



# COVID-19 OUTBREAK 24-MONTH UPDATE

Lebanon, October 2021. IFRC has monitored the arrival of 30+ Pfizer vaccine shipments, did 2000+ monitoring visits at the vaccination sites as well as interviewed 6000+ vaccine recipients and 2,610 vaccinators. IFRC has been acting as a Third-Party Monitoring Agency, which independently oversees and monitors the vaccination deployment programme in Lebanon. This scheme has been put in place to ensure the safe handling of the vaccines, as well as to secure a fair and equitable access of it to all. IFRC.

# 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.

**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 September 2021 reporting period, disaggregated by country, regional and thematic level.

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### AFRICA

Operational update	4&
National Society response	5%

### AMERICAS

Operational update	6\$
National Society response	*,

### ASIA PACIFIC

Operational update	, (
National Society response	- \$

### EUROPE

Operational update	115
National Society response	12(

### MIDDLE EAST AND NORTH AFRICA

Operational update	1('
National Society response	1) \$

### INTERIM FINANCIAL REPORT

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# COVID-19

## Federation-wide Overview

# 24

months into the COVID-19 pandemic, we have reached over 950 million people directly or indirectly through risk communication and community engagement. It's not only the big figures that matter, but our accountability towards the people we serve. Our RCRC network has collected 1.7 million feedbacks from their communities through different mechanisms. This is our promise: to put communities and their needs at the center of what we do.

This report is the sixth edition of the COVID-19 Federation-wide overview. Financial and operational data is as of 24 February 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.

In this round of data collection, we received information from several National Societies that they have concluded their COVID-19 operations and some that have not received further funding. At the same time, several National Societies are just starting to get involved in their national COVID-19 vaccination plan.

### Data Limitations

- **Missing data and breakdowns:** National Societies have diverse data collection systems and processes that may not perfectly align with the standardized indicators set by the COVID-19 operational response framework. Data may not be available for some indicators, for some National Societies. This may lead to inconsistencies across different reporting tools.
  - Disaggregation by sex /age and further data breakdowns are particularly challenging to report on and not every National Society is able to report the breakdowns. Therefore, sum of breakdowns does not necessarily amount to overall totals.
  - National Societies are not required to give full income and expenditure breakdowns, so the number of reporting National Societies might not be consistent across the different sections of this summary.
- **Reporting bias:** The data informing this Federation-wide overview is self-reported by each National Society (or its designated support entity) and may be subject to reporting bias.
- **Reporting timeframe and data coverage:** This report is cumulative. There are instances when National Societies have revised their initially reported figures downwards as activities or financials are re-categorized or if prior reporting errors have been identified.
  - "Point-in-time" indicators are as of a certain date and provide a snapshot of the financial sustainability position of each National Society.
  - The COVID-19 Federation-wide financial overview is an important tool for global reporting and fast operational decision-making. However, it is not intended to replace formal financial reporting. Due to different reporting periods and processes, there may be some differences between formal financial reporting and numbers reported in this overview. Exchange rate fluctuations also affect financial reporting.
  - If a National Society has not reported in the current reporting round, or their submission is not validated, the data from the prior approved submission is carried forward.
- **Global Results and data quality:** In order to draw a global picture, different levels and types of activities are consolidated. This should be interpreted accordingly and read with the standardized indicator definitions and technical guidelines which are continuously developed. In this regard, please note:
  - Risk Communication and Community Engagement: data collected through the RCCE indicator includes both direct and indirect reach (disaggregated numbers are available). Counting people reached indirectly through RCCE is complex, usually based on estimations, and risks double counting individuals.
  - Community preparedness, response and disaster risk reduction measures: like RCCE, this indicator includes both direct and indirect reach and risks double counting individuals.



# Response

**180 National Societies reporting operational information\***

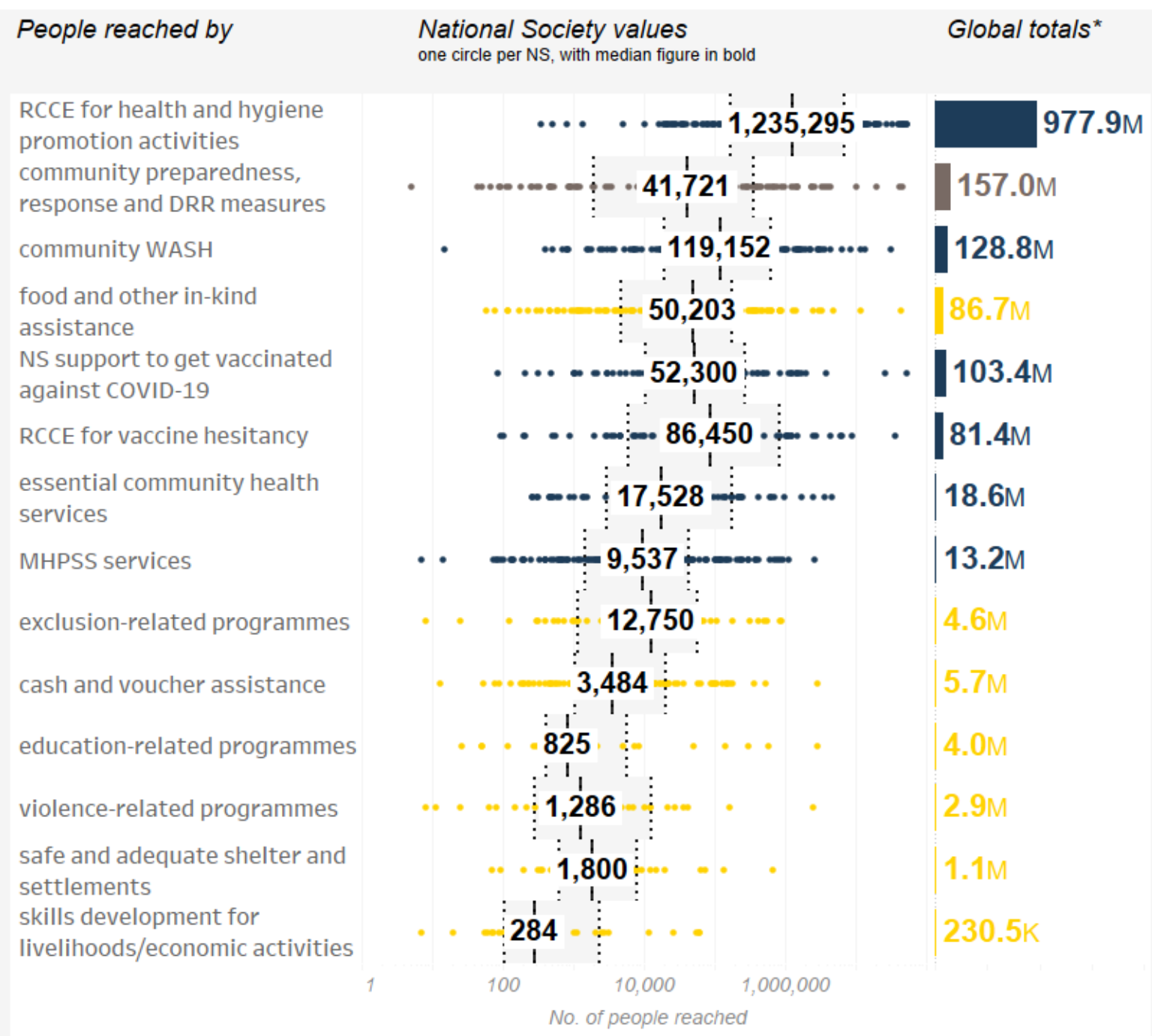
*\*number differs for each indicator*

## Our response continues until everyone is safe

Since the beginning of the COVID-19 pandemic, our National Societies reached their communities with different area of services, from providing MHPSS services to skills development for livelihoods. Several National Societies have concluded their response to the COVID-19 pandemic as it transitioned into normal activities or there was no further funding allocated to their response.

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

## PEOPLE REACHED BY INDICATOR



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

ALL ACTIVITIES BY OPERATIONAL PRIORITY

# I: HEALTH

Total amount spent  
**CHF 1B**

*Curb the pandemic – Prevent Transmission and Sustain Health and WASH*

## People reached by

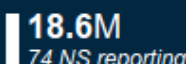
**RCCE for health and hygiene promotion activities**



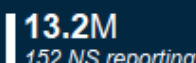
**community WASH**



**essential community health services**



**MHPSS services**



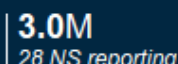
**NS support to get vaccinated against COVID-19**



**RCCE for vaccine hesitancy**



**vaccination through SIAs (children under 5 years of age)**



**routine immunization (children under 24 months of age)**



**325.8K**  
staff and volunteers trained on COVID-19 vaccine introduction  
86 NS reporting



### Health Facilities

**14k**

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

**7.7M**

COVID-19 cases in isolation receiving material support  
98 National Societies reporting

**43.4M**

people tested  
67 National Societies reporting

**1.4M**

contacts identified and/or followed  
64 National Societies reporting



**66 National Societies**

providing ambulance services to COVID-19 patients

**56 National Societies**

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

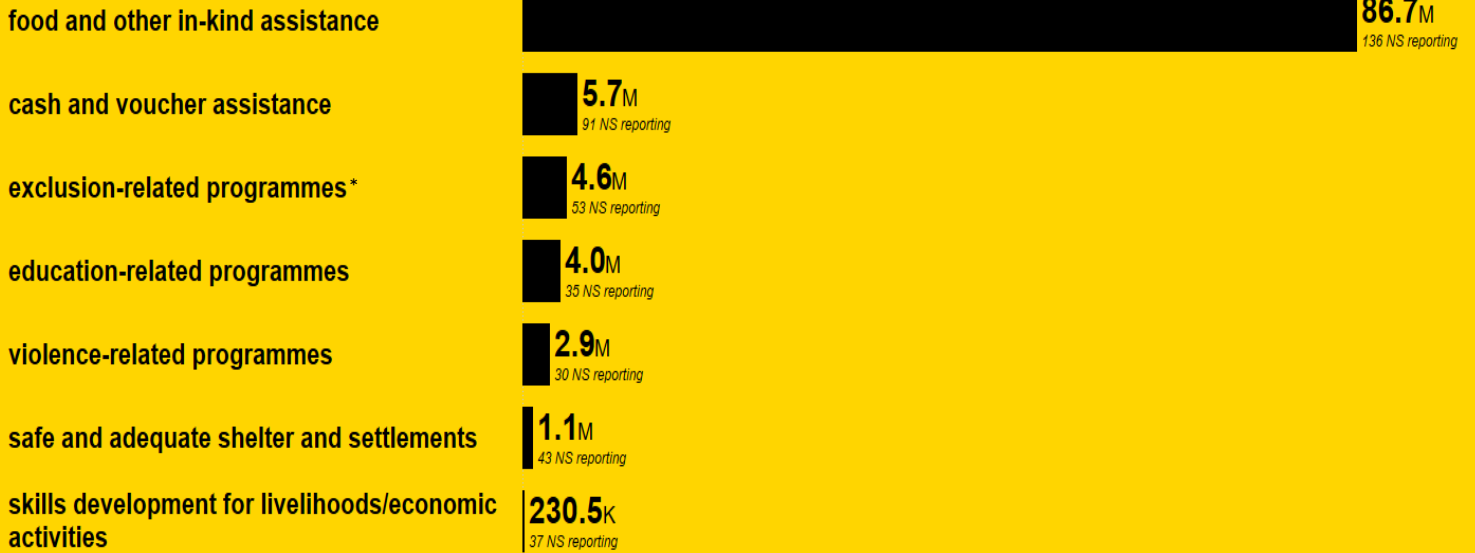


## II: SOCIO-ECONOMIC

Total amount spent  
**CHF 621.10M**

*Tackle poverty and exclusion – Addressing Socio-economic Impact*

### People reached by



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

### Community Feedback Mechanisms

**1.7M**

community feedback comments collected  
86 National Societies reporting

**3,086**

community feedback reports produced\*  
65 National Societies reporting



**404.7k**

staff and volunteers trained  
on CEA  
119 National Societies reporting



**1,989**

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

### III: NATIONAL SOCIETY STRENGTHENING

Total amount spent  
**CHF 123.74M\***

*Strengthening Red Cross and Red Crescent Societies*

#### Support to Volunteers



**141**

National Societies providing volunteers with insurance

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



**169**

National Societies providing volunteers with access to PPE

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

#### National Society Readiness

**157M** people reached by pandemic-proof DRR

*176 National Societies reporting*

**153**

National Societies are included in government plans

*178 National Societies reporting*

**157**

National Societies have contingency plans

*176 National Societies reporting*

#### National Society Sustainability

**50%**

Avg. core organisational budget funded\*

*118 National Societies reporting*  
\* point-in-time indicator

**175**

new streams for unrestricted income

*126 National Societies reporting*

**143**

National Societies have adapted Business Continuity Plans\*

*175 National Societies reporting*  
\* point-in-time indicator

**61**

National Societies have unrestricted financial reserves for 3 months\*

*173 National Societies reporting*  
\* point-in-time indicator

# Income

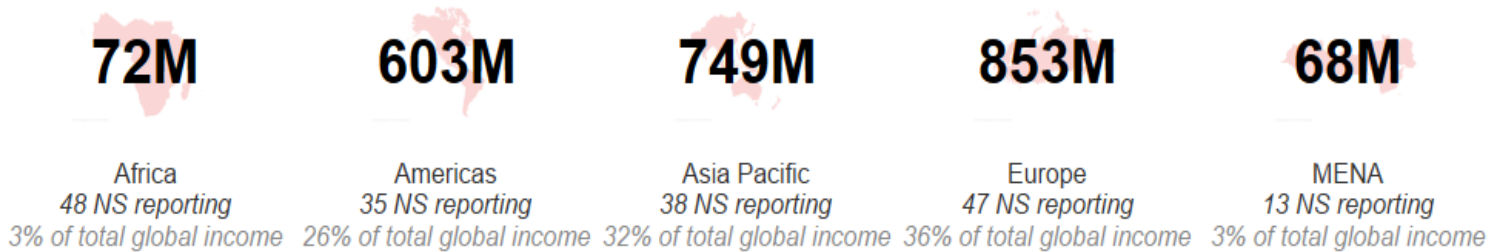
181 National Societies reporting operational information

TOTAL INCOME

## CHF 2.35B

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

BY REGION

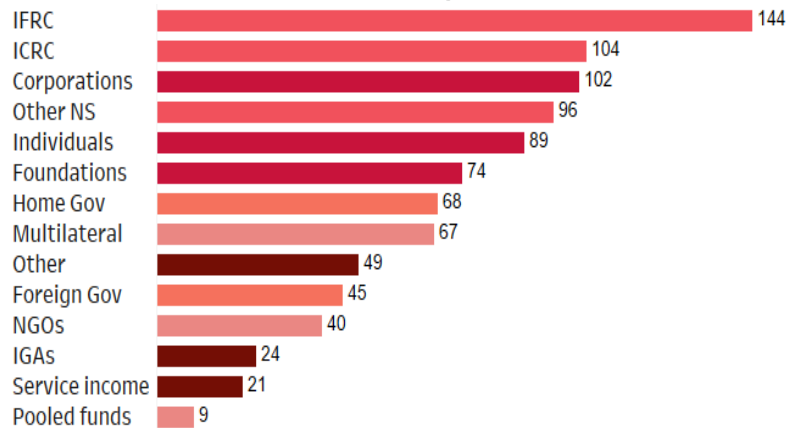


### INCOME SOURCE BREAKDOWN

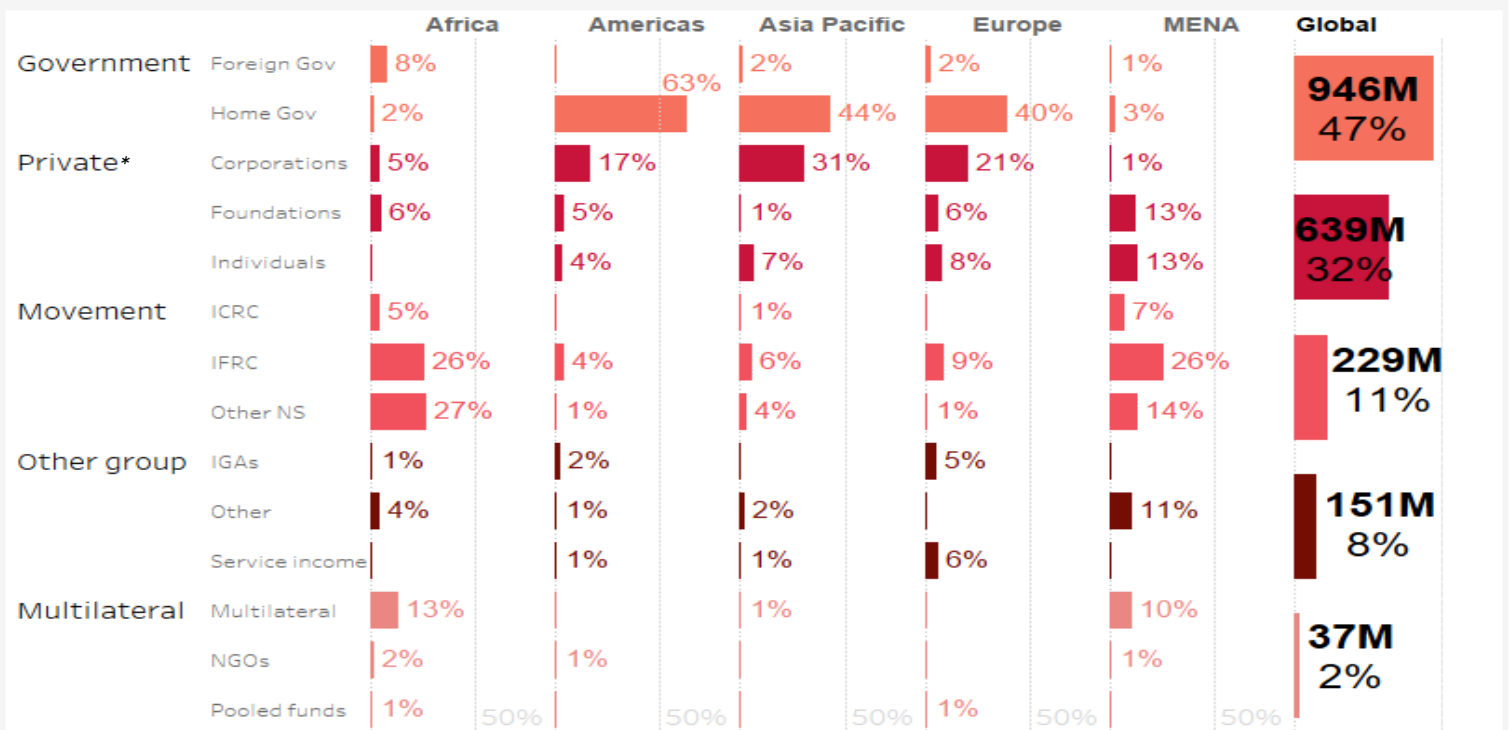
Primary source of income continues to be the home government for most National Societies across Americas, Asia Pacific, and Europe. Meanwhile, Movement is the primary source of income in Africa and MENA: 27% of the income in Africa is coming from other National Societies and 26% of the income in MENA is provided by IFRC.

Exchange rate fluctuation has also affected the calculations.

Number of National Societies indicating each source



### INCOME SOURCE BREAKDOWN BY REGION & GROUP



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

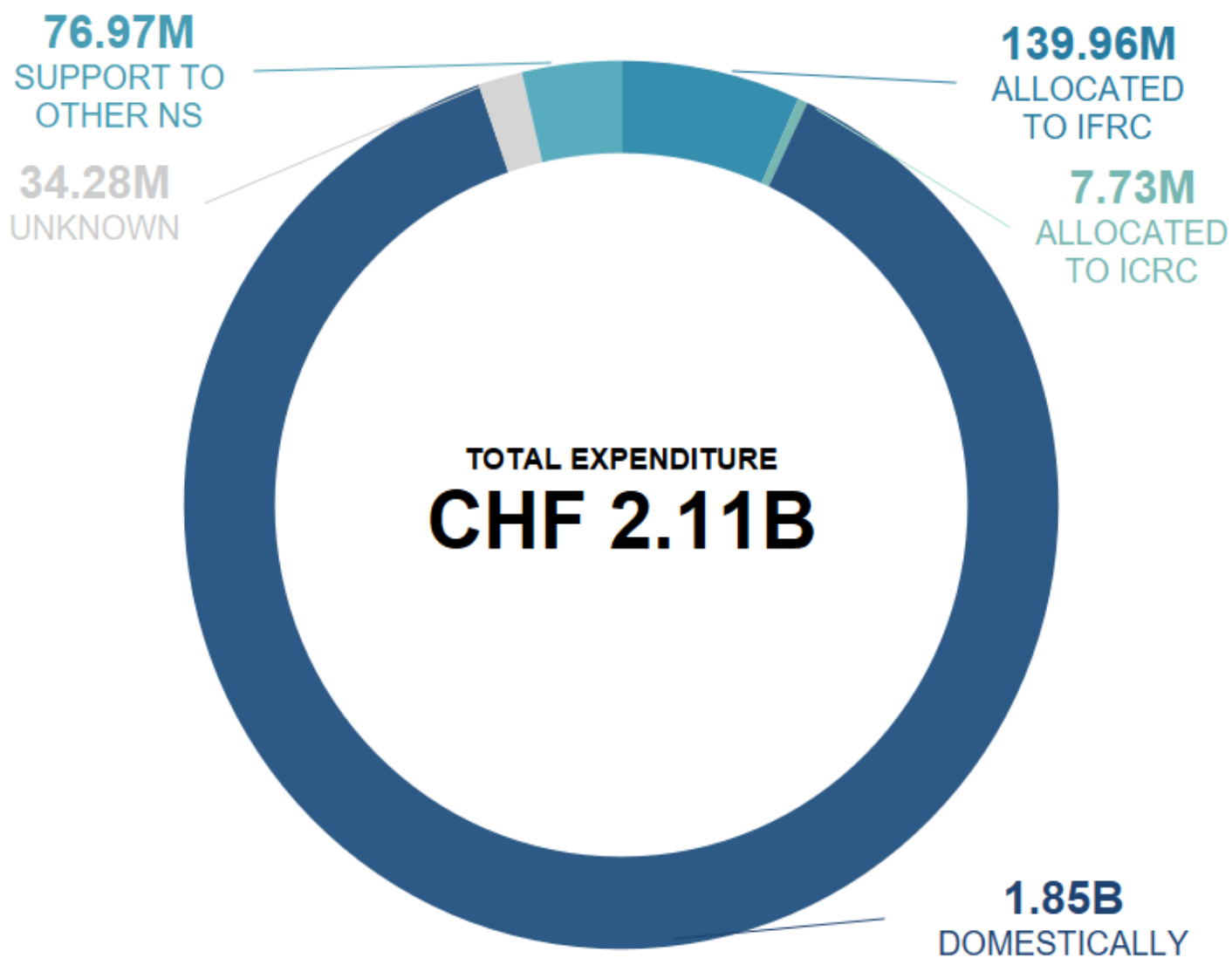


# Expenditure

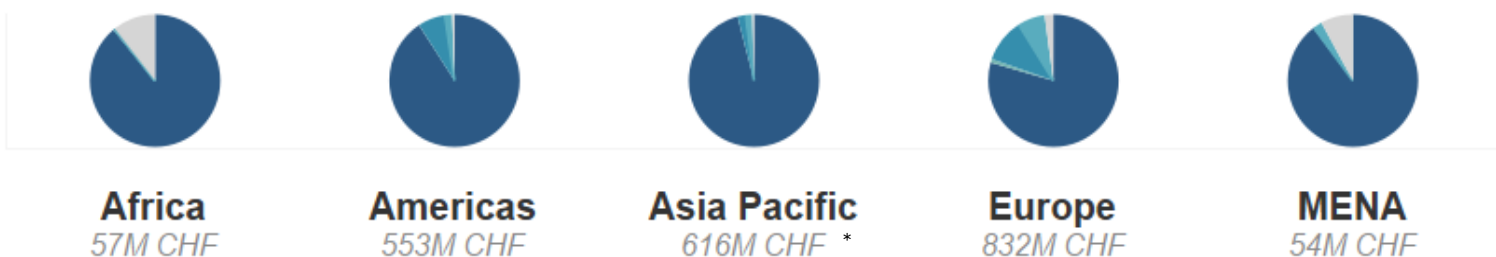
181 National Societies reporting financial information

## TOTAL EXPENDITURE BREAKDOWN

The domestic expenditure highlights the vast impact of the pandemic on all countries around the world. About 88% of the expenditure has been spent locally by National Societies.



## SPENDING BY REGION

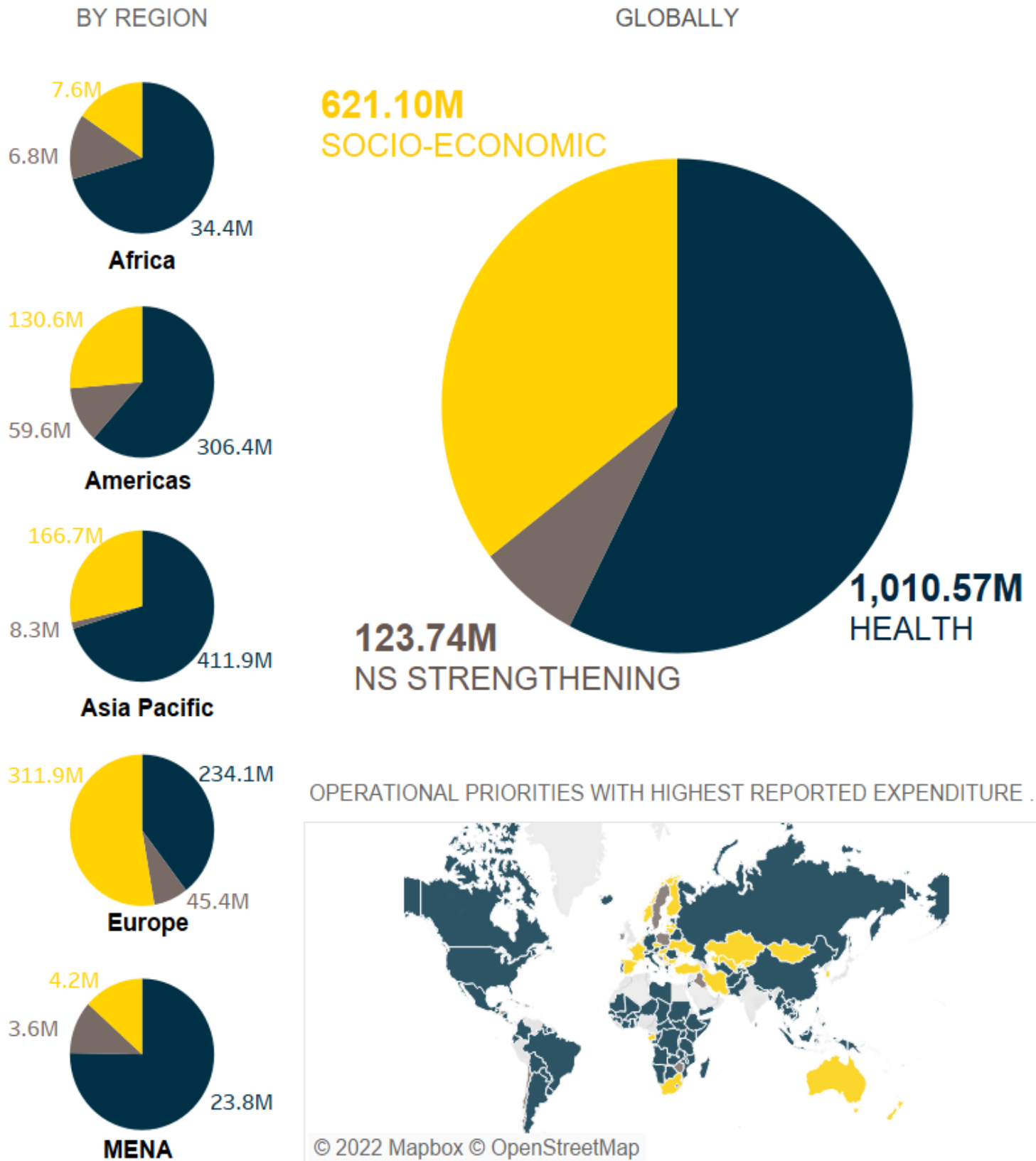


\* this figure is lower than the previous figure because of a retrospective correction

EXPENDITURE BY OPERATIONAL PRIORITY\*

The Federation-wide operational response framework for COVID-19 focuses on three operational priorities: Sustaining Health and WASH, Addressing Socio-economic Impact, and Strengthening National Societies. Each National Societies’ response is planned and implemented according to their mandate and context.

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



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

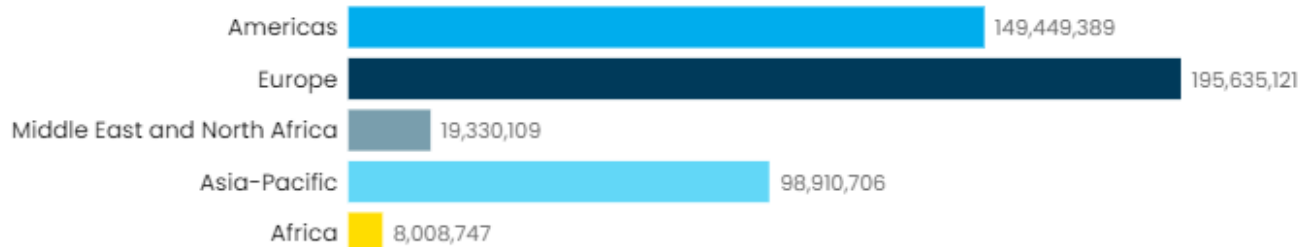
## Situation Update

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

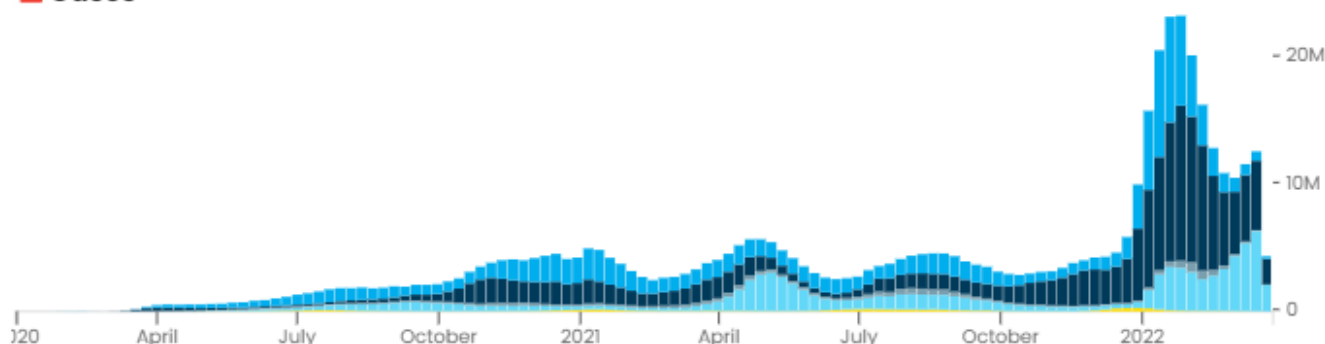
### Totals reported by IFRC region

View by Totals Per 100k

Cases Deaths Vaccines administered



### Cases

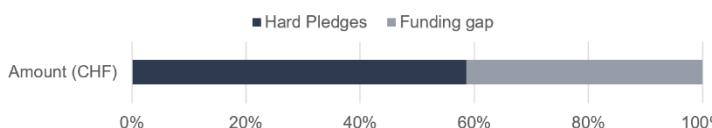


## Funding Requirements

CHF 670,000,000

59%

41%



## Red Cross and Red Crescent Movement Resource Compendium

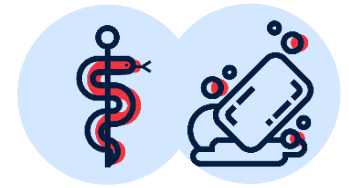
Find links to the following resources:

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



# RED CROSS AND RED CRESCENT ACTIVITIES GLOBALLY

## Operational Priority 1: Sustaining Health and WASH



### Health and Care

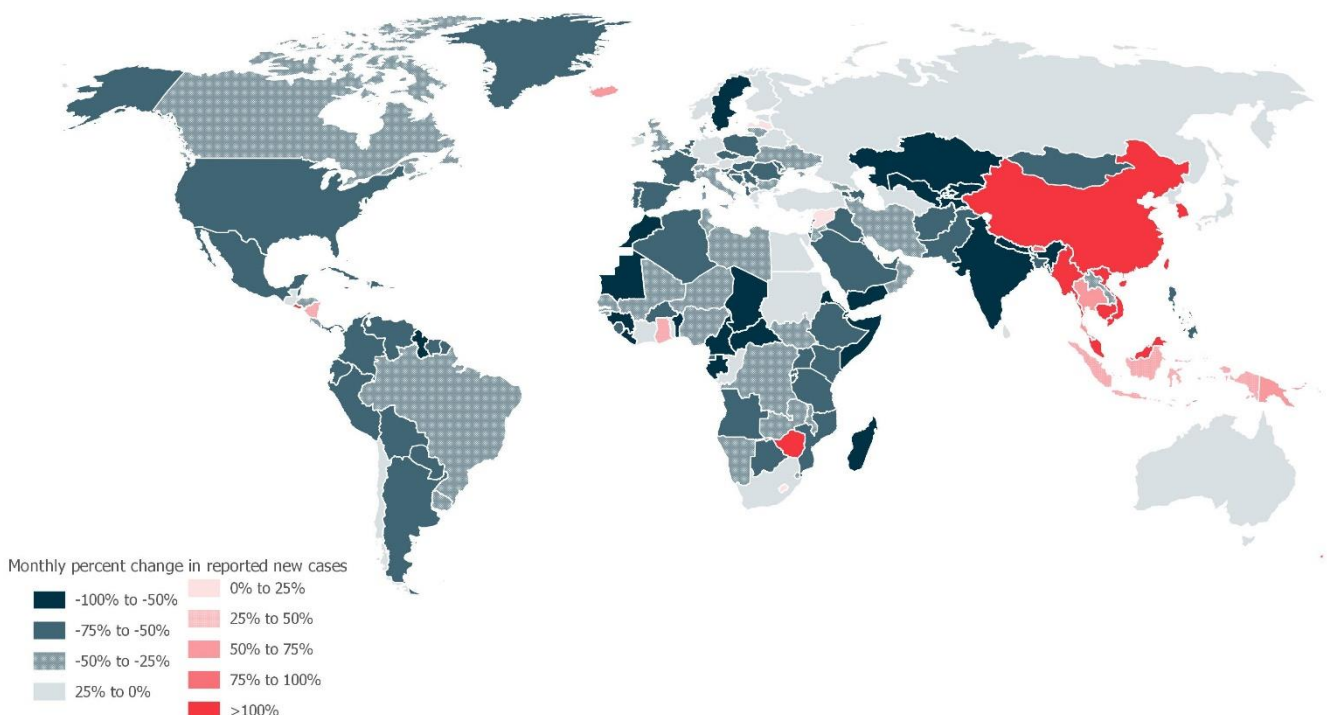
**Trends:**

As of 14 March, over 450 million cumulative cases and over 6 million cumulative deaths of COVID-19 have been reported worldwide. However, these are likely underestimates due to limited testing capacity and shifting testing strategies in many countries.

**Globally, COVID-19 incidence spiked again in January and February 2022 with the emergence of the Omicron variant,** with rapid declines beginning in the Africa Region in early January, followed by Europe and the Americas regions at the end of January and early February. The MENA region reported its peak in COVID-19 reported cases in mid-February. At the same time, the Asia Pacific region continues reporting significant increases in several countries, including China (Hong Kong), the Republic of Korea, Cook Islands, Tonga, Fiji, Kiribati, and New Zealand in the past weeks (all reporting increases higher than 20%). Many Pacific Island Nations, who were able to escape COVID-19 surges during initial waves, have now been affected by the Omicron variant and increasing cases (by an estimated 46%) and deaths (by an estimated 29%) continued in mid-March compared to previous weekly trends in the sub-region of Asia Pacific.

Globally, almost **11 billion COVID-19 vaccine doses have been administered, but inequities remain.** Only 14.4% of people in low-income countries have received at least one dose. Africa has only two countries that surpassed the 70% of people fully vaccinated, five countries with 40-70%, and 11 countries with less than 5%. More and more National Societies (172 out of 192) support immunisation-related activities and build their capacity. Regionally, country and within-country differences in coverage remain, and challenges persist in vaccine access for hard-to-reach communities, operational resources, and vaccine hesitancy.

COVID-19 Global View  
Produced 01 March 2022



This map does not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. The map illustrates the bi-weekly percent change between 1-14 February and 15-28 February 2022

0 1000 2000 km



## Secondary health impacts:

More than 5.2 million children are estimated to have lost a parent or caregiver during the first 19 months of the pandemic. Researchers estimate that the overall number increased by 90% from 30 April to 31 October 2021. Loss of a caregiver and orphanage are both associated with other long-term consequences for the health and well-being of the child, including increased risk of poverty, sexual abuse and mental health challenges moving forward. Another impact of the pandemic is reduced surveillance and immunisation campaigns for vaccine preventable diseases such as Measles and an increased reported need for mental health and psychosocial support (MHPSS).

In addition to these secondary impacts, we are learning more about the long-term implications of COVID-19 and the effects “long COVID” can have on individuals, including those who did not report severe symptoms during initial infection. Long COVID is estimated to impact 10-30% of people who experienced COVID-19 infections, with symptoms ranging from mild to severe. The most common symptoms include fatigue, declined cognitive functioning, anxiety or depression, and headache which have long-term consequences for work and health care services over time.

## Major achievements in the past two years:



Refer to the **IFRC-wide Overview section** of this report for the detailed and updated figures on the global reach of National Societies under **Operational Priority 1. [Interact with the figures on the Go Platform.](#)**

- The IFRC supported National Societies with virtual training on Psychological First Aid (PFA), Psychosocial Support in Emergencies (PSSIe) or Psychosocial support in the context of vaccine hesitancy. The health team supported also translating and adapting technical materials. As a result, national Societies have reached 13.1 million people with mental health and psychosocial support (MHPSS) services.
- 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.
- National Societies continue to carry out various activities to promote basic preventive measures and hygiene practices, reaching 128 million people at the community level.
- 325,774 staff and volunteers have been trained to support the COVID-19 vaccine rollout.
- IFRC has prioritised **50 countries according to vaccination coverage and other specific context 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 prioritisation includes the 34 also prioritised by the **Vaccine Delivery Partnership**. European countries will be reassessed according to the actual response to the Ukraine crisis.

- Since March 2022, IFRC seconds a position as part of the Vaccine Delivery Partnership to support and promote the coordinated work at the country levels, identifying the bottlenecks, technical support needs, and possible solutions to scale up a tailored response per prioritised country. The three levers of the Vaccine Delivery Partnership include political engagement, vaccine delivery funding and specialised technical and surge support.
- The Immunisation 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 mobilisation, among others), with technical presentations from National Societies and guided discussion promoting experience-sharing and lessons learned.
- Regional Coordination meetings every month with the IFRC regional focal points take place to review epidemiological updates, National Societies activities, followed by challenges and opportunities.
- The Immunization Newsletter, continues monthly basis, including up to date epidemiological information, regional summaries, relevant information from the topic of the month, resources, and lately a section on Routine Immunization promoting the linkage and integration for Immunisation.
- The Humanitarian Buffer application for Pakistan has been accepted and is in the process of completing agreements and preparation procedures to receive the vaccines.
- The Immunization Interactive Mapping has started as a tool that can be updated regularly and with a focus on the National Societies capacity to scale up the COVID-19 response.
- In the latest months immunisation has been promoted as part of the 3Ts corresponding to Testing, Tracing and Treatment and maintains the work and support through the 5 pillars (Advocate, Trust, Reach, Health, Maintain)
- Noticing the disruption in different health services and for immunisation including the ones related to routine immunisation, we continue raising awareness for supporting immunisation activities and country level campaigns and also coordination and monitoring for outbreaks (e.g measles, polio) to support the necessary response.

## +C IFRC NS Involvement in COVID-19 Vaccination Related Activities

Last Updated:  
11 Jan 2022



This map does not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

IFRC has created a tracker to view COVID-19 vaccination data and cases per country. To view click [here](#). Source: Global Vaccine Roll Out Survey, Readiness tool and inputs from Regional focal points.

The Immunization Snapshots, continues monthly basis, presenting the highlights for one National Society per Region and again highlighting the possibilities and the extended actions from the RC network. **See in the next pages the latest Snapshot of Red Cross and Red Crescent Actions related to COVID-19 vaccination. To see previous issues click [here](#).**



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

- The IFRC and its National Red Cross and Red Crescent Societies play a key role in supporting people to get vaccinated, engaging and informing communities, building confidence in vaccines and ensuring that people have access to vaccines.
- 174 of 192 National Societies, 91 per cent of all National Societies, globally are currently supporting or preparing to support COVID-19 vaccination campaigns.
- National Societies work to reach the most vulnerable: people affected by conflict, violence and disasters;



people in detention; indigenous populations; people living in urban slums and remote rural areas; migrants; and individuals that are unhoused. IFRC's plan aims to **support** 500 million people to get vaccinated, with a request for CHF 670 million for its **global appeal to respond to the COVID-19 pandemic**.

- Our volunteers and staff have supported the vaccination of more than 325 million people in recent months. Here is a snapshot of our actions from around the world.

## PAPUA NEW GUINEA RED CROSS



A Papua New Guinea Red Cross staff member discusses COVID-19 vaccination with a person living with disabilities to help address misinformation and rumours about COVID-19 vaccines.  
© Papua New Guinea Red Cross

Given that Papua New Guinea (PNG) has one of the lowest vaccination coverages in the world, Papua New Guinea Red Cross (PNGRC) is mobilizing its 13 branches to scale up efforts in support of the National Department of Health's rollout of COVID-19 vaccination. PNGRC is focused on providing accurate, reliable, and trusted public health information to build confidence in vaccination and prevent the spread of COVID-19. PNGRC staff and volunteers are working together with the Provincial Health Authorities (PHA) to raise

awareness about COVID-19 vaccination, distribute Personal Protective Equipment (PPE) in communities, and run COVID-19 vaccination clinics. For example, the PNGRC branch in Madang province is partnering with the Madang PHA and the Country Women Association (CWA) on a COVID-19 vaccination campaign. Red Cross volunteers mobilize the community for vaccination and provide administrative support at a vaccination centre at CWA premises, including leading registration for vaccination and data entry.

# LIBYAN RED CRESCENT



*Red Crescent volunteers raise awareness about COVID-19 vaccination in Libya.*  
© Libyan Red Crescent

The Libyan Red Crescent Society (LRCS) signed an agreement with the Libyan National Centre for Disease Control (NCDC) in May 2021 to support the rollout of COVID-19 vaccination in Libya with a focus on community engagement and logistical support. More than 600 LRCS volunteers have participated in COVID-19 awareness raising activities, engaging with local communities, encouraging community members to seek

vaccination, and answering any questions communities might have. Staff and volunteers from 23 LRCS branches are additionally directly supporting NCDC vaccination centres with Red Crescent volunteers leading registration for vaccination and data entry. LRCS health clinics have been used as COVID-19 vaccination centres, particularly in southern Libya.



*A man receives a COVID-19 vaccine dose at a Red Cross supported mobile vaccination centre, Mantero, Zambia, December 2021.*  
© Zambia Red Cross Society

# ZAMBIA RED CROSS SOCIETY



The Zambia Red Cross Society (ZRCS) has mobilized volunteers in 17 districts to support the Ministry of Health (MOH)'s goal of vaccinating 70% of the population by June 2022. ZRCS is helping the MOH to ensure COVID-19 vaccines reach hard-to-access remote areas by implementing a mobile COVID-19 vaccination campaign. Red Cross volunteers mobilize communities for vaccination, raise awareness

about the mobile COVID-19 vaccination centres, distribute Information, Education, and Communication (IEC) materials about vaccination and engage local leaders to be advocates for healthy behavior changes. ZRCS additionally continues to support routine immunization activities across the country, working to ensure all Zambian children are fully immunized before the age of 5.



# UKRAINIAN RED CROSS SOCIETY



*A Ukrainian Red Cross volunteer distributes a pamphlet on COVID-19 vaccination to help inform people about how vaccines work and help them to register for vaccination, August 2021.*  
© Ukrainian Red Cross Society

The Ukrainian Red Cross Society (URCS) is working in close collaboration with the Public Health Centre of the Ministry of Health of Ukraine (MoHU) on the rollout of COVID-19 vaccination with the Red Cross guiding more than 135,000 people through the COVID-19 vaccination process. Volunteers disseminate information about locations for vaccination, facilitate transportation to vaccination sites, and provide support at the MoHU vaccination sites, including providing psychosocial support (PSS) to vaccine recipients. URCS volunteers are deployed with MoHU mobile vaccination

teams in remote, hard-to-reach areas including the Luhansk and Donetsk regions.

The Red Cross has additionally established itself as the leading Risk Communication and Communication Engagement (RCCE) actor in Ukraine during the COVID-19 pandemic. Between June and December 2021, the Red Cross provided more than 250,000 people with accurate, reliable information about COVID-19 vaccination through face-to-face conversations and group information sessions.



*A COVID-19 vaccine is administered to an indigenous person at a Red Cross COVID-19 vaccination site in Canada*  
© Canadian Red Cross

# CANADIAN RED CROSS



The Canadian Red Cross (CRC) has offered support to the Government of Canada, as well as to several provincial, territorial, and Indigenous health authorities to roll out COVID-19 vaccination. In Nunavut, CRC is collaborating with the territorial health authorities to provide health human resources to support vaccination to several remote Inuit communities in what has been an historically underserved population. In Quebec, the Red Cross supported the vaccination campaign for COVID-19 coordinated by the Nunavik Regional Board of Health and Social Services (NRBSS) and the Tulattavik and Inuulitsivik health centres. Vaccinators were accompanied Indigenous and

culturally trained non-Indigenous staff dedicated to better understanding the roots of vaccine hesitancy and ensure vaccination strategies were tailored to Nunavik Inuit. In Northern Alberta, CRC's Indigenous staff were embedded into mobile vaccination teams supported virtually by CRC's Indigenous People's Help Desk, a virtual team, 80% Indigenous created to respond to the needs of Indigenous leadership during the pandemic. By recognizing and responding to the unique needs of communities, the CRC had the opportunity to create and provide trusting healthcare interactions, that in turn, have the potential to build the foundation for faith in the healthcare system.

**For further information, please contact:**

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



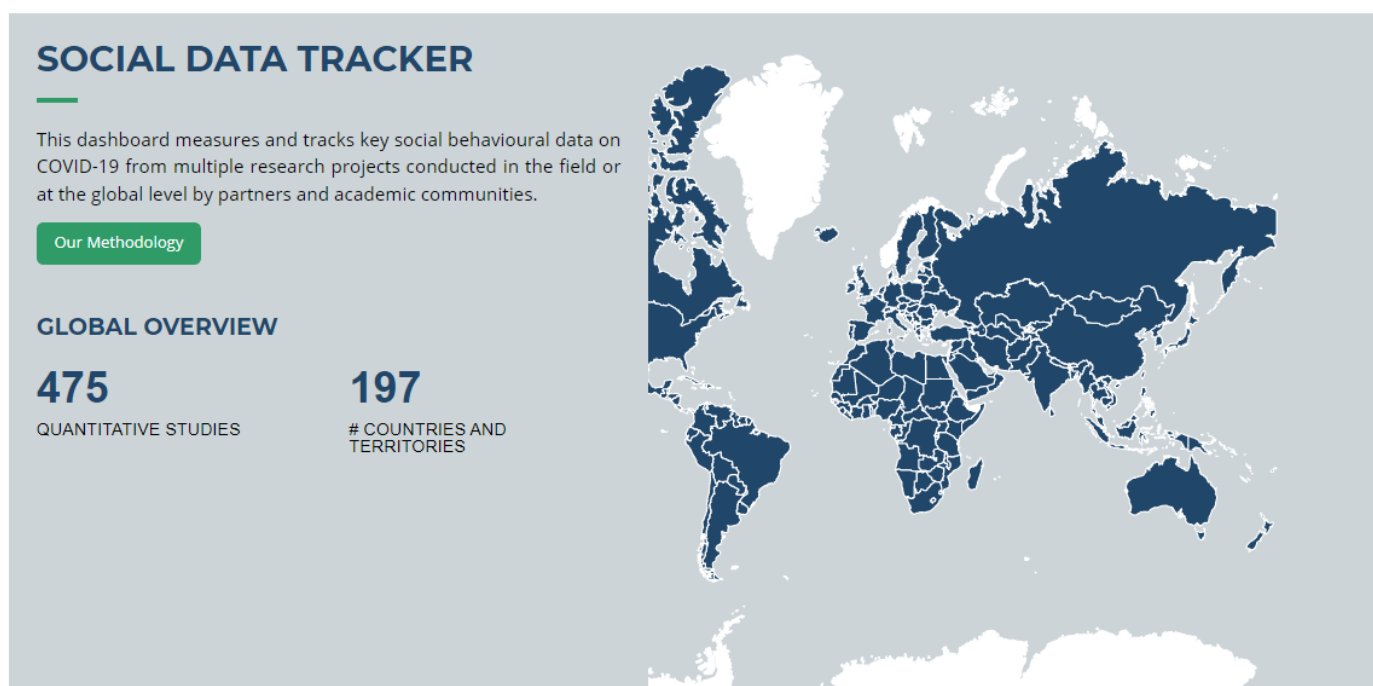
## Risk Communication, Community Engagement and Accountability

### Trends:

Although we are witnessing an increase in vaccine uptake and acceptance, we cannot consider this a global trend. Vaccine mistrust is still a hurdle and more among migrants. A new [COVID-19 research in the Americas](#) collected community perceptions of COVID-19 from migrants, refugees, host communities and indigenous populations in nine different countries of Latin America and the Caribbean. The findings showed that even there is a high level of vaccine acceptance, yet migrants and indigenous populations report higher constraints in accessing vaccination services. Distance, long waiting lines, inconvenient opening times and inadequate services, cited as main barriers to access vaccination centres. The study also suggests since the pandemic, trust in the intention of government leaders has decreased to a third while trust in scientists and humanitarians have increased.

A [Hellenic RC perception survey with migrants and refugees](#) showed a high percentages of Covid-19 vaccination hesitancy related to fears of side effects or low effectiveness. Same concerns were echoed in another survey carried out by the [Georgia Red Cross Society](#), where 58% of the unvaccinated respondents named the lack of information as the main barrier to vaccination, followed by concerns around effectiveness and possible side effects the most cited gaps to be addressed.

As co-lead of the RCCE Collective Service (with WHO&UNICEF), IFRC has led on creating [socio-behavioural data dashboard](#) which to date has compiled data and evidence from almost 260 data sources across 200 countries. This critical evidence ensures people's voices and needs informs policymakers, funders, implementers response actions. It also helps bring resources and focus to the most pressing needs. **The Collective Service has launched the [Community Feedback Mechanism \(CFM\) Tracker](#) which monitors community feedback mechanisms to support RCCE response on public health emergencies and more specifically on COVID-19.**



### Major achievements in the past 2 years:

National Societies and their community volunteers play a unique role in rolling out interventions that are relevant, contextually **appropriate and co-owned by affected populations**. This ensures that two-way trust between providers and affected populations is established and respected.

The unique added value that the IFRC has demonstrated engaging and listening to communities over these 24 months of the response has been recognised by several donors. In March 2022, the IFRC, will successfully finalise the **multi-agency WHO-Solidarity Fund award** which was focused on community mobilisation for vaccine uptake in the five regions. The objectives of this programme were centred on interventions targeted at system and service changes, and those focused on ensuring community confidence through effective communication and community engagement, and through facilitating access to high-risk population groups.

Over the last 24 months, Red Cross Red Crescent reached almost 900 million people through a package of proven community-centred interventions which are inclusive and locally tailored and ensure that we respond to the fluidity of community response environment

IFRC supported National Societies in strengthening community responses that foregrounds the voices, feedback and perspectives of communities and approaches which are guided by an understanding of communities' capacities, knowledge, perceptions, and behaviours. To date, there has been more than **1.7 million feedback comments collected and 3,086 feedback reports issued** by National Societies. Feedback data has been operationalised into responses through coordinated and community-based localised actions. With a dedicated Information Management staff supporting the collation and interpretation of the global feedback data, the IFRC gradually consolidates a system to track and respond effectively to local needs, knowledge gaps and misinformation.

IFRC continues to **strengthen the capacity of National Societies** to engage with affected communities collectively. Support continues in developing and coordinating capacity building, peer to peer and technical coaching through distant learning and face-to-face training. To date, more than 404,700 volunteers have been trained in risk communication, community engagement and accountability with special focus on how National Societies can better inform their programmes to address vaccine hesitancy and build trust and uptake.

The IFRC has been recognised as a thought leader in risk communication, community engagement and accountability: it has received funding from 8 major donors and is playing a leadership role in setting a clear blueprint for a more collaborative approach to risk communication and community engagement in public health emergencies and humanitarian crisis. The Risk communication and community engagement Collective Service (the Service) co-led by IFRC, WHO and UNICEF continues to create valuable spaces for a wide range of organisations and the Red Cross Red Crescent (over 60 partners engaged at global and regional level) to scale up data-driven interventions, reinforce local capacity and coordination platform.

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

Australian Red Cross volunteers are providing practical and emotional support to people affected by COVID19. Hundreds of volunteers call people who are struggling to let them know there's a community, right there, they can lean on. Photo credit: Australian Red Cross.



## Operational Priority 2: Addressing Socioeconomic Impact

### Livelihoods and Household Economic Security

#### Trends:

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

A sharp increase in food insecurity has been seen, and this has continued to rise. [WFP/FAO](#) forecasts for 2021 show that 142M people are projected to be in crisis or, worse acute food insecurity (IPC/CH Phase 3 or above) in 40 countries/territories for which forecasts are available. In April 2021, **34 million people were on the brink of famine**, up from 27 million two years ago. The number of undernourished people is currently estimated at 690 million<sup>1</sup>.

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



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



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



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

A recent global analysis by the [Red Cross and Red Crescent Migration Lab](#) revealed that migrants have been disproportionately affected by the pandemic, with many migrants facing either direct exclusion from socioeconomic support, or inadvertent exclusion in the form of an invisible wall to receiving support – where support is not accessible due to language, culture, cost or related to marginalisation and discrimination.

Amongst the hardest hit by the socioeconomic impacts of the COVID-19 pandemic and related policy measures have been [refugees and forcibly displaced populations](#). A [recent analysis from the IFRC and Turkish RC](#) shows that the level of debt among refugee families in Turkey has increased by 50 per cent compared to pre-pandemic levels. More than 70 per cent of refugees are unable or can barely afford to purchase food.

#### Major achievements in the past 2 years:

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

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

**Cash and voucher assistance (CVA)** continued for vulnerable communities, mostly as multipurpose grants to meet the basic needs of households experiencing food insecurity or whose livelihoods have been affected by COVID-19. Under the overarching Federation-wide response, **5.5 million people have been reached with more than CHF 230 million** in cash and voucher assistance.

## COVID-19 Global CVA Response



# Countries with CVA in their COVID-19 response: **89**

FEDERATION WIDE

**5.5M**

People reached with cash



Cash distributed

**230M CHF**

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 a series of workshops and trainings on the use of the RedRose platform. Cash assistance has seen an increase compared to traditional ways of assistance also by applying more often other distribution mechanisms other than cash in envelopes.

In terms of wider livelihoods interventions, several National Societies have gone beyond providing food assistance and cash assistance that meets basic needs, to address livelihoods protection and support the restart of production and income generating activities. For example, through one multi-country project, 14,255 families were supported via the IFRC secretariat appeal by eleven National Societies across all five Regions, with assistance, both cash and in-kind, to protect livelihoods, avoid depletion of productive assets, and to revive disrupted livelihood activities. Advocacy continues with National Societies in Asia-Pacific, the Americas, Europe and Central Asia, and Africa to shift from the basic needs and livelihoods protection focus to food security and / or livelihoods programming that integrates elements of preparedness and resilience building as part of the COVID-19 recovery phase and beyond. In the Americas for example, In the Americas, the regional office continues to support National Societies in promoting the recovery of livelihoods and in capacity building of microenterprises. In Central Asia, women's economic empowerment projects are being implemented in Kyrgyzstan and Tajikistan. In Tajikistan, the NS is providing comprehensive support to women and their families through vocational trainings and economic incentives coupled with psychological and legal assistance. In the Ukraine, a concept note for a pilot project on women and employability has been developed. Terms of reference have been produced for a training manual targeting livestock herders in Central Asia.

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

The main requests are for advice on assessment tools, and review of response options and plans. So far, LRC has also organised 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). 27 webinars reaching more than 1,185 staff from NS, IFRC Secretariat, and other organisations have been held in different regions to discuss technical aspects of livelihoods programming in the COVID-19 context (e.g., livelihoods protection and response options, livelihoods and cash transfers, targeting, impact assessment tools, livelihoods responses in migration context, Easy Volunteer Action Handbook). The Livelihoods Centre COVID-19 page and other materials produced for COVID-19 have reached 34,743 people on Facebook and 36,419 people on LinkedIn.

A set of technical guidelines and tools have been produced especially for the COVID-19 context – 19 in total (14 created by LRC and 5 British Red Cross/IFRC). These cover such topics as possible interventions, targeting in urban and rural contexts, and household surveys to assess impact of COVID-19 on Livelihoods and Food Security. In addition, infographics related to COVID-19 have been created -14 in total, covering different topics as types of interventions, savings groups, projects' continuity, impact in migration contexts, PGI, targeting, etc.). These resources are translated into various languages and shared in social media and on the LRC website.

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

## Protection Gender, Inclusion (PGI) and Education

### Trends:

In the IFRC report *Drowning Below the Surface*, it is evident that many socioeconomic vulnerabilities predated the pandemic, but have heightened the risk of violence, discrimination, and exclusion towards different people. COVID-19 measures and supporting enforcements such as states of emergency, use of force and lockdowns have led to a rise in protection risks. This is acutely pronounced in situations of people on the move, people living in rural and remote areas, people living in homelessness, confined in prisons, and without access to justice. Children, youth, girls and women, older persons, persons with disabilities, indigenous peoples, migrants, refugees, female-headed households, those who are unemployed, with low levels of education, people with low-wage jobs, working in the informal sector and engaged in precarious jobs without social protection have borne the brunt of the pandemic due to worsening systemic inequalities.

Lockdown related restrictions and related socioeconomic pressures led to an **increase in domestic and sexual gender-based violence**, particularly targeting women and children. Throughout the past year, there was a 22 per cent increase in reports of SGBV in comparison to the same timeframe the year before. Weakened, and in some cases, eroded protection mechanisms **remain inaccessible due to repurposing for covid-19 response, limited capacity and a lack funds.**<sup>2</sup> In humanitarian contexts, urgent needs mask over the importance gender and diversity analysis to identify and respond to the needs of the most vulnerable to the complex crisis faced and indicate a lack of community engagement in decision making.

Emerging research points to the importance of a recovery that is grounded in intersectionality; to understand how gender, class, skin colour, disability, age, sexual orientation, geography, immigration status, religion or belief, and other factors such as employment, housing (and homelessness) intersect and to alleviate barriers in society based on these factors. What remains unclear is how deep-rooted these socioeconomic impacts due to a gap in an intersectional analysis of this for individuals, communities, and organisations.<sup>3</sup>

Part of an inclusive, dignified response to the socioeconomic impacts of COVID-19 is dependent on an understanding that **violence, discrimination, and exclusion are interlinked**, and by strengthening the ability and capacity of staff and institutions to respond the distinct needs of different people. Almost 60 percent of National Societies surveyed<sup>4</sup> indicated **having increased protection activities** since the start of the pandemic to ensure people's **dignity, access, safety and participation**.

### Major achievements in the past 2 years:

The IFRC continues to support National Societies through the global coordination of a strategic approach to PGI. This has been strengthened by the development of an introduction to PGI e-module accessible in 5 different languages. This has laid the foundation for National Societies to build a coherent approach, enhancing accountability and the inclusion of the most vulnerable.

Throughout the past 2 years, **127 National Societies** are conducting activities related to social care and cohesion, and support to vulnerable groups, **1,989 branches** include an analysis of the specific needs of marginalised groups in their assessments, **4.6 million people were reached through exclusion related programmes**, and **2.8 million people were reached through violence related programmes**. In a survey conducted by the Movement Protection Advisory Board, **68%** of responding National Societies indicated that they are using guidelines prepared for the COVID-19 response by the IFRC.

Peer exchange and learning have strengthened National Societies ability to localise best practices from different contexts. Lessons learned are being gathered and formed into case studies and are being disseminated to contribute to a better understanding of how PGI, when embedded within NS operations, can support engagement of people before, during and after disasters.

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

All PGI guidance notes on COVID-19 are available from [Protection Gender and Inclusion – section of the Covid-19 Compendium on the Prepare Centre](#) website.

<sup>2</sup> <https://www.accord.org.za/analysis/domestic-gender-based-violence-case-double-jeopardy/>

<sup>3</sup> <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/16545>

<sup>4</sup> IFRC report *Drowning Below the Surface*

## Shelter and Urban Settlements

In the past 24-months, **43 National Societies** have been providing shelter and urban settlements response in COVID-19 context, **reaching 1,06 million people worldwide**. The IFRC has supported the work of National Societies through technical support, training and collecting learnings and best practices. For example, I launched the [Step-by-step Guide to Rental Assistance](#) and the [Tip Sheet for Rental Assistance Programming](#). In collaboration with the Cash Hub, a webinar on [Shelter and Settlements and Cash in the context of COVID-19](#) was done. To have a common repository for all these resources a specific [Cash and shelter page](#) has been created. These resources have been complemented by a self-learning module on the guidance: [Introduction to Rental Assistance Programming](#), available on the Learning Platform.

The self-learning shelter and settlements course of the IFRC, **“More Than Just a Roof”** was updated to include urban and pandemic responses is available in English and Spanish.

Guidance was also developed on working in camps and camp-like settings in the COVID-19 context at the initiative of the Asia Pacific region. The IFRC reviewed and contributed to the work under the coordination of the regional shelter coordinator. A joint effort has been made to promote further the work done by National Societies and disseminate the lesson learnt by those National Societies working on providing shelter and settlement assistance in the COVID-19 context. A couple of newsletters were developed on [rental assistance](#) and [shelter response](#), while webinars on [managing collective centres](#) and [shelter responses](#) were organised.

Global Shelter Cluster continued to support the country clusters with their COVID-19-related issues. In addition, dedicated sessions on COVID-19 and shelter took place.

COVID-19 has been an urban disaster, with over 92% of the cases recorded in cities and towns. Therefore, the IFRC coordinated with National Societies and external partners to develop urban context-specific guidance for the COVID-19 response and recovery operations. The first output was creating a multi-agency guidance note for responding to COVID-19 in informal settlements of urban areas led by IFRC and UN-Habitat. This guidance then becomes a part of the more [comprehensive guidance](#) approved by the IASC<sup>5</sup>.

A task force was created to provide ongoing support to National Societies. A [dedicated page](#) was built on the GDPC website also. The IFRC organised four [webinars](#) on “Rethinking Urban Community Risk Reduction and Resilience while responding to COVID-19” to explore the future of urban programming in the context of the pandemic with the participation of over 300 people, 12 National Societies and the ICRC.

## Education:

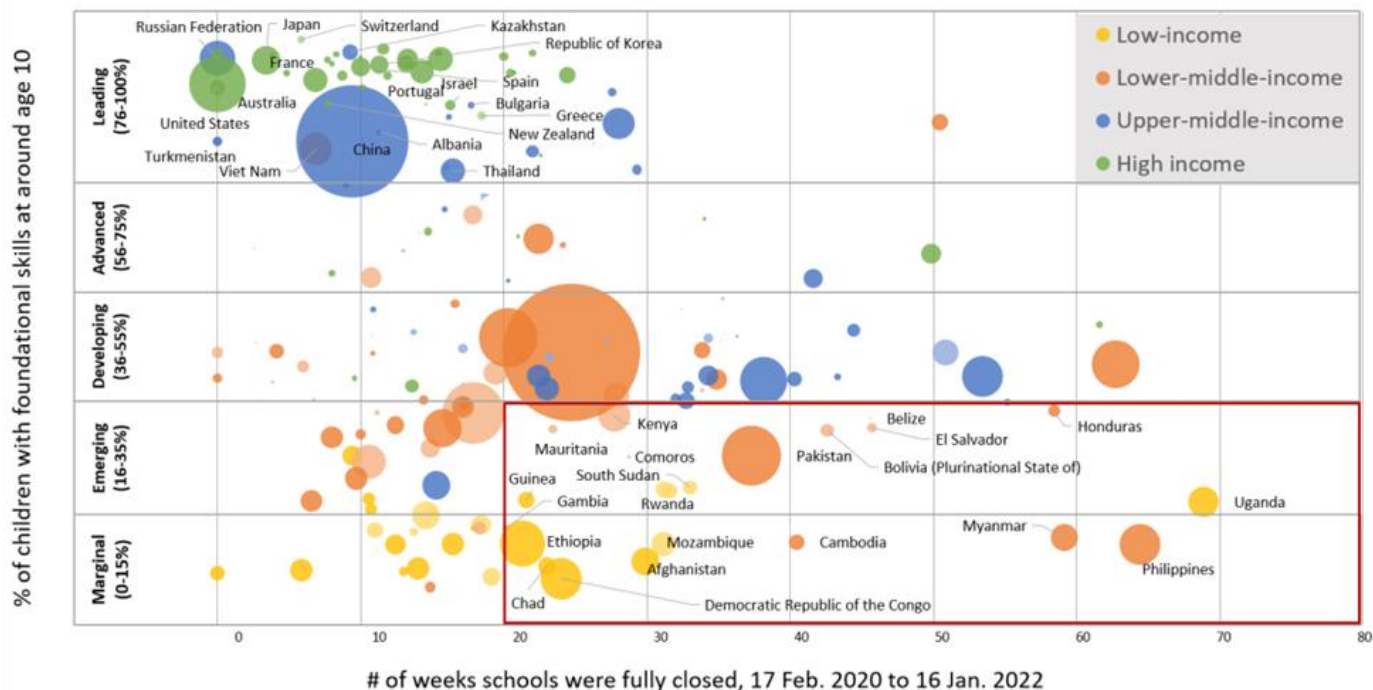
### Trends:



Panamanian Red Cross is promoting adequate hand washing in public schools, as students start the school year.  
Credit: RCSP

Since the onset of the Covid-19 pandemic two years ago, schools have been fully or partially closed for an average of 40 weeks per country – with a few countries experiencing no closures, and others a school year-long one. The disruption of education systems globally resulted in significant learning losses -including an estimated 2 trillion hours of in-person instruction missed, and up to 70% of 10-year-old students in low- and middle-income countries possibly unable to read or understand a simple story (compared to 50% prior to Covid-19).

Figure. Countries grouped by length of school closures, learning outcomes and income level



[Source: UNICEF calculation based on data from UNESCO Global Monitoring of School Closures, UNICEF MICS Foundational Learning Skills Module, and the World Bank Learning Poverty Index. The bubble size represents the relative population aged 10-14.]

Pre-existing inequalities have been exacerbated: girls, children from disadvantaged backgrounds, those living in rural areas, children with disabilities and children from ethnic minorities have been affected more than their peers. At least one third of students could not pursue learning remotely due to lack of connectivity and devices or because they were left behind in remote learning initiatives, especially the youngest and those who were living in dire humanitarian crisis situations prior to the pandemic (UNESCO, UNICEF, World Bank)<sup>6</sup>.

Although schools are now open in the majority of countries - supported by health and safety protocols as well as vaccination programmes, the costs remain high in terms of drop-out (24 million additional students may drop out of the school system), lifetime earnings (this generation of children could lose a combined total of \$17 trillion in present value compared to the 2020 estimate of a \$10 trillion loss), students’ and teachers’ health and well-being, as well as protection risks (10 million additional girls are at risk of child marriage over the next decade due to school closures). (UNESCO)

### Major achievements in the past 2 years:

The IFRC continues to support 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.

**35 National Societies contributed to the educational continuity and safe access/return to schools of over 4 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 day care services in kindergartens and schools. Projects supported in Argentina, Ecuador, Egypt, Iraq, Myanmar, Nepal, Uganda and

<sup>6</sup> *The State of the Global Education Crisis: A Path to Recovery* – UNESCO, UNICEF and World Bank



The Gambia contributed to enhancing children and youth psychosocial well-being and agency, and to addressing the increased risks of exclusion, violence and child labour resulting from the socio-economic impact of the Covid-19 pandemic.



[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 Development project in Argentina (Argentina Red Cross Society)].

The **digitalisation 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). **130+ live online or in-person events** (i.e., webinars, interactive learning sessions/workshops, trainings, micro-projects) coordinated, facilitated and/or supported by the IFRC Secretariat directly and indirectly reached out **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, REPSI, 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).

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 would be key to **ensure education-related considerations are integrated into recovery plans and future responses** and, conversely, that **education sector plans are strengthened**, especially from a **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 trainings for teachers' preparation, retention, motivation and well-being).

As the socioeconomic impacts of the pandemic will continue to affect households' livelihoods, it would also be important to keep investing in **innovative multisectoral approaches to support gender- and diversity- responsive return to school**, especially for children at high risk of child labour, child marriage, early pregnancy or gender-based violence.

It would be equally important to consider how our **educational interventions are adapted to the new normal**, can **support learning recovery programs** (e.g., assisting learners to strengthen foundational competencies such as literacy, numeracy and socio-emotional life skills; accompanying teachers instructionally, technologically and/or psychologically), and ultimately **contribute to more resilient and inclusive education communities and systems**, especially for those facing multiple challenges, who were already out-of-school or marginalised such as children and youth living with disabilities, on the move, in poor or rural areas and informal settlements.

## Operational Priority 3: Strengthening National Societies

## National Society Readiness

### Trends:

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

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

### Major achievements in the past 2 years:

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

During this reporting period, several preparedness resources were finalised, tested, disseminated and applied by National Societies and partners supporting them. National Societies continue to implement **preparedness and readiness actions in light of seasonal risks**, such as hurricanes, monsoons, la Niña, floods, and droughts within the current operating context of the COVID-19 pandemic. Additionally, in 2021 IFRC NS Preparedness team sent bimonthly newsletters to better showcase tools and resources developed as well as highlight the experiences and learning from the NSs on preparedness reaching more than 500 people. (First edition of the [NS preparedness newsletter](#), Second edition of [the NS Preparedness newsletter](#), the 3rd edition of the [NS Preparedness newsletter](#), the 4th edition of the [NS Preparedness newsletter](#), the 5th edition of the [NS Preparedness newsletter](#)

#### National Societies Contingency and Business Continuity Planning:

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

**One hundred and fifty-seven (157) National Societies reported establishing or updating their Contingency Plans** to achieve greater synergies in responding to affected populations' needs in future crises. Over the past months, more National Societies have engaged in Contingency Planning, and requested technical support from the IFRC to revisit their existing Plans and link them with their **Business Continuity Plans beyond COVID-19 (143 NS)**. Interest in this topic is increasing, especially as countries continue to prepare for and/or face new COVID-19 surges, as well as other crises.

Three BPC awareness sessions were organised by the Africa regional Office to raise NS awareness on the importance of maintaining updated Business Continuity Plans, as well as on the interconnectedness and complementarity with their Contingency Plans. Technical support was for instance provided to the Nigeria Red Cross Society in this regard. In addition to the above, the Caribbean Country Delegation and CADRIM reference center is undertaking the review and revision of the response and contingency plans in the implementing countries (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 the digital/data readiness capacity strengthening of National Societies to allow them to respond with up-to-date technologies. In addition, BMZ has also funded the updating of EOC operational guidelines and the facilitation of capacity strengthening of PER Mechanism components regarding EOCs and SOPs across the 5 regions. This is highlighted by a preliminary report with key recommendations and findings related to EOC implementation and management.

Six National Societies in South-Eastern Europe (Albania, Bosnia and Herzegovina, Croatia, Montenegro, North Macedonia, and the Republic of Serbia) joined efforts to increase their capacity to prepare for and respond to emergencies through the development

and implementation of Emergency Operations Centres. When the COVID-19 pandemic was severely affecting Europe, the EOCs were already fully operational, providing a more effective response. [EOC success stories](#) from the aforementioned National Societies were captured with an aim to disseminate successful experiences from these six National Societies in South-Eastern Europe and inspire better responses in the context of the COVID-19 pandemic and increase interoperability and emergency management capacity.

- **E-Learning Course on Emergency Operation Centres in 4 Languages (SP/EN/FR/POT):** In 2020, thanks to support of BMZ, it was possible to assist 20 National Societies in establishing and equipping Emergency Operations Centres. In addition to equipment, new coordination mechanisms and operational procedures were reviewed to facilitate greater coordination during the response to COVID-19 and other hazards. Additionally, the CREPD reference centre developed online courses that are available in Spanish, English, French, and soon Portuguese on the [Red Cross campus](#) and can be accessed [here](#)
- **Testing Global Emergency Operation Centre Guidelines in Bahamas:** a practical IFRC global guide for the establishment of Emergency Operations Centres is being developed. To date, a pilot workshop has been held in the Bahamas with 25 participants, including volunteers and members of the National Society governing board. The workshop provided important feedback to improve the content of the guide, and to establish of a Red Cross EOC in the Bahamas. This guidance will be further tested in 2022 to obtain more feedback from National Societies and external stakeholders.



**Emergency Needs Assessment**

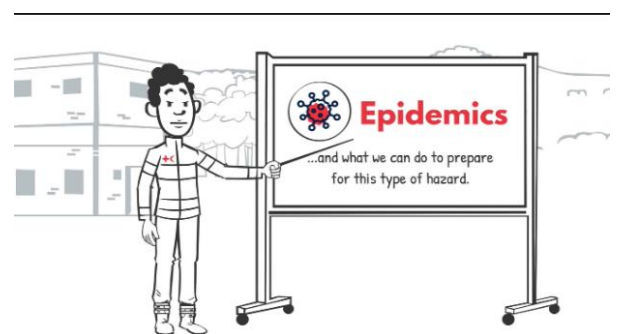
During this period, the IFRC has also developed the first draft of the Emergency Needs Assessment Training Pack, intended to strengthen NS capacities. It is based on the ongoing efforts from the surge optimisation process to better inform response operations and enhance emergency needs assessment capacities.

**National Response Teams Common Standards and Harmonized Curricula**

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

**Preparedness Videos**

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



**NS Preparedness Dashboards**

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

- o [PER Summary](#): to visualise which NS are engaged in structured preparedness processes (70NS)
- o [PER Performance](#): to visualise how the response mechanism looks like per region and globally, as well as which are the components that require further attention and the ones that are performing better.
- o [PER-DREF Operational Analysis](#): around **5224 pieces of learning** from **336 DREF operations** have been integrated so far and are organised using the PER Mechanism to analyse these results.
- o [PER Mechanism Resources Mapping](#): a collection of guidelines, tools, and reference materials, organised according to the PER Mechanism and showing relevant resources available within the RCRC Movement.

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

**National Society Readiness Awareness sessions**

A total of three Readiness Awareness sessions were organised in the Americas region for each country cluster, with participation from all COVID-19 team members, with the purpose of raising awareness on the elements related to the COVID-19 Global appeal

Priority 3 (Strengthening National Societies), in close coordination with the NS Readiness, NS Development, and Volunteer units, to identify the main challenges and opportunities regarding NS Capacity Strengthening.

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

- 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.](#)

Moreover, IFRC organised a series of events on the IFRC Twitter Spaces, which included a discussion on preparedness entitled: **“How can we prepare for the next pandemic?” reaching over 540 listeners** with key speaker from Bosnia and Herzegovina, Kenya and Indonesia Red Cross Societies.

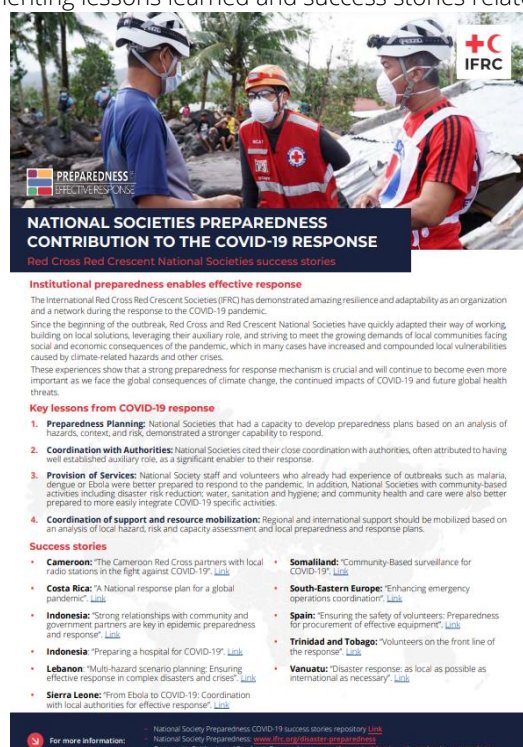
### Lessons Learned & Success Stories from COVID-19 operations

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

The National Society Preparedness Contribution to the COVID-19 Response desk review has been finalised with accompanying success stories from each region. **Eleven success stories were collected and published in short easy to read two-pagers** illustrating the application of the Preparedness for an Effective Response (PER) approach, highlighting areas that played an important role during the COVID-19 response, including National Societies' Auxiliary Role, National Society Logistic Capacity Enhancement, Emergency Operation Centres, and National Response Teams. <https://www.ifrc.org/document/national-society-preparedness-covid-19-success-stories> (The countries covered include: [Cameroon](#), [Sierra Leone](#), [Somaliland](#), [Costa Rica](#), [Trinidad and Tobago](#), [Indonesia 1](#), [Indonesia 2](#), [Vanuatu](#), [Spain](#), [Lebanon](#), [South-Eastern Europe](#)).

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

It should be noted that the fast-track approach does not intend to replace the standard CVA preparedness approach, but rather be used as a starting point in longer-term CVA preparedness for NS. This approach has been tested under a COVID-19 context and was tested in non-COVID operations in 2021. An evaluation will be carried out once the piloting is completed in non-COVID operations, and adjustments will be made before the approach can be implemented more widely.



#### Lessons Learned:



- **Preparedness Planning:** National Societies that had a capacity to develop preparedness plans based on an analysis of hazards, context, and risk, demonstrated a stronger capability to respond.
- **Coordination with authorities:** National Societies cited their close coordination with authorities, often attributed to having well established auxiliary role, as a significant enabler to their response.

- **Provision of Services:** National Society staff and volunteers who already had experience of outbreaks such as malaria, dengue or Ebola 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 also better prepared to more easily integrate COVID-19 specific activities.
- **Coordination of support and resource mobilisation:** Regional and international support should be mobilised based on an analysis of local hazard, risk and capacity assessment and local preparedness and response plans.

## National Society Development

### Focus on National Societies' Financial Sustainability

COVID-19 greatly accelerated the work on National Societies' Financial Sustainability. A large number of National Societies have quickly responded to the challenges that lockdowns represented to their traditional income generation activities, such as the in-person provision of commercial / workplace first aid courses, triggering innovative solutions and adapting to the rapidly and unpredictable changing environment. Such approach has contributed to the growing focus on digitalisation and innovation: to continue with the example above, National Societies were able to move their training courses for companies online, thus being able to continue providing a social service and maintain their income.

In other cases, National Societies that traditionally based part of their sustainability on services to the tourism industry, when confronted with declining income due to diminishing tourism, opted for a diversification of income generating activities, supported by the IFRC in their market studies analysis to focus on emerging opportunities. An example is the development of the Argentine Red Cross's Humanitarian Observatory, that provides services for social & economic studies that generate income for the National Society.

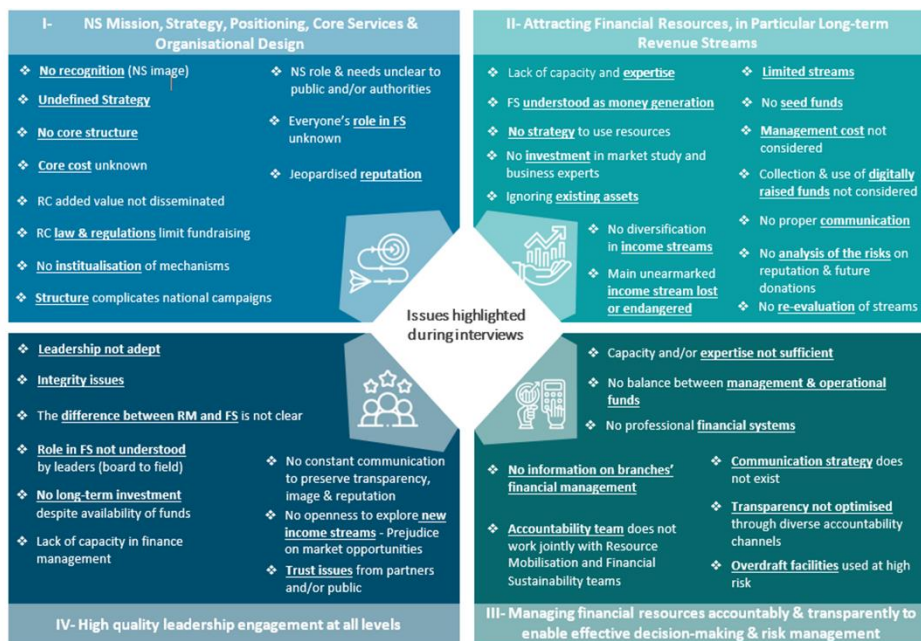
COVID-19 has reconfirmed the righteousness of the seven transformations of the IFRC Strategy 2030, that include a stronger focus on local action, new forms of volunteers, working in a distributed network and embracing digital transformation.

The framework, summarised in the following diagram, has been the basis for a specific toolkit for National Societies launched early 2020.

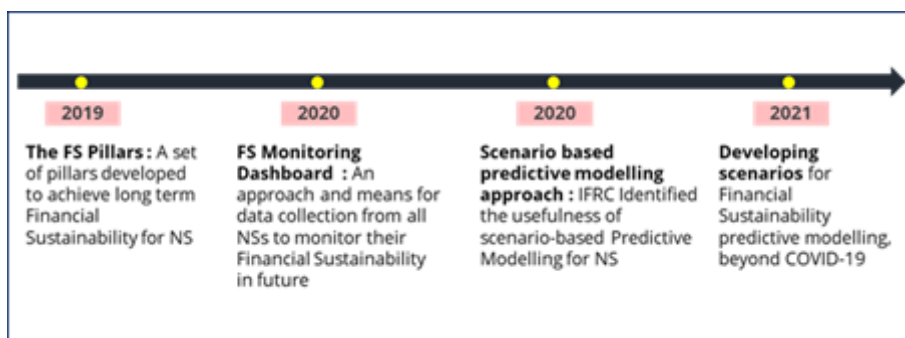


The feedback of the use of such toolkit has, together with new inputs, allowed the IFRC with support from Accenture to develop new tools.

The IFRC framework on NS Financial Sustainability has been validated by National Societies through two separate consultancies, collecting existing case-materials, mapping them out across the four pillars of the NS Financial Sustainability framework, analysing them, highlighting key learnings and observations, along the following lines: the identified issues, the implemented actions and the achieved results.



In addition, the work done in 2020 indicated the need to harmonise common indicators to measure the advances and risks on financial sustainability. The IFRC developed a proposal for the Financial Sustainability Dashboard and a Scenario-Based Predictive Modelling approach to improve the ability of National Societies to anticipate possible economic effects on their potentially income.



The latest update of the continuous work to supporting National Societies to strengthen their Financial Sustainability and provide NSs with two practical easy to use solutions to monitor their FS situation included in 2020 the identification of the following:

- An easy-to-use common dashboard for National Societies for continuous monitoring through a series of 15 dimension of financial sustainability, based on user's inputs and sector best practice. The dashboard will be implemented gradually, tailoring the number of indicators in three steps for National Societies to monitor according to their capacity, and supporting the development of the systems and data processing necessary for it.
- A predictive modelling approach for mid/long term strategy setting which will support risk management analysis by National Societies by requesting them to choose what scenario among a set of 9 different ones resonates the closest to their situation and suggest actions to be taken to manage the related risks.

The development and setting up of both solutions started in 2021 including:

- The development of 9 scenarios for the Predictive Modelling approach and testing them with a group of National Societies:



The validation of the developed Financial Sustainability dashboard indicators and the kick-off of the pilot phase with several national societies in the Asia Pacific region, with similar discussions with national societies in the Africa and the Americas region.

These tools will help:

- Increase the number of National Societies who measure key FS indicators and take corrective measures and use scenario modelling
- Further reinforce the culture of risk management among NSs
- Allow the IFRC Secretariat to monitor the financial sustainability 'health' of the membership and early detect trends

The IFRC has also been developing a first Community of Practice (CoP) to support National Societies in the area of accountability and transparency. This Community of Practice, developed with support of the Norwegian Red Cross, is structured to enable participants to access official documents as well as documents from practitioners and other organisations; to share stories and experiences; to access specific groups of discussion (such as defining the core costs of a National Society); to request or offer specific technical assistance.

The approach to Communities of Practice is a key component of the peer-to-peer support of the IFRC. A second CoP focusing on Income Generating Activities will be developed during 2022; a third one, on asset management, is under study.

The IFRC has also been providing specific support by professional coaches to those National Societies that were facing complex challenges in their financial sustainability during COVID times., 21 National Societies requested such support, and 14 already concluded the process provided by certified coaches in Action Learning through the partnership with the World Institute of Action Learning (WIAL). The success of the approach has been assessed during initiative, highlighting the value of the approach especially in times when NSs were facing pressure of operational delivery, constrains for the financial sustainability, the approach supported them to define the urgent issue and build local and actionable solutions. Based on such evaluation Action Learning has been mainstreamed as one of the competences available for National Society Development professionals and practitioners in the process leading to the revision of the NSD Competency Framework, presently underway.

### 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.*

### **Duty of care for volunteers**

Many National Societies, amid new increase of COVID-19 cases in many parts of the world, are continuing to **ensure proper protection, psychosocial support and insurance mechanism for their volunteers and staff**. IFRC identified 28 National Societies in urgent need of volunteer insurance support (6 in Asia Pacific, 6 in 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. 23 NS have been supported in setting up a solidarity mechanism for their volunteers, including financial projections. Five NS have been supported on negotiations with private insurance companies.

A checklist on the mobilisation of NS Personnel for Covid-19 response was developed and translated into the official IFRC languages as well as Mandarin, Russian and Portuguese to support National Societies in mobilising volunteers to respond to needs while ensuring their safety, security and 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 the experiences of volunteers responding on behalf of the National Societies in new and innovative ways during the Covid-19 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 remains rooted in and guided by the communities we support, as well as connecting volunteers globally to feel part of a 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 positioned to support Red Cross Red Crescent National Societies in response to the COVID-19 outbreak. The resources include help desks, guidance documents, frequently asked questions pages, and other COVID-19 related documents.



EU COVID-19 vaccination campaign in Baringo County, Kenya, 2021. A Red Cross volunteer sensitizes the community during a COVID-19 vaccination outreach in Baringo County. Photo credit: Kenya Red Cross



## Enabling Actions



### Business Continuity Planning and Security within IFRC Secretariat

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

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

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

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

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

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

## Representation

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

Working with the Secretariat leadership and their respective teams, the SRSG provided strategic support for the development and the implementation of the COVID-19 Resource Mobilisation Strategy, including the development of marketing packages and key proposals for new areas of work and complex contexts in addition to mapping new opportunities with international organisations, pharmaceuticals, corporates and other stakeholders. This includes key tools such as the C19 Investment Cases per region and one Investment Case globally, a donors mapping database, C19 institutional videos, support in the narrative to be used in the transition of the appeal, among others. Some of these proposals have a strong emphasis on immunisation, acting as a neutral and independent channel to get the vaccines into countries, and exploring other activities such as testing, tracing, treatments and monitoring the vaccination processes and were done in coordination with the regions. This was done in an integrated manner, linking with other priorities such as the strengthening of National Societies and improving our livelihoods approach during the COVID-19 pandemic, and aligning the priorities with the Strategy 2030 and the Agenda for Renewal.

The SRSG is also focusing on supporting the development of an institutional learning, knowledge management and systems framework. Within this institutional framework, which aims to elaborate current and planned Secretariat-wide initiatives on learning, knowledge management and systems, a specific product is being developed as part of our COVID-19 learning i.e. the "Pandemics

and Global Crises Playbook". This playbook is intended to be a user-friendly digital platform designed to systematise and expedite the decision-making processes required by leadership for future pandemics and global crises response. The Pandemics and Global Crises Playbook project will also deliver two additional learning-related products, namely guidance for National Societies for developing their pandemics and crises playbooks, and recommendations on optimisation of Secretariat learnings connected to rules, procedures and processes. In addition, the IFRC Secretariat business improvement toolkit will contribute to the analysis, planning and integration of our COVID-19 learning within our rules, processes and procedures using the COVID-19 Learning Dashboard. The COVID-19 Learning Dashboard is an online platform that enables the user to generate COVID-19 learnings using pre-determined search criteria focusing on behavioural, programmatic and systemic areas of learning.

The SRSG continues to provide strategic guidance to the implementation, monitoring and assessment of the overall Secretariat BCP strategy, including ensuring the duty of care of staff, beneficiaries and volunteers. In this regard, an internal analysis of Secretariat performance on BCP was recently conducted. The report includes recommendations for optimising Secretariat-wide performance on BCP. The SRSG is also supporting National Societies in improving their services, and developing new ones, particularly in health, education, livelihoods, water, and sanitation, which would be framed within the wider business improvement framework i.e. the development of a strategic framework for business improvement for and with National Societies and the IFRC Secretariat's business improvement in support of National Societies. This work is going hand in hand with the development of potential pilot projects for National Societies driven by COVID-19 learnings by National Societies.

The development and implementation of a Risk Management System that supports C19 Operation and that accelerates and support other institutional processes is in process. This includes further supporting the ForeSEE Solutions Group established by the Secretary General in their work in identifying and providing advice on how to better manage bottlenecks within the organisation.

## Risk Management

Risk management remains an unwavering priority for the Secretariat, and a systematic approach to risk management has been implemented across the appeal, following IFRC's overall risk management strategy for 2021-2025. This includes appointing dedicated risk management officers at the global and regional level to coordinate the implementation of risk management and to support the capacity of the National Societies.

A global risk register is regularly monitored and updated, complemented by risks escalated from the IFRC region and country (cluster) offices.

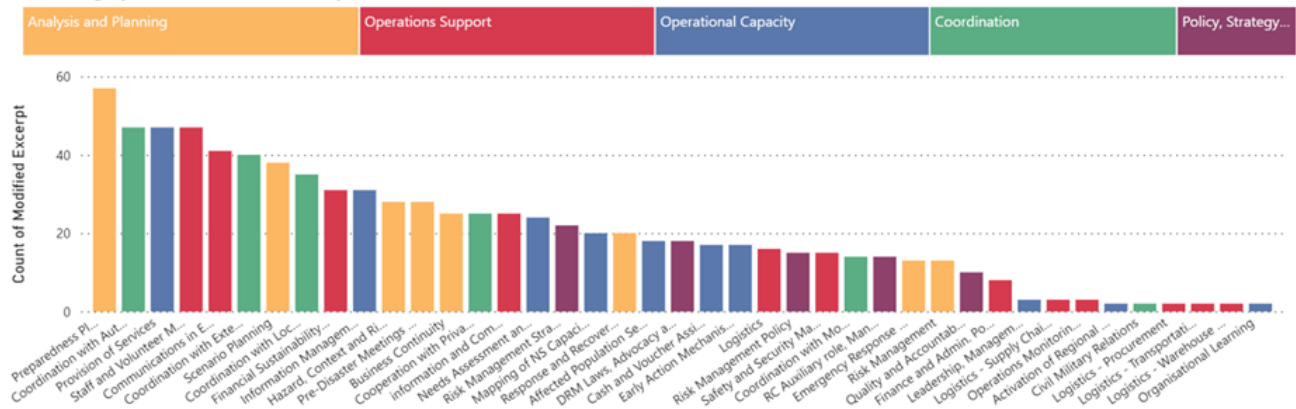
## Learning

As a key component of the COVID-19 learning approach, an analytical framework and learning dashboard was developed to consolidate challenges, recommendations and lessons learnt from across the IFRC network and enable analysis to further support informed management decisions.

This analytical framework, embedded within the DEEP platform, was developed principally on the Preparedness for Effective Response mechanism and the COVID appeal priorities, in order to capture learning as it relates to the priorities of the operation and the components for effective response.

The 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 visualisation and filterable summarised findings in order to facilitate analysis.

Learnings per PER Area and Component



Both the framework and the dashboard (and associated draft tagging protocol) were developed in close consultation and collaboration with PMER, IM, Operations, COVID-19 Appeal team, Logistics, NS Preparedness, SRSG team and others.

The systematic review and tagging of more than 20 documents, and the analysis of the trends and patterns of more than 1000 findings, was completed. This analysis provided a rich synthesis of trends and patterns, as well as a set of recommendations that will serve as the basis for applied learning and actionable change.

This analysis also demonstrated the value added of these tools and this process, not only for ongoing COVID-19 learning, but for learning from future response operations, by highlighting linkages with other institutional learning processes that would further strengthen our capacity as a learning organisation. The report on this analysis is being finalised and will be shared in the coming months.

## Planning, Monitoring, Evaluation & Reporting

IFRC coordinated two Revised Emergency Appeals (March 2021 and December 2021) and the Immunization Annex (Feb 2021) showcasing the IFRC overall Federation-wide strategy and the revised operational focus as the pandemic continued to evolve.

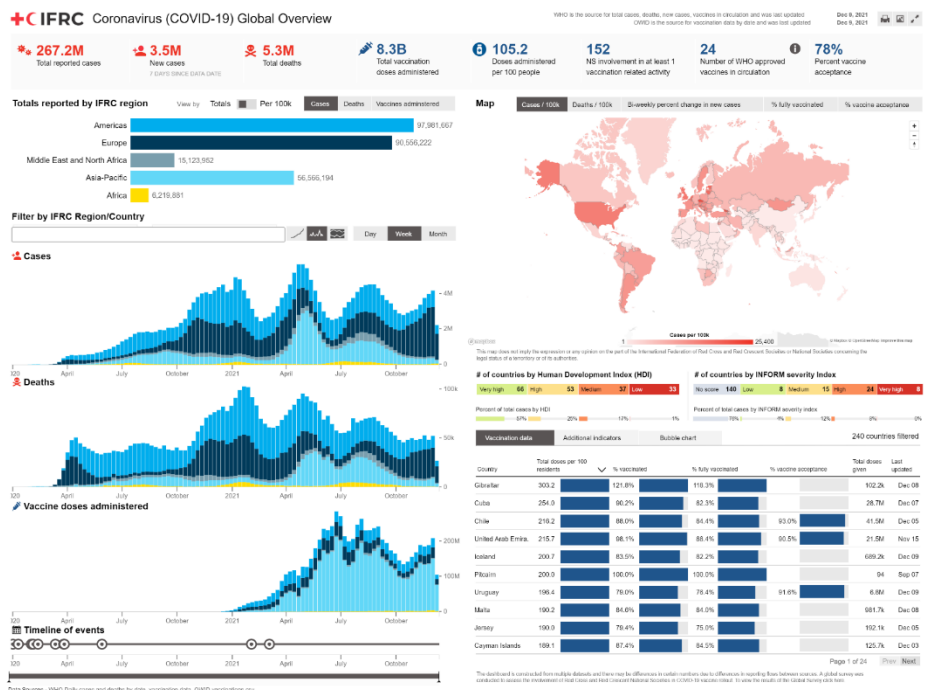
Contributing to organisational learning, the IFRC led 2 Real-Time Learnings in 2021 and carried out a Federation-wide Evaluation of the COVID-19 response. Also, collaboration is ongoing with the Learning team to feed into broader learning processes derived from the pandemic response.

The IFRC carried out three Federation-wide data collections and provided validated data for operational updates. The data and analysis are available in two dashboards in 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.

Priorities for 2022 and beyond include a) support the transition of the COVID-19 appeal into long-term programming through guidance and tools, b) continuous support to institutional and membership learning by leveraging discussion and dialogue spaces and c) support monitoring and refinement of data collection tools and methods for the remainder of the appeal and key projects ensuring NS and CD/CCD have the right tools and mechanisms to collect, analyse and make use of data.

## Information Management

In the timeframe of this update, efforts to maintain the quality in the information flows have been made, the IM has supported multiple IFRC teams at global and regional level in collection, analysis and use of data and evidence to fulfil their needs. The GO platform continues to be the central resource for data on the IFRC-wide response to the pandemic, providing shared situational awareness and access to key data for operational decision-making. The COVID-19 regional and global emergency pages have been redeveloped to meet user needs, including improving navigation, surfacing key data and information, as well as the introduction of a highly responsive integrated dashboard portraying epidemiological data, vaccination data, involvement of the National Societies in vaccination activities, indicators related to vaccination hesitancy has been developed and is online now, a revision and update of this dashboard is planned to match the most recent information regarding vaccination activities. In 2021, the GO COVID-19 Global page has more than 10,000 visits and more than 650 COVID-19 Field Reports have been submitted from more than 156 National Societies, demonstrating its widespread recognition and use across the globe.



## CONTACTS

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# FEATURED STORIES

## Volunteers' voices – 2 years supporting my community and National Society.

### Colombia

**Laura Londoño** is one of the volunteers that participated on the COVID-19 response in the Colombian Amazonia, where the pandemic affected several communities. The indigenous population in hard-to-reach rainforest areas, suffered from the closure of borders of the neighbouring countries and river ports, affecting their local economies, food security, access to health and education services.



Laura Londoño, Volunteer in Colombian Red Cross Society, provides psychosocial support to indigenous children.  
Source: CRCS

*“Being a volunteer is everything, it is the opportunity to sow something in someone’s life, to help without receiving anything in return, to have knowledge and be able to transmit it” - Laura Londoño, a volunteer from the Colombian Red Cross Society (CRCS) commented.*

To alleviate the emergency in this part of the country, Laura, together with the team of volunteers and the Colombian Red Cross Society staff implemented activities such as psychosocial assistance to support indigenous children, the delivery of cash assistance to adults in vulnerable situations, the implementation of water and sanitation (WASH) activities, the strengthening of the local hospital network, and the delivery of medical supplies to local public hospitals.

Through these activities, Laura continues a long humanitarian tradition that she shares with her mother and father, who in 2007 at the age of 33, died as a lifeguard, after having rescued 7 people.

### Trinidad and Tobago

**Dr. Anthony Javed Machikan** has been volunteering his services at the Trinidad and Tobago Red Cross Society’s Henry Dunant Clinic and at primary healthcare services in rural and migrant communities. Even though there is additional stress and work for health

care providers in the country, Dr. Machikan has volunteered unwaveringly. “What has impressed me most about the clinic is the efficiency of the translators, administrators and volunteer nurses”. Dr. Machikan states that the hard work of the team is a motivation as their commitment and efficient way of working enables him to see more patients within the limited timeframe that he is available to volunteer his service.

In a reflection, Dr. Machikan shared that he hopes that the Trinidad and Tobago Red Cross Society’s clinic will recruit more volunteer doctors as currently there is not enough. “Even one more, would help us to double the number of patients seen, also having some specialists on board would be a game changer”. Dr. Machikan dreams of reducing the need to refer patients



(Left) Dr. Javed Machikan, TTRCS Volunteer Doctor consults with a patient at the TTRCS Henry Dunant Clinic. Photo Credit: TTRCS, January 2022

elsewhere. Asked about his wish list for the clinic, Dr. Machikan responded that he hopes the clinic would receive an ECG machine, a well-functioning cholesterol machine and possibly a partnership arrangement with a lab for testing at no or low cost for the patients.

## Lebanon

### **Carl, Emergency Medical Services volunteer, Beirut:**

“My father was a Red Cross volunteer during Lebanon’s Civil War, so growing up, I spent my weekends visiting the ambulance station. I loved the fact that Red Crossers were really like a family. I joined the ambulance services when I was 17 - now by day I am a medical student and by night I am a Red Cross volunteer. Sometimes I will transport a patient as an Emergency Medical Technician (EMT) and then they see me inside the hospital!

When the country was in lockdown, the volunteering lifestyle is something that made us not fear loneliness. It was a common effort among EMTs to avoid getting sick and putting our families in danger. To protect them, some of us moved out of our family homes into apartments with each other. Overall, the precautions we take now for all infectious disease control are much stronger. Not only have we gained field experience dealing with infectious diseases, but also our updated curriculum covers how to deal with these situations.

**“The precautions we take now for all infectious disease control are much stronger.”**

On 4 August 2020 when the Beirut Port Explosions happened, our ambulance station was blown away – this is not a metaphor. The station was totally destroyed but the team escaped unharmed, which was a miracle. I grabbed some N95 masks and bandages and just started triaging injuries in the parking lot across the street. We had our team’s first case of COVID after the blast. We went to one of the quarantine centers organised by the Lebanese Red Cross which provided us shelter and food for 14 days. Now, we are working out of a donated facility while the old station is being rebuilt. Some of our team has left Lebanon, but the people that are still in the station know the value of engagement and dedication because they lived it.”

### **Suzanna, volunteer team leader in Aley, Lebanon:**

“When the pandemic first started, there was a lot of fear. It was truly inspiring how many volunteers decided to stay and fight this to reach people in need of our help. Today, we know some variants of COVID-19 are not as severe, but this doesn’t change the precautions we are taking. When you know the personal protective equipment is sufficient to keep everyone safe and you trust the safety procedures in place, this allows you to focus on connecting with the patient.



**“When you know the personal protective equipment is sufficient to keep everyone safe and you trust the safety procedures in place, this allows you to focus on connecting with the patient.”**

When patients can't see your face, I've learned you have to be creative to figure out how to connect with them without risking safety. I make sure to connect with them verbally, create eye contact whenever possible, and just look for small moments when you can help calm them.

I have to say also that the economic crisis in Lebanon has really affected people. You feel a duty to listen to what patients are going through. I remember there was one patient in my hometown, an older woman. Even more than COVID-19, she was worried about how to provide for her grandchildren. I hope we can continue supporting people through this crisis and let people know we are here for them. After all, why do people call the Red Cross for help? It's because they trust us after all the years, we have spent doing our best to provide what we can.”

**Salim, Head of Emergency Medical Services Station, Beirut:** “I remember when I realised COVID-19 would last a long time - it was like a taking a cold shower. But as leaders, we adapted to manage the team in a supportive way. We organised remote team meetings and remote games to help the team bond; we had every rescuer pick a ‘cheat shift’ where they would get time to rest, and others would cover them. There is no magic recipe - we just tried to be understanding, tried to think of everyone's best interest, and support everyone emotionally. Aside from that, the team themselves and the friendship and camaraderie among them carried us through.

COVID changed team dynamics in two ways. We have greater interpersonal bonds because we faced this thing together, but at the same time we have greater **Rebeka Szilágyi** is a volunteer of the Hungarian Red Cross and a member of the H-HERO Health Emergency Response Unit. She's been working as a midwife in a hospital in Budapest.

individual fatigue. Going forward, we know what we need to do from a scientific perspective - planning, staffing, COVID protocols have become the new ‘business as usual.’ What we should focus on now is everything that kept us together in this pandemic - mental health, a peer support philosophy between rescuers, and understanding the drivers of motivation.

**“What we should focus on now is everything that kept us together in this pandemic - mental health, a peer support philosophy between rescuers, and understanding the drivers of motivation.”**

Navigating a crisis like this successfully has made me a more confident leader. The same applies to my colleagues and fellow rescuers. They will look back at this and tell others, we were at the forefront of this crisis, we made the sacrifices that needed to be made - and this will give them confidence and resilience in future crises - even in their personal lives. I never regret once being part of this. I wouldn't have it any other way. Even with all the fatigue, I can't imagine myself being on the side-lines. My day job is as an environmental engineer, so my contribution to the Red Cross is purely as a volunteer because I love what it stands for. It stands for humanity and being there for each other.”

## Hungary



When the first wave of the pandemic reached Hungary in the spring of 2020 and the pressure on hospitals intensified, she was transferred to a COVID-19 ward for six weeks. When the numbers started to rise again in the autumn, she volunteered.

*"One day in November I got a phone call that the intensive care unit was in dire need of help. I didn't hesitate for a minute,"* remembers Rebeka.

*"The Intensive Care Unit is like an arena where you have to fight an unknown enemy day in and day out. You never know what difficulties you're facing that day, because every patient is different, even if the illness is common."*

*"We work for our patients without sparing time and energy, and it's difficult to accept when there is nothing left to do. Our hearts are squeezing as the sobbing relatives come in to say goodbye to their loved one."*

*"The team working in the hospital is fantastic, we are like a small family. I look up to these people; from doctors, nurses to cleaning staff – each and every one of them are true heroes!"*

*"The situations I experienced here left a deep impression on me. The desire to help - the reason why I chose healthcare for a living – has become only stronger in me."*

## Bosnia and Herzegovina

**Farouk Hwedy**, from Syria, is assisting refugees and migrants as part of the Mobile Team of the Red Cross Society of Bosnia and Herzegovina in Sarajevo.

*"For me, it is a great honor to serve them because I know what they have been through and what they are suffering from. I know what they are missing, as it happened to me as well,"* he explained.

*"Before, I used to wake up every morning to go to reception centres, squares or bus stations with my colleagues to see migrants, listen to them and help*

*them. With the COVID-19 pandemic everything has become difficult, but I love my work and I do my best to help more,"* highlighted Farouk.

Exhausted or disoriented, some people just want a listening ear. However, most are also lacking basic necessities, are injured or need other types of support. Farouk has to reinforce COVID-19 prevention and provide people with personal protective equipment.



*"We make every effort to explain the epidemiological situation to migrants, the risks, how to minimise them and prevent infections. We give them hand sanitisers and anything else they may need when we see them on our visits,"* he added.

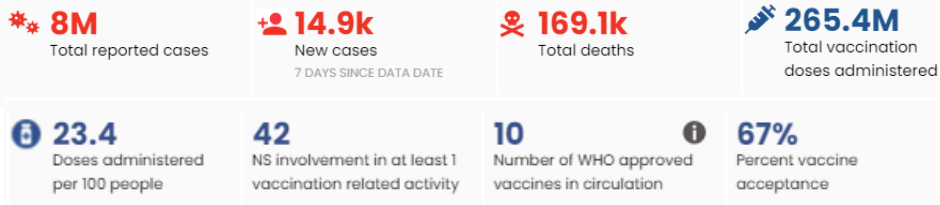
He hopes the pandemic will end soon, and that people will grow more understanding of refugees and migrants: *"At the end of the day, what everybody is looking for is just a decent life, a better future."*





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

## Key data for the region



## Financial Overview



### Funding Requirements:

**CHF 146,000,000**

### Operating budget:

**CHF 75,192,477**

Regional coverage: **52 %**

### Expenditure to date:

**CHF 56,014,250**

**75 % of total income**

## National Society involvement per COVID-19 Operational Priority



**44/54 NS**  
Sustaining Health and WASH



**38/54 NS**  
Addressing Socio-economic Impact

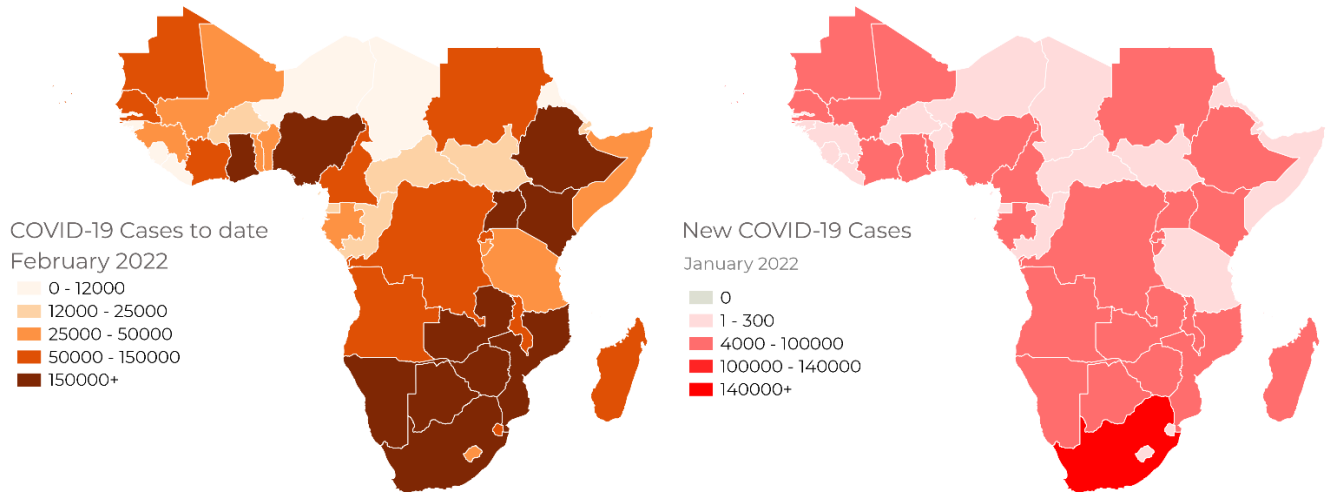


**36/54 NS**  
Strengthening National Societies



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

## 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).

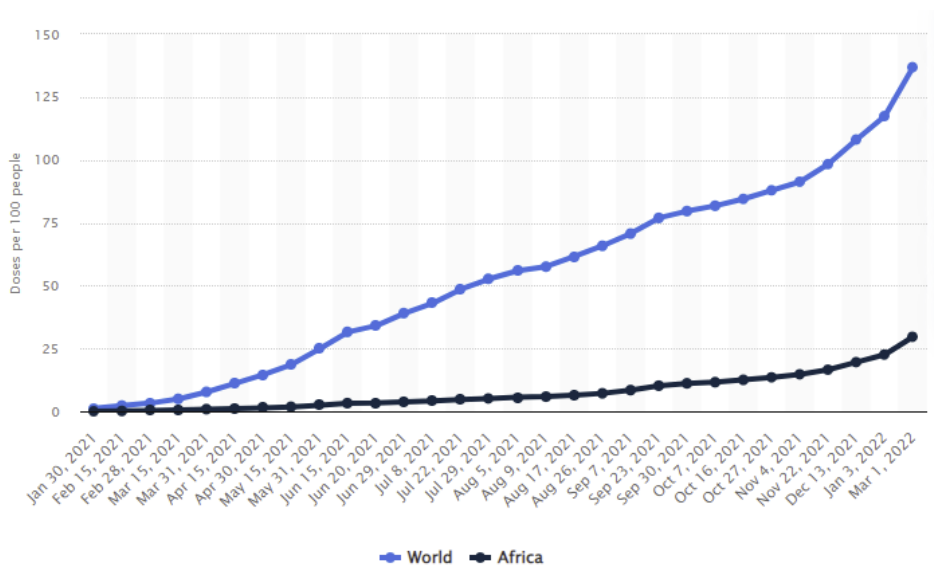
A total of 7,951,261 cases and 169,081 deaths have been confirmed in the Sub-Saharan Africa Region by end of Feb 2022. In February 2022, there were 196,940 new cases and a significant drop from 694,620 in January new cases, (72% drop), and new deaths dropped from 7,860 in January to 5750 in February (27%) drop. Countries reporting the highest number of cases in Africa Region included South Africa, Zambia, Ethiopia, Mozambique, Botswana, Kenya, Angola, and Uganda.

A total of 586,825,859 COVID-19 vaccines have been delivered in Africa Region, and of these 349,987,600 have been administered, making full-dose coverage 11% of the total population for the reporting period. The coverage across Africa Region is unevenly distributed with as low as less than 1% coverage in the Democratic Republic of the Congo (DRC), Chad and Burundi, and as high as over 70% coverage in Mauritius and Seychelles. This is against the 40% coverage target by the end of 2021 and the 70% coverage target by June 2023.

In November 2021 the Omicron Variant, originally identified in South Africa, passed from Variant of Interest to Variant of Concern. The current global epidemiology of SARS-CoV-2 is characterized by the global dominance of the Omicron variant. Delta remains the only other named variant with significant reported circulation. Among the 428 417 sequences analysed by the WHO, 427 152 (99.7%) were Omicron and 580 (0.1%) were Delta. Reports have been shared on recombinant variants, both recombinants of Delta and Omicron. Current epidemiological and sequencing information for these recombinants do not indicate any sign of rapid transmission or a change in clinical severity.

The current evidence on Omicron variant indicates that Omicron has greater growth advantage compared to Delta (i.e. greater virulence) but lower severity. However, higher rates of reinfection have been reported for the Omicron variant than among individuals previously infected with other SARS-CoV-2 variants. Results of vaccine effectiveness (VE) studies should be interpreted with caution because estimates vary with the type of vaccine administered and the number of doses and scheduling (sequential administration of different vaccines).

Vaccine expiry is a concern in countries where there are high vaccine hesitancy rates and low vaccine administration capacities. Vaccine administration rate (vaccine administered vs vaccine received) is used as a proxy indicator for the risk of vaccine expiry. Nine countries in the Africa Region – Burkina Faso, DRC, Central African Republic (CAR), Guinea-Bissau, Madagascar, Republic of Congo, Niger, Senegal, South Sudan – have shown below 50% administration rates consecutively for two months despite not having received additional doses over the past month. This is an indication that there is low vaccine administration or uptake.



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

In Africa Region, the consequences of COVID-19 have aggravated already fragile situations. For example, there has been a slowdown in local, regional and international demand for cash crop production, such as cotton and cocoa, resulting in income decline from these crops and a general deterioration in livelihoods and food security conditions of some populations, especially in the Sahel. Inflation has led to a general worsening of the situation due to lower supply levels for agricultural markets and a decline in cereal production accentuated by the impacts of COVID-19 management measures. Migration and displacement has intensified both internally and across borders, compounding the effects of COVID-19, climate change, and insecurity.

## 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 the 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 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.

## Risk communication, community engagement, and health and hygiene promotion

During the reporting period, the most relevant fact was the emergence of the Omicron variant of concern at late November developing a strong increase in the volume and nature of community feedback collected and analysed for the region. The main concerns, rumours and doubts centred on travel restriction policies imposed on many southern African countries, as well as additional security measures by governments. General questions about the new infection symptoms, transmission pattern, lethality of the new strain and ultimately the efficacy of the vaccines under Omicron prevailed in November, December and January. To answer these, a special series of **Ask Dr. Ben Factsheets and videos** to answer key questions, concerns and rumours about the new **Omicron variant** was shared across the African region and with partner agencies in English, French and Portuguese. An RCCE technical note to address Omicron questions under the inter-agency Eastern and Southern Africa Demand Creation Working Group was also produced.

Besides the specific activities related to Omicron, a new monthly **webinar format on community** started in October

to allow African National Societies to present their main responses to the latest COVID-19 community feedback collected in countries in a peer learning session. An updated tool containing harmonised **COVID-19 perception survey question bank** for future perception surveys to be implemented for the different RCCE projects was shared in November among African National Societies, PNSs and relevant IFRC colleagues.

Under the **Africa CDC Saving Lives and Livelihoods (SLL) project**, the CEA team produced technical guides to support National Societies in the planning process with respective Member States. A [step-by-step guide](#) on how to fill in the micro plan template, a pre-filled [micro plan example](#) and a [tool to monitor](#) the progress of the work was widely disseminated throughout the region in English, French and Portuguese.

Finally, different modalities of face-to-face and online **RCCE trainings** were conducted during this period for the National Societies of South Sudan, Somalia, Kenya, Ghana, Ivory Coast, Cameroon and Togo, to strengthen capacities to respond to COVID-19 in their respective national contexts.

### Community-based surveillance (CBS)

During the initial phases of COVID-19 surge, regular updates on the active case ratio statistic (as an indicator that can be effective in detecting fluctuations of the number of cases in countries with low testing rate) was provided, as part of the trigger indicators for response scale up. This indicator was later removed from the list of trigger indicators.

### Isolation and clinical case management for COVID-19 cases

Guidelines for the utilisation of oxygen concentrators were developed and shared with countries. Countries that received oxygen concentrators were also supported in getting technical information on the utilisation 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 in particular Mozambique, Madagascar and Malawi, it was provided 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.

### Africa – Saving Lives and Livelihoods Program

The Africa CDC/Mastercard Foundation – Saving Lives and Livelihoods Program – is a continental-wide initiative valued at 1.5 billion USD. The objective of this initiative is to scale up COVID-19 vaccination in the Africa Union Member States by end of 2022. The program consists of several pillars, that will support delivering the goal of reaching at least 70% of the African Population with COVID-19 vaccines by end of 2022.

IFRC Africa Region provided coordination and technical support for four consortia of National Societies that lead to NS in Africa and MENA receiving USD 41 million for RCCE.

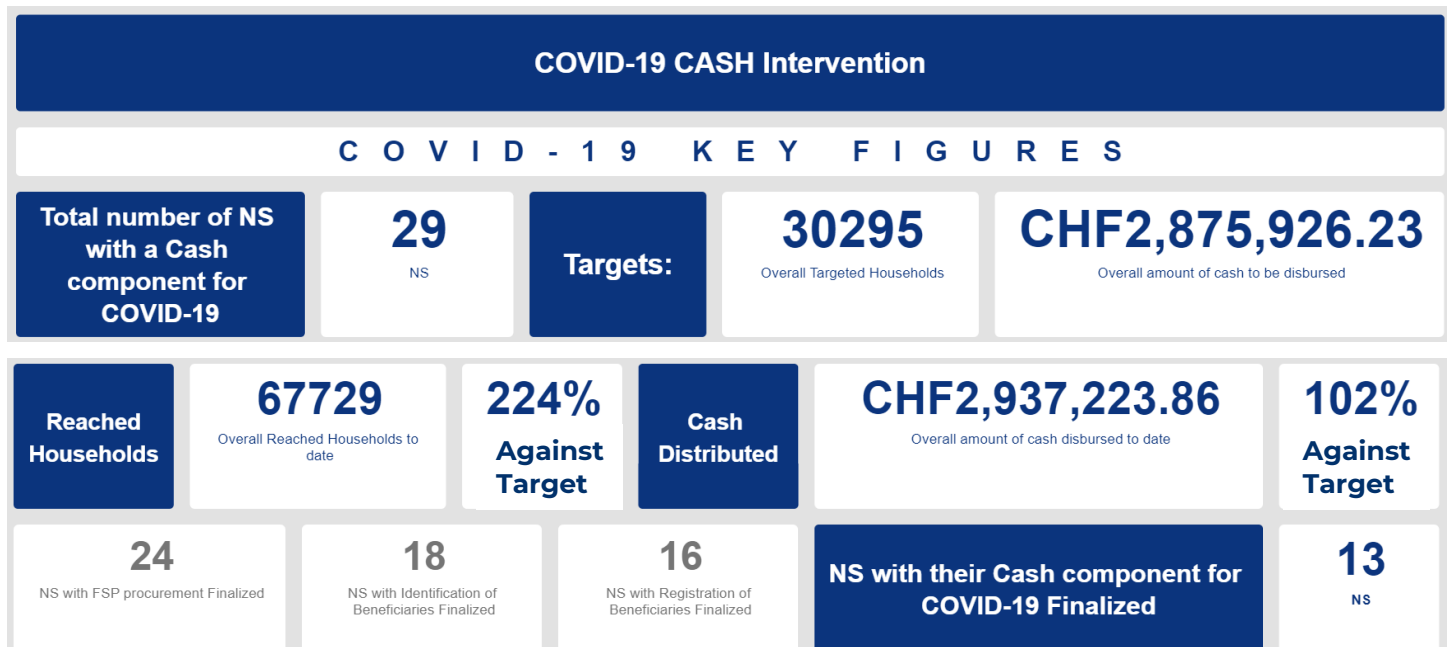
This grant will support National Societies and Africa Union Member States in designing, implementing, monitoring and evaluating the RCCE activities necessary for scaling up COVID-19 vaccination to at least 70% coverage of their populations with safe and effective vaccines by 2022.

### Support for immunization

Series of Regional and cluster level webinars were organized to familiarize cluster and country as well as NS/PNSs health team of the IFRC 5 pillar COVID-19 vaccine and immunization support plan. The first regional online seminar was organized on 20 January with the participation of health, RCCE and operational teams in delegations. This was intended to start the operationalization of the 5 pillars plan with subsequent rollout at the NS level. Subsequent webinars including a familiarization of operational planning tools for NS immunization plan was organized in April following which NSs have been supported to develop their plans in line with the IFRC 5 pillar plan. Different forums were used to explain the IFRC five-pillar. The health and care team together with the RCCE colleagues organized technical webinars on COVID-19 vaccine safety, vaccine hesitancy and vaccine approval processes to equip volunteers and staff with the necessary information, knowledge, and tools to promote COVID-19 vaccine uptake, counter rumours and overcome hesitancy while implementing COVID-19 response and support to vaccine rollout. The team has been providing technical support, participating in coordination platforms, gathering information on status of COVID-19 vaccine rollout, challenges, bottlenecks and priority areas and countries in support of NS and PNSs involved in COVID-19 vaccine rollout.

The regional team drafted interim guidance for COVID-19 vaccine rollout support and general immunization in line with the IFRC 5 pillar plan based on regional context and priorities. The IFRC regional health and care team together with the RCCE, Operations, PRD and RCCE team supported in resource mobilization by participating in the development of proposals for donors such as ECHO/HIP (which resulted in the partial funding of 6 NS vaccination plans, Coca Cola foundation which resulted in the partial funding of 7NS plans and ACDC/MasterCard foundation (in support of NS consortia organized) which resulted in partial funding of 34 NS plans.

### Priority 2: Addressing Socio-economic impact



### Livelihoods and Household Economic Security

There are limited Food Security and Livelihoods (FSL) activities still being implemented under the COVID-19 appeal. 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.

## **Community Engagement and Accountability, and Community Feedback Mechanisms**

In January 2022, the CEA in partnership with the PGI, 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.

Within the Collective Service coordination groups and sub-working groups in the region, namely Eastern and Southern Africa and West & Central Africa, IFRC continues to harmonise activities, share information and produce joint feedback reports. Under the Solidarity fund project, a consultancy to develop four case studies to capture the work of inter-agency activities in Kenya, DRC, Zimbabwe and Eswatini will be shared by March to highlight lessons learned and good practices.

In Malawi, the National Society in partnership with the Kati-Kati platform produced their bi-monthly community feedback report based on more than 1,200 2-way conversations with volunteers via SMS. Community feedback has also been regularly shared by Kenya Red Cross through the Solidarity Fund project, where the National Society presented its key activities in a global dialogue with partners from the IFRC, WHO and UNICEF facilitated by Geneva teams in January.

Finally, the CEA team maintained close coordination with the Middle East and North Africa (MENA) IFRC team to ensure technical harmonisation 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 Red Cross of Nigeria, Gambia and Cameroon have benefited from an exchange of good practices on the management of migratory flows in relation to the restrictions imposed by the COVID-19 pandemic, in particular, the monitoring and quarantine of vulnerable migrants through a series of webinars organized by the Federation in collaboration with the Italian Red Cross.

The Southern Africa Pretoria Delegation continues to host monthly migration coordination meeting with ICRC. One meeting invited the IOM as a means of encouraging the National Societies to be involved in the activities that are held at 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 coordination and collaboration with the youth and volunteering team, IFRC continued with online Africa series for National society youth and volunteers as PGI champions. The following online sessions were held:

- Prevention and response to sexual and gender-based violence. (13 women, 10men)
- Prevention and response to sexual exploitation and abuse (11 women, 10men)
- Disability inclusion (13 women, 10men). This session was facilitated in collaboration with Finnish RC

A training of trainers(ToT) was held for Uganda RC staff and volunteers (10 women, 13 men) focusing on integrating PGI in current ongoing emergency operations including COVID-19 and long-term programmes. The training included practical methods for systematic integration of PGI. The National Society staff and volunteers created 2022- 2023 action plans for NS branches represented on how to integrate PGI.

Due to travel restrictions, the PGI team continued the **Africa network peer-to-peer learning sessions for National Societies PGI focal points and IFRC** online. PGI team had sessions on:

- Integrating PGI in COVID-19 and other emergencies. Liberia RC, Gambia RC, Ivory Coast RC shared with peers from other National societies how they integrated PGI in COVID-19 and other operations including successes, challenges and opportunities (11 women, 5 men). There was a request from NS for in-person peer to peer learning.
- Disability inclusion, key learning including how to integrate disability inclusion in COVID-19 and other operations to ensure persons with disabilities are not left out or left behind with a focus on collaborating with organisations of persons with disabilities, as experts who understand their needs, to ensure persons with disabilities are included from start to end of operations, (15 women, 5 men)

## Priority 3: Strengthening National Societies

### National Society readiness

#### Emergency Operational Centres (EOC):

IFRC and the movement partners through the use of Africa Red Ready tools that include PER approaches and BOCA assessments continued to partner with the Regional National Societies in ensuring they have the necessary scalable capacity in disaster preparedness and response. RCRC situation rooms/Emergency operation centres were instrumental during the COVID-19 interventions, transformed into a multi-agency coordination hub for gathering and sharing/disseminating COVID-19 protocols. The centres with varying capacities across the 49-member National Societies were able to be equipped with technology that appropriately supported analysis of incoming data from the various branches while churning out scientifically informed response messages to the communities and the stakeholders. The use of the EOCs enabled a structured response through timely deployment of NRTs and BRTs with coherent use of SOPs ensuring a multidisciplinary approach to responding to COVID- 19 hot spots and other slow and rapid onset emergencies and disasters within the country and cross-border.

Notable was the IFRC and partners remote support that benefited immensely and were able to undertake proactive coordination in launching timely EAs and DREFs as a result of timely information sharing from the National Societies' situation rooms. In turn these alerts were able to trigger engagements and timely surge support. The EOCs have continued to shore operational gaps enabling NSs to have a well prepared and well maintained updated countrywide hazard map and risk watch with ability to activate Early Warning and Alerts based on data-driven and information gathering surveillance. The presence of EOCs has also ensured that the National Societies have effective hazard monitoring for timely response activation but also rump up the ability to adapt hazard informed capacity alignment in their operational and programmatic approach.

### 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:

	<b>Description:</b>	<b>Key Findings / Recommendations</b>
<b>Phase I</b>	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"> <li>• Overreliance on support from Movement partners (65%+)</li> <li>• Strong relationship with national governments does not always translate into consistent funding support</li> <li>• Minimal digital presence</li> <li>• Lack of formal training and dedicated staff in resource mobilization</li> <li>• Annual reporting and sharing a challenge</li> <li>• Annual audits not common practice</li> </ul>

<p><b>Phase II</b></p> <p>More detailed research into Ethiopia, Sudan, Kenya, Tanzania, Malawi, Zambia, South Africa, Nigeria, Cote d'Ivoire, Benin, Guinea, and Senegal. The research included interviews with key NS stakeholders, financial analysis etc</p>	<ul style="list-style-type: none"> <li>• Increased competition for resources</li> <li>• Strengthen fundraising by recruiting staff and allocating support budget</li> <li>• Invest in communication and publicity</li> <li>• Re-engineer/activate and equip boards</li> <li>• Invest in IT infrastructure</li> <li>• Enhance collaboration with national and state governments and advocate for government budget allocation</li> <li>• Finalize 2020 organizational reports and audits</li> <li>• Enhance organizational policies and procedures to ensure transparency and accountability.</li> <li>• Mapping of viable income generating projects and build financial and management capacity within the NS</li> </ul>
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PRD in the region will continue 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

All National Societies continued to support their volunteers and ensure that the Duty of Care to volunteers is well integrated within the operations of NS. To ensure support for volunteers was enhanced at all levels, the second round of volunteer perception survey was coordinated and led by the CEA team and the findings from the 15 participating NS were indicative of the gaps and strengths in the Duty of Care to Volunteers. Some of the Key findings disseminated to NS and Partners working with volunteers included:

- ✓ Most volunteers (72%) feel well equipped, informed, and trained to undertake their assigned tasks during the COVID-19 pandemic
- ✓ Most respondents (72%) have felt safe carrying out their Red Cross / Red Crescent activities during COVID-19
- ✓ Communities are genuinely concerned about the educational and economic impacts of COVID-19, but less concerned about the health and social impacts.
- ✓ Only 58% of volunteers surveyed would get the vaccine if it were recommended to them and predicted less than half (47%) believing that people in their communities would get the vaccine.

The feedback sessions with the NS were encouraging in which the available NS took ownership of the following recommendations with a view of implementing them within their NS and operations

- ✓ **Providing equal opportunities at all levels**
- ✓ **Strengthen leadership skills** through training
- ✓ **Gender equality** for all volunteers
- ✓ Introduce **quota system** as a way of encouraging female leadership and representation
- ✓ Provide **safe places for women to share their views**
- ✓ Create **female support groups**
- ✓ **Provision of menstrual sanitation products** to be able to contribute normal activities
- ✓ **Recognize the contribution of female volunteers**
- ✓ Providing **financial incentives** through income-generating activities and offering paid positions

Going forward we are encouraging more NS to continue capturing volunteer data so that our support to volunteers is evidenced-informed from data collected and shared by NS.

## 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. Two training sessions were facilitated for Eswatini and Lesotho National Societies to support the National Societies to develop their business continuity plans.

Documentation of business continuity experiences at the National Societies commenced during the period and will be completed in Q1 of 2022. Uganda and Botswana National Societies were identified for the process. 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.

To ensure timely surge deployments in Angola, Republic of Congo, South Africa, Benin and Chad, support has been provided to the national societies to promote duty of care, this includes establishment and/or updating control measures to reduce COVID 19 infections among staff and volunteers while at work.

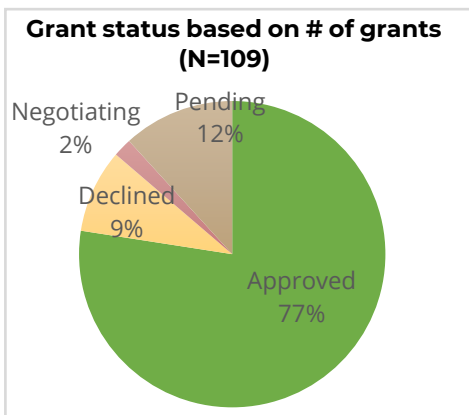
**Partnerships and Resource Development (PRD)**

Africa overall funding coverage is currently valued at CHF 76M against a total funding requirement of CHF 146M, equivalent to **52%** coverage, corresponding to a CHF 69.9M (**48%**) funding gap:

Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
CHF 76,057,740	52%	CHF 69,942,260	48%

The immunization current coverage is at **40%** against the CHF 66M funding requirement:

Amount raised (CHF)	Coverage (%)	Funding Gap (CHF)	% Gap
CHF 26,542,993	40%	CHF 4,114,657	60%



On compliance management, monitoring and reporting, out of 109 grant submissions valued at CHF 201M, a total of 82 grants valued at CHF 75.2M 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.

A mix of communications products has been produced including [key messages](#) and social media posts on the [IFRC Africa Twitter](#) platform to showcase the Red Cross and Red Crescent teams’ response to the pandemic in Africa. In collaboration with CEA, the team has also produced the [#AskDrBen](#) and [#AskDrAissa](#) or [#AskDrAime](#) series of videos that inform and debunk misinformation and rumours about the COVID-19 pandemic. The videos were also [featured](#) on the Viral Facts Twitter handle following a collaboration between IFRC and Viral Facts.

Various media pitches and online campaigns to engage media on the complexity of responding to multiple crises in Africa were also carried out. The [#HungerandDiseaseReduction campaign](#) for Somalia was covered by various media including the [Guardian: 'Nothing to eat': Somalia hit by the triple threat of climate crisis, Covid and conflict](#), [Xinhua](#), [Anadolu Agency \(AA\)](#), [swissinfo.ch](#), [Europa press](#) and [MSN/Die Press](#) among others. Other featured campaigns included #CurbingHungerandCOVID19 in Botswana and in Madagascar, #FoodInsecurity which also highlighted the impacts of COVID-19, and the [dissemination](#) of the [socio-economic impact report](#), *Drowning Just Below the Surface - The socioeconomic consequences of the COVID19 pandemic*, in Africa. On the COVID-19 resurgence in Africa, a press release was issued: ["Impulsive and ineffective reactions" to COVID-19's Omicron variant will send more Africans into poverty](#). Some media mentions included on [Twitter](#) and [scidev.com](#).

The coordination of public communications activities between IFRC, Africa CDC and the US Mission to the African Union saw a joint media statement issued on 23 September 2021 on equitable access to vaccines. This resulted in [a media interview with Luca Saraceno IFRC's Public Health in Emergency Coordinator for Africa](#), as well as additional media coverage on [China Daily](#) and [All Africa](#); etc.

### 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.

**COVID-19 MobTable** – Regional office Supply Chain unit has been offering cost estimates and specifications support to Operations for COVID-19 MobTable. No finalized requests have been received due to pending funding. The total funding requirement for the Mob Table has been reduced from CHF 15m to CHF 10m as the validation process continues. The LPSCM AFRO unit has also been coordinating PPE stock prepositioning efforts following the Canadian Government donation of gowns and face shields along with PPE kits donations from Canadian RC directly to Uganda, Zimbabwe, Zambia, Mozambique and Namibia.

One of the major tasks for the logistics unit in 2021 has been logistics coordination of Singapore RC donated 500 units of oxygen concentrators to 19 countries.

## Financial Analysis

In the Region, overall, 75 % of the confirmed funding (PEAR) has been spent. Total confirmed funding represents 52% of the funding requirements. Funding has increased thanks to the contributions received from ECHO, USAID, The Coca Cola Foundation, Nestle and other donors. With the new funding from Africa CDC, the figure will further improve. The table below shows the overall financial situation for the Africa Region.

On the other hand, **almost 25 National Societies that have fully spent their income have not received new funding. Hence, they need additional funds to support the response and new wave.**

47 National Societies in the region have spent fully or more than 70% of the transfers received while one NS has a very low implementation (below 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

The Cruz Vermelho de Angola (CVA) alongside local health authorities, adopted the strategy of mass communications as a “diamond” vehicle to communicate with the people of Angola, without discrimination, and the way to deliver key messages and services. This was used as a tool for mass communication in view of providing key COVID-19 messages to the people. To date, the CVA flag still flies high communicating the prevention measures and helping the population understand the pandemic and strategizing their coping mechanisms against it. Currently, the people of Angola are more knowledgeable of COVID-19 myths and misconceptions. The NS has so far reached close to 4 million people with COVID-19 related information.



CVA volunteers conducting mass awareness sessions

### Burkinabe Red Cross Society

Since its creation in 2018, the Center for Health Emergency Response Operations (CORUS) of Burkina Faso has experienced its real activation during the response to COVID-19. The Burkinabè NS has positioned itself as an important actor through the provision of active volunteers. Thanks to its volunteers and financial support, the CRBF was able to provide human resources who have been operating the center 24/7 since the activation of CORUS and are currently the only operational actors (remote operators). These volunteers ensure, among other things, the detection and early management of cases, the fight against misinformation and rumors, psycho-social care, sensitization of the population on COVID-19, collection of community feedback, notification and management of adverse events following vaccination, referral of the population to the various screening and vaccination sites against COVID-19. During the reporting period, 322,422 calls were recorded



#### Other successes include

- The recognition and valorization of the Ns and its various local branches through the strong solicitation of administrative authorities in the 45 provinces of the country; this recognition was manifested by a medal of decoration awarded by the Burkinabe government.

### Comoros Red Crescent Society

The Comorian Red Crescent is supporting the government in COVID-19 response activities, including the management of the dead, disinfection in the three COVID-19 care sites, sensitization, and various trainings on the COVID-19. A total of 90 volunteers are supporting three care sites, including 3 volunteers per site. The majority of these volunteers are young people between 25 and 40 years old.

"My name is Mohamed AHAMADA, I am a volunteer of the Comorian Red Crescent, I am 28 years old, I am in the EHA department, for the pandemic COVID, I am responsible for the production of chlorine, a training that I received from the association 2mains de France. For the COVID response activities of the CRCO, I am in charge of producing chlorine with the standard watta, which was not sufficient given the quantity desired for the disinfection of the sites of care. Thanks to the financing of the IFRC on the COVID action plan, we benefited from:

- 03 devices of 2 liters / 2 hours installed at the national headquarters
- 02 devices of 15 liters/2hours (1 in Anjouan and & in Mohéli)
- 01 device of 60 liters/2 hours installed at the national headquarters
- 16 wata blues and 16 wata test
- 10 kits of 5 kg of Aquatabs



Figure 1: Production of Chlorine, @CRCO

With these devices, I was able to train 28 volunteers from the 3 branches for the manufacture and conservation. Currently, **the NS has the lead on the production of chlorine to supply to medical centers.** This activity has become my major focus within the NS.

### DRC Red Cross Society

DRC RC volunteers were unable to raise awareness about vaccines. Since November 2021 with support from different donors, advocacy was stepped up and has now enabled a DRC RC to start interventions that will take place for 12 months in 12 Health Zones – 7 in Kinshasa and 5 in North Kivu provinces. Response and prevention activities are simultaneously carried out in support of the Ministry of Public Health (MoH). The DRC Red Cross focuses its actions on 2 results;

- RCCE including building community trust and acceptance of COVID-19 vaccines, and helping to manage expectations
- Continuation and strengthening of other immunization services, such as routine immunizations and vaccination campaigns against other diseases, with a **focus on people who have never received any doses and under-vaccinated communities**

Current success of the NS include:

- The training of 150 volunteers to participate in community mobilization during the first phase of the COVID-19 vaccination campaign that took place from 15 to 30 November 2021
- **74 community leaders sensitized by volunteers and vaccinated brought their testimonies to influence the population to adopt a positive behaviour towards vaccination.** The pair work of volunteers and vaccinated Politico Administrative Authorities (APA) has favoured the adherence to vaccination of some hesitant, hence the continuity of the application of this methodological approach in raising awareness.
- Apart from sensitized leaders being vaccinated, 34 sensitizer volunteers are vaccinated, as well as the coordinator of the DRC RC project.



*Vaccination of the national coordinator of the project to combat the spread of COVID-19 in the provinces of Kinshasa and North Kivu in DRC©CR DRC*

### Red Cross Society of Côte d'Ivoire

In recognition of the actions carried out by the Red Cross in support of people living with disabilities in the commune of Koumassi - with the support from various partners, - a delegation of the notability of this commune visited the board of directors of the Red Cross in its premises in Abidjan plateau. The delegation thanked the NS and its various technical and financial partners (IFRC, World Bank, Swedish RC, Yolanda RC, Chain of Hope) for prioritizing the needs of those with disability in the population. This delegation thanked the CRCI because, since the beginning of this health crisis, no structure had thought about people with disabilities. This gesture of the CRCI came as a breath of fresh air for the handicapped of this commune.



Through its 91 local branches, the Ivory Coast Red Cross (ICRC) undertakes awareness-raising activities in communities and public places. About 500 volunteers are mobilized every week throughout the country to ensure the dissemination of prevention messages to the communities. In addition, the NS continued with its risk communication and community engagement activities through telephone hotlines (1380 ICRC toll-free number) and social networks, television and radio.

### Djibouti Red Crescent Society

With the support of FIRC and other national & international partners, the National Society through its network of volunteers, the NS has been conducting COVID-19 response activities in all six regions of the country. More than 388,000 people received direct awareness messages.

Other achievements during this reporting period include:

- 388,401 people were reached through face-to-face outreach activities.
- 60,699 people were screened in support of Ministry of Health activities.
- 265 handwashing stations were produced & installed in strategic locations.
- 500 hygiene kits distributed.
- 314 volunteers mobilized through this COVID-19 response
- 600,000 people were reached indirectly through the media & TV spots.

**The Djibouti Red Crescent has, directly and indirectly, reached about 900 000 people through its different sensitization campaigns on the prevention of COVID-19 which is 90% of the national population.**

### Ethiopia Red Cross Society

The ERCS intervention cushioned social-economic shocks from the most vulnerable household in the slums of the urban cities who lost their livelihood through the Covid-19 including needy households whose breadwinners died of the pandemic in the two main Federal cities of Diredawa and Addis Ababa. It is important to note that the IFRC appeal was the only partner in the social-economic pillar since most other partners channelled resources for the first pillar of RCCE. As a result, the NS has reached more than 15,000 people with food and tohte in-kind assistance. The National Society in collaboration with the government facilitated free vaccines for staff, volunteers, and delegates of supporting in-country PNs voluntarily. In addition, the NS continues to support the Ministry of Health through various initiatives, including RCCE, installing handwashing facilities, demonstration of handwashing practices, application of alcohol and other sanitizers, disinfecting public transport facilities. These activities contributed to



*Multipurpose cash beneficiary verification household visit in Diridawa to COVID-19 affected households*

### Guinea Bissau Red Cross Society

The Guinea Bissau Red Cross continues to support the COVID-19 response structure set up by the government in charge of the management of the pandemic. With the government now shifting **focus to vaccination and awareness-raising on hesitancy**, the government coordinating structure has strengthened partnership with the National Society to support raising awareness for the second dose of the COVID-19 vaccine. During the period under review, a vast national awareness campaign was organized to mobilize people to be vaccinated across the country. The National Society reactivated 10 volunteers in each region to raise awareness through house-to-house visits, mass campaigns, and focus groups discussion targeting densely populated areas such as markets, weekly popular fairs (Lumos), port of Bissau, hospitals, health centres, churches and mosques, soccer field, as well as in traditional ceremonies and rituals. These campaigns followed a vaccination calendar jointly developed by the government and partners in the COVID-19 coordination platform. Subsequently, the country reported a significant increase in COVID-19 vaccines uptake.



*Awareness raising involving volunteers on the need to be vaccinated*

Other successes include:

1. **Integrated Ambulance Services with the COVID-19 Coordinating team within Guinea Bissau Red Cross to transport to support COVID-19 response and other diseases surveillance/emergencies**
2. Capacity building of volunteers to be better placed in support the vaccination awareness raising.

### Liberia Red Cross Society

The Liberia National Red Cross Society maintained support to the national COVID-19 response through house-to-house visits and schools working closely with Ministries of Health and Education. A total of 120 volunteers were deployed, working closely with students in schools and different vulnerable groups in the communities to raise awareness on COVID-19 and other health promotion campaigns. In addition to community engagement and risk communication activities in schools and communities, volunteers along with community members carried out cleaning exercises in homes of people living with disabilities in view of ensuring proper sanitation and good hygiene to reduce risks of public health infections. To ensure continuity of these activities targeting the people living with disabilities, volunteers and staff of the Liberia National Red Cross agreed to a monthly schedule and will also be used as a platform to pass on useful information like advocating for COVID-19 vaccination uptake.

Other successes include:

1. **Strengthened the emergency call center providing feedback to callers on useful COVID-19/vaccination information**
2. LNRCS PSS and PGI units are coordinating in providing psychosocial support both victims and relatives of COVID-19 and SGBV.

**Mauritania Red Crescent Society**

The Mauritanian Red Crescent played a key role in the COVID-19 vaccination campaign launched by the Mauritanian government. **Volunteers have been mobilized to support health workers in vaccination centres, while others have been engaged in community awareness sessions to debunk myths about vaccines.** The following have been achieved:

- 990 posters on COVID-19 vaccination's importance were posted in public places (markets, hospitals, universities, schools, mosques, and other public institutions) reaching approximately 35,640 people
- Two TV spots on the usefulness of the vaccination against the pandemic widely broadcast reaching approximately 200,000 viewers
- 60 Mauritania Red Crescent volunteers trained on the COVID-19 awareness and the related vaccination. They then got engaged in community awareness sessions to debunk myths about vaccines.
- Mauritania Red Crescent set up three community surveillance and monitoring teams comprising of 10 volunteers in the 3 most affected areas of Néma, Nouadhibou and Rosso to share key information on the pandemic with community members, referring COVID-19 positive cases to health centres as well as convincing the elderly people on the usefulness of the COVID-19 vaccine.
- The National Society launched a vaccination campaign in the nine Moughataas in Nouakchott and reached approximately 108,000 people.



The NS has used billboards to disseminate key messages on COVID-19 © MRC

**Mozambique Red Cross Society**

The Cruz Vermelha de Moçambique (CVM) continues to support the Ministry of Health in response to COVID-19 in 133 districts. They mostly provide auxiliary support to crowded areas such as hospitals or health posts and bus stops with awareness-raising messaging and mobilization. CVM is also present at vaccination points to support the campaign. The National Society activated its humanitarian line in this period to provide assistance internally and to their partners. The National Society continued with awareness activities, installed 293 handwashing stations, and 8,684 disinfection of public places reaching 197,830 people with the dedicated support of 578 volunteers. Psychosocial support was also provided through these volunteers to people affected by the pandemic. The CVM also received a donation of 30 oxygen concentrators from the Singapore Red Cross, through the IFRC to support the Ministry of Health in the COVID-19 response.

**Nigeria Red Cross Society**

NRCS National Health team in collaboration with the Nigeria CDC and National Primary Health Care Development Agency (NPHCDA) provided orientation to Branch Secretaries and Health focal points on COVID-19 vaccine, risk communication, demand creation and community mobilization for COVID-19 vaccination. NRCS trained 165 volunteers and local staff across 25 branches on RCCE for COVID-19. Working closely with the NPHCDA and the Ministry of Health, NRCS produced and displayed COVID-19 vaccine posters at strategic locations in the community such as palaces and residences of traditional and religious leaders, market places, health facilities, with key messages on COVID-19 vaccine, this was translated into local languages with pictorials for easy assimilation. Key messages focusing on symptoms, how and where to get vaccinated, importance of the vaccine and measures to reduce the risk of transmission of the disease was disseminated. Safe practices that help contain the infection and reduce the risk of spreading the infection, such as early detection and isolation of cases and frequent handwashing was also be promoted. **As a result of these activities 165,302 were vaccinated and 255, 267 are also willing to go for the COVID- 19 vaccination.** A total of 447361 were also reached with RCCE and Health and Hygiene promotion messages.

The BRC multipurpose cash assistance was implemented to support households who have been impacted by the socioeconomic effects of Covid-19, targeting households with women and girls at higher risk of GBV in the three branches of Lagos, Imo and the FCT. NGN 55,000 cash assistance was given to 2331 beneficiaries in 12 communities across 3 LGAs of the 3 branches.

**Beneficiary Story - Nigeria**



My name is Odinga Marbel Obekpa Community. I am a widow. My roof was leaking until Red Cross came to my rescue and gave me money, I used part of it to roof my house and clean my compound which is very bushy, and also bought foodstuff. Thank you Red Cross.

### Rwand Red Cross Society

Amid the surge of COVID-19 cases with the Omicron variant and the need to strengthen livelihoods for people most affected by the pandemic. A successful experience has been the commitment from the supported community to sustain their income-generating activities and hence leverage their capacity to efficiently respond to the new COVID-19 wave.

The NS distributed a cash grant worth 150 USD per selected household (funded by the Belgian Red Cross) for income-generating activity (IGA) of their choice. After the initial training on IGA management, the 1st phase 30 USD was disbursed to 2,402 households (hosting over 12,400 people) in 4 districts. The funded initiatives consisted of small livestock and agriculture production. The post-distribution monitoring (PDM) conducted in January 2022 highlighted important achievements for supported households and a real determination to increase further their livelihoods capacities:

- The PDM confirmed that people who were supported were indeed from vulnerable categories (80%) and others were from better-off categories (20%) but whose situation has been negatively impacted by the pandemic. There was a consideration for other specific categories of vulnerable people: 54% of target population are women, over 36% are single mothers, 13% are children under 5 years of age, 6% have a disability, while 6% are old people.
- The income activities are already yielding good results: 91% can satisfy their basic needs (meals, medical), 59% are able to purchase household materials and other various needs are covered (including school fees and materials, making savings, paying health insurance)
- 95% of beneficiaries have confirmed that their living conditions have improved compared to pre-COVID-19 time, particularly the benefits from the income activities
- This situation has brought a **great impact in terms of beneficiaries' commitment for effective prevention of COVID-19 pandemic, as over 99% of respondents had received at least one dose of COVID-19 vaccine, and over 97% are implementing at least three COVID-19 prevention measures, particularly wearing masks (98%), social distancing (89%) and hands hygiene (84%).**

These lessons learned will help in efficiently implementing the 2nd phase of this cash grant distribution whereby 913 new beneficiaries will access funds for funding their income initiatives.:

### Sierra Leone Red Cross Society

Volunteers in the border districts of Sierra Leone (Kambia and Kailahun) continued passing on lifesaving messages on environmental health, sanitation and personal hygiene. During the period under review, the volunteers sensitized communities on the new Covid-19 Omicron variant, how to keep themselves safe and free from being infected. They assured the people that, the same preventive measures on the previous variants could be applied to protect themselves and their loved ones. Rumors and misinformation about the new variant were dispelled. People were encouraged to always seek health information from reliable sources and to continue adhering to Covid-19 precautionary measures, such as social distancing, regular hand washing, cough etiquette, and the continuous and consistent use of facemask. The community people were also encouraged to take the COVID-19 vaccine, especially those who had taken the first dose of the vaccine to complete their doses. Pregnant and lactating women were also engaged by volunteers on basic personal hygiene and environmental sanitation practices. They were reminded of their duties and responsibilities to keep themselves healthy and their babies by ensuring the complete doses of vaccines are administered to them and their children.



Volunteers in Mopotolon community raising awareness on Omicron Variant

### Somalia Red Crescent Society

SRCS has been playing a big role in promoting activities on prevention, RCCE and Covid-19 vaccine roll out in Puntland and Somaliland with support from IFRC and key PNSs. SRCS trained frontline health workers in mobile and static health facilities. Additionally, the NS provided Covid-19 vaccines through their mobile health facilities to address needs on social mobilization and Covid-19 vaccine delivery in hard reach areas to those not able to access the vaccine. The ECHO grant enabled the Covid-19 vaccine rollout to reach the remote areas fast with well-trained teams to ensure all persons were vaccinated including those with special needs. In Somalia, SRCS was the first humanitarian organization that started 4 Covid-19 vaccine mobile health facilities. The teams were equipped and did vaccine roll out in 19 fixed health facilities located in most affected areas, while supporting MOH to do active vaccine roll out in the remote health facilities.



*Covid19 vaccine mobile clinic vaccinating hard to reach people in Mudug region*

Summary of Achievements:

- **Trained 35 frontline health workers on Covid-19 vaccine to conduct vaccine delivery in the remote areas including fixed and mobile health facilities while incorporating the MOH national Covid-19 vaccine plan.**
- Trained 11 SRCS staff on the RCCE full package who started cascading the knowledge to SRCS volunteers.

### Sao Tome Red Cross Society

With the COVID-19 pandemic, the financial situation of many families has been significantly negatively affected. However, the Red Cross of Sao Tome and Principe has obtained support from the World Bank and is providing more than 150 families with monthly food baskets, giving them some stability. According to the families, "This aid will improve our lives a lot. I was not always able to have two meals, but with this aid, I can now improve my diet".



In the health sector, NS volunteers have been supporting the Ministry of Health in contact tracing and immunization data entry, filling the human resource gap that the health system has been facing since the outbreak of the COVID-19 pandemic. A considerable number of community health workers have been trained in behavior change communication and COVID-19 positive case follow-up, thanks to the support of the IFRC.

The pandemic has also caused the elderly to reduce their outings, leading the Red Cross, in partnership with the Ministry of Health, to make home visits to provide health care and vaccinations to the elderly at their homes

### Seychelles Red Cross Society

The current reporting period saw a significant rise in the number of COVID-19 cases in Seychelles even though vaccination was still being rolled out. The RCSS continued to assist people in the community who were in quarantine or isolation with basic food items and other requested assistance, such as psychosocial counselling. Between October 2021 and December 2021, a total of 79 families were assisted. The staff and volunteers continued to advocate best Practices in RCCE through respective individual and group efforts and engagements daily. The NS had also to postpone a lot of its activities involving large numbers of people and continued to engage in sensitization activities with people from the community for COVID-19 Symptoms. In December 2021, the RCSS staff organized a day trip and delivered hampers containing special food items and toys for vulnerable families based on the list of beneficiaries of relief assistance during quarantine and isolation. The gesture was very well appreciated as it was organised as part of the Christmas celebrations for the families.



*RCSS staff preparing Christmas hampers and gift bags for vulnerable families, photo by RCSS.*



### South Sudan Red Cross Society

South Sudan Red Cross (SSRC) continues implementing the COVID-19 response in 21 branches (all 10 states of South Sudan) including social mobilization on COVID-19 Vaccination sites across 21 branches of South Sudan Red Cross. 300 posters and 500 leaflets with COVID-19 vaccination messages were produced and distributed to the community members across the 21 branches. 60 community leaders were trained to support South Sudan Red Cross volunteers to encourage community members to accept COVID-19 vaccination. The NS reached a total of 75,425 people with COVID-19 vaccination messages and prevention where 39,733 were females and 35,692 males in respective locations/branches across South Sudan as shown below.

During the reporting period, the NS supported 150 health facilities in vaccination against COVID-19. Volunteers were deployed to the vaccination sites in health facilities to conduct mobilization using megaphones to disseminate messages on the availability of the COVID-19 vaccines; Social mobilization to improve vaccine uptake at the vaccination sites, particularly in the rural vaccination centres; Distribution of IEC materials at the vaccination sites to improve community awareness and crowd control at the vaccination centres/sites.

### Tanzania Red Cross Society

The National Society distributed cash to 6,212 people under BAHIA Project as the recovery support targeting households affected by the first COVID-19 wave.

Two WASH baseline surveys in Kigoma, Dar es Salaam and Unguja-Zanzibar identified the community gaps in knowledge and best practice and identified areas of improvement to be addressed in WASH practices. This will ensure the community accepts to change their practice and behaviour to control the spreading of COVID-19 pandemic and cholera.

TRCS through JAMBO LA CHANJO program (November to December 2021) collected community feedback (questions, complaints, & suggestions) related to the COVID-19 vaccine and addressed the collected feedback by providing proper and acceptable clarification to the community towards COVID-19 Vaccine. This has been done using the U-Reporting system by receiving and responding to feedback through normal mobile messages, in which a total of 9,246 cases (92%) of 10,000 targeted were reached.

### The Gambia Red Cross Society

The introduction of the COVID-19 vaccination in the Gambia has made the government ease most of the restrictions while the preventative measures and treatment continue to be in place. To strengthen the country's treatment system, The Gambia Red Cross Society received 50 Oxygen Concentrators from Singapore Red Cross through the IFRC. The oxygen concentrators were distributed to 11 hospitals across The Gambia.

Also, during the reporting period, the Gambia Red Cross Society (GRCS) continued conducting radio programmes on all National, Regional and Private radio stations to encourage people to take the Covid-19 vaccine and continue following the precautionary measures. Television and radio spots have also been recorded and are broadcast over radio and TV.

Mass sensitization through caravans, house-to-house and group discussions has been carried out in all the regions targeting markets, riversides, schools, and other public places making sure Gambian communities have access to key information on how to prevent themselves from the Covid19 virus. A vaccination post was set up in the GRCS HQ to support the Ministry of Health's vaccination roll-out in COVID-19.

### Beneficiary Story - Tanzania



Mr Suleiman Musa aged 40 years from Murungu Village- Buhigwe District is one of BAHIA Project beneficiaries who's received cash assistance. Using the cash provided, he invested in designing a palm milking machine in which per day he can generate Tsh 3000 at minimum, and since he started to operate his machine, all invested amount was recovered, with more continuous earnings realized.

Currently, depending on the income generated from his machine, he supports his agriculture activity by purchasing seeds and fertilizer for growing his cultivated crops. On the other hand, now he can support his family with the income he earns without any problems as it was before. Thanks to the BAHIA project for restarting the IGA activities in Mr Musa 's family.

### Zambia Red Cross Society

The Zambia Red Cross Society with support from the IFRC has continued reaching out to people with key messages on COVID-19 and the vaccine in four districts (Ndola, Petauke, Katete and Kabwe). 200 volunteers have been engaged and trained on different packages to enable them to have the skills and knowledge to implement vaccination activities to create demand for the COVID-19 vaccine among communities and to contribute to increased COVID-19 vaccine uptake to reach 70% of the population by June 2022.

The ZRCS engaged 128 community leaders in the four districts to be champions of change in their communities. Meetings across the districts were held to orient leaders on COVID-19 and give an overview of the situation in the country and in the local context. The meetings brought about positive behaviour change. A case in point is Katete district where 15 headmen got vaccinated during the meeting. One headman took it upon himself to talk to his community and his family to get vaccinated and arrangements were made with MOH who vaccinated his spouse and others within the community. **“Fighting the pandemic requires unity with our families and communities, hence I and my wife will get vaccinated together”** said the headman during the meeting. Since then, the ZRCS through project staff in the 4 districts has been **using community leaders to advocate for vaccine acceptance** in their communities and districts through community meetings and radio programme discussions. The ZRCS has recorded success in these districts and has reached out to 147, 591 people with vaccines. Other activities contributing to this success include;



- Radio programme discussions to engage communities on various topics including the importance of vaccine boosters
- Supporting the MOH with mobile vaccination services in remote areas
- Supporting health facilities with fuel and other logistics to deliver vaccines in hard-to-reach areas
- Conducting vaccine campaigns to create demand for the COVID-19 vaccine
- Distribution of IEC materials
- Reaching out to mothers during routine child health growth monitoring activities and EPI activities.

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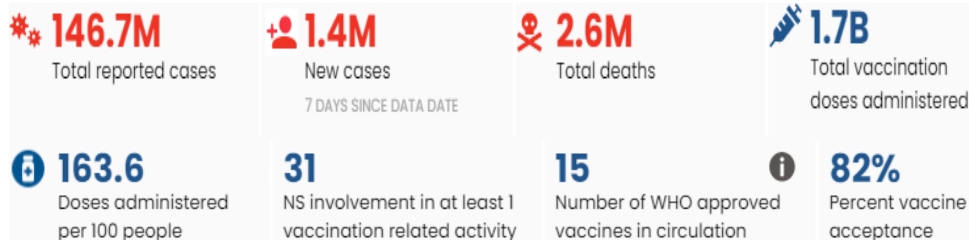
# AMERICAS REGION



Peruvian Red Cross staff and volunteers supporting the national vaccination campaign against COVID-19 of the Health Ministry of Peru for indigenous communities. The areas of intervention comprehend the Amazonia provinces of Loreto, San Martin and Ucayali and the high-Andean region of Puno, Cusco, and Ancash.

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

## Key data for the region\*



### 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



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

## Financial Overview



Funding Requirements:  
**CHF 114,000,000**

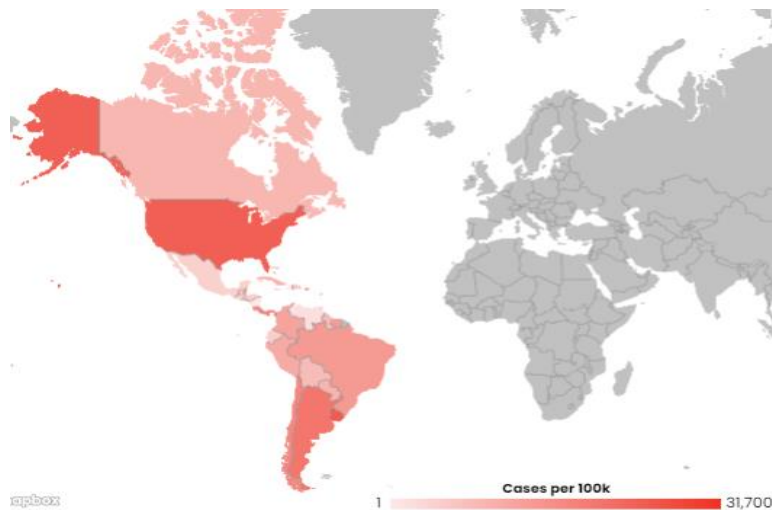
Operating budget:  
**CHF 45,686,678**

Regional coverage:  
**40%**

Expenditure to date:  
**CHF 38,501,258**  
**84% of total income**

\*Data collected as of 28 February 2022.

## Regional overview



*This map does not imply the expression on the part of the IFRC or National Societies concerning the legal status of a territory or its authorities.*

From the epidemiological point of view, the reporting period has been characterized by the intense and rapid rise in the number of reported cases, mainly in the last weeks of December and the first weeks of January, due to the explosive transmission of the Omicron variant. As of January 2022, the region accumulates a total count of 136 million cases and 2.5 million deaths. The region experiences a significantly higher impact in percentage than other regions in terms of casualties. Fortunately, it did not proportionally reach the levels of previous waves. The efforts to accelerate vaccination coverage against COVID-19 in the last quarter of 2021 have mainly contributed to this, reaching an average of complete vaccination in the region close to 60%.

However, inequalities continue both regionally as well as within countries.

The secondary impacts on health and socioeconomic terms have been added to the direct effects of COVID-19, shortly after completing two years of the pandemic with continued disruption of essential services and unequal impoverishment. The need to address health failures in their most general terms and all their possible connections with socioeconomic aspects is urgent for broad sectors of the population. The effects of the socio-economic consequences of the pandemic and the disruption of mental health services have been devastating on the wellbeing of the population of the Americas and are projected to be far-reaching in the long term<sup>1</sup>.

Statistics reveal the worsening of the mental health of the population with an increase in the rates of anxiety and depression. The latter has quadrupled in countries such as Canada, Mexico, Brazil, Argentina, and Peru<sup>2</sup> with higher rates observed in women under 35 and people with pre-existing mental problems. Not to mention the already alarming statistics of suicide worldwide, with Guyana and Suriname included among the ten countries with the highest suicide rates in the world<sup>3</sup>. Additionally, continued disruption in essential services for mental, neurological, and substance use disorders has been reported in more than half of the countries in the region (60%)<sup>4</sup>.

In terms of WASH, the highest priorities in the region are still ensuring access to basic WASH services and hygiene promotion, with a special focus in handwashing and Infection, Prevention and Control (IPC) measures at critical locations like Health Care Facilities, but with a growing concern to address the safe return to Schools.

<sup>1</sup> <https://www.paho.org/es/noticias/24-11-2021-ops-destaca-crisis-salud-mental-poco-reconocida-causa-covid-19-americas>.

<sup>2</sup> <https://www.sciencedirect.com/science/article/pii/S2667193X21001149?>

<sup>3</sup> <https://apps.who.int/gho/data/view.main.MHSUICIDEASDRREGv?lang=en>

<sup>4</sup> <https://iris.paho.org/handle/10665.2/52999>

## Priority 1: Sustaining Health and WASH

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

- Together with the clusters in Central America and the Andean countries, rumor-monitoring working sessions have been initiated to develop new materials and address the issues of most concern to the communities.
- A series of actions aimed at reducing the vaccine hesitancy of volunteers from some National Societies in the region are being coordinated. One of the activities is the launch of the second volunteer perception survey.
- The Dominica Red Cross was supported with the development of a poster with frequently asked questions and answers on COVID-19, variants, and vaccines.
- With the support of the communications team, and in conjunction with the health team, a series of informative videos have been produced to cover the topics of new variants, vaccine fears, myths about pregnancy and COVID-19, among others.
- Work has been done to compile key messages linked to the new Omicron variant to be shared with both technical teams and the public in general.
- Information and rumors about new variants and vaccines continue to be collected. In addition, together with the Communications team, issues of interest have been raised and they are now in the process of producing materials for distribution to National Societies.
- Together with the Caribbean team, an exchange between the Suriname Red Cross and the Peruvian Red Cross is being promoted. The Suriname RC is going to start working with indigenous communities and they are interested in lesson-learned from Peruvian RC to support their implementation.

#### Best practice experience:



The Colombian and Guatemalan Red Cross have been providing Psychosocial Support Services (PSS) to indigenous communities.

The Bolivian Red Cross has trained more than 1,500 volunteers in Psychological First Aid (PFA) to meet the growing emotional needs of the population.

### Pillar 3: Community-based surveillance (CBS)

At the end of 2021, the feasibility analysis carried out together with the Norwegian Red Cross was completed for the potential implementation of community surveillance programs in Honduras, El Salvador, and Colombia, within the framework of the COVID-19 intervention and the strengthening of the epidemiological monitoring of community-based surveillance. Workshops were held with the National Societies and with the ministries of health of the countries concerned with great reception of the results of the studies. In a later phase, in 2022, protocols will be designed, volunteers and supervisors will be trained, and activities will be implemented.

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

- IFRC participated as a presenter in the regional panel of the Hand Hygiene for All (HH4A) global initiative, sharing the Red Cross Red Crescent (RCRC) experience in Handwashing promotion during the COVID-19 response.
- Coordination with the CCD for English and Dutch-speaking Caribbean to plan future training activities based on National Society requests, including Hygiene promotion in schools, Protection, Gender, and Inclusion (PGI) and Water, Sanitation and Hygiene (WASH) topics, among others. A calendar is being developed together with Health and Mental Health and Psychosocial Support (MHPSS).
- The first edition of a virtual course on WASH and PGI was designed and rolled out, consisting of three weekly sessions, having nine National Societies participating as well as IFRC staff. The course was based on two important

**Let's talk about COVID-19 vaccines**  
Part 1

**What are the benefits of getting a COVID-19 vaccine?**  
Vaccines are preparing your body's natural defenses to recognize and fight off the virus that causes COVID-19. This means that COVID-19 vaccines will work with your immune system so it will be ready to protect you from the virus if you are exposed.

**How will we know if COVID-19 vaccines are safe?**  
The vaccine is only rolled out when its regulators are confident that the vaccine is safe and effective. After a COVID-19 vaccine is introduced, it will be monitored to identify any unexpected side effects.

**How is it possible to develop a safe vaccine so quickly?**  
The vaccines that are now being reviewed and approved by regulatory bodies have been through the same amount of testing and safety processes as other vaccines.

**How likely is it that I will have an allergic reaction to the vaccine?**  
Given that these are new vaccines, it is possible that someone could be allergic to a component of them. However, this would show up shortly after administration of the vaccine. Vaccine providers are ready to respond to allergic reactions and other adverse events. Anyone who is known to be allergic to an ingredient of that vaccine shouldn't receive it.

**Do the COVID-19 vaccines have side effects?**  
Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, such as pain at the injection site, tiredness or a headache.

**What types are being developed? How would they work?**  
Scientists are developing many potential COVID-19 vaccines. They are all designed to teach the body's immune system to safely recognize and block the virus that causes COVID-19.

Want to know more?  
Visit our website and social networks:

<https://www.ifrc.org/> #WeAreInThisTogether @IFRC\_es

IFRC publications from this year: the PGI for WASH programs Informative Guide, and the Menstrual Hygiene Management (MHM) guide and toolkit.

- Coordination with the Urban WASH Technical Working Group where the Americas action plan was agreed, starting with a regional survey on what is being done and the interest of National Societies to contribute to global mapping.
- Request received from Panamanian RC and the CCD for Central America to support and strengthen the National Society capacity on Hygiene promotion in the migrant's reception stations and communities in the Darien region. A draft Terms of Reference (ToR) was developed, and coordination are being made for a work visit and training.
- Support to Nicaraguan RC on development of WASH policies, strategies, trainings, and the purchase of more functional WASH equipment for emergencies.
- Ongoing coordination with Haitian RC and Venezuelan RC to plan pilot Blue Schools initiatives. Using as base the current WASH infrastructure activities that are being carried out by these National Societies and assessing other intersectoral topics to add based on each context.
- Global Handwashing Day (GHD) 2021: Global materials were translated and distributed to National Societies. Also, the IFRC Global newsletter dedicated to GHD 2021 focused on the work of National Societies in the region.

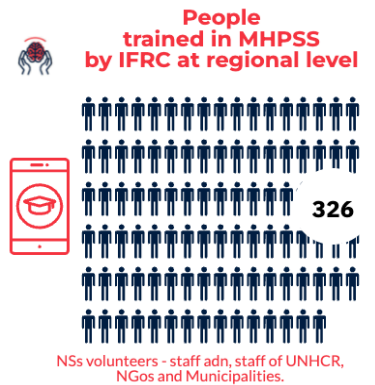


## Pillar 6: Mental health and psychosocial support services (MHPSS)

### Capacity Building

Training and Seminars (15 actions organized during this period)

- MHPSS - PGI an *Introductory course on Gender-based violence (GBV) with an intervention approach in MHPSS* was held in November with the participation of 37 volunteers from 17 National Societies.
- Vaccination hesitancy in December, a Train of Trainers in Psychological First Aid (PFA) during COVID-19 was organized for the National Societies in the CCD for Central America where 15 volunteers from Guatemala, Costa Rica, Panamá, and Nicaragua were trained.
- Two technical workshops were held with MHPSS representatives of the National Societies on different topics, such as the presentation of the results of PAHO's Mental Health Atlas 2020 and, in November, Colombia RC shared its experiences in providing psychosocial support to the Indigenous population in the Colombian Amazon. 77 participants from Mexico, Guatemala, Colombia, Ecuador, Uruguay, Panama, El Salvador, Venezuela, Honduras, Bolivia, and Brazil attended the forums.
- As part of the collaboration with PAHO, the Ecuadorian and Honduran RC have been certified in the *Problem Management Plus (PM+)* course to strengthen their community action capacities.



### Tools and resources

- Translation of the *Vaccination hesitancy training* to the Spanish and Portuguese language with the support of the Brazilian RC - [Link](#)
- Three resources were developed by the Andean Countries CCD and the Peruvian RC: a pocket guide MHPSS on education, a PSS Pocket guide for volunteers and/or humanitarian workers, and a PSS Pocket guide for the community.

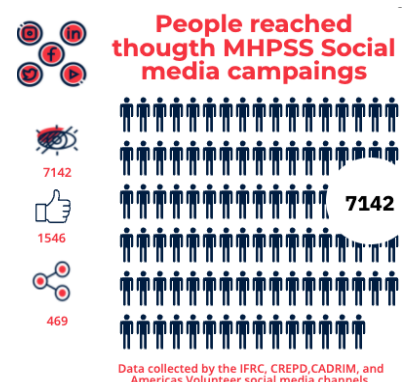


### Technical Assistance

Lessons learned in December, the second edition of "*Lessons Learned in MHPSS during 2021*" was held where the National Societies reflected on the achievements, challenges, and opportunities identified in the region. The event was attended by 129 people, and it was also livestreamed with over 1,000 views. The recording is available [here](#).

### Advocacy

- A social media campaign in commemoration of World Mental health Day called #GreenOctober was developed to support National Societies in raising awareness about the importance of mental health. A [Telethon](#), one webinar on [Neurological and cognitive effects of COVID-19](#), one forum on [Mental health and Climate change](#), and 16 Media [key messages](#) were shared via IFRC social media.
- Given the increase in gender-based violence and the mental health effects it has on survivors, in November, the team collaborated in *PGI's 16 Days of Activism campaign* with the development of messages and videos created by the National Societies in [English](#), one virtual forum on Experiences and Proposals for work on GBV from MHPSS teams in [Spanish](#).
- To advocate for the *Prevention of Stigma and Discrimination* towards mental illnesses that still exists, and in view of the increase in cases of anxiety and depression, in collaboration with CEA in January a *toolkit on depression* was shared with the National Societies in the framework of the World Day for the Prevention of Depression, available in [English](#) and [Spanish](#).
- Development of key messages for vaccination hesitancy in collaboration with National Societies of Central America and CEA.
- Participation on the IFRC #RedTalk in the frame of the launch of the inform *Drowning just Below the surface: Socioeconomic impact of the COVID-19 pandemic* highlighting impacts in women's mental health. [Link](#)



### Pillar 12: Support for immunization

Some of the most successful initiatives conducted during the reporting period include:

- Development of immunization thematic meetings with the health focal points and health directors of the National Societies from the region to share experiences in vaccination strategies.
- Supporting the Venezuelan Red Cross in strategies to help the country's Health authorities to improve vaccination coverage.
- Coordination for vaccine donations in the region through the Italian RC, American RC and Chinese RC. Identification of recipients and support to the implementation.
- Presentation of Paraguayan Red Cross Vaccination experience in the IFRC Global Immunization Group, sharing their efforts for reaching rural and peri-urbans communities with vaccination.
- Support to CCD for English and Dutch-speaking Caribbean about vaccination hesitancy among volunteers and RC staff. Developing of a survey in coordination with CEA and Volunteering Units.
- Webinar in Central America on "Effectiveness of vaccines, adverse effects, periodicity and need for third doses" with 78 participants.
- Coordination actions with CEA and the CCD for Andean Countries to share the vaccination experience of indigenous populations by Peruvian Red Cross / IFRC / ICRC.
- Meeting with directors and health focal points of the National Societies on application procedures for the Humanitarian buffer.

You must allow yourself to feel in order to heal

IFRC



## Priority 2: Addressing Socio-economic impact

### Pillar 1: Livelihoods and Household Economic Security

- *Socioeconomic impact study by COVID-19*: The study is 80 per cent complete. A total of 1,830 people has participated in the survey in the Americas. The survey report should be finalized during March 2022.
- *RED Talk*: On 23 November, the team participated in the presentation of the IFRC's socio-economic impact report "*Drowning just below the surface: The socio-economic consequences of the COVID-19 pandemic*" where the main impacts of COVID-19 were discussed, with emphasis on the characteristics that make the socioeconomic impacts greater in Latin America and the Caribbean than in other regions.
- *Development of self-guided courses on Business Plans and "Guide: use of the Atlas app" in Spanish*: These trainings were developed by CREPD with the support of Livelihoods technicians from the National Societies of Argentina, Colombia, Ecuador, El Salvador, and Panama. Both trainings are aimed at RC volunteers and people assisted by National Societies. Courses available [here](#).

#### Best practice example:



In October and November 2021, two livelihoods and COVID-19 [bulletins](#) were produced.

In October, the bulleting addressed the situation of economic informality in the region and the effect of the crisis on it.

In November, it addressed the effect of the crisis on the migration phenomenon in the region.

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

#### Perception Surveys

Three COVID-19 and vaccines perception surveys were conducted in the region:

- *Targeting migrant and indigenous population*: the nine participating countries (Argentina, Brazil, Bolivia, Colombia, Guatemala, Jamaica, Nicaragua, Panama, Trinidad and Tobago) finalized the application of the surveys. The dashboard and written report are expected to be ready in February 2022.
- *Targeting RC volunteers*: Launched in mid-November. The dashboard review has been completed and a written survey report is expected to be ready by February 2022.
- *Targeting migrant population in Peru*: The National Society showed interest in implementing a survey, like the one implemented through the WhatsApp Line in Peru, but in the service posts for migrants in Peru.

#### Support to the National Societies

- Webinar: How to involve the community in Risk Reduction processes: As part of the events of Risk Management month, Ecuadorian RC organized this [webinar](#).
- Behavior Change Communication Workshop: Addressed to the staff and volunteers of Guatemala RC, the workshop provided techniques that they can use when faced with hesitation due to vaccination and COVID-19.
- The regional CEA team accompanied the Peruvian RC on a mission to the Peruvian Amazon to support vaccination efforts, gather feedback and rumors, and conduct a perception survey.
- Together with the MHPSS regional team, audio-visual materials ([EN](#) | [SP](#)) have been developed to help in the prevention and reduction of the stigma and discrimination that exists in the face of mental health problems.



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

#### Protection, Gender, and Inclusion (PGI)

- *PGI and WASH Training (7 female and 8 male)*: Together with the WASH Regional team, the training was developed and included the creation of 8 microprojects to scale up the integration of PGI into WASH actions.
- *PGI and MHPSS Training (27 female and 10 male)*: Together with the MHPSS Regional team, a basic [training](#) was developed on Gender based Violence including key concepts, introduction to PGI, and PFA for GBV survivors.
- *16 days of Activism against gender-based violence*: Together with the Comms, CEA and PGI teams, ARO developed the regional campaign #RedAlertAgainstTheViolence, which included regional webinars to launch the GBV Toolbox, community-based actions with muralism, thematic webinars among others. Resources available [here](#).



## Priority 3: Strengthening National Societies

### Pillar 1: National Society Readiness

- Promotion of the preparedness approach for an effective response, through a session developed with eight National Societies of South America who showed their interest in starting the process during the period 2022.
- Developed the *"Report of interests and needs of the National Societies of Central America in the framework of strengthening the response to immunization and COVID-19"*, to support the six National Societies in their COVID-19 vaccination efforts.
- Strengthening of coordination with civil protection systems and technical health commissions, through the participation of National Society representatives, which has allowed for better positioning with the authorities.
- Supported the global PER team in updating dashboards in IFRC GO Platform that indicate regions' performance and progress in their PER processes, including pandemic and epidemic considerations.
- Promotion of key messages and [videos](#) on what National Societies can do to respond effectively to epidemics.

### Pillar 2: National Society Sustainability

- Business Continuity Plan (BCP) - Costa Rican RC: With the technical support of CREPD, two sessions have been held for the elaboration of the Business continuity plan, which is expected to be ready by end of March 2022.
- Development of an interactive virtual methodology (interactive presentation tool, collaborative boards, and online surveys) to provide technical assistance to National Societies that need to develop or update their BCP.
- To support the search of diversification through unrestricted funds for National Societies, the Partnerships and Resource Development (PRD) unit held in early January a meeting with the regional Resource Mobilization Network, for the presentation of the company Worldcoo, which is interested in expanding its business area in the region. They collaborate with several humanitarian organizations to implement fundraising campaigns, through what is called "solidarity rounding".
- Two face-to-face workshops were held with Nicaraguan RC and Honduran RC to develop Resource Mobilization (RM) Plans focused on their financial sustainability. In these workshops, five income streams were developed: (i) Alliances with public sector, (ii) fundraising events, (iii) individual donors, (iv) alliances with private sector, and (v) sale of services and products: business models. More emphasis was put on these last two income streams, since they are currently the ones that have generated the most interest and opportunities for RM, at the domestic level.

### Pillar 3: Support to volunteers

- Webinars with RC Volunteers: With the presence of more than 4,000 volunteers from the Region, several webinars have been conducted to allow volunteers to obtain first-hand information on COVID-19.
- Guidance - Duty of Care: Multiple sessions 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 mechanisms such as solidarity funds.
- 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 COVID-19 (Interactive presentation available [here](#)) and on the Perspectives of Volunteers and Young People in Relation to COVID-19 in the region. A specialized map on humanitarian initiatives is also available [here](#).

## Enabling Actions and Support Services

### Best practice example:



The design and set-up of the Mobile Device Data Collection (MDC) Course has been completed on the IFRC campus; the course is available in Spanish.

This course will enable participants to gain knowledge of tools such as ODK and KOBO and learn how to apply it in emergency operations.



Supporting the national vaccination campaign against COVID-19 of the Health Ministry of Peru for indigenous communities

### Logistics, Procurement and Supply Chain

The Regional Logistics Unit (RLU) in the Americas have been in coordination with the National Societies that ordered PPEs during December 2021 to complete the delivery process. So far, no new requests have been received.

### Business Continuity Planning and Security within IFRC Secretariat

- BCP analysis and presentation of current situation in the countries has been done in collaboration with the Health Team, also with the input of the Heads of Office and Security Focal Points to have an in-depth view biweekly.
- Health cases on the field have been addressed and supported by Security to reduce the spread of cases, assist delegates with special requirements and stress on the importance of biosafety measures.
- Follow up on trends for Business Continuity and Duty of Care for Work Modality or Travel Restrictions.
- Training of three new Security Focal Points and one Security Officer for the Region.

### Partnerships and Resource Mobilization

Throughout the reporting period, PRD has focused on:

- Providing support for the review of the Emergency Appeal.
- Working together with other units (DCPRR, Comms, PMER, IM and IT) to develop a tool to share the progress, needs and challenges that have arisen as the pandemic is moving forward.
- Continue seeking the support of partners and donors for unearmarked contributions that provides the flexibility to carry out activities and projects to reach the most vulnerable population in need of humanitarian assistance.

### Planning, Monitoring, Evaluation and Reporting (PMER)

Over the past 24-months, the PMER team has provided continuous support to Country Cluster Delegations (CCD) and National Societies with COVID-19 operations. Efforts have been focused especially on the development of monitoring tools, consolidation and revision Operation Updates, pledge reports for donors and the KOBO Data Collection.

Throughout the reporting period, the Regional PMER along with PMER Focal Points at cluster level worked hard to meet Federation-wide reporting requirements. During the past months, the team has focused on the completion of the [20-month report](#) for COVID that was published on 15 December 2021. In addition, significant support has been provided to National Societies to ensure the completion of GO Field Reports, KOBO Financial Overview and Indicators Tracking forms, pledge-based reports for donors, and the revision of the NS Response Plan that is in progress and expected to be finalized by mid-march 2022. In addition, the global [Emergency Appeal](#) (EA) was revised and published in the IFRC Go Platform on 18 December 2021.

### Information Management (IM)

- [Livelihoods](#): From August 2021, in coordination with Livelihoods, the IM team developed a series of five bulletins on the socio-economic impact of COVID-19 in the region. The issues addressed include: a summary on the impacts of COVID-19 throughout 2020, food security, informal employment, migration, and data resources on livelihoods available in GO. The bulletins are available in [IFRC GO Platform](#) under the reports tab.
- The IM team is implementing a regional perception survey complementary to the *study on the socioeconomic impact of COVID-19* with five National Societies (Venezuela, Argentina, Panamá, Guatemala, and Honduras).
- [CEA](#): The IM team supported the analysis of two regional perception surveys, one on *Community Perception of COVID-19*, available under the [surveys tab](#), and a second [survey](#) on volunteer's perception on vaccinations.

### Communications

- National Societies received weekly updates on key messages and Social Media assets responding to general COVID-19 information and common questions related to vaccination, protection measures, and response.
- Close interaction with Sub regional Clusters and National Societies have allowed the recollection of response stories and activities published on the social media channels of the IFRC Americas.

## COVID-19 Americas Region | Regional Overview

- Media reach: From March 2021 to January 2022, 180 [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 second half of 2021, the main content related to vaccination rollouts and trust in the COVID vaccine, Red Cross work accessing last-mile communities in the Amazon, and the impact of the pandemic in migrant population.
- Social Media: In the Americas, IFRC published more than 600 posts on Twitter related to COVID-19 between September 2021 and January 2022. Of these contents, more than 35 have been about vaccination and 18 about back to school during the pandemic. Other topics discussed have been safe holidays, variants of concern, and safety measures like masking appropriately.

## Financial Analysis

The COVID-19 Emergency Appeal revision done last December 2021 extended the operative program until December 2022 with the aim to receive contributions that allow our National Societies to support the vaccination efforts across the region. Additionally, the Funding requirements in the Americas were increased from CHF 95 million to CHF 114 million.

During the last fiscal year, the contributions received were focused on supporting the immunization activities across the region with a timeframe for implementation by mid-year 2022 and after those, the general operations will have to finish unless additional funds are obtained.

## National Society response – key highlights

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

### Antigua and Barbuda Red Cross

Throughout the reporting period, the Antigua and Barbuda Red Cross has been collaborating with the Ministry of Health to implement activities to decrease the rate of transmission and increase vaccination as the main COVID-19 response activities. An integrated approach was used to reach 400 people through live WASH demonstrations. Additionally, risk communication materials have been developed reaching 300 people.

Food and hygiene package distributions continue to support persons in quarantine facilities, healthcare workers assigned at the quarantine facilities, homeless people, schools, and other identified vulnerable groups. Approximately 167 people were reached with food and other in-kind assistance such as masks, sanitizers etc. An additional 287 people were reached with unconditional cash vouchers. The Cash Voucher Assistance (CVA) programme was implemented to support families whose livelihood and ability to earn were either affected by COVID-19.

The National Society also made efforts towards sustaining livelihoods and food security with the ‘Farm Ah Yuh Yard’ seedling distribution with the local Farmer’s Association and the Government of Antigua and Barbuda via the Ministry of Agriculture. With this action, over 2,500 seedlings were distributed, and the back-yard farmers were provided with technical assistance.

### 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 execution 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-based violence in Wichis and Gom communities in the northern part of the country, Province of Salta.

A total of 38 branches participated in the implementation of workshops on employability for people who have lost or reduced their income due to the COVID-19 pandemic, providing employment development techniques.

The National Society continue working on HIV testing and blood donation campaigns and providing basic services through the mobile health unit in Chaco. In the last few months, community first aid workshops were held in 32 branches throughout the country.

### The Barbados Red Cross Society

The Barbados Red Cross Society actively supported the efforts of reducing the spread of COVID-19 by supporting the Ministry of Health (MoH) National Vaccination Campaign. The NS established refreshment and information stations at 16 vaccination sites to enhance the services offered by the MoH. The stations reached a total of 1,098 people who were provided with safe drinking water and information about the safety and effectiveness of vaccines.

The funding from the IFRC, and other donors, enabled the National Society to provide:

- Provided psychosocial support in Mental Health First Aid.
- 20 staff trained in Mental Health First Aid.
- 26 individuals received counselling services due to the impact of COVID-19.
- 52 individuals reached through cash transfers.
- 125 households provided with home garden kits to assist with food security.
- 470 households assisted with livelihood support (food vouchers, hampers).

### Belize Red Cross Society

The Belize Red Cross (BRC), in discussions with the relevant government ministries, targeted older persons, persons living with disabilities and migrants, men, women



Health Care in Mobile Health Unit, Chaco, November 2021. Source: Argentine Red Cross.



Barbados Defense Officer receives water from volunteers. November 2021. Source: BRCS.

and children, boys and girls, in their response. These three groups are often highlighted by partners as the most vulnerable groups that are always left behind and are underserved. A Migrant Information Hub was opened in partnership with the International Organization for Migrants (IOM) at the Belize Red Cross San Ignacio Branch, Cayo District, in 2021 and through this hub migrants were served with food packages.

### Bolivian Red Cross

The Bolivian Red Cross (BRC) has supported the response criteria framed in the support to public policies. "The National Anti-COVID Vaccination Plan", is one of the response axes, considering that the Bolivian Government assumed as a national priority "the deployment of COVID-19 containment and the vaccination process to allow the immunization of the Bolivian population". Efforts are focused on a strategy that contributes to decrease the levels of COVID-19 contagion through activations in the framework of health promotion, reinforce knowledge about healthy habits emphasizing key messages such as the importance of the use of masks, hand washing, and maintaining social distancing.



*Santa Cruz de la Sierra, Bolivia Health promotion campaign in markets.  
Source: BRC*

The national vaccination campaign has been an opportunity to work, both in direct vaccination processes and in awareness campaigns, focused on educating and communicating the benefits of the vaccine to groups reluctant to this new form of immunization. The strategies implemented included the deployment of RC volunteers in vaccination processes, dissemination of key messages through social networks and media outreach. Within the framework of this lines of action, around 746,000 people were reached. Similarly, the National Society delivered thermal boxes and biosafety material for the vaccination process, which in coordination with the PAI - Expanded Program of Immunization, was delivered to Health Centers in rural areas.

Through psychosocial support services such as telephone calls and emotion management workshops, 28,271 people were reached. The NS has been identified as a reference in this area to expand the service to other vulnerable groups. Similarly, 69 portable hand washing points have been strategically delivered in places of massive influx of people such as: La Paz Airport, markets, educational units, prisons, and military facilities. Over 93,150 people have been reached through WASH actions.

### Brazilian Red Cross

The Brazilian Red Cross (BRC) implemented a Cash Transfer Program (CTP) in four states that reached 800 families. 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.

The accident insurance of 1,500 volunteers was updated and 15,000 personal protection kits were distributed to volunteers working in the field.



*Risk communication activities and information on COVID-19, January 2022. Source: BRC*

### Chilean Red Cross

The Chilean Red Cross supported the Ministry of Health (MoH) in rapid testing days. Hygiene kits were delivered to the informal settlement "Alta Nueva Placilla" in Valparaíso, reaching the host and migrant population. Health and hygiene promotion campaigns were carried out during the event "Workshop on WASH and energy efficiency, prevention of COVID-19" in the municipalities of Puente Alto and Valparaíso.

Similarly, food kits were delivered to vulnerable people in 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 and was oriented to prevent the different diseases related to sexual health. The development of material for community information on COVID-19 has been directed to new variants and to disseminate prevention measures in stages with a greater number of social events.

### Colombian Red Cross Society

The Colombian Red Cross Society (CRCS) provided humanitarian assistance to 3,258 people in conditions of vulnerability affected by the consequences of the pandemic, through the Cash Transfers and Livelihoods Program.

## COVID-19 Americas Region | National Society Highlights

Four spaces for psychosocial support (PSS) and accompaniment were created with children and adolescents, older adults, CRCS volunteers, health personnel and the community in general, where psychosocial strategies were implemented, such as adequate management of free time, and structured recreational activities to help the beneficiary learn to recover from the distressing experiences caused by COVID-19.

The National Society was able to support and strengthen their hospital network by delivering biomedical equipment, supporting the vaccination team payroll, and supplying PPE. Additionally, 6,147 pieces of medical equipment were delivered to strengthen more than 200 hospitals in the national public network.

Primary health care services in the departments of Amazonas, Chocó, Nariño, and Bolívar were provided to the highly vulnerable population, reaching 54,950 people with PSS, general medicine, and nursing services. Additionally, national awareness-raising and education campaigns were carried out for the general population through key messages at the community level, reaching 81,470 beneficiaries.

A significant contribution was made in terms of information to support strategies to prevent the spread of COVID-19 in the school community, by means of the "Back to School" booklet developed to accompany the school reactivation process.

Organizations and foundations such as Novartis, which provide shelter to victims of the armed conflict and forced displacement, victims of sexual violence in the context of the armed conflict, mothers who are heads of households and informal workers, were linked up for the implementation of multipurpose cash transfers.



*Humanitarian assistance and early recovery for vulnerable families affected by the COVID-19 crisis in Colombia.*

Source: CRCS

### Costa Rica Red Cross

With the support of 38 volunteer psychologists nationwide and three social workers, 194 people benefited from a total of 1,164 sessions of one hour each, provided in person and/or virtually. Most of these sessions were related to the COVID-19 disease. In addition, eight webinars were held on Psychosocial Support and Mental Health for CRRC staff and other guests, some of them with the collaboration of the Ministry of Health. 19 infographics related to health-related events were produced and disseminated at the institutional level. Local and regional activities were also coordinated, as well as a national handwashing campaign to celebrate "Global Handwashing Day", under the slogan: "The future is within reach of our hands. Let's move forward together".



*Support from the Costa Rican Red Cross in vaccination campaigns. Cartago, Costa Rica, October 2021. Source: CRRC.*

The National Society continues to provide transfer services for confirmed COVID-19 patients, in coordination with the National System for Risk Management and Emergency Attention, as well as with the Costa Rican Social Security Fund. By the end of January 2022, 44,123 transfers of suspected or confirmed COVID-19 cases have been carried out. Additionally, the CRRC continues providing basic health care to the migrant population and vulnerable communities located far from health centers.

In the Cartago and Limón regions, the CRRC supported the COVID-19 vaccination campaigns organized by the Ministry of Health by hiring personnel to transport people to the vaccination centers. 472,019 people benefited from the vaccination process, as well as from transportation and food. In the province of Cartago, five vaccination campaigns were carried out, while in the province of Limón, the National Society participated in four vaccination campaigns in Siquirres, Talamanca, Matina and Cariari.

In addition to talks and training for personnel on vaccination issues, support for the immunization of the population has been greatly strengthened in the Cartago and Limón regions with personnel for control and registration activities in vaccination campaigns, and availability of an ambulance to transport health personnel to vaccinate bedridden patients or patients with limited mobility at their homes.

### Cuban Red Cross

Cuban National authorities recognized the dedication and efficiency of the Cuban Red Cross. Likewise, 704 volunteers, at the request of the Cuban Fire Brigade, provided support to the Fire Command of each province (and special municipality of Isla de la Juventud) dealing with emergencies and other events during the pandemic. 28,362 volunteers have been trained in community-based surveillance and mobilized to take part in the COVID-19 response with appropriate PPE. Screening has been supported by 3,200 volunteers through the control of travelers/identification of symptoms in 925 border points border points and isolated areas under quarantine or special

restrictions. At the same time, volunteers deliver key messages through educational and individual talks and printed materials. The Cuban Red Cross reached 254,083 people directly with risk communication and hygiene promotion activities (1,016,332 indirectly) in 2,926 communities, 4,559 workplaces and 306 education centers.

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

### **Dominica Red Cross Society**

The Dominica Red Cross worked in three main areas to support the National Immunization Programme in Dominica. The areas of focus include:

- Risk Communication and Community Engagement for COVID-19 vaccination that led to the dissemination of factual information and knowledge building around COVID-19 and vaccination.
- Mobilization and administration support at COVID-19 Vaccination Sites; National Society volunteers conducted registration, information sharing and post vaccination monitoring at vaccination sites. Elderly persons and people of vulnerable groups were provided with transportation to and from the vaccination sites to increase access to vaccinations.
- Supporting the health system was done during COVID-19 as a response to the shortage of necessary medical supplies.



*Medical and Food Supplies donated to the National COVID-19 Unit, Dominica Red Cross 2021*

The Dominica Red Cross further equipped vaccination centres with donation of medical supplies to the Ministry of Health.

### **Dominican Red Cross**

Through its response framework for COVID-19, the Dominican Red Cross' departments and branch volunteers, continue supporting the Ministry of Health (MoH) National Vaccination Plan (Vacúnate RD) to protect the integrity of the health system, reduce mortality, severe morbidity, and infection. Volunteers and staff worked with Provincial and Area Health Directorates in the vaccination of 429,345 people, including 2,333 people with disabilities. During the vaccination days, 3,809 people (1,420 men and 2,389 women) were sensitized on vaccine hesitation. A strategy for COVID-19 vaccination campaigns (with emphasis on populations in complex environments) was launched in prisons and communities with the most vulnerable conditions. From October to December 2021, the National Society supported the Expanded Programme of Immunisation with the application of the influenza vaccine to 464 people in the National District. Support has been provided in awareness-raising campaigns on control and prevention measures in schools.

The Psychosocial Support (PSS) team continues to strengthen self-care and stress management for pre-hospital care technicians with teleconferencing and awareness-raising through key messages. Psychological first aid has been provided to 232 employees and technicians who have received home care due to COVID-19 disease. The approach has enabled them to receive comprehensive medical care. In the community, Psychological First Aid has been provided to address vaccine hesitation and stress management for people who go to the vaccination centers. In tele-assistance and direct care actions, the National Society has assisted 8,380 people, of which 3,811 men and 4,569 women.

The Dominican Red Cross has continued to strengthen its response capacity with a more direct approach to the community expanding the scope and coverage of interventions through coordination with MoH and other agencies such as UNICEF.

### **Ecuadorian Red Cross**

The development of the COVID Action Plan carried out by the Ecuadorian Red Cross (ERC), is carried out via the work of the 24 Provincial Boards and their cantonal branches with health care services, psychosocial support, pre-hospital care, blood donation, communication with beneficiaries, communication and public relations, capacity building and supporting the national vaccination campaign led by the Ministry of Public Health, a critical component of the National Society work. Some of the most important results include:

## COVID-19 Americas Region | National Society Highlights

### Priority 1: Health and WASH:

- COVID-19 rapid tests were given to more than 9,000 people.
- 484,835 people were reached with preventive measures.
- A total of 1,736 sanitization services have been performed in areas of high concurrence, with priority given to health centers and their surroundings.
- Mental Health and Psychosocial Support (MHPSS) have been provided to humanitarian personnel and the community for a total of 29,600 people.
- Access to essential community health services have been provided to 131,540 people with Telemedicine and Triage Modules.
- Support to the national government's vaccination campaign with 173,712 inoculations in Guayas, Manabí, and Pichincha.



*Ecuadorian Red Cross, Pichincha, Triage Stations, December 2021*

### Priority 2: Addressing the socioeconomic impact:

- 31,983 vulnerable people have been assisted with kits and 46,847 vulnerable people have been reached with in-kind assistance.
- 11,766 people made vulnerable by COVID-19 have received conditional cash support through the Cash Transfer Program.
- 668 vulnerable people have received skills training assistance to support their livelihoods or economic activities.

### Priority 3: National Society Strengthening:

- Ecuadorian Red Cross participated in the plenary session of the Emergency Operations Committee led by the National Government of Ecuador, and in the technical working group 2: Health and Prehospital Care.
- There is a COVID-19 contingency plan in place.
- A business continuity plan is in place to ensure the sustainability of the operation in the communities.
- 3,342 volunteers were covered by general medical insurance.

### **Grenada Red Cross Society**

The Grenada Red Cross Society implemented a risk communication and community engagement campaign to lessen the transmission of COVID-19 rates in the country. A partnership was developed with the MoH and the National Disaster Management Agency to coordinate all interventions.

The National Society mobilized over 70 staff and volunteers who provided ongoing engagement in COVID-19 response activities. Virtual meetings and training were conducted to enhance capacities for response, Personal Protective Equipment (PPEs) has been distributed, and communication networks established with the national authorities to collate information. People has been supported with MHPSS along with the distribution of food packages to the vulnerable groups directly affected by COVID-19.

### **Guatemalan Red Cross**

Fulfilling its role of auxiliary to the public authorities, the Guatemalan Red Cross (GRC) has worked in coordination with the health authorities to respond to the COVID-19 pandemic in Guatemala, supporting the National Vaccination Plan since May 2021, enabling vaccination centers, providing human resources, fixed and mobile facilities, supplies, computer systems and emergency units to some Vaccination Centers installed in the departments of Guatemala, Jalapa, Quiché, Quetzaltenango and Retalhuleu.

The vaccination centers have been installed in compliance with the highest standards of Emergency Health Care, organization for easy access to all areas and biosecurity measures established by the World Health Organization (WHO), with the objective of immunizing 1,000 people daily. The facilities have been adapted to have all the necessary areas to guarantee an efficient process, such as data entry, comfortable waiting area, vaccination and observation areas, and medical care clinics to provide humanitarian assistance to those who need it. In addition, volunteers trained in sign language interpret important information about the vaccination centre for the hearing impaired. A total of 74,889 people has benefited of the GRC actions on vaccination.





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

Source: GRC

As part of the prioritization made by the National Society to promote vaccination, reduce the incidence of myths surrounding the vaccine, and sensitize the population, the National Society implemented the development of radio spots prioritizing the Mayan languages with the highest percentage of population that speaks it; Quiché, Kaqchiquel, Mam and Quequchi languages. For dissemination, agreements and/or contracts were signed with radio stations with a good acceptance in each of the regions where these languages are spoken.

Two surveys were conducted, to get feedback from the people who went to the Vaccination Centers where the GRC supported: One for people over 18 years of age and another one for children and adolescents between 12 and 17 years of age. A total of 174 people over 18 years of age and 78 children who were users of the vaccination services were surveyed. Information gathered included how much they know about the vaccine, what was the main reason for the delay in getting a certain dose, vaccination coverage in Mayan populations among others.

Based on the comments and doubts obtained in the CEA actions implemented in vaccination centers as well as in indigenous, peasant and migrant populations, it was possible to implement a risk communication campaign focused on dispelling the myths surrounding the vaccine.

### Haitian Red Cross

Haitian Red Cross (HRC) continues supporting the MoH to address and respond to the effects of the pandemic. The country reflects scepticism of COVID-19 and vaccination, refusal to comply with containment measures, and lack of water supply for handwashing stations. During November and December 2021, the health department held a training session for measures and recommendations in the face of new COVID-19 variants. 3,019,410 people have been reached through risk communication, prevention awareness and hygiene promotion.

The National Society has intensified its actions by mobilizing 1,517 volunteers and 584 community leaders who are deployed to raise awareness among the population of hygiene rules and attitudes to avoid being infected by the coronavirus. The Haitian Red Cross Ambulance Service (SAOM) continues provide transport of suspected cases of COVID-19 with 200 volunteers trained to provide prehospital care, patient transport and awareness raising in response to needs of the population whenever possible. Additionally, medical equipment was donated to hospitals and communal health units for better case management (mechanical electric respirators, visors, medical masks, gloves, surgical gowns, protection masks, among others).

Under Water, Sanitation and Hygiene (WASH), 1,831,296 people have benefitted from 240 handwashing stations installed by the Haitian Red Cross. The National Society continues the disinfection activities totaling 75 sites sprinkled. Besides, the National Society continues organizing PSS sessions through a telephone line for volunteers engaged in activities and community members to ease fears and anxiety, identify people with psychosocial needs, provide PSS first aid, and make appropriate referrals when necessary.



HRC Volunteers provided health services in vaccination points.

Source: HRC

### Honduran Red Cross

A plan of activities was developed jointly with members of the health centers, CODELES and health volunteers who carried out the surveillance actions, to facilitate access to the vaccine to the non-immunized population and those with difficult access, with the active participation of 25 community leaders (21 women and 4 men).

544 volunteers were trained on the COVID-19 disease and the importance of immunization against COVID-19, who supported 56 vaccination posts in coordination with health facilities. The actions carried out by volunteers were mobilization of the elderly, people with disabilities and comorbidities, pre-hospital care, psychological care, delivery of information material and maintenance of biosecurity measures among the population, reaching 95,998 people who began or continued with their immunization schedule.

280 members of the Honduran Red Cross (HRC) and community members were trained in psychological first aid, to provide basic PSS in the different vaccination posts, reaching approximately 600 people including children, young people, and adults.

House-to-house visits were made providing information/educational material to raise awareness about vaccination against COVID-19, such as: what are vaccines, possible side effects, myths and false beliefs about the vaccine, the importance of having a complete vaccination schedule and the biosecurity measures to be followed, even if vaccinated, reaching 1,443 households.



*Support in transporting people with disabilities to the vaccination centre.  
Source: HRC.*

Interactive talks were given to 359 people on topics such as: general information, most frequent secondary reactions, vaccination schedules, safety, indications, contraindications and myths and truths about vaccination against COVID-19 to people living with HIV, collaborators of the European Union, COSUDE, German Society for International Cooperation, students of the Social Work career of the National Autonomous University of Honduras and CODELES of the northern zone and Central District.

Awareness campaigns for access to vaccination were developed, which consisted of three radio/TV spots and dissemination on social networks with the slogan "I get vaccinated", "Vaccines are safe and save lives" and "Vaccinate your children". As part of the campaigns, informative posters were pasted in strategic places such as: grocery stores, poles, churches, and educational centers.

Ten communities were visited to identify people who had not complied with the COVID-19 immunization scheme, registering 6,767 people, of whom 4,918 began their immunization and 1,849 had not received any dose.

Personal Protection Equipment (PPE) were purchased and delivered to volunteers and staff who carry out actions in support of the different vaccination posts, pre-hospital services and field activities to raise awareness about immunization against COVID-19. Also, medical supplies, disinfection material and PPE were purchased and distributed to 11 health establishments, benefiting 189 health service providers to guarantee the continuity of services.

### **Jamaican Red Cross Society**

The Jamaica Red Cross continues to be a major partner in the national response of the COVID-19 pandemic, playing a key role in coordination with the Government of Jamaica. The National Society provided support in the distribution of 1,117 food packages and 500 non-food items (sanitation items and masks), 59 households supported through livelihoods restoration/support, cash and voucher assistance and offering mental health psychosocial support. The Jamaica Red Cross also strengthened its partnership with the private sector and other not for profit organizations to support the national COVID-19 response programme.

The focus of the National Society in the work of curbing the spread of COVID-19 was to assist the Government of Jamaica to reach the goal of vaccinating 65% of the Jamaican population by March 2022. To enhance the low uptake of vaccines, the National Society provided additional support to the national vaccination programme as follows:

- 1,429 persons were transported to the vaccination sites.
- 1,400 care packages were distributed at vaccination sites to encourage continued safety measures after vaccination.
- A robust communication campaign was launched to assist in the reduction of vaccination hesitancy and anti-vaccine sentiments. This campaign produced and disseminated:
  - Posters, floor stickers, t-shirts with COVID-19 messages
  - Radio infomercials on popular radio networks.
  - Rental of five digital billboards in four major towns that will display COVID-19 messages until 2023.



*Billboard displaying Risk Communication message, December 2021. Source: Jamaica Red Cross*

### **Mexican Red Cross**

Based on the information issued by the Ministry of Health of the Government of Mexico as of 3 January 2022, 4,985,689 total cases and 306,920 total deaths from COVID-19 have been confirmed. The incidence rate of accumulated cases is 3,831.7 per 100,000 inhabitants. The distribution by sex in confirmed cases shows a predominance in women (51.5%). The median age overall is 39 years. The first entities that accumulate the highest number of cases are: Mexico City, State of Mexico, Nuevo León, Guanajuato, Jalisco.

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- The growth in the number of pre-hospital care services was 19%, going from 68,944 as of 31 August 2021 to 85,234 as of 31 January 2022. While the pre-hospital transfer service grew by 16%, passing from 53,390 to 64,085 in the same period.
- In Mexico City, the Polanco Hospital of the Mexican Red Cross was set up as a Clinical Assessment Centre (TRIAGE). To date, 6,023 services have been provided to potential carriers.
- As of 31 January 2022, 3,608,596 prevention and health promotion activations have been reached, presenting an increase of 28% compared to the September 2021 report.

As of 31 August 2021:

- 17,069 people trained in Biosafety were trained, of which 11,541 correspond to internal personnel and 5,528 people who are part of other citizen service bodies such as the National Guard, Civil Protection, and the National Army.
- 19,826 staff members and volunteers were served with psychosocial care services through different services.
- 470 clinical cases have been treated, of which 150 are confirmed by COVID-19, at the Renacimiento General Hospital in Acapulco, Guerrero.
- 623 clinical cases have been attended with ventilatory support in the Field Hospital installed in the National Institute of Respiratory Diseases (INER) in Mexico City.

### Priority 2: Addressing socioeconomic impact

The Mexican Red Cross has experience and installed capacity for the collection, organization, and distribution of humanitarian aid (food and hygiene) that is activated immediately in an emergency and/or disaster situation.

The Restoring Family Links (RCF) program during the pandemic operates through an approach from COVID19 hospitals with people separated from their relatives due to the contingency, offering the Red Cross Message service, call, or video call with the objective to restore the lost family bond. This service has been offered in migrant care centers in the states of Aguascalientes, Chiapas, Guanajuato, Puebla, Querétaro, Sonora, and Tabasco. Since the start of the pandemic, 64,695 people have been served.

### Priority 3: National Society Strengthening

The Mexican Red Cross continue providing personal protection equipment to the country's Delegations, health personnel and "TRIAGE" units that allow suspicious patients to be channeled safely. In the BIOS\_CRM system, the Delegations can report the access they have to the protection equipment and report shortages that could interrupt their activities in the operation.

### Nicaraguan Red Cross

As part of risk communication, the Nicaraguan Red Cross (NRC) created digital campaigns called: "We are in this together", "Get vaccinated", and "Let's avoid the spread of COVID-19"; in the last four-month period the reach of these campaigns on social networks had a total reach of 2,805,236 (38% men and 62% women). Preventive measures banners were designed and donated to organizations, the Ministry of Health, Nicaraguan Red Cross (NRC) branches and Headquarters. Bus and truck rear banners were developed, which allowed to have a significant reach of the population. Advertising spots were produced and shown on television channels.

Food and water have been provided to health personnel in 42 national vaccination days, in 18 health facilities. PPE (masks and alcohol) has been donated to the medical team, nurses, and health post personnel, as well as to patients, in health posts in the departments of Managua and León. Awnings with metal structures have been donated to the Ministry of Health.

The Psychosocial Care Center (CAPS) developed a day of programmed visits to 27 offices of the NRC for the detection and prevention of COVID-19, as well as to provide PSS accompaniment to volunteer and intervening personnel at the Central Headquarters. Four workshops on loss and grief management in the context of the pandemic were provided to 40 teachers from communities of the South and North Caribbean Coast, in coordination with the organization Terre Des Hommes Italia. The CAPS continues to provide on-site medical care and tele-assistance to the general population. To date, 1,444 consultations have been provided (psychological, general medical and psychiatric). Additionally, a total of 1,022 suspected, confirmed, and deceased COVID-19 patients have been transported.

Four days of MHPSS were provided in nursing homes in the municipalities of Managua, Jinotepe, Sebaco and Somoto, in which a total of 21 medical care (12 women and 9 men) and 22 psychological cares (14 women and 8 men) were provided to people



*Play session with children and adults with disabilities, Pajarito Azul Home, Jinotepe / 14 December 2021. Source: NRC.*

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between 60 and 96 years of age. At the same time, four playful group sessions of PSS were developed with the elderly, attending approximately 15 to 20 people in each nursing home, to stimulate psychomotor and neurological areas: fine and gross motor, thinking, creativity, imagination, reinforcement of self-concept, and spatial awareness, among others. Four workshops were held: two ludic workshops with PSS actions for the prevention of COVID-19 for children and adults with disabilities at the Pajarito Azul Center, in Managua and Jinotepe; and two workshops for staff of the technical team that works at both centers. 2,000 masks and 500 liters of alcohol were donated to the management of the Nicaraguan Transgender Women's Association (ADMUTRANS).

### 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.

In recent months, satisfaction surveys were conducted with the people assisted through the cash transfer program and with women who received menstrual kits, to provide feedback on the community's perception of the work of the National society and the relevance of the actions.



Volunteers support vaccination centers in Nemby. November 2021. Source: PRC.

### 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. Since July 2021, the National Society has supported the national vaccination campaign against COVID-19 promoted by the Ministry of Health in Indigenous communities.



Peruvian Red Cross staff and volunteers supporting the COVID-19 vaccination of Ururinas indigenous communities. Source: PRC

The Peruvian RC, in its role as auxiliaries to the powers of the state in the humanitarian field, formulated and implemented the project called Facilitation of intercultural community dialogues and logistical support for COVID-19 vaccination in Indigenous communities with difficult access. Achieving access to vulnerable communities in the regions of Ucayali, Loreto, San Martín, Puno and Ancash and ensuring their access to information on COVID-19. In this project, 90 community assemblies on COVID-19 were held informing residents about vaccination, doses, care, myths, beliefs, etc. Awareness raising was achieved among 4,537 vulnerable people in indigenous or native communities in the provinces of Coronel Portillo, Loreto, San Antonio de Putina, Puno, Huaraz, Caraz, Rioja and Moyobamba.

The National Society has provided support to the Ministry of Health in vaccinating people against COVID-19. A total of 2,960 people in vulnerable situations located in the indigenous or native communities of the provinces of Coronel Portillo, Loreto, San Antonio de Putina, Puno, Huaraz, Caraz, Rioja and Moyobamba were vaccinated. Support was provided with the logistical transfer of 20 freezers, ensuring the cold chain of the various vaccines that were transported by the various health brigades of the Ministry of Health in the Ucayali region.

Among other important main achievements in the last four months: PRC distributed over 1,600 food kits in vulnerable communities in the regions of Puno, Moquegua, Arequipa, Ancash, Ucayali, and Loreto. Also, the distribution of 800 hygiene kits was achieved in vulnerable communities in the peri-urban area of Metropolitan Lima.

### Red Cross Society of Panama

The Red Cross Society of Panama (RCSP) has the participation of 481 volunteers from 16 local committees nationwide, who have provided support in actions to control and mitigate the spread of the virus.

Actions have been carried out, such as the delivery of masks, face shields and biosafety kits, thus assisting 11,115 people. Social media campaign #YoTeProtejoTúMeProteges, was implemented during last week of October 2021, where the creativity of the volunteers was considered for the creation of the hashtag to promote the massive campaign for the delivery of face masks nationwide. As part of volunteer day, masks were delivered to different communities in the province of Chiriquí and 1,000 hygiene



Support in the transfer of vaccines to the vaccination center, Hacha de Besiko - Namnoní Comarca Ngäbe-Bugle, circuit 12-2, Local Committees of David and Barú. Source: RCSP.

kits (alcohol, alcohol gel, surgical masks, liquid soap) were delivered to families of coffee farms in Boquete, province of Chiriquí, reaching 12,115 people, for a total of 28,109 people reached throughout the reporting period.

The National Society, in its auxiliary role to the public authorities, is part of the emergency agencies participating in Operation PanavaC-19, providing support in pre-hospital care, biosecurity and health and hygiene promotion. In the initial distribution of the COVID-19 vaccine, during the four-month period, the RCSP has carried out 50 transfers and indirectly assisted 785,187 people in more than 272 vaccination centers nationwide, for a total of 785,237 people.

Support has also been provided to families who have been economically affected by the pandemic. During this period, the local committees were able to assist 35 people. In the refugee program, with the support of UNHCR, assistance is provided to meet basic needs with vouchers, cash, recharges through cards, among others reaching 288 people. The support provided also includes vocational training, entrepreneurship, adding to the value chain, as well as income-generating training and increasing the

employability of people. These activities have reached 565 people during this quarter, for a total of 17,754 people assisted.

### St Kitts and Nevis Red Cross Society

The St. Kitts and Nevis embarked on an extensive Risk Communication and Community Engagement campaign as contribution to curbing the pandemic of COVID-19 in the country. A partnership was done with the IFRC to develop COVID-19 communication materials that were further edited to reflect the local context and language. Key messages developed aimed at informing persons about staying safe by providing practical safety tips to prevent COVID-19, symptoms, and actions to take in the event of contracting the virus. When face-to-face school resumed in January 2022, the "Back To School During COVID-19" campaign was launched to provide safety tips for students at school during the pandemic. A total of nine risk communication materials were developed and disseminated on social media platforms. Communication materials were also distributed and placed at strategic sites across communities and video and graphical information were transmitted on the National Society's social media platforms.



CHILDREN ARE AT PARTICULAR RISK FOR MENTAL HEALTH ISSUES DURING EMERGENCIES AND ESPECIALLY DURING A PANDEMIC. IT'S IMPORTANT FOR ADULTS TO PAY CLOSE ATTENTION AND SUPPORT KIDS DURING HARD TIMES.



#MentalHealthMatters

A poster sharing how mental health can affect people differently, October 2021. Source: St. Kitts and Nevis Red Cross Society.

Mental Health and Psychosocial Support services were also offered to the public via social media platforms. Several materials were developed to support vulnerable groups such as the elderly and children. A total of seven risk communication graphics were posted on the St. Kitts and Nevis Red Cross Society's social media platforms and one video on Mental Health during COVID-19 was shared. The St. Kitts and Nevis also played an important role and disseminated factual reports of the COVID-19 situation in St. Kitts and Nevis. Ongoing support to curb the transmission rates was done by distribution of personal protective equipment such as masks and hand-sanitizers.

### St Lucia Red Cross

The St. Lucia Red Cross continues to support the Ministry of Health with contact tracing and investigation of cases where 13 volunteers were assigned. With the spike experienced in the last quarter of 2021, the relevance of the National Society tracing and case management actions was evident. The National Society also supported the health system with continued ambulance service. Patients with COVID-19 or flu-like symptoms were transported to the hospital.

The National Society continued risk communication and advocacy efforts with public authorities to support the roll-out of vaccination activities, in their auxiliary role to the State.

### Salvadorean Red Cross

The Salvadoran Red Cross (SRC) is working with a complaint's mechanism through a WhatsApp number, where the population writes to report any disagreement, which 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 campaigns.

Personal disinfection kits were delivered to a hospital of the national hospital network in the department of San Salvador, to the Police Medical Unit Polyclinic. Another delivery was made to the Chalchuapa family community health unit in the department of

Santa Ana and to a family community health unit in Tenancingo in the department of Cuscatlán, to ensure that front-line personnel have protective supplies. A total of 498 kits were delivered, containing: alcohol gel, soap gel, wet wipes, moisturizing cream and mask holders.

10,000 litres of safe water were delivered by tanker trucks to the community of La Tequera, in the municipality of San Luis Herradura, department of La Paz. In addition to the delivery of safe water, they were also given canteens so that they could transport the water to their homes, benefiting a total of 328 families.



*Awareness day on the importance of vaccination, with older adults. Chalchuapa, department of Santa Ana. January 2022. Source: SRC.*

20 psychosocial support workshops were held for front-line personnel, including teachers from schools in the department of La Libertad and personnel from the Ministry of Public Works, since during the quarantine they were delivering humanitarian aid house to house. In each day, ludic activities are carried out and topics such as stress management, anxiety and untreated grief are addressed, in addition they are given a kit that contains a backpack, a mandala collector's book, a box of tissues, an anti-stress ball, colours and a head massager. From October 2021 to January 2022, 440 people have benefited (304 women and 136 men).

From October to December 2021, 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 attention in immunization. The National Society has two base vaccination teams, the centre for self-vaccination in La Gran Via and the vaccination centre in San Miguel in the east of the country. During this time the SRC provided 276 assistances of which the most frequent diagnoses are: hypotension, anxiety crisis, dehydration, headache, and slight allergic reaction. In addition, informative and awareness-raising activities have been carried out

on immunization. Among the groups reached are health committees, senior citizens, pregnant women, people with low vision, and the total coverage has been 298 people (238 women and 60 men).

A workshop on lessons learned from cash transfers was held for volunteer personnel and civil society, with the participation of 20 people (10 women and 10 men). Three CEA workshops were held for volunteers, with a total participation of 48 people (26 women and 22 men). In addition, a CEA/PGI workshop was held with the objective of developing a guide for community interventions. 18 people participated in this workshop (11 women and 7 men).

### St Vincent and the Grenadines Red Cross

The St. Vincent and the Grenadines Red Cross (SVGRC) continues to contribute to curb the COVID-19 pandemic by supporting the people of St.

Vincent and the Grenadines and the staff and volunteers of the National Society. The St. Vincent and the Grenadines Red Cross, partnered with the IFRC, Ministry of Health, schools, and UNICEF to implement COVID-19 activities.

As a result of the eruption of the La Soufriere volcano, persons were displaced and stayed in shelters that were considered as small "clusters" for the spread of COVID 19 cases. As a response, the National Society supplied the shelters with cleaning and hygiene kits to stop and prevent transmission of COVID-19. The National Society further supported the curb of COVID-19 spread in shelters by implementing the Rental Assistance Program that provided 5 months cash assistance for housing rentals that facilitated the move of 74 families, from the shelters to more dignified accommodations. Under the programme, people returning to their homes were provided with cleaning and hygiene kits.

The St. Vincent and the Grenadines Red Cross shared COVID-19 safety messages with students in 54 pre-schools. COVID-19 posters were placed at strategic places in the schools. Along with the distribution of risk communication materials, the National Society donated 270 cases of sanitizers and 300 sanitizer dispenser units that were installed in classrooms. The National Society also gave 25 cases of sanitizers to five police stations and supported the health sector with the donation of 336 cases of sanitizers, and personal protective equipment (masks, gowns, head, and shoe coverings) to health centers.



*Distribution of sanitizers to a Secondary School, October 2021.*

### Suriname Red Cross

Suriname Red Cross Society reached 20,100 persons to curb the COVID -19 cases during the pandemic. The National Society realized significant progress when local (tribal) languages were used to reach six Indigenous communities across Suriname. The information was first met with uncertainty

from the native groups however with partnership with community Chiefs, the information shared about the myths and facts of COVID-19 were better received. Door-to-door sensitizations were conducted, and National Society's volunteers shared information in the respective tribal language and 15,000 people were reached in the campaign.



*The Suriname Red Cross Society volunteer along with Medical Missions visited traditional leaders to discuss facts about COVID-19, December 2021. Source: Suriname Red Cross Society.*

The Suriname Red Cross Society provided support to vaccination campaigns and provided support at hospitals. Vaccination campaign activities were conducted in collaboration with the Public health authorities in the urban areas and Medical Mission (MZ) in the rural communities. Volunteers were involved in activities such as triage, assisted senior citizens to vaccination sites, registration, and data entry. At the request of the COVID Management Team, the National Society made available 53 volunteers to assist in the hospitals, particularly the Regional Hospital Wanika and the Diakonessenhuis. The volunteers were deployed in the red zone in the COVID-19 departments of the hospitals. The volunteers were responsible for checking vital signs of patients and patient administration. All volunteers before dispatch to the hospitals were trained in basic nursing and supported with Mental Health Psychosocial Support Sessions to help them cope with the tasks.

The National Society, with assistance of the IFRC, created several sustainability plans to guide their responses in and after COVID-19. The plans were constantly monitored and reviewed for best results. The National Society realized the achievement of reaching 1,500 people with pandemic-proof community disaster response measures. The volunteers were also more confident to continue the work during COVID-19 through constant safety

guidance and sensitization sessions and very important was the ability to insure 100 volunteers while they implement activities during the COVID-19 period.

### **The Bahamas Red Cross**

To combat vaccination hesitancy throughout the Bahamas, activities were focused on circulating correct information to help members of the public understand the COVID-19 vaccine and the benefits for the community. Activities included:

Distribution of 4,500 multi-language leaflets on COVID-19 Vaccine FAQs,

- Community "walkabout" events.
- Establishment of a hotline specifically to answer questions regarding the vaccine.
- Creation and circulation of television (16-day cycle- multi-language) and radio public service announcements (60-day cycles, 2 channels) with daily audiences of 75,000 per channel as well as social media and community channel graphics that focused on dispelling common myths about the vaccine.
- Installation of four billboards on busy roadways in New Providence.



*Cat Island COVID-19 Vaccination distribution, 2021. Source: BRC*

The Grand Bahama Branch of the Bahamas Red Cross Society worked directly with the Grand Bahama Branch of the Ministry of Health and provided support at vaccine points and community outreach events at remote communities located away from Freeport. This included transport support for community members that required assistance to reach vaccine points. The National Society launched advocacy discussions with the Ministry of Health to develop a project that provides undocumented migrants with vaccines. The National Society will continue to develop this proposed activity with a goal for funding in the first quarter of 2022.

### **The Canadian Red Cross**

As of 25 January 2022, the COVID situation in Canada has seen over 2,947,179 COVID cases and as of 5 January there have been 30,456 deaths. There have been over 58,238,581 COVID-19 tests performed in Canada or 1,522,732 tests per 1 million people. Most cases (77.4%) and deaths have been reported by Ontario, Quebec, and Alberta. As of 31 January 2022, 99.4% of all COVID-19 infections were caused by the Omicron Variant making it the biggest driver of the pandemic.

As of 25 January 2022, a total of 75,946,469 doses of the COVID-19 vaccine have been administered and as of 15 January 2022, 77.46% of the population are fully vaccinated with two (2) doses and 33.49% of population received a booster dose.

#### Priority 1: Sustaining health and WASH

The CRC, as an auxiliary to the government, supported testing individuals for COVID-19 in both clinical and non-clinical capacities in 8 provinces and 1 territory. Where clinical support was provided, the CRC conducted testing for over 9,530 individuals at 91 sites and observed self-administered tests for over 296,406 individuals at 21 of these sites. Non-clinical support, primarily via the

deployment of personnel including support to queue management, greeting, Internal registration and administration, and IPC cleaning was provided at 59 testing sites. At 16 of these sites, CRC supported the distribution of over 41,000 rapid antigen tests.



COVID-19 In Training: Canadian Red Cross staff engaged in a Personal Protective Equipment (PPE) and social distancing training exercise. Source: CRC

CRC engaged in community outreach as part of a 1-month support and coordination engagement focused on information sharing and health promotion around the importance and health significance of COVID-19 vaccinations, visiting 26 community housing buildings in the Toronto Area. Approximately 4,000 persons were reached.

Mental health and psychosocial support services are being provided to beneficiaries and CRC personnel across multiple operations, both virtually and on-site. Mental Health and Psychosocial Support (MHPSS) specialists have been in contact with beneficiaries over 66,500 times, provided more than 15,520 referrals for MHPSS/SWB services and conducted over 380 training sessions with more than 6,022 CRC personnel on topics such as Psychological First Aid (PFA) and other job-specific training.

#### Priority 2: Addressing socio-economic impact

In partnership with the City of Toronto, and other organizations, the CRC worked to address food security during the COVID-19 pandemic and has delivered approximately 65,574 food hampers within the reporting period. In support of the Governments of

Quebec, Nova Scotia, and New Brunswick, over 58,600 workers were supported with over CAD\$56M distributed to alleviate loss of income incurred due to the pandemic.

#### Priority 3: National Society Strengthening

As of the end of January 2022, the CRC can rapidly surge over 2,000 rapid responders nationally, 150 fulltime employees, and over 8,000 volunteers. Red Cross teams are ready to support multiple IFRC Internal concurrent sites across the country. The current focus is on workforce conversion into rapid responders, a shift from health in emergencies towards more relief and recoveries and support for multi-hazards responses. The workforce capacities have evolved to include other profiles capable to cover both immediate responses and early recoveries needs.

### The Guyana Red Cross Society

Throughout the months of December 2021 to January 2022, the National Society's focus shifted to support the national vaccination campaign. Some of the actions include:

- Provision of support at vaccination sites with crowd control, screening, registering, and monitoring of persons who were vaccinated and provided first aid as required.
- Conduct awareness sessions and activities at the community level to mobilize the general population for vaccination.
- Support the identification, mobilization, registration, and vaccination of high-risk populations.
- Implementing communication campaign on risks related to vaccination, and targeting high risk populations
- Develop and produce risk communication materials and key messages to support COVID-19 immunization.



After vaccination, Masks and Hand Sanitizer are provided to people in Parishara, Lethem, Region 9, November 2021. Source: GRCS.

### Trinidad and Tobago Red Cross Society

The Trinidad and Tobago Red Cross Society (TTRCS) aligned its COVID-19 response and focused on three fundamental areas: (i) Reducing further spread of COVID-19, (ii) Increasing the uptake of vaccinations, and (iii) Providing psychosocial support (PSS) to the most vulnerable.

Throughout the reporting period, there was a substantial increase in the daily number of cases, deaths and critically ill patients needing hospitalization. The National Society responded to support the health system and began the process of becoming a



## COVID-19 Americas Region | National Society Highlights

COVID-19 testing site. The Trinidad and Tobago Red Cross Society (TTRCS) continued to support to the Ministry of Health (MoH) with vaccination campaigns and provided medical support and ambulances services. Support to vulnerable persons was primarily done through the distribution of 600 food parcels and 100 cash vouchers to persons in home quarantine.

Mental health and psychosocial support services (MHPSS) continued to provide services via WhatsApp, Toll Free Hotline, and teleconferencing. During the period, 26 new clients utilized the Toll-Free Hotline, and 35 new clients were engaged via WhatsApp. The National Society also facilitated sessions about coping techniques for three groups totaling 130 participants and a capacity building workshop on Storyboarding with eight people.

### Uruguayan Red Cross

The Uruguayan Red Cross (URC) adapted its two Humanitarian Service Points to support the national vaccination campaign. The NS 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 NS developed multiple trainings on health issues for volunteers and distributed personal protection kits.

### Venezuelan Red Cross

As of January 2022, the Venezuelan Red Cross (VRC), with the support of 1,830 volunteers, has established 42 Triage points in VRC hospitals and outpatient clinics. In addition, in coordination with the Ministry of the Popular Power for Health (MPPH), a total of 1,100 people with suspicious cases have been transferred to public health centres to receive a proper diagnosis and treatment. In addition, 160,175 people have received key messages through risk communication activities and hygiene promotion sessions.

Specific protocols for COVID-19 have been created by the National Society, with IFRC technical support, to continue providing medical assistance. A total of 196,471 people has received specialized consultations in paediatrics, gynaecology, maternal and general medicine. Through these consultations, the accessibility of the service to vulnerable populations has improved.

In addition, 9,451 mental health sessions were carried out for 2,870 VRC staff from hospitals and outpatient clinics to ensure their mental health and wellbeing. Through the VRC support to the COVID-19 National Immunisation Plan, from June 2021 to December 2021, the National Society provided support to the national authorities in 18 branches in 20 vaccination centres established by the MPPH. Through these actions 1,208,764 people received at least one service.

To ensure volunteers' protection, 3,259 volunteers and staff have received the full vaccination scheme (two doses), in coordination with the VRC National Health Director and the Ministry of People's Power for Health. Also, 9,456 personal protective equipment have been delivered to VRC volunteers and medical staff.



*A patient of the TTRCS Henry Dunant Clinic, is supported with translation services. Photo: TTRCS, January 2022.*



*Volunteers from VRC providing support at vaccination centers. Source: VRC*

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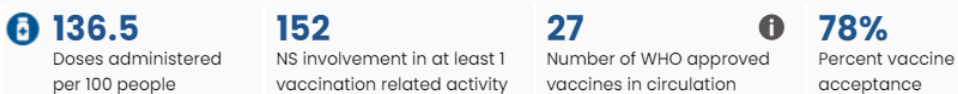
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# ASIA PACIFIC REGION

Islands Red Cross Society



## National Society involvement per COVID -19 Operational Priority



**38 National Societies** Sustaining Health and WASH



**37 National Societies** Addressing Socio-economic Impact



**35 National Societies** Strengthening National Societies



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

## Financial Overview



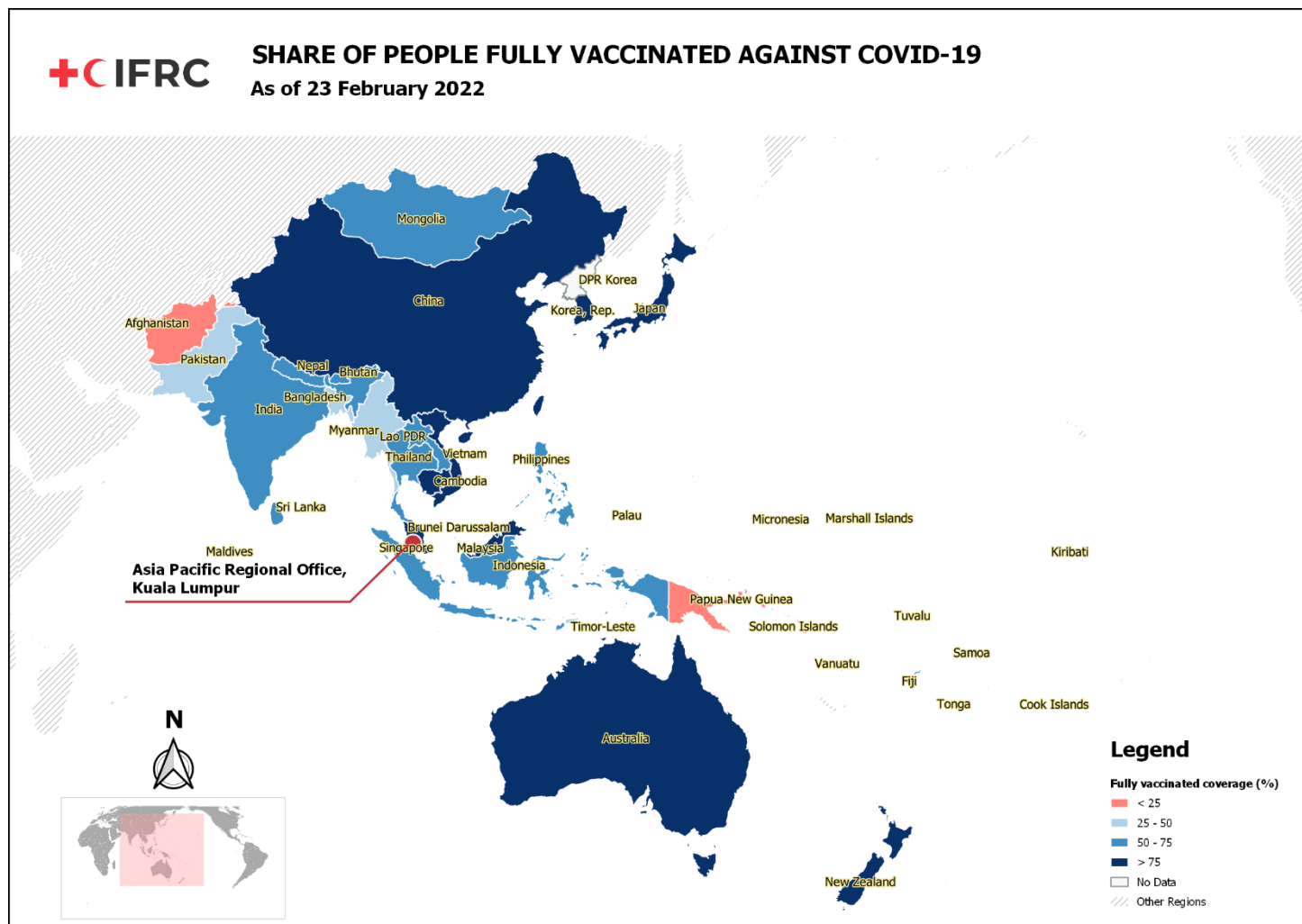
**Funding Requirements: CHF 130 million\***

**Income to date: CHF 104,859,554**

**EA Coverage for Asia Pacific 80%**

\*The funding requirement has been **revised** to CHF 130 million as 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



Asia Pacific Region has more than 83 million confirmed cases and more than 980,000 deaths. Overall, daily COVID-19 infections in the region have been increasing as countries experience new waves of the virus fueled by the Omicron variant. Although the new variant is less severe than the Delta variant, there is still a steady increase in deaths since December. The countries with the highest daily confirmed cases are Australia, India, Indonesia, Japan, and Korea. The true extent of the pandemic is likely much higher than official figures due to low testing levels and high positivity rates among those tested for COVID-19 in many countries. The positivity rate for most countries in the region is now over the five per cent threshold set by the World Health Organisation.

Before and during the Christmas, New Year and Lunar New Year festive season, National Societies, particularly in South Asia, Southeast and East Asia, have been preparing for the new wave and outbreaks with the support of the IFRC secretariat. National Societies have been planning for possible scenarios, ramping up vaccinations to the most vulnerable, promoting vaccine acceptance and repositioning PPE, goods and medical equipment.

COVID-19 response plans continue to focus on vaccination campaigns in many Asia Pacific countries. However, vaccination rates in Asia and the Pacific differ significantly. In Brunei Darussalam, 91 per cent of the population have received two doses of a COVID-19 vaccine, while only 3.3 per cent received two doses in Papua New Guinea. More than 80 per cent of the population have been fully vaccinated in Palau, Singapore, China, Brunei, and Cambodia. In Afghanistan and Solomon Islands, the fully vaccinated stand at less than 15 per cent of the population. Countries are escalating vaccination campaigns to provide booster doses to help protect people against the highly transmissible

Omicron variant. Under the COVAX Humanitarian Buffer<sup>1</sup>, migrant populations like the Afghan refugees at the borders of Pakistan will receive 600,000 Sinopharm vaccination doses, with the IFRC secretariat and Pakistan Red Crescent Society (PRCS) support ([funding for operational costs](#) is still needed). Although vaccination rates are increasing, many governments have reimposed some control measures as the new variant spreads.

Some countries that have avoided the pandemic in the past are experiencing breakthrough cases and outbreaks. The Solomon Islands Red Cross, in particular, has scaled its response to a surge in COVID-19 community transmission. To support its government in dealing with a large outbreak since January 2022, the Hong Kong Red Cross branch of the Red Cross Society of China has increased community preparedness and outreach measures.

The revised Emergency Appeal was launched in December 2021. The new funding requirement for the Asia Pacific stands at CHF 130 million, with increases mainly in Southeast Asia and the Pacific. IFRC welcomes flexible funding to the wider Asia Pacific region through the COVID-19 Emergency Appeal (MDR50001). Donors are encouraged to ensure the implementation timeframe is in line with the appeal timeframe till 31 December 2022 with minimal or no earmarking. Flexible funds allow the IFRC to respond to evolving needs in various geographic contexts and address emerging socio-economic gaps.

## **Priority 1: Sustaining Health and WASH**

### **Epidemic control measures**

The IFRC secretariat and National Societies in the Asia Pacific are prepared for the potential new wave. A new wave preparedness document has been shared with the leadership of all the National Societies in the region. The document highlights four different ways to reduce the impact of the potential new wave. These measures are:

- Scaling up public health and social measures.
- Scaling up roll out of COVID-19 vaccine.
- Preparing for COVID-19 safe disaster response.
- Scenario planning and preposition of medical consumables and PPEs.

COVID-19 safe best practices are updated and shared with all National Societies in the region to better prepare for a COVID-19 safe response.

### **Risk communication, community engagement, and health and hygiene promotion**

Asia Pacific National Societies are working alongside public authorities, in helping to save lives and contain the COVID-19 pandemic. Staff and volunteers are running information campaigns and helping with urgent vaccine roll-outs. Lifesaving ambulance services and healthcare are being provided in many countries, focusing on vulnerable communities.

Many National Societies are also seeking to support vaccination programmes by promoting vaccine acceptance, including through risk communication and community engagement (RCCE), e.g. posters, brochures, social and traditional media, and sometimes community/door-to-door visits. Some National Societies are operating telephone helplines assisting callers with questions about COVID-19 and vaccinations.

### **Infection prevention and control and WASH**

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<sup>1</sup> 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.

Emphasis continues to increase access to appropriate WASH facilities, such as handwashing stations and latrines, and distribute suitable personal or environmental items to maintain hygiene, such as soap, disinfectants and cleaning materials.

### **Mental health and psychosocial support services (MHPSS)**

National Societies in the Asia Pacific region respond to the need for MHPSS, operating telephone helplines, providing psychosocial support at isolation/quarantine centres, and sharing materials in communities. For the World Mental Health Day theme, "Mental Health in an unequal world: What brings us together and what sets us apart", the IFRC held an online event on 19 October 2021 with speakers from the Movement. The Asia Pacific MHPSS Training and Learning Collaborative facilitated the session for the region, with Hong Kong, Mongolia and Indonesia discussing COVID-19 impacts on their National Societies. On 18 October 2021, the second regional training on "Psychological First Aid (PFA) for Vaccine Hesitancy" was held. A new PFA training package for pandemic fatigue will soon be launched in the second quarter (Q2) of 2022, and the first Asia Pacific MHPSS network will be introduced.

### **Isolation and clinical case management for COVID-19 cases**

The recent surge in cases in some Asia Pacific countries has led to significant numbers of COVID-19 patients isolating at home, including in Viet Nam, Thailand and the Republic of Korea. The Red Cross Movement has moved to support health authorities responding to the associated needs by procuring pulse oximeters and thermometers to monitor patients' health, providing basic needs, such as meals, and assisting with monitoring.

### **Maintain access to essential health services (clinical and paramedical)**

IFRC has delivered medicines, oxygen concentrators, oxygen cylinders, oximeters, thermometers and other lifesaving supplies to Afghanistan, Bangladesh, and Myanmar. Additional supplies are being procured, and some are in transit to some countries like India.

### **Support for immunization**

The Pakistan Red Crescent Society and IFRC secretariat Humanitarian buffer proposal to reach 300,000 people targeting Afghan refugees and IDPs in three provinces has been approved. Resource mobilization to support the operational cost is ongoing. On the recommendation of the COVAX secretariat, the National Society is revising the target population from 105,000 to 300,000 in three provinces of Pakistan. In the meantime, Myanmar Red Cross received 200,000 doses of Sinopharm vaccine from the Red Cross Society of China.

## **Priority 2: Addressing Socio-economic impact**

### **Livelihoods and Household Economic Security**

Many National Societies in the Asia Pacific region, such as Bangladesh, Thailand and Laos, are distributing food to those in most need, including those whose incomes have been significantly impacted by COVID-19. Some respond with other in-kind support, such as dignity kits and other household items (HHI).

A research study is being carried out to understand the negative socio-economic impact of COVID-19 in five countries: Mongolia, Bangladesh, Vietnam, the Philippines and Fiji. It is also envisaged that the research findings will guide IFRC and National Societies for effective COVID-19 interventions towards longer-term recovery.

### **Shelter and Urban settlements**

Some National Societies have commenced cash and voucher assistance (CVA) programmes, increasing resilience and providing a safety net for people affected. To address the compounding crisis of COVID-19, National Societies have initiated an integrated approach for community response programmes. At the Myanmar Red Cross Society, the COVID-19 response targets people impacted by the pandemic, civil unrest and natural disasters. In Sri Lanka, the

National Society has assisted communities affected by a cargo ship accident, most of whom were fisher folks, whose livelihood already suffered in the pandemic.

## **Community Engagement and Accountability, and Community Feedback Mechanisms**

A [Community Feedback Dashboard](#) was launched by the IFRC in February 2021. The dashboard analyzes community voices from Nepal, Indonesia, Fiji, Cambodia and Pakistan in its qualitative, original form. Knowledge and awareness of socio-behavioural trends and community insights at localized levels support the development of an impactful community-led response to COVID-19. Community feedback can help provide actionable information based on community needs, address mis/dis-information, fill information gaps, and increase vaccine uptake.

Fiji and Cambodia launched their feedback mechanism in 2021. Bangladesh started a branch level hotline in Cox's Bazar for population movement operations to serve the host community and collect feedback in the camps. As part of the response to community feedback, National Society youth collaborated with the IFRC to produce short videos answering [young people's questions across the region on COVID-19](#).

Several countries like Nepal, Malaysia and Fiji rolled out perception surveys to better understand public information needs on COVID-19 and vaccines, their trusted sources of information and existing concerns. The newest community [Perception Survey Dashboard can be found here](#).

### **Capacity building and coordination**

Adapting to the COVID-19 situation, Community Engagement and Accountability training went online for staff and volunteers for 14 National Societies, including Fiji, Tonga, Solomon Islands, Singapore, Laos, Afghanistan and Pakistan. CEA E-Learning module translations were finalized and published in FedNet in Bengali, Japanese, Korean and Bahasa. Several CEA sessions were included in other trainings, such as the regular health webinars.

The IFRC secretariat co-chaired the regional risk communication and community engagement working group with UNICEF and WHO. The IFRC in the Asia Pacific also co-facilitated a six-week online interagency CEA training on the vaccine roll-out with WHO and UNICEF. The training was a great opportunity for country teams to engage with their Ministry of Health, UNICEF and WHO counterparts and draft a joint risk communication and community engagement plan (access the training [here](#)).

## **Priority 3: Strengthening National Societies**

### **National Society readiness**

The move to greater digitization in some Asia Pacific National Societies maintains and enhances communication. A significant focus on capacity building for staff and volunteers enables field teams to conduct a broad range of new activities safely and effectively and ensures existing programmes incorporate COVID-safe practices.

### **Support to volunteers**

Most National Societies in the Asia Pacific Region have purchased volunteer PPE supplies, such as personal floatation devices, safety helmets, rain suits and medical PPEs. Sixteen National Societies were supported in re-engaging the IFRC Global Volunteer Insurance scheme to ensure duty of care towards volunteers are fulfilled. Five National Societies (Malaysia, Indonesia, Bangladesh, Myanmar, and Pakistan) have been further strengthened through the Volunteer Solidarity Fund.

## **Enabling Actions and Support Services**

### **Communications**

Key media highlights include [significant media coverage](#) about the socio-economic report, “Drowning just below the surface: The socio-economic consequences of the COVID-19 pandemic”; an opinion article about [COVID-19's impact on Asian children should give countries hoarding vaccines pause](#); an [IFRC press release](#) and media about the Pacific COVID-19 vaccine divide; an [IFRC press release](#) and [opinion article](#) about [the surge in cases in Papua New Guinea](#); and media coverage about the [Thai Red Cross migrant workers COVID-19 vaccination drive](#). There has been coverage on [Omicron in South Asia](#), the health crisis in the [Philippines after a super typhoon](#), and the [health impact of the Tonga volcano and tsunami](#). The IFRC Asia Pacific regional emergency health coordinator and head of the regional health unit provided comments to several high-profile media, including the [Sydney Morning Herald](#), [Deutsche Welle Digital](#), the [Associated Press](#) and [the ASEAN Post](#).

Extensive photo and video content packages from across the region encourage engagement from global audiences on IFRC and National Society social media channels, digital platforms, and Newswire and Slack. The photos and videos have also been used in stories published on [Exposure](#). A series of social media cards on how to '[Stay Safe in the Festival season](#)' was well received.

### Logistics and Supply Chain

In the past four months, close to CHF 12 million goods and equipment have been procured, 25 per cent of it local procurement. International procurement worth CHF 9 million was concluded for PPE, oxygen-related equipment, household items, ambulances, blood collection and COVID-19 testing vans. At the same time, the Global Fleet Unit supports the procurement of COVID-19 related vehicles in Dubai. These are essential for COVID-19 response and preparedness for the new wave, including to hard-to-reach countries like Afghanistan, Myanmar or DPRK. All procurement activities supporting Asia Pacific National Societies follow IFRC logistics and procurement procedures and quality assurance guidelines.

On other logistics support, in the past months, five [mobilization table\(s\)](#) have been launched for Afghanistan, India, Indonesia, Nepal and Timor Leste, seeking in-kind donations worth approximately CHF 14.5 million. Transportation and in-country lockdown restrictions have led to various supply chain disruptions. To meet the challenges, the IFRC secretariat collaborates with ICRC, UN agencies, and private logistics partners in finding solutions that ensure goods are delivered in time to support National Societies' response in countries. In anticipation of the third Omicron-driven wave, the IFRC secretariat in the Asia Pacific supports the mapping exercise of potential COVID-19 needs and related items. The initiative ensures that countries are well-prepared and are able to speed up the procurement and mobilization process. The [logistics and procurement dashboard for COVID-19](#) reflects tracking of all local/regional procurement activities, including medical supplies.

### Information Management

Information management provides technical support to community engagement and accountability (CEA) and its' COVID-19 community perception and feedback surveys conducted in the Asia Pacific region. During the reporting period, the IFRC secretariat assisted several National Societies (Cambodia, Fiji, Indonesia, Nepal, Tuvalu, Pakistan) in implementing the survey by developing the online questionnaire and training volunteers in KoBo. The data analysis and visualization support results can be seen through [the Community Perception](#) and [Feedback dashboard](#).

In collaboration with the IFRC health team, the IM team has made several improvements to increase the shared information's accuracy and effectiveness. The updated dashboards are accessible at the [COVID-19 Portal](#). For better analysis, the biweekly death per million indicator replaced the death per million indicator in the [COVID-19 Country Profile](#). New data on national COVID-19 vaccine approval and people vaccinated against COVID-19 is added into the [Vaccine Landscape dashboard](#).

### Resource Mobilization

IFRC is actively soliciting support for the Pakistan Red Crescent Society (PRCS) to roll-out vaccines under the Humanitarian Buffer. In August 2021, IFRC and PRCS developed an application for COVID-19 vaccine doses through



the COVAX Humanitarian Buffer to vaccinate migrant populations, including Afghan refugees in border provinces in Pakistan. The IFRC and PRCS application was approved in December, and COVAX allocated 600,000 Sinopharm doses. To date, IFRC and PRCS urgently require CHF 2.1 million to cover the operational costs, which will ensure vaccines make it into the arms of the most vulnerable migrants and refugees at the Pakistan border. Several Partner National Societies, government and private sectors have been contacted to support PRCS. Efforts are ongoing, and an investment case is under development.

### **Security**

Security continues with supporting measures recommended by staff health and in close collaboration with business continuity, helping IFRC delegations keep an elevated level of operational ability and applying high Duty of Care standards for staff. Delegations have been supported in fast readjustments to changes in the pandemic.

## **Financial Analysis**

A total confirmed income of CHF 105 million had been received for the Asia Pacific. There is still a funding gap of CHF25 million. Indonesia, Laos, Mongolia, Malaysia, Pakistan and the Pacific currently have huge funding gaps, which will potentially affect the implementation of planned activities until the end of the appeal (December 2022). Many countries in Southeast Asia and the Pacific still need further funding, which is the focus of the revised appeal. Almost 91 per cent of the funding received are heavily earmarked to specific countries. To enable more flexibility and agility in mobilizing existing funds to respond to new waves, there is a need for more flexible funding (unearmarked).

National Societies and IFRC in the Asia Pacific region have requested no-cost extension for several pledged funds to ensure that implementation can be carried out and reported in a timely manner. The flexibility of donors to extend project timeframes has been much appreciated. Being the most disaster-prone region in the world, many countries, like Afghanistan, the Philippines and Pakistan, are also facing concurrent emergencies that have caused delays in implementation. Managing concurrent emergencies have stretched local capacities and delayed community outreach activities to the affected population.

Due to the second wave of COVID, countries like India, Nepal, and Bangladesh had increased needs and income, creating pressure to implement and spend on time. On the other hand, countries like PNG, Malaysia, Philippines, Thailand, Vietnam, and some Pacific islands have spent more than 80 per cent of the confirmed income. Hence, they greatly need additional funds to support the response.

## National Society response – key highlights

### Afghanistan Red Crescent Society

As of 31 December 2021, the Ministry of Public Health of Afghanistan (MoPH) data showed cumulatively 158,381 confirmed cases (32.3 per cent positivity rate) of COVID-19, with 7,373 associated deaths (4.6 per cent case fatality rate) have been reported in Afghanistan since February 2020. COVID-19 vaccination through MoPH has now been opened to all those above 18 years of age. Vaccination is currently available in selected health facilities and through mobile vaccination teams. Furthermore, out of 8,167,923 vaccinated people, 3,809,353 (13.1 per cent) people have been fully vaccinated and 4,358,570 (15.0 per cent) people have been partially vaccinated.

Since the start of the COVID-19 response, ARCS has focused on the following: duty of care for responders; epidemic control measures (initial COVID-19 screening); risk communication, community engagement, and health and hygiene promotion; infection prevention and control and WASH at community level; isolation and clinical case management for COVID-19 cases; maintaining access

to essential health services; support for maintaining routine immunization activities; support for COVID-19 vaccine roll-out; addressing vaccine hesitancy; and addressing socio-economic impacts of COVID-19. Some of the key highlights:



MoPH master trainer delivering a COVID-19 awareness and vaccination session to around 500 ARCS volunteers in a 6-day workshop. (Photo: ARCS)

- 9.6 million people reached with a range of services including COVID-19 prevention awareness raising, RCCE, hygiene promotion, and screening via its network of 140 health facilities, including 70 mobile health teams (MHTs) and a COVID-19 hospital in Kabul. The health facilities of ARCS were provided with medicines, essential medical items, and PPE for front-liners.
- 5,106 staff and volunteers are supporting the screening of COVID-19 patients and they are actively engaged in the community-based surveillance for COVID-19.
- 1,200 youth volunteers (360 female, 840 male) were mobilized and engaged for conducting awareness on COVID-19 prevention, accompanied with distribution of soap for handwashing. Some, 33,150 bars of soap were distributed to 6,800 displaced or poor households in Herat, Balkh, and Nangarhar provinces.
- Women in Marastoons – which are safe shelters for widows and their children – were provided with inputs/resources for producing masks and PPE. The masks produced by the women were used for COVID-19 prevention awareness raising.
- 440,000 people screened for COVID-19, through ARCS COVID-19 hospital in Kabul and its network of 140 health facilities.
- 3,649 people administered COVID-19 vaccines in ARCS COVID-19 hospital in Kabul, which doubled as a COVID-19 vaccination centre.
- 565 volunteers mobilized and trained across four provinces (Kabul, Kandahar, Nangarhar and Nuristan) for intensified RCCE and efforts aimed at reducing vaccine hesitancy; 1 million people were reached in the four provinces through intensified RCCE campaign supported by IFRC.
- ARCS – in partnership with the Ministry of Public Health (MoPH) – supported airing of public service announcements (PSA) on COVID-19 via leading television and radio stations, reaching more than 10 million people with messages to prevent COVID-19 as well as to encourage them to be vaccinated.
- 5,647 households provided with emergency food packages: 1,000 in Bamyan, 747 in Ghazni, 1,200 in Herat, 2,000 in Kabul and 700 in Kandahar.
- 10,219 households provided with cash and voucher assistance (CVA): 1,233 in Badghis, 1,952 in Balkh, 5,196 in Daikundi, 1,138 in Herat and 700 in Samangan.

- Personal Protective Equipment (PPE) was procured and distributed to front line personnel, reaching some 1,000 staff and 6,250 volunteers. Additionally, salary and food allowances of medical personnel at ARCS COVID-19 hospital in Kabul was also covered, as well as death allowances were provided to families of ARCS staff who died after contracting COVID-19 in the line of duty.
- Essential staff were provided with solar panels and Internet data solutions so that they could work from home - to prevent the spread of COVID-19 among staff whilst ensuring business continuity.

### Bangladesh Red Crescent

With the support of IFRC and Partner National Societies (PNSs), Bangladesh Red Crescent Society (BDRCS) continues to respond to the COVID-19 pandemic throughout the country. From the very beginning of the COVID-19 pandemic in the country, the IFRC Country Delegation (CD) and its in-country members, ICRC and other local partners have been actively supporting the response efforts of BDRCS.

More than 14,000 staff, youth and community volunteers have been mobilized in the COVID-19 response operation by BDRCS. One of the most crucial roles they are playing in supporting the government in country wide COVID-19 vaccination is that, on an average, 1,600 volunteers are assisting the vaccination programme every day. On the other hand, BDRCS supported around 26.7 million individuals in receiving their COVID-19 jab as a part of nationwide vaccination campaign. Some of the key highlights:



*BDRCS volunteer supporting government's COVID-19 vaccination campaign (Photo: IFRC)*

- 55,599 marginalized people have been supported for registration of vaccination till 26 December 2021.
- 25,119,992 individuals assisted in receiving respective vaccines support under regular and mass/special vaccination campaigns: 1) 25,119,992 vaccinated people assisted in receiving 1st Dose; 2) 18,976,562 vaccinated people assisted in receiving 2<sup>nd</sup> Dose; 3) 1,327,275 vaccinated people have been assisted by BDRCS in receiving booster dose.
- Assisted the government's vaccination process and campaign in Korail, with the target of inoculating slum dwellers through on-the-spot registration; 16,221 people of Korail Slum have been vaccinated between 16 - 19 November 2021 for 1st dose and 15-18 January 2022 for 2nd dose.
- Under the COVID-19 Response Operation, Red Crescent volunteers supported the government to inoculate 5,286,487 people with first dose of COVID-19 vaccine and 4,896,589 people with 2nd dose in PROVASH supported 20 districts.
- 753,442 students received 1st dose and 455,345 students received 2nd doses of pfizer vaccine from 22 schools and colleges/centers in Dhaka through the special vaccination drive for school students, which started from 1 November 2021.
- 4,924 people with the life-saving free 24/7 oxygen support through the provision of oxygen cylinders and concentrators: 640 oxygen cylinders and 148 oxygen concentrators were sent to 68 BDRCS branches, including Mother and Child Care (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.
- 2,344 COVID-19 patients with free ambulance services in the worst affected districts: 21 units ambulances hired for providing emergency 24/7 transportation service to the critical COVID-19 patients.
- 12,088,449 Personal Protection Equipment (PPE) distributed, including facemasks, hand gloves, coverall, face shields, glasses, sanitizers, soaps and many more.
- 1,956 people reached with psychosocial support (PSS) during October 2021-January 2022; overall, 39,606 people have been reached with PSS service.

- 2,781 tests conducted by the PCR lab at the Holy Family hospital, with confirmed 517 positive cases as of December 2021.
- 4 refrigerated vaccine-transportation vans handed over to the Government of Bangladesh with support from the IFRC and USAID on 15 November 2021.
- 36,862 households reached with conditional/unconditional cash and voucher support. Additionally, 125 Small Businessmen, from Ershadnagar, Tongi Gazipur, provided with conditional cash support, followed by their business plan development. A total of BDT 18,75,000.00 transferred to the individual bank account through bank transfer process.
- Cooked food distributed in the most 19 impacted districts. During 21 June to 3 December 2021, 176,850 people were provided with cooked food pack, especially whose livelihood adversely affected due to country wide movement restriction.
- 402 calls received through the CEA hotline number related to information request, service request, vaccination information, etc.
- A two-days long training programme titled "Volunteer Engagement for COVID-19 Vaccination" organized by BDRCS at Caritas Development Institute (CDA) Dhaka. Objective of this programme is to Instruct young volunteers on relevant awareness issues regarding COVID-19, so they can better disseminate respective information to mass people.

### **Population Movement Operation (PMO), Cox's Bazar in COVID-19 Response**

- According to WHO, as of 27 January 2022, a total of 3,703 have been recorded in the camp settlement, with 20,101 cases among the host community in Cox's Bazar district. The cumulative death count from 2020 to 30 January 2021 stands at 35 in the camp community and 257 in the host community.
- Phased vaccinations of the camp population, undertaken by the government, began in August 2021. On 1 December 2021, the second phase of the COVID-19 vaccination campaign for displaced people in the camp settlement, was instituted by the government in collaboration with the UN-led Inter Sector Coordination Group. Six BDRCS health facilities were among the 34 facilities (across 34 camps) utilized for the vaccinations. Up to 29 December 2021, 306,727 people from the camps received their first dose (comprising 79 per cent of the intended target). In the first phase of vaccinations conducted in the camps in August for individuals aged 55 years and above, a total of 33 386 people were vaccinated.
- 85,725 people in both camp and host communities were reached between 1 October-31 December 2021 through the Isolation and Treatment Centre (ITC) services in the camp settlement, as well as community outreach activities such as hygiene promotion and handwashing sessions complemented with key health messages aimed at spreading awareness of COVID-19. The ITC saw a decline in inpatients - in December 2021, 19 new patients were admitted with COVID-19 symptoms, out of which 2 were positive, while in November, 34 patients were admitted and 5 of them were positive cases.

### **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. Specialized volunteers have also handled the management and transportation of any COVID-19 related and suspected deaths. Some of the key highlights:

- In coordination with the Royal Centre for Disease Control, supported health screenings organized 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 categorized as high-risk areas. As of Jan 2022, some 2,309 contacts have been traced with the support of BRCS.

- Extensive specialized 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.
- 'Red Cross Ride for Health' initiative of BRCS provided free transportation, within districts and across districts, to 361 patients from their homes to hospitals and back and 260 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. As of January 2022, 241,213 individuals have been supported to get COVID-19 vaccinations since the beginning of the COVID-19 response.
- 2,785 people have been reached with food or other in-kind assistance.



BRCS volunteers assist in conducting COVID screening (Photo: BRCS)

### Cambodian Red Cross

Cambodia has the highest rate of vaccination among the four Mekong countries of Thailand, Viet Nam, Cambodia and Laos<sup>2</sup>. Currently, it has vaccinated 81 per cent of its eligible population and has among the lowest current daily case load with 331 cases reported daily.

By the end of 2021, The Cambodian Red Cross (CRC) has trained 1,757 (including 678 women) staff and volunteers on Mental Health Psychosocial Support (MHPSS) & Community Engagement and Accountability (CEA) through weekly online trainings in collaboration with WHO and Royal University of Phnom Penh.

In consultation with local authorities and partners, 11 Red Cross Branches are using the collective effort of Red Cross Volunteers/Youths to promote behaviour change among local communities to cope with COVID-19. Teams from the branches are conducting home visits, meetings in small groups of less than 10 people and spreading messages on prevention of COVID-19 using Posters, Flyers, Banners, mobile loudspeakers, and peer educators. By November, they have reached a total of 184,326 people (100,428 females) and 2,664 migrants (1,506 females) in 1,205 villages.



COVID-19 prevention and protection awareness raising being carried out in rural communities by CRC staff and volunteers. Source: CRC

<sup>2</sup> For the countries of Vietnam, Thailand, Laos and Cambodia – all data regarding daily caseloads and vaccinations have been taken from [Our World in Data](#)

CRC adapted IEC materials received from the Ministry of Health and the International Federation of the Red Cross, and subsequently procured and distributed 25000 pieces of flyers on COVID-19 prevention and Mental Health, and 385 T-Shirts and 385 caps printed with the key MHPSS messages to support risk communication and health promotion activities.

### Red Cross Society of China

From 17 October 2021 until the end of January 2022, China reported sporadic cases of COVID-19 in several provinces. In response to the outbreaks, RCSC headquarter actively dispatched medical equipment, transferred funds and procured negative pressure ambulances to RCSC branches in need. In November 2021, the Chinese Red Cross Foundation donated 11 negative pressure ambulances and 200,000 surgical masks to RCSC branches in Inner Mongolia and Gansu for COVID-19 control work, including patient transferring and PCR tests. In December 2021, the RCSC Hubei branch dispatched the ambulance transfer team to Xi'an in response to the outbreak of COVID-19.

### International support by RCSC

In November 2021, RCSC donated 200,000 and 100,000 doses of Sinopharm vaccine to the Pakistan Red Crescent and Laos Red Cross, respectively. In early December, RCSC donated 50,000 COVID-19 testing kits to the Mongolian Red Cross Society. As of 2021, RCSC has actively donated COVID-19 vaccines to 11 countries, including Ethiopia, Lebanon, Syria, Thailand, Cambodia, Georgia, Indonesia, Nepal, Bangladesh, Pakistan, Laos.

Since the end of January 2022, Hong Kong SAR has been experiencing its largest wave of COVID-19. In response to the resurgence, the Hongkong Red Cross a branch of the RCSC (HKRC) has supported the HKSAR government COVID-19 response measures, established a [HKRC COVID-19 support hotline](#) to the public, and strengthened its existing services. From December 2021 to February 2022, HKRC conducted a new round of community preparedness actions, including community outreach activities, provision of PPE to vulnerable groups and delivery of risk communication messages. HKRC updated the guideline for community service and volunteer mobilization, and all services, training and meetings resumed normally under specific epidemic measures. A seven-day psychosocial support (PSS) hotline service (under the programme named "Shall We Talk") was launched during 22-28 January 2022. The hotline has provided emergency psychological support service to those who suffered mental distress during the fifth wave of the COVID-19 outbreak in Hongkong. To release their economic burden, one-off cash assistance was provided to the unemployed/underemployed affected by the business closure and COVID-19 restrictions.



The RCSC Hubei branch ambulance transfer team. Source: RCSC

### Cook Islands Red Cross Society

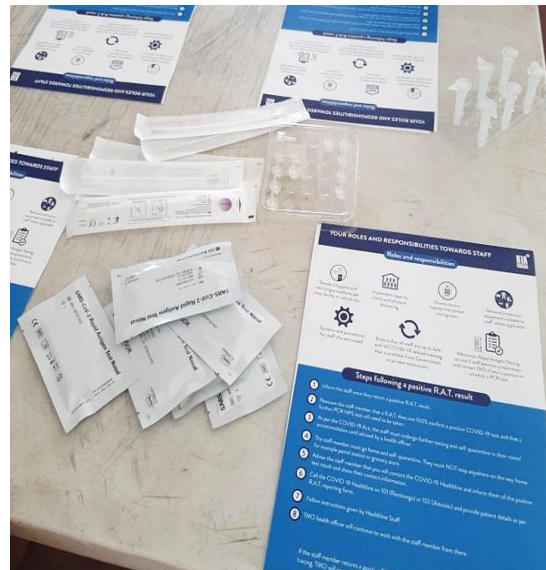
CIRCS staff and volunteers have supported three major vaccine roll-outs between October 2021-January 2022. CIRCS staff and volunteers were deployed to support the Ministry of Health (MoH) with the vaccination roll-out, which included supporting registration, controlling the crowd and catering services. During the vaccination roll-out, **12,704 people** were supported.

CIRCS has been working closely with MoH to prepare for contact tracing with training on MoH Godata and the track and trace system. MOH and CIRCS have conducted rapid Antigen Tests (RATs) training staffs are certified by the Health Ministry to conduct the tests.

Public awareness continues to increase as the threat of the virus spreading in the communities is expected to rise with opening international borders. Red Cross and MoH visited Ministries/agencies/churches and some businesses

and briefed on Omicron, what to expect, how to prepare for it and what support they can access once there is an outbreak here.

Communication teams from RCS and MoH also developed booklets for people in isolation and quarantine. The wellness diary has information on how individuals can look after their health.



CIRCS staff receive RAT training from the Ministry of Health. Photo: CIRCS

### Red Cross Society of Democratic People's Republic of Korea

The government of the DPRK has put emergency anti-epidemic work as a top priority in the state affairs that should be powerfully conducted with no allowance given to slight slackness, gap and drawback.

The Government, in response to the rapid spread of new COVID-19 variants, including Omicron, around the world with high infectivity and mortality, is scaling up the anti-epidemic campaign to maintain a public anti-epidemic atmosphere and nationwide conformability on a voluntary basis, considering the strict observance of anti-epidemic rules and regulation as their vital requirement and habit.

The DPRK RCS has been fulfilling its responsibilities and roles in the anti-epidemic campaign, as an auxiliary to the government. Since the outbreak of the pandemic, the DPRK RCS, through its wide network of volunteers and branches across the country, conducted sessions on hygiene promotion for public awareness, disinfection and screening in close collaboration with the national stakeholders including Ministry of Public Health (MoPH) and the State Anti-Epidemic authorities.

#### Main activities:

- The staff and Red Cross volunteers of the branches were mobilized to conduct health and hygiene promotion in cooperation with household doctors.
- DPRK RCS with the support of IFRC country delegation has started procurement of PPE kits.

- Achievements

- During the reporting period, around **101,300 RC volunteers** were mobilized across the country to disseminate key health and hygiene messages to around **1.02 million people** in close collaboration with the household doctors and anti-epidemic staff.
- Around **12,000 RC volunteers** were trained to deliver messages on hygiene promotion and preventive measures relating to COVID-19 through public education networks in their respective cities and counties in close cooperation with anti-epidemic authorities and household doctors.
- The procurement of PPE kit was finalized by end of December 2021 and the items are temporarily stored in the warehouse of Dalian city, China.



RC volunteers supporting screening. Photo: DPRK RCS

**Fiji Red Cross Society**

As the second wave of COVID-19 continued to rise in Fiji, FRCS deployed over 280 volunteers from RC branches to assist the MoH at vaccine sites. Support was provided to Western, Central and Eastern divisions in the main island of Viti Levu and extended to the Northern Island of Vanua Levu as well in the reporting period.

FRCS support in Vaccine registration comprised the following tasks:

- Assisting in venue/booth set up
- Assisting in crowd control
- Completing registrations for the general public through;
- Verification of ID's
- Carrying out Birth Registration Number (BRN) searches
- Filling in offline and online Vaccine registration forms

People reached through the support given by volunteers:

- **Registration** – registered number of people to receive their first (vaccination dose). The number of people reached is reported from nine branches: Labasa, Savusavu, Seaqaqa, Lautoka, Nadi, Rakiraki, Sigatoka, Tavua and Suva.



FRCS volunteers assisting the Ministry of Health by verifying data and vaccine registrations. Source: FRCS

Vaccination Activity	Males	Females	People Reached
Registration for first dose	n/a	n/a	44,292
Verification for the second dose	47,606	42,306	89,912



- **Verification** – people’s information being verified against system record before receiving their second vaccination dose. The number of people reached is reported from the nine branches: Labasa, Savusavu, Seaqqa, Lautoka, Nadi, Rakiraki, Sigatoka, Tavua and Suva.
- **Blood Donation** – In October – November 2021, the Suva branch reached and collected blood from 867 people. Other Branches did not participate in the blood drive.

*People reached by FRCS COVID-19 vaccination activities.*

*People who donated blood through the FRCS.*

Month/Year	Activity	Total People Reached
November 2021	Blood Donation	411
October 2021	Blood Donation	456
<b>Total People reached</b>		<b>867</b>

A feedback form was developed and deployed through the KOBO toolbox to enable all FRCS staff and volunteers to record and respond to various COVID-19 and COVID-19 vaccine issues. Online training on the feedback form was conducted for FRCS staff and volunteers. FRCS deployed 80 volunteers in October to conduct CEA and COVID-19 vaccine hesitancy survey. A total of 107 feedbacks were received from 50 women and 57 men in the Cakaudrove and Ba provinces of Fiji. Feedback was primarily related to observations or comments about the vaccine and how it influenced access to different services. The community feedback survey can be found [here](#).

Preventative Radio COVID-19 messages have been aired at five communication stations – FM96, Navtarang, VITIFM, Legend FM and Sargam for 30 seconds on the following:

- Wash your hands thoroughly and regularly with soap and water
- Maintain social distancing
- Talk to loved ones
- Coughing etiquette

Each station targeted different community segments in the three main languages (Itaukei, English and Hindi). This campaign would have reached about 250,000 people through the different radio stations, with most of the reached population within the Suva-Nausori corridor.

**Indian Red Cross Society**

India faced the Omicron wave from late December 2021, and the highest number of daily cases was recorded on 21 January 2022, which was 347,254 according to WHO. Since then, the number dropped to 167,059 on 31 January 2022. In the meantime, the number of daily deaths increased from the middle of January 2022 and reached 959 on 31 January 2022. As of 29 January 2022, 53.4 per cent of the population were fully vaccinated and 67.4 per cent finished the first dose.

Some of the key highlights of the Indian Red Cross Society (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 immunization, including handwashing demonstrations.
- Completed the conversion work on 39 ambulances, which were modified to install medical equipment. Additionally, progress was made on the conversion of 48 blood collection vans and 7 mobile-testing and vaccinations vans. The tender for one boat ambulance was also launched.
- 10,000 volunteer jackets received from the IFRC.
- 300,000 hygiene kits and 100,000 blankets procurement and delivery completed.
- Procurement of 75,000 kitchen sets and 100,000 tarpaulins is under process. Deliveries for both will be completed by May 2022.
- IT equipment for emergency operations centres was delivered in 18 state branches and installation is completed.

- Finalization of the implementation plan.



IRCS volunteers distribute hygiene kits in the state of Gujarat (Photo: IRCS)



IRCS volunteers help with health checks in the state of Manipur (Photo: IRCS)

### Indonesian Red Cross Society

With the support of IFRC and Partner National Societies (PNSs), The Indonesian Red Cross Society (PMI) continues to respond to the COVID-19 pandemic throughout the country. Indonesia experienced its third wave of COVID-19 in January 2022, and the daily cases have reached over 20,000 in the middle of February. PMI plays a vital role in complementing the government's effort in combating the COVID-19 pandemic through various national response activities supported by its dedicated staff and volunteers of more than 6,000 personnel have been mobilized in 34 provinces and 403 PMI districts/cities all over Indonesia.

One of the most crucial roles they are playing in supporting the government in country wide COVID-19 vaccination is that, on an average, more than 1,000 professional medical personnel and volunteers are assisting the vaccination programme. On the other hand, PMI supported around 2 million individuals in receiving their COVID-19 jabs as a part of nationwide vaccination campaign. In addition to that, some of the key highlights include:

- More than 8,000 COVID-19 patients, outpatients, suspects, and deaths have been treated and administered at PMI Hospital Bogor.
- Health services have reached 1,846,028 people, while home-based care and mental health and psychosocial support services have reached 38,046 people.
- Health and hygiene promotion activities have reached 7,642,953 people.
- PMI has facilitated the transportation of 1,474 suspect/confirmed COVID-19 cases and has provided dead body management services for 1,399 deceased patients. In addition, PMI is currently upgrading six ambulances in 6 big provinces to meet the COVID-19 infection, prevention and control (IPC) standards.
- Around 982,420 health and cleaning kits have been provided for communities.
- More than 6 million pieces of various PPEs and equipment have been distributed.
- More than 100,000 IEC materials such as posters and banners have been distributed to PMI offices all over Indonesia.
- 99,381 patients have received convalescent plasmas from 42 PMI Blood Donor Units all over Indonesia for COVID-19 therapy treatment at the hospital.
- Household and public sanitizing have reached approximately more than 38 million people in 116,750 locations.
- PMI maintained its support to fill the gap of oxygen needs by delivering oxygen related supplies to PMI clinics, health centres, communities, and families most in need, a total of 500 oxygen cylinders provided in 10 provinces that benefitted approximately more than 1,000 people.
- PMI with the support of IFRC is actively co-leading the RCCE Working Group in the country that comprises of various stakeholders from private, non-profit, and independent institutions.

- PMI strengthens its COVID-19 vaccination campaign through #BeraniVaksinKeren tagline in several platforms such as radio live talk show, podcast, webinar, and social media posts that have reached approximately 4 million people. Additionally, PMI also strengthened its campaign through SMS blast; approximately 48,000 elders were reached.
- PMI published a COVID-19 Vaccine perception survey that reached more than 5,000 respondents. Furthermore, with the rapid changes of the COVID-19 situation in the country, PMI is reviewing its RCCE guideline, especially to emphasize on COVID-19 vaccination).

### Japanese Red Cross Society

Japan entered its sixth wave of COVID-19 in January 2022, with a record 54,581 daily cases reported on 22 January, the highest since the COVID-19 outbreak. The booster shot has started for medical staff and seniors over 65 years old since December 2021. However, only 2 per cent of the total population has got the third dose as of January 2022.

Overall, 90 out of 91 Japanese Red Cross Hospitals have been involved in the COVID-19 operations. As of 9 January 2022, 253 inpatients and 19,797 patients were admitted to Japanese Red Cross hospitals. These 90 hospitals have treated cumulative 204,108 COVID-19 outpatients. In addition, Japanese Red Cross Hospitals have deployed 16,160 medical personnel to other medical facilities, social welfare facilities, prefectures/local governments and PCR testing sites, as well as vaccination campaign sites to get involved in COVID-19 related tasks.

Due to the surge of the sixth wave of COVID-19 with the more transmissible Omicron variant virus, JRCS has decided to suspend face-to-face training/meetings since the end of January 2022.

### The Republic of Korea National Red Cross

South Korea suffered its fifth wave of COVID-19 in January 2022, and the daily cases have reached over 100,000 in the middle of February. Since the outbreak of COVID-19, The Republic of Korea National Red Cross (KNRC) hospitals have continued to carry out COVID-19 programmes, including COVID-19 treatment, screening and vaccination. KNRC has been providing psychological consultations to support people who are in need since the start of the pandemic.

Children are one of the most vulnerable groups affected by COVID-19 strict restrictions on outdoor activities and public gatherings and the closure of community care services. From November 2021 to April 2022, the KNRC implements its PSS programme for children and adolescents under 18, mainly covering students from vulnerable families or those supported by community childcare centres. KNRC will conduct PSS activities and provide education allowance to support vulnerable children and deliver masks through the programme.

In addition, woman's volunteer groups in the KNRC Seoul chapter packaged and delivered 'Gift of Love Boxes' to vulnerable families with children. The programme has been running since the 1960s with the support of women's volunteer groups. The boxes mainly consist of clothes, foods, daily necessities, PPE, and nutritional supplements to boost the immune system in response to the pandemic.



Woman's volunteer groups in Seoul chapter are packing 'Gift of Love Boxes'. Source: KNRC

Unexpected self-quarantine makes marginalized families' livelihoods harder as they have limited access to or lose the means of living. To respond to their needs in the face of the surge of Omicron in South Korea, KNRC delivered 300 COVID-19 response kits, consisting of food, sanitizers and masks to low-income families under self-quarantine.

**Kiribati Red Cross Society**

In October, 229 students (129 females and 100 males) in 13 primary schools received training in first aid, which included information about COVID-19 prevention.

- The KRCS, in collaboration with the Global Handwashing Day and the World Toilet Day Committee, three government ministries and other stakeholders, visited Maiana Island and developed a roadshow that reached **1,354 people** in ten communities' four schools. The roadshow raised awareness on water safety, handwashing, proper waste disposal and the second dose of COVID-19 vaccinations.
- The health coordinator attended the national WASH committee meetings led by the Ministry of Infrastructure and Sustainable Energy.

**Lao Red Cross**

Nearly 60 per cent 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 next month. Although Omicron variant has been reported in the country, the daily cases remain relatively low at 335 cases per day. The government has removed lockdown measures while still urging everyone to follow COVID-19 prevention measures and opened the country for tourism. Lao Red Cross continues to support COVID-19 prevention and response measures by raising awareness, distributing PPE, training staff and volunteers, and providing food assistance to people under quarantine.

During October- December 2021, LRC conducted training in five provinces of Khammuan, Savanakheth, Champasak, Salavan, Attapeu provinces for 104 (49 women, 55 men) staff members from the provincial branches, local government staff and youth volunteers. The training topics included basic knowledge about Covid-19, covid-19 vaccinations, prevention measures, cleaning and disinfection techniques, crowd management at vaccination centres and communication skills for public awareness-raising.

Awareness sessions were held at 122 villages in 11 districts of these provinces, reaching 24,556 people (13,202 women, 11,354 men). They raised awareness on COVID-19 prevention measures, the use of PPE and vaccinations.

LRC provides cooked food boxes for people admitted to COVID-19 field hospitals in the provinces of Khammuan, Champasak and Vientiane. With a decreasing number of people in these hospitals, this support is currently being extended only for two hospitals in Champasak province for 1,340 persons (591 women, 749 men).



Trainers demonstrating the use of PPE at a training session. Picture courtesy: LRC

### Malaysian Red Crescent Society

Malaysian Red Crescent Society (MRCS) continues mobile vaccination activities, targeting migrants, indigenous communities and vulnerable households, including people with disabilities, seniors, and people with illnesses. Vaccination activities have reached **35,018 people** since July 2021. MRCS is rolling out the booster campaign with the Ministry of Health to target vulnerable families and migrants.

MRCS started distributing home care guidance and home kits to vulnerable households under home quarantine since December 2021. Up to now, 600 home kits have been distributed. MRCS continues to conduct RCCE activities by providing information on COVID-19 prevention, vaccination, and home care for self-quarantine in different states. When conducting RCCE activities, MRCS also distributed PPE and home kits to the communities.

With support from WHO, MRCS completed the third and fourth round of the Perception Survey on COVID-19 Issues nationwide. The final report is currently waiting for the endorsement from WHO, after which it will be shared with other stakeholders.

MRCS MHPSS is preparing mental health awareness activities conducted at the community level. This increases awareness of mental health issues in the community and promotes the Careline Centre's usage at the community level. MRCS continue their Careline Centre to provide MHPSS services to a community level.



Mobile vaccination in one island, Sabah.  
Photo credit: MRCS

### Maldivian Red Crescent Society

The Maldivian Red Crescent (MRC) has been a part of the Health Emergency Operations Center (previously the National Emergency Operations Center) set up by the Health Protection Agency and Ministry of Health, with representation of all response agencies and stakeholders. The National Society has been focusing on the following areas: Mental health and psychosocial support services (MHPSS), Migrant support services, Medical relief services, and Support for Immunization. Some of the key highlights:

- 7,745 volunteers were trained/oriented in psychosocial support (PSS) and PFA between March 2020 – December 2021
- PSS provided to the public through a nationwide toll-free PSS helpline service along with risk communication and community engagement activities. The established nationwide PSS helpline serviced 5,455 calls during this period.
- A toll-free migrant support helpline was established by MRC Male City Unit to provide assistance to migrants in need, especially to those living in hard-to reach areas. During 2021, this helpline received 4,172 calls.
- Migrant Meal Provision Programme activity was resumed between February to end-August 2021, in Male', Addu City and Lh. Hinnavaru Island, providing 5,309 meals and distributing 3,479 hygiene kits among migrants.
- As of 31 December 2021, MRC teams supported the rapid response teams of the Health Emergency



MRC volunteers engaging in talks with migrant workers (Photo: MRC)

Operation Centre in the Movement of 947 COVID-19 positive patients (primarily elderly or bed-ridden patients) to treatment facilities. To address the challenges in blood supply during the COVID-19 pandemic, 10 blood camps were organized during 2021, with 297 donors donating blood.

- Since February 2021, MRC has been supporting the Health Protection Agency in supporting its' nationwide COVID-19 vaccination efforts. A total of 200 volunteers were mobilized to provide support at vaccination centres, supporting over 15,000 people with their COVID-19 vaccination. In January 2022, MRC supported 4,133 migrants get the COVID-19 booster shots. MRC continued its' support in carrying out mobile vaccination for bed-ridden and high-risk elderly patients living in Greater Male' Region completing 553 mobile vaccination trips.

### Marshall Island Red Cross Society

A team of ten Red Cross volunteers continue to provide full-time support to the MoH in registering individuals for vaccination. The team is based at headquarters and is deployed with vaccination teams as required. The health coordinator at MIRCS, a qualified nurse, is deployed as part of the vaccination team.

The MoH team and the MIRCS continued with the vaccination roll-out in Rearlaplap Arno atoll. MIRCS reached five communities and vaccinated **118 adults**.

The vaccination teams also reached Lae Atoll, where **109 people** were vaccinated over three days. COVID-19 awareness was delivered in the communities, and 20 people participated in a two-day workshop for CPR and first aid.

Throughout the island, MIRCS continues to reach the population of Marshall Islands via radio station V7AB, which disseminates COVID-19 safety measures such as how to use masks, social distancing and washing of hands. Also, MIRCS uses the Marshall Islands Journal weekly newspaper, where COVID-19 information and other important events are published.



An MIRCS nurse administering the COVID-19 vaccine to a woman, accompanied by her child. Source: MIRCS



Volunteers registering people for vaccinations. Source: MIRCS

### Micronesia Red Cross Society

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

In October, MRCS joined the Federated State of Micronesia (FSM) Health, World Health Organization and UNICEF to conduct two planning meetings to propose the adolescent vaccination roll-out process in Yap State. Total of **460 students (222 male and 238 female)**, about 55 per cent of students, are now vaccinated and homeschooled.

MRCS engaged with communities in Yap to deliver COVID-19 preventative measures messages. Up to **67 people** received community messaging in the Gaagil Elementary School, Tomil community, and North Fanif Elementary school.

**Mongolian Red Cross Society**

Mongolia suffered its fourth wave of COVID-19, with the daily cases reaching over 3,000 in late January 2022. Omicron cases accounted for over 90 per cent of the daily cases in the country. As of 26 January 2022, 66.7 per cent of the total population received two COVID-19 vaccine doses, while 1,002,623 people have received the third dose. More than 76,100 Mongolians have received a fourth dose, which the country started to administer on 7 January voluntarily.



Vaccination promotion brochure front and back side. Source: MRCS

MRCS trained around 400 volunteers in infectious disease surveillance. They have been working at the Field Epidemiology Unit of the National Centre for Communicable Disease across 112 family health centres in the capital city. The volunteers conduct surveillance, research and surveys, trace close contacts, provide psychological support and deliver health packages to confirmed cases in respective districts.

Online training funded by IFRC on disseminating and promoting vaccinations in local areas was organized on 20 October 2021 with the support of the capital city's National Health Centre and the National Centre for Communicable Diseases. A total of 150 volunteers from the Red Cross mid-level

branches in 21 provinces were involved. Vaccination promotion brochures were made according to the online training, and it has been published and distributed to target groups through Red Cross mid-level branches.

In November 2021, IFRC conducted field trips with MRCS in Mongolia to visit and interview beneficiaries and volunteers at vaccination sites and communities in Tuv province and Ulaanbaatar. The trip helped monitor project implementation and collect materials for communication and publicity, for publishing a series of communication materials: [Mongolia COVID web story](#), [Mongolia photo collection](#), and two videos ([video 1](#)) ([video 2](#)), which increase the awareness of the problems and urge to the public to support MRCS operations.

In late December 2021, with the support of IFRC, MRCS conducted unconditional cash transfers to 1,000 vulnerable households in nine districts of Ulaanbaatar suffering from the negative impacts of the COVID-19 pandemic.

**Myanmar Red Cross Society**

The rate of daily positive cases began at 7.83 per cent in the beginning of October 2021 and then peaked at 8.63 per cent on 10 October 2021 before falling dramatically to 1.85 per cent and remain less than 2 per cent until end of Dec 2021. There were mild fluctuations with a gradual decline of confirmed cases towards the third week of January 2022. However, the number of daily cases has begun to rise again in Myanmar in the last week of January, dominated by the new Omicron variant while zero deaths were reported until the end of Jan 2022. The vaccination rate increased to 40.2 per cent, of which 85.2 per cent are fully vaccinated (received two doses).

By the end of January 2022, a total of 536,393 people in the country had tested positive for COVID-19 and more than 19,000 deaths had been recorded by the Ministry of Health (MoH). The MOH announced that there is a total of 283 cases related to the Omicron infections from 28 December 2021 until 28 January 2022. With this potential new wave, MRCS continues to contribute to COVID-19 control measures, including supporting quarantine facilities, health screening, vaccination roll-out efforts, as well as scaling up provision of oxygen therapy supplies, hygiene items and PPE.

- more than **2.6 million people** have been supported in receiving COVID-19 vaccination doses
- nearly **56,000 people** supported living under quarantine measures, and **1,954 people** transported by ambulance services.
- The MRCS maintained its support to fill the gap of oxygen needs and as preparedness measures for new wave by delivering oxygen-related supplies to health centres, communities and families most in need. A total of 544 oxygen cylinders provided in 10 states/regions benefitted 2,126 people during the same period. This was made possible through support from the IFRC and other MRCS partners.



MRCS strives to ensure continuous access to basic health care and referral services to the people affected. (Photo: MRCS)

### Nepal Red Cross Society

Nepal is experiencing the third wave of COVID-19 infection starting from the mid of December 2021 with pre-dominant variant being Omicron. The peak was reached in the mid-January 2022 after which it started to recede gradually. As of 31 January 2022, the recovery rate is 90.5 per cent along with the case fatality rate of 1.3 per cent.<sup>3</sup>

Nepal Red Cross Society (NRCS) has been implementing its COVID-19 Preparedness and Response Operation since January 2020 with the support of IFRC and its membership. Some key highlights:

- 503 female community health volunteers were trained on the proper use of the pulse oximeter in coordination with the local health authorities. The trained volunteers will be mobilized to support the people in home isolation due to COVID-19 infection to monitor the oxygen level; one of the major indicators to determine the requirement of the hospitalization.
- 219 people infected with COVID-19 or probable case of COVID-19 requiring hospital care were supported with Red Cross ambulance transport service.
- 2,540 health kits provided to COVID-19 centres, isolation sites and people residing in home isolations.
- 11 hand washing stations in the isolation sites, hospitals and schools repaired to promote the handwashing practices in those centres. In addition, 4,085 people reached with the hand washing demonstrations in the communities.
- 2.9 million people reached through the Risk Communication and Community Engagement and Accountability activities in the community.



NRCS volunteers distributing mask in the communities amidst the third wave of the COVID-19 infection (Photo: NRCS)

<sup>3</sup> <https://heoc.mohp.gov.np/update-on-novel-corona-virus-covid-19/>



- 131,697 people reached with WASH activities in the communities.
- 4,570 people reached with mental health and psychosocial support services.
- 137,563 people support and services from more than 600 Red Cross volunteers mobilized at the vaccination sites.

### Pakistan Red Crescent Society

End of December marked the start of the fifth wave of COVID-19 in Pakistan with the rapid spread of the infectious Omicron variant. The positivity rate peaked at 13 per cent on 22 January, the highest rate since the start of the outbreak. A decrease in number of cases is being experienced February onwards, with positivity rate dropping to 3.27 percent as of 20 February while 42 percent of the population fully vaccinated. Some key highlights of the Pakistan Red Crescent Society (PRCS) COVID-19 response:

- vaccination centres expanded to 11 static and 15 mobile centres across the country, vaccinating 502,595 people. Extra attention has been provided in centre location selection to ensure coverage in areas home to large host communities, migrants, refugees, internally displaced people (IDPs) and hard to reach communities. To further ensure the inclusion of marginalized population groups excluded from the national campaign, 600,000 doses of Sinopharm vaccine have been secured under the Humanitarian Buffer, already have vaccinated 2,641 refugees.
- Efforts are ongoing to address vaccine hesitancy through volunteer mobilization and mass media campaigns. A television commercial was broadcasted nationwide in December 2021 to help encourage the population to get vaccinated, linking to PRCS hotline number 1030 for additional information and queries to be addressed. Also, Radio advertisements broadcasted across hard-to-reach areas of Punjab, Balochistan and Khyber Pakhtunkhwa to ensure full coverage.
- Two perception surveys conducted to gauge the community and frontline workers views on COVID-19 and vaccination hesitancy across 63 districts. The collected data will be used to tailor RCCE messages directly addressing the concerns and hesitancy in communities through the volunteers in the process of being trained on the PRCS RCCE module developed under the response.
- 24,526 household hygiene kits and 1,000 household water filters distributed across the country to further promote the integration of good hygiene practices in the daily routine of households, reaching 262,862 people.



PRCS volunteers are assisting with COVID-19 vaccination under the nationwide campaign. (Photo: PRCS)

### Palau Red Cross

PRCS targeted to reach 11,500 people between 18-65 with COVID-19 information, education, and communication (IEC) through their widely used Facebook page from October to December 2021. PRCS has also participated in a radio talkback show to address COVID-19 preventative measures, reaching a total of **4,081 people**.

In December, **25 participants** from PRCS headquarters and representatives from ten states participated in a two-day community-based surveillance (CBS) for the COVID-19 workshop. Participants received refresher training on COVID-19, symptoms, transmission and prevention, proper handling of PPE and contact tracing. Red Cross disaster action teams (RDATs) and volunteers were trained to conduct COVID-19 community-based surveillance and assist the community disease unit at the Ministry of Health and Human Services (MHHS) with surveillance and referrals.

In preparation for an outbreak of COVID-19, 532 COVID-19 hygiene kits containing face masks, alcohol-based hand rubs, and IEC materials were distributed to children at four daycare centres to target the unvaccinated population.

PRCS conducted a vulnerability assessment of residential barracks identified as vulnerable in the event of a COVID-19 outbreak. In the barracks, residents live in crowded living quarters, often with communal facilities, yet, current data was unavailable for the community. The survey drew participation from **185 people**. As part of the assessment, PRCS collected data on the demographics of the residents, their living conditions and WASH facilities. The data will be used for preparedness and enable rapid assistance to the most vulnerable in the event of an outbreak.



Hygiene kit delivery at one of the day centres. Source: PRCS

### Papua New Guinea Red Cross Society

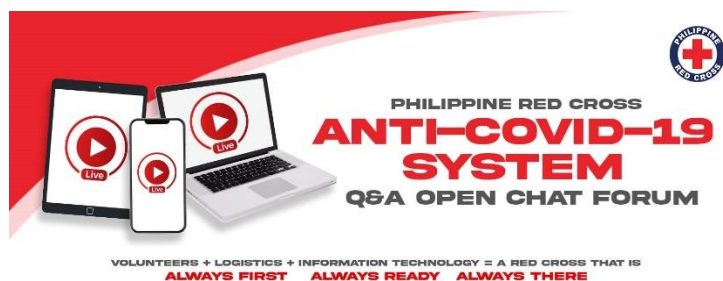
As of 13 February, the cumulative total of confirmed COVID-19 cases is now 38,671 in PNG. There was an increase of 1,401 cases reported in the last fortnight, a 70 per cent jump from previous weeks. The number of confirmed deaths is now 610. The vaccination campaign is rebounding slowly. As of 13 February, 406,556 vaccination doses have been administered nationwide: 143,296 were the single-dose Johnson & Johnson vaccine, and 20,169 were the Sinopharm vaccine. As of 13 February, 3,911 booster shots have been administered nationwide: 3,084 were AstraZeneca and 827 were Johnson & Johnson.

Large amounts of PPEs were distributed in 13 provinces across PNG through the Cola-Cola Euro Pacific distribution networks. The PPE has the potential to serve 3,000-5,000 people across the provinces through the delivery of 636,000 surgical masks, 65,000 examination gloves and 360 infrared thermometers. The PPE is distributed to Public Health Authority (PHA), Provincial Disaster Management Agency and local Red Cross branches. With support from the Australian Red Cross and IFRC, PNGRCS engaged Cola-Cola to support its COVID-19 operation and build a strong partnership on commercial first aid training.

Currently, PNGRCS has developed their 2022 COVID-19 Response Plan that emphasizes addressing vaccine hesitancy through community engagement and accountability. The plan also covers operating the vaccine centre in collaboration with PHA in some branches, home-based care for self-quarantine to reduce medical facilities workload and mobilizing ambulance service in collaboration with existing services in the capital to support the surge.

### Philippine Red Cross

During the last week of December 2021 up to the first two weeks of January 2022, the COVID19 situation in PH has worsened. The Philippines must focus on increasing the vaccination rate nationally and do booster shots. PRC has continued its ongoing support to healthcare authorities, especially regarding aggressive vaccination activities. Through its Bakuna Centers Bakuna Bus and team augmentation PRC has been able to administer **856,209 doses of vaccine**: 431,990 through the Bakuna Center and 262,911 through the Bakuna Bus.



PRC launched an anti-COVID-19 System Q&A Open Chat Forum initiative. A Facebook Page was created wherein people can participate in a question-and-answer open forum about queries on COVID-19 and vaccines, together with a medical consultant. The initiative was to provide a platform for differently abled and marginalized persons access COVID-19 information.

Meanwhile, in managing COVID19 cases, PRC, with the Movement support, operates and manages four active isolation facilities in the country. On top of these, PRC's notable accomplishment includes:

- Setting up of **111 medical field tents**, serving more than **270,000 patients**;
- Collecting 1,1171 units of blood plasma through the Convalescent Plasma Center, serving **1,024 patients** from 113 hospitals, is one of the integral interventions for those who require this treatment;
- Operationalizing molecular laboratories in 14 areas, with **over 5.3 million tests** conducted and as well as participation in genome sequencing to determine the variants that are present in the country;
- Reaching out to **12 million people** with health and hygiene awareness activities as part of risk communication and community engagement initiatives.



To support the government's effort in providing enough isolation facility for those COVID-19 patients, Philippine Red Cross has set up four isolation facilities. Photo: PRC

### Samoa Red Cross Society

The Samoa Red Cross Society (SRCS) collaborated with the Ministry of Health to support the COVID-19 vaccination campaign in October 2021-December 2021. Most Samoans are well-informed about the developments related to COVID-19 and its spread, relying on television, internet/social media and radio to access information, especially from SRCS and MoH awareness programs.

During the vaccination programme outreach, SRCS has reached **57,371 people (35,303 males, 20,620 females, and 1,448 people with disabilities)** for this reporting period. Volunteers engaged with different communities to provide trusted information on the vaccine and address misinformation. Approximately **52 volunteers** have been deployed with the MoH team at 23 vaccination sites, providing first aid standby, crowd management, community mobilization, and monitoring people following vaccination.

SRCS organized blood drives to maintain blood supply throughout the pandemic, collecting blood from **3,550 individuals** from Tupua Tamasese Meaole (TTM) Hospital, Poutasi and booths set up by SRCS in urban areas.



Mobile vaccine teams registering people for vaccinations. Source: SRCS

To expand the capacity of SRCS to respond in the event of a COVID-19 outbreak, **36 new volunteers and staff** have completed training in WASH, correct use of PPE, epidemic control for volunteers, first aid, psychosocial first aid and blood donor recruitment.

### Solomon Island Red Cross Society

Under the National Society health programme, the Solomon Islands Red Cross Society (SIRCS) has continued to deliver COVID-19 community preparedness training from October-December 2021. Twenty communities in the Solomon Islands have been trained on COVID-19 preventative measures by two volunteers and one staff of SIRCS.

Two volunteers have supported the Ministry of Health Emergency Operation Centre (EOC) in communication and administration, such as data management during the vaccine roll-out.

Since January 2022, the Solomon Islands has confirmed community transmissions of COVID-19. With cases rising rapidly in the communities, SIRCS scaled up its response to support the Ministry of Health (MoH).

- A core team of eleven staff and two volunteers have started work at EOC.
- SIRCS continues to provide catering services to quarantine facilities in the Solomon Islands.
- Four volunteers support MoH in the National Health Emergency Operation Centre (NHEOC), and six volunteers in COVID-19 contact tracing.
- SIRC supports the Ministry of Health and Medical Services (MHMS) on COVID-19 key messaging and awareness on IPC measures and social distancing.
- In Temotu branches, four volunteers support vaccination roll-out and risk communication awareness.
- In Malaita Branch, five volunteers participated in the Infection Prevention and Control (IPC) training conducted by provincial health. Six more volunteers support the Provincial Health Authority in COVID-19 contact tracing and screening.
- In Rennell Bellona Branch, five volunteers and one staff are trained in IPC facilitated by provincial health.

### Community Perspective

"We have all made sacrifices over the past few months to keep our families and communities safe. This collective effort has made a huge difference through developing community preparedness and response plan for COVID-19.

"It is [a] great opportunity and privilege to have such humanitarian support. Through information shared, this enlighten our understanding and the reality on how severe COVID-19 [is]. This enhances our community safety with [the] right COVID-19 community preparedness plan if there is a COVID-19 community transmission" (Horabau Community Chairman, 2021).



### Sri Lanka Red Cross

Sri Lanka Red Cross Society (SLRCS) has been responding to the pandemic from its onset in accordance with the dynamics of the pandemic's impact on the country. SLRCS also has a lead role in facilitating vaccine roll out within 17 districts out of 25 districts. The Sri Lankan government opened the country and re-opened schools in October 2021. In December, the first person to be infected with the Omicron variant was identified by the Sri Lankan health authorities. Considering the critical situation due to the rapid spread of the Omicron variant, the Sri Lankan government expedited the COVID-19 immunization among all citizens, including school children. Vaccination of children above the age of 12 years started from January 2022 and the elderly were advised to get the booster dose of the COVID-19 vaccine. Some of the key highlights:

- Facilitated vaccine roll out in 17 districts by deploying medical assistant volunteers in community vaccination centers and school vaccination centers.

- Provided mobile vaccination support by offering transportation facility for vulnerable community members who were unable to reach vaccination centres as well as medical staff who visited the disabled, elderly and unreachable members for COVID-19 immunization.
- SLRCS volunteers deployed to hospitals, intermediate care centres and quarantine centres to assist medical staff and patients.
- Personal protective gear and medical equipment, such as ICU ventilators, nebulizers, oxygen concentrators, pulse oximeters, thermo guns and BiPAP machines donated/distributed to hospitals.
- Engaged in transmission risk reduction activities, including disinfection at public places. More than 6.8 million people have been reached or educated on preventive measures.
- With funding support from IFRC, SLRCS received two ambulances to support the Ministry of Health through patient transportation and medical staff transportation to vaccine centres.



IFRC Secretary General and Head of Country Cluster Delegation, Delhi hand over two ambulances to SLRCS (Photo: SLRCS)

### Thai Red Cross Society

Thailand saw a period of relatively low numbers during December 2021 when the daily caseloads hovered around 2,000 cases per day. However, with the rapid spread of Omicron variant in the country, the numbers reported daily now stand at 15,430 cases/ day. However, with 71 per cent of the eligible population being fully vaccinated, travel restrictions continue to be eased in Thailand with the 'Test and Go' policy being revived for international travelers and the Lao border being opened to allow migrant workers to return to Thailand.

The Thai Red Cross has been working in close coordination with government health departments across provinces facilitating COVID-19 vaccinations for the local population as well as for migrant workers and displaced people. By January 2021, TRCS had vaccinated more than 40,000 people including more than 25,000 people. More than 5,000 displaced persons at temporary shelters in Ratchaburi province and Mae Hong Son province have also been fully vaccinated.

TRCS also produced IEC materials (posters and videos) in several languages (Khmer, Thai and Vietnamese) targeting migrant workers on prevention and protection from COVID-19 and on preventing stigma and discrimination. In addition, TRCS has developed guidelines for self-isolating at home if one tests positive COVID-19.



COVID-19 vaccination being administered by TRCS staff. (Photo: TRCS)

TRCS has recently launched a mobile application for volunteer recruitment called "Thai Redcross Volunteer" application (in Thai) available on Android and IOS operating systems. Since the beginning of the pandemic response, TRCS has been using 'Phonphai'- a disaster mitigation application to respond to requests for assistance from people in quarantine for COVID-19 or for those who lack support and need assistance. By February 2022, TRCS has distributed 432,810 relief kits for assistance for people as part of the COVID-19 response.

### Timor-Leste Red Cross Society

In the first two weeks of January 2022, the country had no recorded any COVID-19 cases until two COVID-19 cases with Omicron variant were reported on 18 January. Now the country continues to report COVID-19 cases with an average of 10 – 20 daily cases. As an auxiliary to government, CVTL is also ramping up its efforts to support the government with tackling the current wave focusing on RCCE and Vaccination roll-out. Some of the key highlights include:

- CVTL is actively supporting the Government's effort in the COVID-19 vaccination roll-out programme and in transporting health workers to help the public register for the vaccination. As of February 2022, more than 9,000 individuals have been supported to get COVID-19 vaccinations since the beginning of the COVID-19 response.
- CVTL has been provided health services for 14,106 people across six municipalities, whilst mental health and psychosocial support (MHPSS) have reached 593 people in Dili isolation centre, and 594 people have been benefitted from receiving material support for home isolation.
- CVTL has also deployed more than 60 health personnel to provide a range of health services such as health screening and monitoring regular medical check-ups at clinics. As many as 61 health facilities in all 13 municipalities have been supported by CVTL to maintain essential health services and response to COVID-19.
- As many as 37,634 people have been tested with COVID-19 PCR Swab test by CVTL medical personnel.
- More than 10 CVTL volunteers have been deployed to support the MoH in dead body management and transportation, providing services for community in Dili and outside of Dili.
- Mobile health and hygiene promotion activities have reached 380,034 people across 13 municipalities.
- A total of 221 tents have been installed at several border checkpoints and government's quarantine sites, used as COVID-19 screening tents for people entering Timor-Leste, alongside tents for professional health workers. Approximately 1,289 people reached.
- As many as 1,006 CVTL volunteers have supported the COVID-19 screening that has reached 151,926 people.
- Sanitizing services have been provided to hundreds of public and private places and have benefitted 383,908 people.
- More than 865 handwashing facilities have been set up and reached 70,993 people.



Figure 1. CVTL health personnel conducts mobile COVID-19 vaccinations.  
Source: CVTL

### Tuvalu Red Cross Society

Even though Tuvalu is COVID free, the need for preparation has been critical before the virus makes its way to the island. In October 2021, community COVID-19 planning took place with various communities in northern and southern islands to assist local government and communities in developing a preparedness and response plan. This involved planning, implementing, testing, and revising the plan for community leaders to understand the COVID-19 vaccine. The TRCS has provided an initial strategic framework for local leaders to begin planning to reduce the outbreak's impact in the near term.

A two-day psychological first aid training was attended by staff and volunteers and enabled them to gain intervention strategies and apply skills. Participants developed activities that were put into a 14-day well being diary, which was then given to those in quarantine to keep them busy with activities like exercising, riddles, stories and quizzes.

TRCS co-facilitated the introduction of the BioNTech Pfizer vaccine to staff and volunteers. These are the same volunteers who have undergone training for the AstraZeneca vaccine. They have familiarized themselves with the different types of vaccines and share the information at the community level through house to house visits.



Volunteers visit communities to conduct surveys for the feedback mechanism.

The community feedback mechanism training using the KoBo application was also held to help partners identify and address information gaps surrounding COVID-19 and the vaccine. Volunteers have preregistered those eligible for the Pfizer vaccine, and it is easier now to contact and help registrants understand the Pfizer vaccine and address their questions about vaccinations.

### Viet Nam Red Cross

Although Viet Nam has vaccinated nearly 80 per cent of its population for COVID-19, it is currently reporting 30,334 cases daily which is the highest rate among the four countries of Viet Nam, Thailand, Laos and Cambodia. The Omicron variant is the reason behind this recent spike; however, deaths and hospitalizations have been less than earlier variants. The country is even considering removing all travel restrictions on international tourists from the middle of March 2022.

COVID-19 cases were expected to rise during the country's most important public holidays (Tet) for Lunar new year. As a preventive measure, VNRC (Viet Nam Red Cross) has included PPE in relief kits that are handed out annually among thousands of poor and vulnerable families who have suffered due to COVID-19 or have faced disasters or have been victims of Agent Orange.



VNRC team members handing over a relief kit to a vulnerable family ahead of the Lunar New Year Festival. Photo: VNRC

The Viet Nam Red Cross has continued to raise awareness among the public, conduct blood donation drives and develop IEC materials on COVID-19 prevention and protection. More than 20 articles on prevention of COVID-19 were published in local print and electronic media and three videos on VNRC's COVID-19 prevention work have been produced.

### Vanuatu Red Cross Society

Vanuatu Red Cross Society (VRCS) has actively supported the MoH in implementing the national COVID-19 preparedness, response plan and vaccination awareness and roll-out across Vanuatu. VRCS has scaled up its response for the following provinces and targeted populations:

Month	Name of Provinces	Name of Islands	Targeted Population
October	Tafea Province	Tanna	41,954
	Malampa Province	Malekula	40,809
November	Penama Province	Pentecost & Ambae	30,614
	Torba Province	Sola, Vanua-Lava	5,039

*People reached by the VRCS COVID-19 response operations.*

October - November 2021, the VRCS has engaged more than 200 volunteers to support the Ministry of Health and Provincial Health Offices with the ongoing COVID-19 vaccine campaign and roll-out plan in six provinces with:

- Risk communication and community engagement (RCCE) through direct community outreach.
- Infection prevention and control, where VRCS supported the MoH in ensuring all infection prevention and control protocols are available at the vaccination sites.
- Support the government in vaccination data management, registration and reporting.
- This includes communicating with the National Statistics Office, updating the provincial database and reporting to provincial health ministers.



*Sanma Red Cross Branch volunteers supporting COVID-19 vaccine administration to frontline workers.*

In addition to the COVID-19 vaccine roll-out, Sanma and Torba Red Cross Branch volunteers were trained by MoH to support the Provincial Health Officers in managing and transporting the vaccine cold-chain within different vaccination sites. Ten volunteers supported this activity.



*Shefa Red Cross Branch volunteer contact clients who are overdue for their second doses.*

MoH recorded that more than 31,000 people had not turned up for their second dose vaccine appointment. Additional support from VRCS was requested to engage two volunteers in each province to assist the Health Information System (HIS) team. By contacting the beneficiaries, VRCS and MoH discovered that people did not turn up because of vaccine misinformation on social media. MOH trained 120 RCS volunteers to advocate and promote COVID-19 vaccines in the communities to address vaccine hesitancy.

Through the support provided by VRCS, **20,000 people** returned to receive a second dose of the vaccine.



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# Europe region



1 Cross distributed informational leaflets on protection against COVID-19 throughout the country with the help of volunteers. Photo: Belarus Red Cross, 2021

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

## Key data for the region

<b>170.8M</b> Total reported cases	<b>6.5M</b> New cases 7 days since data date	<b>1.8M</b> Total deaths	<b>1.5B</b> Total vaccination doses administered
<b>156.2</b> Doses administered per 100 people	<b>44</b> NS involvement in at least 1 vaccination related activity	<b>16</b> Number of WHO approved vaccines in circulation	<b>75%</b> Vaccine acceptance

### National Society involvement per COVID-19 Operational Priority



**45/54 NS**  
Sustaining Health and WASH



**39/54 NS**  
Addressing Socio-economic Impact



**36/54 NS**  
Strengthening National Societies



27 NSs of the region actively supported their health authorities in the vaccination roll-out.

## Financial Overview



### Funding Requirements:

**CHF 120 million**  
*(CHF 158 million including DG SANTE)*

### Income to date:

**CHF 58.1 million**  
*(CHF 96.6 million including DG SANTE)*

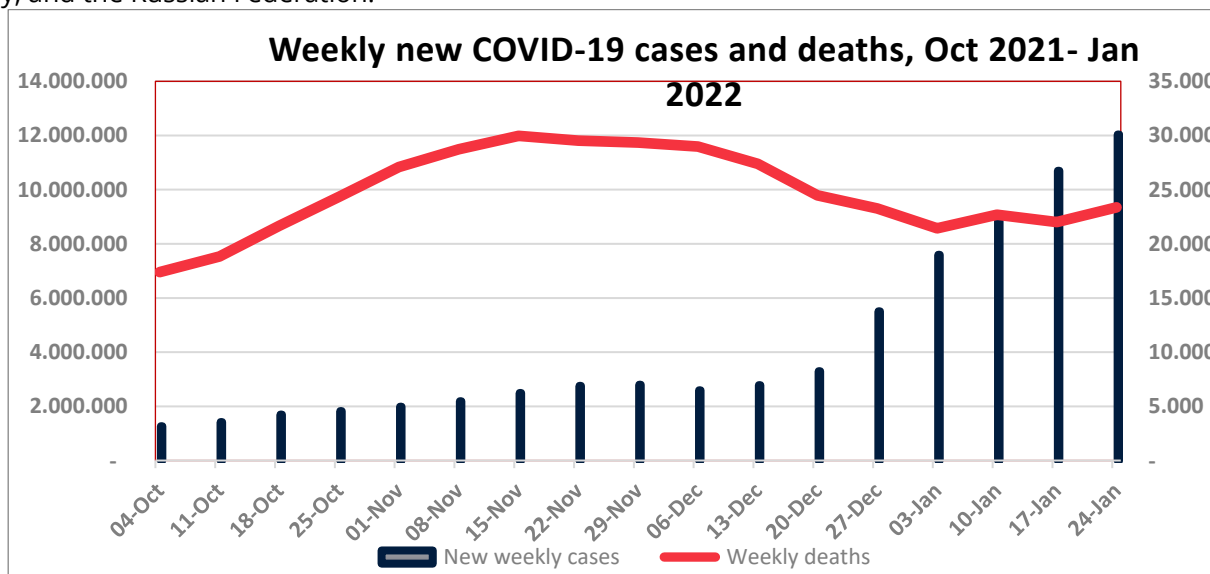
**Regional coverage: 61 %**

### Expenditure to date:

**CHF 49.5 million**  
*(CHF 84.4 million including DG SANTE)*  
**85% of total income**

## Regional overview

As of 30 January 2022, the Europe region contributed to 38% of the cumulative cases and 31% of cumulative deaths globally. In the last week of January 2022, twenty-three countries (38%) reported an increase greater than 20%, with the highest increases reported from Armenia (14,722 vs 4094 new cases; a 260% increase), Azerbaijan (19,307 vs 7116 new cases; a 171% increase), and Tajikistan (143 vs 59 new cases; a 142% increase). Eleven countries in Europe reported an increase in new cases of 20% or greater during this time. Those reporting the highest relative increase were Belarus, Azerbaijan and the Russian Federation. The highest numbers of new cases were reported from France, Germany, and the Russian Federation.



An analysis of the weekly new cases and deaths from October 2021 to January 2022 shows a tenfold increase in the number of new weekly cases during the Omicron wave in Europe. From 1.26 million weekly new cases in the week of 4 October 2021, it reached 12.03 million new cases during the week of 24 January 2022. The deaths also increased from 17,392 in the week of 4 October to 28,983 in the week of 6 December 2022, and decreased to 24,759 in the week of 31 January 2022. On 4 November 2021, WHO issued a [statement](#) predicting half a million new deaths in Europe and Central Asia by the beginning of February 2022. The cumulative number of deaths since then is 277,215 up to the end January 2022.

422 days into starting COVID-19 vaccinations in the Europe region, 1.45 billion doses of vaccines were administered in the 54 countries of the WHO Europe region.

- 611,379,477 individuals (65.5% of the total population) have received at least one dose of COVID-19 vaccine,
- 564,195,761 (60.4% of the total population) have received a complete COVID-19 vaccine series.

Vaccination coverage in low and lower-middle income countries is low at 33.6%, while in the upper-middle income countries of the region it stands at 50.6%, compared to 75.3% in high income countries. Nine countries in the region did not achieve the 40% WHO target coverage rate by December 2021, which includes Armenia, Bosnia & Herzegovina, Bulgaria, Georgia, Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan. The top 3 drivers of vaccination in the region are the following: believing the vaccine is effective in controlling the virus; acceptance of routine vaccination; and recommendation from the Ministry of Health. The top 3 causes of vaccine hesitancy include vaccine safety concerns, individual calculation of risk, low perceived risk of severe COVID-19 infection or high perceived risk of vaccine complications.

## Priority 1: Sustaining Health and WASH

### Epidemic control measures

#### DG SANTE Mobile Testing Initiative



The DG SANTE Mobile Testing programme, which aimed to contribute to the reduction of morbidity, mortality, and social impacts of the COVID-19 outbreak by preventing, slowing, or interrupting transmission by scaling up COVID-19 testing capacity of Red Cross National Societies in seven EU member states: Austria, Germany, Greece, Italy, Malta, Portugal and Spain, was implemented between 1 September 2020 and 30 September 2021.

The project trained 9,222 NS staff and volunteers in mobile testing, equipped 1,795 mobile testing teams, and conducted 1,263,309 COVID-19 tests. The results include an increased collaboration and stronger relationships between National Societies and health authorities, a wealth of experience and innovations in the procurement of medical supplies, mobile testing and strengthening referral mechanisms with national health systems, and in developing health information management systems (HIMS). The contribution of these National Societies to national epidemiological surveillance efforts has been significant. NS made important investments in their own laboratory equipment and strengthening staff capacities to process RT-PCR tests. These newly acquired skills and expertise will be transferable to other public health initiatives aimed at curbing the spread of other infectious diseases affecting vulnerable groups such as HIV/AIDS and tuberculosis.

### Risk communication, community engagement and accountability, and health and hygiene promotion

On 27-30 October, a 3-day **Risk Communication and Community Engagement (RCCE) Training of Trainers** and a 1-day **Information Management and Mobile Data Collection to support COVID-19 vaccination activities training** was held in Montenegro for staff and volunteers of the National Societies of Montenegro, Bosnia and Herzegovina, North Macedonia, Romania, Bulgaria, Greece, Kyrgyzstan and the Central Asia Country Cluster Delegation (CCD). Several of the participating National Societies have since rolled out, or are the process of planning related trainings and are working on COVID-19 vaccination perception surveys or feedback mechanisms.

An updated [Community Engagement and Accountability \(CEA\) Guide](#) produced by the IFRC and ICRC was launched in December. The aim of the revised guide is to help the Movement address barriers and challenges and ensure we engage communities throughout all our activities. The guide will soon also be available in French, Spanish, Arabic, Russian and Ukrainian to support the work of National Societies in the region. An updated and translated CEA Toolkit is also on its way.

A rapid [online course in CEA in Times of COVID-19](#) on IFRC's Learning Platform was launched with Russian translation in November. The course focuses on what, why and how CEA approaches are crucial during the COVID-19 response, how to be a good risk communicator, how to safely engage communities despite physical distancing, and how to set up and respond to feedback from communities.

The Ukrainian Red Cross Society, with the support of IFRC, launched a **telephone [micro-survey on community perceptions on COVID-19 vaccination](#)** in September and October 2021, with the results published in early November. The survey reached 1,390 respondents from 18 regions. Key findings included the identification of areas where vaccine hesitancy is highest, ongoing concerns over vaccine safety, efficacy and side-effects, people's respect for guidance provided by family doctors, and the appreciation of Red Cross information around COVID-19 and vaccination. The results are informing the continuing risk communication and community engagement activities of the National Society and a follow up survey is planned.

A **joint regional RCCE Task Force to accelerate COVID-19 RCCE support** was established in November 2021 between WHO, UNICEF, ECDC and IFRC. Priority countries have been identified based on: the Situations of Concern (SOCs) list, National Health Authority's requests; and WHO country offices and National Health Authority capacity to support campaign implementation. The list takes into account data on epidemiology (new cases and deaths), COVID-19 vaccination coverage, health care system capacity (e.g. hospitalizations), public health and social measures (PHSM) severity, PHSM adherence (where available), and risk perception (based on the Fear of COVID-19 Scale (FCV)).

### **Infection prevention and control and WASH (community)**

The IFRC continued to build the capacities of Red Cross and Red Crescent National Societies and local communities to prepare for and respond to health emergencies in South Caucasus and the Balkans areas. The support includes training and mentoring of NS staff to deliver life-saving support to the most vulnerable people, infection prevention and control in community settings including hand washing, social distancing and coughing etiquettes, etc. Three NS in South Caucasus: Armenia, Azerbaijan and Georgia continued their emergency health preparedness actions at community level. Five NS in the Balkans region: Albania, Bosnia and Hercegovina, Montenegro, North Macedonia and Serbia strengthened their 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. Several meetings with NS health focal points were organized to discuss how the IFRC can better support in preparation of the country project proposals based on identified needs and priorities from the PER assessment that was conducted in collaboration with DM teams

### **Mental health and psychosocial support services (MHPSS)**

#### **Global MHPSS Survey**

As a follow up to the adoption of the Movement Policy at the Council of Delegates and the Resolution on Addressing Mental Health and Psychosocial Needs at the 33<sup>rd</sup> International Conference in 2019, the IFRC and ICRC are mandated to submit the progress achievement report in the upcoming Statutory meetings. Therefore, a Movement-wide survey was launched to be responded to by all NS, the ICRC and the IFRC.

The key findings of the survey were assembled, and the Progress Report 2021 can be found on the PS Reference Centre, [published](#) in English, and soon to be translated into Spanish, French and Arabic. The report shows that, despite limited funds, the components of the Movement are delivering a wide range of MHPSS services and activities.

#### **World Mental Health Day – High level panel discussion and 5 regional parallel sessions**

*“Mental Health in an unequal world: what brings us together and what sets us apart?”* - As a celebration of the World Mental Health Day observed on 10 October, the IFRC Health and Care Department and the IFRC Psychosocial (PS) Reference Centre organized a high-level panel discussion on 19 October 2021 about the inequalities of access and challenges around MHPSS services. The first panel discussion was followed by 5 parallel sessions featuring Movement partners from different regions. The Europe Session was moderated by the Europe region MHPSS Delegate on *“How can MHPSS help resettlement of refugees in host countries”*, considering migration is one of the strongest topics in the region. The Netherlands RC and Spanish RC presented their experiences in hosting migrants and providing MHPSS services to them. The PS Reference Centre also introduced *FOCUS*, a project on dynamic integration of refugees in host communities in Europe.

#### **Global MHPSS Focal Points Meeting**

On 27 October 2021, together with IFRC PS Reference Centre and the representatives of IFRC regions, the Regional Office for Europe (ROE) MHPSS Delegate discussed the key highlights on MHPSS and presented the latest MHPSS achievements from the Europe region. Discussions were around the activities conducted by the National Societies of each IFRC region, the key findings of MHPSS Survey and the World Mental Health Day event.

### European Network for Psychosocial Support (ENPS) – Annual Forum

The ENPS Steering Committee started its Annual Forum on the topic of “*Suicide prevention*” on 28 October with an online training on Suicide Prevention, conducted by the PS Reference Center, followed by two 3-hour sessions held on 29 October, with the opening speech done by Birgitte Ebbesen, Regional Director, and on 30 October, bringing together the MHPSS Focal points from the region.

### State of play - Roadmap Working Group

A roundtable was part of the “State of Play Movement Workshop” that took place on 1 and 2 December, where Movement representatives came together to take stock and discuss the progress of how far they have come since the statutory meetings in 2019. Organized by the Roadmap Working Group 3 and with participants physically present in Stockholm and others online, representatives from Danish Red Cross, Swedish Red Cross, British Red Cross IFRC and IFRC PS Centre discussed how they can support the implementation of the Roadmap in their activities.

### Maintain access to essential health services (clinical and paramedical)

The IFRC ROE Health and Care team conducted an international training on Health in Emergencies in Budapest between 5 and 7 October 2021, funded by USAID. The aim of the training was to strengthen the NS capacities to progressively respond to health needs during emergencies and how to apply various approaches and tools for disease outbreak and health emergencies.

### Support for immunization

During the current reporting period, all new funding from IFRC to NS primarily supported COVID-19 vaccinations. The Red Cross Society of Georgia manages 3 vaccination centres, other NS in the region are supporting social mobilization and RCCE. In the field level, NS have planned their interventions to reach the most vulnerable population to increase access to COVID-19 vaccination. COVID-19 prevention and vaccination is 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 NS 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

14 National Societies in Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Cyprus, Greece, Italy, Kyrgyzstan, the Republic of North Macedonia, Serbia, Tajikistan, Ukraine, and Uzbekistan, using cash transfers in their COVID-19 responses successfully completed their Cash and Voucher Assistance (CVA) distributions.

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

The Red Crescent Society of Tajikistan provided sewing/cutting skills development trainings and sewing machines to contribute to the strengthening and diversification of livelihoods of vulnerable women and to reduce COVID-19 pandemic's socio-economic impact.



## Addressing the socio-economic impact of COVID-19 in Ukraine

Based on the Ukrainian Red Cross expertise in home care provision, research findings, and in cooperation with the Ministry of Social Policy, Ukrainian Red Cross launched an Employability Pilot Project. This pilot project provides up to date certified training curriculum carried out by Red Cross teams for informal caregivers to obtain formal status, and offers an employment opportunity in the labour market. It incorporates community feedback mechanism to ensure follow up and adaptive approach to changing needs, and enhances the Ukrainian Red Cross efforts in supporting public social services in the care sector, and provides an example for further replication of the model throughout Ukraine. The learnings from developing this pilot, as well as the structure of key deliverables along with the key outcomes will be made available for other National Societies, so that this modality can potentially be replicated in other contexts.

## Social Cohesion and Support to Vulnerable Groups

### Protection, Gender and Inclusion (PGI)

The regional PGI Delegate organized a **PGI in Emergencies** session with Ukrainian Red Cross in October 2021. The training aimed at introducing principles and standards to be included across sectors, and how PGI and PSS can coordinate and work together. It included reflections on the impact of COVID-19 on the safety, well-being and safeguarding of affected communities, and highlighted the worsening of protection issues such as domestic violence and trafficking in persons.

In December 2021, the toolkit **Protection and Assistance of Child Migrants in Europe**, was disseminated at regional level during a webinar. The toolkit aims at presenting standards and principles in working with children on the move in the context of Europe, including specific recommendations on how to adapt approaches in case of restrictions, limited mobility and remote modalities due to COVID-19.

In December 2021, OSCE and the Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings organized its annual meeting with member states, civil society organizations and UN Agencies. The meeting included different thematic sessions, such as addressing new vulnerabilities due to COVID-19, trends in protection with a focus on commercial sexual exploitation of children and child protection responses in the Western Balkans. A session was also dedicated to funding discussion around supporting states in developing mid-term anti-trafficking strategies and advocating for resource allocation.

A regional webinar was organized, presenting the experience of **hotlines providing support during COVID-19**. The webinar presented the Italian Red Cross experience and focused on the value of having hotline response centres in place, especially when communities face service disruptions and restriction in accessing basic and life-saving services. It also explored the importance of Information Management in supporting safe and quality provision of PGI services by guaranteeing data protection and evidence-based responses.

### Health and Ageing

National Societies since the beginning of the pandemic have been implementing different community-based activities and have a significant role in ensuring that older people can meet their basic needs, access essential services and maintain their dignity. RCRC NS are supporting the vaccination process and are providing: transportation for older people to vaccination points; social mobilization and risk communication; helping older people with registration to the vaccination; as well as providing them with PPE and PSS support and digital inclusion and socialization.

The Regional Health and Care Team participated in the Online Silver Forum "Mental health and social well-being" organized by the UNFPA country office in Belarus in November 2021. This was an international forum for discussion,

exchange of experiences and opinions of experts, communities on pressing issues related to COVID-19 and its impact on the mental health of older people.

## **Priority 3: Strengthening National Societies**

### **National Society readiness**

#### **Emergency Operational Centres (EOC):**

EOCs continue to be NS entry points for COVID-19 information exchange and follow up on main developments in relation to Government procedures and measures installed. During the reporting period, the main activities included the provision of reports, infographics from/to RC branches on the vaccination process, referrals and transportation services organized, shared with health authorities. Those NS who have joined the call centre to the EOCs were able to continue with these activities, and provide information on citizens' requests in relation to COVID-19.

#### **National Society Development**

Looking ahead at the transition of the COVID-19 activities from an emergency modality to an integrated regular programming approach, during a recent planning meeting a number of NS investment opportunities were identified. Over the past 2 years many NS developed new activities that they were not engaged in prior to the pandemic, and the scale of NS involvement in support of government authorities has expanded. The scale and the corresponding challenges therefore are different in the "new normal". This leads to a possible rethinking of the auxiliary role, as well as the need to start better collaborating with different civil society, non-governmental and governmental actors to provide a package of services to NS even when the IFRC Emergency Appeal closes, and funding significantly decreases. The funding gap was clearly identified as the main challenge and the need to develop NS capacity to obtain and access institutional funding in light of the existing and upcoming gap. The need to develop long-term relationships with existing donors for prolonged and renewable funding was highlighted, along with the need to invest in fundraising and networking capacity through Human Resources, knowledge sharing and other initiatives. Moreover, there is a need to develop willingness to take a stronger stance in prioritisation, networking and localisation by investing in NS capacity to access Institutional funding. Lastly, a number of more generic NSD investment elements were identified that came out of the COVID-19 response and need to be further unpacked, contextualized and clarified into specific investment areas.

### **Support to volunteers**

During the reporting period, the IFRC Europe Regional Office Youth and Volunteering unit carried out the following activities to support volunteers in their COVID-19 response:

- Organization, together with the IFRC regional CEA unit, of a survey about the volunteer perceptions on COVID-19 in the region. The survey will be finalized in the 1<sup>st</sup> quarter of 2022 and disseminated among NS in the 2<sup>nd</sup> quarter.
- Dissemination, together with the European Youth Coordination Committee, of the [Podcast HEARTBEAT OF HUMANITY](#) through the Youth Network. The podcast is about mental health and psychosocial support, and is mainly addressed to staff and volunteers in the RCRC Movement – especially those working in mental health and psychosocial support services.

## **Enabling Actions and Support Services**

### **Resource Mobilization**

The IFRC ROE Resource Mobilization Capacity Building (RMCB) team continued to support 16 National Societies in income generation with a focus on unrestricted funding in light of COVID-19 and the related contraction of regional



economies.

Over a course of 4 months, the market study identifying the potential domestic income sources was developed for Azerbaijan Red Crescent, 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. Successful donor management being difficult without effective CRM system, more National Societies switch to modern cloud-based database management systems. With the IFRC ROE support Romanian Red Cross has finalized the development of their CRM system in October 2021. As a result, their donor database has grown by 200 %.

Regular Giving amplification stands as priority area due to its unearmarked income generation potential. The Direct Dialogue project was launched in Ukraine in December, the National Society acquiring its' first 200 regular donors over two months period. Successful example in Ukraine is used as a good case study to other National Societies in the region. Currently preparatory projects are ongoing in Ukraine, Kazakhstan, Kyrgyzstan and Portugal. For the reporting period, over CHF 500,000 were raised already using regular giving as fundraising channel.

### Risk Management

Coordination between risk management, business improvement and development and learning with the technical areas of the Secretariat is key for the IFRC to better respond to the pandemic. In line with IFRC's overall risk management strategy, systematic risk management at the Europe region continues to be an integral part of the COVID-19 operation to ensure effective and efficient use of Movement resources and enhance complementarity. This has ensured continued identification of emerging risks, monitoring of existing risks and risk trends via strengthening the control environment by continued implementation of mitigation measures to minimize exposure. There is continuous identification and analysis of risks to the operation to prevent or mitigate the impact of the risks identified. Risk matrixes have been updated accordingly, informing preparedness and response activities, and ensuring SOPs are developed for more efficient responses.

Given the depth and volume of the needs created by the pandemic at global level, the biggest challenge is to secure continuous funding, leaving long-term recovery plans and strengthening National Societies severely underfunded. Related risks negatively impact the capacities of National Societies to mobilize resources and to reduce dependence on some revenue streams and result in decrease of NS stocks and resources, especially in contexts when other crises put further strains on the scarce capacities and resources. At the same time global trends indicate that the social crisis created by the COVID-19 pandemic may also increase inequality, exclusion, discrimination, human rights violations, global unemployment in the medium and long term.

### Communications

The COVID-19 mobile testing initiative funded by the EU's DG SANTE has come to an end, a highly successful project that exceeded targets in all areas, including communication. The IFRC Communications team has produced an infographic, a video and an online article about the achievements of the project, and supported with the design of the final report. Communication highlights were collected in a Sway report: the 7 participating NS and IFRC have reached 15 million people on social media, and project-related websites were viewed more than 21 million times. Videos of the project have been viewed 523,000 times.

On 22 November, the report on the socio-economic consequences of the COVID-19 pandemic was launched, with the title "Drowning just below the surface". The report was presented at a press conference by IFRC President Francesco Rocca and received worldwide coverage from key media outlets. From Europe, Spanish Red Cross and Turkish Red Crescent have been featured in the report, which has been featured by The Guardian and Telegraph.

### Information Management

The IFRC Regional Information Management (IM) Officer provides support for National Societies in sharing information on the GO-platform and maintaining their respective country pages. Increasing attention is placed on supporting National Societies in their information management capacities including data collection, data analysis and

## COVID-19 Europe Region | Regional Overview

related IT solutions. Efforts are concentrated on strengthening Health information management, evidence-based decision-making and the cross-cutting work of CEA and PGI. To support National Societies in their efforts of building effective risk communication strategy, IM worked closely with CEA to deliver trainings on the implementation of a feedback system – in August in Georgia and Azerbaijan (for the local NSs), and in November in Montenegro (for eight NSs implementing project focused on support to vaccination). In addition, IM has been supporting the Health and Care team in data collection under the ‘vaccination survey’ – iterative process of collecting data on the National Societies’ involvement in conducting activities related to the COVID-19 response.

## Planning, Monitoring, Evaluation and Reporting (PMER)

The ROE PMER unit continued engaging National Societies to showcase their work via submitting monthly field reports via the [GO platform](#), contributing to the COVID-19 Operation Regional Monthly Highlights publication.

Building on the strong engagement during COVID-19 operations, monthly opportunities for Movement-wide knowledge sharing continued in the format of PMER Community of Practice webinars.

As part of interregional support, the ROE COVID-19 PMER Officer was deployed to support the coordination of the Haiti earthquake Emergency Appeal from September to November 2021.

The unit continued engaging directly with 54 National Societies on quality assurance and information sharing in the COVID-19 global data collection framework, and contributed to several concept notes and project proposals mainly in the thematic area of health in emergencies in and after COVID-19 on regional and cluster level as well. National Society Response Plans have also been reviewed as part of the revised Emergency Appeal.

The PMER team together with the COVID-19 Operations Coordinator prepared a workshop on the transition strategy and looking ahead for 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.

## Financial Analysis

Following the launch of the revised Emergency Appeal in December 2021, it is becoming increasingly clear that the traditional way of Resource Mobilisation the IFRC pursues is not effective in this crisis and new and innovative approaches are needed. Hence, in January 2022 many efforts were focussed on adapted resource mobilisation strategies. Various marketing products were developed and engagement with potential donors is to be followed up. Meanwhile, many national authorities across the region continue to seek support from NS to counter the ongoing infodemic and misperception about the virus, measures and prevention activities. This is causing ongoing demand on NS in many countries to remain heavily involved and step-up involvement in mobilisation of people to get tested, vaccinated and seek health care when presenting symptoms, while the IFRC channelled funding for such activities has largely dried up.

The current foresight for 2022 is insufficient remaining funding for to address the huge needs faced by NS in the Europe region. So far in 2022 there has been no additional income generated and no foresights for additional funding.

Europe region’s total funding requirement is CHF 120m (excluding DG SANTE; please see page 1 for totals including DG SANTE). Currently the income for the region stands at CHF 58.1m, out of which CHF 49.5m has been expended (by end Jan’22) representing an 85% financial implementation rate, while we are only at 69% of the overall timeframe. Leaving little remaining funding for the year 2022 given the huge needs faced in the Europe region.

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Regional Overview	CHF Million
Appeal Funding Requirement	120
Confirmed Income (PEAR)	58
Total Operating Budget 2020-22	56
Expenditure Year-To-Date	50
Budget Implementation	89%
Income vs Funding Requirement	48%

*\* figures exclude DG Sante Contribution. Please refer page 1 to view overall.*

## 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) is part of the national response mechanism set up under the auspices of the Deputy Prime Minister of the country. From the onset of the State of Emergency, the ARCS has been responding to the needs of vulnerable groups in coordination with public health authorities and local municipalities of the Republic of Armenia.

To ensure efficiency of response, as well as safety of its volunteers and target communities, **2,100 Armenian Red Cross volunteers** were mobilized, equipped with PPE, and trained on COVID-19 safety to support the operation across the country.

To date, within the COVID-19 response, the ARCS has supported **36,000 vulnerable people** with basic food and hygiene supplies. **400 older people** living alone were provided ICT equipment for the improved access to social interactions and information on COVID-19. **900 children from vulnerable households** were provided ICT equipment to ensure their uninterrupted access to remote education. **735** individuals made vulnerable by the pandemic assisted to cover their electricity bills; **16,117** to cover their utility expenses and **435** with rental assistance.

To address the impacts of COVID-19 on the mental health of local communities, the ARCS psychosocial support centers and its hotline have been operating in an emergency mode since the onset of the pandemic. In total, **49,000** people (35,216 women, 13,784 men) received PSS/PFA, as well as information on COVID-19 safety and referral to state and non-state services via ARCS hotline. Moreover, the ARCS PSS officers have carried out **1,010** home visits to vulnerable households.

To support the national COVID-19 vaccine rollout, the ARCS volunteers have been supporting the local population with registration and crowd management at vaccination sites, as well as providing people with necessary information and first aid/PSS. In total, **5,531** people were supported with vaccination.

The ARCS has been proactively disseminating key messages on COVID-19 prevention measures, rules of safety and other important information through its awareness raising and RCCE activities, reaching **over 1.5 million people** through social media platforms, dissemination of IEC materials, its Facebook ChatBot and hotline. During the awareness raising campaigns, the ARCS encouraged the COVID-19 safe behaviour of local population through distributing hand sanitizers and masks. Moreover, the ARCS succeeded in reaching **70,361** local community members directly, and **211,083** – indirectly, with the pandemic-proof community preparedness and response messages.

With the technical support from the external experts, the ARCS conducted a **KAP survey** interviewing a representative sample of **551** people (401 men; 150 women) to examine their access to healthcare services and their knowledge and attitudes toward the COVID-19 vaccines. The study found that only 45.19% of the surveyed population believed that the vaccines were effective against COVID-19. The ARCS will integrate the findings of the survey in its programmatic decisions.



*“The world is facing a global challenge now, and we have to act and try our best to overcome it. During the vaccination event organized jointly with the Ministry of Health of Armenia we informed people about the importance of protecting their health and the available prevention measures. For me, it was important to gain the experience of working with people, and their attitudes were very warm, which was encouraging.” – Liana Avatsyan, ARCS Volunteer, 19-years-old. Photo: ARCS*

## Red Crescent Society of Azerbaijan



*"It is very important that our knowledge on COVID-19 is regularly refreshed. So, we are constantly being reminded about the rules of safety. Received many helpful brochures and leaflets, as well as the informational visits. We are grateful to the AzRC staff and volunteers who are taking care of our health and support us." – local community member from Azerbaijan. Photo: AzRCS*

The Red Crescent Society of Azerbaijan (AzRCS), with its country-wide network of 92 local and field branches, 8 regional centers, 300,000 members and over 22,000 registered volunteers, in partnership and cooperation with the public health authorities and local municipalities, has been actively responding to the needs of local people made vulnerable by COVID-19 from the onset of the pandemic.

To ensure efficiency of response as well as the safety of its volunteers and target communities, around **3,000 AzRCS volunteers** were mobilized, equipped with PPE, and trained on COVID-10 safety to support the operation across the country.

To date, with support from Movement Partners, international donors and private sector companies, the AzRCS has provided relief assistance (food and non-food items) to **23,800** households made vulnerable by COVID-19; up to **32,000** households were provided hygiene items, including liquid soap, hand sanitizers and wet wipes. Moreover, **959** most vulnerable households (**up to 4,000 people**) affected by the pandemic were provided a one-off cash assistance in the amount of CHF 145.15 per family.

The AzRCS has been proactively disseminating key messages on COVID-19 prevention measures, rules of safety, vaccination and other important information through its awareness raising and RCCE activities, involving the dissemination of over **3 million information education materials (IEMs)**, its hotline, and face-to-face, reaching over

**3.5 million people.** The awareness raising campaigns also involved the distribution of masks and sanitizers, to encourage COVID-19-safe behaviour by local population.

To address the impacts of the pandemic on the mental health of local communities, the AzRCS has been providing PFA/PSS through key PSS messages, home visits to the most vulnerable households, including migrants, and its hotline. More than **72,000 people** have been reached with the PSS messages and support (including through the hotline) throughout the response operation.

The AzRCS volunteers have been supporting the local vaccination centers by disseminating key messages on COVID-19 prevention among the people awaiting their vaccine jabs. The AzRCS is currently in the process of renovating the WASH facilities in **6 rural schools** of Azerbaijan, and establishing **3 Humanitarian Service Points**, to accommodate safe and secure engagement activities with the communities.

## Belarus Red Cross

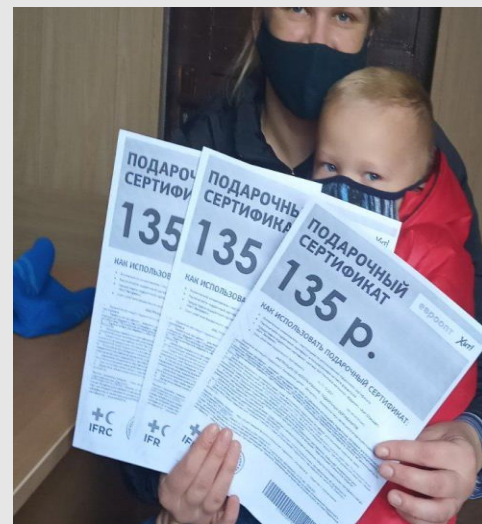
**Belarus Red Cross (BRC)** continues its COVID-19 response with: assistance and home care for lonely older people and people with disabilities; delivery of food, basic necessities, prescriptions and medicines; operating the information line "201" to provide counselling and psychosocial support; supporting health care institutions with PPE; informing the population about the risks and preventive measures of COVID-19; assistance in access to immunization for vulnerable people and in the penitentiary system of the Ministry of Internal Affairs of the Republic of Belarus; provision of humanitarian aid to homeless people, ex-prisoners, people with hearing and vision impairments; vouchers provision to vulnerable citizens affected by COVID-19; PSS; ensuring access to diagnostics and treatment for people living with HIV in regions with a high epidemiological burden on the health care system and in remote areas with mobile health stations; providing migrants with PPE, antiseptics, hygiene kits, food parcels and essential goods at the logistics centre "Bruzgi" at the Belarusian-Polish border.

### Achievements:

- 16,441 services for the delivery of food, basic necessities, prescriptions and medicines.
- 5,300 people received PSS.
- 463 calls from vulnerable citizens to the information line "201" during the reporting period.

## COVID-19 Europe Region | National Society Highlights

- A leaflet on prevention of psycho-emotional burnout was developed and printed (250 copies);
- Coverage of the population with information materials on COVID-19 prevention: 3,670,000 people.
- Informing the population through the BRC website, social networks and regional branches of the BRC.
- In October 2021, the BRC finished distribution of food parcels to the homeless and ex-prisoners. From the end of October to mid-November vouchers were distributed among vulnerable citizens: older lonely people, people with disabilities, single-parent families and families with many children, people in difficult life situations, people with low income:



Distribution of vouchers in Minsk region.  
Photo: BRC

to mid-November vouchers were distributed among vulnerable citizens: older lonely people, people with disabilities, single-parent families and families with many children, people in difficult life situations, people with low income:

- 1,950 vouchers for vulnerable categories;
- 500 food parcels, 500 hygiene kits for the homeless;
- 300 food parcels, 300 hygiene kits for ex-prisoners.
- 30 food parcels and 30 hygiene kits for people with hearing and vision impairments.
- 3 caring for cares activities for volunteers at the regional level (30 participants);
- 7 PSS events at the regional level (71 participants);
- 1 lessons learned workshop at the national level (15 participants);
- 2 PSS meetings for people with hearing and vision impairments (24 participants);
- 3 Psycho-emotional relief meeting for people with hearing and vision impairments (40 participants);
- 1 PSS training with staff of the Belarusian Association of people with vision disabilities (12 participants);
- 1 meeting with key stakeholders on Grodno region (10 participants);
- 1 PSS meeting at the national level (15 participants);
- 2 caring for cares activities for volunteers "201" (20 participants);
- 1 training for volunteers "201" (12 participants).

### The Red Cross Society of Bosnia and Herzegovina

During the reporting period there was a strong wave of infections with record numbers of cases. The healthcare system was under big pressure once again, affecting not only the current, but also long-term health, including the mental health of the population. The activities of the Red Cross Society of Bosnia and Herzegovina (RCSBiH) structure and the achievements of those activities were the following:

1,058 transportations of COVID-19 positive patients in the period October 2021 – January 2022;

232 transports of teams to provide vaccination at home in the period October 2021 – January 2022;

930 people transported to vaccination points in the period October 2021 – January 2022;

Registration for vaccination for 19,498 people in total;

Scheduled appointments for 39,066 people in total;

RCSBiH providing official [information management](#) for one district in the pandemic, implementing the IM platform for vaccination and providing digital COVID-19 certificates, in line with EU guidelines;

Psychosocial support provided for more than 3,300 people, using 6 phone lines in total;

More than 350 000 people reached through promotional campaigns;

Information about vaccination shared with more than 50,000 people;

Mass control at vaccination points throughout the country;

Food distributed to more than 10,530 households;

5 vehicles provided as support to COVID-19 efforts;

Trainings for contact tracing for 30 volunteers;

Training for blood donations during pandemic for 20 participants.

Support in the communities of the country was possible because of the support of IFRC, PNS and the ICRC, as well as government bodies and WHO. WHO provided support for the vaccination efforts, including transportations to vaccinations, but also to contact tracing. This partnership is still one of the vital parts of every-day response, with RC volunteers and branches of RCSBiH structure implementing the activities and providing assistance to the vulnerable population. Even though no funds have been allocated to



Volunteers support vaccination efforts in Sarajevo. Photo: RCSBiH

the RCSBH since the start of the year, RCSBH continued implementing activities on the benefit of the communities. All activities were supported by government entities, and MoUs were signed between public health institutions and Red Cross organizations.

## Bulgarian Red Cross

The Bulgarian Red Cross (BRC), being part of the national emergency response system, has been mobilizing its resources to support the MoH by providing PPE, carrying out risk communication and health promotion activities, providing psychosocial support and the food distribution programme. On 30 June 2021 the Bulgarian government amended the National Plan on Vaccination and shifted from a national vaccination taskforce to a newly established consultative body called National Council on Vaccination, including influencers, journalists, public figures and experts. During the reporting period, Bulgarian Red Cross is planning on a new project supported by USAID to support country readiness to administer COVID-19 vaccines, including efforts to ensure uptake and access to vaccinations among all eligible population, address vaccine hesitancy, and dispel misinformation and disinformation. Preparations are being carried out to organize nationwide communication campaign following a perception survey on COVID-19 vaccine hesitancy and acceptance.



## The Bulgarian Red Cross in response to COVID-19 pandemic

### Services to vulnerable, medical and social facilities.

from the beginning of the campaign till 12.01.2022



**8 953**

Bulgarian RC's volunteers and staff involved



**810 449**

People reached - prevention materials and actual information



#### Provided hygiene products:

- \*Ethyl alcohol - 7 695 l
- \*Hand sanitizer - 38 700 ; 32 850 l
- \*Personal hygiene products - 160 000
- \*Cleaning supplies - 36 660
- \*Sanitizing antibacterial hygiene mats - 13



**220 383**

Vulnerable people provided with food products



**22 693**

People consulted and received Psychosocial support:  
\*National on- line chat - 1 119  
\*Hot lines - 21 738



#### Support for medical staff and volunteer

- \*Water - 113 200 bottles
- \*Instant coffee - 317 354
- \*Energy drinks - 165 236
- \*Chocolate products - 19 428
- \*Dairy products - 18 200



**5 520**

Persons in isolation assisted with food products and medicaments



**3 221 995**

Distributed personal protective equipment  
\*Masks - 1 150 255  
\*Gloves - 1 933 400  
\*Shields - 7 970  
\*Disposable overalls - 92 200  
\*Plastic safety goggles - 1 500  
\*Plastic overshoes - 34 800  
\* Medical hats - 5 300  
Support for students:  
\*Laptops - 100 ; \*Routers - 30  
\*Education packages - 2 500



#### Provided specialized medical equipment and relief items:

- \*Medical Ventilators - 12
- \*UVC/UV bactericidal lamp - 108
- \*Patient monitoring devices - 37
- \*Electric beds - 5
- \*Remote monitoring devices for patient - 11
- \*Real time PCR system - 1
- \*Portable X-ray machine - 1
- \*Nucleic Acid Extraction System - 1
- \*Smart bracelets for remote monitoring - 5
- \*Thermometers - 851
- Mattresses, blankets, bedding, beds, tents



#### Tests and consumables provided:

- \*PCR tests - 20 048
- \*Quick tests - 20 000
- \*Consumables - 20 010
- \*Medicaments - 11 414

**Czech Red Cross**

The Czech Red Cross stands in solidarity with communities and is a front-line responder to the current pandemic. With an extensive network of branches and highly trusted volunteers and staff across the country, the Czech Red Cross is supporting people and their communities to prepare for and to respond to this global emergency.

The Czech Red Cross is a member of the Integrated Rescue System (IRS) of the Czech Republic. The Czech Red Cross is fulfilling its mission of auxiliary role of the state (humanitarian services).

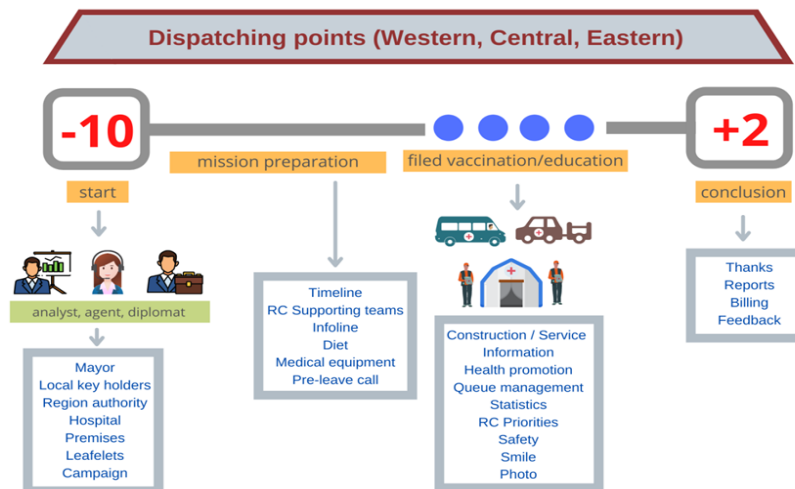
The Czech Red Cross works in cooperation with the Ministry of Health Care of the Czech Republic, Czech Medical Chamber (professional chamber), MESES – Mezioborová skupina pro epidemické situace (Interdisciplinary Group for Epidemic Situations), Doctors help the Czech Republic (community initiative), Hospitals, professional medical staff, and the local NGOs (Caritas, People in Need, House Roma Culture). At the same time the Czech Red Cross coordinates the relevant activities together with the Regional and Local Municipalities.

The Czech RC has significantly contributed to increasing the vaccination coverage of the Czech population in hard-to-reach areas, thus contributing to the health status of the entire population. In addition, the Czech population has been educated in a healthy lifestyle and basic health check-ups (blood sugar testing, measurement of blood pressure etc.). The Czech RC contributed to equal access to health care (vaccination) information, reduction of xenophobia and racism, health promotion, dissemination of education and reduction of disinformation.



Czech RC staff assisting the professional medical staff in vaccination procedure. Photo: Czech Red Cross

**Basic schema of mobile vaccination procedure**



**Summary of achievements:** 1 November to 31 December 2021:

- Number of people reached by social mobilisation, public awareness and risk communication related to COVID-19 vaccination/during COVID-19 vaccination campaign: **68,279**
- Number of people transported to vaccination points: **35**
- Number of people vaccinated by the National Society staff or volunteers: **5,900**
- Number of people supported (e.g. by monitoring) after receiving the vaccine: **5,900**
- Number of doses of vaccines transported by NS support: **3,500**
- Number of migrants/refugees/IDPs/Roma community vaccinated with NS support: **521**
- Number of volunteers engaged in the COVID-19 vaccination campaign: **17**
- Number of locations/municipalities: **23**
- Number of people within health prevention: **882**



### Georgia Red Cross Society

In line with its mission and mandate, the Georgia Red Cross Society (GRCS) has been responding to the COVID-19 pandemic from the onset of the crisis, in coordination with public health and municipal authorities of Georgia, through its network of 39 local branches, over **11,000** active Red Cross volunteers. To ensure efficiency of response, as well as the safety of its volunteers and target communities, over **3,000 GRCS volunteers** were equipped with PPE, and trained on COVID-19-related topics, to support the operation across the country.

Throughout the response operation, the GRCS has supported the communities with food and non-food items, awareness raising and dissemination of key messages on COVID-19 prevention and safety, homecare service and PSS/PFA. In total, **102,433** vulnerable households were assisted with basic food and hygiene items; around **3 million** people were reached through RCCE efforts involving dissemination of key messages on COVID-19 safety and vaccination through different channels; **20,893** people were provided PSS/PFA, information and referral to state and non-state services through the GRCS' hotline; **5,200 older people** were provided homecare services.

GRCS has been supporting public health authorities' efforts towards meeting the national COVID-19 vaccination targets. In September 2021, with the support of the IFRC, the GRCS received **100,000 doses of Sinopharm** vaccines donated by the Red Cross Society of China, which were handed over to the Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs of Georgia. To support the country's public health system, with the support of the Swiss Red Cross, the GRCS handed over **22 tons of liquid medical oxygen** to public health authorities.

The GRCS volunteers have been mobilized to assist the vaccination centers across the country with queue management and provision of information and PSS/PFA to people awaiting vaccines. To ensure the access of the most vulnerable communities to COVID-19 vaccines, the GRCS hotline supported the people with limited ICT access and skills with online registration for the COVID-19 vaccines available in their region. More than **35,000 people** (14,000 men, 21,000 women) were registered for COVID-19 vaccines by the hotline operators.

In cooperation with the public health authorities, the GRCS established two mass vaccination centers and one vaccination point in the regions of Georgia to vaccinate both registered and unregistered individuals. To date, the vaccination centers have administered **13,897 COVID-19 vaccines**. The GRCS is currently in the process of operationalizing two mobile vaccine units with a focus on the rural and remote areas across Georgia.

To ensure the uninterrupted access of the vulnerable rural communities to the public health services, which became overloaded during the pandemic, the GRCS provided free-of-charge health screening services to **7,995** people; the individuals who demonstrated symptoms of different health conditions were redirected to the healthcare service providers.

GRCS also established a **COVID-19 testing center** close to the region of South Ossetia, offering local residents COVID-19 testing free of charge.

The GRCS conducted a **KAP survey** targeting a representative sample of **7,926** people (57.5% women; 42.5% men) to examine their knowledge and attitudes toward the COVID-19 vaccines. The study found that among the 3,839 respondents who had not been vaccinated by the time of the interview, only 36% were planning to get vaccinated, while the remaining 64% were either not sure (32%) or not planning to vaccinate at all (32%). The GRCS integrate the findings of the survey in its programmatic decisions.

### French Red Cross

In France, the COVID-19 outbreak started in February 2020 and led to 3 lockdowns. The crisis has pushed 1.3 million French people into poverty, adding to the 9.3 million people already living below the poverty line. With the deterioration of the economic and social situation, the French Red Cross (FRC) has seen a 50% increase in its food aid demand during the first lockdown. Indeed, in addition to the usually accompanied public (unemployed, retired



*"Georgia Red Cross is a hope which helped me cope with loneliness during the COVID-19 pandemic. The support and care provided by the volunteers made me look forward to every new day" – the recipient of the GRCS' homecare support. Photo: GRCS*

people, people in great exclusion), new categories of population have been added such as students, precarious workers, self-employed people, etc.

Welcoming, housing, accompanying and supporting any person in a difficult situation (whether that be social, medical or psychological issues) are the essential roles of the "Fight against exclusion" section at the French Red Cross. In total, 4,500 volunteers and 1,610 paid staff members are working in all regions of France to support people in need.

Homeless people have been identified as the most vulnerable target group for FRC. The French Red Cross "Fight Against Exclusion" teams have experienced an **increase of over 85% of people living on the streets during the first lockdown.**

This spring saw the launch of new projects to accelerate vaccination of the most vulnerable and FRC intensifies its efforts throughout the summer and winter. The objective is to reinforce the "Go Towards" mechanisms to convince the "undecided" and to ensure the vaccination of the vast majority of the population, especially the most vulnerable people who are far from care.

- 25 specific projects dedicated to raise awareness and provide vaccinations to the most vulnerable persons far from care were put together.

- 231 ephemeral vaccination centres created,

- 3,415 FRC volunteers and paid staff involved.

Summary of achievements (focusing on support to homeless people):

- 230 marauding and social assistance teams, (apply physical distancing, inform about COVID-19 and preventive measures, reassure, provide psychological support, ensure children keep on following school remotely, distribute food, hygiene products and duvets),

- 30 day shelters,

- 113 accommodation centres including emergency response,

- 42 supported housing and access to housing schemes,

- Regional support centers at the hotel (more than 10,000 different people supported),

- 491 ephemeral & mobile vaccination centres created,

- 25 projects carried out Go Towards mechanism (9 vaccination, 3 awareness, 13 awareness and vaccination),

- 13 regions were reached with these projects, including 3 overseas territories.

### Hellenic Red Cross

As part of the continued COVID-19 response, Hellenic Red Cross (HRC) has implemented various activities and offered services with the objective to reduce the negative socioeconomic impact of the pandemic by supporting vulnerable groups to overcome their difficulties. These services have been offered through 86 HRC branches. Apart from supporting the general public, vulnerable groups being identified and targeted are those who could not visit the market, low-income households, those seeking asylum, migrants, refugees in urban areas, homeless, older people and women who suffered abuse. More specifically, people who were made vulnerable by COVID-19, were reached with food and other in-kind assistance, while others were reached by programs addressing exclusion such as:

- Home & Older People Care activities



Hellenic Red Cross teams are supporting migrants and refugees living in the Kara Tepe camp. They are providing first aid and medical assistance, taking COVID-19 tests and conducting psychosocial support activities for children.

Photo: HRC

- Activities for the Homeless
- Multi-Functional Centers tailor-made activities
- Unaccompanied Minors shelters activities
- Assistance provided by HRC Social Services via the Local Branches
- Health & hygiene promotion activities through risk communication & community engagement
- Promotion of behavioural change & hygiene practices
- Pilot cash assistance during the quarantine for assisted living programmes (July-Sep 2020)

Screening at points of entry & of control and support to self-isolated people at home:

During the 24 months period of the operation 554,421 individuals have been screened (temperature monitoring) for COVID-19. Out of those 636 new contacts identified and 4,698 individual cases in home isolation and/or contacts under quarantine have been supported by various means such as food, purchase of basic necessities and medicines. As well as these, a total of 17,484 people were tested to diagnose COVID-19 through Rapid and PCR testing.

Vaccination:

Since May 2021, the HRC has been dedicated to supporting the efforts of the Greek Authorities to reach the community with life-saving vaccines. The vaccination efforts by the HRC have resulted in 228,504 individuals being vaccinated so far. As part of this, services such as transport for older people to the public vaccination points and First Aid support after vaccination has been offered.

Operation of a Psychosocial Support (PSS) helpline:

The Helpline at the Multi-Functional Centres has been running strong, providing medical counselling to 33,205 people through 12 different languages, with social workers and psychologists providing counseling and psychological support to people who have difficulty in coping with the psychological effects of the COVID-19 situation.

As before among the vulnerable people being assisted, whose health and livelihoods were impacted mostly by the pandemic are refugees, migrants, unaccompanied minors, older and homeless people. HRC has also supported refugees and migrants in Reception Centres sites such as Kleidi-Serres, Ritsona, Korinthos, and the islands of Lesbos (Kara Tepe RIC), Malakasa (until 23rd Nov 2021) and Samos (until the end of Dec 2021) with primary health care services, first aid, distribution of hygiene items, temperature screenings and diagnostic testing. So far, 30,194 individuals in camps have been assisted by accessing various health services. Among those 7,952 people attended hygiene and health promotion sessions in camps.

### Italian Red Cross

The Italian Red Cross' (ItRC) priority remained the support to the national vaccination campaign, as well as screening and testing activities. Through its 24/7 toll-free number, the National Response Centre received a total of **31,648 requests for services**, including **17,078 requests for information**. In addition, ItRC during the reporting period, through the National Response Centre arranged 36,638 deliveries of food parcels, 5,019 distributions of food vouchers, as well as the carrying-out of 3,343 grocery delivery services and 4,766 medicines delivery services.

In the framework of the "Older adults and COVID-19: protecting the most vulnerable people in home care settings by establishing self-protection and safeguarding measures" project, ItRC supported local branches to carry out activities and initiatives aimed at introducing older people to the use of digital tools to reduce isolation, distress and cognition decline, reaching about 348 people hosted in 14 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. Guests also used tablets for recreational activities and to counterbalance cognitive decline by listening to music, watching videos, using apps to play games, train memory, music therapy, drawing, etc.



Italian Red Cross activities in the older adults and COVID-19 project. *Photo: Italian Red Cross*

A customer satisfaction quality survey, focused on the services offered by ItRC toll-free number managed by the National Response Centre, was conducted in order to capture and analyse the feedback of the costumers that accessed the service during the pandemic. In collaboration with the "Bee4 altrementi", specialized in social inclusion projects, 3,000 interviews with clients were run by inmates from the male prison in Milan as part of the prison's program to reintegrate detainees in the society by organizing corrective activities.

The survey involved 3,000 clients (68% female and 32% male) – who had accessed the services provided between October 2020 and September 2021. The sample of users consisted of people between the ages of 15 – 30 years old (24,35%), 31-65 years old (42,2%) and aged over 66 (29,55%). The results showed an overall high rate of satisfaction among users particularly in relation to the quality and validity of the services provided, confirming the key role in supporting the most vulnerable people and guaranteeing business continuity from the onset of the pandemic, as well the need to continue the activity on a long-term.

### Red Crescent Society of Kazakhstan

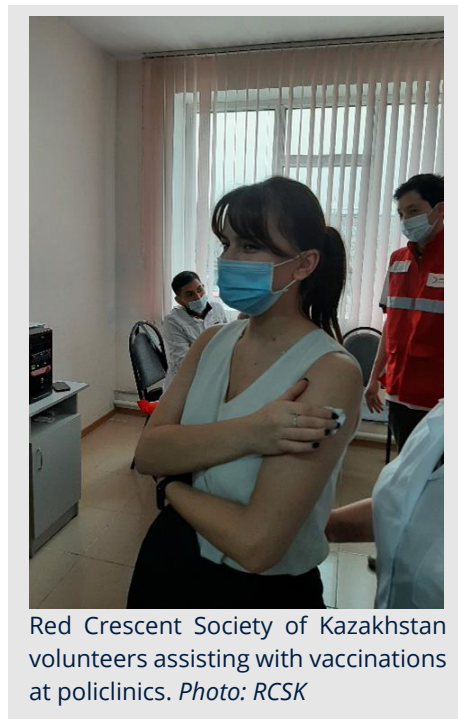
The Red Crescent Society of Kazakhstan (RCSK) has mobilized, equipped with PPE and trained 5,583 volunteers to support communities in the COVID-19 response. One of the RCSK's major focus areas has been risk communication and community engagement (RCCE) activities, and it estimates it has reached over 11 million people to date, since the start of the pandemic.

During the reporting period, 1,135 volunteers were equipped with PPE, trained and mobilized to conduct risk communication activities in the communities, promote COVID-19 vaccination and organize vaccination mobile teams to reach under-served communities and population groups with a difficulty in accessing vaccination sites, such as older persons, disabled people and others. 17 branch trainers were mobilized to conduct trainings for 1,135 volunteers, involved in this project.

850,530 people in 17 regions across the country were provided with information about COVID-19 vaccination and prevention measures during the reporting period. 200,000 copies of brochures and 100,000 posters in Russian and Kazakh languages promoting key COVID-19 prevention and vaccination messages were produced and disseminated in public places, schools and colleges, and during information sessions with vulnerable groups, with assistance of Red Crescent volunteers. Face-to-face information sessions were conducted in small groups and outdoors, the weather and local COVID-19 situation permitting, and reached 19,564 people in total. A video on COVID-19 vaccination was produced but could not be aired during January due to the nationwide emergency situation, but will be aired in February. It is estimated that 273,000 people were reached through TV programmes and newspaper articles produced by the RCSK promoting COVID-19 prevention measures, and dispelling myths and disinformation about COVID-19 vaccines.

Mobile vaccination teams were organized in two main cities (Almaty and Nur-Sultan) and helped to vaccinate 2,948 people, either at their homes, during joint vaccination drives organized at local health facilities (policlinics) and Red Crescent branches. To support the work of mobile teams, two vehicles were procured by the project and handed over to Almaty and Nur-Sultan branches.

The project updated the Red Crescent Telegram bot, which was created as a tool to engage with communities in COVID-19 response and provide customized answers to people's inquiries about COVID-19 prevention back in 2020. The bot was updated with new information on COVID-19 vaccines.



Red Crescent Society of Kazakhstan volunteers assisting with vaccinations at polyclinics. Photo: RCSK

All volunteers and staff are provided with personal protection equipment (masks, sanitizers, gloves), and regular disinfection of the offices is organized.

### Red Crescent Society of Kyrgyzstan

The Red Crescent Society of Kyrgyzstan (RCSK) has been at the forefront of the national COVID-19 response, working very closely with the relevant public authorities.

Since the start of COVID-19 vaccination campaign, RCSK has been actively undertaking social mobilization and public education activities, complementary to the government's efforts. More than 900 RCSK volunteers from all branches have been mobilized, working in family medicine centres and vaccination points countrywide, responsible for patient registration, blood pressure measurement and water distribution. RCSK volunteers promoted vaccination against COVID-19, explaining the importance of vaccination, and providing information on locations of vaccination centres. During the reporting period, RCSK staff and volunteers reached 15,324 people with messages promoting COVID-19 vaccines and COVID-19 prevention. IEC materials were developed in close cooperation with the Republican Centre for Health Promotion and Mass Communication of the Ministry of Health, and 18,000 were printed.



Participants of sewing training courses organized by the Red Crescent Society of Kyrgyzstan. Photo: RCSK

In January 2022, the country experienced a rapid surge of COVID-19 cases, fueled by the Omicron variant. In response to the increasing number of emergency calls to COVID-19 centres and high demand for ambulance services, RCSK mobilized its mobile medical brigade in Bishkek, consisting of 4 medical volunteers and one ambulance driver, which operated throughout January, conducting initial examinations, delivering oxygen treatment, and transporting patients with severe COVID-19 symptoms to COVID-19 treatment centres.

One of the highlights of the RCSK' response has been establishing a sewing factory and sewing training centres in RCSK branches. A total of 300 vulnerable women who had lost their jobs during the pandemic have acquired new vocational sewing skills, enabling them to earn income for their families. During the last quarter of 2021, to strengthen its sewing training project, RCSK demolished two old office buildings at Chui and Naryn Red Crescent regional branches, and on their sites, constructed two new buildings, which accommodate training centres for sewing courses and branch offices.

Additionally, seven district health facilities and maternity hospitals across the country (in Bishkek, Karakol, Talas, Batken, Osh, and Jalalabad) were supported with neonatal incubators, at the request of the Ministry of Health, in response to increased needs for the care of babies and children, increasingly infected with COVID-19. Care for premature babies has been very challenging and all donated equipment has been instrumental in improving the quality of children's healthcare and saving the lives of at-risk newborns. In addition, RCSK provided hygiene kits, disinfectants, paper towels and diapers for these hospitals.

### Magen David Adom in Israel

MDA's staff and volunteers are responding to the COVID-19 pandemic in Israel since February 2020 and work alongside the Israeli Ministry of Health (MoH), primary Health Care Providers and other stakeholders (especially for the long-term care facilities and specific communities) in treating, transporting, vaccinating, sampling and providing support to the affected population. MDA operated drive-through complexes in different cities when needed on the demand of the MoH and Primary Health Care Providers. MDA teams are treating and transporting patients that are under home quarantine and have a situation that requires medical assistance, exacerbation of their condition, become symptomatic, or tested positive for COVID-19 and cannot be treated at home any longer. MDA has also transported patients who are tested positive and who are discharged from the hospital to the quarantine hotels. MDA teams vaccinated for COVID-19, mainly in the long-term care facilities, and transported those who cannot leave home and are in the risk groups to the vaccination sites and back home. MDA's blood services collect plasma from patients who recovered from COVID-19 and have antibodies, and provide it to hospitals to treat severely ill patients. Some 23,961 plasma units have been collected up to date and 3,809 patients were treated this way so far. MDA launched a "COVID-19 guardians" project, in which the organization trains the public to learn how the virus attacks and how to cut off the chain of infections among their family, friends, and coworkers. MDA's volunteers trained the public regarding needed measures to prevent the spread of the virus, distribute facemasks and raise awareness of the precautions and dangers.

In light of the situation, MDA was requested by the Israeli Ministry of Health to support the vaccination project and continue the sampling project activities. In the reporting period, MDA continued to focus on sampling in the drive-through complexes that are activated when needed at the request of the HMOs, in the long-term care facilities, and on other sites all over the country. So far, more than 5,312,701 PCR samples for COVID-19 were taken and 1,786,345 rapid antigen tests has been performed by MDA. MDA continually refreshes the instructions to the staff and volunteers. MDA was responsible for the vaccination project in different locations all over the country and in all long-term care facilities, administering more than 1,152,909 doses (first, second and third) of the Pfizer vaccine. MDA also transported people at risk groups who were not able to leave their homes to the vaccination sites. They were vaccinated in the ambulance and returned back home without leaving the ambulance. MDA is working on a program called "Community MDA" which aims at providing health care on the scene, and minimizing transport to the hospital for non-critical patients.

### Red Cross Society of the Republic of Moldova

Since the beginning of the pandemic, the Red Cross of Moldova (MRCS) participated at 14 meetings 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.



*Pictures, clockwise, from top left: MDA's paramedic administers the first vaccine against COVID-19 in the vaccination project for the residents and staff of long-term care facilities; MDA mobile vaccination station in a remote location, bringing the COVID-19 vaccines to convenient places for the public; MDA's Drive-through complex in Benei-Braq; MDA's Ambu-bus transports for confirmed COVID-19 patients from long term care facility to another facility; MDA's medic is donating plasma after recovering from COVID-19; and MDA's volunteer explains about the virus and the measures to take to cut off the chain of infection. Photos: MDA*

On 1 October 2021, Moldova Red Cross Society started a new phase of the project for the implementation of the activities related to COVID-19 immunization. MRCS identified that the rural population, older people and vulnerable groups in both rural and urban areas are not adequately informed about the COVID-19 pandemic and the vaccination campaign against COVID-19, so the NS keeps them up to date with the latest information about COVID-19, protection measures, prevention measures and the importance of vaccination, through printed, accessible leaflets in Romanian and Russian. For this aim, in October 2021, Moldova Red Cross started to elaborate 2 new leaflets in collaboration with Ministry of Health, NAPH and WHO. Posters and booklets on psychosocial support during COVID-19 for the Red Cross volunteers who will provide psychosocial support to older people, vulnerable people and persons with disabilities, were also edited, printed and distributed to the Red Cross branches. MRCS also supported older people isolated due to the pandemic regulations, who need psychosocial assistance and support.



Vaccination promotion training, Balti RC branch, Moldova. Photo: MRCS

Since October 2021, the Red Cross branches from Moldova organized a total of 11 regional trainings for the Red Cross volunteers on the subject of *Vaccination promotion for the population in the national vaccination campaign and discrediting the false information through correct answers and arguments*. Moreover, 3 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*. In total 1,280 volunteers were trained. After the trainings, Red Cross volunteers organized information sessions in schools, universities and the private sector on the importance of vaccination against COVID-19, with representatives of the Ministry of Health. This aimed to strengthen the knowledge and skills of primary responders in terms of communication with the population about vaccines, techniques for counselling and promotion of vaccination. Until 31 January 2022, 159 public information sessions were organised at the local level in schools, vaccination centres, public spaces, mobile routes to homes, shops, shopping centres, etc. In the described period the Red Cross volunteers joined the “Health Bus” of the Ministry of Health in a total of 3 *Vaccination information marathons in rural areas* that were organized.

New recruitments were launched by regional branch coordinators, to recruit volunteers at the local level and train them to mobilize and engage the community to combat the pandemic situation and the crisis. 1,301 volunteers and staff were equipped with PPE. MRCS also offers Personal Protection Measures to vulnerable persons in poverty. The National Society also strengthened its position at the national level as a trusted partner of the local authorities in times of exceptional situations like the COVID-19 pandemic.

### Red Cross of Montenegro

From the beginning of the COVID-19 pandemic, the Red Cross of Montenegro has been active in both preventive and response activities, in line with its role, mandate and responsibilities in the system. With a network of 23 branches, around 100 staff, 450 volunteers and 132 professional home helpers, the Red Cross of Montenegro provided different types of assistance across the country.

The Red Cross of Montenegro is providing assistance in the mass vaccination process in the country. Volunteers, who are trained in First Aid, PSS, and disaster response are present at vaccination points for crowd management and temperature check, providing assistance to medical staff through helping with hand disinfection, providing masks, information on the vaccination, and answer



Workshop in Youth club. Photo: Red Cross Bar – Local branch, Red Cross of Montenegro.

questions and respond to myths and misinformation with accurate information and by providing trusted sources. Trained volunteers are also helping people complete paperwork before being vaccinated, and are providing psychosocial support before and after the vaccination, in case of need. Volunteers in local RC branches are organizing workshops in youth clubs, schools and universities about COVID-19 and vaccination.

Summary of achievements:

- **70,013** people reached by public awareness and Risk Communication on vaccine related topics
- **218,595** people guided in the vaccination sites
- **217** migrants and Roma people vaccinated with RCRC support
- **262** volunteers engaged in the immunization process
- **340** doses of vaccines transported by NS support
- **300** participants in workshops related to vaccination

Three national trainings were organized which gathered together 75 volunteers. Trainings were used for sharing the knowledge, lessons learned, challenges, experience in vaccination process in general, PSS, First aid, Disaster Response, Risk Communication and Community Engagement.

300 people participated in workshops in local RC branches, where volunteers are organizing workshops in youth clubs, schools and universities about COVID-19 and vaccination.

### Red Cross of the Republic of North Macedonia



RCNM volunteers engaged at the COVID-19 vaccination points in North Macedonia. *Photo: RCNM*

The Red Cross of North Macedonia has been active in the pandemic response in the country from the very beginning and since the first case of COVID-19 was registered. From 17 February 2021, the Ministry of Health of the Republic of North Macedonia started the process of immunization of the population against COVID-19. As the mass vaccination started, RCNM provided direct support to the Ministry of Health in dealing with COVID-19. The ongoing activities in which the NS is involved 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, transport for the citizens from and to the vaccination point, support for people with disabilities.

From 1 October 2021 until 31 January 2022, the NS with engagement of 320 volunteers from 14 Red Cross Branches and City Red Cross of Skopje provided the following support:

- Administrative and logistical support before the vaccination (temperature measurement, registration, filling out a questionnaire): **90,741** people supported.

- First aid for the people in the vaccination points: **3,501** people supported.
- Mental Health and psychosocial support at the vaccination points: **66,047** people supported.
- Support for people with disabilities in the vaccination points: **4,471** people supported
- Vaccination of migrants: **38** people vaccinated
- Transport for people from and to the vaccination point: **1,531** people supported
- Total number of people supported: **142,615**

The Red Cross of North Macedonia in the last quarter has strengthened the capacity of the volunteers engaged at the vaccination centres in the field of First aid and Psychosocial support. The NS has organized 4 First Aid trainings for 96 volunteers that are engaged at the vaccination points, as well as a capacity-building workshop for 20 volunteers that are involved in the vaccination process.

The Red Cross of North Macedonia in December 2021 organized 10 online focus groups for parents and teachers of high school children. The main goal of the focus groups was to raise the awareness among parents and teachers on the importance of the COVID-19 vaccination and to detect the main myths, rumors and misinformation regarding the COVID-19 vaccination. In addition to this, an online survey was conducted to get a broader view of the public opinion on COVID-19 vaccination for the young population among the parents and teachers. The results will be shared in next report.



### Portuguese Red Cross

Since the beginning of pandemic in March 2020, PRC has been a front-line responder to this crisis, mobilizing staff and volunteers, and developing fundraising actions for the purchase of medical materials, individual protection equipment and logistics. The Portuguese Red Cross (PRC) response to COVID-19, updated 12 October 2021, included:

- Persons assisted by PRC: 1,011,425
- Local Staff: 1,500
- Volunteers: 13,785

PRC had more than 40 fixed stations distributed across the country and 14 mobile intervention teams with more than 70 professionals. There was a hotline operated for testing and an online website where people can book a PCR test or a rapid test. For the Civil Protection Agents, the National Society created a free way of direct access to testing. PRC managed the vaccination for some of the national security forces (12,800 vaccines administered). PRC has trained professionals for COVID-19 testing and developed a free online training for this purpose. In the school community, PRC intervention was crucial on structures with outbreaks, regulating pandemic control in Portugal with health authorities. PRC conducted 844,043 tests and transported 7,929 COVID-19 patients. In the social sector PRC supported more than 55,000 families with food support (127,367 persons). 77,325 persons have received non-food items. 2,417 homeless persons have received shelter, and 242,908 people have been reached with risk communication. PRC supported 7,930 people with medicines and 5,054 with shopping services. 714 calls for maintaining family links to COVID-19 patients have been provided. Thousands of people sought PRC support and there was an increase of more than 40% concerning help requests during this last year. PRC managed 24 structures for COVID-19 for patients unable to maintain prophylactic treatment at home, 17 structures to help Central Hospitals, 597 teams with specialized training on the emergency transport of patients with suspected COVID-19 infection; we have a support line answered by psychologists and social workers for health care professionals of PRC and community in general, answering a total of 8,436 calls. The PRC promoted actions of sensibilization to 105,960 people and instructed for the dangers of COVID-19, in all country, especially in groups of risk. Portuguese RC has trained 900 staff and volunteers in COVID-19 surveillance, and 1,081 have also received training in community engagement. PRC action has been possible because of the dedicated daily work of staff and 13,785 volunteers. PRC has also been a major partner for public events, testing in large scale on site as risk reduction strategy. PRC was in the front-line testing and supporting urban settlements for positive cases.

### Romanian Red Cross

Romanian Red Cross signed a new project grant agreement to support the COVID-19 vaccination programme with USAID support. The project aims to facilitate improved access to safe and effective COVID-19 vaccination in Romania while addressing vaccine hesitancy, and generating confidence and trust towards local health authorities with a focus on vulnerable communities – rural, remote, small cities, poor neighbourhoods. The NS established a final implementation team at the HQ and branches for implementing 16 caravans and 43 school health clubs.

An online health education kit for teachers and volunteers were developed, with the support of volunteer trainers. The education kit is uploaded to [www.santariipriceputi.ro](http://www.santariipriceputi.ro), an online platform developed by the Romanian Red Cross for the First Aid competition in schools. It contains both information materials and worksheets on the following topics: hygiene and prevention; daily activities and rest; healthy food; mental health; healthy relationships; and risk factors for human health. Based on this kit, each branch is developing a monthly activity schedule with minimum 2 health education sessions / month.



### Russian Red Cross

In October 2021, the Russian Red Cross launched the project on people recovering from COVID-19. The project is being implemented in 6 regions of Russia with IFRC support. 50 staff and volunteers were trained on conducting master classes for people who are recovering from COVID-19. 6 recovery “rooms” have been open to provide services for 4,000 people. More information on the results will be shared in next report. 60,000 people were covered by informational and awareness raising campaigns within the Action “Stop the Spread of COVID-19” held in 20 regional branches. Pro-vaccination visual materials and hygiene kits were distributed. Within the reporting period RRC provided access of 237 migrants to vaccination.

### Red Cross of Serbia

The Red Cross of Serbia, during the planning stage targeted to reach 100,000 people through RCCE and health and hygiene promotion activities. By the end of the project in December 2021, the Red Cross of Serbia met and reached 648,179 people, several times higher than the target. 174 local RC branches implemented RCCE activities– providing advice to maintain safe physical distance, on the correct use of PPEs, washing hands and helped elderly and needy people in shopping of food and non-food items. 186 local Red Cross branches have distributed more than 192,511 leaflets, containing information on COVID-19, modes of transmission and methods of prevention. Info-centres were set up to provide correct information to citizens and to receive requests for support from vulnerable people by 148 local RC branches. These info-centres provided 48,873 call-backs to the affected population addressing their questions. 44 local Red Cross branches were involved in the distribution of 172,596 disinfection liquid provided by local authorities. 5,824 RC volunteers and 929 RC staff from 128 branches continued to provide PSS and PFA. About 144,355 people were reached out with MHPSS services during the project. 40 RC volunteers were engaged in three-shift in three municipalities in Belgrade to support patient intake and data entry in the national



Volunteers of the Red Cross of Serbia were involved in the vaccination campaign against COVID-19. *Photo: RCS*

HMIS. Staff and volunteers have spent more than 6,831 working hours to support data entry in these 3 hospitals. Apart from this, 27 local RC branches have strengthened the health care system in Serbia through setting up tents and prefab containers to triage patients, and for primary assessment. 360 sets of bedlinens were delivered to hospitals in Novi Pazar and Belgrade. From January 2021, local branches of the Red Cross of Serbia were providing support (with staff, volunteers, logistics) to the vaccination process in Serbia. By dialling in citizens, providing them information on the vaccination venue, and transport them from one place to another, RCS volunteers provided support to 1,147,685 people to receive COVID-19 vaccines.

40 RC volunteers were engaged in three-shift in three municipalities in Belgrade to support patient intake and data entry in the national HMIS. Staff and volunteers have spent more than 6,831 working hours to support data entry in these 3 hospitals. Apart from this, 27 local RC branches have strengthened the health care system in Serbia through setting up tents and prefab containers to triage patients, and for primary assessment. 360 sets of bedlinens were delivered to hospitals in Novi Pazar and Belgrade.

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### Red Crescent Society of Tajikistan

The Red Crescent Society of Tajikistan (RCST) has been at the forefront of the national COVID-19 response. RCST is a member of the National COVID-19 Task Force, National Platform for Emergency Response, and member of the COVAX technical working group.

During the reporting period, RCST trained and mobilized 300 volunteers to conduct information sessions in communities on COVID-19 prevention and encouraging people to get COVID-19 vaccines. Information work was carried out continuously during this period in 10 selected districts in Sugd, GBAO and Khatlon regions, reaching 471,669 people. This work was carried out jointly with staff members of the Republic Centre of Healthy Lifestyles. Information sessions were also held among Afghan refugees living in J. Rasulov district, reaching the majority of the 600 Afghan families living there.

In support of the national COVID-19 vaccine deployment plan, RCST focused its efforts in increasing COVID-19 vaccine coverage rates among specific groups of people who have increased risk of severe COVID-19 disease due to their underlying health conditions or groups who have poor access to vaccination services. During this period, RCST identified 20,037 unvaccinated individuals from groups such as labour migrants, people affected by TB and people with disabilities, and plans to reach each of them with individualized vaccine promotion messages, accompany them to vaccination sites if needed, and follow up with appointments for their next vaccine doses. At the end of January 2022, 5,478 people from



Red Crescent Society of Tajikistan volunteers conducting information education sessions on COVID-19 for Afghan refugees in J. Rasulov District. *Photo: RCST*

these groups were successfully vaccinated with their first dose. The fact that over half the people RCST reached with messages have chosen to get vaccinated voluntarily, speaks of the effectiveness of this approach.

Three trained psychologists from RCST have joined the MoH's official hotline for COVID-19 to provide accurate information on COVID-19 prevention and vaccination, and offer psychosocial support to callers, if needed. A total of 349 calls were answered by RCST psychologists.

During the reporting period, in Dushanbe city and Sangvor, Faizobod and Levakant districts, RCST supported 50 vulnerable women with sewing machines and raw materials, and 80 women with vocational training on sewing. They received training on how to run a small business and received initial support in establishing their private businesses through self-help groups that facilitated marketing of their products and connected them with suppliers. Additionally, 400 vulnerable women in 15 districts, who were previously supported with sewing machines and materials, received additional sewing materials, thus 450 women in total benefitted during this period.

### Turkish Red Crescent Society

Through the IFRC multilateral funds and with technical support from IFRC, Turkish Red Crescent Society (TRCS) has been active in responding to needs related to COVID-19 throughout the country mainly through 16 community centres located in Turkey's most populated provinces where majority of the refugee communities also reside.

#### **Risk Communication and Community Engagement (RCCE):**

RCCE/CEA activities were maintained including information dissemination to encourage promotion of general health behaviours and address rumours with actionable and verified information through the 16 Community Centres' Advisory Committee meetings and information, education and communication (IEC) materials in different languages. Involving key influencers, TRCS developed videos (available on the links [here](#) and [here](#)) to reinforce key messages and promote positive behaviour in the community. Videos<sup>1</sup> were also developed to encourage communities to show empathy with those infected or recovered from COVID-19 and not to spread fear or stigma. TRCS staff and volunteers continued collecting and responding to community's feedback, questions, complaints and rumours on COVID-19 through KoBo toolbox. The incoming data was analysed on a monthly basis and shared with sector teams to facilitate adjustments for the COVID-19 response activities.

Videos<sup>1</sup> were also developed to encourage communities to show empathy with those infected or recovered from COVID-19 and not to spread fear or stigma. TRCS staff and volunteers continued collecting and responding to community's feedback, questions, complaints and rumours on COVID-19 through KoBo toolbox. The incoming data was analysed on a monthly basis and shared with sector teams to facilitate adjustments for the COVID-19 response activities.

**Health and hygiene promotion:** Community Centres carried out health education seminars provided by health experts. These seminars took place at schools for children, and at the community centres for vocational training participants and volunteers. The subjects covered included first aid and information on the COVID-19 pandemic. A training on "Hand Washing in a Hygienic Way" was provided under the hygiene promotion activities at the Community Centres and the Migrant Health Centres. Online group counselling sessions, information seminars and individual sessions were conducted as part of psychosocial support (PSS) services. Community Centre staff and Community Based Health and First Aid (CBHFA) volunteers continued symptom screening calls and to refer suspected cases to relevant health institutions. Information on the importance of self-isolation period; recovery from COVID-19 and COVID-19 vaccination were provided during the calls.

**Livelihoods:** Vocational courses in livestock, agriculture, textile, mechanical and chemical industry, handicrafts, and food sector were provided. TRCS is planning to follow periodically the situation of participants who successfully graduated from vocational trainings and benefited from employment support services.

By the end of 2021, TRCS concluded activities under the COVID-19 response supported through the IFRC multilateral funds. During the lifetime of the project, a total of **379,480** people from refugee and host communities benefitted from TRCS' COVID-19 response



Health Education in Adana. Photo: TRCS

activities: **77,978** through RCCE; **295,322** through health, hygiene promotion and PSS activities including distribution of hygiene kits, masks and gloves, PPE kits, health referrals, community-based health education activities, and anti-body testing; and **6,180** through livelihoods and cash support including distribution of vouchers, vocational trainings, language trainings, support to improve household income, and work permit support.

### Red Crescent Society of Turkmenistan



Red Crescent Society of Turkmenistan volunteers talking to families about COVID-19 vaccines. *Photo: RCST*

Update on activities outside the IFRC Emergency Appeal: As of January 2022, there have been no registered COVID-19 cases in Turkmenistan. However, considering the risk of COVID-19 cases being imported from other countries, the country remains vigilant and puts a great focus on achieving a high vaccination rate for its population against COVID-19. The Red Crescent Society of Turkmenistan is a member of the working group on the implementation of the “*National Coronavirus Infection Preparedness and Response Plan*” and continues to offer its support in the implementation of the plan through regular risk communication activities to educate the public about the risks of COVID-19 infection, proper use of personal protective equipment, physical distancing and other preventative measures among the general population and school children.

In the framework of the 2021-2025 National Programme on Improving Immunity, as an auxiliary to the public authorities, the

National Society staff and volunteers conducted extensive vaccine promotion activities through door-to-door visits in the communities jointly with local health workers. They provided accurate information on COVID-19 vaccines, addressed misperceptions and doubts when people were reluctant to get vaccinated, and offered psychosocial support. In addition, the National Society staff worked with health workers at vaccination clinics to help people register and receive vaccination cards and accompanied people to the vaccination centres. It is estimated that over one million people have been reached with these services. To date, according to official statistics, 92% of the population have received COVID-19 vaccines.

### Red Crescent Society of Uzbekistan

Update on activities outside the IFRC Emergency Appeal: The Red Crescent Society of Uzbekistan (RCSU) has been actively involved in the COVID-19 preparedness and response, in coordination with the Ministry of Health and Ministry of Emergency Situations, WHO and other partners, including participating in meetings of the National Epidemic Committee.

The focus of RCSU's activities has been on Risk Communication and Community Engagement activities in local communities, including conducting awareness raising sessions. RCSU has distributed 40,642 information materials on COVID-19 prevention in local communities and locations such as marketplaces and public transport throughout Uzbekistan in the last four months. RCSU has organized 1,362 different events: awareness-raising information sessions, reaching a total of more than 50,000 people. There has been a total of 439 postings/mentions/instances on mass media, including on local TV, radio, newspapers, on the RCSU website, Facebook, and Instagram. The promotion of the COVID-19 awareness-raising campaign on Telegram messenger by RCSU branches continues to be on track.



Red Crescent Society of Uzbekistan volunteers raising awareness on COVID-19 prevention. *Photo: RCSU*

The RCSU also organized local workshops on COVID-19 for staff and volunteers. During the past four months, RCSU has distributed 29,442 masks and 57,918 hygiene items to 9,609 staff and volunteers and to members of at-risk groups. Due to the improvement in the COVID-19 epidemiological situation in Uzbekistan, RCSU's work on the COVID-19 response is now decreasing.

### Ukrainian Red Cross Society

The URCS remains active in the COVID-19 response having an auxiliary role to the Government of Ukraine (GoU) in its response to the pandemic. During the reporting period, the URCS continued operating its Call Centre on COVID-19 as well as its unique thematic information [COVID-19 website](#). Over 7,200 people have received PSS support via personal conversations with volunteers, hotline support and referrals to online PPS support. Over 200,000 copies of information materials on COVID-19 and the importance of handwashing were printed and distributed. Altogether, it is estimated that 3.5 million people were reached through the URCS's risk communication (via national TV, social media, personal conversations, etc.) activities.

The URCS also continued assisting the GoU in the national vaccination rollout by supporting mobile vaccination teams and conducting on-the-ground information campaigns. During the reporting period, over 135,000 people were guided in vaccination points, including joint visits with mobile teams on vaccination. During October - December 2021, 45,450 persons were informed about the vaccination process and provided with consultation on vaccination issues in different formats: individual conversations and group information sessions, including representatives of the education and health sector, authorities, and at the workplaces. In total, 162,587 people were reached by RCCE activities targeting health, hygiene promotion, and other risk reduction. The URCS also supported COVID-19 express testing at entry-exit checkpoints (EECPs) with dedicated staff and volunteers – in total 16,686 individuals were tested.

Through the assistance of URCS, more than 11,800 people received food assistance from vulnerable populations that were the most affected by the pandemic (mostly older persons). Also, in order to support households with income-generating activities, while addressing a negative socio-economic impact of COVID-19, the URCS provided 256 cash grants to households in need, covering around 750 people.

**\*Note:** This report was compiled before the start of crisis in Ukraine.

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# MENA REGION



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## Key data for the region

<b>18.7M</b> Total reported cases	<b>588.3k</b> New cases 7 DAYS SINCE DATA DATE	<b>290k</b> Total deaths	<b>430.5M</b> Total vaccination doses administered
<b>94.9</b> Doses administered per 100 people	<b>9</b> NS involvement in at least 1 vaccination related activity	<b>12</b> Number of WHO approved vaccines in circulation	<b>70%</b> Percent vaccine acceptance

## Financial Overview



### Funding Requirements:

**CHF 89,000,000**

### Operating budget:

**CHF 41,921,690**

Regional coverage: **47%**

### Expenditure to date:

**CHF 38,171,970**

**91 % 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

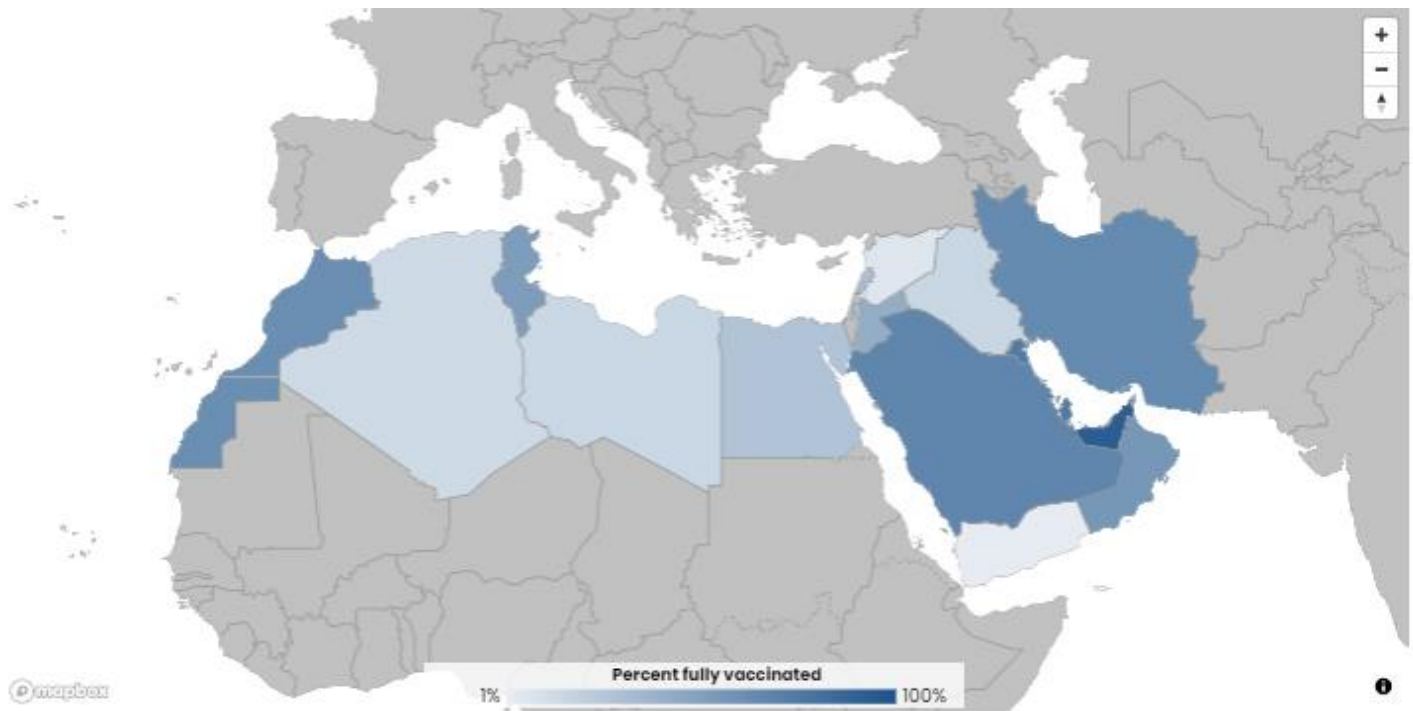


More than 9 NSs of the region actively supported their health authorities in the vaccination roll-out.

## Regional overview

As of 31 January 2022, the total confirmed number of COVID-19 cases in MENA has surpassed 18 million cases, with over 321,370 associated deaths. These figures account for 6% of the global burden of cases and deaths. Among the five regions, MENA has the fourth-highest number of COVID-19 cases and associated deaths. Iran has the highest number of COVID-19 cases among the 17 MENA countries, followed by Iraq, Jordan, and Morocco. The Case Fatality Rate (CFR) in MENA is at 1.8%, which is the same as the global rate. Countries across MENA started to exhibit signs of a fifth COVID-19 wave by the end of December 2021, as the number of cases started to sharply increase. The surge in cases led many MENA countries to take lockdown measures and increase their COVID-19 immunization efforts in order to contain the spread.

The surge in cases in the region was also a result of the spread of the highly transmissible Omicron variant, which was first detected in the region in Saudi Arabia, on 1 December 2021. Following that, many countries started to detect cases of the variant, and by the end of 2021, the new variant was already into the community transmission phase in most of the MENA countries. This fact, combined with the holiday season, played a significant role in the sharp increase of cases the region witnessed. Towards the end of December 2021, the week-by-week change of confirmed COVID-19 cases in some countries was showing more than a 500% increase during its highest peak, particularly in the Gulf Country Cluster.



This map shows the percentage of fully vaccinated people in MENA countries. *This map does not imply the expression on the part of the IFRC or National Societies concerning the legal status of a territory or its authorities. Produced by SIMS (2020).*

By the end of 2021, the number of COVID-19 vaccine doses administered in the MENA region had surpassed 375 million, accounting for approximately 4.2% of the total doses administered globally. Out of the 17 countries in the MENA region, the United Arab Emirates currently has the highest vaccination rate with 99% of its population vaccinated, followed by Kuwait and Qatar. 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, several MENA countries like Yemen and Syria, are still struggling to vaccinate the most vulnerable 20% of their populations. 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

### Support for COVID-19 immunization

- Communication was established regarding the application of the COVAX Humanitarian Buffer Stock for MENA National Societies, with the Iranian Red Crescent Society (IRCS) expressing interest in receiving vaccines to vaccinate the recently displaced Afghan population.
- Technical support was provided in the development of the indicators for the World Bank-funded COVID-19 vaccination third-party monitoring (TPM) project in Iraq.
- Technical scientific information about COVID-19 vaccines was disseminated through the MENA health & care forum where MENA National Societies shared experiences regarding their COVID-19 immunization engagement experiences.
- The COVID-19 immunization sub-technical working group was established to provide a platform for knowledge and experience sharing.
- Communication with National Societies to receive vaccines was established whenever COVID-19 vaccine donation opportunities were presented.

The Iranian Red Crescent Society (IRCS) is the only non-government entity authorized to procure and import COVID-19 vaccines into Iran.

### Epidemic Control Measures

- Multi-Sectoral Dialogues (MSD) were initiated between Gavi, IFRC MENA, IFRC GVA, and the Yemen Red Crescent Society (YRCS) to discuss possible support for routine immunization.
- A three-day Epidemic Control for Volunteers training was conducted for the YRCS using a hybrid format (online and in-person). Topics of training included Risk Communication and Community Engagement (RCCE) intervention.

### Risk Communication, Community Engagement and Accountability (RC/CEA)

- **Interagency collaborative mechanisms:**  
The IFRC, UNICEF, and WHO are collaborating to increase COVID-19 vaccination coverage. Iraq, Libya, Egypt, Syria, and Yemen were identified as countries to establish/strengthen inter-agency efforts. Initial meetings have been held to better understand the issues and challenges that each country faces.
- **RCCE regional training- COVID-19 vaccine acceptance:**  
A four-day RCCE regional training was held from 6-9 December 2021 in Beirut, Lebanon. There were 20 participants from 11 National Red Cross and Red Crescent Societies. The participants developed a detailed plan for cascade training to ensure its implementation. The jointly developed RCCE module by IFRC, WHO and UNICEF was implemented with some additional sessions such as communication skills, behaviour change communication and routine immunization to improve their knowledge and skills in RCCE for COVID-19 vaccine rollout. The training participants developed a detailed plan of cascade training at the end of the interactive training, which will be followed up on in the coming months to ensure its implementation and provide any technical support from the regional MENA delegation.
- **Joint RCCE training on COVID-19 vaccine acceptance in Jordan:**  
A three-day RCCE training for Community Health Workers (CHWs) on vaccine acceptance was held from 2-4 October 2021 in Amman, Jordan. The training was organized by WHO-Jordan in collaboration with UNICEF and IFRC. A total of 20 participants attended, including 16 from the Ministry of Health (MoH) and four from the Jordan National Red Crescent Society (JNRCS). The RCCE training module, which was developed in collaboration with three agencies, was successfully implemented in the training.
- **Social listening and Community Feedback Workshop**



The IFRC in collaboration with WHO and UNICEF co-facilitated the second round of Social Listening and Community Feedback online workshop during October-November 2021. A total of 35 participants attended the workshop from various partner agencies and regions. Online and offline social listening and feedback mechanisms were discussed in four sessions. Many sessions in the workshop were facilitated by the IFRC regional team, who also shared some successful community feedback mechanisms, such as the Jordan National Red Crescent Society's use of the KoBo Toolbox.

- **RCCE Relevance study in Lebanon, Iraq, and Palestine**

The RCCE Relevance studies are currently underway in Iraq and Palestine. The primary goal of these studies is to explore community members' perceptions of the relevance of COVID-19 related RCCE activities in conflict and protracted crisis-affected areas.

- **Technical Support for the RCCE Solidarity Fund** collective service project for both the Syrian Arab Red Crescent (SARC) and the Egyptian Red Crescent (ERC).

### **Community and primary health**

- Building the capacity of 50 staff and volunteers of the Palestinian Red Crescent Society (PRCS) on COVID-19 vaccination awareness through training organized in collaboration with Swedish Red Cross on 16-17 October 2021.

### **Infection Prevention and Control (IPC) and WASH in health facilities**

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.

- Representation of the MENA WASH National Societies' activities on Global handwashing day was featured during a regional webinar organized by UNICEF on 18 October.

### **Infection Prevention and Control (IPC) and WASH at the community level**

- A WASH feasibility mission was conducted in collaboration with the ERC to assess WASH programme preparedness, including safe water access, proper sanitation, and hygiene practices in emergency settings.
- 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.
- "WASH Kit Equipment Rehabilitation and Field-Testing" exercise was held in Jordan from November 28 to December 2, 2021, with participants from the Red Cross and Red Crescent National Societies of Jordan, Lebanon, Iraq, and Egypt, with the objective of strengthening the MENA National Societies' readiness to respond to Emergency WASH crises in their own countries and the region.

### **Mental health and psychosocial support services (MHPSS)**

- Foundation workshop for 30 staff from the core MHPSS, volunteers, and focal points in five North African National Societies to establish a system for caring for volunteers.
- Enhanced the programmatic and leadership skills of the 11 MENA National Societies in MHPSS, where 27 staff and senior volunteers are equipped with the necessary tools to manage MHPSS programmes at their National Society and branches.
- A core trainer team in 13 MENA National Societies is being formed to facilitate Psychological First Aid (PFA) training at the National Society level and cascade down training to reach approximately 400 trained volunteers, as well as focused training for 50 volunteers from the Palestinian Red Crescent Society- Lebanon branch (PRCS-L).
- Establishment of a "Life Skills Psychosocial Support" programme for 20 volunteers for Libyan Red Crescent Society (LRCS) aiming to enhance the youth's psychosocial status in their communities.

- Establishment of core PSS team for Qatar Red Crescent Society (QRCS) to be able to respond to the needs of the displaced people, during COVID-19 and other emergencies in Qatar.
- Training of 25 volunteers from the ERC in “Psychosocial Support in Emergencies” and establishment of a core of 15 trainers in community-based PSS.

## **Prehospital Services**

The pressure on the emergency medical services (EMS) has dramatically increased, particularly with the need for extraordinary measures for infection prevention and control, with limited resources available on the best way to handle such pressure. MENA National Societies started to develop very innovative and creative solutions, and the MENA health unit began the process of establishing the first EMS network among MENA National Society involved in providing EMS in order to achieve the following goals:

- Sharing experiences and knowledge about EMS operations during the pandemic.
- Establishment of a coordination mechanism among the targeted national societies.
- Mapping the priority domains and areas of excellence for each National Society.

## **Priority 2: Addressing Socio-economic impact**

### **Community Engagement and Accountability**

- The first [RCCE relevance study](#) was conducted in Lebanon jointly with the ICRC, British Red Cross, and the Lebanese Red Cross (LRC). The study aims at exploring the perceptions of community members residing in conflict and crisis-affected areas regarding the relevance of the COVID-19 related RCCE at the national level, and the community access and usability of the COVID-19 related information. The study was translated to Arabic and shared widely across partners; its recommendations resulted in an action plan by the LRC to support the initiation of new activities related to COVID-19 vaccination as well as course corrections related to increasing the reach of RCCE activities.
- Training of Trainers for the Yemen Red Crescent Society (YRCS), attended by 13 YRCS staff, included feedback handling and rumours management during COVID-19.

### **Social Care, Cohesion and Support to Vulnerable Groups**

#### **Protection, Gender, and Inclusion (PGI) Direct support to National Society**

- The Red Crescent National Societies of Libya and Egypt held a three-day workshop on safeguarding -including child safeguarding and prevention of sexual exploitation and abuse (PSEA)- in person with remote facilitation. Participants were able to connect the various types of abuse and exploitation that a child may face to the IFRC’s child safeguarding policy.
- A Basic PGI foundation session for the Libyan Red Crescent Society was held in Tunis. At the end of the session, participants were able to connect PGI’s DAPS framework (dignity, access, participation, and safety) to their National Society Development (NSD) framework.

#### **PGI material development and translation**

- Launch of Gender-Based Violence - Information Education and Communications (GBV IEC) materials in Arabic that National Societies will use to raise awareness in their communities by addressing the high incidence of GBV in the region, aggravated by the current pandemic. The IEC materials include a GBV video that can be disseminated remotely in order to reach the highest number of possible beneficiaries.
- Launch of the Arabic PSEA manual and the new IFRC child safeguarding policy.
- Translation of PGI in Emergency toolkit and development of PGI in a nutshell video. The toolkit will assist the National Societies in taking into consideration protection, gender, and inclusion across their activities.
- Review of the newly developed Arabic PGI online course which will serve as a remote modality to introduce National Societies’ volunteers and staff to PGI and its importance.

## Priority 3: Strengthening National Societies

### National Society Preparedness

Training on Practical Emergency Cash Transfer (PECT) was organized by IFRC and Qatar Red Crescent Society, and delivered in Doha (4-9 December), with 23 participants from eight National Societies (Lebanon, Palestine, Qatar, Syria, Armenia, Belarus, Kyrgyzstan, Turkey), five IFRC Delegations (Syria, Iraq, Jordan, North Africa Cluster, Nigeria) and the ICRC. Additionally, the Preparedness for Effective Response (PER) approach was advanced with seven National Societies in the region (Libya, Iraq, Jordan, Morocco, Syria, Egypt, and Yemen).

In **Syria**: A case study for PER in the Homs branch was conducted jointly with the Syrian Arab Red Crescent (SARC). IFRC MENA is following up with SARC on the PER assessment in a number of branches.

In **Libya**: The IFRC MENA conducted an orientation session with the Libyan Red Crescent Society, during which they committed to use the PER approach and discussed topics around the Emergency Operation Centre (EOC), which they expressed interest in.

In **Morocco**: Discussions were held about the Moroccan Red Crescent's plan of action, which was based on the PER approach. IFRC MENA is supporting the National Society for enhancing its digital capabilities through the North Africa cluster.

In **Iraq**: Following the orientation session, discussions are ongoing to move to the next phase of the PER approach.

### Disaster Risk Management (DRM) support

- Technical support has been provided to develop the Arabic Version of the National Society preparedness series videos, which are now available and shared with the MENA National Societies.
- Translation and proofreading of the national response team (NRT) package into Arabic.

The IFRC MENA provided support to MENA National Societies to continually improve their local preparedness and response capacity. As a result, a series of videos on the National Society preparedness are being made available and can be found at the following links:

- [https://youtu.be/RjnsTSz\\_01w](https://youtu.be/RjnsTSz_01w) (intro)
- <https://youtu.be/Ys4x7tf3E4c> (contingency/business continuity planning)
- <https://youtu.be/BTXPdpIqNjc> (technological and biohazards)
- <https://youtu.be/5Na9TRWhJBk> (epidemic preparedness)

IFRC MENA is still proofreading all PER documents in Arabic and translating documents that haven't been translated yet. Furthermore, technical support is being provided to the global team in order to conduct proofreading for Arabic-language DRM documents. In addition, as part of the PER process, requests from the MENA National Societies related to the Emergency Operation Centre (EOC) have been shared to strengthen the National Societies DRM Capacity.

### Support to Volunteers

A Regional Volunteer Solidarity Workshop took place in Cairo, Egypt on 12-13 December 2021. This two-day workshop on the duty of care of volunteers brought together 10 volunteering focal points from 10 National Societies in the MENA region (Algeria, Bahrain, Egypt, Jordan, Kuwait, Lebanon, Libya, Palestine, Saudi Arabia, and Yemen).

The workshop aimed to provide guidance on developing and managing volunteer solidarity funds at the country level that was tailored to each of the participating National Society and aligned with good practice, to facilitate sharing good practice examples on existing solidarity funds within the RCRC Movement, and to gain knowledge about different volunteer insurance options.

## Enabling Actions and Support Services

### Logistics and supply chain

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, while continuous follow up provided during the process of obtaining technical approvals.

One of the main objectives is to make sure that the procurement procedures used by MENA National Societies are compatible with those used by the IFRC, are simplified, and are tailored to the needs of National Societies. Direct operational support was provided through international procurement of Oxygen Concentrators [340 units for pre-positioning stock in Dubai and 63 units for the Tunisian Red Crescent (TRC)], which was carried out by the IFRC MENA with lateral support from Movement Partners, as well as procurement of food and hygienics products.

### Security

IFRC MENA continued to provide direct safety and security support to all Delegations, and, for the most part, indirect support to National Societies through the IFRC Country Delegations. Security support missions were conducted to Jordan, Syria, Iraq, Libya, and Tunisia in order to strengthen the IFRC security framework in line with the Minimum Security Requirements. As such, this has allowed the Country Delegations to operate in a safe and secure manner in order to provide ongoing direct support to National Societies on Covid-19 related activities.

### Planning, monitoring, evaluation, and reporting (PMER)

The MENA PMER network continues to hold its bi-weekly sessions to focus on data collection and analysis. At least seven National Societies attended the bi-weekly one-hour sessions, which provided participants with PMER and Information Management knowledge and skills, particularly on the topics of evaluation and data visualization. MENA National Societies received technical assistance and guidance from their PMER focal points throughout the calls to ensure timely submission of GO Field Reports, COVID-19 EA Ops Updates, KOBO financial overview, and indicator tracking tables. Technical support was provided in the development of the indicators for the World Bank-funded COVID-19 vaccination third-party monitoring (TPM) project in Iraq.

### Communications

IFRC MENA has continued supporting the National Societies to respond to COVID-19 through **producing risk information content and distributing it in the best possible ways** as well as communicating about their COVID-19 response activities. The key advocacy message has been on vaccine equity.

IFRC MENA also opened **an Arabic-language Instagram channel to distribute the COVID-19 key messages** and launched a **newsletter with a specific COVID-19 section**. These both contributed to positioning IFRC as well as the whole RCRC Movement as one of the leading agencies responding to COVID-19 in the MENA region, among media stories, social media, and other communications efforts.

To build the capacities of the National Societies, IFRC MENA facilitated a session about **IFRC COVID-19 Communications Success Stories** on an IRCS/ ICRC/IFRC communications workshop.

IFRC MENA has also been supporting the **TPM** for Pfizer vaccine distribution to ensure the accountability and **visibility of the project**, especially around the launch of the new TPM project in Iraq.

- [IFRC MENA Deputy Regional Director on Al Jazeera Arabic interviewed on migration and COVID-19](#)
- Joint Press Release: [WHO and IFRC partnership aims to build regional capacity in responding to key public health challenges](#)

- Media interview: [Women bore brunt of social and economic impacts of Covid](#)
- Tweet: [Third-Party Monitoring in Lebanon](#)
- Tweet: [Iranian Red Crescent vaccine imports](#)
- Press Release: [Red Cross Red Crescent reaching 1.5 million people on the move in MENA, yet millions are left without support](#)
- Tweet: [Thank you health workers and volunteers working to stop the pandemic](#)
- Tweet: [Launch of the Third-Party Monitoring in Iraq](#)
- Insta: [Get vaccinated](#)
- Insta: [COVID-19 variants](#)

## Financial Analysis

The overall implementation of the Covid-19 Appeal in MENA region is on track despite some challenges in reporting from some National Societies. One of the risks to highlight is the lack of funding for some National Societies in 2022. The high implementation rate is attributed to Syria, Lebanon, Palestine, Iraq, Jordan and Iran.

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 reallocation 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

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.



Figure 1: ARC volunteers responding to humanitarian needs in Algeria. © Algerian Red Crescent

The National Society has also conducted a perception survey to identify the most common erroneous beliefs held by the public in order to develop the most effective key messages to allay public fears about the COVID-19 vaccine.

Additionally, ARC dedicated 67 centres to assist the MoH with the administration of COVID-19 vaccine doses. As a result, **1,200,000 people** were vaccinated in the ARC designated centres, accounting for 10% of the total number of people vaccinated. Those who received the second vaccine doses were monitored by ARC on a regular basis for 40 days in order to collect data on potential side effects following vaccination and intervene as needed.

The ARC carried out the following activities across the country:

- Reached **7,406,100 people** with awareness campaigns conducted in public places.
- Distributed **3,269,927 masks**.
- Reached **180,323 people** with hygiene kits and disinfection products distribution. A total number of **7,275 families** in remote areas as well as more than **533 schools** received disinfection kits and masks.
- Reached more than **13 million people** (indirectly) with disinfection operations in public institutions.
- Distributed more than **45,000 hot meals** to doctors and patients in hospitals and supported **300,000 elderly people** in withdrawing their pensions from banks and post offices.

With the emergence of a new COVID-19 variant Omicron, the ARC is increasing its support for the national vaccine rollout campaign and at the same time ramping up its public awareness campaigns to encourage even the most hesitant citizens to get vaccinated and combat misinformation.

### Bahrain Red Crescent Society

According to the WHO, there were 473,462 confirmed cases of COVID-19 in Bahrain from 3 January 2020 to 16 February 2022, with 1,429 deaths. A total of 3,375,361 vaccine doses had been administered as of 12 February 2022.

The Bahrain Red Crescent Society (BRCS) participated in a regional workshop organized by the IFRC on “Capacity Building on Leadership in Mental Health and Psychosocial Support” over a period of five days in Cairo. This training contributed to activating the initiatives and psychological support (PSS) programmes provided by the BRCS to citizens and residents considering the continuing exceptional health conditions imposed by the COVID-19 pandemic.

The BRCS hosted a two-day forum for Red Crescent National Societies with the goal of shedding more light on the qualitative efforts of volunteers in Arab Gulf countries in the field of relief and humanitarian work, which emerged in particular during the COVID-19 pandemic, and to see the BRCS's unique experience in this field.

### Egyptian Red Crescent

Despite the government's efforts to reduce the likelihood of transmission, these rates have risen in recent weeks and are continuing to rise in Egypt. This impacted the non-COVID – 19 patients' access to and availability of health care.

The Egyptian Red Crescent (ERC) carried on with its response activities and interventions to reduce the impact of the pandemic on the population:

- Reached **58,948 people** through its deployed medical convoys across 14 governorates.
- Reached **14,236 people** – mainly migrants and refugees in Cairo by primary health care services provided by ERC Mobile clinics.
- A total of **144,110 patients were screened** while **7,142 suspected cases** were referred to the Ministry of Health for special care.
- Around **73,110 people** benefited from Mental Health and Psychosocial Support (MHPSS) services provided over the phone and through online platforms.
- A total of **205,075 people** were reached through health awareness campaigns.
- A total number of **208,372 people** were reached by hygiene kits.
- Cash assistance was provided to **1,020 non-Egyptians** to cover their nutritional and rental needs.
- A total of **4,084 volunteers** have benefitted from the online learning platform to increase the capacity of those responding to COVID-19.

### 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. Furthermore, in accordance with the WHO's rules and regulations, UAE health authorities are putting in place extensive preventative measures to protect public health.

The Emirates Red Crescent (ERC) continues to support global efforts to combat the spread of COVID-19, having provided more than **2,217 tons of medical aid**, ventilators, testing kits, personal protective equipment (PPE), and supplies to 136 countries worldwide until the end of 2021.

### Iranian Red Crescent Society

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 has responded to evolving needs related to COVID-19 including Risk Communication and Community Engagement (RCCE) activities, Community based Health and First Aid (CBHFA), Community Engagement and Accountability (CEA) mechanism or health services, Mental Health and Psychosocial Support (MHPSS) and Psychological First Aid (PFA) services, conducting medical visits to COVID-19 patients at home, providing home oxygen machines to patients suffering from respiratory difficulties, reaching affected families with Food Security and Livelihoods services, as well as psychoeducation messages to assist community members coping with impacts of the pandemic.



Figure 2: The IRCS response to the Covid-19 pandemic.

© Iranian Red Crescent Society

The IRCS is the only non-government organization in Iran granted permission to procure and import COVID vaccines. **IRCS has procured 112,390,000 COVID-19 vaccines or nearly 75% of the 150,002,708 doses imported into Iran.** The IRCS has deployed **7,000 staff and volunteers to assist with the COVID-19 vaccination campaign** in Iran. The IRCS operates 200 vaccination centres and has deployed 11 field hospitals to support the Ministry of Health's vaccination efforts. IRCS had vaccinated nearly 40% of the country's population against COVID-19 as of January 2022

The following are some of the most key activities that IRCS has been undertaking since the onset of the pandemic:

- Initiated **200 immunization centres** supporting COVID-19 vaccination efforts in Iran, through conjunction with the Ministry of Health.
- Carried out COVID testing and reached **924,890 people with testing.**
- Reached **11,788,724 people with community engagement** for health and hygiene promotion and MHPSS services.
- Reached **29,350,000 people** by programmes addressing education-related needs.
- Dispatched **11 field hospitals as well as 7,000 staff and volunteers** to vaccinate the population.
- Mobilized **73,000 volunteers** for the coronavirus response nationally.
- Deployed **471 IRCS relief workers** to operate on 14 borders (16 provinces) to test (PCRs) travellers.
- Reached **3.5 M people with awareness-raising** and information sharing materials on coronavirus.
- Reached **3 million people with personal protective equipment (PPE).**
- Established **orthopaedic and rehabilitation centres** and **two medical centres** in two cities for the treatment of COVID patients.
- Reached over **1 million people by distributing nearly four million masks and over 850,000 hygiene kits.**
- Provided clinical and paramedical care to the **14,000 confirmed COVID-19 cases.**
- Distributed **392,644 food parcels.**

Around 2.5 million IRCS active Community Based Surveillance (CBS) staff, youth, and volunteers trained on COVID-19-related health risks have consistently shared knowledge and strengthened awareness, built community trust, and implemented community engagement programmes to cope with risks and challenges across the country.

#### **A Sweet Memory of a Mental health and psychosocial support (MHPSS) Worker**

It was around mid-October. The emergency is still ongoing, and a COVID-19 patient has been admitted to the hospital. I entered the rehabilitation unit. A report indicating the admission of the patient was submitted within the first few hours. I wore special gown, entered the COVID ward and walked up to the patient's bedside. She was a 48-year-old woman who struggled to breathe due to her illness. When I approached her, she had barely opened her eyes and answered my question while still breathing. "Dear," I explained, "I am a volunteer MHPSS worker at this centre." Are you able to respond to my inquiries? "Yes," she confirmed. "Do you have a companion with whom I can discuss your case?" I inquired. "No," she stated emphatically. "Do you have the phone number of a relative with whom I can discuss your situation?" I stated. "I don't have any relatives. My children are young and at home alone." I was about to ask the next question when I noticed she was out of breath and finding it difficult to speak. I asked the nurse to contact me if the patient's condition improved so that we could talk more the next time.

One day has passed. I went to see her again, as apparently the patient's condition seemed to have improved. "Hello!" I said. The woman's face was so morose and strained that it could make anyone flustered and down.

"Do you feel better?" I asked. "Yes," she replied. "Can I ask why your husband isn't here?" I inquired. "My husband died many years ago, and my children are now without a parent" she explained. "You don't have a sister or a brother?" I inquired. "I don't have a brother, but I do have a sister who has a grudge against me and has been sulky with me for years, oblivious to me," she explained. When she said this, she was heartbroken. I asked, "Could you please give me her phone number?" "Yes," she confirmed. After receiving her contact information, I attempted a video call and was able to connect with her. I explained that I work for Covid MHPSS and that I am currently visiting her sister in the hospital. She has been admitted because she is ill. "Are you able to see her?", I asked. At the time, I noticed the two sisters' tear-filled eyes, which demonstrated their love for one another. I was ecstatic to see how the two sisters' love blossomed. And it was during this time that I noticed the faces of two sisters who were beaming with joy and excitement as they reconnected their memories after years apart. After their conversation and resolving her concerns about hospitalization costs, I left the ward.



I had a feeling of fulfilment inside. I was proud of myself for being able to rekindle and revitalize the stale family connection. I called the patient's sister again on the day of discharge to inform her of the situation. She also brought some flowers to the hospital in order to assist her sick and exhausted sister. She was in tears because she was finally able to see her sister. The two sisters left the hospital with a sweet memory of the MHPSS unit's voluntary service.

**Sediqueh Faghan Jouyandeh**  
MHPSS Department, Afzalipour Hospital, Kerman-IRAN

### Iraqi Red Crescent Society

Considering the current humanitarian needs and the complex situation in Iraq, the Iraqi Red Crescent Society (IRCS) planned with its partners to respond to the COVID-19 crisis. This aimed to support the most vulnerable people with pressing needs and to ensure their safety and wellbeing. The IRCS prioritized health and medical services, WASH, livelihoods, and the basic needs of the communities. Throughout their COVID-19 response, IRCS ensured that all standard operating procedures and guidelines are respected and followed, while carrying out hygiene promotion activities, providing mobile clinic services, and distributing food and cash. On a national level, the IRCS plays a constitutional role in the response and coordination mechanism with Iraq's relevant government bodies.

During the reporting period, the IRCS engaged in the following activities as part of its pandemic response:

- Implemented WASH activities and reached **21,762 people through the provision of potable water.**
- Distributed **3,780 hygiene kits**, including in Syrian refugee camps.
- Reached approximately **59,042 people with hygiene parcels.**
- Rehabilitated the water systems for **12 schools and 18 primary health centres.**
- Installed of **8 Reverse Osmosis (RO) Units** in 8 hospitals and 2 in primary health centres **10 RO Units** in local communities.
- **1.5 million people** have been reached through social media and the local broadcasting system.
- More than **1 million people were reached through health awareness.**
- **23,317 people received Information Education and Communications (IEC) materials.**
- **1,378 people were reached with personal protective equipment (PPE) kits.**
- **3,245 disinfection services were conducted** for prisons, public facilities, neighbourhoods, and markets.
- **1,317 medical consultations were provided** through the "Your Doctor" initiative.

The IRCS was actively involved in psychological support activities to help patients and families who had lost loved ones to the pandemic. IRCS youth and volunteers conducted home visits to provide assistance to affected families.



Figure 3: IRCS providing health services through a mobile health clinic. © Iraqi Red Crescent Society

The IRCS conducted **awareness sessions** through social, electronic, and print media for local communities from October 2021 to January 2022. A total of **514,762 people** were reached out through eighteen local branches and delivered the sessions on risk awareness and hygiene promotion at households and through community campaigns. The IRCS teams in all 18 Governorates had distributed 207,201 informational brochures, reached **more than 1 million people through community awareness campaigns, and more than 4 million on social media.**

The IRCS' relief operations activities ensured food security for the most vulnerable families affected by COVID-19, providing **food parcels to 3,780 families.** The IRCS has mobilized **380 volunteers** across the country through its 18 governorates to carry out the operation

## Jordan National Red Crescent Society

The Jordan National Red Crescent (JNRCS) continued its efforts in Jordan in response to the COVID-19 outbreak, carrying out the following activities:

- **Mobile clinic**

COVID-19 has put a lot of strain on Jordan's health system. JNRCS has set up consequently a mobile clinic to serve vulnerable communities in rural areas, providing medical consultations and prescriptions, as well as distributing medicines to patients in gynaecology, paediatrics, internal medicine, and patients with non-communicable diseases (NCDs).

- **Vaccination vehicles for COVID-19 immunization**

JNRCS equipped four cars with vaccination equipment to help reach more vulnerable areas with limited resources and access.

- **Communication devices**

JNRCS provided support to the communication unit, which covered National Society-related activities and provided the tools needed to carry out the plans.

- **Cash for Health (lab tests) for kidney dialysis patients**

JNRCS has covered laboratory tests for 19 Syrian kidney failure patients.

- **Support to the Ministry of Health**

JNRCS provided the necessary tools to assist the Ministry of Health's Mobile Vaccination Teams in their outreach efforts. (60 icebox coolers, 20 refrigerators, 20,000 safety boxes, 3,000,000 commercial SMS).



Figure 4: JNRCS volunteers providing medical assistance through the mobile clinics. © Jordan National Red Crescent Society

Through its medical services, the JNRCS has been able to reach **1,168 people**. A total of 743 people from the local community, 417 Syrian refugees, and 8 people from other nationalities were served, as well as 19 Syrian kidney failure patients who had their laboratory tests covered.

Additionally, a **Preparedness for Effective Response (PER)** workshop and assessment was held to help JNRCS improve and enhance tools, procedures, and mechanisms in order to establish tools that will reflect and contribute to a better and more effective response. In addition, the benchmarks that have been reviewed and decided on have been further organized, prioritized, and compared, and a plan of action has been put in place to achieve planned activities. Another **Workshop on the National Society's auxiliary role** was held to highlight JNRCS's auxiliary role to the authorities, as well as its external partners.

JNRCS Amman-based volunteers were having difficulty connecting with local schools. when volunteers attempted to communicate with schools to raise awareness about covid, they were met with resistance and denied the opportunity to organize school visits. because of covid's critical situation at the time, schools across Amman were resistant to the concept. The volunteers visited the ministry of education to offer assistance. they came to an agreement that they would be given schools in the Jabal Alhussien region with the help of the activities department's coordination.

To raise awareness in these schools, volunteers devised the idea of performing a play. They reasoned that putting on a play would keep the students' attention. They worked in the JNRCS theatre for three days, preparing, practicing, and making their own costumes. It was such a success that other schools began contacting volunteers, requesting similar play awareness visits. This new initiative piqued the interest of an increasing number of schools. JNRCS volunteers were thanked profusely and given certificates as a token of their gratitude after visiting multiple schools.

### Kuwait Red Crescent

COVID-19 infections are decreasing in Kuwait, with 1,672 new infections reported on average each day.

There have been 613,015 infections and 2,529 coronavirus-related deaths reported in the country since the pandemic began. Kuwait has administered at least 7,530,179 doses of COVID vaccines so far. Assuming every person needs 2 doses, that's enough to have vaccinated about 89.5% of the country's population<sup>7</sup>.

### Lebanese Red Cross



Figure 5: Lebanese Red Cross emergency medical teams wearing advanced personal protective equipment (PPE) kits on a mission.

©Lebanese Red Cross

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 throughout the country.

Following the launch of the COVID-19 vaccination in Lebanon in early 2021, the LRC stepped up its intervention to take the lead in transporting PCR tests from one hospital/laboratory to another, as well as transporting people in need of an ambulance support to vaccination centres. The LRC has responded to evolving needs related to COVID-19 by conducting 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, and assisting community members in coping with the pandemic's impacts.

The LRC has been operating one of Lebanon's five major vaccination centres since June 2021, vaccinating **155,897 people as of January 31, 2022**. From October 2021 until January 2022, the LRC transported **6,524 suspected/confirmed COVID-19 patients, 515 people** to vaccination centres, in addition to **21,275 PCR tests** from one health facility to another.

In addition, under its launched projects, LRC distributed **171 oxygen machines** to COVID-19 patients at home, vaccinated approximately **83,514 people** at its vaccination centre and provided medical consultations to COVID-19 patients.

### Libyan Red Crescent Society

Following the signing of agreements with the Ministry of Health (MoH) and the National Centre for Disease Control (NCDC) in 2021, the Libyan Red Crescent Society's (LRCS) approach to combating COVID-19 has shifted. The NCDC agreement clearly defines the role of LRCS, and with the IFRC support, priority is given to "Organization and First Aid" training for volunteers at vaccination sites. As a result, **23 LRCS branches** have been directly supporting the NCDC until the end of January 2022.

The LRCS carried out a number of activities during the reporting period, such as deploying mobile clinics for vulnerable communities and migrants; community-based health and first aid standard



Figure 6: LRCS volunteer demonstrates how to wash hands to children in a migration centre during an awareness session. © Libyan Red Crescent Society

<sup>7</sup> <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/kuwait/>

training; procurement of food and households items; personal protective equipment (PPE) distributions; psychological support (PSS) and training; Establishment of humanitarian service points (HSP) for migrants; developing standard operational procedures (SOP) for HSPs; protection activities and training focusing on gender-based approaches and Inclusion as well as child protection. **Food parcels and hygiene kits were distributed to 1,600 vulnerable families**, accounting for 22% of the total families registered in the LRCS Database out of **7,485 families** registered by the Ministry of Social Affairs.

### Moroccan Red Crescent

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).

Throughout their COVID-19 response, the MRC reached **520,000 people** as well as **120,000 students in 600 schools through awareness campaigns** on COVID-19 preventive measures, vaccines, and mask distribution



Figure 7: MRC volunteers conducting an awareness campaign.

© Moroccan Red Crescent

A total number of **2,700 volunteers** were involved in the national vaccine campaign through 41 branches. Additionally, two branches were involved in screening activities. Furthermore, and in light of the Risk Communication and Community Engagement (RCCE) activities, a total number of **1,560 volunteers were trained in RCCE** and given visibility equipment by the MRC (900 vests and 900 caps). The MRC has also organized several online training sessions for branch staff on finance, administration, and PMER. MRC also provided six vehicles to six branches and will continue to procure other office supplies.

**The following distribution activities were carried out by the MRC:**

- Distributed **hygiene kits to 384 schools**.
- Distributed **food parcels to 1,100 migrant families**.

"The Kingdom of Morocco is doing its best to curb the pandemic, and from our side, we are trying to raise awareness of the citizens on the importance of respecting the barrier gesture and getting the vaccine in order to achieve herd immunity and return to normal life," **says Bouchra Derraz, MRC Volunteer.**

### Palestine Red Crescent Society

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 Priority 3, PRCS staff and volunteers received COVID-19 training, as well as personal protective equipment (PPE).

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As part of its COVID response, the PRCS ensured the wellbeing and coverage of basic needs of vulnerable families, particularly those with people with disabilities, and carried out the following activities:



Figure 8: PRCS volunteer distributing food parcels and hygiene kits.

© **Palestinian Red Crescent Society**

- **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.

**PRCS volunteers Raneen Duheer and Nightingale Duheer** held awareness-raising workshops about the importance of the Corona vaccine in Yibna Secondary School in Rafah, Gaza. They had some difficulty persuading the students about the vaccine due to numerous rumors about vaccination and a lack of experience with vaccinators, as these students displayed clear recklessness and mockery about the issue. As a result, they held various workshops and meetings with students, all with the goal of persuading them to change their minds. Thanks to M. A., a 12-year-old boy who told his classmates about his experience with being infected with the Coronavirus and how it harmed his health; after that, he got the vaccine, and when he was infected again, the symptoms were much milder. He also recommends that everyone get vaccinated. He was one of the most outspoken

### Palestine Red Crescent Society – Lebanon Branch

The Palestine Red Crescent Society – Lebanon Branch (PRCS-L) has increased its COVID-19 efforts at both the hospital and community levels.

Mid-November 2021 saw the opening of a new hospital in the Northern part of the country, which included a COVID-19 ward, and it became operational in mid-January 2022. This new facility has aided in expanding the reach of COVID-19 activities such as testing and patient care.

Moreover, ongoing activities such as the distribution of personal protective equipment (PPE) kits and medical supplies to staff and volunteers went off without a hitch. Staff and volunteers were given the proper information and regulations to ensure their safety while performing inside facility services and participating in outdoor activities while wearing PPEs. COVID-19 staff received training in quality management as well. As a result of these accomplishments, the transmission of COVID-19 from patients to medical personnel has been limited.

As part of the community interventions, activities were expanded to include discharged COVID-19 medical patients in order to provide them with psychosocial support (PSS), which was identified as a need.

People were reached through a variety of means, including community outreach through WhatsApp groups, home visits, awareness in shops and on the streets, and one-on-one sessions with small groups of people, in addition to hospitalization and



Figure 9: PRCS-L volunteers conducting awareness about COVID-19 transmission and vaccination.

© **Palestine Red Crescent Society– Lebanon branch**

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PCR testing in the hospital, which is also done in the community through a full-day campaign for those who cannot get to the hospital. Furthermore, the PRCS-L is expanding its COVID-19 and PCR testing hospitalization in the northern part of the country to reach out to more people. Additionally, a total of **450 food parcels** were distributed to those in need.

### “How awareness campaigns can help build trust and confidence in COVID-19 vaccines”

Soha, one of the trained volunteers at Ein Elhelwe Camp, is involved in community activities to raise awareness about the COVID-19 vaccine. Her cousin was sceptical about getting the vaccine. As a result, she informed her that she is organizing community activities to address and discuss vaccine hesitancy, allowing people to make more informed decisions about the benefits of getting vaccinated. Soha invited her cousin to the sessions and asked if she could pay her a visit. Her cousin became involved and learned about it through various activities such as home visits and campaigns. Her cousin then decided to take the first dose of vaccine.

### Qatar Red Crescent Society

In Qatar, from 3 January 2020 to 16 February 2022, there have been 351,949 confirmed cases of COVID-19 with 658 deaths, reported to WHO. As of 13 February 2022, a total of 6,105,201 vaccine doses have been administered. The Qatar Red Crescent Society (QRCS) has completed a project to control the COVID-19 pandemic in the Republic of Tajikistan, by supporting the poor families worst affected by the virus in Dushanbe. The project is part of QRCS's initiative to support fellow National Societies in 22 countries across six continents, aimed at protecting 320,000 people against the virus.

### Saudi Red Crescent Authority

In Saudi Arabia, from 3 January 2020 to 16 February 2022, there have been 732,596 confirmed cases of COVID-19 with 8,975 deaths, reported to WHO. As of 13 February 2022, a total of 59,570,177 vaccine doses have been administered. As part of its ongoing efforts to contain the spread of the COVID-19 pandemic, the Saudi Red Crescent Authority (SRCA) has launched an online campaign to raise awareness about the coronavirus.

Additionally, the SRCA has launched a coronavirus control and prevention distance learning initiative.

**More than 7,500 people** have participated in the authority's remote online training sessions aimed at preventing the spread of the COVID-19 disease.

There were 2,800 SRCA members, over 3,000 volunteers, 220 students, and 1,100 trainees from the ministries of education and health, among others.

### Syrian Arab Red Crescent

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 top priority continues to be providing humanitarian assistance to those affected by Syria's ongoing multiple crises.



Figure 10: Volunteers from the SRCA are assisting in the fight against COVID-19. © Saudi Red Crescent Authority

## COVID-19 MENA Region | National Society Highlights

A total of **8,305 SARC staff and volunteers** continued to be on the front lines, assisting local communities in raising awareness about COVID-19 by delivering messages about preparedness, symptoms, referral services, and relief item distribution. SARC 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 has been providing continued COVID-19 related assistance to people while maintaining protection procedures and assisted an estimated 1,370,604 people through activities such as awareness, distribution, and referral. **In 2021, a total of 5,806,914 people were reached with COVID-19 related activities.**

To ensure food security for the most vulnerable families, SARC continued its regular distribution activities. While conducting COVID-19 awareness activities, **84,600 food items were distributed** during the reporting period.

During the implementation period, personal protective equipment (PPEs) related to SARC's duty of care were procured for SARC staff and volunteers, including front-line workers. Surgical masks, respiratory masks, alcohol/ethanol, gowns, gloves, and hand gel sanitizer were among the items purchased. SARC staff and volunteers in health facilities, as well as other front-line volunteers in direct contact with large populations, such as volunteers managing relief distributions, will receive these items.

### Tunisian Red Crescent

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. A fortiori, TRC provided hospitals and health facilities with preventive equipment and conducted disinfections and screening and triage activities.

COVID-19 vaccine doses were administered to 12,967,027 people, accounting for 55.2% of the country's population. The TRC is ramping up its response to increased humanitarian needs, focusing primarily on assisting the country's health system and population with:

- Expanding **risk communication campaigns: 2,500,000 people** have been reached.
- Distribution of **Personal protective equipment (PPE): 1,203,000 surgical FFP1 masks, 58,000 FFP2 masks, and 2,502 litres of hydro alcoholic gel** were distributed for the population.
- Distribution of **9,800 hygiene kits for 4,900 families.**
- **Psychosocial support:** In collaboration with the Ministry of Health, a free dedicated hotline reached **5,500 people.**
- Advocated for migrants' right to vaccinations.
- **980,000 disinfection operations** in public institutions and schools.
- **2,200,000 screening operations** in public places and vaccine centres.
- Supported **3 rural hospitals** with beds and equipment to enhance the hosting capacity of those affected by COVID-19.

TRC **deployed 5,000 volunteers** across the country to conduct screening and vaccination activities, as well as crowd control inside vaccination centres, as well as registration and vaccination by TRC doctors and nurses. TRC, on the other hand, provided humanitarian assistance to vulnerable people affected by the pandemic, such as food and cash.

- Distributed **9,800 food vouchers to 4,900 low-income families.**
- Distributed **105,000 food parcels** containing essential items.
- Assisted **12,000 families by providing school supplies.**
- Provided **122,140 food vouchers, 7,474 litres of disinfection products, 6,400 PSS sessions, and PPEs to migrants** housed in Tunis, Zarzis, and Medenine centres.



Figure 11: TRC volunteers supporting local authorities in the National Vaccine Campaign. © **Tunisian Red Crescent**

In addition, TRC provided the Ministry of Health with **23,300 protective Gowns, 50,000 FFP2 masks, 900 protective goggles** and **5,450 gloves**. TRC has also donated oxygen concentrators to hospitals.

TRC launched the “**Hilal Oxygen**” project in June 2021, with the goal of deploying mobile units comprised of five volunteers and health workers to provide home care assistance to infected individuals in need of oxygen concentrators, thereby relieving pressure on hospitals. TRC initially deployed **five units** in the five Tunisian regions most vulnerable to and affected by the pandemic, namely Manouba, Kasserine, Sousse, El Kef, and Zaghouan.

**Yemen Red Crescent Society**

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 a result of the reduction in the number of quarantine centers, YRCS has shifted its focus to supporting health isolation centers, treatment and diagnosis services, and direct assistance to displaced families and the most vulnerable people. YRCS has also been raising community awareness about prevention and precautionary measures, as well as providing psychosocial support (PSS). To ensure its personnel health and well-being, the YRCS provides its volunteers and health workers with appropriate personal protective equipment (PPE) as they implement related activities in the field and at the community level.

As part of its COVID response, the YRCS distributed **hygiene kits to 30,492 people** in local communities and among internally displaced persons (IDPs).

Additionally, the YRCS implemented the **Shielding activity**, which aims to provide cash assistance and personal hygiene kits to the most vulnerable people exposed to COVID-19 infection, such as those with cancer and chronic diseases. A total number of **2,138 families and households** was reached by this activity that was carried out by **40 volunteers** who had been trained in shielding activities from the Lahj and Syoun branches. Furthermore, the YRCS distributed **food parcels to 3,900 households** in 12 governorates while taking COVID-19 precautions. livelihood support pilot project was carried out in two governorates, with 100 women being trained in sewing skills and receiving sewing machines.



Figure 12: An awareness campaign to reduce psychological stress during COVID-19 being conducted for displaced women in Lahj governorate. ©**Yemen Red Crescent Society**

The following are some of the key activities that the YRCS has undertaken:

- **Community-Based Surveillance (CBS):** A total of 56 CBS volunteers took part in the process, reaching a total of 688 people in Lahj.
- **Hygiene kit distributions 839 to public institutions.**

The YRCS reached **17,173 people** in Aden and **8,225 people** in Abyan through **COVID-19 awareness sessions**. An awareness campaign about COVID-19 benefitted **12,595 people** in Al-Mahra Governorate, also during which **243 hygiene kits were distributed**.

- Reached **2,886 hospital COVID-19 patients, 24,073 hospital visitors as well as 320 health staff** through awareness sessions.



- Reached **34,122 people through a community awareness on PSS and psychological first aid (PFA)** conducted in seven governorates.

"It is difficult to ask people to stay in their homes and follow safety precautions to prevent COVID-19 at a time when society lacks the basic necessities of life." They don't have the financial resources to purchase a mask or gloves for use outside. When we first started raising awareness, we encountered a receptive community, and we struggled to persuade the public and change their perceptions of the virus. We did, however, raise awareness and provide assistance to people, which we consider a success."

**Zamam Juaim, a YRCS volunteer from Dhamar branch.**

"The coronavirus arrived in Yemen in a unique way from the rest of the world. While the rest of the world welcomed the idea of staying at home to stay safe, it was terrifying to us in Yemen because staying at home meant slowly dying because we had to go out every day to get our food, drink, and other necessities."

**Mohammed, IDP from Hodeidah to Rymah on the difficulties faced during the spread of COVID-19**

## Voices from Yemen



Mohammed is one of many Yemenis who have been internally displaced by the conflict. The 42-year-old comes from Hodeidah but is currently living in Rima.

In discussing the years since the conflict started, he said: "Those five years have represented a continuous series of losses from the moment I left my home and my place in Hodeidah to another governorate not knowing what I would face there. And ending with the daily suffering of me along with thousands of the displaced people like me in Yemen, who are seeking the simplest ingredients to survive."

"The years which are full of war, conflict, and diseases in Yemen represent a complete picture of life which exhausted us and took all beautiful things we lived before and made us in a daily struggle with death."

He worries that the collapse of his country's economy and the spread of diseases means he and his countrymen "face death permanently".

Mohammed highlighted how the coronavirus presents a particular threat to Yemen, a country already devastated by conflict and instability.

"Coronavirus came to Yemen differently than the whole world. While the rest of the world welcomed the idea of staying home to stay in safe, this idea was terrifying for us in Yemen because staying at home means dying slowly because we have to go out on a daily basis to get our food and drink and everything we need."

"Even when we leave homes, we could not afford buying masks or sterilizers, as we need these resources to eat and drink. Even the water which we obtain whether it comes from a dirty source or filled in dirty contaminated containers is needed for drinking rather than washing hands no matter how its condition."

"God alone preserves us knows our condition and knows that any means we try to do to remain safe, would be impossible. We can only get away from gatherings as much as possible."



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## **Contact information in the IFRC Regional Delegation for MENA**

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# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 11 Mar 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

## 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
<b>Total Funding Requirements</b>	<b>670,000,000</b>
<b>Donor Response* as per 11 Mar 2022</b>	<b>389,865,306</b>
<b>Appeal Coverage</b>	<b>58.19%</b>

## II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	1,639,641	1,631,234	8,407
AOF2 - Shelter	753,313	675,762	77,552
AOF3 - Livelihoods and basic needs	21,289,480	15,628,637	5,660,842
AOF4 - Health	272,621,624	204,278,584	68,343,040
AOF5 - Water, sanitation and hygiene	5,238,174	5,121,214	116,960
AOF6 - Protection, Gender & Inclusion	1,807,969	892,762	915,207
AOF7 - Migration	1,228,763	1,169,212	59,551
SFI1 - Strengthen National Societies	23,587,719	17,964,133	5,623,586
SFI2 - Effective international disaster management	28,749,515	20,525,100	8,224,415
SFI3 - Influence others as leading strategic partners	6,111,140	3,926,512	2,184,628
SFI4 - Ensure a strong IFRC	14,941,099	9,452,339	5,488,760
<b>Grand Total</b>	<b>377,968,437</b>	<b>281,265,489</b>	<b>96,702,948</b>

## III. Operating Movement & Closing Balance per 2022/01

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	335,596,206
Expenditure	-281,265,489
<b>Closing Balance</b>	<b>54,330,717</b>
Deferred Income	55,282,964
Funds Available	109,613,682

## IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	1,000,000	<b>Outstanding :</b>	<b>0</b>
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# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2022; appeal launch date: 31 Jan 2020

## 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	13,295,626		55,800		13,351,426		
Andorran Red Cross	16,134				16,134		
Asian Football Confederation	192,323				192,323		
Australian Government	30,314				30,314		
Australian Red Cross	205,807		105,653		311,460		
Australian Red Cross (from Australian Government*)	7,242,894				7,242,894		
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	140,931		192,229		
Austrian Red Cross (from Austrian Government*)	1,365,386				1,365,386		
Bahrain Red Crescent Society	94,112				94,112		
BeiGene	10,100				10,100		
Belgian Federal Government	5,358,245				5,358,245	1,111	
Boston Scientific	231,546				231,546		
Bristol-Myers Squibb Company	442,835				442,835		
British Government	374,153				374,153		
British Red Cross	2,833,903		101,596		2,935,499		
British Red Cross (from Astra Zeneca*)	181,122				181,122		
British Red Cross (from Aviva Plc.*)	169,463				169,463		
British Red Cross (from British Government*)	42,960,945				42,960,945		
British Red Cross (from DEC (Disasters Emergency Commi	739,490				739,490		
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	17				17	99,580	
Cell Signaling Technology	4,656				4,656		
Charities Aid Foundation	101,929				101,929		
Charities Aid Foundation (from Cisco*)	7,148				7,148		
China Red Cross, Hong Kong branch		80,866			80,866		
Coca-Cola	189,668				189,668		
Coca Cola Foundation	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		303,265		347,477		
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	34,859,542				34,859,542	3,574,255	
European Commission - DG ECHO	9,496,805				9,496,805	9,301,677	
European Investment Bank Institute	378,567				378,567		

# Emergency Appeal

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2022; appeal launch date: 31 Jan 2020

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
Federation International de l'Automobile FIA	877,871				877,871	
FIA Foundation	1,593,999				1,593,999	
Finnish Red Cross	526,850	570,935	233,604		1,331,389	
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	129
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	70,951		124,477		195,427	
Icelandic Red Cross (from Icelandic Government*)	225,218				225,218	
ICRC	145,000				145,000	
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	1,322,239				1,322,239	
Italian Government Bilateral Emergency Fund	1,181,752				1,181,752	
Italian Red Cross	51,915		83,600		135,515	
Italy - Private Donors	12				12	
Japanese Government	25,285,970				25,285,970	232,290
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.	4,281				4,281	
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*)	2,570,543				2,570,543	
Novartis	576,547				576,547	
Olympus Corporation	177,183				177,183	
On Line donations	32,200				32,200	
Other	22,707		359,182		381,889	

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2022; appeal launch date: 31 Jan 2020

Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
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	9,312				9,312	
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	893,588				893,588	106,412
Siemens Gamesa Renewable Energy	89,364				89,364	
Singapore Red Cross Society	2,302,238	34,430			2,336,668	
Sociedad Textil Lonia S.A.	1,059,671				1,059,671	
Société Générale Foundation	1,083,015				1,083,015	
Spanish Government	4,224,530				4,224,530	351,733
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	12,667,742				12,667,742	1,132,258
Swiss Red Cross	1,098,481	1,051,994	26,413		2,176,888	
Swiss Red Cross (from Philip Morris Int.*)	334,961				334,961	
Switzerland - Private Donors	2,600				2,600	
T1 Entertainment & Sports	11,175				11,175	
Taiwan Red Cross Organisation	240,658				240,658	
Telekom Austria AG	21,587				21,587	
The Alcon Foundation, Inc.	8,458				8,458	
The Burberry Foundation	101,124				101,124	
The Canadian Red Cross Society	903,799	76,677			980,476	
The Canadian Red Cross Society (from Canadian Governr	23,020,574				23,020,574	
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	9,667,753				9,667,753	
The Netherlands Red Cross (from Netherlands - Private Do	911,270				911,270	
The Netherlands Red Cross (from PVH Europe BV*)	156,532				156,532	
The OPEC Fund for International Development	135				135	
The Republic of Cyprus	29,251				29,251	
The Republic of Korea National Red Cross	550,660				550,660	
The Republic of Korea National Red Cross (from Republic c	416,474				416,474	
The Republic of the Philippines	94,134				94,134	
Thermo Fisher Scientific	706				706	
Tides Foundation	6,859				6,859	897,650
Tokyo Electron Limited (TEL)	904,231				904,231	
Tory Burch UK	11,575				11,575	
Turkish Red Crescent Society	20,156		135,347		155,502	
Twitter	684				684	

# Emergency Appeal

## INTERIM FINANCIAL REPORT

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### COVID-19 Outbreak Global Appeal

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
UNICEF - United Nations Children's Fund	478,184				478,184	
Unidentified donor			182,653		182,653	
United States Government - PRM	1,140,251				1,140,251	431,849
United States Government - USAID	29,014,427				29,014,427	38,206,607
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	887,163				887,163	947,413
World Bank	2,199,659				2,199,659	
Write off & provisions				-95,960	-95,960	
YourCause LLC	275				275	
Zalando	54,076				54,076	
<b>Total Contributions and Other Income</b>	<b>331,803,934</b>	<b>1,866,200</b>	<b>2,014,695</b>	<b>-88,622</b>	<b>335,596,206</b>	<b>55,282,964</b>
<b>Total Income and Deferred Income</b>					<b>335,596,206</b>	<b>55,282,964</b>

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

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### 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 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	12,833	268,016	4,842,843	48,352,694	834,096	322,509	19,343	8,871,385	10,144,998	132,741	1,391,021	75,192,477
	Expenditure	-75,686	279,567	3,929,266	35,713,163	753,157	178,722	27,449	7,321,802	6,992,298	28,258	866,254	56,014,250
	Variance	88,518	-11,551	913,578	12,639,530	80,938	143,786	-8,105	1,549,583	3,152,700	104,483	524,767	19,178,227
Americas	Budget	8,224	57,486	2,095,628	31,964,004	1,234,635	75,800	97,371	5,226,300	4,469,360	428,361	29,509	45,686,678
	Expenditure	8,206	132,678	2,386,217	26,525,669	1,489,537	39,554	37,484	4,211,566	3,291,972	346,472	31,903	38,501,258
	Variance	18	-75,191	-290,589	5,438,336	-254,902	36,246	59,887	1,014,734	1,177,388	81,889	-2,395	7,185,420
Asia Pacific	Budget	276,923	232,741	8,100,421	73,414,610	1,592,600	335,684	276,165	4,617,648	8,600,432	2,008,018	5,404,312	104,859,554
	Expenditure	319,702	82,256	3,178,572	34,494,074	1,610,862	140,098	327,699	2,302,900	5,450,117	1,090,438	3,413,147	52,409,865
	Variance	-42,779	150,485	4,921,849	38,920,536	-18,262	195,587	-51,535	2,314,748	3,150,315	917,580	1,991,165	52,449,690
Europe	Budget	1,296,359		2,146,936	87,592,095	0	314,293	594,499	432,375	-2,068	670,125	707,936	93,752,550
	Expenditure	1,333,515		1,966,005	79,411,663		27,106	575,180	308,992	116,474	337,485	471,403	84,547,822
	Variance	-37,156	0	180,931	8,180,432	0	287,187	19,319	123,383	-118,542	332,640	236,533	9,204,727
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	167,726	666,316	2,476,288		423,481	69,476	480,266	1,596,969	1,891,272	3,812,966	11,620,323
	Variance	2,774	13,810	76,468	1,328,798	0	230,216	8,269	68,828	-39,355	480,388	2,764,968	4,935,163
Middle East and North Africa	Budget	6,964	13,535	3,360,868	27,493,135	1,576,843	105,985	163,641	3,890,917	3,979,180	500,236	830,387	41,921,690
	Expenditure	9,932	13,535	3,502,263	25,657,727	1,267,657	83,800	131,924	3,338,607	3,077,271	232,588	856,666	38,171,970
	Variance	-2,968	0	-141,394	1,835,408	309,186	22,185	31,716	552,309	901,909	267,649	-26,278	3,749,720



# Emergency Appeal

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Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 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
<b>Africa</b>												
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				385,502	224,123		25,174	677,510
	Expenditure	-105,000		210,991				36,705	185,410			328,106
	Variance	0	0	-63,281	0	0	0	348,797	38,714	0	25,174	349,404
Botswana	Budget		41,632	799,831	177,496		6,263	500,406	127,937	3,834	2,103	1,659,501
	Expenditure		41,632	802,267	188,971		6,263	439,715	101,353	3,834	2,103	1,586,139
	Variance	0	0	-2,437	-11,475	0	0	60,691	26,583	0	0	73,363
Burkina Faso	Budget		45,625	94,241	513,729		4,018	90,097	160,646	137	7,143	915,636
	Expenditure		45,625	94,241	495,687		4,018	90,097	151,012	137	7,143	887,961
	Variance	0	0	0	18,042	0	0	0	9,633	0	0	27,675
Burundi	Budget			484,202	2,407			45,827	341			532,777
	Expenditure			482,765	2,407			45,875	344			531,392
	Variance	0	0	0	1,436	0	0	-48	-3	0	0	1,385
	Budget		541,985	651,337			122	362,702	536,902		209,705	2,302,753

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 11 Mar 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	
	Expenditure		37,280	502,410		5,034	11,472	286,509	635,643		2,886	<b>1,481,235</b>	
	Variance	0	0	504,705	148,927	0	-5,034	-11,350	76,193	-98,741	0	206,819	<b>821,518</b>
<b>Cape Verde</b>	Budget		26,085	179,997	3,132		126	83,028	26,350			<b>318,717</b>	
	Expenditure		8,827	203,486	3,132		126	74,241	25,999			<b>315,810</b>	
	Variance	0	0	17,258	-23,489	0	0	8,787	351	0	0	<b>2,907</b>	
<b>Central African Republic</b>	Budget	10,288	68,637	1,361,631	60,570			7,010	104,215			<b>1,612,352</b>	
	Expenditure	67	28,635	1,516,415	57,305			3,474	153,804	487	11,686	<b>1,771,874</b>	
	Variance	-67	-18,347	68,637	-154,783	0	0	3,536	-49,589	-487	-11,686	<b>-159,522</b>	
<b>Chad</b>	Budget	22,191	26,747	84,536				31,102	60,663			<b>225,240</b>	
	Expenditure	22,191	50,946	57,388				24,120	124,378			<b>279,023</b>	
	Variance	0	0	-24,198	27,148	0	0	6,982	-63,715	0	0	<b>-53,783</b>	
<b>Comoro Islands</b>	Budget			376,374		1,672		88,364	60,413		16,279	<b>543,102</b>	
	Expenditure			407,375		1,672		62,760	57,075		15,480	<b>544,363</b>	
	Variance	0	0	0	-31,001	0	0	25,604	3,338	0	799	<b>-1,261</b>	
<b>Cote d'Ivoire</b>	Budget	16,293	261,197	576,481	0			342,669	188,519		7,583	<b>1,392,742</b>	
	Expenditure	16,293	397,053	576,481	6,376			349,370	205,569		7,583	<b>1,558,725</b>	
	Variance	0	0	-135,856	0	-6,376	0	-6,701	-17,050	0	0	<b>-165,983</b>	

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

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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	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	2,144,964		624	841,052	2,239,938	1,170	20,445	5,249,184
	Expenditure	798		193	1,728,354		624	624,538	1,787,461	1,170	20,445	4,163,584
	Variance	0	0	0	416,610	0	0	0	216,514	452,476	0	0
Djibouti	Budget				472,871				39,330			512,202
	Expenditure				488,665				3,570		4,106	496,341
	Variance	0	0	0	-15,793	0	0	0	0	35,760	0	-4,106
Equatorial Guinea	Budget			31,794	132,635			17,787	44,591			226,808
	Expenditure			32,093	159,043			19,080	46,762			256,978
	Variance	0	0	-299	-26,408	0	0	0	-1,293	-2,171	0	0
Ethiopia	Budget				16,385				249,988			266,373
	Expenditure	1,168			415,247				35,162			451,577
	Variance	-1,168	0	0	-398,862	0	0	0	0	214,826	0	0
France	Budget				160,175							160,175
	Expenditure				160,125							160,125
	Variance	0	0	0	50	0	0	0	0	0	0	50
	Budget				310,956			103,714	288,103			702,773

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 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	
	Expenditure			310,466				104,568	296,822			711,856	
	Variance	0	0	490	0	0	0	-853	-8,719	0	0	-9,083	
Gambia	Budget		104,888	484,938	12,490	12,754		653,528	249,723			1,518,320	
	Expenditure		104,888	606,579		12,754		597,710	187,389			1,509,320	
	Variance	0	0	-121,641	12,490	0	0	55,818	62,334	0	0	9,000	
Ghana	Budget		151,143	126,568	660,742			685,294	418,122			2,041,869	
	Expenditure	14,726		178,108	208,263	637,729		223,603	101,473		1,844	1,365,746	
	Variance	-14,726	0	-26,965	-81,695	23,013	0	461,690	316,649	0	-1,844	676,124	
Guinea	Budget		110,767	1,428,060		8,534		94,894	145,766			1,788,021	
	Expenditure		106,544	272,420		8,314		1,230,365	62,619			1,680,262	
	Variance	0	0	4,223	1,155,640	0	220	0	-1,135,471	83,147	0	107,759	
Guinea Bisau	Budget		31,786	42,857	55,860			26,839	27,030			184,371	
	Expenditure		16,730	42,857	31,825			15,169	77,172			183,752	
	Variance	0	15,056	0	24,035	0	0	0	11,670	-50,142	0	619	
Kenya	Budget	5,980	5,325	497,694	19,048,698	1,821	135,279	5,325	497,796	615,601	86,937	42,529	20,942,986
	Expenditure	5,998		247,743	12,161,850	1,821	50,650		205,578	365,617	4,724	41,148	13,085,129
	Variance	-18	5,325	249,951	6,886,848	0	84,629	5,325	292,219	249,984	82,213	1,382	7,857,857

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## INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2022; appeal launch date: 31 Jan 2020

## 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	53,102	2	3,593		96,200	57,195		374,774	
	Expenditure		5,902	158,780	53,124	2	3,593		96,200	57,172		374,772	
	Variance	0	0	0	-21	0	0	0	0	23	0	0	2
Lesotho	Budget			77,577	103,521			1,093	63,842	43,491		289,524	
	Expenditure			77,577	103,521			1,093	63,842	28,599		274,632	
	Variance	0	0	0	0	0	0	0	0	14,892	0	0	14,892
Liberia	Budget				230,747	45,035	5,528		150,685	123,454		1,063	556,513
	Expenditure				216,087	38,283	5,542		149,654	123,159		1,063	533,788
	Variance	0	0	0	14,660	6,751	-13	0	1,031	294	0	0	22,724
Madagascar	Budget				1,929,500				131,720		12,500		2,073,720
	Expenditure	6			1,146,335			2,080	65,520	130,715	102	6,203	1,350,963
	Variance	-6	0	0	783,164	0	0	-2,080	66,200	-130,715	12,398	-6,203	722,757
Malawi	Budget	675	4,579	119,326	2,090,553		68,540		113,967	44,292			2,441,933
	Expenditure	1,026	4,579	119,326	325,546		46,554		115,876	44,832			657,738
	Variance	-351	0	0	1,765,007	0	21,986	0	-1,908	-540	0	0	1,784,194
	Budget		2,504	3,485	373,715	0			72,155	75,463		8,077	535,399

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## INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 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
	Expenditure		2,504	3,485	428,771	0		16,933	75,463		8,121	<b>535,277</b>
	Variance	0	0	0	-55,056	0	0	55,221	0	0	-44	<b>122</b>
Mauritania	Budget		35,209	143,297			9,753	47,398	40,971			<b>276,627</b>
	Expenditure		35,209	143,397			9,753	47,398	72,435			<b>308,192</b>
	Variance	0	0	0	-100	0	0	0	-31,465	0	0	<b>-31,565</b>
Mauritius	Budget		11,076	359,055					230,590	2,260		<b>602,981</b>
	Expenditure		5	333,397				1,065	183,890	1,048		<b>519,405</b>
	Variance	0	0	11,071	25,658	0	0	-1,065	46,701	1,211	0	<b>83,576</b>
Mozambique	Budget	9,179		2,356,089		1,084		30,397	25,810	28	1,614	<b>2,424,201</b>
	Expenditure	9,179		528,315		1,084		30,397	25,810	28	1,614	<b>596,427</b>
	Variance	0	0	1,827,774		0	0	0	0	0	0	<b>1,827,774</b>
Namibia	Budget		204,887	199,910		3,878		208,198	104,207		1,726	<b>722,805</b>
	Expenditure		205,511	174,529		3,878		208,037	104,286		20,855	<b>717,097</b>
	Variance	0	0	-624	25,381	0	0	161	-80	0	-19,130	<b>5,709</b>
Niger	Budget		34,888	933,294		31,455		430,821	13,806	328	521,243	<b>1,965,835</b>
	Expenditure		135,290	546,109				54,984	8,544	328	386,204	<b>1,131,460</b>
	Variance	0	0	-100,402	387,185	0	31,455	0	375,837	5,261	0	<b>834,375</b>

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 11 Mar 2022

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### 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	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	1,849,150				405,824	91,169	9,984	38	2,945,699
	Expenditure	50,872		538,663	1,957,305				368,441	91,169	3,615	0	3,010,064
	Variance	0	0	0	-108,154	0	0	0	37,383	0	6,368	38	-64,365
Republic of Congo	Budget				220,356				139,439	48,919		108	408,822
	Expenditure				234,491				89,402	76,423		106	400,422
	Variance	0	0	0	-14,135	0	0	0	50,037	-27,505	0	3	8,400
Rwanda	Budget				643,519				14,224	12,470			670,213
	Expenditure				650,884				14,224	3,514			668,622
	Variance	0	0	0	-7,365	0	0	0	0	8,956	0	0	1,592
Sao Tome and Principe	Budget		26,580		44,080				11,446	91,716		18,390	192,211
	Expenditure		26,641		42,994				26,042	91,650			187,327
	Variance	0	-62	0	1,086	0	0	0	-14,596	66	0	18,390	4,884
Senegal	Budget		76,930	196,264	687,362	58			107,568	454,868		38,725	1,561,776
	Expenditure		76,930	196,264	624,076	58			108,649	436,840		38,725	1,481,543
	Variance	0	0	0	63,286	0	0	0	-1,081	18,029	0	0	80,233
	Budget				199,831	21,300			146,105	118,177	3,752	12,780	501,946

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 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	
	Expenditure			28,558				10,420	30,259			69,237	
	Variance	0	0	0	171,273	21,300	0	0	135,685	87,918	3,752	12,780	432,709
<b>Sierra Leone</b>	Budget			246,583				385,183	159,362			791,127	
	Expenditure			263,379				359,834	4,894			628,107	
	Variance	0	0	0	-16,797	0	0	0	25,348	154,468	0	0	163,019
<b>Somalia</b>	Budget			1,914,343		11,471		25,359	111,206		3,421	2,065,799	
	Expenditure			706,922		11,471		25,359	111,206		3,421	858,378	
	Variance	0	0	0	1,207,421	0	0	0	0	0	0	0	1,207,421
<b>South Africa</b>	Budget	10,650		127,243	838,932	10,164	12,939	233,896	340,145		106,504	1,680,473	
	Expenditure	10,650		127,243	796,042		12,939	207,930	283,499		51,217	1,489,521	
	Variance	0	0	0	42,890	10,164	0	0	25,966	56,646	0	55,287	190,952
<b>South Sudan</b>	Budget			368,659				191,857	1,596,117		102,626	2,259,259	
	Expenditure	18,091		1,355,616	995			401,456	246,546		224,644	2,247,347	
	Variance	-18,091	0	0	-986,957	-995	0	0	-209,598	1,349,572	0	-122,018	11,912
<b>Sudan</b>	Budget	4,215	-5,326	1,172,764	16,374	8,444		163,269	1,583	-869	0	1,360,455	
	Expenditure		50	797,630	5,048	64		72,850	14,153	-869	4,106	893,032	
	Variance	4,215	-5,376	0	375,134	11,326	8,380	0	90,419	-12,570	0	-4,106	467,423



# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
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### COVID-19 Outbreak Global Appeal

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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			441,594				68,388	11,313		3,567	524,863
	Expenditure			541,728				68,388	11,355		3,567	625,038
	Variance	0	0	0	-100,133	0	0	0	0	-42	0	0
Togo	Budget			170,699				34,936	66,134			271,769
	Expenditure	-100,000		247,572				71,612	25,296	13,653	38	258,171
	Variance	100,000	0	0	-76,873	0	0	0	-36,676	40,838	-13,653	-38
Uganda	Budget	19,170		1,078,323				320,290			153,477	1,571,261
	Expenditure			1,273,341				71,193				1,344,533
	Variance	19,170	0	0	-195,017	0	0	0	249,098	0	0	153,477
Zambia	Budget		138,825	489,728		8,807		254,958	120,584		1,454	1,014,356
	Expenditure	351		138,825	439,321		6,644	99,674	103,317		1,454	789,585
	Variance	-351	0	0	50,407	0	2,163	0	155,284	17,267	0	0
Zimbabwe	Budget		438,560	230,345		551		162,605	353,657	12,680	85,245	1,283,643
	Expenditure	89	8,148	90,047	521,331		551	39,904	2,639		489	663,197
	Variance	-89	-8,148	348,513	-290,986	0	0	0	122,701	351,018	12,680	84,756

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

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## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

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
<b>Americas</b>												
Antigua and Barbuda	Budget	899		46,230	187,015	38,962		111,149	4,053	30,417		418,724
	Expenditure	899		45,813	177,655	26,344		107,031		30,417		388,159
	Variance	0	0	417	9,360	12,617	0	0	4,119	4,053	0	0
Argentina	Budget				433,994	121,793		55,630	316,451	177,725		1,105,593
	Expenditure			137,600	292,933	121,402		56,403	285,710	106,613	6	1,000,667
	Variance	0	0	-137,600	141,061	391	0	0	-773	30,740	71,112	-6
Bahamas	Budget			110,731	584,221	58,640		140,654	87,178			981,424
	Expenditure			110,004	553,573	58,577		135,290	87,051			944,495
	Variance	0	0	727	30,648	62	0	0	5,364	128	0	0
Barbados	Budget			39,358	86,805	265		72,704				199,132
	Expenditure			36,749	48,750	263		69,365				155,127
	Variance	0	0	2,609	38,055	2	0	0	3,339	0	0	0
Belize	Budget			180,197	116,123	50,270		45,838	-176			392,252
	Expenditure			179,759	86,497	50,263		45,766	-176			362,109
	Variance	0	0	438	29,626	7	0	0	73	0	0	0
	Budget		22,721	89,097	792,943	101,191	4,264	39	401	205,708	11,205	1,227,570

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 11 Mar 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	
	Expenditure	22,721	89,090	643,659	101,191	4,264		39	401	205,708	11,205	<b>1,078,279</b>	
	Variance	0	0	7	149,284	0	0	0	0	0	0	<b>149,291</b>	
<b>Brazil</b>	Budget			409,511				345	5,181			<b>415,037</b>	
	Expenditure		28,795	179,825	15,956			61,326	4,502			<b>290,404</b>	
	Variance	0	0	-28,795	229,686	-15,956	0	-60,981	679	0	0	<b>124,633</b>	
<b>Chile</b>	Budget			508,664				3,763				<b>512,426</b>	
	Expenditure	62,526	98,271	157,876	50,798			98,224				<b>467,694</b>	
	Variance	0	-62,526	-98,271	350,788	-50,798	0	-94,461	0	0	0	<b>44,732</b>	
<b>Colombia</b>	Budget			1,694,132					497,863			<b>2,191,995</b>	
	Expenditure		260,877	1,034,700	30,439			241,475	338,366		19	<b>1,905,876</b>	
	Variance	0	0	-260,877	659,432	-30,439	0	-241,475	159,496	0	-19	<b>286,119</b>	
<b>Costa Rica</b>	Budget		18,397	539,715	56,359	7,372	11,325	79,679	40,580			<b>753,427</b>	
	Expenditure			683,930								<b>683,930</b>	
	Variance	0	0	18,397	-144,216	56,359	7,372	11,325	79,679	40,580	0	0	<b>69,497</b>
<b>Cuba</b>	Budget			690,903								<b>690,903</b>	
	Expenditure			615,078				21,488	600			<b>637,166</b>	
	Variance	0	0	0	75,825	0	0	-21,488	-600	0	0	<b>53,736</b>	

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## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

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### 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	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	231,503	35,671			176,369	-286			487,952
	Expenditure	2,770		41,925	202,211	35,671			176,304	-286			458,596
	Variance	0	0	0	29,292	0	0	0	64	0	0	0	29,356
Dominican Republic	Budget			36,799	1,099,009	191,125			485,374	957,185			2,769,492
	Expenditure	539		36,799	1,101,238	191,113			470,725	876,161		1,425	2,678,000
	Variance	-539	0	0	-2,229	12	0	0	14,650	81,024	0	-1,425	91,493
Ecuador	Budget				3,894,580				607,816				4,502,396
	Expenditure			563,029	2,345,834	100,796	13,313		187,889	-277			3,210,583
	Variance	0	0	-563,029	1,548,746	-100,796	-13,313	0	419,927	277	0	0	1,291,813
El Salvador	Budget			439,068	1,353,658	23,422	4,876		196,308			2,977	2,020,310
	Expenditure				1,971,238								1,971,238
	Variance	0	0	439,068	-617,580	23,422	4,876	0	196,308	0	0	2,977	49,071
Grenada	Budget	2,150		30,819	241,139	4,454			235,208	1,290	936		515,998
	Expenditure			30,819	213,376	4,454			203,254		936		452,840
	Variance	2,150	0	0	27,763	0	0	0	31,954	1,290	0	0	63,158
	Budget			148,812	1,252,350	28,496	1,334	78,440	272,724	56,755			1,838,910

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## INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 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	
	Expenditure	192	14	1,634,052			37,484	66,844	15,758			<b>1,754,345</b>	
	Variance	-192	0	148,798	-381,702	28,496	1,334	40,957	205,879	40,997	0	0	<b>84,565</b>
<b>Guyana</b>	Budget		2,857	295,250	70,987			172,037				<b>541,131</b>	
	Expenditure		2,857	254,512	70,987			144,322				<b>472,678</b>	
	Variance	0	0	40,737	0	0	0	27,715	0	0	0	<b>68,453</b>	
<b>Haiti</b>	Budget			1,089,758	114,321			832,694				<b>2,036,772</b>	
	Expenditure			877,461	192,619			351,242				<b>1,421,321</b>	
	Variance	0	0	212,297	-78,298	0	0	481,452	0	0	0	<b>615,451</b>	
<b>Honduras</b>	Budget		152,105	1,122,745	16,979	57,954	7,605	260,198	802,500			<b>2,420,085</b>	
	Expenditure		446	1,354,474		21,977		260,344	500,997			<b>2,138,238</b>	
	Variance	0	0	151,659	-231,729	16,979	35,977	7,605	-146	301,503	0	0	<b>281,847</b>
<b>Jamaica</b>	Budget		183,253	896,197	2,821			331,046	7,030			<b>1,420,347</b>	
	Expenditure		135,634	837,264	2,821			344,170	7,030			<b>1,326,918</b>	
	Variance	0	0	47,619	58,933	0	0	-13,123	0	0	0	<b>93,429</b>	
<b>Mexico</b>	Budget			871,866				17,778	1,301		12,653	<b>903,598</b>	
	Expenditure			863,824				20,351	1,301		15,669	<b>901,145</b>	
	Variance	0	0	8,042	0	0	0	-2,573	0	0	-3,016	<b>2,453</b>	

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Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

Operating Timeframe: 31 Jan 2020 to 31 Dec 2022; appeal launch date: 31 Jan 2020

## 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	887,158	118,703			176,840				1,278,041
	Expenditure		29,970	927,251	122,731			143,813				1,223,764
	Variance	0	0	65,370	-40,093	-4,027	0	0	33,028	0	0	0
Panama	Budget		46,645	6,194,800				136,839	5,316			6,383,600
	Expenditure	591	66,890	4,464,466				108,717	204,422		899	4,845,984
	Variance	-591	0	-20,245	1,730,334	0	0	0	28,122	-199,106	0	-899
Paraguay	Budget			487,738				1,241	31			489,011
	Expenditure		32,988	222,603	94,733			125,316	31			475,671
	Variance	0	0	-32,988	265,135	-94,733	0	0	-124,075	0	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	735,161	25,970			127,852	747,590		6	1,898,910
	Variance	0	16	369	335,445	0	0	0	223,777	596,009	10,750	-6
Saint Kitts and Nevis	Budget	10,557	54,832	233,870	0	0		40,225		2,824		342,309
	Expenditure	10,459	42,879	188,759				29,045		2,798		273,940
	Variance	0	98	11,953	45,111	0	0	0	11,180	0	26	0
	Budget		14,878	83,810	5,279			14,299				118,266

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## INTERIM FINANCIAL REPORT

Selected Parameters			
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### COVID-19 Outbreak Global Appeal

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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	83,327	4,292			13,693				<b>116,106</b>	
	Variance	0	0	84	483	987	0	0	606	0	0	0	<b>2,159</b>
St Vincent and Grenadines	Budget		9,211	81,158	16,336			84,925				<b>191,630</b>	
	Expenditure		9,211	46,618	33,577			79,196				<b>168,602</b>	
	Variance	0	0	0	34,540	-17,241	0	0	5,729	0	0	0	<b>23,028</b>
Suriname	Budget			289,308	1,331			36,245				<b>326,883</b>	
	Expenditure			122,619	1,331			49,772				<b>173,723</b>	
	Variance	0	0	0	166,688	0	0	-13,528	0	0	0	<b>153,160</b>	
Trinidad and Tobago	Budget	2,405	116,566	1,927,420	26,685			80,504	9,158			<b>2,162,737</b>	
	Expenditure	2,763		120,043	1,466,310	59,095		92,017	18,160			<b>1,758,387</b>	
	Variance	-357	0	-3,478	461,110	-32,410	0	-11,513	-9,002	0	0	<b>404,350</b>	
Uruguay	Budget			801,631				1,304				<b>802,934</b>	
	Expenditure		12,780	32,822	507,684	47,643		181,574				<b>782,504</b>	
	Variance	0	-12,780	-32,822	293,946	-47,643	0	0	-180,271	0	0	<b>20,431</b>	
Venezuela	Budget			1,514,428	124,576			204,893	333,951		2,675	<b>2,180,522</b>	
	Expenditure	453		1,630,910	46,472			198,718	204,630		2,675	<b>2,083,857</b>	
	Variance	-453	0	0	-116,482	78,104	0	0	6,175	129,321	0	0	<b>96,666</b>

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## INTERIM FINANCIAL REPORT

Selected Parameters			
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### 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

	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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## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

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## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

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	
<b>Asia Pacific</b>													
Afghanistan	Budget	3,855		866,364	4,002,821	70		30,896	283,107	55,018	322,096	5,564,227	
	Expenditure	23,886		789,893	2,742,598	36		11,571	246,749	45,509	305,651	4,165,893	
	Variance	-20,031	0	76,470	1,260,223	35	0	0	19,324	36,359	9,509	16,445	1,398,334
Bangladesh	Budget	1,509		645,000	24,048,791	357,019	7,333	23,247	24,767			25,107,665	
	Expenditure	1,509		9,648	7,413,814	329,220	7,946	38,329			21	7,800,486	
	Variance	0	0	635,352	16,634,977	27,799	-613	-15,082	24,767	0	0	-21	17,307,179
Bhutan	Budget	0			192,377			41,412			4,260	238,049	
	Expenditure				192,375			37				192,412	
	Variance	0	0	0	2	0	0	0	41,375	0	0	45,637	
Brunei	Budget				100,000							100,000	
	Expenditure				35,121							35,121	
	Variance	0	0	0	64,880	0	0	0	0	0	0	64,880	
Cambodia	Budget				115,059			639	207,698			323,396	
	Expenditure				115,059			639	205,638		21	321,357	
	Variance	0	0	0	0	0	0	0	2,060	0	-21	2,039	
	Budget	3,118			2,177,517	0	0	0	491,736	554,021	139,256	176,658	3,542,305

# Emergency Appeal

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### COVID-19 Outbreak Global Appeal

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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			2,620,280				1,200	484,016	104,448	187,052	<b>3,396,996</b>	
	Variance	3,118	0	0	-442,763	0	0	0	490,536	70,005	34,808	-10,394	<b>145,309</b>
<b>Cook Islands</b>	Budget			62,814	320			27,895	1,322			<b>92,351</b>	
	Expenditure			50,312	2,113			20,594	1,719			<b>74,738</b>	
	Variance	0	0	0	12,502	-1,794	0	0	7,302	-397	0	0	<b>17,613</b>
<b>Democratic People Republic of Korea</b>	Budget	186,344		459,010	231,710			18,263	4,260	204,769	533	<b>1,104,887</b>	
	Expenditure	116,343	68,014	474,486	65,365			22,780	3,470	156,548		<b>907,007</b>	
	Variance	70,001	-68,014	0	-15,476	166,344	0	0	-4,518	790	48,220	533	<b>197,880</b>
<b>Fed. States of Micronesia</b>	Budget			119,619	11,589			76,469	6,439		10,750	<b>224,866</b>	
	Expenditure			106,996	22,808	90		29,942	5,868		8,482	<b>174,186</b>	
	Variance	0	0	0	12,623	-11,219	-90	0	46,527	571	0	2,268	<b>50,680</b>
<b>Fiji</b>	Budget		36,900	863,841	5,357	2,325		221,683	92,306	564,927	165,505	<b>1,952,844</b>	
	Expenditure	134,320		274	728,053	9,730	2,719	108,695	52,509	249,145	129,002	<b>1,414,447</b>	
	Variance	-134,320	36,900	-274	135,788	-4,373	-394	0	112,988	39,798	315,782	36,503	<b>538,397</b>
<b>India</b>	Budget		2,150,000	19,524,791			27,657	273,709	662,832	886	1,454,056	<b>24,093,931</b>	
	Expenditure			3,053,235			27,657	142,305	263,687	886	298,090	<b>3,785,860</b>	
	Variance	0	0	2,150,000	16,471,556	0	0	0	131,404	399,145	0	1,155,965	<b>20,308,071</b>

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## INTERIM FINANCIAL REPORT

Selected Parameters			
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## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL	
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC		
Indonesia	Budget		509,913	4,312,646				110,113	595,550	272,199	328,428	6,128,850	
	Expenditure		323,219	2,548,205				109,040	381,505	111,871	197,287	3,671,128	
	Variance	0	0	186,694	1,764,441	0	0	0	1,073	214,045	160,328	131,141	2,457,722
Kiribati	Budget			46,830	9,891			48,652	24,136			129,509	
	Expenditure			34,836	4,823			55,653	19,375			114,686	
	Variance	0	0	0	11,994	5,068	0	0	-7,001	4,761	0	0	14,822
Laos	Budget			177,226				1,369	158,714	688		337,997	
	Expenditure			268,028				1,369	56,329	688		326,414	
	Variance	0	0	0	-90,802	0	0	0	102,385	0	0	11,583	
Malaysia	Budget		510,668	2,207,603	89,020	974	38,661	569,876	3,055,034	534,104	834,635	7,840,575	
	Expenditure		249,903	1,674,573	89,020	974	11,200	421,048	1,677,729	308,711	592,850	5,026,008	
	Variance	0	0	260,764	533,030	0	0	27,462	148,828	1,377,305	225,393	241,785	2,814,567
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	244,174		3,225	41,388	119,629	2,150			452,926
	Variance	0	0	0	143,324	0	0	0	0	0	0	26,925	170,249
	Budget			98,670	7,504			49,787	5,638			41,388	202,987

# Emergency Appeal

## INTERIM FINANCIAL REPORT

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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			104,838	12,626			27,295	3,801		45,761	<b>194,321</b>	
	Variance	0	0	0	-6,168	-5,122	0	0	22,493	1,837	0	-4,374	<b>8,666</b>
<b>Mongolia</b>	Budget	41,429		292,264	5,849			302,299			125,676	<b>767,516</b>	
	Expenditure	1,658		179,816	41,413	105,636		110,481	32,981	-3,369	45,080	<b>513,696</b>	
	Variance	39,770	0	-179,816	250,850	-99,787	0	0	191,818	-32,981	3,369	80,596	<b>253,821</b>
<b>Myanmar</b>	Budget		249,386	1,223,262	91,429		301	567,445	1,222,772	131,461	193,753	<b>3,679,809</b>	
	Expenditure		99,922	693,544	308,916			45,738	1,121,657	23,819	173,968	<b>2,467,564</b>	
	Variance	0	0	149,464	529,718	-217,487	0	301	521,707	101,116	107,642	19,785	<b>1,212,245</b>
<b>Nepal</b>	Budget		195,840	248,944	2,791,651	121,843	249,215	313,198	19,856	18,051	375,953	<b>4,334,550</b>	
	Expenditure	1,317	14,238		1,672,405	111,969	114,597	67,536	17,957	31,209	348,061	<b>2,379,288</b>	
	Variance	-1,317	181,602	248,944	1,119,247	9,874	134,618	0	245,662	1,899	-13,158	27,892	<b>1,955,262</b>
<b>Pakistan</b>	Budget		104,131	3,665,590	474,240	12,845	12,853		244,569	0	785,765	<b>5,299,993</b>	
	Expenditure		8,454	3,344,782	413,523	6,377	7,769	101,994			650,574	<b>4,533,473</b>	
	Variance	0	0	95,677	320,808	60,717	6,467	5,084	-101,994	244,569	0	135,191	<b>766,520</b>
<b>Palau</b>	Budget		1,881	109,889	21,608			81,180			27,500	<b>242,057</b>	
	Expenditure			92,763	27,063			72,123	4,403		25,660	<b>222,013</b>	
	Variance	0	0	1,881	17,126	-5,456	0	0	9,057	-4,403	0	1,839	<b>20,044</b>

# Emergency Appeal

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Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

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## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

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			323,312				17,599			17,500	358,411
	Variance	0	0	0	133,255	0	0	0	-17,599	0	0	-17,500
Philippines	Budget		2,032,638	2,860,002	35,244		301	770	438,098	51,967	112,273	5,531,293
	Expenditure		1,103,048	3,357,221	42,864		301	770	253,192	24,335	175,029	4,956,760
	Variance	0	0	929,589	-497,218	-7,620	0	0	0	184,907	27,632	-62,757
Samoa	Budget			120,241	18,834			65,253	13,574			217,902
	Expenditure			112,379	2,511			39,337	10,765			164,991
	Variance	0	0	0	7,862	16,323	0	0	25,917	2,809	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			141,859	18,122	1,032		102,808	27,925			291,746
	Expenditure			119,033	8,196			63,537	32,379	19,086	25	242,256
	Variance	0	0	0	22,826	9,926	1,032	0	39,271	-4,454	-19,086	-25
	Budget			679,709			6	564,108	38,904	2,095	200,527	1,485,349

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### COVID-19 Outbreak Global Appeal

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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			457,080			6	494,770	40,428	2,095	113,705	<b>1,108,084</b>	
	Variance	0	0	0	222,629	0	0	0	69,338	-1,524	0	86,823	<b>377,265</b>
<b>Thailand</b>	Budget	7,163		1,123,540		58,736	3,951	3,685	460,857	19	61,862	<b>1,719,814</b>	
	Expenditure	7,163		1,049,523		4,170	3,951	3,685	217,315	19	61,862	<b>1,347,689</b>	
	Variance	0	0	0	74,017	0	54,566	0	0	243,542	0	0	<b>372,125</b>
<b>Timor-Leste</b>	Budget		81,488	357,162	14,783			313,499	49,470	32,448	146,780	<b>995,631</b>	
	Expenditure			186,580				79,792	23,321	15,309	28,475	<b>333,476</b>	
	Variance	0	0	81,488	170,583	14,783	0	0	233,708	26,149	17,140	118,305	<b>662,155</b>
<b>Tonga</b>	Budget			44,118	43,380			35,937				<b>123,435</b>	
	Expenditure			37,237	41,940			19,027	6,416			<b>104,620</b>	
	Variance	0	0	0	6,880	1,440	0	0	16,910	-6,416	0	0	<b>18,815</b>
<b>Tuvalu</b>	Budget			85,414	9,996			46,083	785			<b>142,278</b>	
	Expenditure			59,179	8,371			29,085				<b>96,636</b>	
	Variance	0	0	0	26,235	1,625	0	0	16,998	785	0	0	<b>45,643</b>
<b>Vanuatu</b>	Budget			161,576	24,793			102,262	17,980			<b>306,611</b>	
	Expenditure			135,828	4,134			84,905	14,821			<b>239,688</b>	
	Variance	0	0	0	25,748	20,659	0	0	17,357	3,159	0	0	<b>66,924</b>

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Selected Parameters			
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### COVID-19 Outbreak Global Appeal

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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
Viet Nam	Budget	164		675,015	404,653			723	367,705	129	8,990	1,457,380
	Expenditure	164	3	405,374	404,814			723	269,940	129	8,990	1,090,139
	Variance	0	-3	269,641	-161	0	0	0	97,764	0	0	367,241

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### COVID-19 Outbreak Global Appeal

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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
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	0
Armenia	Budget			2,923,448		0						2,923,448
	Expenditure			2,812,350								2,812,350
	Variance	0	0	0	111,099	0	0	0	0	0	0	0
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			1,964,717					0			1,964,717
	Variance	0	0	0	413,554	0	0	0	0	0	0	0
Belarus	Budget			1,884,228								1,884,228
	Expenditure			1,753,008								1,753,008
	Variance	0	0	0	131,220	0	0	0	0	0	0	0
	Budget			1,045,585							5,387	1,050,972



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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			1,042,579							5,387	1,047,966
	Variance	0	0	0	3,006	0	0	0	0	0	0	3,006
Bulgaria	Budget			2,637,721							147,490	2,785,211
	Expenditure			1,440,597								1,440,597
	Variance	0	0	0	1,197,124	0	0	0	0	0	0	1,344,614
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			251,009								251,009
	Variance	0	0	0	3,098	0	0	0	0	0	0	3,098
Czech Republic	Budget			472,880							323	473,202
	Expenditure			114,484								114,484
	Variance	0	0	0	358,396	0	0	0	0	0	0	358,718
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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## INTERIM FINANCIAL REPORT

Selected Parameters			
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Budget Timeframe	2020-2022	Budget	APPROVED

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### COVID-19 Outbreak Global Appeal

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## II. IFRC Operating Budget Implementation BY COUNTRY/REGION

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			2,074,889							37,223	2,112,112	
	Variance	0	0	0	1,302,778	0	0	0	0	0	0	0	1,302,778
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			2,909,377			36	80	26,547			30,216	2,966,256
	Variance	0	0	285,490	-11,983	0	314,157	0	69,102	0	79,661	0	736,428
Hungary	Budget	892		53,809	4,230,294		100	594,419	47,573	-2,068	590,463	366,087	5,881,569
	Expenditure	3,671		157,073	2,818,533		27,070	575,100	66,676	116,474	316,477	247,605	4,328,678
	Variance	-2,779	0	-103,264	1,411,761	0	-26,970	19,319	-19,103	-118,542	273,987	118,482	1,552,891
Ireland	Budget			220,198								220,198	
	Expenditure			220,198								220,198	
	Variance	0	0	0	0	0	0	0	0	0	0	0	
	Budget			270,708								270,708	

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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			259,235				8,873		2,532		<b>270,639</b>	
	Variance	0	0	0	11,473	0	0	0	-8,873	0	-2,532	0	<b>68</b>
Italy	Budget			23,862,521								<b>23,862,521</b>	
	Expenditure			23,301,449								<b>23,301,449</b>	
	Variance	0	0	0	561,072	0	0	0	0	0	0	0	<b>561,072</b>
Kazakhstan	Budget	199		163,430	1,011,121						74,103	<b>1,248,853</b>	
	Expenditure	199		163,430	771,555						74,103	<b>1,009,287</b>	
	Variance	0	0	0	239,566	0	0	0	0	0	0	0	<b>239,566</b>
Kyrgyzstan	Budget	124		309,293	1,816,154			21,507				<b>2,147,078</b>	
	Expenditure	124		309,452	937,185			23,647				<b>1,270,408</b>	
	Variance	0	0	-158	878,969	0	0	0	-2,140	0	0	0	<b>876,670</b>
Malta	Budget				867,651							<b>867,651</b>	
	Expenditure				705,279							<b>705,279</b>	
	Variance	0	0	0	162,372	0	0	0	0	0	0	0	<b>162,372</b>
Moldova	Budget				539,988							<b>539,988</b>	
	Expenditure				523,300							<b>523,300</b>	
	Variance	0	0	0	16,688	0	0	0	0	0	0	0	<b>16,688</b>

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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			1,131,132								1,131,132
	Expenditure			1,105,435								1,105,435
	Variance	0	0	0	25,697	0	0	0	0	0	0	0
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			15,806,675				5,532				15,812,207
	Variance	0	0	0	-556	0	0	0	-5,532	0	0	0
Republic of North Macedonia	Budget			929,765		0						929,765
	Expenditure			914,197								914,197
	Variance	0	0	0	15,569	0	0	0	0	0	0	0
Romania	Budget			1,794,992								1,794,992
	Expenditure	9,117		1,416,491						15,166		1,440,774
	Variance	-9,117	0	0	378,501	0	0	0	0	0	-15,166	0
	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			1,174,662							46,575	1,221,237
	Variance	0	0	0	140,175	0	0	0	0	0	0	140,175
Serbia	Budget			1,005,936								1,005,936
	Expenditure			856,033								856,033
	Variance	0	0	0	149,903	0	0	0	0	0	0	149,903
Slovenia	Budget			178,233							533	178,765
	Expenditure			177,963								177,963
	Variance	0	0	0	269	0	0	0	0	0	533	802
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	5,449		593,388	1,939,122							2,537,960
	Expenditure	5,453		593,388	1,773,997							2,372,838
	Variance	-3	0	0	165,125	0	0	0	0	0	0	165,122
Turkey	Budget			4,504,039								4,504,039
	Expenditure			4,411,734								4,411,734
	Variance	0	0	0	92,305	0	0	0	0	0	0	92,305

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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	982,987			266,015			0	2,849,720
	Expenditure	1,314,866		312,159	585,697			171,071			30,294	2,414,087
	Variance	-25,170	0	-1,137	397,291	0	0	94,944	0	0	0	435,633
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	365,393			1,630				797,526
	Variance	0	0	0	-35	0	0	0	0	0	0	-35

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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
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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	167,726	666,316	2,476,288		423,481	69,476	480,266	1,596,969	1,891,272	3,812,966	11,620,323
	Variance	2,774	13,810	76,468	1,328,798	0	230,216	8,269	68,828	-39,355	480,388	2,764,968	4,935,163

# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2022/1	Operation	
Budget Timeframe	2020-2022	Budget	APPROVED

Prepared on 11 Mar 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
<b>Middle East a</b>												
Algeria	Budget			988,198				133,016	376,275	7,166	37,134	1,541,789
	Expenditure			1,130,038				60,738	135,623		87,441	1,413,840
	Variance	0	0	0	-141,840	0	0	0	72,277	240,652	7,166	-50,306
Egypt	Budget		10,034	1,119,660	292,400	12,500	17,648	166,951	19,067	23,908	13,541	1,675,708
	Expenditure		10,034	1,087,300	238,650	12,137	7,570	154,251	13,254		62,682	1,585,880
	Variance	0	0	0	32,360	53,750	363	10,078	12,699	5,813	23,908	-49,142
Iran	Budget		989,677	2,081,415						4,260	-284	3,075,068
	Expenditure		989,823	2,076,151								3,065,974
	Variance	0	0	-146	5,264	0	0	0	0	0	4,260	-284
Iraq	Budget		298,025	2,014,817	135,874			530,129	868,862		27,553	3,875,260
	Expenditure		719,350	1,536,280	82,777			449,204	845,268		147,101	3,779,980
	Variance	0	0	-421,325	478,537	53,097	0	0	80,925	23,594	0	-119,548
Jordan	Budget		183,983	667,525	231,158			276,746	731,841	14,009	17,456	2,122,719
	Expenditure		126,677	736,662	228,513			254,220	691,710	3,964	16,992	2,058,738
	Variance	0	0	57,306	-69,137	2,644	0	0	22,527	40,131	10,046	464
	Budget		328,926	6,672,935	304,977	93,485		1,251,301	953,926	406,850	186,654	10,199,053



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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		207,328	6,531,076	273,268	55,308		960,013	819,293	184,197	126,615	<b>9,157,097</b>
	Variance	0	0	121,598	141,858	31,709		291,289	134,633	222,653	60,039	<b>1,041,956</b>
<b>Libya</b>	Budget		141,497	562,145	209,687		145,993	468,894	95,672	36,009	403,690	<b>2,063,586</b>
	Expenditure		189,788	405,298	204,217	16,355	124,354	228,439	89,683	4,838	178,072	<b>1,441,042</b>
	Variance	0	0	-48,291	156,847	5,470	-16,355	21,639	240,455	5,989	31,172	<b>622,544</b>
<b>Morocco</b>	Budget			512,456				279,035	494,784		50,024	<b>1,336,299</b>
	Expenditure			463,201				241,499	2,729		15,753	<b>723,183</b>
	Variance	0	0	0	49,255	0	0	37,536	492,054	0	34,271	<b>613,116</b>
<b>Palestine</b>	Budget		821,837	3,757,350	174,092			89,109			37,430	<b>4,879,818</b>
	Expenditure		787,399	3,701,267	37,410			226,613	40,013		62,185	<b>4,854,886</b>
	Variance	0	0	34,438	56,083	136,682	0	0	-137,504	-40,013	0	<b>24,932</b>
<b>Syria</b>	Budget		9,905	5,453,668				174,519	100,270	8,035	-10	<b>5,746,386</b>
	Expenditure	2,968		9,905	5,020,437			174,496	100,270	39,590	126,402	<b>5,474,068</b>
	Variance	-2,968	0	0	433,230	0	0	23	0	-31,555	-126,412	<b>272,318</b>
<b>Tunisia</b>	Budget		184,187	1,565,742	53,509			304,087	3,669		57,198	<b>2,168,391</b>
	Expenditure		93,202	1,311,623	27,076			461,618	4,614		33,424	<b>1,931,558</b>
	Variance	0	0	90,985	254,118	26,432	0	0	-157,531	-945	0	<b>236,834</b>

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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
Yemen	Budget	6,964	13,535	392,798	2,097,224	175,147		217,129	334,815			3,237,612
	Expenditure	6,964	13,535	368,757	1,658,392	175,746		127,516	334,815			2,685,725
	Variance	0	0	24,040	438,832	-599	0	0	89,613	0	0	0