



COVID-19 OUTBREAK

Romanian Red Cross national response plan

May 2020

1. SITUATION ANALYSIS (COUNTRY SPECIFIC)

Country epidemiological data and context

The first known case of COVID-19 in Romania was confirmed in Gorj County, on February 26, 2020, in a 20-year-old Romanian man who was before in contact with an Italian citizen visiting his relatives in Romania. On March 12 the Romanian Ombudsman asked President Klaus Iohannis to declare the state of emergency and the Romanian Parliament to approve it. On March 16, Iohannis issued the decree establishing the state of emergency in Romania for a period of 30 days and extends state of emergency for another 30 days starting with Tuesday, April 14, 2020. As of April 28, the Romanian Government reports 11,631 people put in institutional quarantine, a further 22,406 in home isolation under medical supervision, and 150,309 tests having been processed. The situation continued to extend until 16 247 case on 13 May and 1016 casualties. The second phase of emergency state it will be finish on 15th May. After this period the Government will decide to continue some measures as social distancing, keep close some industries and limitate the rights of free movement etc for another 30 days as state of alert it will be declare.

Role of NS in response

Romanian Red Cross in accord with her mandate and auxiliary role in humanitarian emergencies assists the most vulnerable people as elderly isolated, social welfare for families in needs, psychosocial support for isolated and launch campaigns to support the medical system and the first responders with medical equipment and auto-protection materials. Through its branches activities for the benefit of the society, it contributes to support the state measure for limiting and combating the pandemic effects.

2. Summary of the current response

Overview of the National Society and steps taken

Number of staff	~ 100
Number of active volunteers	2518
Clinical services by the NS	
Other programs delivered relevant to COVID-19	Medical equipment purchases and distribution; food and hygienic parcels distribution, logistic support to quarantine centres, information campaign; shopping services for the isolated population
NS is cash-prepared	Yes
Experience in livelihoods projects	no
Experience in providing attention to migrants	Food and hygienic parcels distribution; information materials distributed at border points
Shelter as part of NS Mandate	no

Overview of Red Cross and Red Crescent Movement Actions

Romanian Red Cross is working closely with the state authorities in charge of managing the CoVID-19 Crisis (State Dept. of Emergency Situations, Ministry of Health, Secretariat of Government,) on one hand to better contain the spreading of the virus and to prevent new infections and on the other hand, to provide the front line personnel with the needed materials and equipment enabling them to fight against the virus and to properly assist the patients, obtaining better results. a. The NS together with the authorities launched a public campaign in order to keep the population informed with updated and verified information and instructions on prevention b. RRC, on national level, based on the authorities recommendations of the authorized hospitals and medical care institutions for COVID-19 treatment, has distributed tents for triaje, medical and protective equipment and other equipment and materials needed for the personnel working in the front line. c. Romanian Red is distributing on national level through its branches in the communities information materials on prevention including stress mitigation and also how to maintain well being in this period of crisis and lock-down. d. On local level, RRC Branches are working with the County Committees for Emergency Situations, with the General Directions for Social assistance, with Directions of Public Health, Prefecture and Municipalities.

RRC has been designated by the state authorities at governmental level as main actor to receive donations both cash and in-kind and to supply/deliver to the hospitals, personnel working in the front line and other categories in need with products and specific materials. In this respect, RRC opened different channels for donations, though a national fundraising campaign #RomaniaSalveazaRomania : a. SMS campaign for donations - available only on national level (Romanian mobile phones networks) b. Online donations - available on the RRC website c. Corporate partnerships for cash and in-kind donations. The maoney that are raised ar eused for the purchase of medical ecquipment and protictive materiales to support the hospitals and first responders.



Overview of non-Red Cross and Red Crescent actors in country

The NGOs in the healthcare and social assistance area fight the new coronavirus (Covid-19) pandemic, offering medical equipment for the doctors and nurses all over Romania, as well as support for the most vulnerable categories of people. The Daruieste Viata Association, the NGO that is building the biggest pediatric oncology hospital in Romania from public donations, announced that it will direct all funds it will raise from March from text message (SMS) donations into the acquisition of protection equipment, materials, and medical equipment for local infectious disease and emergency hospitals. Save the Children Romania opened an emergency fund for the immediate support of the medical system, with a focus on the emergency care sections for children, maternity and newborn intensive care units. The Zi de Bine Association, curator of social causes, also announced its fundraising campaign for the hospital in Brasov, so that the medical unit can provide care to the people infected with COVID-19.

RRC is working in cooperation with other NGO's for assisting the most vulnerable people in need: Concordia, Romanian National Council for Refugees, UNICEF, Association Schools of our villages, National Council of Disabilities, Value the life, etc.

Inter-agency coordination

Romanian Red Cross is working closely with the state authorities in charge of managing the CoVID-19 Crisis (State Dept. of Emergency Situations, Ministry of Health, Secretariat of Government,) on one hand to better contain the spreading of the virus and to prevent new infections and on the other hand, to provide the frontline personnel with the needed materials and equipment enabling them to fight against the virus and to properly assist the patients, obtaining better results.

- a. The NS together with the Romanian Government, launched a public information campaign in order to keep the population informed with updated and verified information on prevention. As per the request of the School inspectorate, one of our volunteers recorded 3 online sessions on COVID-19 for pupils, on different levels of understanding – primary, secondary and college - that were broadcasted on Facebook.
- b. At national level, based on the authorities recommendations of the authorised hospitals and medical care institutions for COVID-19 treatment, RRC has distributed tents for pre-triage, medical and protective equipment and other equipment and materials needed for the personnel working in the frontline.
- c. In addition, Romanian Red Cross is distributing in the communities, through its branches, information materials on prevention, including stress mitigation and also how to maintain wellbeing in this period of crisis and lockdown.
- d. At the local level, RRC Branches are working with the County Committees for Emergency Situations, with the General Directions for Social assistance, with Directions of Public Health, Prefecture and Municipalities

3. Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The most affected areas are the N_E, Suceava county, Bucharest and Vrancea County. Most of the infection outbreaks happened in health institutions, due to the lack of procedures and protection materials and in residential homes, for elderly especially. The most vulnerable groups showed to be – the elderly isolated in rural areas, as they have no families and the authorities had no capacity to support them; the children in vulnerable families - the parents had to stay home and the daily works were suspended, so the incomes in the families. Also, the schools being closed, these children lack also the Government program “Milk and bread”. They also miss online school, as the infrastructure for this kind of learning is lacking and only ¼ of the Romanian children can attend online classes. A specific vulnerable population were also the returnees – Romanian citizens forced to leave the Western European countries where they had jobs - mostly illegal. Their situation in the country is very difficult and they were exposed to high stigma and discrimination from the local population, as the first cases were registered in such communities.

Specific procedures were drafted by RRC in order to ensure the protection of volunteers and staff, in the branches that distributed food and hygienic parcels and also the service providers – socio-medical home care, ambulances.

The services were severely affected – some of the branches had to amplify their services upon the request of local authorities, some had to suspend them as a result of the containment – Day Centres for vulnerable children.

The most important income generation activity of the RRC, the first aid and vocational training classes were stopped. So, the branches are severely affected.

Also, the NS benefits from the provision of a law that obliges all sport/cultural events organisers to send 1% of all the ticketing incomes to the Romanian Red Cross. Due to containment measures, all events are suspended, so the income stopped.

Institutional strengthening

Institutional area		Rationale
Eg: NS readiness	x	RRC was called to apply its auxiliary role
Eg: NS financial sustainability	x	Main income generating activities were suspended or closed
Eg: Volunteer support		
External communication	x	Explain the auxiliary role and the limits of the mandate

Operational and Institutional Risk Assessment

Risk area	Controls
Staff and volunteer's health: risk of contracting Covid-19 through medical distribution in hospitals or community-based activities (flyers distribution, food & non-food items distribution)	<ul style="list-style-type: none">• Information and equipment for staff and volunteers• Limited the number of staff and volunteers in field activities• Avoid physical activities in high-risk area• Minimise non-essential travel for staff
Negative media coverage related to cooperation with the Government to handling of the funds received	<ul style="list-style-type: none">• Proactive communication with media and donors• Publishing real time reports about collected funds and spent• Active communication in social media
Services disrupted due to restrictions to movement	<ul style="list-style-type: none">• On-line meetings• Working from home for non-essential staff• Flexible working program for essential staff

Health Pillar 4: Infection prevention and control (IPC) and WASH – Community**x****Start Date:****01 April****Current timeframe (months):****2**

Ensure access to handwashing facilities for vulnerable populations in affected and at-risk communities

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Health Pillar 5: Infection prevention and control (IPC) and WASH - Health Facilities**x****Start Date:****01 April****Current timeframe (months):****2**

Provide PPE to frontline workers in National Society health facilities, including guidance and training on IPC, appropriate and rational use of PPE, and alternative methods of work to reduce risk

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Health Pillar 6: Psychosocial support services (PSS)**x****Start Date:****15 March****Current timeframe (months):****2**

Provide psychosocial support to staff, volunteers, frontline workers and/or their families

Provide psychosocial support and psychological first aid (PSS/PFA), to affected and at-risk individuals and communities

Ensure the availability of mental health referral pathways for staff and volunteers

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Health Pillar 8: Ambulance services for COVID-19 cases**People Targeted:****500****Start Date:****15 March****Current timeframe (months):****2**

Support and guidance to maintain, scale-up and adapt pre-existing ambulance service
Provide PPE for paramedics caring for possible, suspect or confirmed COVID-19 patients
Training on rational and safe use of PPE for paramedics
...

Pillar 10: Maintain access to essential health services (clinical and paramedical)				
	x	Start Date:	15 March	Current timeframe (months):
Promote voluntary non-remunerated blood donation (VNRBD), as a response to decreased health service availability as a result of COVID-19				2
Maintain or scale up existing ambulances services, as a response to decreased health service availability as a result of COVID-19				
Maintain and adapt first aid programs (e.g. online trainings) and ensure provision of first aid supplies to volunteers, as a response to decreased first aid services availability as a result of COVID-19				
...				

Operational Priority 2: Addressing Socio-economic Impacts of COVID-19

Pillar 1: Livelihoods, Cash Support and Food Aid				
	x	Start Date:	15 March	Current timeframe (months):
Development/adaptation of SOPs for foods assistance, food aid, and agricultural distribution in the regions, under the COVID-19 context				2
Distribution of emergency food parcels, hot meals or any other food assistance				
Revise targeting methodologies to include population affected by the COVID-19				

Adaptation of current livelihoods interventions towards populations affected by COVID –19

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Pillar 3: Community Engagement and Accountability, and Community Feedback Mechanisms

	x	Start Date:	15 March	Current timeframe (months):	2
Development / implementation of policies, structures and procedures to fulfil Movement commitments on community engagement and accountability as the foundation for all phases of the response					
Ensure that programmes and overall response is continuously adapted based on community feedback, perceptions and concerns, and monitor evidence of adaptation.					
Participation of diverse community groups in programme planning and decision-making					
Access and use of trainings and distance learning tools and platforms for strengthening capacity and continuous distance coaching on CEA					

Pillar 4: Social Care and Cohesion, and Support to Vulnerable Groups

	x	Start Date:	15 March	Current timeframe (months):	2
Use of key messages and tools addressing risk of violence, exclusion and discrimination for specific vulnerable groups					
Support the restoration of family links for separated loved ones and family members, including separated and unaccompanied children and minors, in collaboration with ICRC					
Continuous work and alignment with all other pillars to adapt aspects of the response to the needs of vulnerable groups					
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Operational Priority 3: Detailed Institutional Strengthening Plan

The recently approved National Society Development (NSD) Compact establishes the roles and responsibilities to support National Societies in NSD. Those roles apply in the present COVID-19 pandemic response

Pillar 1 – National Society Readiness

x

Start Date:

01 June

Current timeframe (months):

0

Revised/developed contingency plans for COVID-19

Preparedness for other crises and disasters

PER assessment in place or under planning

PER action plan under implementation or under planning

Training and equip National Response Teams

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Pillar 2 – National Society Sustainability

x

Start Date:

01 June

Current timeframe (months):

0

Ensure continuity of critical services

Development of a Business Continuity Plan, with support from the BCP Help Desk if relevant; getting ready to scale up and scale down

Active participation in the COVID-19 Financial Sustainability community of practice

Analysing the economic situation and scoping for possible scenarios and impact on NS

Understanding current Financial Sustainability situation and possible risk, and focus on identified priority areas

Investing in Emergency Fundraising, new and diverse ways to generate income

Liaising with authorities, Partners and Donors

Supporting branches to enhance local actions, partnership and fundraising

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Pillar 3 – Support to Volunteers

x

Start Date:

15 March

Current timeframe (months):

2

Enhance or develop national mechanisms to support uninsured volunteers who need hospitalization or lose their life as a result of COVID-19

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4. BUDGET SUMMARY

Nr. crt.	COVID Response Activity (examples below)	Budget Amount in currency(EUR)	Funding Received Amount in currency(EUR)	IFRC COVID Appeal - Amount in currency
1	Distribution of Food parcels	1500000	995694.75	
2	Distribution of Hot meals	50000	42658.68	
3	Distribution of Meals at the quarantine centres	200000	133691.74	
4	Distribution of Hygiene Kits	2500000	1474644.55	
5	Distribution of PPE	10000000	5274163.28	
6	Risk Communication/ CEA	200000	122708.68	
7	Human Resources (PSS, Health, Technical staff)	1420000	149260.00	
8	Office cost (Main office+ A, B, C D)	30000	7073.14	
9	NS Capacity Development	100000	30991.74	
	TOTAL	16000000	8230886.55	

5. CONTACTS

National Society focal people

- **1 Director General – Ioan Silviu Lefter, Mr.**
- **2 Head of Emergency Situations Department – Daniel Modoaca, Mr.**
- **3 Head of Acquisition Operations and Logistics Department – Marius Ion, Mr.**
- **4 Head of Programs Department – Andreea Furtuna, Mrs.**
- **5 Head of Finance Department – Liana Luca, Mrs**
- **6 Head of Fundraising Department – Victor Nicolaescu, Mr.**
- **7 Head of International relations – Daiana Andreianu, Mrs.**

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