteers used their skills and knowledge to reach 44,950 people with COVID-19 messaging and awareness alongside awareness on measles,

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leptospirosis, typhoid, dengue and diarrhoea (LTDD), as well as the importance of donating blood. A total of 653 **Pulse Oximeters** were distributed in March 2022, accompanied by training of 98 Community Health Workers in the Central Division.

Indian Red Cross Society

As of 21 July 2022, 13 states and union territories of India saw an increase in COVID-19 cases by more than 50% within a week. The state of Kerala recorded the maximum cases (18,362 or 13.6% of the total), followed by West Bengal (17,741 or 13%), Tamil Nadu (15,732 or 11.6%) and Maharashtra (14,883 or 11%). A total of 313 deaths were reported within a week, a 25% increase over the previous week.

The Indian Red Cross Society (IRCS) have stood in solidarity with communities and have been front-line responders to this pandemic. With an extensive network of branches and highly trusted volunteers and staff across the country, IRCS has been uniquely placed to support people and their communities to prepare for and respond to this global emergency. IRCS offer a global network and tools, combining expertise as health and humanitarian actors across the world, with a local presence and domestic response in local communities. The National Society reaches across the last mile, ensuring support for the most affected communities and particularly the most vulnerable.

Some of the key highlights of IRCS' COVID-19 response during the reporting period:

- Supported people to access **vaccinations** through the state governments' vaccination programme
- Raised **community awareness of COVID-19** and immunisation, including handwashing demonstrations
- Completed the deliveries of **hygiene kits**
- Procurement of 75,000 **kitchen sets** and 100,000 **tarpaulins** is completed. Deliveries for both completed
- IFRC procured and customised 34 units of **ambulance**, 5 units of COVID-19 **patient transport ambulance**, 7 units of **COVID-19 test and vaccination van** and 32 units of **blood collection vans** and handed these over to IRCS state branches. Additionally, 16 units of blood collection vans, 7 units of COVID test and vaccination vans and 5 units of COVID patient transport ambulances are ready to hand over to IRCS state branches. The tender for additional 8 units of COVID test and vaccination vans were also launched.



IRCS' Andhra Pradesh state branch organised a blood donation camp, using a blood collection van received (Photo: IRCS)

Indonesian Red Cross Society

Indonesian Red Cross Society (PMI) continue to support National Government to tackle COVID-19 pandemic since the Government declared a state of emergency for COVID-19 as a non-natural disaster back in March 2020. In January 2022, Indonesia experienced the third wave of COVID-19 cases due to Omicron variant. In the middle of February 2022, Indonesia recorded over 50,000 new daily cases, an all-time high of daily deaths. With its large network of volunteers across the country, PMI has consistently carried out its auxiliary role to the Government's effort in responding to the COVID-19 pandemic through various national response. In total, more than 6,000 PMI personnel have been mobilised across all 34 provinces by 403 PMI branches. The current PMI operation is focusing on:

- Increase capacity for **hospital care and emergency services**
- Scaling up **Risk Communication and Community Engagement (RCCE)**, including hygiene and health promotion and education
- Social mobilisation through the provision of **community grants** to target villages to undertake a range of activities including Community-Based Surveillance (CBS), health promotion, case management, and psychosocial support for households affected by COVID-19
- Rolling out **COVID-19 vaccination** campaign
- **Displacement support** in pandemic context focusing on immediate response after natural disaster
- Strengthen the capacity of preparing and responding on the pandemic situation

Some of the key highlights of PMI COVID-19 response during the reporting period:

- PMI is supporting national and provincial Government to accelerate **COVID-19 vaccination** rate. Approximately, PMI has supported more than 2 million COVID-19 jabs in 34 provinces in Indonesia. In addition, more than 5,000 PMI's volunteers have been involved on the vaccination related activity.

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- More than 6 million pieces of various **PPEs and medical equipment** have been distributed. With the support from IFRC, PMI has distributed more than 15,000 antigen test kit to various local clinic and hospital.
- To meet the COVID-19 infection, prevention and control (IPC) standards, PMI has **upgraded six ambulances** in 6 provinces.
- PMI with the support from IFRC has launched **RCCE guideline for COVID-19 vaccination**. The guideline contains PMI SWOT analysis, steps to identify RCCE issues, steps to plan RCCE strategy and how to formulate RCCE key messages in general target community or specific community.
- PMI, with the support from IFRC team, is actively **co-leading the RCCE Working Group** that comprises of various stakeholders from private, non-profit, and independent institutions.
- PMI is running the **social media campaign** on #BeraniVaksinKeren with the focus on the importance of COVID-19 vaccination as well a gentle reminder to implement with the health protocols. The campaign reached more than 9 million people on PMI's social media including Instagram, Twitter, Facebook, YouTube and Website. In addition, PMI continue to strengthen its campaign through SMS blast, producing printing materials, radio and television.



PMI is delivering PPE and medical equipment to support local government on the COVID-19 Infection Prevention and Control (IPC). (Photo: PMI)

Japanese Red Cross Society

Japan has been experiencing the "seventh wave" of COVID-19, with the new BA.5 Omicron variant spreading across the country. The number of infected people exceeded 200,000 on many days, and according to WHO's weekly report, the number of infected people in Japan has been the highest in the world for five consecutive weeks since the end of July 2022. The medical facilities and public health centres are still under pressure. The Japanese Government did not impose new restriction measures but instead focused on maintaining and strengthening the medical system and taking steps to restore socio-economic activities while implementing infection control measures. A total of 64% population took booster shots (3rd vaccination), and second booster shots (4th vaccination) has rolled out for people aged over 65 years old with 53% of the target group already vaccinated.

Overall, 90 out of 91 **Japanese Red Cross Hospitals** have been involved in COVID-19 operations. As of 21 August 2022, there were 1,414 inpatients and 36,628 patients admitted to Japanese Red Cross hospitals. These 90 Red Cross Hospitals have treated 381,044 COVID-19 outpatients. During the seventh wave of COVID-19, the number of patients was expected to increase.

Japanese Red Cross Hospitals also deployed 25,663 medical workers to other medical facilities, social welfare facilities, prefectures/local governments to get involved in COVID-19 related tasks. Recently, as Okinawa prefecture experienced a sudden surge, 158 medical workers were deployed to monitor the health condition of the patients who were not able to stay at hospitals. In addition, 18,325 medical workers were deployed to vaccination centres to **support vaccine administration**.

The Republic of Korea National Red Cross

In South Korea, the largest wave of COVID-19 with the spread of the Omicron variant virus reached a peak in the middle of March 2022, after which the trend declined, and the trend rebounded in early July 2022. As the fertility rate of COVID-19 remains at a low level, the social distancing measures have been lifted including restrictions on business hours, private gatherings, social events and assemblies from 19 April.

Korean Red Cross focused on protecting vulnerable people with customised programs responding to social issues and the different needs of each group. As the COVID-19 prolonged, vulnerable people are more marginalised not only economically but also psychologically. To deal with this issue, KNRC develops and conducts various programs for the most affected people. From February to April 2022, KNRC focused on psychosocial support programs for seniors who live alone and children in low-income families.

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KNRC started the "Warm heart, light of hope" campaign to take care of the mental health of seniors who live alone. KNRC has registered those old people with the KNRC support matching program "Windmill of Hope" to keep in touch with them for long-term protection and care service. 252 people in the "Windmill of Hope" program will be benefited by "Warm heart, the light of hope." This program offers counselling services through calls with 52 volunteers who completed the psychosocial support program.



KNRC [Hello, my heart] campaign introduction (Photo: KNRC)

KNRC has been running the program named "Hello, my heart" since November 2021. This program supports children in low-income family or who needs urgent psychosocial support through counselling. After first counselling, their parents get cash support for their children to have better education services. If the counsellor decides that the children need more counselling for their mental health, a follow-up counselling would be conducted for free. As of 11 March 2022, a total of 2,256 households had received cash support and 170 children completed their counselling.

Kiribati Red Cross Society

Kiribati detected the first cases of COVID-19 through community transmission in January 2022 and cases surged in the following months. During the outbreak, Kiribati Red Cross Society (KRCS) disseminated **COVID-19 safety message** on the radio and **distributed PPEs** to vulnerable households reaching 100 of the 150 communities on the most populated island of Tarawa. KRCS also conducted needs assessment for low-income households in isolation, in order to target the distribution of essential provisions, including food, clothing, and hygiene items during the lockdown period. In March 2022, IFRC facilitated **psychological first aid (PFA) training** for KRCS to enhance capacity to assist affected communities.

Lao Red Cross

More than 71 percent of the eligible population in Laos has been fully vaccinated, and children in the age group of 6-11 years will begin receiving their vaccinations. Daily cases started to decrease by 100-200 cases per day. The Government fully reopened the country from May 2022 and all foreign tourists can now visit Laos.

Between February to July 2022, Lao Red Cross (LRC) carried out the following activities:

- LRC conducted a **public awareness campaign** at 353 villages in seven provinces: Vientiane Capital, Khammouan, Sekong, Attapeu, Champasak, Salavan and Savanakhet which reached 66,378 people (36,155 females, 30,223 males).
- It provided **cooked food boxes** to 307 people (168 female, 139 males) who was admitted to COVID-19 field hospitals in Champasak Province.
- Assisted to maintain social distancing and queuing for vaccination rollout at 7 provinces at places such as the Entry point, District hospital, health centre, Village Office and schools, reached 24,396 people (14,147 females, 10,249 males)
- Procured and distributed 3,700 **hygiene kit sets** to 7,282 people (3,743 females, 3,539 males) in seven COVID-19 affected provinces: Vientiane Capital, Khammouan, Sekong, Attapeu, Champasak, Salavan and Savanakhet.

Malaysian Red Crescent Society

As of 10 July 2022, 4,592,710 confirmed cases of COVID-19 and 35,809 deaths have been reported in Malaysia country. The Government of Malaysia announced a new COVID-19 SOP relaxation effective as of 1 May 2022. Vaccination progress reported in Malaysia has reached 86 per cent populations with one dose of vaccines; 84.2 per cent with two doses of vaccines; and 49.7 per cent with booster vaccines.

Malaysian Red Crescent Society (MRCS) continues **vaccination activities** targeting the vulnerable families, migrant, and hard-to-reach communities. Since July 2021, MRCS vaccinations activities has reached 49,631 people. MRCS supported **COVID-19 tests** for 4,961 people including the flood affected families. MRCS **ambulance services** transported COVID-19 patients to nearby COVID-19 facilities as referred by the district health department.

MRCS also continues to provide information on COVID-19 prevention, vaccination, and home care for self-quarantine in different states through **RCCE activities**, reaching a total of 24,641 people to date. MRCS started to **distribute home care guidance and the home kits to vulnerable households** in December 2021. To date, 8,580 home kits have been distributed among indigenous and migrant communities. MRCS MHPSS provides **psychosocial support** to the community and as at the end of the reporting

period, 13,641 individuals have been reached through different MHPSS community-based activities and care line centre. Awareness sessions on mental health were also being conducted at community level, as a regular activity.

MRCS is preparing to conduct house household economic analysis in Malaysia, tentatively in September 2022, to inform MRCS on potential livelihoods activities that can be supported by MRCS.

Maldivian Red Crescent Society

Since the beginning of the COVID-19 response in the Maldives, The Maldivian Red Crescent (MRC) has been a part of the Health Emergency Operations Centre (previously the National Emergency Operations Centre) set up by the Health Protection Agency and Ministry of Health, with representation of all response agencies and stakeholders. Although the President of the Maldives lifted the COVID-19 health emergency declared on 13 March 2022, MRC continued providing COVID-19 response services, focusing on the following areas: Mental health and psychosocial support services (MHPSS), migrant support services, medical relief services, and support for Immunisation.

Some of the key highlights:

- 7,745 volunteers were trained/oriented in **psychosocial support (PSS) and psychological First aid (PFA)** between March 2020 – July 2022. PSS was provided through a nationwide toll-free **PSS helpline service** along with **risk communication and community engagement activities**. The PSS helpline serviced 5,531 calls since the start of the response.
- A **toll-free migrant support helpline** was established in May 2021 by MRC Male City Unit to provide assistance to migrants in need, especially to those living in hard-to reach areas. To date, the helpline has serviced 6,945 calls.
- Between March 2020 – July 2022, MRC supported 21,493 migrants affected due to COVID-19 through the migrant support services. Over 400,000 meals were provided through the **Migrant Meal Provision Programme** between March 2020 – 31 July 2022 across MRC Units in Male', Addu City and Lh. Hinnavaru. In addition, 5,462 **hygiene kits** were provided to migrants during this period.
- As of 31 July 2022, MRC teams supported the rapid response teams of the Health Emergency Operation Centre in the **movement of 1,747 COVID-19 positive patients** (primarily elderly or bed-ridden patients) to treatment facilities
- Since February 2021, MRC has been supporting the Health Protection Agency in supporting the nationwide **COVID-19 vaccination efforts**. A total of 200 volunteers have been mobilised to provide support at vaccination centres which supported 32,751 people with their COVID-19 vaccination. With the introduction of COVID-19 booster shots in January 2022, MRC supported 7,637 people (including migrants) in getting COVID-19 booster shots. MRC also supported the vaccination of over 4,000 undocumented population in coordination with the health authorities as of July 2022.
- MRC continued support in carrying out **mobile vaccination** for bed-ridden and high-risk elderly patients living in Greater Male' Region completing 554 mobile vaccination trips.

Marshall Island Red Cross Society

Marshall Islands Red Cross Society (MIRCS) have provided **ongoing support to the COVID-19 vaccine campaign**. MIRCS are deployed with the Ministry of Health (MoH) vaccine team to support data entry, community mobilisation, and vaccine outreach and referral. At the vaccination sites, approximately 639 people were registered by the MIRCS volunteers. Since the COVID-19 vaccine has been made available to children over 5 years, MIRCS have assisted with a vaccine drive and incentive scheme in schools. Around 800 school children were vaccinated and provided with school supplies.

Under the **community WASH activities**, around 2,030 people were reached while over 800 children in schools were reached. The activities included handwashing demo and distribution of soaps.

Maintaining blood supply remains critical, MIRCS has continued to **raise awareness** among the public, and conducted **blood donation drives**.



MRC teams visiting schools to vaccinate children to protect them from COVID-19 (Photo: MRC)

Micronesia Red Cross Society

The Micronesia Red Cross Society (MRCS) have collaborated closely with State health authorities in ongoing preparedness for a COVID-19 outbreak through community consultations and the development of community response plans to enable a localised response in the event of an outbreak.

MRCS have also provided ongoing **support to the COVID-19 vaccination rollout** through household data collection in order to map vaccine coverage and gauge community perceptions. Once analysed, the data is used to target **mobile vaccine teams** in areas of low vaccination coverage and **informs key messages** to address community concerns.

Mongolian Red Cross Society

As of August 2022, Mongolia has suffered five waves of COVID-19, reaching a total of 951,735 confirmed cases, affecting almost one-third of the population. COVID-19 transmission is still recurring in the country with new variants. In terms of vaccination rates, 68.9% of the population has received 1st dose, 65.9% 2nd dose, and 31.8% received booster shots. Vaccination hesitancy still exists especially among young people.

Within the framework of the "COVID-19 Response" program, the Ministry of Health, the National Centre for Communicable Disease and the Mongolian Red Cross Society (MRCS) organised a **two-day "contact tracing refresh training"** for 320 participants from the Youth Red Cross movement and 9 Red Cross branches in March. 70 out of 320 trained volunteers have continued to work at the frontline and support healthcare workers at their respective healthcare units in Ulaanbaatar and provinces. The remaining 250 volunteers were registered as the other members to be ready to be mobilised if needed.

As requested by the Ministry of Health (MoH) to reduce the vaccination hesitancy and increase the inoculation rate, MRCS trained youth volunteers to organise the **vaccination campaign and awareness session** at the 12 universities in 6 districts of Ulaanbaatar city from 23 April to the end of May 2022. The two-day event at each university included COVID-19 information dissemination and mobile vaccination, with an average of 20-30 students from each university site getting the vaccination every day.



The MRCS youth volunteer sharing the COVID-19 prevention and vaccination information with university students in Ulaanbaatar (Photo: The MRCS)

Myanmar Red Cross Society

Myanmar Red Cross Society (MRCS) continues to provide COVID-19 control measures and support since the start of the pandemic in addition to the complex situation of the political context in Myanmar.

Summary of MRCS contribution key highlights from February to July 2022:

- **Distribution of various supportive items** (PPE, First Aid kit related and amenities) across the country conducted by mobilising a total of 149 Red Cross volunteers (RCVs) - Monthly average, male: 78, female: 71.
- 376,891 people benefited through the supporting activities have been done by 1703 RCVs throughout the country.
- **32 Audio-visual COVID-19 vaccine IEC materials** with ethnic languages were developed to raise the awareness and spread the right health information related to COVID-19 vaccine.
- 329 households benefited from the **provision of in-kind support** (e.g., food, clothes, and transportation).
- 239,989 people were supported through **vaccination rollout support activities**
- 5,147 RCVs are covered with **health insurance** as protective and safety.
- A total of 17 **Oxygen Plants** were distributed across the country, and 7 of them are ready to operate, and 436 people were supported by oxygen-initiated support
- 5,877 people from CBFQs and IDP camps were provided **MHPSS services**
- 19 million MMK provided to States/Regions Red Cross Supervise Committee as COVID-19 operation fund
- 354 RCVs and 240 RCVs respectively in seven states/regions were provided the COVID-19 Vaccination Support and **COVID-19 Update Training**, Epidemic Control for Volunteers training respectively



MRCS volunteers transporting oxygen plant. (Photo: MRCS)

Nepal Red Cross Society

Nepal Red Cross Society (NRCS) has been implementing COVID-19 Preparedness and Response Operation since early 2020 with the support from the IFRC and its membership. As of July 2022, Nepal Red Cross has reached out to approximately 3.1 million people with **risk communication and community engagement** for health, hygiene promotion and other risk reduction activities in the communities. In between February to July 2022, 2,218 people have been reached with **MHPSS activities** in the communities. In the same period, 37,230 people were supported to get **COVID-19 vaccinations** giving the total of 174,793 people supported from the beginning of vaccination campaign in the Nepal since January 2021. Similarly, 3,670 families made vulnerable by COVID-19 were provided with **unconditional cash assistance**. Among these, 235 households received cash support in between February to July 2022. In the same period, 65 families were supported with **skills development for livelihood/economic activities**. Since the beginning of the operation, NRCS has been receiving, analysing and responding feedback received from the communities. As of July 2022, 1,953 feedbacks have received and resolved through existing feedback mechanism of NRCS.



More than 3,500 volunteers are promoting COVID-19 awareness in the community. (Photo: NRCS)

Pakistan Red Crescent Society

A decrease in the daily case count was experienced from March 2022 onwards after undergoing a fifth wave from late December 2021 to mid-March 2022. With daily confirmed cases drastically dropping to less than 200 towards the end of March. On 22 March 2022, Pakistan lifted all COVID-19 restrictions to normalise the country situation. The Government also disassembled its COVID-19 specific taskforce National Command and Operation Centre (NCOC) originally created to reduce direct burden on existing government healthcare body who now would continue looking after the COVID-19 situation in the country. This decision was short-lived as the first case of the highly infectious and vaccine resistant omicron sub-variant was detected in country on 9 May.

Some key highlights of the Pakistan Red Crescent Society (PRCS) COVID-19 response:

- **Vaccination administration** continues to be PRCS's priority for 2022 ensuring coverage to all population groups. 11 static and 15 mobile PRCS vaccination centres/units vaccinating 668,523 people out of which 40,627 were migrants, refugees, and internally displaced people (IDPs). All vaccination efforts focused on making COVID-19 vaccine available to all individuals with extra focus on reaching hard to reach areas and marginalised population groups.
- 64,039 individuals were reached through 3,934 Focus Group Discussions and distribution of 65,000 leaflets on **addressing vaccine hesitancy** and encourage people to get vaccinated across 45 districts. Additionally, feedback desks were also established in 45 vaccination centres in the same 45 districts, with PRCS volunteers present collection community feedback to enhance the vaccination update further.
- A third perception survey was conducted in the response to gauge the community change in perception on COVID-19 and more specifically COVID-19 vaccination and their hesitancy.

Palau Red Cross Society

Palau Red Cross Society (PRCS) improved their partnership with the Ministry of Health & Human Services (MHHS) to assist with interventions against COVID-19 by **translating COVID-19 IEC materials and Public Service Announcements** for dissemination in communities and as well strategic high traffic locations in 25 locations reaching 1,475 people. PRCS volunteers also **supported MHHS** in surveillance, **data management** and **production of sitreps** during the surge of COVID-19 cases in Palau.

PRCS assisted with the **distribution of hygiene/WASH Kits and PPE** to communities, schools, and corrections facilities through the COVID-19 Single Incident Emergency Program, reaching a total of 2,789 people. PRCS also continued to distribute food, hygiene kits and PPE supplies to those in quarantine, assisting approximately 948 people.

As blood donation has decline during COVID-19, PRCS **spread awareness on the importance of donating blood** and recruited 200 blood donors. PRCS also assisted with **transportation of blood products** to the National Hospital.

In order to better assist the communities whilst conducting COVID-19 outreach, the PRCS team participated in the **Psychological First Aid (PFA)** training. In addition to this, PRCS also completed training on implementing a **feedback mechanism** in February 2022. PRCS then proceed to begin data collection in March, which the aim of better understanding community perceptions of the COVID-19 vaccine. Data collected on COVID-19 Community Feedback can be found [here](#).

Papua New Guinea Red Cross Society

As of 31 July 2022, the cumulative total of confirmed COVID-19 cases is 44,784 and the cumulative total death is 663 in Papua New Guinea (PNG). This is a slight increase of confirmed cases and death since the last reporting period. This stable situation is not only maintaining the transmission but also related to a low number of testing. Similarly, as of 25 July, 623,255 vaccination doses (Astra Zeneca, Johnson & Johnson, Sinopharm) have been administered nationwide and 281,948 people (3.44 per cent) are fully vaccinated and 341,307 people (2.83 per cent) are at least one dose received. This significant low vaccination rate is caused by strong vaccine hesitancy in PNG



PNGRCS volunteers carrying out CEA survey in Kokopo, East New Britain (Photo: PNGRCS)

Close to 90 per cent of the population of PNG live in rural areas without access to adequate health care facilities and a lack of support services and operational referral pathways could be one of the main reasons behind the slow vaccination rate in PNG. The PNG Red Cross Society (PNGRCS) efforts in **disseminating and creating awareness** among people on COVID-19 safety protocol and for the **vaccination drive** continues with support of PNGRCS volunteers in 12 provinces.

More than 21,000 individuals benefited from **PPE distributions** in seven provinces with support from Coca Cola Euro Asia distribution networks. The PPEs are distributed through Public Health Authority (PHA), Provincial Disaster Management and respective Red Cross branches. The PNGRCS also carried out **community engagement and accountability (CEA) activities**, conducting more than 1,500 household surveys, over 50 key informant interviews and over 30 focus group discussions. Information collected through CEA baseline

surveys have been analysed and will be used to inform and re-shape PNGRCS community intervention and engagement including the COVID-19 awareness. Vaccine hesitancy is still a major challenge in PNG in some communities including PNGRCS staff and volunteers alike.

Philippine Red Cross

Philippine Red Cross (PRC) has continued its ongoing support to healthcare authorities especially in terms of aggressive **vaccination activities**. To date, through the Bakuna Centres Bakuna Bus and team augmentation, PRC has been able to administer 1,217,506 doses of vaccines. PRC has also established 125 medical field tents for medical, admission and triage purposes, as well as isolation wards across the country serving 68,856 people. PRC continuously support the **RT-PCR testing** for health care and front-line workers and has started to administer the use of Saliva RT-PCR test. To date, PRC has helped to administer 5,631,042 test or 1 in every 5-test conducted in the Philippines.

The **PRC ambulances** support the Department of Health (DOH) with the transportation of suspected and confirmed COVID-19 patients, serving a total of 2,854 people. The IFRC, ICRC, American Red Cross, Netherlands Red Cross, and the Australian Government are supporting the ambulance operation.



Testing of RT-PCR at PRC Molecular Laboratory. (Photo: PRC)



A 24/7 operational **PRC "Helpline (1158)"** was established to take calls related to COVID-19 with 50 active volunteers mobilised for the helpline. All volunteers received appropriate training on psychological first aid which enables them to provide **psychosocial support (PSS)** to callers. Callers are able to receive information and advice on COVID-19 in their own language. The helpline support also helps to address COVID-19 misinformation.

PRC is reinforcing COVID-19 safe behaviours through:

- **RCCE activities** with a focus on the correct use of masks, physical distancing, hand hygiene, and respiratory etiquette. Hygiene awareness activities have reached 7 million people.
- Distribution of 75,998 **hygiene kits** to communities and to COVID-19 patients
- 3,192 **hand washing facilities** across the country

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PRC has also invested efforts to **maintain business continuity safely**. PRC has informed all Chapters about protocols that need to be adhered to prior to implementing any program activity including coordination with Local Government Units especially during emergencies. The PRC National Headquarter (NHQ) and all 103 active Chapters across the country have adapted to the new COVID-19 norm. This includes measures to ensure continuity of PRC services and the supply from the 95 blood service facilities, operation of a dialysis centre, community clinic in Easter Samar and ambulance operations accessible nationwide. PRC continues to safely utilise its volunteer base for a diverse range of COVID-19 risk mitigation and response activities throughout the country.

PRC has also conducted the series of **pandemic preparedness training** among its personnel.

Samoa Red Cross Society

During March 2022, Samoa reported the first case of COVID-19 in the community and the outbreak rapidly spread. Prior to the outbreak, Samoa Red Cross Society (SRCS) had been actively rolling out the **Community Disaster & Climate Risk Management Programme (CDCRM)** which incorporated awareness on COVID-19 preparedness and prevention. A total of 1,508 people, including community volunteers, participated in the training from 10 communities (villages). As a result of the CDCRM programme, community-based volunteers were able to respond to COVID-19 at the community-level and coordinate closely with SRCS HQ to communicate further needs.

In response to the outbreak SRCS also **conducted household assessments** to identify vulnerable populations in need of assistance. A total of 7,015 people were assessed from 10 communities and during lockdown period, approximately 808 people were provided with **Non-Food Items (NFIs) and household kits**. SRCS also supported 3,909 individuals with **Home Base Care (HBC)** which included the delivery of hygiene kits, tarpaulins, groceries, IECs and regular welfare checks.

Throughout the outbreak SRCS continued to coordinate closely with Ministry of Health (MoH) on the mobilisation of blood donors to maintain adequate stocks at the National Blood Bank. SRCS visited communities with the **mobile blood donation** truck, with 376 people donating blood.

Volunteers were also deployed at vaccination sites, schools and testing facilities. During the outbreak SRCS HQ was activated as a testing site and a team of volunteers were on standby, aiding with pre-testing questionnaires and site management. SRCS also assisted the MoH with paediatric **COVID-19 vaccinations**, reaching to 7,540 school children. Volunteer assisted with administration, registration, crowd management and standby First Aid (FA).

Below are the number of volunteers positioned at these sites to provide support during the reporting period.

February	March	April	May	June	July
30	30	30	75	22	13

Solomon Island Red Cross Society

In January 2022, the Solomon Islands recorded the first cases of COVID-19 in the community and the virus spread rapidly through the island group. In response to the outbreak the Solomon Islands Red Cross (SIRC) quickly scaled up their response to assist vulnerable communities in supporting the Government response.

SIRC developed a **community preparedness trainer of trainers** which incorporated COVID-19 CEA, vaccine awareness, and a community COVID-19 pandemic planning guide (CCPP). SIRC rolled out this training in communities to enhance community preparedness and response actions. Through this training SIRC worked alongside 79 community leaders and representative of different community groups (youth, elders, women) to establish a '**COVID-19 community committee**' that is responsible for leading the community in preparedness and response actions at the community level. The target communities were also provided with **hygiene kits** including PPE sanitiser, household cleaning items and hand washing kit.

COVID-19 awareness including vaccine advocacy, hygiene best practice and protective measure was also conducted from Malaita Branch, reaching 81 Communities include 3,187 adults and 11,117 children.

Under the guidance of IFRC, SIRC rolled out a **COVID-19 Feedback Mechanism** survey in target communities to gather perceptions and feedback on the COVID-19 vaccine. SIRC have collected 183 feedback reports from 3 branches. Please refer to [Solomon Islands COVID-19 Community Feedback](#) dashboard for more information.

During the COVID-19 outbreak, volunteers were deployed to vaccination sites to **support with registration and data entry** as demand for vaccine initially surged. As the virus spread, MoH sought to identify COVID-19 hotspots through mass testing. To

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support this operation SIRC volunteers were trained and deployed to testing sites to assist with swabbing. SIRC volunteers also assisted with operating the **National COVID-19 Hotline** which was activated to address queries from the public in areas including vaccination, testing, and ambulance requests, as well distributing food to quarantine sites.

Although SIRCS were fully engaged in providing support to MoH, due to confidentiality reasons the number of people reached were not disclosed to SIRCS. However, for the month of June- July SIRCS provided number of hours volunteers were deployed- approximately volunteers spent 1,088 hours by supporting MoH.

As COVID-19 cases surged, SIRC recognised the importance maintaining **voluntary non-remunerated blood donations (VNRBD)** and recruited 127 blood donors for the month of February, April and June.

Sri Lanka Red Cross Society

Sri Lanka Red Cross Society (SLRCS) supported the Government's vaccination rollout programme around the country. During the reporting period, 9 branches of SLRCS (in districts) **facilitated the existing vaccination programmes** while supporting the vaccination programme for school children as well. Instead of direct emergency health assistance related to the COVID-19 programme, an **unconditional cash grant programme** was planned to be conducted in 5 branches which have been impacted badly by COVID-19.

An amount of CHF 115,263 was budgeted to support 1,250 vulnerable households (6,250 people) affected by COVID-19 to meet their basic needs. A total of 889 out of 1,250 beneficiary fund transfers have been completed so far.

SLRCS **developed beneficiary selection criteria** while considering the economic situation of each family, specially focusing on livelihood losses, vulnerabilities in nutrition among young children, number of dependents in a family, lactating or pregnant mothers in families, women headed households, elderly members in family, disable people in family, people with chronic diseases in families etc. Similarly, SLRCS paid more attention to the negative coping mechanisms (mortgaging lands, jewellerys and other properties etc) that people have been practicing for more than two years to fulfil their basic needs following the pandemic.

SLRCS also **assisted 21 refugees and asylum-seeking families** within the same geographical area. Since they did not own any legal document for verification and did not have bank accounts, SLRCS specially designed an operational plan to assist them through **cash-in-envelope method**. For their selection and verification, National Fisheries Solidarity Organization (NAFSO) who closely work with them in the respective areas and UNHCR provided recommendation on each selected family.



SLRCS officers visit community households for multipurpose cash grant household assessment. (Photo: SLRCS)

Furthermore, the National Society continued to support the Ministry of Health with its **Ambulance service** for patient transportation and medical staff transportation to vaccine centres.

Challenges: Due to the current economic crisis in Sri Lanka, each level of communities have been badly affected in the country. Many informal workers lost their jobs and small-scale shops, salons, workshops etc are closed because of the 3-5 hours daily power cuts and deficit of fuel and cooking gas. All civilians are suffering from food inflation and wait in queues for days to buy cooking gas, fuel and other essential consumables. This has led to large-scale civil unrest in different parts of the country.

Thai Red Cross Society

As of 31 July 2022, Thailand reported a total of 4,590,176 infections detected and 31,385 deaths since the pandemic started. A total 141,573,519 vaccine doses have been administered to date.

Since the outbreak of COVID-19 in Thailand, Thai Red Cross Society (TRCS) has been working with partners in the country to **advocate for the vaccination rollout** to all under the **tagline "Leaving no one behind"** through its partners including the Royal Thai Government (RTG), non-governmental organisations, and international humanitarian organisations, such as International organisation for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR), and International Rescue Committee (IRC), to provide COVID-19 vaccination services to citizens, including migrant workers and displaced people.

TRCS has been **providing vaccination** to more than 100,000 people (from April 2021 to 15 August 2022, 149,997 doses provided), including people from most vulnerable groups such as the elderly, migrant workers, refugees living in temporary shelters along the Thailand-Myanmar border and those who are unable to access public vaccination sites due to illness or other infirmity. Vaccinations were carried out with support from over 6,000 Red Cross volunteers around the country. The volunteers include more than 900 doctors and nurses, school students, migrant workers and health professionals from Myanmar now living in Thailand. TRCS has mobilised its resources to assist in the effort to reduce death rates and minimise the severity of illness as well as helping to build the immunity of the community.

In addition to vaccination efforts, TRCS distributed 469,142 **relief kits and bottles of drinking water** to 469,142 people who were in home quarantine with limited quantity of food and water. TRCS also provided **transport support** to 688 migrant workers and other vulnerable group of people to the vaccination sites, who could not access the COVID-19 vaccine by any other means.

Timor-Leste Red Cross Society

In the first week of February 2022, the country experienced a sudden and sharp increases of COVID-19 cases, but in the first week of March 2022, the number of cases reported decreased until second week of May 2022. Timor-Leste Red Cross (Cruz Vermelha de Timor-Leste, CVTL) has a defined role in Timor-Leste's national preparedness and response plan as an auxiliary to the Government. In the COVID-19 national response plan of the country, CVTL is responsible for three out of five pillars outlined in the Government's strategy to respond to the pandemic, namely inter-ministerial coordination meetings, RCCE, logistics, and financial support.

Some key highlights during the reporting period include:

- CVTL is continuing to increase healthy youth knowledge as an effort to prevent the spread of COVID-19 cases in school. CVTL conducted **workshop on COVID-19 prevention** and chain break of the virus in the community to 20 schools, reaching at least 1,801 students in 6 municipality.
- At least 4,656 household reached through **door-to-door COVID-19 vaccine prevention campaign**. In addition, CVTL has distributed 3,207 print-material campaign (e.g. poster) to the society.
- CVTL is supporting national Government on COVID-19 vaccination program. CVTL supported the Government to **deliver COVID-19 vaccination** to at least 3,848 people. Approximately 1,514 people were mobilised for vaccination.
- As many as 1,514 people were reached through **counselling and advocating for COVID-19 vaccination**.
- 21 **handwashing facilities** distributed to 6 branches.
- To tackle the socio-economic impacts of COVID-19 in Timor-Leste, CVTL aim to assist the most vulnerable communities by developing longer-term approaches and programmes to sustain safety nets for the months ahead. The first phase of **in-kind donation** was rolled out in Bobonaro Municipality, two villages that had been surveyed for the most vulnerable affected by the COVID-19 pandemic have benefited from **Socio-Economic Program**.



CVTL Volunteers reaching the last mile of the country to mobilize and vaccinate the community in the most rural area (Photo: CVTL)

Tuvalu Red Cross Society

Tuvalu is yet to record community transmission of COVID-19. Tuvalu Red Cross Society (TuRCS) continues to engage volunteers in COVID-19 preparedness and vaccination.

TuRCS is providing ongoing support to the **COVID-19 vaccine campaign** which includes **community engagement and advocacy** on the vaccine and data entry at vaccine sites. TuRCS volunteers have been assisting with community mobilisation by conducting household visits and addressing queries and concerns from community members. A total of 6,933 people received the 2nd dose of the vaccine through the support provided by TuRCS.

With the assistance of IFRC, TuRCS have rolled out a **COVID-19 community feedback mechanism** to assist in monitoring and addressing the information gaps, promoting positive behaviour, and ensuring that the services delivered are relevant and appropriate to communities' needs. Please refer to dashboard to view the COVID-19 Feedback results.

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TuRCS have **distributed essential supplies** and provided **psychological first aid (PFA)** to repatriated individuals in border quarantine facilities, including the provision of wellbeing diaries. A total of 660 people has been supported through this initiative. TuRCS targeted elementary schools in **COVID-19 preparedness efforts** by delivering awareness on handwashing best practice and other COVID-19 preventative measure to approximately 776 students.

TuRC also collected blood from 126 donors and held awareness on importance of **blood donation services** and supply.

Vanuatu Red Cross Society

In March 2022 Vanuatu recorded the first cases of community transmitted COVID-19. In response to the surging outbreak Vanuatu Red Cross Society (VRCS) collaborated closely with the Ministry of Health (MoH) through the National Health Emergency Operation Centre (NHEOC), National immunisation Coordination Committee and National WASH cluster group to assist in COVID-19 preparedness and emergency response.

In support of the national response, over 40 VRCS volunteers were deployed to assist in the **set-up of 12 Community Isolation Centres (CIC)** and the management of 5. In the inception, VRCS assisted with the establishment of the CIC's in public buildings, including the installation of temporary latrines, shower facilities and hand washing stations. Volunteers also assisted with data entry and registration, distribution of COVID-19 IEC's, management of PPE inventory and delivery of meals and personal items to those in isolation. VRCS provided individuals in the CIC with access to telephone communication devices to communicate with loved ones and contact emergency referral lines at the MoH.

The National Society **conducted a series of health-related training** such as **Mental Health and Psychosocial Support (MHPSS)** for its volunteers, staffs, and community leaders to support them to be able to respond during the COVID-19. MHPSS awareness has been integrated in all VRCS programs to ensure that people can cope with stress exacerbated by COVID-19 pandemic. VRCS also assisted communities during the awareness campaigns to provide contact information for relevant authorities to seek further assistance. Approximately 5 CICs have been supported in 4 main provinces with more than 200 communities and 30 schools reached on MHPSS awareness. A total of 30,000 people has been reached through this initiative.

VRCS has been instrumental in the rollout of the COVID-19 vaccine across the 6 provinces, supporting MoH and health partners at the national, provincial and community level. Over 100 VRCS volunteers have been deployed and around 247,000 reached through community COVID-19 vaccination support services to date. Volunteers have been engaged to assist with **vaccine advocacy and integrated COVID-19 awareness** in the community, as well as data entry, registration and infection prevention and control (IPC) at vaccine sites. VRCS have also supported **mobile vaccine** teams with transportation of the vaccine to remote communities and assisted individuals with special needs to access vaccine sites and counselling services. In addition to this, VRCS has also supported the MoH by operating the **COVID-19 hotline**, in which volunteers answered queries and made referrals.

Viet Nam Red Cross Society

Based on the results of COVID-19 vaccination under the National Immunization Program, as of the end of 28 June, 2022, a total of 79,4 million vaccine shots has been administered. This is equivalent to the rate of 82.3% of the country's population vaccinated.

The total number of COVID-19 confirmed cases in Viet Nam is 11,405,711 since the beginning of the pandemic with 43,113 death cases reported. The 2022 COVID-19 wave in Vietnam reached its peak in the middle of March 2022 with more than 350,000 cases reported per day and gradually decreases. Since the early of May 2022, the Vietnamese Government decided to stop updating daily news related to COVID-19 infected cases on public media and national TV channel, as well as put down all the restriction methods.

The Viet Nam Red Cross (VNRC) has persisted in educating the communities, organising blood drives and creating **Information, Education and Communications (IEC) resources** on COVID-19 prevention and defence. Three videos on COVID-19 preventive efforts have also been produced. More than 20 articles on COVID-19 prevention have been published in local print and electronic media. Viet Nam Red Cross has reached over 19 million people nationwide through awareness raising, provision of PPE, blood donations, first aid, vaccinations, and socio-economic support through cash assistance.

At the provincial and district level, VNRC Chapters are currently carrying out ongoing operations to support children affected by the COVID-19. This includes **providing the children with annual study allowances and nutritious meals** in helping to elevate the impact of the pandemic experienced over the past two years.

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EUROPE REGION

Russian Red Cross volunteers are operating a COVID-19 hotline, answering questions, and providing psychosocial support to people in need.
Photo: Russian Red Cross, 2021.

The narrative section of the report focuses on **the main outcomes for the period between February 2022 and July 2022.**

Key data for the region



246.7 M
Total confirmed cases¹



2.1 M
Total confirmed deaths¹



159.2
Total vaccine doses administered per 100 population¹

54
National Societies assessed on involvement with vaccination related activities³

62.5
Persons fully vaccinated with last dose of primary series per 100 population¹

49
NS involvement in at least one vaccination related activity³

27.2
Persons boosted per 100 population¹

75%
Vaccine acceptance²

21
Number of WHO approved vaccines in circulation¹

¹ WHO, as of 24.08.2022
² IFRC Coronavirus (COVID-19) Global Overview, as of 24.08.2022
³ IFRC FDRS, July 2022

Financial overview as of 16.08.2022

Funding requirements:
CHF 120 million
(CHF 158 million including DG SANTE)

Income to date:
CHF 57.9 million
(CHF 93.4 million including DG SANTE)
Regional coverage: 60 %

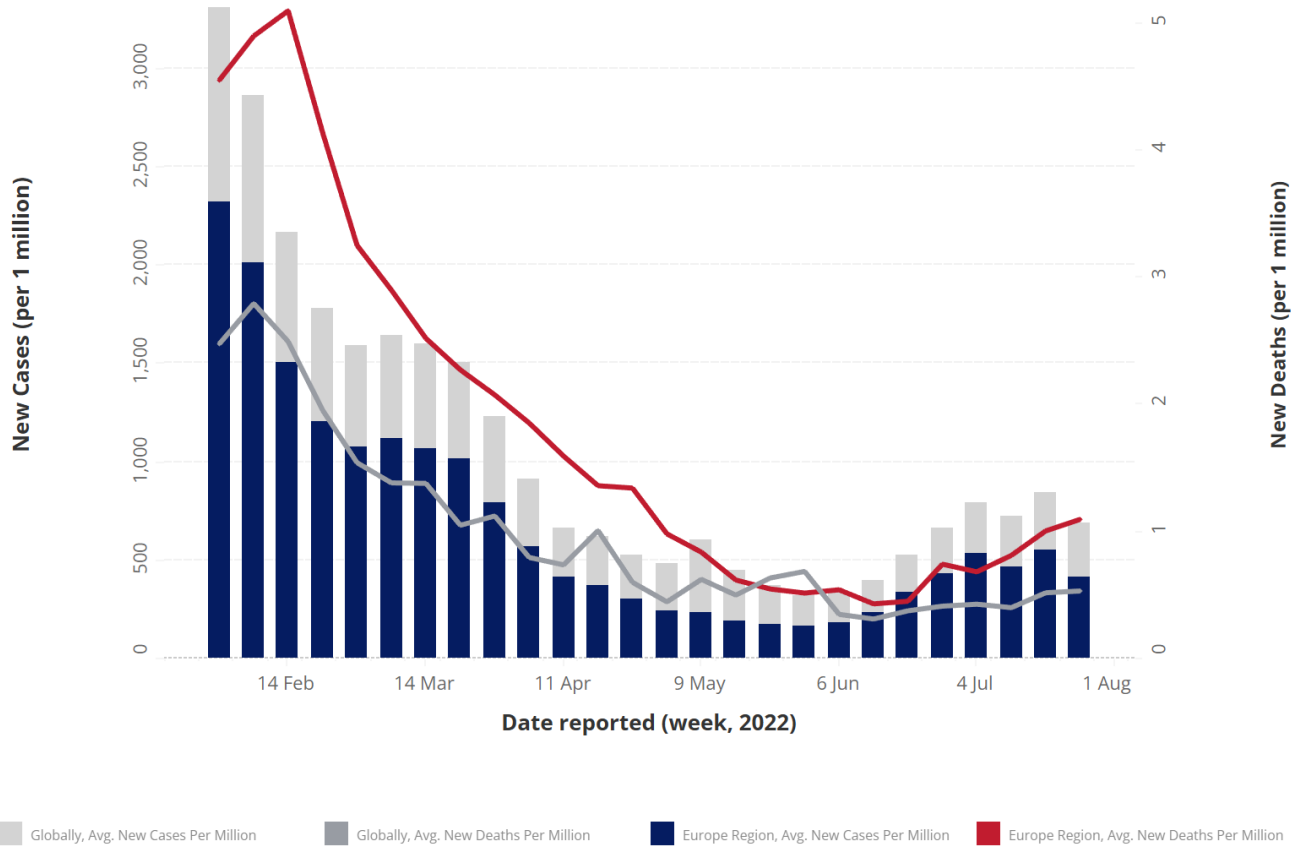
Expenditure to date:
CHF 58.1 million
(CHF 87 million including DG SANTE)
92.9% of total income



Regional overview

Weekly new COVID-19 cases and deaths

Per 1 million population; 1 February - 31 July 2022, WHO



As of 31 July 2022, the Europe region contributed to 42% of the cumulative cases and 32% of cumulative deaths globally, remembering that Europe accounts for less than 10% of the world population. Europe continues to be the worst affected region in the world. Following the extreme peak in January/February 2022, two more waves hit Europe region in March and July 2022. Due to relatively high levels of vaccinations, in particular in the western parts of Europe, combined with the herd immunity effect and due to the indications that new variants are showing to be less severe, the impact of the latest waves on the European health systems has been manageable.

18 months into starting COVID-19 vaccinations in the Europe region, 1.6 billion doses of vaccines were administered in the 54 countries of the WHO Europe region.

Priority 1: Sustaining Health and WASH

Over the reporting period, the response to the COVID-19 pandemic continued to evolve around awareness raising, addressing the 'infodemic', community feedback and mobilisation for vaccination, and testing and treatment. While in most countries in Europe region there was a significant reduction in limitations, some countries reconsidered some limited restrictive measures, despite WHO not issuing any statement nor advisory to (re-)install limitations.

On the programmatic front, all available funds were designated, obliged, and contractually agreed. As part of the transition, all elements are in place to ensure COVID-19 activities are reflected and integrated into regular health and CEA approaches. Specifically for Ukraine, the ongoing COVID-19 activities were immediately adapted and integrated in various other responses, similar to what other National Societies (NSs) did to transition from a vertical emergency approach to fully integrated operational modality.

The fact there is insufficient funding for 2022 remains in light of the vast needs faced by National Societies in the Europe region, efforts will be adjusted to focus on integrated health programming in line with the mentioned transition.

Risk communication, community engagement, and health and hygiene promotion

May saw the completion, **launch and promotion of a series of case studies collected as part of the COVID-19 Solidarity Fund, highlighting Risk Communication and Community Engagement and Accountability** (CEA) work carried out in the region during the COVID-19 response – this included highlighting National Society work with [surveys](#), [feedback mechanisms](#), [social media](#), and [refugees and migrants](#), with examples drawn from a dozen countries across the region, as well as the IFRC.

In June, **a visit by the regional CEA delegate and IM consultant to Kyrgyzstan** laid the groundwork for surveys in the country as part of the BHA programme, seeking to understand public attitudes to COVID-19 vaccination and build National Society capacity in mobile data collection.

In the same month, a **Lessons Learned Workshop in Georgia** between the National Society together with the IFRC Country Cluster Delegation for South Caucasus, reviewed activities and approaches during the COVID-19 response. Including representation from 14 local branches, the workshop provided a forum to discuss key challenges, identify and share best practices, and develop branch level plans tailored to specific local contexts. Ensuring support to mobile vaccination units, the plans integrate community-led approaches to reach out and listen to diverse and marginalised communities. The **revised Risk Communication and Community Engagement (RCCE) strategy for Georgia**, which is guiding the development of the branch-level action plans, is available [here](#).

Infection prevention and control and WASH

In the Balkans and South Caucasus areas, efforts continued to build the capacities of National Societies and local communities to better prepare for response to health emergencies. This includes training and mentoring of government and National Society staff to deliver support to the most vulnerable people, infection prevention and control in community settings including hand washing, social and physical distancing. Along with strengthened staff and volunteer capacities in First Aid, psychosocial support (PSS) and Mental Health in Emergency and Health Emergency settings, as well as capacities of the most at risk communities. This was done in support for preparation of the country project proposals based on identified needs and priorities from the Preparedness for Effective Response (PER) assessments.

Mental health and psychosocial support services (MHPSS)

During the **Health in Emergency training**, held in May, conducted by the IFRC Regional Office for Europe (ROE) for the Balkan region (Albania, North Macedonia, Montenegro, Bosnia and Herzegovina, and Serbia) **a session on Mental Health and Psychosocial Support (MHPSS) and Psychological First Aid** was included. This session raised awareness on MHPSS and various related tools that could be used to meet PSS needs in emergencies, with Psychological First Aid (PFA) being highlighted. Including this session in the training is also in line with the Movement MHPSS roadmap priority action 1, which advocates and encourages the integration of MHPSS across other sectors. Next steps would involve a full PFA training for health workers across the region.

In South Caucasus: Armenia continues to strengthen its MHPSS portfolio through having an **MHPSS focal point** as well as cascading **PFA trainings** across their network. IFRC has supported the strengthening of a framework on caring for staff and volunteers, with further training needed for team leaders. As mental health and well-being of staff and volunteers is critically important in the Movement, the ROE has been actively mapping MHPSS responses in the Europe region National Societies, which included technical support and information on how to make referral(s) to more specialized mental health services such as psychiatrists and psychologists.

Strengthening existing HEALTH and CASH hotlines by adding an MHPSS component is underway in many National Societies, including Bulgaria, Georgia, Poland, and Slovakia, which includes the training of hotline operators on PFA and basic PSS as a first line response.

The ROE MHPSS delegate has also been supporting the rapid response team in Ukraine and neighbouring countries' response in developing and implementing MHPSS interventions which target the Ukrainian refugees. Most significantly, a two-year project funded by EU focusing on provision of psychological first aid to Ukrainian refugees, capacity building of the involved National Societies' staff and volunteers, as well as the improvement of the coordination and cooperation within the Movement and external partners.

The ROE MHPSS delegate is part of the steering committee for the European Network for MHPSS and has been involved in regular meetings as well as planning for the MHPSS Europe Forum to be held in Amsterdam in September. The IFRC Regional and Caucasus offices are supporting participants from Armenian, Czech, Georgian, and Polish Red Cross National Societies to attend this forum to build their PFA capacity and giving opportunities for peer-to-peer exchange learning.

Support for immunization

During the reporting period, most activities around Community Engagement, Mobilisation and awareness raising included support for COVID-19 vaccinations. The remaining Red Cross vaccination centres (mainly in Georgia) were closed during this period as the number of people showing up for vaccination were simply too small to effectively continue to run these centres. National Societies continued their interventions to reach the most vulnerable population to increase access to COVID-19 vaccination, predominantly through active outreach and mobile units.

COVID-19 prevention and vaccination are being mainstreamed within the community groups and school health groups in Romania. In Bulgaria, vaccines are provided to the community in the form of mobile health team using a modified camper van. In the Czech Republic, the National Society is conducting outreach for vaccination in underprivileged areas and among the Roma community and is setting up local Red Cross branches for a long-term, sustainable epidemic preparedness.

Priority 2: Addressing Socio-economic impact

Livelihoods and Household Economic Security

The NSs that seized the opportunity to implement **cash and voucher assistance (CVA) preparedness (CVAP)** following their CVA interventions for the COVID-19 response (Armenia, Belarus, North Macedonia and Tajik Red Cross and Red Crescent National Societies) are still accompanied and supported in their preparedness phase. This support has been extended to the Kazakh RC and the Azerbaijan RC, supported also by the Swiss RC in Central Asia.

Following a **CVA capacity gap analysis** and the establishment of a **Plan of Action** identifying the steps required for CVAP, a special focus has been given to the national CVA focal points (hiring or confirming them in their position and providing the necessary trainings), the establishment of internal cash working groups, and the establishment of CVA standard operating procedures.

Social Cohesion and Support to Vulnerable Groups

Protection, Gender and Inclusion (PGI)

PGI ROE continued supporting NSs in carefully considering the impact of the pandemic and its intersection with inequalities and vulnerabilities in order to adopt specific measures to better protect and keep people safe. As COVID-19 has a long-lasting socioeconomic impact by deteriorating fragile systems and making people exposed to more or new vulnerabilities, it remains crucial to provide technical support to NSs in order to identify strategies and actions to mitigate the scale of the socioeconomic impact, reduce the risk of violence, and strengthen protection mechanisms, especially at community level.

PGI ROE continued raising awareness on protection risks by organizing learning opportunities and peer support, as well as strengthening Safeguarding mechanisms in the region to prevent exploitation, abuse, and harm. To build the capacity of the Tajik National Society on protection, gender and inclusion (PGI), a one-day **training titled “Protection, Gender and Inclusion principles and approaches: an induction”** on PGI basic concepts and principles was held on 29 June by the ROE PGI Delegate. Close coordination with CEA was maintained to strengthen the dissemination of life-saving information and to guarantee the establishment of feedback mechanisms for protection-related issues. In different operations, NSs were supported in assessing needs, risks and addressing vulnerabilities by collecting and analysing disaggregated data and protection trends.

Sessions on PGI in Health in Emergencies were also provided and included in standard trainings to highlight the PGI impact and aspects of the pandemic.

Health and Ageing

On 9 – 11 May 2022, the **Health and Ageing meeting** was held for the European region in Bern, Switzerland. The meeting was organized by IFRC ROE and supported and hosted by the Swiss Red Cross. 15 National Societies of the Europe and Central Asia regions have attended the meeting. The aim of the meeting was to present the WHO and IFRC planned strategies for Health and Ageing, developing and strengthening of the bilateral communications between the NSs and the next steps regarding the planning for the Health and Ageing Advisory group and Steering Committee.

Priority 3: Strengthening National Societies

Looking at the ongoing transition of the COVID-19 activities from a vertical emergency approach into integrated activities as part of regular programming, one of the main lessons learned and need for preparedness is the investment made into appropriate surveillance. Surveillance into health, focusing on next COVID-19 waves and other epidemics, as well as towards improved surveillance for other, meteorological disasters, such as floodings, heatwaves, etc.

Many NSs developed information management tools or platforms that can serve to increase surveillance. In addition, the role and scale of NS involvement in surveillance in support of government authorities has expanded. This could potentially lead to an adaptation of the auxiliary role, as well as the need to collaborate more efficiently with different civil society, non-governmental and governmental actors to provide a comprehensive surveillance package of services, possibly as an income generation activity.

National Society readiness

Emergency Operational Centres (EOCs):

Number of EOCs in NSs continue to play an important role in COVID-19 response efforts, particularly in collecting and analysing data, but also taking part in wider information-sharing efforts among national and regional stakeholders. New Information Management (IM) products are being developed and maintained through the operation with an enlarged focus on including the Ukraine crisis response, as well as other smaller scale disasters and crises at country level.

The future initiatives around EOCs will include the creation of facilities for greater EOC networking among NSs, creating similar products and insignia that should lead to the better detection of the information sources and products developed by RC EOCs. New EOCs are planned through Ukraine response plans, which will also be used in the COVID-19 operation. A **revised guide for NSs on EOC set up and implementation** are being finalized at global level, incorporating examples from the EOCs developed in Europe through the COVID-19 operation and beyond.

National Response Teams (NRTs)

In the scope of the COVID-19 operation, IFRC ROE did initial mapping of NSs needs for NRT improvements and readiness to invest in restructuring the approach to NRT trainings, activation, and performance tracking in 2022. One 2-hour **NRT online session** to NSs in Europe has been organized and delivered in September 2021. Considering the role of the NRT in the scale up of NS response, while facing the complexities in humanitarian response, it is imperative to support NSs to analyse and revise strategies, methodologies as to provide aligned regional common approach, roles and responsibility, the diversity of training processes and their technical content, the different measures of success, and new global approaches.

There is also a need to reflect on response capacities developed in recent years such as EOC and how this is integrated in the NRT activities and trainings. Between 5-6 July 2022, two 2-day **face-to-face workshops** were organized and implemented in Sarajevo, with 8 NSs. The aim of the workshops was to capture and analyse the current practices for the learning and training, implementation, and follow up process of the NRTs' recommended curriculum and common standards to ensure the development of the necessary competencies in order to be able to respond to emergencies from a comprehensive perspective.

Enabling Actions and Support Services

Resource Mobilization

During the first half of 2022, the Europe region has benefited only from one significant contribution towards this Emergency Appeal (EA): USD 395,200 from the USAID – B. for global health towards Tajikistan.

The IFRC ROE Resource Mobilization Capacity Building (RMCB) team continued to support 16 National Societies in income generation. Over the course of 6 months the **market study** identifying the potential domestic income sources was developed for Red Cross of Serbia, including scenarios for most potential income streams. Based on the study, the National Society started to review the fundraising priorities and build on the fundraising strategy to raise funds domestically.

With the seed funding, previously invested into Resource Mobilization, the National Societies in Europe Region were ready to launch domestic emergency fundraising in light of the Ukraine crisis and raised more than CHF 70 million collectively during the first four months of the conflict.

Learning from COVID-19 will be one of the topics covered during the **Regional Fundraising and Communication Skillshare** planned for October 2022, which will be attended by more than 35 NS fundraising experts.

Risk Management

Systematic risk management has continued to be an integral part of the COVID-19 operation, including continuous identification of risks to ensure proactive implementation of mitigation measures to prevent or mitigate the impact of the risks identified. This has ensured continued strengthening of the control environment to minimize exposure to the different risks as much as possible. Mechanisms have been put in place to ensure proactive monitoring of the adequacy and effectiveness of risk responses and timely remediation of deficiencies. Risk matrixes continue to be updated accordingly, informing preparedness and response activities, and ensuring Standard Operating Procedures (SOPs) are developed for more efficient responses.

During the reporting period, Europe region was faced with the Ukraine and impacted countries crisis and launched an emergency operation, where lessons learned from the COVID-19 Appeal, in relation to systematic risk management and proactive application of mitigation measures, were applied early on. Also, as Ukraine and many neighbouring countries have low vaccination rates, which has increased the vulnerabilities and needs of people on the move, COVID-19 prevention and protection measures were applied to protect people affected, as well as Red Cross Red Crescent staff and volunteers.

Communications

Since February, IFRC has been warning of an increased risk of COVID-19 due to the conflict in Ukraine and the great number of people on the move. The Communications team has published **several press releases**¹ on the health concerns related to the conflict, including the spread of COVID-19, and emphasized the importance of vaccination and preventive measures.

¹[Ukraine: Millions at risk as health concerns exacerbate vulnerabilities](#)
[Preventing a second crisis: Health needs extend beyond Ukraine's borders warns IFRC](#)

COVID-19 Europe Region | Regional Overview

COVID-19 was one of the three main themes of the **11th IFRC European Regional Conference**, and the Communications team has highlighted it in various ways during the event. One of the [case studies](#) presented at the conference showcased the work of the Kyrgyzstan Red Crescent, empowering women to reduce the socio-economic impact of the pandemic. A [Twitter Spaces conversation](#) was organized on COVID-19 response in Europe with the participation of Georgian Red Cross, Austrian Red Cross and IFRC, reaching 1,500 people.

Information Management

Regular needs-based support has been provided to National Societies sharing information on the GO Platform and maintaining their respective country pages. Similarly to the previous reporting period, special attention is placed on supporting NSs in strengthening their information management capacities, including data collection, data analysis, and related IT-solutions.

In May, the **Information Management consultant provided support to the IFRC South Caucasus office and the National Society of Georgia**, mapping and analysing standard operating procedures of the mobile vaccination centres operated by the Red Cross of Georgia. Results of this exercise were presented during a **CEA workshop** organized for the RC and used to improve the effectiveness of vaccination efforts.

In June, **a visit by CEA and IM to Kyrgyzstan** laid the groundwork for surveys in the country as part of the **BHA programme**, seeking to understand public attitudes to COVID-19 vaccination and build National Society capacity in mobile data collection and general understanding of Information Management. The National Society plans on rolling out the survey in September 2022. Similarly, in July, the IM consultant organized an **introductory training to Information Management for the Red Crescent Society of Tajikistan**, as part of the preparations for the **COVID-19 vaccination (perception) study**. The consultant has worked closely with both National Societies on study methodology and rollout plan development.

Planning, Monitoring, Evaluation and Reporting (PMER)

The PMER team, together with the COVID-19 Operations Coordinator hosted a **regional workshop on the transition strategy** and looking ahead after the IFRC Emergency Appeal ends on 31 December 2022. The workshop, held from 1 to 3 February 2022, provided an opportunity for all country and cluster delegations and their operations and PMER focal points to come together and collectively discuss strategic and practical approaches to the transition towards mainstreaming COVID-19 into longer-term programming.

The unit continued engaging directly with 54 National Societies in the Europe region on quality assurance and information sharing in the COVID-19 response. The exceptional relationship with and proactive approach of National Societies, as well as the best practices and lessons learned regarding establishing data collection, analysis and reporting systems for the large-scale and Federation-wide COVID-19 operation, contributed to successfully scale up capacities and establish PMER frameworks for the Ukraine and impacted countries crisis operation, where the regional PMER team continues to support National Societies on a daily basis.

Financial Analysis

Following the launch of the revised Emergency Appeal in December 2021, as well as the escalation of the Ukraine crisis in February 2022, despite significant efforts to increase Resource Mobilisation, IFRC's pursues to secure additional funding were unsuccessful. Meanwhile, many national authorities across the region have sought to include support for the essential COVID-19 activities in a more inclusive effort around health and community engagement.

So far in 2022, there has been no additional income generated and no foresights for additional funding to address the vast needs faced by National Societies within the Europe region.

The Revised Global Emergency Appeal for COVID-19 was launched seeking a total of CHF 670 million until 31 December 2022. For Europe region, the total funding requirement is CHF 120 million (excluding DG SANTE²). The current income for the region stands at CHF 58.1 million, out of which CHF 52.2 million has been expended (by the end of July 2022) representing a 90% financial implementation rate, while the region is at 86% of the overall timeframe. Leaving little remaining funding for the year 2022, given the vast needs faced in the Europe region. Overall ± CHF 5.9 million is yet to be spent, which included approximately CHF 1.9 million to be spent in 2023.

²Please refer to the 1st page of the Europe region section to see the total amounts including DG SANTE.

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 before the current reporting period, are no longer featured in this report unless stated otherwise. These NS continue providing support in response to COVID-19 through domestic and bilateral funds, and may be featured in the [Europe Region COVID-19 Operation Highlights report](#).

Armenian Red Cross Society

The Armenian Red Cross Society (ARCS) with support from IFRC has been implementing pandemic preparedness and response actions through these specific activities between January-July 2022:

Preparedness and Planning

- In February 2022, **two trainings on Psychosocial Support (PSS) and Psychological First Aid (PFA)** were held for 85 secondary school teachers (76 women, 9 men) from all project locations.

Risk communication, community engagement, and health and hygiene promotion

- RCCE and Awareness raising activities continued, focusing on supporting communication by the health authorities through complementing and extending risk communication efforts to people in rural and remote areas.
- Hotline operation continued, providing the information, psychological support (PSS) and necessary referrals to available state and non-state services to 1,100 people.

Partnership for pandemic preparedness and response

- Cooperation continued with the central (Ministry of Health (MoH) and local authorities, as well as with the international and non-state actors to map out the ongoing COVID-19 response interventions and identify the gaps coordinated approaches.

Support to COVID-19 vaccination activities

- ARCS continued supporting the public authorities in facilitating peoples' access to vaccination sites and through awareness raising on vaccination. As of 31 May 2022, 661 ARCS volunteers from 37 communities supported local authorities and health institution's efforts to increase the vaccination rate among elderly persons in Armenia, within the European Union / World Health Organization in Armenia funded **campaign "Vaccinating is Caring: Reaching-out People 65+ in Marzes of Armenia"**.

Key figures within the response:

- ARCS supported 38,000 people through distribution of food and hygiene items.
- ARCS reached over 1,550,000 people reached with awareness raising and hotline, from the beginning of the intervention in response of the crisis.



ARCS volunteer participating in a joint vaccination campaign with the Ministry of Health of Armenia.
Photo: ARCS

Red Crescent Society of Azerbaijan

The Red Crescent Society of Azerbaijan (AzRCS) has been responding to the needs of local people made vulnerable by COVID-19 from the onset of the pandemic partnership and cooperation with the public health authorities and local municipalities. AzRCS conducted the following activities between January-July 2022.

Preparedness planning

- Renovation of WASH facilities in four schools of Langaran and Astra regions ongoing.
- Communication with the local branches to coordinate response continuation within and beyond project timeframe.

Risk communication, community engagement, and health and hygiene promotion

- Dissemination of information related to COVID-19 preventive measures and vaccination both at national and local levels: household visits, community consultations, distribution of posters and leaflets, awareness raising activities for schoolchildren.
- Distribution of 1,100 hygiene kits in 9 regions.



During visits to the most vulnerable groups, volunteers of AzRCS were providing humanitarian parcels including food supplies, hygienic products, and small gifts. Photo: AzRCS, 2020.

Partnership for pandemic preparedness and response

- Coordination with the state and non-state actors, public authorities and UN agencies continued.

Key figures within the response

- AzRCS mobilized, equipped with personal protective equipment (PPE), and trained on COVID-19 safety measures 3,000 volunteers to support the operation across the country.
- AzRCS has provided relief assistance (food and non-food items) to 24,900 households made vulnerable by COVID-19
- Up to 33,000 households were provided hygiene items, including liquid soap, hand sanitizers and wet wipes.
- 959 most vulnerable households (up to 4,000 people) affected by the pandemic were provided a one-off cash assistance.
- More than 3 million people were reached with key messages about COVID-19 and more than 72,000 people were reached with the PSS messages and support.

Belarus Red Cross

Belarus Red Cross (BRC) continues 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";
- assistance in the delivery of food, basic necessities, prescriptions and medicines to vulnerable categories of citizens by BRC volunteers;
- functioning of the information line "201" to provide counselling and psychosocial support;
- provision of regional offices of the Belarus Red Cross in Brest, Grodno and Minsk with equipment in the form of mobile lifts and a ladder lift for people with disabilities
- 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;
- training for staff and volunteers to provide psychosocial support to vulnerable citizens;
- ensuring unrestricted access to diagnostics and treatment for people living with HIV and living in the regions with a high epidemiological burden on health care system and in remote areas by creation of mobile stations.



Belarus Red Cross volunteer supporting a person after vaccination. Photo: Belarus Red Cross

From the beginning of the response

- 136,291 services were provided by 612 volunteers for 102,200 people;
- More than 4,000,000 people were covered by risk communication activities, preventive measures and ways to improve psycho-emotional well-being;
- 231 medical institutions received support from the BRC in the field of infection prevention and control;
- 170 territorial social service centres across the country received support in providing social workers with PPE;
- 21,778 people received help through the BRC "201" information line;
- 39,702 recipes were delivered;
- 500 doses of the vaccine were delivered to remote regions;
- Over 34,180 vulnerable citizens received PSS, including "support calls";
- 7,596 older people and other vulnerable citizens were taken to vaccination points for vaccination;
- 356 homeless people and ex-prisoners were vaccinated due to the BRC support.

The Red Cross Society of Bosnia and Herzegovina

The Red Cross Society of Bosnia and Herzegovina (RCSBiH) continued its involvement in mass control at vaccination points throughout the country, as well as in providing transportation for COVID-19 positive patients in support of the healthcare system. RCSBiH has completed an overall of 1,008 transportations for 926 people in need, of which 241 people were completely immobile.

More than 1,287 people have received psychosocial support services, through three phone lines operated on a voluntary basis and six in total from 1 February to 31 March 2022. Due to the improved epidemiological situation caused by coronavirus during springtime, the number of calls decreased. Therefore, only two phone lines remained active in the period from 1 April to 30 June 2022.

471,408 people were reached through promotional campaigns (promotional educational material such as leaflets, anti-stress balls, bags were produced to raise awareness on the importance of vaccination within different age groups of the population. The promotional products displayed various messages, such as: *"I'm protecting myself", "I'm keeping you safe" "#let's get vaccinated"*. The promotional material was distributed through the RCSBiH branches (city RC and municipal RC) in the field. Awareness raising on the importance of vaccination was also done via social media posts.

27 Red Cross volunteers completed a **seminar on Voluntary Blood Donation in emergencies focusing on COVID-19** and around 40 Red Cross volunteers have been further educated on interpersonal communication related to COVID-19 vaccination.



RCSBiH volunteers in full safety gear, ready to distribute vouchers to vulnerable Roma families in Bosnia and Herzegovina. Photo: Prijedor, Bosnia and Herzegovina, 2021.

Bulgarian Red Cross

As part of the EA, the Bulgarian Red Cross (BRC) continues to implement the sociological **research** related to different aspects of the COVID-19 pandemic, including but not limited to vaccination. The research is being implemented in partnership with a professional research company, using different modalities of research in order to get the best evidence-based information. This information is used for the development of strategies in support of vaccination.

The total reach of promotional activities related to COVID-19 vaccination was over 4 million, with over 700,000 people reached directly (people who made interactions or participated in the events organized by the BRC).



Mobile vaccination point, BRC Burgas (Regional branch), Burgas. Photo: BRC NHQ.

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Bulgarian Red Cross has formed **5 mobile vaccination units** to visit remote communities with the aim to bridge the gap of vaccine availability. The total number of people vaccinated in these mobile teams is 854.

In cooperation with the National Network of Health Mediators, Bulgarian Red Cross distributed 43,400 hygiene parcels. Together with the distributions of parcels, the NS conducted hygiene promotion activities for over 12,000 people, during 2,281 sessions.

Bulgarian Red Cross established a **virtual dispatch centre** where they provide MHPSS activities with professional psychologists, using the free phone number. The dispatch centre received 1,679 calls and implemented 845 longer-term consultations.

A total of 3,485 COVID-19 prevention kits have been distributed to children from vulnerable population and a total of 503 volunteers were mobilized for COVID 19 response.

Red Cross Society of Georgia

As a primary auxiliary body, Georgia Red Cross Society (GRCS) supports Georgian public authorities' response to the COVID-19 pandemic in promoting vaccination through:

- 1) providing access to **high-quality vaccination** through a network of mass vaccination centres and mobile vaccination units, and
- 2) leading **risk communication and community engagement activities** to ensure that the community members have access to reliable and up-to-date information on COVID-19 vaccination through trusted channels.



COVID-19 Vaccination Marathon in Marneuli, July 2022.
Photo: Georgia Red Crescent Society

During January-July 2022, GRCS implemented the following actions:

Preparedness planning

- GRCS maintains **two vaccination centres and 2 mobile vaccination units** fully equipped to contribute into improved access to vaccination.
- Hotline stays operational amid reduced inquiries that were caused by the overall drop in total numbers of the confirmed cases compared to the previous reporting periods.

Risk communication, community engagement, and health and hygiene promotion

- In coordination with the IFRC programme and CEA focal points, GRCS organized a **RCCEA workshop** to provide 20 community mobilizers from 14 local branches with the support in improving levels of community engagement. As a concluding activity of the workshop, the branches drafted branch-level plans and SOPs tailored to specific local contexts

to standardize the branches approach to combat the vaccination hesitancy. All 14 branches are implementing branch-level SOPs as of July 2022.

- GRCS hotline continued to provide the relevant information regarding vaccination to the public.

Support to COVID-19 vaccination activities

- Georgia Red Cross Mass Vaccination Centres in Mtskheta and Rustavi and a vaccination facility in Mukhrani are fully operational and provide immunization services to the local citizens (both pre-registered and unregistered). Within the reporting period, 974 people were assisted in the vaccination centres and mobile vaccination units.
- 2 mobile vaccination units were fully equipped. Mapping process was finalized in cooperation with local NCDC representatives, and villages of three municipalities were covered, these being: Marneuli, Gardabani, and Bolnisi. In total 100 individuals (52 men and 48 women) were vaccinated through mobile units throughout the April-July period.
- To respond to growing vaccination hesitancy within the population, GRCS organized a **vaccination marathon** in Marneuli on 29 July, gathering local community, representatives of the local municipal government, healthcare and cultural houses, resource centre, and local radio/media representatives in an open area in the city centre to provide vaccination related information and encourage positive mindset towards vaccination within the population. As part of the event 30 people were vaccinated (15 men and 15 women).

Partnership for pandemic preparedness and response

- Coordination with the state and non-state actors, public authorities maintained.

Key figures within the response:

- GRCS mobilized, equipped with the PPE, and trained in COVID-19 safety measures a total of **11,000 volunteers**.
- **20,587 people** received PSS/PFA, as well as information on COVID-19 safety and referral to state and non-state services via GRCS hotline.
- **8,616 individuals (4,276 men, 4,340 women)** were vaccinated in the GRCs operated Mass Vaccination Centres and the Mobile Vaccination Units.

Hellenic Red Cross

The Hellenic Red Cross (HRC) is continuing to implement activities to reduce the impact of COVID-19. For the period of February-July 2022, the following ongoing activities have started:

COVID-19 awareness to Roma communities: In February 2022, the HRC's Educational Health Station (EHS) launched a programme called **"WE ARE INFORMED - WE ARE PROTECTED"** in West Attica, supported by the Mobile Health Team (MHT) of Urban Athens for outreach activities. It raises awareness among the Roma communities using picture-based leaflets and posters and holds Health & Hygiene Promotion sessions at primary and secondary schools followed by the distribution of small hygiene kits.

COVID-19 awareness and vaccination: Since April 2022, the HRC MHT for Urban Athens and the EHS participated in the Ministry of Health programme called **"Vaccines for all - Initiative in the fight against inequality"**. The programme focuses on homeless individuals in Athens, Roma communities, as well as third country nationals, regardless of their legal status. So far, HRC has conducted:

- 79 outreach sessions for Roma communities
- 52 outreach sessions among migrants and refugee communities



COVID-19 awareness to Roma families. HRC nurse and volunteer explain the COVID-19 protective measures and the importance of vaccination at the EHS Ano Liosia. Photo: Hellenic Red Cross

Preparations have taken place for the last remaining programme to start in September 2022. The initial plan was to support around 40 protection cases (migrant women headed families and sexual and gender-based violence (SGBV) survivors), through vocational trainings. However, following an assessment by the Social Welfare Division in June and considering the rise of prices and energy crisis, the aim now is to support these cases with small, multipurpose cash grants through remittances instead.

Since the beginning of the COVID-19 operation, HRC has:

- **263,775 individuals vaccinated** against COVID-19.
 - Conducted **731,405 COVID-19 screenings** for the early identification.
 - **Distributed 3,145 hygiene kits** to migrants residing at various migrants' accommodation sites and through HRC Health Activities.
- Continued to provide **primary health care in the community with home visits to 16,117 vulnerable people**, such as elderly and low-income people with chronic health problems

Red Crescent Society of the Republic of Kazakhstan

During the reporting period, the Kazakh Red Crescent Society has reached 8,638,000 people with information about COVID-19 vaccination and prevention measures through mass media (outside advertising, video rotation, as well as posters in public places, newspapers, television). Out of the total reached, 3,449,000 people were covered through the rotation of the

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video on LED screens in the public places, such as public transport and street billboards, and through the two types of posters placed in the public places and residential areas. Over 1,742,000 people were covered with the information disseminated through the mass media such as TV and printed newspapers/magazines. 531,775 people were reached through the regular and promotional posts in social media (Facebook, Instagram, etc.). 268,610 people received information about vaccination on their mobile phones via WhatsApp and Telegram.

1,086,212 people were reached directly through the individual and group interactions (informational sessions, messages through messengers, e-mails). From the total, 94,048 people were reached through individual and group in-person informational sessions. 79,858 people were informed about the importance of COVID-19 vaccination through online sessions. 111,921 people were reached through the dissemination of information through e-mails.

10,765 people were vaccinated with mobile vaccination teams and during the joint events of the local health facilities (policlinics) and the Red Crescent branches. 3,510 out of 10,765 people vaccinated with mobile vaccination teams and 7,255 people vaccinated during the joint events of the local health facilities (policlinics) and the Red Crescent branches.

A promotional video on COVID-19 immunization was rotated by 17 branches of the Red Crescent in public places and public transport. Forty street billboards were installed with the key message on vaccination in all regions. To date, about 83,584 posters are placed in the public areas. About 260,000 information materials were distributed among the population of all regions.



COVID-19 vaccination information dissemination activity.
Photo: Kazakh Red Crescent Society

1,709 volunteers were mobilized and trained in conducting risk communication activities. All volunteers and staff were provided with personal protection equipment (masks, sanitizers, gloves). The Kazakh Red Crescent will continue its efforts in retention of current volunteers through teambuilding activities and providing the incentives.

Red Crescent Society of Kyrgyzstan

During the reporting period, the Red Crescent Society of Kyrgyzstan launched an ambitious project called **"Building the Trust in Communities in Humanitarian Settings During the Pandemic"** to tackle the low COVID-19 vaccination rates in the country. The project conducted information sessions in the communities to explain the benefits of COVID-19 vaccination and dispel any rumours and myths. The information sessions were conducted by trained Red Crescent volunteers either in small groups or offered as individual sessions, reaching in total 5,154 people. The effectiveness of these sessions is backed up by the fact that based on the vaccination information in the targeted communities, at least 697 people have been vaccinated with COVID-19 vaccine following the Red Crescent information sessions. In addition, in one of the targeted regions - Osh region - the volunteers conducted awareness sessions on childhood vaccinations, where they explained to the parents and caregivers the benefits of vaccinating their children according to the national immunization calendar. In total, 306 people were reached with these messages and, as a result, 40 children have been vaccinated. On 21 May 2022, the Red Crescent Society of Kyrgyzstan (RCSK) organized a **football and basketball sports tournament** dedicated to vaccination against COVID-19, which was attended by 160 participants.



COVID-19 vaccination information dissemination activity.
Photo: RCSK

In the first months of the project, the National Society required intensive technical support to start the project rolling. As a result,

COVID-19 Europe Region | National Society Highlights

IFRC global and regional teams, in Geneva and Budapest, have visited through technical missions. Between 3-7 April 2022, Frido Herinckx, Operations Manager, from the IFRC Regional Office for Europe, and between 5-8 April, Monica Posada, IFRC CEA Global Coordinator visited the country to provide technical support in the implementation of the project. In May, Regional CEA Coordinator for Europe region and regional IM consultant visited the RCSK to provide technical support and training to the project team.

The RCSK, backed up by the IFRC Country Cluster Delegation in Bishkek, coordinated actively with other organizations in Kyrgyzstan which are involved in COVID-19 response and vaccine promotion. It regularly attended the coordination meetings of risk communication group composed of representatives of the Ministry of Health of the Kyrgyz Republic, the Ministry of Culture, the Republican Center for Public Health, the Republican Center of Immunization, UNICEF, USAID, WHO, among others.

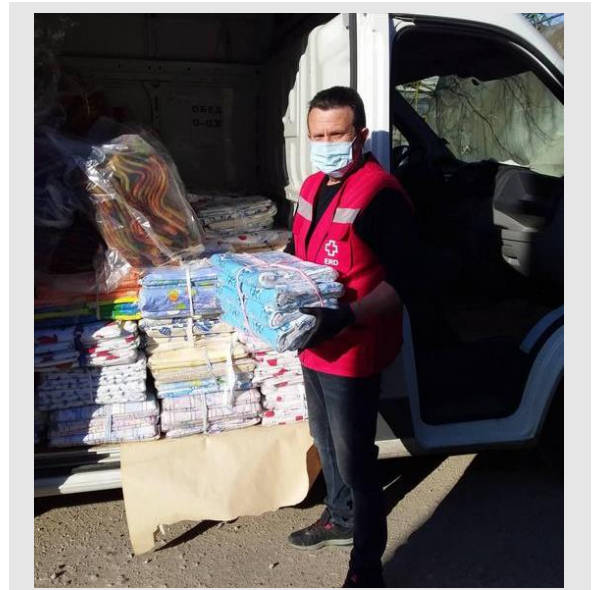
Red Cross Society of the Republic of Moldova

Since the beginning of the pandemic, the Red Cross Society of the Republic of Moldova (MRCS) participated in 19 meetings (5 meetings organized in the reporting period³) with the Ministry of Health, the National Agency for Public Health, the World Health Organization, and UNICEF Moldova, to jointly coordinate and conduct the information campaign regarding the COVID-19 pandemic, and, since May 2021, the vaccination promotion campaign.

Since February 2022, the Red Cross branches from Moldova organized **two regional trainings** (13 in total) for the Red Cross volunteers about vaccination promotion for the population in the national vaccination campaign and discrediting the false information through correct answers and arguments. During the project implementation period, 4 interregional trainings for Red Cross volunteers were organized in pandemic response and offering psychosocial help to the population affected by the COVID-19 pandemic situation and 1,352 volunteers were trained. Until 30 June 2022, 318 **public information sessions** in 20 regions of the country were organized in schools, vaccination centers, public spaces, mobile routes to homes, shops, shopping centers, etc. During this period, the Red Cross volunteers joined the "Health Bus" of the Ministry of Health in a total of 16 vaccination information marathons in rural areas that were organized.

The **National Conference of RC volunteers** with Ministry of Health and WHO representatives was held in April in Chisinau, 35 representatives of all MRCS branches attended the conference. The aim of the conference was to summarize the MRCS achievements in the COVID-19 response activities and planning of the next steps.

From February 2022, all the buses and trolleybuses from Chisinau and Balti municipality had bilingual stickers on their windows promoting vaccination against COVID-19 and allowing the passengers from the public transport to get the right information. 35,000 people were provided with face masks and at least 1,600,000 people were reached with the information about COVID-19 vaccination, among which approximately 400,000 were displaced persons from Ukraine.



MRCS volunteers and staff are providing support to hospitals by donating bedding sheets and blankets for COVID-19 infected patients. *Photo: MRCS, 2021.*

³ The Red Cross Society of the Republic of Moldova reported on activities carried out from 1 February 2022 until 30 June 2022.

Red Cross of Montenegro

The Red Cross of Montenegro continued aiding 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, handing out masks, providing information on the number of doses of vaccines, the time gaps, potential side effects, answer questions, and respond to myths and misinformation with accurate information and by providing trusted sources.

- Number of people reached by public awareness and Risk Communication on vaccine related topics – 86,916
- Number of people guided in the vaccination sites – 220,752
- Number of migrants and Roma people vaccinated with RCRC support – 223
- Number of volunteers engaged in the immunization process – 262
- Number of doses of vaccines transported by NS support – 340
- Number of participants in workshops related to vaccination - 500
- Number of volunteers active in Call Centre – 30



RC of Montenegro call center from May 2020.
Photo: RC of Montenegro

Red Cross of The Republic of North Macedonia

The activities in which the Red Cross of The Republic of North Macedonia is involved in since the beginning of the mass immunization are:

- Administrative and logistical support before the vaccination (temperature measurement, registration, filling out a questionnaire)
- Mental Health and Psychosocial support in the vaccination points
- Guidance for the citizens on the vaccination points
- Transport for the citizens from and to the vaccination point
- Support for people with disabilities



Red Cross volunteer is knocking on the door of elderly person to deliver food parcels.

Photo: Red Cross of The Republic of North Macedonia, April 2021.

Key data from the beginning of the pandemic up until 31 June 2022:

- Assisted vulnerable groups with PSS: 10,577
- Distributed monthly food parcels: 423,115
- Distributed monthly hygiene parcels: 7,602
- Distributed disinfection kits: 18,354
- Distributed baby parcels: 3,309
- Mobilized staff and volunteers on a daily basis: 300– 400
- Distributed protective masks: 322,141
- Distributed protective gloves: 291,606
- Distributed chronic therapy: 8,799

Romanian Red Cross

The Romanian Red Cross has organized **12 health caravans** to provide information on COVID-19 prevention, as well as some basic health services. A total of 1,727 people were supported in the caravans.

Additionally, the Romanian Red Cross organized **47 health school clubs** and reached more than 4,700 students with health promotion activities, such as health education sessions in schools.

A total of 1,218 health education sessions were held. In the reporting period, a total of 428 volunteers participated in COVID-19 response activities.



Romanian Red Cross volunteers delivering medical equipment, protective materials, and hygiene.
Photo: Romanian Red Cross, April 2021.

Italian Red Cross

In Italy, older adults have been the most impacted by the SARS-CoV-2 pandemic. From increased mortality and morbidity to the mismanagement and treatment of older adults in care homes within the country, the pandemic has exposed communities and practitioners to failure to protect this group at risk.

During the reporting period, local branches continued to conduct their visits in the different home care settings or in private houses in synergy with services already provided to extreme vulnerable older adults, left alone with no family support and no care.

Italian Red Cross (ItRC) volunteers carried out recreational activities, workshops and initiatives aimed at introducing older people to the use of digital tools, like tablets, reaching about 142 people hosted in 6 home care facilities or living in private houses. Guests were supported in connecting with their families and friends by learning how to run video calls and send text messages, to reduce the feeling of isolation exacerbated by the pandemic and distress. In case of difficulties, volunteers helped in starting and facilitating the calls. Guests also used tablets for recreational purpose and maintenance of cognitive skills, by reading newspapers, listening to music, watching videos, using apps to play games, training memory, drawing, etc.

- Direct people reached: 142+ (older adults in both home care and private housing)
- Indirect people reached: 317+ (including the guests of home care facilities, family members, personnel, and volunteers)
- Home care facilities reached: 6+



Italian Red Cross volunteers conducting health screenings, including COVID-19 tests at Fiumicino airport in Rome.
Photo: Italian Red Cross, August 2021.

The project is also looking to pilot a new approach to address isolation and distance of older adults from family members, by putting them at the centre of the digital learning process, as a process for their self-determination, rediscovery of personal and cultural values, In this frame, experiences and approaches from branches have been collected to incorporate them in a toolkit that will be finalized at the end of the project with the support of technical consults.

The Russian Red Cross Society

In the reporting period, the Russian Red Cross Society has provided hygiene kits and informational materials on COVID-19 prevention to 105,000 people in 20 regions of Russia within the national initiative **"Stop spreading COVID-19"**. In addition, 5,100 people were supported through **"Recovery schools"** for COVID-19 patients launched in 40 regional branches of Russian RC. The NS has also conducted 2,300 lessons and meetings between February and July 2022.

The Red Cross of Serbia

During the reporting period, the Red Cross of Serbia has been conducting transportation for vulnerable people to vaccination points. Additionally, 77,096 people received some kind of support during the vaccination process:

- 19,060 calls were made by RC personnel to call people on vaccination.
- 8,475 people supported directly at the vaccination points.
- 1,521 migrants and people from substandard settlements have received vaccination support.
- 1,457 people got support after vaccination in relation to check their health condition.



Volunteers from the Red Cross Society of Serbia show children tips on preventing the spread of coronavirus
Photo: Red Cross Society of Serbia, 2021.

Red Crescent Society of Tajikistan

During the reporting period, the Red Crescent Society of Tajikistan (RCST) continued its health information and risk communication work in 10 selected communities, encouraging people to vaccinate against COVID-19 and reminding of basic COVID-19 preventative measures. The RCST reached almost 1 million people (998,529) with COVID-19 vaccine promotion messages between August 2021 and July 2022.

To support these activities, 46,000 pieces of information materials were produced and distributed in the targeted communities. Additionally, the RCST helped to distribute 17,000 pieces of information materials that were provided by the UNICEF. The materials were developed in a close collaboration with the Republican Center of Healthy Lifestyle. The materials were produced in Tajik language, but later, based on the feedback of Uzbek speaking communities in border districts, they were produced in Uzbek language as well.

As the COVID-19 vaccine coverage rates have increased throughout the first half of 2022, the project focused more on increasing the vaccination coverage rates among the groups that are most at risk for severe COVID-19 disease, if they remain unvaccinated, such as older persons, people with pre-existing conditions, disabled people, people affected by TB and other vulnerable groups. The project volunteers referred 19,915 unvaccinated individuals for COVID-19 vaccination and the majority of those people opted to get vaccinated afterwards. In situations when the individuals were unable to go to vaccination centres on their own, the Red Crescent volunteers either organized home vaccinations

Hot line centre:

During the implementation period, the call centre received 4,801 calls for consultations, of which 3,535 were from women and 1,266 from men. A [video](#) entitled **“One ordinary working day of a volunteer in the Sughd region”** in framework of the “Social mobilization of population to COVID-19 vaccination” project was implemented with financial support of USAID and IFRC.



Immunization at workplace (Khujand city)
Photo: RCST

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Key data for the region

21.3M Total reported cases	48.6k New cases 7 DAYS SINCE DATA DATE	309.1k Total deaths	498.1M Total vaccination doses administered
110.8 Doses administered per 100 people	9 NS involvement in at least 1 vaccination related activity	13 Number of WHO approved vaccines in circulation	70% Percent vaccine acceptance

Financial Overview



Funding Requirements:

CHF 89,000,000

Income to date:

CHF 44,898,202

Regional coverage:

50 %

Expenditure to date:

CHF 41,088,489

92 % of total income

National Society involvement per COVID-19 Operational Priority



11/17 NS
Sustaining Health and WASH



8/17 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.

Regional overview

As of 31 July 2022, the total confirmed number of COVID-19 cases in MENA has surpassed 22 million with over 346,000 associated deaths. These figures account for 4% and 6% of the global burden of cases and deaths, respectively. Among the five regions, MENA still has the fourth-highest number of COVID-19 cases and associated deaths. For instance, Iran is among the top 20 countries with the highest number of cases and is still the country with the highest number of COVID-19 cases among the 17 MENA countries, followed by Iraq and Jordan. The Case Fatality Rate (CFR) in MENA is at 1.5%, compared to 1% globally. The dominant and currently circulating Variant of Concern (VoC) in the MENA region and globally is Omicron (B.1.1.529). Different countries across MENA started to exhibit signs of a sixth COVID-19 wave by June 2022, as the number of reported COVID-19 cases started to sharply increase. This surge in cases led many countries to increase national immunization efforts in order to try to contain the spread. This surge in cases followed the decision of many countries to lift national COVID-19 precautionary measures in the first and second quarters of 2022.

By the end of July 2022, the total number of COVID-19 vaccine doses administered in the MENA region has surpassed 498 million doses, accounting for approximately 4% of the total doses administered globally. Out of the 17 countries in MENA, Qatar currently has the highest vaccination rate with 100% of its population vaccinated, followed by Bahrain with 85% and Kuwait with 81%. In addition, in many of these countries, receiving a third COVID-19 booster dose is now widely available. Despite high vaccination rates in the countries of the gulf, some MENA countries like Yemen and Syria are still struggling to vaccinate the most vulnerable 20% of their population. Lack of vaccine equity, political and economic unrest, and challenges related to poor infrastructure and vaccine access, continue to pose a major challenge in vaccinating the last-mile populations in the region.

Priority 1: Sustaining Health and WASH

Risk communication, community engagement, and health and hygiene promotion

Interagency Collaboration:

- In collaboration with WHO/UNICEF, Africa Regional Office, and the Secretariat, the RCCE training package developed and implemented by IFRC and the Inter-Agency partners in the MENA region for 'Vaccine Acceptance' is being adapted for the SLL-Africa CDC project for Africa content.
- The Interagency Regional Working Group's new work plan has been developed by the Interagency partners in the MENA region, namely WHO, UNICEF, and IFRC, to focus on COVID-19 and beyond COVID activities in 2022-23.

RCCE Relevance studies in Iraq, and Palestine have been conducted.

- **In Palestine by IFRC and PRCS**, the study was conducted by an external consultant (UDA) where PRCS contributed to the data collection exercise through 30 volunteers, and the final report including recommendations has been finalized.
- **In Iraq by IFRC, WHO**, the study was conducted by an external consultant (Anthrologica), where IRCS volunteers contributed to data collection. The study report is under review by the partners and will be disseminated soon.

Ramadan Campaign

During the month of Ramadan, the Ramadan campaign was conducted in collaboration with interagency (WHO, UNICEF, and IFRC). Key messages regarding vaccine acceptance, health and hygiene, and social distancing were reinforced through social media by each agency. The key messages were distributed through various social media channels during Ramadan, reaching 2.4 million people on Instagram. During Ramadan, the IFRC and interagency COVID-19 messages and videos were disseminated on various IFRC social media platforms to reinforce the messages.

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- Ongoing RCCE technical support to **RCCE USAID/BHA project Iraq** is being provided by the regional team on regular basis, supporting the development of the action plan and the capacity building for IRCS staff and volunteers in both RCCE and CBHFA activities.
- **Interactive voice response project**
Technical support is being provided for the Islamic Development Bank-funded project which will be designed and implemented in close collaboration with the American University of Beirut (AUB), IFRC, and the National Societies of Jordan and Lebanon. Regular meetings are being held to select the target population, and communities and plan for the assessment in the target countries. A small qualitative assessment will be conducted in the two targeted countries to help identify the target populations, risk behaviors, and available channels of communication to design messages and develop the voice response app/tool to address COVID-19 behaviors.
- Supporting the **Saving Life and Livelihoods "SLL" Africa CDC RCCE project proposal writing** for increasing the COVID-19 vaccine uptake to 70% in the African continent by end of 2022, the orientation meeting (9-10 February) with five National Societies from North Africa Tunisia (Algeria, Morocco, Libya, Tunisia, and Egypt), and following/supporting the microplanning sessions on country level.
- Technical support was provided to the Syrian Arab Red Crescent in implementing RCCE activities aimed at encouraging COVID-19 vaccine uptake and fighting rumors and misinformation in different communities in Syria.

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 contributed to Health ERU Workshop and planning in Egypt from 12 to 16 June 2022 as part of the IPC measures to be taken place within the clinic.
- The first joint regional WASH training between IFRC and UNICEF was held in Amman, Jordan on 2-6 July 2022 with the presence of 11 MENA National Societies with the objective to further familiarize national societies' response capacity in WASH in increased alignment and potential collaboration with UNICEF modus operandi.

Infection prevention and control and WASH (community)

- Continued dissemination of the IFRC COVID-19 hygiene kit minimum requirement to the MENA National societies as well as the collection of additional contextual adaptations to ensure that it meets the standards and specifications required by each country in the MENA region.
- First consignment Emergency WASH treatment plant delivered to Egypt to be used in ERCS WASH capacity building and regional deployment.

Support for immunization

- Communication with National Societies to receive vaccines was established whenever COVID-19 vaccine donation opportunities were presented.

Priority 2: Addressing Socio-economic impact

Protection, Gender, and Inclusion (PGI) Direct support to National Society

- Building capacities of five Red Cross and Red Crescent National Societies of Lebanon, Iraq, Syria, oPt, and Libya in terms of PGI either through dedicated PGI trainings or through sub-regional training in addition to specialized trainings tackling GBV (for the Lebanese RC (LRC) and the Palestine Red Crescent Society-Lebanon branch (PRCS-L)).
- Mapping of PGI capacities and enhancing PGI Network by conducting a preliminary PGI assessment of nine Red Cross and Red Crescent National Societies of Egypt, Iraq, Jordan, Lebanon (LRC and PRCS-L), Libya,

COVID-19 MENA Region | Regional Overview

Palestine, Syria, and Yemen to highlight each NS' PGI and Safeguarding situation, in addition to their needs and requests. Moreover, a technical PGI regional working group was formed during the last day of the PGI sub-regional training. PGI focal points from the Red Cross and Red Crescent National Societies of Iraq, Lebanon, Palestine, and Syria were identified to form the preliminary PGI Technical Working Group which is set to meet in the third quarter of the year to agree on its ToRs while waiting for the second PGI sub-regional training, in which other National Societies can participate.

- PGI mainstreaming initiatives are carried out through direct support to the Red Cross and Red Crescent National Societies of Lebanon, Syria, oPt, and Iraq to mainstream PGI across different technical areas.
- Direct support is provided to National Societies through safeguarding initiatives to develop their PSEA policies, strategies, mechanisms (SARC), and Child Safeguarding (ERC and PRCS).

Priority 3: Strengthening National Societies

National Society readiness

Disaster Risk Management (DRM) support

- Technical support was provided to streamline the DRM component to strengthen the capacities of MENA National Societies (Egypt, Jordan, Libya, Syria) and to implement the preparedness for an effective response cycle and/or implementing their PER Plan.
- Promoting the implementation of the Preparedness for Effective Response, quality, effectiveness, and timeliness of Standard Operations Procedures (SOP) along with contingency planning, emergency need assessment, and planning are essential elements to improve the National Societies' response capacity.
- The implementation of Contingency Planning and Business continuity plans were coordinated with DMAG.
- Three sessions have been organized among the IFRC and the contingency planning subgroup. During this session, new job aids were introduced to National Societies.

The IFRC MENA has been supporting the development of the global Emergency Operations Management Systems (EOMS) and Emergency Operations Centers (EOC) guidance by providing technical support on the revision of the materials as well as collecting evidence from the MENA region to be included in the global guidance. The intention is to roll out this guidance with MENA National Societies, which have expressed interest to prioritize the EOC as part of the PER process and soliciting national and regional feedback.

In MENA National Societies, EOMS/EOC models refer to structures that provide human, technological, and infrastructure resources that, when combined, facilitate decision-making and order emanation in emergency response.

National Society Preparedness

- The seven Red Cross and Red Crescent National Societies of Syria, Morocco, Libya, Egypt, Lebanon, Iraq, and Yemen have been engaged in the PER Cycle.
- PER was conducted at the branch level of the Syrian Arab Red Crescent.
- Two case studies related to the PER journey were developed in Syria and Lebanon, with a focus on PER and Multi-Hazard response.
- Support was provided for the revision and translation of the preparedness series videos for a more effective response as well as the global curriculum for national intervention teams in September. This global curriculum will be tested for the first time at the regional level in Arabic, with 11 National Societies from the region participating.

Enabling Actions and Support Services

Logistics and supply chain

COVID-19 MENA Region | Regional Overview

Continuous assistance, advice, and support have been provided for the procurement of Hygiene and Food Parcels, personal protective equipment (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. Daily remote support was provided to operations, as was continuous follow-up during the technical approvals process.

One of the main goals is to ensure that MENA National Societies' procurement procedures are compatible with those used by the IFRC, that they are simplified, and that they are tailored to the needs of National Societies. Direct operational support was provided through the international procurement of Oxygen Concentrators (340 units for pre-positioning stock in Dubai and 63 units for the Tunisian Red Crescent), carried out by the IFRC MENA with lateral support from Movement Partners, as well as procurement of food and hygiene products. Oxygen Concentrator pre-positioned stocks were also distributed to Syria, Yemen, and Tunis. In addition, IFRC MENA supported the procurement of 144 oxygen concentrators for the Algerian Red Crescent and 49 oxygen concentrators for the Tunisian Red Crescent.

Support was provided to the Iraq Vaccine Monitoring team with the purchase of IT equipment (for field monitors and the team leader) for the COVID-19 third-party monitoring project.

The Canadian government is currently in talks about donating PPE to the MENA Region. The agreement is in place, and soon the PPE items such as masks and other items will be sent to Dubai Warehouse for further distribution to respective countries within the MENA Region.

Security

The IFRC MENA has continued to provide technical support to IFRC security focal points across the region to ensure appropriate safety and security prevention and mitigation measures have been in place for both IFRC and the National Societies personnel to operate during the COVID-19 response. IFRC's dedicated security personnel in Lebanon and Iraq further strengthened operations in those contexts. IFRC interventions have continued to be conducted within the framework of the Minimum-Security Requirements. While significant travel disruption occurred early in the pandemic, travel and internal movement restrictions have subsequently been lifted to ensure access to communities where needed.

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 collection, and 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.

Information Management

- Several virtual workshops on GO Platform updates were held for more than 25 participants from various profiles, primarily IM and PMER.
- Technical support was provided to Syrian Arab RC (SARC), the National Society representing the MENA region, to help them create a presentation to share their platform experience at the GO Q2 briefing on August 3, 2022. SARC highlighted how helpful the GO platform was to them during covid-19 and presented their covid-19 report at the global forum.
- Virtual workshops were held for IM and PMER participants to help them leverage and optimize the data collection technique in order to respond effectively. Coaching and mentoring were part of the training methodology. It harmoniously combined theoretical and practical training techniques.
- Two on-site training sessions on how to use the Kobo toolkit modules for data collection and survey design were held for the IM focal points at the Palestinian Red Crescent Society.

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- Technical support was provided to the Jordan National Red Crescent Society with the data visualization of the project "Addressing the Double Impact of the COVID-19 Crisis in Jordan".

Communications

IFRC MENA continued to support National Societies' response to COVID-19 through channelling key messages, activities, content, and achievements on key platforms, workspaces, and the media.

[IFRC MENA's Arabic Instagram](#) page has been a strategic platform to advocate for vaccine equity and COVID-19 content, where millions of accounts were reached, and thousands of user interactions were gained. [IFRC MENA's twitter](#) account has facilitated a session on Twitter Spaces with IFRC Health Leaders where vaccine trust and overcoming the pandemic were discussed.

IFRC MENA's Newsletter, sharing field stories and vaccination achievements in Lebanon and Iraq, shed light on the importance of the movement's crucial role throughout the COVID-19 pandemic, showcasing impressive figures throughout the projects.

IFRC MENA continued to support the TPM vaccination campaign in Lebanon and Iraq, with a success story in Lebanon as the project came to an end, assuring the safe handling and equitability of COVID-19 vaccines.

- Press Release: [Yemen: As global food insecurity crisis escalates, hope shrinks for millions already suffering from extreme hunger](#)
- Press Release: [Red Cross Red Crescent humanitarian leaders agree on a road map to alleviate the suffering in MENA](#)
- Tweet: [Syrian Red Crescent Volunteers elevate COVID-19 vaccinations around Syria](#)
- Tweet: [IFRC Health Leaders discuss vaccination on Spaces](#)
- Tweet: [Vaccine equity](#)
- Tweet: [Thank you Egyptian Red Crescent Volunteers](#)
- Tweet: [2022 Humanitarian Leadership Conference](#)
- Tweet: [Dr. Jalal Al-Owaisi discussing the volunteers' response during the COVID-19 pandemic](#)
- Instagram: [Vaccine equity](#)
- Instagram: [TPM Field Monitors all over Lebanon](#)
- Instagram: [Vaccination motivation during Ramadan](#)
- Instagram: [Vaccination and Fasting](#)
- Instagram: [Guide to Vaccination Process](#)
- Newsletter: [Field Stories Issue 4](#)

Financial Analysis

The overall implementation of the COVID-19 appeal in MENA region is on the track with some challenges related to reporting from few National Societies. One of the risks to highlight is the lack of income for some National Societies beyond December 2021. The high implementation rate is attributed to the following countries:

- Syria
- Lebanon
- Palestine
- Iraq

Regional Overview	CHF Million
Funding Requirement	89
Confirmed Income (PEAR)	44
Total Operating Budget 2020-2022	45
Expenditure Year-To-Date	41
Budget Implementation	91%
Income vs Funding Requirement	49%

Specific points:

It is worth noting that IFRC MENA anticipates accelerated reporting from the North Africa cluster National Societies following intensive support and close follow-up. Income relocation exercise is currently underway to ensure full utilization of funds and is based on regional gaps and priorities in the region. In addition, IFRC MENA has requested a no-cost extension for some countries in order to ensure proper implementation.

With the budget implementation reaching 91 % of available funds and the National Society requesting additional funds to keep the intended implementation in place and provide the necessary support during the immunization phase, more funding will be required to continue those efforts.

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

In Algeria, from 3 January 2020 to 14 September 2022, there have been 270,561 confirmed cases of COVID-19 with 6,879 deaths, reported to WHO. As of 3 September 2022, a total of 15,267,442 vaccine doses have been administered. The Algerian Red Crescent (ARC) is a key player in the national vaccination campaign in Algeria. Most Algerians were hesitant to get vaccinated against COVID-19 when the local Ministry of Health (MoH) first launched the vaccination campaign. As a result, ARC organized nationwide (online and on-site) **public awareness campaigns** to combat misinformation and rumours about the vaccine as well as COVID-19 prevention measures.

With the emergence of a new COVID-19 variant Omicron, the ARC increased its support for the national vaccine rollout campaign and at the same time ramped up its public awareness campaigns to encourage even the most hesitant citizens to get vaccinated and combat misinformation.

ARC volunteers have been trained and fully equipped to conduct RCCE activities and manage vaccination centres on the ground.

The National Society has also organized a perception survey operation to identify the most common incorrect beliefs among the population in order to design the most effective key messages to alleviate public fear of the COVID-19 vaccine.

ARC designated **67 centres to assist the Ministry of Health in administering COVID-19 vaccine doses**. As a result, the Algerian Red Crescent **vaccinated at least 1,200,000 people** in their centres, accounting for 10% of the total vaccinated population.

The intervention of the Algerian Red Crescent as an auxiliary to local authorities enabled the containment of the COVID-19 pandemic and its effects on communities. The ARC assisted vulnerable populations (including nomads and migrants) in gaining access to the best health care and support (PPEs, disinfection kits, and vaccines).

Bahrain Red Crescent Society

According to the WHO, from 3 January 2020 to 14 September 2022, there have been 674,621 confirmed cases of COVID-19 in Bahrain with 1,518 deaths. As of 10 September 2022, a total of 3,468,872 vaccine doses have been administered.

The First Aid Committee of the Bahrain Red Crescent Society organized a training course in **"First Aid" for more than 40 volunteers** belonging to the Society with the aim of qualifying them for the paramedic's license, allowing them to intervene in accident cases and provide first aid. The course was specifically aimed at young people who volunteered on the front lines in the face of the Corona pandemic at Bahrain's new international airport. The course included two theoretical and practical aspects and dealt with several topics, including dealing with burn injuries, fractures, Cardio-Pulmonary Resuscitation (CPR), transportation of the injured, bleeding, and fainting.

The Bahrain Red Crescent Society worked in coordination with Bahrain International Airport Company to provide about 50 volunteers from its cadres, with the **field of monitoring health cameras** to examine those coming to and leaving the Kingdom of Bahrain and guide them to the mechanisms used to **conduct COVID-19 tests**, as part of the association's active contribution in supporting national efforts to address the pandemic and to provide the necessary assistance at various levels as a support group.



Figure 1: COVID-19 vaccination campaigns.
© Algerian Red Crescent

Egyptian Red Crescent

In Egypt, from 3 January 2020 to 14 September 2022, there have been 515,348 confirmed cases of COVID-19 with 24,796 deaths, reported to WHO. As of 10 September 2022, a total of 98,019,706 vaccine doses have been administered. The Egyptian Red Crescent (ERC) carried on with its response activities and interventions to reduce the impact of the pandemic on the population:

- A total of **34 volunteers and staff** were trained on **COVID-19 introduction**
- A total number of **118 staff and volunteers** trained on **COVID-19 vaccination campaign management (RCCE)**
- A total number of **252 staff and volunteers** participated in routine immunization and supplementary immunization activities
- Supported **42,060 people to reach vaccination sites**
- Set up **31 vaccination sites**
- A total of **183,285 people** were reached through **awareness sessions to address vaccine hesitancy**

Beneficiary Story

After arriving in Egypt with my family, the COVID-19 outbreak had begun. The government obligated people to follow quarantine regulations. That resulted in me losing my job and staying at home as I was a daily worker and the contractor enforced to reduce the payments.

A few days later, quarantine was imposed. During the outbreak, I saw a post on the ERC Facebook announcing their health and psychosocial services. I posted a message on their official page, and then I got a call from an ERC volunteer who told me more about my request. Then he inquired about my family's physical, psychological, and financial well-being. Later, he told me to follow the steps that would help me safeguard myself and my family. And he highlighted that there will be follow-up calls to ensure that me and my family are in good health and to determine if the ERC has any requirements during the period of home isolation during quarantine.

After my wife experienced COVID19 symptoms, I returned to the ERC virtual clinic. They assisted me in assessing the symptoms, providing me with the necessary medications, treatment protocols, and psychological support recommendations till my wife's condition improved.

After the quarantine ended and things returned to normal, the Egyptian Red Crescent continued to monitor the situation. The ERC volunteers called and emphasized the significance of having the COVID-19 vaccination and the new Corona virus vaccine available, as well as their different forms and negative effects. During the conversation, the volunteer picked up on my reservations and concerns about attempting this new vaccine. He suggested I attend a health education session regarding vaccine hesitancy and the importance of being fully vaccinated for myself, my family, and my community. They also requested that I invite more neighbors and relatives to the session. I did so and attended the session with thirteen people of my community; we learned a lot and changed our views about receiving the vaccine.

"The Egyptian Red Crescent was offering a helping hand to me and my family in this short story, and I appreciate them for their medical and psychosocial assistance that assisted me and my family in overcoming this experience far from our homeland."

Emirates Red Crescent

According to the WHO, there have been 1,020,789 confirmed cases of COVID-19 in United Arab Emirates, from 3 January 2020 to 14 September 2022, with 2,342 deaths. As of 5 July 2022, a total of 24,922,054 vaccine doses have been administered.

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Figure 2: ERC sent three shipments of medical aid to different countries to aid in the control of the COVID-19 virus. ©Emirates Red Crescent

The United Arab Emirates (UAE) has one of the highest vaccination rates per capita in the world, and it is leading global efforts to contain COVID-19 from spreading. In May 2022, the UAE pledged \$60 million to support global efforts to eradicate the Coronavirus pandemic and prepare for future health epidemics, including virus mutants.

Based on its humanitarian and pioneering role in combating the epidemic, the Emirates Red Crescent has adopted many initiatives that have contributed to supporting regional and international efforts to limit the virus's global spread from the beginning of the pandemic until August 2022. A total of **2,154 tons of medical aid, respiratory devices, testing, personal protective equipment, and supplies have been shipped to 135 different countries.**

Iranian Red Crescent Society



Figure 3: The IRCS' response to Covid-19. © Iranian Red Crescent Society

In Iran from 3 January 2020 to 14 September 2022, there have been 7,540,316 confirmed cases of COVID-19 with 144,221 deaths, reported to WHO. As of 3 September 2022, a total of 153,956,137 vaccine doses have been administered. Iran continues to be one of the worst-affected countries, in terms of active cases and the number of associated deaths. Globally, it is included in the top 20 countries with the highest number of cumulative COVID-19 cases. As the pandemic progressed, the Iranian Red Crescent Society (IRCS) expanded its response to include transporting PCR tests from one hospital/laboratory to another and transporting people in need of ambulance assistance to vaccination centres following the nationwide rollout of the COVID-19 vaccine.

The IRCS, through risk communication and community engagement, and accountability activities, reached a substantial number of communities and people and strengthen awareness, removed knowledge gaps, and shed light to rectify misinformation.

Around **2.5M IRCS active Community-Based Surveillance (CBS) staff, youth, and volunteers** trained on COVID-19-related health risks have participated in consistent knowledge sharing and strengthening awareness, building community trust, and implementing community engagement programs to cope with risks and challenges across the country and to end the pandemic.

The Iranian Red Crescent Society is the only nongovernment entity that has been authorized to procure and import COVID-19 vaccines into Iran. Of the total 150,002,708 doses that have been imported into Iran, **IRCS has procured 112,390,000 COVID-19 vaccines, or nearly 75%. IRCS has deployed 7,000 staff and volunteers to support the rollout of COVID-19 vaccination in Iran.** In addition, IRCS operates **210 vaccination centres** and has deployed **18 field hospitals** to support the Ministry of Health's vaccination efforts. During the reporting period, in addition to the activities listed below, IRCS has vaccinated nearly 40 percent of the country's population.

- Established **210 vaccination centres** in which **2,837,138 people received vaccines.**
- Reached **11,788,724 people with community engagement** for health and hygiene promotion activities and **MHPSS** services.
- Mobilized **73,000 volunteers** for the coronavirus response nationally.
- Deployed **471 IRCS relief workers** to operate on 14 borders (16 provinces) to test travellers.
- Transported **14,288** suspected or confirmed COVID-19 cases.
- Maintained **1,000** primary healthcare centres (**PHCs**) and **33 mobile medical units (MMUs).**
- Performed **284,186 rapid tests** and **160,968 PCR tests**, and **755 passengers were quarantined.**
- Distributed more than **1 M PPEs to 3 M people.**
- Trained **2,546,281** of active CBS staff and volunteers on COVID-19-related health risks.
- Referred **14,000** people to clinical centres for further examinations.
- Reached **3.5 M people with awareness-raising** and information-sharing materials on coronavirus.

Iraqi Red Crescent Society

In Iraq, from 3 January 2020 to 14 September 2022, there have been 2,458,509 confirmed cases of COVID-19 with 25,348 deaths, reported to WHO. As of 3 September 2022, a total of 19,165,091 vaccine doses have been administered.

Iraq's humanitarian situation remains precarious as the country enters 2022. As a result of years of armed conflict and instability, the health sector in Iraq, for example, is struggling to meet the dire and growing needs of the population. Furthermore, the COVID-19 pandemic's impact on these tensions appears to be mixed. Existing grievances may be exacerbated as pressures on services, the economy, and communal relations increase. People have lost their livelihoods as a result of the ongoing COVID-19 pandemic, which has led to an increase in the use of negative coping mechanisms among the most vulnerable. Furthermore, as a result of the previous year's increased socioeconomic vulnerabilities, the populace is experiencing an increase in mental health challenges.

- The Iraqi Red Crescent Society (IRCS) organized a **four-day training workshop on General Training Course (GTC)** to develop the skills of staff and volunteers from eighteen governorate branches.
- **Three-day risk communication and community engagement (RCCE) training** and community participation workshop was organized for all governorates' NS health staff. This training intended to assist risk communication, community engagement staff, volunteers, and responders working with national health authorities in developing, implementing, and monitoring an effective plan for effectively communicating with the public, engaging with communities, local partners, and other stakeholders to help prepare and protect individuals, families, and the public's health for COVID-19 response.



Figure 4: Awareness sessions across the community to raise health education to prevent COVID-19 and transmissible diseases and to promote vaccination (18 governorates) @Iraqi Red Crescent Society

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- IRCS conducted a **rapid assessment of community perceptions and preferences** on information sharing and communication channels in eighteen governorates in collaboration with local communities and the health department.
- In order to promote COVID-19 vaccination and raise health awareness about how to prevent COVID-19 and other transmissible diseases, local IRCS branches have been holding **awareness events** throughout their communities in eighteen governorates.

All interventions for the current COVID-19 pandemic response focus on communities. The coordination is inclusive, context-appropriate, and effectively communicated thanks to the IRCS. Coordination, common information sharing, and messaging were reported as being more suitable situations. In order to maximize successful community engagement and accountability, NS has made sure that the appropriate people are involved in gathering and disseminating information during the response activities. For the distribution of information, local actors, including communities, played a crucial role and were heavily relied upon. The importance of community engagement in the COVID-19 response was widely acknowledged, and as a result, it is now more thoroughly understood. Links between important players have often improved, providing a chance to leverage greater impact.

Jordan National Red Crescent Society

In Jordan, from 3 January 2020 to 14 September 2022, there have been 1,742,256 confirmed cases of COVID-19 with 14,114 deaths, reported to WHO. As of 20 August 2022, a total of 10,057,975 vaccine doses have been administered. The Jordan National Red Crescent Society (JNRCS) continued to carry out various activities in response to COVID-19 in Jordan in 2022 as an auxiliary role to the public authorities and to enhance cooperation and collaboration. Following coordinated meetings with the Ministry of Health, it was decided that JNRCS would oversee the dissemination of information about vaccination campaign locations, dates, and times. To combat the general rumour, JNRCS took on the role of spreading awareness about these vaccination campaigns in order to encourage the public to get the COVID vaccination. JNRCS has implemented the following activities since COVID-19 restrictions were reduced and regulatory implications were lifted:

- Assisted the Ministry of Health (MoH) in disseminating information about COVID vaccinations to communities in outreach areas through the Mobile Vaccination Teams (MVT).
- Raised awareness and encouraged the public to get COVID vaccinations through SMS and JRC volunteers in all branches.
- Carried out distributions of community relief (shopping vouchers).
- JNRCS organized COVID-19 awareness sessions for volunteers and employees to help them understand the outbreak's implications.

Volunteers Voices

Whether they are newly joiners, JNRCS volunteers have seen first-hand the effects of the COVID-19 outbreak. They have talked about how their perspectives on life have changed as a result of realizing the value of health both personally and socially. They now have a different perspective on what is most crucial because their priorities have changed. They are able to establish trust in the community and persuade people to accept this point of view thanks to their newly acquired knowledge, gradually altering mindsets and behavior. Volunteer capacities increase as a result of all the capacity-building activities offered to both employees and volunteers, and volunteers report that taking part in these activities has only increased their passion for giving back to the community

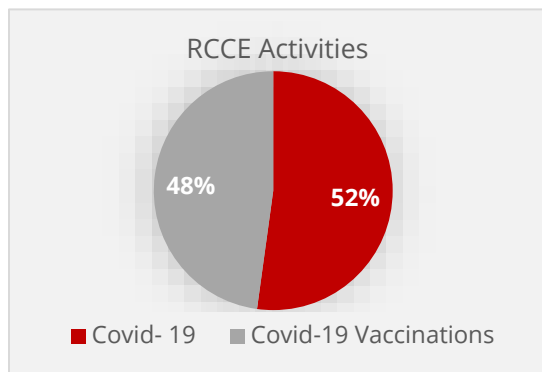


Figure 5: JNRCS overall response to COVID-19. © Jordan National Red Crescent Society

JNRCS Volunteers and RCCE team have helped to put the community at ease by **raising awareness** about the safety and efficacy of vaccines, engaging with locals, and combating misinformation throughout the community recovery process reaching **a total number of 11,676 people**.

Furthermore, JNRCS carried out RCCE activities in all governorates, reaching out to vulnerable groups such as refugees, migrants, and vulnerable host communities to ensure that life-saving information about COVID-19, such as health promotion and behaviour change, reached everyone in order to limit the virus's spread. The activities were carried out with the help of 236 volunteers, 49 of whom were newly trained for RCCE.

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There were **9,096** people who were reached by the RCCE program in total, with **39% male** and **61% female**.

Among the total number of people reached, there were **2,389** Syrians, **6,520** Jordanians, and **187** other nationalities.

A total number of **7,570** home visits, **1,267** focus group discussions, and **1,034** campaigns were all carried out to encourage people to adopt new behaviours to lower health risks. They were given information and training to help them better understand health, with a focus on **COVID-19 vaccinations and reaching 1,506** people, and **general information about COVID-19 reaching 1,207** people.

Kuwait Red Crescent Society

In Kuwait, from 3 January 2020 to 14 September 2022, there have been 657,745 confirmed cases of COVID-19 with 2,563 deaths, reported to WHO. As of 10 September 2022, a total of 8,206,793 vaccine doses have been administered.

Lebanese Red Cross

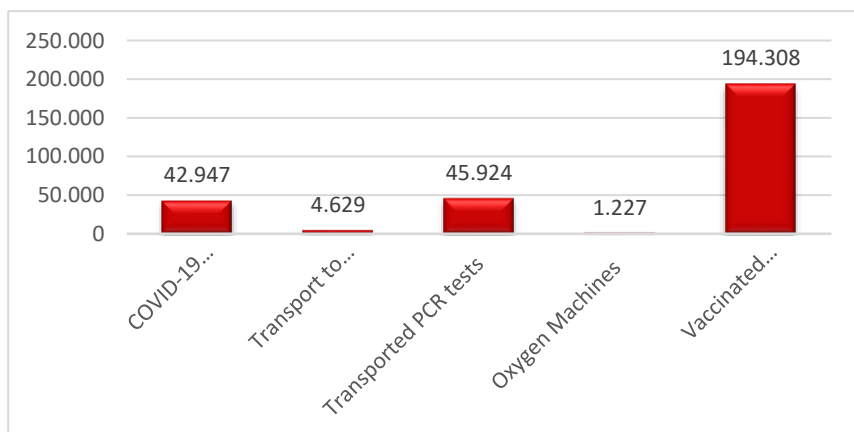
In Lebanon, from 3 January 2020 to 14 September 2022, there have been 1,212,983 confirmed cases of COVID-19 with 10,648 deaths, reported to WHO. As of 10 September 2022, a total of 5,766,450 vaccine doses have been administered.

Since the detection of COVID-19 in Lebanon, the Lebanese Government mandated the Lebanese Red Cross (LRC) to be the sole actor responsible for transporting suspected or confirmed cases all over the country. LRC upscaled its intervention to take the lead in transporting PCR tests from one hospital/laboratory to another as well as transporting people in need of ambulance support to vaccination centres following the launch of COVID-19 vaccination in Lebanon in early 2021.

The Lebanese Ministry of Health requested that LRC establish a vaccination centre. As a result, on June 9, 2021, LRC opened a major vaccination centre in City Mall - Dora, serving the entire Mount Lebanon and Beirut areas, as well as welcoming people from all over Lebanon who wanted to get vaccinated. Since then, the centre has been open on a daily basis, gradually increasing its capacity.

The LRC has been operating one of the 5 major vaccination centres in Lebanon, **vaccinating 194,308** people as of 31 July 2022. The LRC has also tasked its **"1760" hotline** with answering questions about the vaccination and COVID-19 infection.

LRC has responded to evolving needs related to COVID-19 including risk communication and community engagement (RCCE) activities across Lebanon, providing home oxygen machines to COVID-19 patients suffering from respiratory difficulties but unable to find a place in a hospital which helped assist the community members coping with impacts of the pandemic.



From the beginning of the COVID-19 crisis till July 2022, LRC has transported **42,947** suspected/confirmed COVID-19 patients and **4,629** patients to vaccination centres. Moreover, LRC has transported **45,924** PCR tests from one health facility to another and continues to provide PPEs to its volunteers, as well as providing insurance to its staff and volunteers. In addition, under its launched projects, LRC continued to distribute during this period **1,227** oxygen machines to **COVID-19** patients at home and vaccinate approximately **194,308** people at its vaccination centre.

As part of its core services, LRC continues to provide ambulance, blood, and primary healthcare services, as well as vaccinations. Furthermore, the LRC continues to provide PPE to its volunteers, as well as insurance to its staff and volunteers.

Libyan Red Crescent Society

In Libya, from 3 January 2020 to 14 September 2022, there have been 506,889 confirmed cases of COVID-19 with 6,437 deaths, reported to WHO. As of 10 September 2022, a total of 3,709,205 vaccine doses have been administered. The Libyan Red Crescent Society (LRCS) continued to fight COVID-2022 in collaboration with the Ministry of Health (MoH) and the National Centre for Disease Control (NCDC), as well as UN agencies such as UNICEF and WHO. During the reporting period, the LRCS carried out a number of activities, including:

- Psychological Support (PSS)
- deployment of mobile clinics for vulnerable communities
- Community Based Health and First Aid standard trainings
- procurement and distribution of Personal Protective Equipment (PPE)
- establishment of a volunteer management system
- Training of Trainers (ToT) in Protection, Gender, and Inclusion.



Figure 6: Medical services provided to the communities through the LRCS mobile clinics. © Libyan Red Crescent Society

The drop in the overall number of new cases reported since February 2022, combined with the high vaccination rate and ongoing armed clashes in Libya's capital Tripoli, has resulted in a drop in COVID-19 awareness and vaccination activities in Libya.

CBHFA trainings were delivered to the LRCS volunteers that included vaccination and immunization to assist volunteers in improving community awareness activities. In addition, three mobile clinics were deployed to Alabiad, Obari, and Argiba, with **178 people served**.

The LRCS continued to carry out COVID19-related psychosocial support activities in Ajdabiya, Gharyan, Misrata, Albayda, Darna, Ubari, Tobruk, Sebha, and al Kufra.

Moroccan Red Crescent

In Morocco, from 3 January 2020 to 14 September 2022, there have been 1,264,690 confirmed cases of COVID-19 with 16,276 deaths, reported to WHO. As of 10 September 2022, a total of 55,207,628 vaccine doses have been administered.

The Moroccan Red Crescent (MRC) intervention as an auxiliary to the local authorities helped to contain the COVID-19 pandemic and its effects on the communities. The MRC aided vulnerable populations in remote areas, as well as migrants, in obtaining the best health care and support (personal protective equipment (PPEs), disinfection kits, and vaccines).

Palestine Red Crescent Society

In occupied Palestinian territory, including east Jerusalem, from 3 January 2020 to 14 September 2022, there have been 702,591 confirmed cases of COVID-19 with 5,706 deaths, reported to WHO. As of 8 August 2022, a total of 3,741,181 vaccine doses have been administered. The Palestine Red Crescent Society (PRCS) is a member of the National Emergency Committee (NEC), which is chaired by the Prime Minister, with the main objective being to ensure a coordinated response to COVID-19 in Palestine in its auxiliary role to public authorities. As a result, PRCS branches are members of local emergency committees that coordinate all relief, health, and humanitarian efforts on a governorate level.

The PRCS Emergency Medical Services (EMS) and Multi-Disciplinary Response are the primary responders. The EMS service continued, as usual, providing pre-and post-hospital care while also transporting COVID-19 cases, as well as offering assistance through its 101 Information Hotline. Furthermore, and in alignment with Strategic Priority 3, PRCS staff and volunteers received COVID-19 training, as well as personal protective equipment (PPE).

As part of its COVID response, the PRCS ensured the well-being and coverage of basic needs of vulnerable families, particularly those with people with disabilities, and carried out the following activities:

- **Transported 1,105 COVID-19 cases** through its ambulance services.
- Reached **26,308 people through awareness campaigns** (social media, posters, and flyers, by phone, among others).
- Distributed **1,000 family hygiene kits**.
- Distributed **700 hygiene and protection packages** to community partners and institutions to ensure service continuity.
- Distributed over **6,760 food parcels** in Gaza to those vulnerable COVID-affected community members.

Palestine Red Crescent Society – Lebanon Branch

In Lebanon, from 3 January 2020 to 14 September 2022, there have been 1,212,983 confirmed cases of COVID-19 with 10,648 deaths, reported to WHO. As of 10 September 2022, a total of 5,766,450 vaccine doses have been administered.

The Palestine Red Crescent Society – Lebanon Branch (PRCS-L) has increased its COVID-19 efforts at both the hospital and community levels.

The new PRCS/L hospital began full operation in early 2022. The hospital meets all COVID-19 requirements (medical supplies and medical equipment). This new facility has contributed to the expansion of existing activities such as COVID-19 testing, vaccination, and patient care. PRCS/L Hospitals hospitalized **750 COVID-19 patients and performed 22,529 PCR tests**.



Figure 7: Vaccination process in one of the PRCS-L Hospitals.
©Palestine Red Crescent Society-Lebanon Branch

People were reached through various means, including community outreach through WhatsApp groups, home visits, awareness in shops and streets, and one-on-one sessions with small groups of people, in addition to hospitalization and PCR testing, which is also implemented in the community through a full-day campaign for those who are unable to reach the hospital. Furthermore, ongoing activities such as the distribution of hygiene kits, PPE kits, and medical supplies to staff and volunteers were carried out.

Volunteer Story

A PRCS/L volunteer with a heart condition who used to avoid people in order to avoid contracting Covid-19 and who was extremely concerned about the vaccine and its impact on his health status attended the vaccine and PSS training. As a result of the information he had learned, he received his first shot shortly after and contracted the COVID virus; however, but had no symptoms, so he decided to share his experience to encourage and inspire others.

Throughout the COVID-19 response, WhatsApp groups were used to spread COVID-19 awareness in a safe manner.

A total number of 350,000 **people** were reached through WhatsApp groups. There are 44% men and 56% women among them.

Qatar Red Crescent Society

In Qatar, from 3 January 2020 to 14 September 2022, there have been 437,709 confirmed cases of COVID-19 with 682 deaths, reported to WHO. As of 10 September 2022, a total of 7,438,750 vaccine doses have been administered.



Figure 8: QRCS implementing a COVID-19 response project in Liberia. © Qatar Red Crescent Society

To aid the government in its efforts to stop the spread and infections of COVID-19, the Qatar Red Crescent Society (QRCS) has launched a COVID-19 response project in Liberia. In accordance with the project, several initiatives were carried out with the help of the Liberian National Red Cross Society (LNRCS) and neighbourhood partners for the benefit of 28,417 people in four districts (Buchanan, Kakata, Tubmanburg, and Paynesville). In addition, it helped **117 people experiencing COVID-19 stress** by offering Call Center online (mobile) psychological first aid (PFA). The mental health and psychosocial support (MHPSS) services offered by the centre were well received by the callers, who also benefited from the sessions.

Saudi Red Crescent Authority

In Saudi Arabia, from 3 January 2020 to 14 September 2022, there have been 814,722 confirmed cases of COVID-19 with 9,320 deaths, reported to WHO. As of 3 September 2022, a total of 67,701,901 vaccine doses have been administered.

The COVID-19 response was recognized as a national priority from the beginning of the pandemic, with strong commitment from the highest levels of authority in the country. Health authorities made a pivotal decision to provide free COVID-19 services, testing, and treatment to everyone, including individuals with irregular residency status. This has resulted in equal access to services for everyone and minimized the impact of COVID-19 on migrants and other vulnerable groups.

Saudi Arabia has also donated over US\$ 750 million to the global COVID-19 response, including to WHO and a number of countries in the Region. It advocates equal access to diagnostics, treatment, and vaccines for all people and has invested in the development of these tools at national and global levels.

Syrian Arab Red Crescent

In Syrian Arab Republic, from 3 January 2020 to 14 September 2022, there have been 57,189 confirmed cases of COVID-19 with 3,163 deaths, reported to WHO. As of 22 August 2022, a total of 4,583,601 vaccine doses have been administered. The Syrian Arab Red Crescent (SARC) is well recognized by the authorities and is one of the key members of the National Humanitarian and Disaster Response Committees at both national and provincial levels. SARC's top priority continues to be providing humanitarian assistance to those affected by Syria's ongoing multiple crises.

A total of **8,305 SARC staff and volunteers** continued to be on the front line and helping the local communities to raise awareness related to COVID-19, delivering messages on preparedness, symptoms, referral services, and distribution of relief items. All ambulance emergency calls were treated as potential COVID-19 risks and measures were taken to protect SARC's first responders. SARC's health facilities operate in some of the most underserved communities in Syria, providing services to the internally displaced, spontaneous returnees, returnees, and host communities alike. SARC's CBHFA volunteers were actively engaged in RCCE related to vaccine hesitancy and vaccine demand creation. In addition, PPEs were procured for the safety of staff and volunteers. These activities were funded by the WHO through the solidarity fund.

SARC was able to reach **446,600 people through door-to-door home visits**. The breakdown is as follows:

- 21,664 people with disabilities
- 167,157 people with NCDs
- 49,632 lactating women
- 105,840 group meetings were conducted, in which **574,027 people** participated.
- Awareness-raising activities and referrals to COVID-19 vaccination centers were conducted with **1,020,627 people** (56% females and 44% males), of whom 2.1% have disabilities, 16.4% have NCDs, and 4.9% are lactating women.
- Following the RCCE activities, 270,038 people received the COVID-19 vaccine, with 56% being female and 44% being male. People with disabilities account for 1.1% of those who received COVID-19 vaccinations, while people with NCDs account for 18.3% and lactating women account for 1.2%.

Risk Communication and Community Engagement on COVID-19 vaccines:

Following the KAP survey findings, actions were taken to combat rumours and provide the most vulnerable people with access to COVID-19 vaccines. Actions taken were:

- **24,000 awareness sessions** were undertaken in targeted communities across Syria.
- A total of **370,000 people were reached through household visits** by community health promoters.
- A total of **300,000 people were assisted with the COVID-19 vaccination process** and were referred to specific vaccination centres.
- In hard-to-reach areas where MoH mobile vaccination teams could not access, the SARC volunteers transported people wishing to receive the vaccine, to the nearest accessible vaccination point.
- Coordination was made with the MoH's mobile vaccination teams in order to reach the most vulnerable and hard-to-access communities including never-been-accessed-before IDP and refugee camps
- The branch volunteers who targeted the health facilities, shelters, camps, neglected/hard-to-reach areas, and crowded places (ATMs, bakeries, the General Consumer Corporation, charities, mosques, governmental institutions ...etc.) held group meetings focusing on people with disabilities, NCDs, mothers and breastfeeding women and elderly people.



Figure 9: The CBHFA Community Health Promoters (CHP) were able to reach the communities where refugee families from the Rukban camp resided, with COVID-19 vaccine awareness and sensitization sessions. © Syrian Arab Red Crescent

Outcomes and Impact:

- 26.4% of the people who received sensitization messages received the COVID-19 vaccine within a short timeframe, out of which around 20% were people from the most vulnerable groups.
- In one of the communities with a high number of IDPs and returnees in Aleppo, the vaccination rate reached 95% among the people aged 18+ following SARC's community interventions.
- Community leaders and gatekeepers from many communities became advocates for the COVID-19 vaccine. In one of the IDP camps, a gatekeeper was able to convince 40 people to get the COVID-19 vaccine.
- The health promoters were able to reach one of the displacement areas that had not been accessed by any other organization before, with information about the COVID-19 vaccine, as well as routine Immunisation information. The teams were able to earn the trust of these communities, who agreed to receive COVID-19 vaccines, as well as vaccinate their children according to the national vaccination schedule.



Figure 10: SARC volunteers conducting Immunization campaigns. © **Syrian Arab Red Crescent**

SARC's significant achievements in increasing vaccine uptake among the population during a short period of time were widely recognized among stakeholders involved in COVID-19 activities in Syria which helped to profile SARC as a partner in this field.

A significant achievement was that the CBHFA teams were able to reach neglected/hard-to-access/unsafe areas, that none of the INGOs had been able to reach before, especially in the areas of Al-Hassakeh and Daraa.

In light of SARC's duty of care, PPEs were procured for SARC staff and volunteers including frontline workers. Items procured included surgical masks, respiratory masks, alcohol/ethanol (70-99%), gowns, gloves, and hand gel sanitizer. These items are distributed for the use of SARC staff and volunteer in health facilities and other frontline volunteers in direct contact with large populations such as volunteers managing relief distributions. The number of distributed PPEs (masks) was 52,002 items, distributed to volunteers, health promoters, and the targeted population.

Tunisian Red Crescent

In Tunisia, from 3 January 2020 to 14 September 2022, there have been 1,145,163 confirmed cases of COVID-19 with 29,243 deaths, reported to WHO. As of 5 September 2022, a total of 14,827,155 vaccine doses have been administered. The Tunisian Red Crescent (TRC), as an auxiliary to the public authorities, played a major role in supporting the Tunisian government implement the national COVID-19 response plan.

On the occasion of World Health Day, the Tunisian Red Crescent organized an awareness day and a health convoy under the slogan "Our Planet, Our Health" on the evening of Thursday, April 07, 2022, under the supervision of the Minister of Health, Mr. Ali Mrabet.

On the occasion, the Minister praised the role of health professionals, all health facilities, and humanitarian initiatives in



Figure 11: TRC conducting vaccination campaigns. ©**Tunisian Red Crescent**

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assisting the Ministry of Health in combating the Covid-19 pandemic, calling for increased efforts through sensitization and awareness-raising to preserve the fundamental components of healthy living and, as a result, maintaining a healthy environment as a foundation for sound health. This convoy includes a mobile clinic and various medical clinics, where the medical and paramedical framework presents some of the joint activities between the Ministry of Health and the Tunisian Red Crescent, such as **first aid, joint awareness activities, joint cooperation during the Covid-19 pandemic, and vaccination campaigns**, among others.

Within the framework of the Ministry of Education's collaboration with the Tunisian Red Crescent, the TRC has organized a month-long awareness campaign about COVID-19 virus prevention under the slogan "#Together You Protect Me and Protect You." It includes awareness sessions led by ambassadors chosen from various educational institutions to ensure that the health protocol is followed.

Yemen Red Crescent Society



Figure 12: YRCS conducting RCCE training in Hadramout governorate. ©Yemen Red Crescent Society

In Yemen, from 3 January 2020 to 14 September 2022, there have been 11,932 confirmed cases of COVID-19 with 2,155 deaths, reported to WHO. As of 30 August 2022, a total of 898,257 vaccine doses have been administered. The Yemen Red Crescent Society (YRCS) has an auxiliary role with the authorities in Yemen, where it is involved in the prevention and the mitigation of human suffering including the COVID-19 pandemic. As of 31 January 2022, there had been 11,577 reported cases and 2,151 deaths. These figures do not include undiagnosed deaths at home or the vast majority of people living in the country's north, where related data is not available. A nationwide economic crisis and scarcity of water, exacerbated by climate change, as well as the secondary effects of the COVID-19 pandemic on the economy and livelihoods, have worsened the living conditions of already vulnerable groups and increased humanitarian needs. The situation is exacerbated further by the population's lack of trust in the health system and/or fear of stigmatization, which leads to patients not seeking appropriate treatment at health facilities and increased risks of further transmission in communities.

As part of its response to COVID-19, the YRCS has distributed **8,200 hygiene kits** among internally displaced people (IDPs) in camps to protect them from any infection in five governorates, including Hajjah, Sa'ada, Sana'a, Amran, and Ibb. In addition, YRCS distributed PPEs to public institutions and some YRCS health centers, as shown in the table below:

Examination Gloves	Hand Sanitizers	Mask N95	Surgical Masks	Disinfectant, CHLORINE 45 L	Liquid soap 5L	Mask	Surgical Caps
48,500	810,1	5,250	25,250	7	25	11,500	10,000

YRCS organized training in RCCE for its staff and volunteers, including awareness of COVID-19 immunization:

20 YRCS staff and volunteers received ToT training.

261 health workers were trained in 11 governorates (Aden, Lahj, Taiz, Abyan, Hodeidah, AlDhalee, Shabwa, Marib, AlMaharah, Hadramout, and Socotra).

Contact information in the IFRC Regional Delegation for MENA

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I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	9,027,000
AOF2 - Shelter	9,649,000
AOF3 - Livelihoods and basic needs	110,923,000
AOF4 - Health	373,912,000
AOF5 - Water, sanitation and hygiene	25,164,000
AOF6 - Protection, Gender & Inclusion	11,287,000
AOF7 - Migration	9,590,000
SFI1 - Strengthen National Societies	40,423,000
SFI2 - Effective international disaster management	40,783,000
SFI3 - Influence others as leading strategic partners	11,542,000
SFI4 - Ensure a strong IFRC	27,700,000
Total Funding Requirements	670,000,000
Donor Response* as per 13 Oct 2022	396,514,542
Appeal Coverage	59.18%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	2,248,262	2,142,440	105,822
AOF2 - Shelter	2,057,656	2,116,692	-59,036
AOF3 - Livelihoods and basic needs	18,319,549	16,356,303	1,963,246
AOF4 - Health	275,949,176	241,699,250	34,249,926
AOF5 - Water, sanitation and hygiene	4,685,989	5,345,762	-659,773
AOF6 - Protection, Gender & Inclusion	1,774,895	1,112,019	662,877
AOF7 - Migration	1,232,128	1,240,704	-8,576
SFI1 - Strengthen National Societies	25,669,112	22,928,976	2,740,135
SFI2 - Effective international disaster management	29,702,905	23,511,194	6,191,711
SFI3 - Influence others as leading strategic partners	5,937,805	4,520,869	1,416,936
SFI4 - Ensure a strong IFRC	14,914,876	11,542,596	3,372,281
Grand Total	382,492,354	332,516,804	49,975,550

III. Operating Movement & Closing Balance per 2022/08

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	370,500,474
Expenditure	-332,516,804
Closing Balance	37,983,671
Deferred Income	23,522,704
Funds Available	61,506,374

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	13,806,308		55,800		13,862,109		
Andorran Red Cross	16,134				16,134		
Argentine Red Cross (from CONMEBOL*)	47,252				47,252		
Asian Football Confederation	192,323				192,323		
Australian Government	30,314				30,314		
Australian Red Cross	242,952		105,653		348,605		
Australian Red Cross (from Australian Government*)	7,949,620				7,949,620		
Australian Red Cross (from Australia - Private Donors*)	207,239				207,239		
Australian Red Cross (from Coca Cola Foundation*)	89,672				89,672		
Austrian Red Cross		51,298	133,331		184,629		
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	5,359,357				5,359,357		
Boston Scientific	231,546				231,546		
Bristol-Myers Squibb Company	442,835				442,835		
British Government	374,153				374,153		
British Red Cross	2,851,635		101,596		2,953,230		
British Red Cross (from Astra Zeneca*)	181,007				181,007		
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	737,954				737,954		
British Red Cross (from Dixon International Group*)	11,339				11,339		
British Red Cross (from HSBC - HongKong & Shanghai Bar	937,485				937,485		
British Red Cross (from M&G Prudential Services Limited*)	59,186				59,186		
British Red Cross (from Standard Chartered Bank*)	3,220,861				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	103,151				103,151	726,500	
Cell Signaling Technology	4,843				4,843		
Charities Aid Foundation	101,929				101,929		
Charities Aid Foundation (from Cisco*)	7,148				7,148		
Chiesi Foundation	304,677				304,677		
China Red Cross, Hong Kong branch	11,556	175,117			186,673		
Coca-Cola	189,668				189,668		
Coca Cola Foundation	4,103,443				4,103,443		
Coca-Cola Hellenic Bottling Company CCHBC	2,001				2,001		
Czech Red Cross	6,132				6,132		
Danish Red Cross	44,212		351,157		395,369		
Danish Red Cross (from Danish Government*)	1,518,550				1,518,550		
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	34,856,251				34,856,251	686,357	

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
European Commission - DG ECHO	13,793,680				13,793,680	4,773,030
European Investment Bank Institute	378,567				378,567	
Federation International de l'Automobile FIA	877,871				877,871	
FIA Foundation	1,593,999				1,593,999	
Finnish Red Cross	518,487	570,935	233,604		1,323,026	
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	18,302,182				18,302,182	
German Red Cross	113,922				113,922	
Goldman Sachs	663,839				663,839	
Google	5,122				5,122	
Great Britain - Private Donors	20				20	
IBM	456				456	
Icelandic Red Cross	80,951		124,477		205,427	
Icelandic Red Cross (from Icelandic Government*)	225,218				225,218	
ICRC	165,142				165,142	
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	1,325,047				1,325,047	
Italian Government Bilateral Emergency Fund	1,181,752				1,181,752	
Italian Red Cross	48,293		83,600		131,893	
Italian Red Cross (from Enel Cuore Onlus*)	103,981				103,981	
Italy - Private Donors	12				12	
Japanese Government	25,497,595				25,497,595	20,217
Japanese Red Cross Society	1,251,799				1,251,799	
Japan - Private Donors	42,011				42,011	
Johnson & Johnson foundation	5,174,755				5,174,755	
Kaspersky Lab	15,000				15,000	
Kenya - Private Donors	2,038				2,038	
Kenya Red Cross Society			15,200		15,200	
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.	5,090				5,090	
Medtronic Foundation	6,398				6,398	
Mondelez International Foundation	40,151				40,151	
Morgan Stanley	26,597				26,597	
Nestle	7,252,207				7,252,207	
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			139,374		139,374	
Norwegian Red Cross	206,576				206,576	
Norwegian Red Cross (from Norwegian Government*)	3,016,392				3,016,392	
Novartis	576,547				576,547	

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Olympus Corporation	177,183				177,183	
On Line donations	35,900				35,900	
Other	26,922		592,561		619,483	
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	
Prudence Foundation	200,000				200,000	
Qatar Red Crescent Society	9,258				9,258	
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	892,309				892,309	107,691
Siemens Gamesa Renewable Energy	89,364				89,364	
Singapore Red Cross Society	2,302,238	34,430			2,336,668	
Sociedad Textil Lonja S.A.	1,059,671				1,059,671	
Société Générale Foundation	1,079,972				1,079,972	
Spanish Government	4,576,263				4,576,263	0
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	
Sundry Income				7,338	7,338	
Supreme Master Ching Hai	1,008,956				1,008,956	
Swedish Red Cross	1,808,269		7,600		1,815,869	
Swiss Government	13,282,420				13,282,420	517,580
Swiss Red Cross	1,098,510	1,051,994	26,413		2,176,916	
Swiss Red Cross (from Philip Morris Int.*)	334,933				334,933	
Switzerland - Private Donors	2,600				2,600	
T1 Entertainment & Sports	11,624				11,624	
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	919,544	76,677			996,221	
The Canadian Red Cross Society (from Canadian Governr	23,006,622				23,006,622	
The Netherlands Red Cross	608,110				608,110	
The Netherlands Red Cross (from Heineken International B	15,912,000				15,912,000	
The Netherlands Red Cross (from Netherlands Governmen	9,668,467				9,668,467	
The Netherlands Red Cross (from Netherlands - Private Do	911,270				911,270	
The Netherlands Red Cross (from PVH Europe BV*)	157,835				157,835	
The Republic of Cyprus	29,251				29,251	
The Republic of Korea National Red Cross	550,662				550,662	
The Republic of Korea National Red Cross (from Republic c	416,474				416,474	
The Republic of the Philippines	107,899				107,899	
Thermo Fisher Scientific	706				706	
Tides Foundation	235,488				235,488	669,022
Tokyo Electron Limited (TEL)	904,231				904,231	
Tory Burch UK	11,575				11,575	

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Turkish Red Crescent Society	20,156		135,347		155,502	
Twitter	684				684	
UNICEF - United Nations Children's Fund	480,817				480,817	
Unidentified donor			235,853		235,853	
United States Government - PRM	1,592,648				1,592,648	
United States Government - USAID	54,071,149				54,071,149	16,022,307
United States - Private Donors	11,842				11,842	
Université de Management de Suisse	53,942				53,942	
UPS foundation	49,406				49,406	
Vanguard	405				405	
ViacomCBS	64,329				64,329	
Western Union Foundation	43,404				43,404	
WHO - World Health Organization	1,801,907				1,801,907	
World Bank	2,199,659				2,199,659	
Write off & provisions				-71,277	-71,277	
YourCause LLC	275				275	
Zalando	54,076				54,076	
Total Contributions and Other Income	366,262,396	1,960,451	2,341,566	-63,939	370,500,474	23,522,704
Total Income and Deferred Income					370,500,474	23,522,704

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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	113,501	1,747,511	4,362,315	44,977,967	759,028	276,502	55,049	9,122,559	10,454,527	125,780	1,605,079	73,599,816
	Expenditure	212,560	1,690,000	3,946,041	41,833,818	938,989	161,208	63,172	9,204,215	8,137,841	38,551	1,011,702	67,238,096
	Variance	-99,059	57,511	416,274	3,144,149	-179,962	115,294	-8,123	-81,657	2,316,686	87,229	593,377	6,361,720
Americas	Budget	6,074	63,936	2,404,660	32,642,743	1,242,920	72,883	96,998	4,930,478	4,488,285	491,943	30,787	46,471,709
	Expenditure	8,206	140,746	2,540,413	29,046,180	1,516,180	59,928	37,484	4,714,111	3,867,843	412,040	51,877	42,395,007
	Variance	-2,132	-76,810	-135,753	3,596,563	-273,259	12,956	59,514	216,367	620,442	79,904	-21,091	4,076,702
Asia Pacific	Budget	786,434	51,138	4,926,958	78,187,389	1,322,571	334,510	273,686	5,973,168	9,011,131	1,813,772	4,587,088	107,267,846
	Expenditure	502,047	82,256	3,634,834	56,806,762	1,629,409	208,717	341,949	4,217,729	6,529,124	1,223,166	4,197,182	79,373,173
	Variance	284,387	-31,117	1,292,124	21,380,627	-306,838	125,794	-68,263	1,755,439	2,482,007	590,606	389,907	27,894,673
Europe	Budget	1,296,363		2,146,936	87,466,546	0	314,293	597,007	493,446	-2,068	679,709	936,251	93,928,483
	Expenditure	1,376,658		1,966,566	82,665,759		65,090	597,007	391,754	117,183	348,735	506,695	88,035,448
	Variance	-80,295	0	180,370	4,800,787	0	249,203	0	101,693	-119,251	330,973	429,555	5,893,035
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	35,564	190,155	702,439	3,550,127		527,001	69,476	521,964	1,694,710	2,253,426	4,841,728	14,386,590
	Variance	2,774	-8,619	40,344	254,959	0	126,696	8,269	27,130	-137,096	118,234	1,736,206	2,168,897
Middle East and North Africa	Budget	7,552	13,535	3,735,896	28,869,445	1,361,470	123,010	131,642	4,600,367	4,193,416	454,941	1,177,738	44,669,013
	Expenditure	7,405	13,535	3,566,010	27,796,604	1,261,184	90,075	131,615	3,879,204	3,164,493	244,951	933,411	41,088,489
	Variance	147	0	169,886	1,072,841	100,286	32,934	27	721,163	1,028,923	209,989	244,327	3,580,523

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Africa												
Angola	Budget			48,037				3,042	0			51,079
	Expenditure			48,037				3,042				51,079
	Variance	0	0	0	0	0	0	0	0	0	0	0
Benin	Budget	-105,000		147,711				468,497	224,123		43,278	778,609
	Expenditure	-75,458		275,871				239,964	194,914		4,701	639,992
	Variance	-29,542	0	0	-128,161	0	0	0	228,533	29,210	0	138,617
Botswana	Budget		41,632	852,866	175,956		6,263	452,598	118,455	3,834	2,103	1,653,707
	Expenditure		41,632	852,866	177,992		6,263	450,361	107,381	3,834	2,103	1,642,432
	Variance	0	0	0	-2,036	0	0	2,237	11,074	0	0	11,276
Burkina Faso	Budget		45,625	94,241	553,854		4,018	154,722	210,309	137	7,143	1,070,049
	Expenditure		45,625	94,241	640,721		4,018	90,926	156,088	137	7,143	1,038,900
	Variance	0	0	0	-86,867	0	0	63,796	54,220	0	0	31,149
Burundi	Budget			610,274	2,407			74,558	18,958			706,197
	Expenditure			625,325	2,407			46,959	1,484			676,174
	Variance	0	0	0	-15,051	0	0	27,600	17,474	0	0	30,023
	Budget		541,985	965,631			35,827	440,550	536,935		346,603	2,867,531

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL	
	Expenditure		37,280	573,837		5,034	47,178	365,922	634,844		131,902	1,795,996	
	Variance	0	0	504,705	391,794	0	-5,034	-11,350	74,628	-97,909	0	214,701	1,071,534
Cape Verde	Budget		26,085	179,997	3,132		126	83,028	26,350			318,717	
	Expenditure		8,827	203,822	3,132		126	74,241	31,265			321,412	
	Variance	0	0	17,258	-23,825	0	0	8,787	-4,915	0	0	-2,695	
Central African Republic	Budget	10,288	68,637	1,793,867	60,570			7,010	104,215			2,044,588	
	Expenditure	67	32,697	1,557,571	57,519			3,474	340,267	487	11,686	2,003,769	
	Variance	-67	-22,409	68,637	236,296	3,052	0	3,536	-236,052	-487	-11,686	40,818	
Chad	Budget	22,191	26,747	84,536				31,102	60,663			225,240	
	Expenditure	22,191	50,946	57,388				24,120	131,728			286,373	
	Variance	0	0	-24,198	27,148	0	0	6,982	-71,065	0	0	-61,133	
Comoro Islands	Budget			376,374		1,672		88,364	60,413		16,279	543,102	
	Expenditure			407,372		1,672		62,760	57,104		4,914	533,822	
	Variance	0	0	0	-30,998	0	0	25,604	3,310	0	11,365	9,280	
Cote d'Ivoire	Budget	16,293	261,197	576,481	0			342,669	188,519		7,583	1,392,742	
	Expenditure	118,271	295,081	604,647	6,376			335,035	191,023		7,583	1,558,017	
	Variance	-101,978	0	-33,884	-28,166	-6,376	0	7,633	-2,504	0	0	-165,275	

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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		
Democratic Republic of Congo	Budget	798		193	2,263,699	247	624		676,910	2,726,319	1,170	20,445	5,690,405
	Expenditure	798		193	2,078,410	247	624		658,989	2,447,605	1,170	20,445	5,208,481
	Variance	0	0	0	185,288	0	0	0	17,922	278,714	0	0	481,924
Djibouti	Budget				464,485					39,330		14,835	518,650
	Expenditure				489,690		18			3,570		10,526	503,804
	Variance	0	0	0	-25,205	0	0	-18	0	35,760	0	4,309	14,846
Equatorial Guinea	Budget			31,794	132,635				17,787	44,591			226,808
	Expenditure			32,093	159,043				19,080	49,165			259,380
	Variance	0	0	-299	-26,408	0	0	0	-1,293	-4,573	0	0	-32,572
Ethiopia	Budget				16,385					249,988			266,373
	Expenditure	6,676			465,859				13	35,162			507,710
	Variance	-6,676	0	0	-449,474	0	0	0	-13	214,826	0	0	-241,337
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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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL	
	Expenditure			310,324				104,568	296,675			711,567	
	Variance	0	0	0	633	0	0	0	-853	-8,572	0	0	-8,793
Gambia	Budget		104,888	484,938	12,490	12,754		653,528	249,723			1,518,320	
	Expenditure		104,888	631,013		12,754		597,710	194,602			1,540,966	
	Variance	0	0	0	-146,075	12,490	0	0	55,818	55,122	0	0	-22,646
Ghana	Budget		117,053	132,147	573,575			667,950	551,145		-1	2,041,869	
	Expenditure	16,302		144,017	229,727	823,118		574,917	103,307		1,844	1,893,233	
	Variance	-16,302	0	-26,965	-97,580	-249,543	0	0	93,033	447,837	0	-1,845	148,637
Guinea	Budget		110,767	1,428,060		8,534		94,894	145,766			1,788,021	
	Expenditure		106,544	272,529		8,314		1,230,365	62,619			1,680,371	
	Variance	0	0	4,223	1,155,531	0	220	0	-1,135,471	83,147	0	0	107,650
Guinea Bisau	Budget		31,786	42,857	55,860			26,839	27,030			184,371	
	Expenditure		205	43,721	46,724			15,931	77,172			183,752	
	Variance	0	31,581	-864	9,136	0	0	0	10,907	-50,142	0	0	619
Kenya	Budget	5,980	5,325	276,030	15,598,194	1,821	135,279	5,325	497,796	421,500	86,937	10,443	17,044,630
	Expenditure	27,200		248,116	13,867,127	1,804	52,921		299,016	390,825	6,308	42,709	14,936,026
	Variance	-21,220	5,325	27,914	1,731,067	17	82,358	5,325	198,780	30,675	80,629	-32,267	2,108,604

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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	
Kingdom of Eswatini	Budget	5,902	158,780	53,100	2	3,593		190,583	57,195			469,155
	Expenditure	5,902	158,780	53,162	2	3,593		190,546	57,172			469,156
	Variance	0	0	0	-62	0	0	0	37	23	0	0
Lesotho	Budget		77,577	103,519		1,093		63,842	42,102			288,133
	Expenditure		77,577	103,519		1,093		63,842	28,599			274,630
	Variance	0	0	0	0	0	0	0	13,502	0	0	13,503
Liberia	Budget			230,747	45,035	5,528		173,639	123,454		1,063	579,467
	Expenditure			200,772	38,283	5,542		149,657	123,159		1,063	518,477
	Variance	0	0	0	29,975	6,751	-13	0	23,982	294	0	60,990
Madagascar	Budget			1,929,500				131,720		12,500	105,663	2,179,383
	Expenditure	6		1,187,867			2,080	589,463	130,715	102	23,701	1,933,936
	Variance	-6	0	0	741,632	0	0	-2,080	-457,743	-130,715	12,398	81,962
Malawi	Budget	1,086	1,475,926	119,377	709,029	11,652	10,517	208,990	60,945		1,413	2,598,935
	Expenditure	1,086	1,427,527	119,377	452,489		10,517	144,423	54,830		1,413	2,211,663
	Variance	0	48,400	0	256,540	11,652	0	0	64,566	6,115	0	0
	Budget		2,504	3,485	373,715	0		72,155	75,463		8,077	535,399

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Expenditure		2,504	36,629	389,321	0		24,150	73,557		4,244	530,405
	Variance	0	0	-33,144	-15,606	0	0	48,005	1,906	0	3,832	4,994
Mauritania	Budget		35,209	143,297			9,753	47,398	40,971			276,627
	Expenditure		35,209	143,620			9,753	47,398	72,435			308,415
	Variance	0	0	0	-323	0	0	0	-31,465	0	0	-31,788
Mauritius	Budget		11,076	359,055					230,590	2,260		602,981
	Expenditure		5	381,530				4,089	183,890	1,048	20,965	591,527
	Variance	0	0	11,071	-22,475	0	0	-4,089	46,701	1,211	-20,965	11,454
Mozambique	Budget	9,179		2,065,516		1,078		122,574	25,991	28	1,614	2,225,981
	Expenditure	9,179		1,812,042		1,078		122,574	25,991	28	1,614	1,972,507
	Variance	0	0	253,474	0	0	0	0	0	0	0	253,474
Namibia	Budget		137,692	383,555		0		96,240	98,522		1,726	717,735
	Expenditure		137,692	383,597				96,240	98,479		1,726	717,734
	Variance	0	0	0	-42	0	0	0	43	0	0	1
Niger	Budget		34,888	933,294		31,455		430,821	13,806	328	521,243	1,965,835
	Expenditure		135,290	697,508		4,236		216,681	68,466	328	316,537	1,439,046
	Variance	0	0	-100,402	235,786	0	27,219	0	214,140	-54,661	204,706	526,789

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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	
Nigeria	Budget	50,872		538,663	1,759,619			446,344	91,169	9,984	44,543	2,941,193
	Expenditure	189,323		534,150	1,993,986			400,675	91,169	3,973	12,903	3,226,178
	Variance	-138,451	0	4,513	-234,366	0	0	0	45,669	0	6,011	31,640
Republic of Congo	Budget				289,006			126,065	94,020		106	509,197
	Expenditure				313,600			89,402	78,679		106	481,787
	Variance	0	0	0	-24,594	0	0	0	36,663	15,341	0	27,410
Rwanda	Budget	1,935			705,389			46,884	72,754			826,963
	Expenditure				731,528			14,828	3,514			749,870
	Variance	1,935	0	0	-26,139	0	0	0	32,056	69,241	0	77,093
Sao Tome and Principe	Budget		26,580		44,080			11,446	91,716		18,390	192,211
	Expenditure		26,589		43,819			26,042	84,513			180,963
	Variance	0	-9	0	260	0	0	0	-14,596	7,203	0	11,248
Senegal	Budget		76,930	196,264	687,362	58		107,568	454,868		38,725	1,561,776
	Expenditure		76,930	196,264	706,208	58		107,774	426,988		38,725	1,552,947
	Variance	0	0	0	-18,846	0	0	0	-206	27,881	0	8,829
	Budget				201,359	21,500		147,391	119,127	3,752	44,396	537,526

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Expenditure			472,382				11,895	30,259	227	9,941	524,705
	Variance	0	0	-271,023	21,500	0	0	135,496	88,868	3,525	34,455	12,821
Sierra Leone	Budget			246,583				385,183	159,362			791,127
	Expenditure			248,986				359,834	62,410			671,230
	Variance	0	0	-2,404	0	0	0	25,348	96,952	0	0	119,897
Somalia	Budget			1,914,343		11,471		25,359	111,206		3,421	2,065,799
	Expenditure			1,363,808		11,471		25,359	111,206		3,421	1,515,265
	Variance	0	0	550,534	0	0	0	0	0	0	0	550,534
South Africa	Budget	10,650		127,243	843,202	10,164	12,939	242,881	345,052		88,207	1,680,337
	Expenditure	27		127,243	827,245		12,939	252,432	342,202		85,962	1,648,050
	Variance	10,623	0	0	15,956	10,164	0	-9,551	2,850	0	2,245	32,287
South Sudan	Budget			368,659				191,857	1,596,117		102,626	2,259,259
	Expenditure	18,091		1,266,408	995			498,057	246,233		226,338	2,256,122
	Variance	-18,091	0	-897,749	-995	0	0	-306,199	1,349,885	0	-123,713	3,137
Sudan	Budget	4,215	-5,326	1,172,764	16,374	8,444		163,269	1,583	-869	0	1,360,455
	Expenditure		50	798,790	5,048	64		72,849	50,005	1,536	4,106	932,448
	Variance	4,215	-5,376	0	373,974	11,326	8,380	90,420	-48,421	-2,405	-4,106	428,008

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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	
Tanzania	Budget			609,954				68,388	11,313		3,567	693,223
	Expenditure			649,962				68,388	11,355		3,567	733,273
	Variance	0	0	0	-40,008	0	0	0	0	-42	0	0
Togo	Budget			170,699				34,936	66,134			271,769
	Expenditure	-100,000		245,711				86,530	25,296	13,653	38	271,228
	Variance	100,000	0	0	-75,013	0	0	0	-51,594	40,838	-13,653	-38
Uganda	Budget	19,170		1,162,209				320,290			148,428	1,650,097
	Expenditure	373		1,438,503				71,193			6,061	1,516,130
	Variance	18,797	0	0	-276,294	0	0	0	249,098	0	0	142,367
Zambia	Budget	350		138,873	488,980		10,172	240,532	123,172		1,454	1,003,532
	Expenditure	350		141,164	574,111		8,008	131,857	110,090		2,006	967,586
	Variance	0	0	-2,291	-85,131	0	2,163	0	108,675	13,082	0	-552
Zimbabwe	Budget	97,972	8,148	227,846	469,181		15,085	140,646	55,461	5,719	1,705	1,021,763
	Expenditure	269	8,148	227,846	470,190		15,085	140,646	39,830	5,719	1,705	909,438
	Variance	97,704	0	0	-1,009	0	0	0	0	15,630	0	0

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Americas												
Antigua and Barbuda	Budget	899		46,230	145,499	26,344		141,434	0	30,417		390,823
	Expenditure	899		45,813	145,439	26,344		142,332		30,417		391,245
	Variance	0	0	417	60	0	0	0	-898	0	0	0
Argentina	Budget				433,994	122,015		58,456	317,873	173,242		1,105,581
	Expenditure			137,600	293,542	121,402		60,122	301,386	148,418	38	1,062,508
	Variance	0	0	-137,600	140,452	613	0	0	-1,666	16,487	24,824	-38
Bahamas	Budget			110,731	580,861	58,640		135,537	95,655			981,424
	Expenditure			110,004	580,704	58,577		135,510	88,704			973,499
	Variance	0	0	727	157	62	0	0	27	6,950	0	0
Barbados	Budget			45,018	87,848	265		72,705				205,836
	Expenditure			36,749	77,461	263		69,597				184,070
	Variance	0	0	8,270	10,387	2	0	0	3,108	0	0	0
Belize	Budget			180,197	115,700	50,270		57,893	-176			403,884
	Expenditure			179,759	113,892	50,263		57,740	-176			401,479
	Variance	0	0	438	1,808	7	0	0	153	0	0	0
	Budget		22,721	89,097	691,777	113,708	4,264	39	401	273,774	12,483	1,208,265

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Expenditure	22,721	89,090	665,997	101,191	4,264		39	401	219,831	12,483	1,116,017
	Variance	0	0	7	25,781	12,517	0	0	0	53,943	0	92,248
Brazil	Budget			356,970				1,613	7,317			365,900
	Expenditure		47,273	205,781	20,316			79,636	4,936		2,396	360,338
	Variance	0	0	-47,273	151,189	-20,316	0	0	-78,023	2,381	0	5,562
Chile	Budget			508,664				3,763				512,426
	Expenditure		62,526	131,781	90,580	51,781		138,463				475,131
	Variance	0	-62,526	-131,781	418,084	-51,781	0	0	-134,700	0	0	37,296
Colombia	Budget		16,125	1,669,327					501,598			2,187,050
	Expenditure		292,077	1,046,516	35,722			311,594	434,926		112	2,120,949
	Variance	0	0	-275,952	622,811	-35,722	0	0	-311,594	66,672	0	66,102
Costa Rica	Budget		15,749	507,817	42,882	7,372	10,896	86,003	39,227			709,947
	Expenditure			683,966								683,966
	Variance	0	0	15,749	-176,149	42,882	7,372	10,896	86,003	39,227	0	25,981
Cuba	Budget			690,903								690,903
	Expenditure			615,441				21,326	600			637,367
	Variance	0	0	0	75,462	0	0	0	-21,326	-600	0	53,536

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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	
Dominica	Budget	2,770		41,925	217,648	35,671			176,951	-286			474,679
	Expenditure	2,770		41,925	215,069	35,671			177,698	-286			472,847
	Variance	0	0	0	2,578	0	0	0	-747	0	0	0	1,831
Dominican Republic	Budget			36,799	1,342,460	191,125			485,374	958,145			3,013,904
	Expenditure	539		36,799	1,089,414	191,113			490,398	901,340		1,425	2,711,028
	Variance	-539	0	0	253,046	12	0	0	-5,023	56,805	0	-1,425	302,876
Ecuador	Budget				3,894,580				607,816				4,502,396
	Expenditure			563,029	2,975,436	100,796	26,567		192,020	-225			3,857,623
	Variance	0	0	-563,029	919,144	-100,796	-26,567	0	415,796	225	0	0	644,773
El Salvador	Budget			438,562	1,251,623	22,892	1,959		201,000			2,977	1,919,013
	Expenditure				1,947,665								1,947,665
	Variance	0	0	438,562	-696,042	22,892	1,959	0	201,000	0	0	2,977	-28,653
Grenada	Budget			30,819	198,655	4,454			223,918		936		458,783
	Expenditure			30,819	190,183	4,454			225,795		936		452,188
	Variance	0	0	0	8,472	0	0	0	-1,878	0	0	0	6,595
	Budget			149,555	1,263,754	37,777	1,334	78,497	278,431	58,014			1,867,364

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL	
	Expenditure	192	14	1,737,168			37,484	66,844	10,750			1,852,453	
	Variance	-192	0	149,541	-473,414	37,777	1,334	41,013	211,587	47,264	0	0	14,911
Guyana	Budget		2,857	295,250	70,987			172,037				541,131	
	Expenditure		2,857	287,259	70,987			149,030				510,133	
	Variance	0	0	0	7,991	0	0	23,007	0	0	0	30,998	
Haiti	Budget			1,413,263	114,334			398,380				1,925,978	
	Expenditure			1,136,917	192,619			362,330				1,691,865	
	Variance	0	0	0	276,347	-78,285	0	36,051	0	0	0	234,112	
Honduras	Budget		152,105	1,143,610	16,979	57,954	7,605	260,198	809,685			2,448,136	
	Expenditure		446	1,342,261		21,977		273,552	590,546			2,228,783	
	Variance	0	0	151,659	-198,651	16,979	35,977	7,605	-13,354	219,139	0	0	219,353
Jamaica	Budget		184,100	826,588	2,821			404,116	4,351			1,421,976	
	Expenditure			135,724	748,599	2,821		461,713	4,351			1,353,208	
	Variance	0	0	48,376	77,989	0	0	0	-57,597	0	0	68,768	
Mexico	Budget			871,866				17,778	1,301		12,653	903,598	
	Expenditure			863,824				20,783	1,301		15,669	901,577	
	Variance	0	0	0	8,042	0	0	0	-3,005	0	0	2,021	

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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	
Nicaragua	Budget		95,340	894,573	120,874			199,022				1,309,809
	Expenditure		29,970	994,867	126,827			153,379				1,305,043
	Variance	0	0	65,370	-100,293	-5,953	0	0	45,643	0	0	0
Panama	Budget		6,450	278,023	6,574,810		0	136,839	5,316			7,001,438
	Expenditure	591	8,068	137,745	5,293,180			121,943	271,816		899	5,834,242
	Variance	-591	-1,618	140,278	1,281,630	0	0	14,896	-266,501		0	-899
Paraguay	Budget				487,738			1,241	31			489,011
	Expenditure			32,988	229,025	94,733		125,316	251			482,313
	Variance	0	0	-32,988	258,714	-94,733	0	0	-124,075	-220	0	0
Peru	Budget	24,208	238,508	1,070,606	25,970			351,630	1,343,599	10,750		3,065,270
	Expenditure	24,192	238,138	872,455	25,970	7,119		132,599	960,491	9,640	16,181	2,286,785
	Variance	0	16	369	198,152	0	-7,119	0	219,031	383,108	1,110	-16,181
Saint Kitts and Nevis	Budget		10,557	54,832	233,872	0	0	40,225		2,824		342,310
	Expenditure		10,459	42,879	227,570			29,045		2,798		312,750
	Variance	0	98	11,953	6,302	0	0	0	11,180	0	26	0
	Budget		14,878	83,810	5,279			14,299				118,266

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL	
	Expenditure		14,795	80,350	4,292			16,671				116,106	
	Variance	0	0	84	3,460	987	0	0	-2,371	0	0	0	2,159
St Vincent and Grenadines	Budget		9,211	81,158	16,336			84,925				191,630	
	Expenditure		9,211	38,101	33,577			87,714				168,602	
	Variance	0	0	0	43,058	-17,241	0	0	-2,789	0	0	0	23,028
Suriname	Budget			231,286	1,331			49,804				282,421	
	Expenditure			198,110	1,331			58,058				257,500	
	Variance	0	0	0	33,176	0	0	0	-8,255	0	0	0	24,921
Trinidad and Tobago	Budget	2,405	173,998	2,054,614	37,389			86,050	12,348			2,366,805	
	Expenditure	2,763		120,106	1,870,585	70,935		107,902	42,524			2,214,813	
	Variance	-357	0	53,892	184,029	-33,545	0	0	-21,852	-30,176	0	0	151,991
Uruguay	Budget			799,875				1,304				801,179	
	Expenditure		12,780	32,822	524,928	47,643		181,574				799,747	
	Variance	0	-12,780	-32,822	274,947	-47,643	0	0	-180,271	0	0	0	1,432
Venezuela	Budget			1,621,741	124,576			181,697	333,885		2,675	2,264,574	
	Expenditure	453		1,663,896	46,552			263,386	254,206		2,675	2,231,167	
	Variance	-453	0	0	-42,155	78,024	0	0	-81,689	79,680	0	0	33,407

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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

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Budget Timeframe	2020-2022	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL	
Asia Pacific													
Afghanistan	Budget	46,605		0	4,838,343			27,561	151,124	0	4,445	5,068,078	
	Expenditure	56,593		789,690	3,487,355	3,712		101,415	263,882	44,650	283,516	5,030,812	
	Variance	-9,988	0	-789,690	1,350,989	-3,712	0	0	-73,854	-112,758	-44,650	-279,071	37,266
Bangladesh	Budget	1,509		772,805	24,303,293	348,871	14,688	23,557	24,767			25,489,489	
	Expenditure	1,509		135,258	14,435,401	329,220	15,267	41,212	88		126	14,958,080	
	Variance	0	0	637,547	9,867,892	19,651	-579	-17,655	24,678	0	0	-126	10,531,409
Bhutan	Budget	0			192,377			41,412			4,260	238,049	
	Expenditure				192,375			41,234				233,608	
	Variance	0	0	0	2	0	0	0	179	0	0	4,440	
Brunei	Budget				100,047							100,047	
	Expenditure				71,126							71,126	
	Variance	0	0	0	28,921	0	0	0	0	0	0	28,921	
Cambodia	Budget				115,080			1,278	207,038			323,396	
	Expenditure				115,054			1,278	207,023		126	323,482	
	Variance	0	0	0	25	0	0	0	15	0	-126	-86	
	Budget	860			2,171,467	0	0	0	491,736	581,803	118,714	177,778	3,542,358

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL	
	Expenditure			2,699,865				1,200	485,042	104,448	187,427	3,477,982	
	Variance	860	0	0	-528,398	0	0	0	490,536	96,761	14,266	-9,649	64,376
Cook Islands	Budget			77,283	774			28,215	12,705			118,978	
	Expenditure			78,969	2,113			21,726	1,719			104,527	
	Variance	0	0	0	-1,686	-1,339	0	0	6,489	10,987	0	0	14,451
Democratic People Republic of Korea	Budget	382,443		406,541	100,930			18,263	4,260	191,989	533	1,104,958	
	Expenditure	111,413	68,014	451,229	65,234			30,969	3,470	156,548		886,877	
	Variance	271,031	-68,014	0	-44,688	35,695	0	0	-12,706	790	35,440	533	218,081
Fed. States of Micronesia	Budget			125,173	16,878			85,279	9,644	1,250	10,750	248,974	
	Expenditure			144,917	22,808	90		29,942	5,868		8,482	212,107	
	Variance	0	0	0	-19,744	-5,930	-90	0	55,337	3,776	1,250	2,268	36,867
Fiji	Budget	291,974	36,900	896,241	5,357	2,325		212,670	91,028	302,635	182,879	2,022,009	
	Expenditure	237,146		274	983,373	11,031	2,719	150,938	55,082	252,268	177,431	1,870,263	
	Variance	54,827	36,900	-274	-87,132	-5,674	-394	0	61,732	35,945	50,366	5,448	151,746
India	Budget			0	22,568,044		27,657	224,780	1,073,931	2	417,185	24,311,599	
	Expenditure	41,639			12,945,587		27,657	1,487,557	490,287	2,787	678,999	15,674,513	
	Variance	-41,639	0	0	9,622,458	0	0	0	-1,262,777	583,644	-2,786	-261,815	8,637,085

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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	
Indonesia	Budget		537,632	4,222,651				109,038	621,492	372,294	367,343	6,230,451
	Expenditure		323,219	3,311,129				109,040	487,262	155,080	267,386	4,653,115
	Variance	0	0	214,413	911,522	0	0	0	-2	134,231	217,215	99,958
Kiribati	Budget		2,604	42,462	9,511			63,726	25,417		19,821	163,542
	Expenditure		1,042	50,342	4,823			60,418	20,602			137,226
	Variance	0	0	1,563	-7,880	4,688	0	0	3,309	4,815	0	19,821
Laos	Budget	0		268,028				1,369	67,912	688		337,997
	Expenditure			268,028				1,369	58,625	688		328,710
	Variance	0	0	0	0	0	0	0	9,287	0	0	9,287
Malaysia	Budget		283,922	2,474,451	89,020	974	40,957	579,394	3,221,144	574,140	809,354	8,073,357
	Expenditure		242,637	2,262,501	89,020	974	22,566	430,179	2,013,236	375,668	651,330	6,088,113
	Variance	0	0	41,284	211,950	0	0	18,391	149,215	1,207,908	198,472	158,024
Maldives	Budget	33,342		9,019	387,497		3,225	41,388	119,629	2,150	26,925	623,175
	Expenditure	33,342		9,019	284,066		3,225	41,388	80,790	2,150		453,979
	Variance	0	0	0	103,432	0	0	0	38,839	0	0	26,925
	Budget			142,315	8,600			51,388	10,358		46,125	258,786

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Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL	
	Expenditure			157,439	13,528			28,714	3,963		45,761	249,405	
	Variance	0	0	0	-15,125	-4,928	0	0	22,675	6,394	0	364	9,380
Mongolia	Budget	21,839		285,874	1,549			289,594			170,443	769,298	
	Expenditure	10,975		180,450	73,211	105,636		166,241	40,246	-3,369	68,730	642,119	
	Variance	10,863	0	-180,450	212,663	-104,087	0	0	123,353	-40,246	3,369	101,713	127,179
Myanmar	Budget		249,386	1,223,262	91,429		301	567,445	1,229,845	125,726	193,753	3,681,147	
	Expenditure		99,922	786,986	308,916			48,345	1,236,243	24,102	179,325	2,683,839	
	Variance	0	0	149,464	436,275	-217,487	0	301	519,101	-6,398	101,625	14,428	997,308
Nepal	Budget		14,238	292,919	2,415,142	111,969	247,306	1,150,882	17,957	27,367	764,410	5,042,189	
	Expenditure	1,504	14,238	64,829	2,892,679	111,969	158,276	80,599	17,957	35,025	509,102	3,886,178	
	Variance	-1,504	0	228,090	-477,537	0	89,030	0	1,070,283	0	-7,658	255,308	1,156,011
Pakistan	Budget		8,454	3,932,680	391,813	6,034	7,769			0	831,207	5,177,957	
	Expenditure		8,454	3,654,176	413,523	6,377	7,769	101,994			755,095	4,947,387	
	Variance	0	0	0	278,504	-21,709	-344	0	-101,994	0	0	76,112	230,570
Palau	Budget			109,957	24,188			106,560	2,150		31,885	274,739	
	Expenditure			121,396	27,063			84,830	4,403		25,660	263,353	
	Variance	0	0	0	-11,439	-2,876	0	0	21,731	-2,253	0	6,224	11,386

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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			456,568				0	0		0	456,568
	Expenditure			372,699				17,599			17,500	407,797
	Variance	0	0	0	83,869	0	0	0	-17,599	0	0	-17,500
Philippines	Budget		1,965,075	2,838,126	35,244		301	460,920	537,204	46,875	107,697	5,991,443
	Expenditure		1,103,048	3,609,817	42,864		301	224,888	253,192	24,335	104,698	5,363,143
	Variance	0	0	862,027	-771,690	-7,620	0	0	236,032	284,012	22,540	2,999
Samoa	Budget			150,150	13,545			69,398	23,891			256,985
	Expenditure			176,158	10,157			45,711	16,568			248,595
	Variance	0	0	0	-26,007	3,388	0	0	23,687	7,323	0	0
Singapore	Budget		15,975				127,800	11,502	44,730			200,007
	Expenditure						197,100					197,100
	Variance	0	0	15,975	0	0	0	-69,300	11,502	44,730	0	0
Solomon Island	Budget	536		243,847	11,204			131,935	70,114	9,159		466,794
	Expenditure			229,552	8,196			103,092	83,137	28,208	25	452,210
	Variance	536	0	0	14,295	3,009	0	0	28,843	-13,024	-19,049	14,584
	Budget		117,338	654,188	150		6	750,159	47,393	2,095	177,907	1,749,237

Emergency Appeal

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Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Expenditure		46,285	654,197	150		6	522,797	47,393	2,095	122,188	1,395,111
	Variance	0	0	71,054	-9	0	0	227,362	0	0	55,719	354,125
Thailand	Budget	7,163		1,093,890		59,958	3,951	3,685	489,285	19	61,862	1,719,814
	Expenditure	7,163		1,060,121		2,788	3,951	3,685	361,019	19	61,862	1,500,609
	Variance	0	0	33,769	0	57,170	0	0	128,266	0	0	219,205
Timor-Leste	Budget		6,431	640,488	6,353			116,568	38,312	30,040	161,532	999,725
	Expenditure	599		459,628				80,372	36,882	19,773	43,421	640,675
	Variance	-599	0	6,431	180,861	6,353	0	36,196	1,430	10,266	118,111	359,050
Tonga	Budget			41,860	44,003			37,930	5,128			128,921
	Expenditure			32,678	46,941			25,622	6,619			111,860
	Variance	0	0	9,182	-2,938	0	0	12,307	-1,491	0	0	17,060
Tuvalu	Budget			81,563	8,092			46,948	5,693	10,650		152,946
	Expenditure			83,776	8,371			36,762				128,909
	Variance	0	0	-2,212	-279	0	0	10,186	5,693	10,650	0	24,037
Vanuatu	Budget			283,847	3,093			148,412	40,614		10,003	485,968
	Expenditure			255,713	4,134			97,465	14,821	710		372,844
	Variance	0	0	28,133	-1,041	0	0	50,947	25,793	-710	10,003	113,125

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Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Budget	164		665,397	404,653			723	378,810	129	8,990	1,458,867
Viet Nam	Expenditure	164	3	630,706	405,221	19,000		870	312,434	129	8,990	1,377,518
	Variance	0	-3	34,691	-568	0	-19,000	0	-147	66,375	0	81,349

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Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Europe												
Albania	Budget			495,859								495,859
	Expenditure	86		490,590				5,015				495,691
	Variance	-86	0	0	5,269	0	0	0	-5,015	0	0	168
Armenia	Budget			3,071,645		0						3,071,645
	Expenditure			2,888,972								2,888,972
	Variance	0	0	0	182,673	0	0	0	0	0	0	182,673
Austria	Budget			1,059,778								1,059,778
	Expenditure			1,059,779								1,059,779
	Variance	0	0	0	0	0	0	0	0	0	0	0
Azerbaijan	Budget			2,378,271								2,378,271
	Expenditure			2,165,207					0			2,165,207
	Variance	0	0	0	213,064	0	0	0	0	0	0	213,064
Belarus	Budget			1,894,733								1,894,733
	Expenditure			1,871,618								1,871,618
	Variance	0	0	0	23,115	0	0	0	0	0	0	23,115
	Budget			1,122,839				3,173			5,387	1,131,399

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Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Expenditure			1,077,550				7,347			5,387	1,090,284
	Variance	0	0	0	45,289	0	0	0	-4,174	0	0	41,115
Bulgaria	Budget			2,418,421							375,805	2,794,226
	Expenditure			1,610,866							2,711	1,613,577
	Variance	0	0	0	807,555	0	0	0	0	0	0	373,094
Croatia	Budget			146,717								146,717
	Expenditure			143,309						3,310		146,619
	Variance	0	0	0	3,408	0	0	0	0	0	-3,310	98
Cyprus	Budget			254,106								254,106
	Expenditure			250,349								250,349
	Variance	0	0	0	3,758	0	0	0	0	0	0	3,758
Czech Republic	Budget			312,880							323	313,203
	Expenditure			116,895								116,895
	Variance	0	0	0	195,986	0	0	0	0	0	0	323
France	Budget			776,348								776,348
	Expenditure			770,938								770,938
	Variance	0	0	0	5,410	0	0	0	0	0	0	5,410

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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		
Georgia	Budget			3,377,667							37,223	3,414,890	
	Expenditure			3,087,110							37,223	3,124,333	
	Variance	0	0	0	290,557	0	0	0	0	0	0	0	290,557
Germany	Budget			2,122,221								2,122,221	
	Expenditure			2,122,220								2,122,220	
	Variance	0	0	0	1	0	0	0	0	0	0	0	1
Greece	Budget		285,490	2,897,393		0	314,193	80	95,649		79,661	30,216	3,702,683
	Expenditure			557	3,026,397		38,020	80	75,635	709	524	30,216	3,172,138
	Variance	0	0	284,933	-129,004	0	276,173	0	20,014	-709	79,138	0	530,546
Hungary	Budget	892		53,809	4,162,386		100	596,927	47,573	-2,068	594,076	366,087	5,819,782
	Expenditure	3,671		157,076	3,175,275		27,070	596,927	68,170	116,474	327,204	271,873	4,743,741
	Variance	-2,779	0	-103,267	987,110	0	-26,970	0	-20,597	-118,542	266,872	94,213	1,076,041
Ireland	Budget			220,198								220,198	
	Expenditure			220,624								220,624	
	Variance	0	0	0	-427	0	0	0	0	0	0	0	-427
	Budget			270,708								270,708	

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL	
	Expenditure			258,853				8,873		2,532		270,257	
	Variance	0	0	0	11,855	0	0	0	-8,873	0	-2,532	0	450
Italy	Budget			23,889,463								23,889,463	
	Expenditure			23,418,226								23,418,226	
	Variance	0	0	0	471,237	0	0	0	0	0	0	0	471,237
Kazakhstan	Budget	199		163,430	1,011,121						74,103	1,248,853	
	Expenditure	199		163,430	955,226						74,103	1,192,957	
	Variance	0	0	0	55,896	0	0	0	0	0	0	0	55,896
Kyrgyzstan	Budget	124		309,293	1,816,154			21,507				2,147,078	
	Expenditure	124		309,452	1,141,065			23,647				1,474,288	
	Variance	0	0	-158	675,089	0	0	0	-2,140	0	0	0	672,790
Malta	Budget				867,651							867,651	
	Expenditure				705,279							705,279	
	Variance	0	0	0	162,372	0	0	0	0	0	0	0	162,372
Moldova	Budget				623,260							623,260	
	Expenditure				623,484							623,484	
	Variance	0	0	0	-225	0	0	0	0	0	0	0	-225

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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	
Montenegro	Budget			1,159,352				2,677		5,972		1,168,000
	Expenditure			1,142,423							2,826	1,145,249
	Variance	0	0	0	16,929	0	0	0	2,677	0	5,972	-2,826
Poland	Budget			138,254								138,254
	Expenditure			138,243								138,243
	Variance	0	0	0	11	0	0	0	0	0	0	0
Portugal	Budget			15,806,119								15,806,119
	Expenditure			15,806,764				5,532				15,812,297
	Variance	0	0	0	-646	0	0	0	-5,532	0	0	0
Republic of North Macedonia	Budget			967,646		0		30,118				997,764
	Expenditure			914,197							1,343	915,540
	Variance	0	0	0	53,449	0	0	0	30,118	0	0	-1,343
Romania	Budget			1,744,159								1,744,159
	Expenditure	9,117		1,477,656						15,166	3,905	1,505,844
	Variance	-9,117	0	0	266,503	0	0	0	0	0	-15,166	-3,905
	Budget			1,314,836							46,575	1,361,412

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
	Expenditure			1,228,609							46,575	1,275,185
	Variance	0	0	0	86,227	0	0	0	0	0	0	86,227
Serbia	Budget			1,005,936								1,005,936
	Expenditure			965,804							240	966,044
	Variance	0	0	0	40,132	0	0	0	0	0	-240	39,892
Slovenia	Budget			178,233							533	178,765
	Expenditure			178,187								178,187
	Variance	0	0	0	46	0	0	0	0	0	533	578
Spain	Budget			1,650,913								1,650,913
	Expenditure			1,643,066								1,643,066
	Variance	0	0	0	7,848	0	0	0	0	0	0	7,848
Tajikistan	Budget	5,453	593,388	2,157,358								2,756,199
	Expenditure	5,456	593,388	1,926,670								2,525,515
	Variance	-3	0	230,688	0	0	0	0	0	0	0	230,684
Turkey	Budget			4,541,494								4,541,494
	Expenditure			4,502,932								4,502,932
	Variance	0	0	0	38,561	0	0	0	0	0	0	38,561

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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	
Turkmenistan	Budget			316,177								316,177
	Expenditure			316,177								316,177
	Variance	0	0	0	0	0	0	0	0	0	0	0
Ukraine	Budget	1,289,695		311,022	687,519			291,120			0	2,579,356
	Expenditure	1,358,005		312,159	640,492			195,905			30,294	2,536,855
	Variance	-68,310	0	-1,137	47,027	0	0	95,215	0	0	-30,294	42,501
United Kingdom	Budget				243,375							243,375
	Expenditure				239,326							239,326
	Variance	0	0	0	4,049	0	0	0	0	0	0	4,049
Uzbekistan	Budget			430,503	365,358			1,630				797,491
	Expenditure			430,503	365,382			1,630				797,515
	Variance	0	0	0	-24	0	0	0	0	0	0	-24

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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
Switzerland	Expenditure	35,564	190,155	702,439	3,550,127	527,001	69,476	521,964	1,694,710	2,253,426	4,841,728	14,386,590
	Variance	2,774	-8,619	40,344	254,959	0	126,696	8,269	27,130	-137,096	118,234	1,736,206

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Middle East a													
Algeria	Budget			0	1,282,303			71,910	378,287		0	81,302	1,813,802
	Expenditure				1,454,518			57,729	135,623			108,373	1,756,243
	Variance	0	0	0	-172,216	0	0	0	14,181	242,664	0	-27,071	57,558
Egypt	Budget		10,034	1,321,813	291,700	12,137	8,358	154,251	13,254			37,546	1,849,094
	Expenditure		10,034	1,132,901	237,950	11,898	8,331	154,251	13,254			38,093	1,606,713
	Variance	0	0	0	188,912	53,750	239	27	0	0	0	-547	242,381
Iran	Budget		989,823	2,081,597									3,071,419
	Expenditure		974,222	2,091,607									3,065,829
	Variance	0	0	15,600	-10,010	0	0	0	0	0	0	0	5,590
Iraq	Budget		718,763	2,184,791	98,275			606,521	845,670			147,101	4,601,121
	Expenditure		751,925	1,981,784	76,988			527,368	845,268			147,182	4,330,515
	Variance	0	0	-33,162	203,007	21,288	0	0	79,153	402	0	-82	270,606
Jordan	Budget		183,983	626,500	253,778			254,433	774,019	13,017		16,977	2,122,708
	Expenditure		126,677	738,064	228,513			268,440	736,057	3,964		16,992	2,118,707
	Variance	0	0	57,306	-111,564	25,265	0	0	-14,006	37,961	9,054	-15	4,001
	Budget	589	384,148	7,511,914	273,268	97,080		1,469,397	1,346,654	357,480		267,690	11,708,219

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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	442		234,198	7,435,322	273,268	64,384		1,172,353	859,352	191,428	141,395	10,372,142
	Variance	147	0	149,950	76,592	0	32,696	0	297,044	487,302	166,051	126,295	1,336,077
Libya	Budget	0		189,204	429,309	204,217	13,793	123,284	487,732	93,053	39,722	296,923	1,877,238
	Expenditure			189,204	430,310	204,217	13,793	123,284	349,612	93,053	4,838	178,638	1,586,948
	Variance	0	0	0	-1,000	0	0	0	138,121	0	34,884	118,285	290,290
Morocco	Budget				723,885				400,728	262,768		79,942	1,467,323
	Expenditure				470,549				243,231	2,199		43,985	759,964
	Variance	0	0	0	253,336	0	0	0	157,497	260,569	0	35,957	707,359
Palestine	Budget			787,399	3,702,661	37,410			317,640	40,013		67,312	4,952,435
	Expenditure			787,399	3,719,836	37,410			247,231	40,013		67,312	4,899,201
	Variance	0	0	0	-17,174	0	0	0	70,409	0	0	0	53,234
Syria	Budget	0		10,192	5,332,556				175,243	100,270	44,722	144,391	5,807,373
	Expenditure	0		10,192	5,285,362				181,437	100,254	44,722	152,842	5,774,809
	Variance	0	0	0	47,194	0	0	0	-6,195	16	0	-8,452	32,564
Tunisia	Budget			93,202	1,545,048	27,076			472,800	4,614		38,554	2,181,294
	Expenditure			92,335	1,316,689	27,076			460,375	4,606		38,554	1,939,635
	Variance	0	0	867	228,358	0	0	0	12,426	8	0	0	241,659

Emergency Appeal

Interim FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/8	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 13 Oct 2022

All figures are in Swiss Francs (CHF)

COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2022; appeal launch date: 31 Jan 2020

II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Yemen	Budget	6,964	13,535	369,148	2,127,069	175,746		189,711	334,815			3,216,987
	Expenditure	6,964	13,535	389,824	1,739,664	175,763		217,177	334,815		43	2,877,784
	Variance	0	0	-20,676	387,406	-17	0	0	-27,466	0	0	-43