



COVID-19 PANDEMIC FINAL REPORT

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Cover photo: In February 2022, during Korea's peak COVID-19 infection rates, Red Cross medical teams were instrumental in patient treatment. Credit: Korea Red Cross Society.

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Structure of this report

The IFRC COVID-19 response operation was a global response composed of individual domestic responses. The IFRC network comprises 191-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 final report summarizes the achievements in executing this plan since the last operations update. During the operation's timeframe, [27 operations updates](#) were issued informing on the pandemic's evolution and our response's progress.

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 actions globally and regionally across the three operational priorities and enabling actions of the operation. An annexe including the last round of country-level National Societies response highlights is also featured.

Finally, the Final Financial Report provides information on donor response, income, budgets, and registered expenditure at the end of the December 2022 reporting period, disaggregated by country, regional and thematic level.

Kyrgyzstan, 2021. Amidst the COVID-19 crisis, KRCS aided vulnerable demographics like the older people, people with disabilities, low-income families, and TB patients with essentials like PPE, disinfectants, food, hygiene kits, information, and hot meals. Credit: Daniil Usmanov/ KRCS.



Foreword

As we reflect upon the past three years of the COVID-19 pandemic, this report is a testament to the adaptability and resilience of the International Federation of Red Cross and Red Crescent Societies (IFRC) network and demonstrates our unwavering commitment to humanity. In this report, we present our programmatic achievements, outline the challenges faced, and highlight the adaptive measures taken to better respond to the evolving situation. With an eye on the future, we distil crucial lessons learned, enhancing our readiness, and refining our approach for continued pandemic response and preparedness.

At the heart of our pandemic response lie our National Societies, supported by an incredible network of 16.5 million volunteers worldwide, who have shown tireless dedication to our cause. Under the coordination and support of the IFRC Secretariat, our network has delivered robust responses in health, water, sanitation, and socio-economic support, directly reaching over 1 billion people, approximately 1 in 10 people globally. This extensive reach has been made possible through targeted public health campaigns, vaccination drives, and direct material assistance, underlining our network's vital role in the global pandemic response.

Specifically, by mobilizing financial, human, technological, information, and material resources on behalf of National Societies, we helped strengthened healthcare systems, and procured and distributed essential medical supplies, personal protective equipment (PPE), and testing kits. Our efforts supported 161 million people to get vaccinated against COVID-19, reducing the virus's spread, and protecting the vulnerable, particularly in underserved communities.

Beyond direct health interventions, the IFRC network has also addressed the socio-economic impacts of the pandemic. The National Societies, in their auxiliary role, provided food and other in-kind items to 92 million people. Furthermore, we supported the livelihoods of affected communities, delivering cash and voucher assistance to 5.9 million people, bolstering skills, and adopting a gender-inclusive approach in all our interventions.

The IFRC Secretariat's role has been instrumental in coordinating and guiding this expansive response. We prioritized the care of our volunteers, provided essential

tools, guidance, and resources to our National Societies, and supported business continuity. Through our dedicated coordination efforts, we managed to operate effectively in challenging environments, reinforcing the Secretariat's value to the network's overall response.

The IFRC's 2022 World Disasters Report, *Trust, Equity and Local Action--Lessons from the COVID-19 pandemic to avert the next global crisis*, examined the impact of the pandemic and our response. The report addresses gaps and barriers and offers six essential actions to prepare more effectively for future public health emergencies - especially at the community level. These include: 1) strengthening prevention and preparedness at the local level, 2) leveraging the roles and capacities of communities and local actors through integrated community health systems, 3) designing better global solidarity mechanisms to ensure that pandemic response products reach all communities, 4) protecting communities against the socioeconomic impacts of public health emergencies, 5) collecting local data and harnessing it to adapt public health measures and, last but not least, 6) strengthening legal preparedness for public health emergencies.

In the face of future disasters and crises, our vision remains clear. To address the medium and long-term impacts of the pandemic, we will continue investing in pandemic preparedness programming. We will also focus on strengthening our National Societies' capacities, as it's been proven that those better prepared before the pandemic were better equipped to handle its various challenges.

Our future vision aligns with Strategy 2030, emphasising preparedness, agility, and resilience at the core. As we learn from our experiences and refine our strategies, we continue our mission to tackle future crises effectively.

We thank our volunteers, staff, partners, and donors. Your commitment has allowed us to make a significant impact during the COVID-19 pandemic and to prepare for future health crises.

Jagan Chapagain
IFRC Secretary General

Executive Summary

Introduction

The following Executive Summary presents an **overview of the International Federation of Red Cross and Red Crescent Societies' operations in response to the global COVID-19 pandemic**. It encompasses the responses from the National Red Cross and Red Crescent Societies to the most vulnerable populations and the IFRC Secretariat's actions to support the network's efforts. This report aims to provide a concise yet informative account of the IFRC's strategic approach, key achievements, lessons learnt, and future recommendations in addressing the multifaceted challenges posed by the pandemic.

Undeniably, the COVID-19 pandemic stands as an unparalleled catastrophe in recent history, staggering in its impact and breadth. With a grim death toll surpassing 6.9 million people at the time of this report, the severity of this crisis is starkly evident. However, the toll isn't solely in lives lost. Industries across the globe, along with economies, have felt the ravaging effects of this pandemic, with recovery efforts still ongoing. The **socioeconomic and mental health impact on the most vulnerable people has been even more acute**. Consequently, the pandemic's secondary effects have reverberated across the globe, affecting every society, community, and individual in myriad ways.

In the face of this unprecedented crisis, the network launched a **Federation-wide appeal for CHF 2.8 billion**, of which CHF 670 million was to be channelled through the IFRC Secretariat Emergency Appeal in support of the National Societies' **response to the direct and secondary impacts caused by the pandemic** across different sectors. This was the **first global response from the IFRC and the largest operation to date**. It entailed a global effort by the entire membership of the International Federation of Red Cross and Red Crescent Societies. The appeal aimed to support the work of National Societies in tackling the short-, medium-, and long-term impacts of COVID-19.

The IFRC's COVID-19 operation played a significant role in the humanitarian landscape. The operation encompassed a wide range of activities, from

supporting healthcare systems and aiding people in isolation or quarantine, to providing mental health and psychosocial support, as well as providing food, household items, and cash assistance to individuals to withstand the indirect impacts of the disease. It also included scaling up community engagement and accountability and advocating for the most vulnerable groups, including migrant populations, older individuals, children, women, indigenous people, and last-mile communities. By leveraging its global network of National Societies, the IFRC effectively coordinated efforts at global, regional, national, and local levels, collaborating with governments, partners, and communities.

This Executive Summary highlights the significance of the IFRC's COVID-19 operation in the humanitarian context, showcasing its vital role in mitigating the impact of the pandemic on vulnerable populations and contributing to global efforts to curb the spread of the virus. The summary aims to provide stakeholders valuable insights into the IFRC's response and ongoing commitment to building resilient communities, presenting key achievements and recommendations.

Response Strategy and Approach

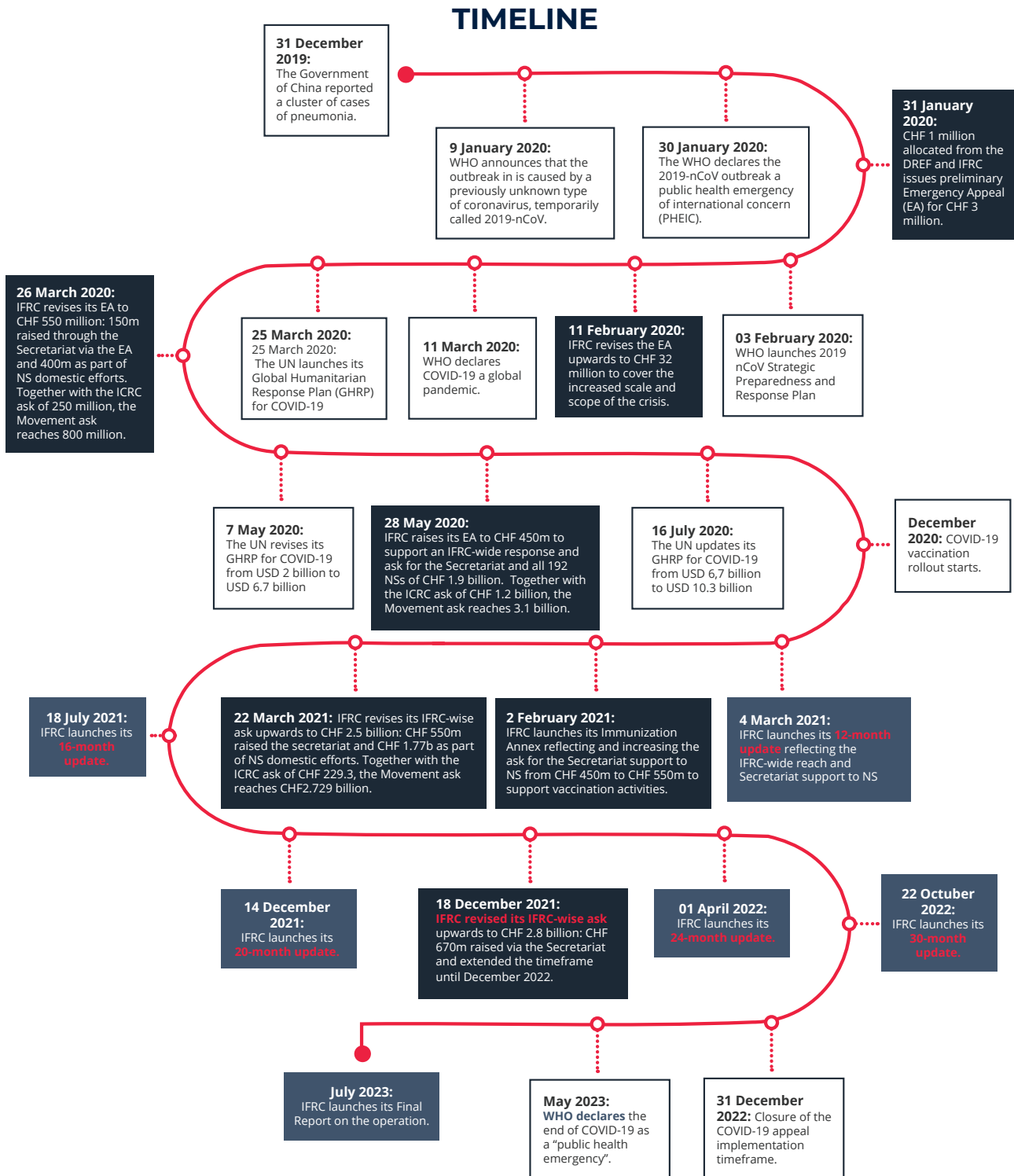
The IFRC adopted a strategic and comprehensive approach to its response to the COVID-19 pandemic, leveraging its global network and expertise to address the multifaceted challenges posed by the crisis. The IFRC's response strategy was designed to prioritise the most pressing needs of affected communities while ensuring a coordinated and efficient approach.

The **Federation-wide approach formed the foundation of the IFRC's response**, facilitating collaboration and coordination across National Societies and other stakeholders. This Federation-wide response strategy enabled the IFRC to leverage its extensive network, technical expertise, and resources to support National Societies in their COVID-19 response efforts.

The "global domestic response" focus of this Appeal centred on the Red Cross and Red Crescent Societies' National Response Plans, which were based on **local**

needs and capacities, recognising the differences between geographic (sub-)regions and reflecting a truly global response. This focus on localisation was key to supporting communities, as National Societies are best positioned to respond to pressing needs on the ground, with Red Cross and Red Crescent volunteers being embedded in the communities and working hand in hand with local authorities. This ensured that local support remained available to the

most vulnerable groups while movement restrictions were in place. The following diagram shows the timeline of the operation since the outbreak began. The revisions of the emergency appeal **responded to the evolution of the pandemic, allowing the IFRC to remain agile and flexible** enough to speed up and scale up the response efforts in line with the National Society Response Plans.



The IFRC adopted an overarching Operational Response Framework with **three inter-connected operational priorities** encompassing the scope of the work carried out by National Societies in response to COVID-19. These priorities were: 1. Sustaining Health and WASH, 2. Addressing Socio-economic Impact, and 3. Strengthening National Society. Each priority encompassed different technical pillars to cover the wide range of activities National Societies conducted in response. In addition, the operational response framework included key enabling actions that integrated the basic structure needed to ensure an effective, efficient, accountable and innovative response. The Emergency Appeal allowed for the **rapid deployment of resources, expertise, and support to affected communities**. The IFRC's strategic coordination and collaborative approach ensured a cohesive and impactful response, demonstrating its essential role in the global humanitarian ecosystem. For example, over 130 Rapid Response personnel from 35 sending National Societies were deployed to support the COVID-19 outbreak operation in 32 countries during the early response phase of the operation.

Central to the response strategy was the emphasis on community engagement, recognising the importance of **community-led solutions and active participation**. The IFRC facilitated community-based surveillance, risk communication, and social mobilization efforts, empowering communities to actively contribute to the pandemic response. This approach fostered **trust, resilience, and ownership** among the affected populations, amplifying the impact of interventions.

The IFRC's collaboration with National Societies, governments, and other partners was instrumental in implementing the response strategy. Close coordination with National Societies allowed for a decentralized approach tailored to each country's specific needs and capacities. The IFRC supported National Societies' response efforts by providing technical guidance, capacity building, and resource mobilization. Collaboration with governments and other partners ensured a cohesive and harmonized response, leveraging synergies and avoiding duplication of efforts.

The IFRC's response strategy and approach exemplified its commitment to a people-centred and collaborative approach, combining technical expertise, local knowledge, and global solidarity. By working hand in hand with National Societies, governments, and other partners, the IFRC was able to maximize its impact, promote sustainability, and contribute to the

global efforts in mitigating the effects of the COVID-19 pandemic.

Key Achievements and Impact

The IFRC's COVID-19 operation has yielded significant achievements and made a tangible impact in addressing the multifaceted challenges posed by the pandemic and its impact. Through its comprehensive local and global response strategy and collaborative efforts, the IFRC network has made remarkable strides in mitigating the spread of the virus, supporting healthcare systems, and addressing the socio-economic consequences of the pandemic. The Federation-wide data collection system has highlighted the reach and achievements of National Societies across numerous key programme indicators. This report testifies to the exceptional commitment demonstrated by the National Societies in responding to the COVID-19 crisis. It's crucial to understand, however, that the remit of this document only covers activities formally reported by the National Societies. In reality, they executed several additional life-saving initiatives beyond those detailed in this appeal, demonstrating their unwavering dedication to serving their communities during these extraordinary times. These unreported actions were as vital as those documented here, to our collective mission of alleviating human suffering caused by the pandemic. Despite the crisis, our organisation continued to function, demonstrating resilience and adaptability. Indeed, our global response to COVID-19 stands as a robust affirmation of our unwavering commitment to our humanitarian mandate.



Sustaining health and water and sanitation:

The operation's primary achievements were centred on bolstering health. Through targeted public health campaigns, including risk communication, community engagement, and vaccination drives, National Societies contributed significantly to increasing awareness and adherence to preventive measures. An impressive **1.2 billion people were reached with risk communication** and community engagement initiatives, providing accurate information about the virus, promoting prevention measures, and dispelling rumours and disinformation to tackle the concurrent pandemic of disinformation. Collectively, the network supported **161 million people in getting vaccinated against COVID-19**. This effort helped reduce the virus's spread and protect vulnerable populations, particularly in underserved communities.

In supporting these significant health-focused outcomes, the critical operational focus was **procuring and distributing crucial medical supplies, personal protective equipment (PPE), medical supplies and testing kits**. These efforts played an instrumental role in bolstering healthcare systems' capacity and ensuring frontline workers' safety. As a result, these measures empowered National Societies to intensify their response efforts, marking a crucial stride in effectively managing the pandemic. Furthermore, the IFRC Secretariat's provision and coordination of technical guidance and capacity-building support greatly enhanced the abilities of National Societies to address the pandemic effectively. Information, education and communication (IEC) materials and templates were shared among National Societies through the [IFRC COVID-19 Compendium](#) and the Health Helpdesk to access technical resources and guidance materials in different languages.



Addressing socio-economic impacts:

Furthermore, the IFRC's operation extended beyond the health sector to address the socio-economic consequences of the pandemic. The initial movement restriction measures hampered the ability of millions to access food and essential items, as well as their daily sources of income. **National Societies provided food and other in-kind items to 92 million people** across the globe. The IFRC offered support for livelihoods, ensuring that affected communities had access to essential services and sustainable sources of income via different interventions. This included direct **cash and voucher assistance to 5.9 million people**. These efforts also encompassed skills development for livelihoods and economic activities and interventions that sought to support marginalised groups, integrating a protection, gender, and inclusion approach into all National Societies' interventions. This holistic approach helped to alleviate the socio-economic burden on individuals and communities, fostering resilience and promoting recovery.



Strengthening National Societies:

This operational priority of the operation was to ensure National Red Cross and Red Crescent Societies were supported to withstand the impact that the pandemic's consequences were having globally. This included National Society readiness, business continuity, financial sustainability, and volunteer support, with a particular focus on duty of care. The IFRC Secretariat was quick to ensure tools, guidance, and technical, human, and financial resources were made available

to the network in multiple languages to support their response interventions. A total of 154 National Societies reported that their roles were included in the national government's COVID-19 response and recovery plans. This highlights how the **positioning and coordination of National Societies vis-à-vis government authorities** were also reinforced to face the impacts of the pandemic. National Societies ensured service delivery was maintained through business continuity plans (BCP), with **146 National Societies preparing or updating BCP in the face of the pandemic**. The duty of care was of paramount importance for the IFRC network, so measures were put in place to ensure volunteers were properly insured and had the personal protective equipment to perform their activities. **Spaces for information-sharing, collaboration and learning** were created to enable Red Cross and Red Crescent volunteers. For example, the [SOKONI platform](#) was created as a virtual and multi-lingual marketplace where volunteers and staff of the Red Cross and Red Crescent National Societies can interact on all matters related to COVID-19. The Solferino Academy also collected and shared volunteers' stories during the pandemic.

The IFRC's COVID-19 operation stands as a testament to the organisation's commitment to humanitarian action and its ability to adapt and respond effectively to complex emergencies. Through its achievements and impactful interventions, the IFRC has demonstrated its role as a vital partner in the global efforts to combat the COVID-19 pandemic and support affected communities.

- A structured Federation-wide response reached **over 1 billion people** – 1 in 10 people globally.
- The IFRC, mainly through community engagement and accountability activities at the local level, has been recognised as **the voice of the communities**.
- IFRC Secretariat support and technical guidance for health and livelihoods have recognised and **strengthened the auxiliary role of National Societies**.
- Engagement between National Societies and IFRC Reference Centres has become closer and more widespread.
- We have developed the ForeSee process for **systematic decision-making to improve absorption capacity**.
- We have **adopted Risk Management** across the organisation.
- **Business Continuity** has been established throughout the Secretariat and National Society membership.
- The global response has fostered **closer collaboration** within the Secretariat at all levels.



Syria, 2021. The Syrian Arab Red Crescent boosted vaccination efforts via awareness campaigns targeting school children, students, volunteers, teachers, and locals, while also providing medical and mental health support to families impacted by the virus. Credit: Syrian Arab Red Crescent.

IFRC Coordination Support

Globally, the network responded in a coordinated fashion, learning from and supporting one another in a unified approach. This response required unparalleled collaboration to ensure each National Society had the funding, materials, and information they needed. The IFRC focused on providing the necessary support to National Societies in partnership with its membership. Many National Societies took the lead in supporting the network in different areas, sharing both capacities and learning. The IFRC played a key role in providing effective coordination for the collective response of the network. In line with its mandate, the IFRC prioritised effective membership coordination from the outset of the COVID-19 response.

Membership coordination: At the strategic level, coordination occurred through regular leadership discussions with National Societies, bi-weekly National Society Advisory Group meetings, and regional consultations with National Society leadership to co-create the strategic direction of the response. In these settings, issues were regularly discussed between the IFRC and the operational management of a group of National Societies. At the operational level, the

IFRC was instrumental in creating and implementing the Federation-wide approach to the operation and mobilising the collective resources of the IFRC network. This involved sharing leadership among the IFRC, National Societies, reference centres, hubs, and labs, encompassing thematic and geographical support.

These initiatives resulted in adopting or producing innovative COVID-19 tools and guidance with worldwide applicability. This included the establishment of a remote online global help desk for National Society Business Continuity Planning, hosted by the [Global Disaster Preparedness Centre](#), an IFRC reference centre. Additionally, a health help desk was created, as well as service desks for livelihoods and cash transfer programming support through the [Livelihoods Resource Centre](#) and [Cash Hub](#). The initiatives also involved establishing an Urban Pandemic Technical Support Service for preparedness and response in urban settings and a global exchange platform for volunteers ([SOKONI](#)) to provide information and spaces for volunteers. Guidance was provided on National Society's financial sustainability, and regional guidelines were developed for the inclusion of migrants in the COVID-19 response (for more information, see <https://covid.ifrc.org/>).

The Federation-wide response to COVID-19 also facilitated peer support between National Societies, employing country support teams to aid National Societies in their domestic response to the pandemic. National Societies contributed to responses in other countries through bilateral partnerships, which included cash, in-kind support, and personnel.

Movement coordination: The IFRC strengthened collaboration within the Movement at local, regional, and global levels to streamline the response to the pandemic. For instance, revisions to the Emergency Appeal were presented in coordination with the ICRC, which carried out actions in response to COVID-19 and provided additional support to National Societies in conflict-affected areas. From issuing fully coordinated appeals to organising coordination meetings, the IFRC witnessed how the Strengthening Movement Coordination and Cooperation process made the Movement stronger and more efficient. The same coordinated approach was employed in the COVID-19 global response, particularly regarding immunisation and its rollout.

Coordination with other humanitarian actors and local authorities

The IFRC and National Societies coordinated their COVID-19 response activities with other humanitarian agencies, including the United Nations, international/national NGOs, civil society organisations, and the private sector. This coordination took place through humanitarian country teams, global clusters, and other local, national, regional, and global coordination mechanisms, including the IFRC's co-leadership role in the Global Shelter Cluster.

In addition to working with other humanitarian actors, the IFRC and National Societies placed significant emphasis on coordinating with governmental bodies, particularly ministries of health and local authorities. This ensured a unified and efficient response, leveraging the strength of public institutions and the IFRC network to optimise resource allocation, facilitate timely interventions, and ensure compliance with local and national health guidelines. The collaboration also led to a more streamlined communication process, which enabled the quick dissemination of vital health information and improved regional pandemic management.



Fiji, 2023. Three years on, Fiji Red Cross volunteers, such as Binisalia Tevita in the Wailotua Village, share their unforgettable experiences of being on the frontlines of the COVID-19 pandemic response. Credit: Kurt Petersen / IFRC

Lessons Learned

Extensive lessons were learned, and a great deal of research was undertaken during the operation, which identified internal and external challenges and best practices across thematic and support areas. Several key publications collected these challenges, best practices, successes, and recommendations, examining the Red Cross and Red Crescent Societies and IFRC Secretariat's response to the COVID-19 pandemic. These publications included the [Federation-wide Evaluation of the COVID-19 Response](#), [Drowning just below the surface: The socioeconomic consequences of the COVID-19 pandemic](#), [the World Disasters Report: Lessons from the COVID-19 pandemic to avert the next global crisis](#), [National Society Preparedness: COVID-19 Success Stories](#), [Everyone Counts Report 2023: Special edition on COVID-19](#); [COVID-19: Listening to the most vulnerable](#); and [others](#).

The lessons learned led to **improvements in our systems, tools, and procedures**, ensuring a more efficient response to the pandemic. These improvements have fortified our preparedness for future challenges. Some key high-level points of organisational learning we would like to highlight include:

Learnings on the pandemic as a whole:



Strengthening Prevention and Preparedness: Countries that were more prepared for disease outbreaks were better able to handle COVID-19 and potentially other overlapping emergencies.



Leveraging Local Roles and Capacities: Many countries failed to use the full potential of local actors like community health workers, hindering the COVID-19 response. Communities were often not involved in the design of programmes, resulting in responses that did not meet their needs. In addition, many communities lacked sufficient access to pandemic response products like vaccines due to both international distribution failures and a lack of domestic capacity. There's a need for more humanitarian funding to be directed to local actors.



Protecting Communities Against Socioeconomic Impacts: While some governments rapidly strengthened their social protection systems, some are now

scaling back, leaving people unprotected. The pandemic also highlighted that there exist numerous barriers preventing communities from accessing essential services.



Collecting Local Data and Harnessing It:

The pandemic demonstrated both success and failure in data collection, analysis, and use. While epidemiological data were collected and shared quickly, there was a failure to collect more and better social and economic data to understand people's beliefs, needs, vulnerabilities, and capacities.



Strengthening Legal Preparedness: Many countries' public health emergency laws were outdated, ill-adapted, or didn't align with other emergency frameworks, leading to chaotic responses. Public health emergency laws need to be updated and reviewed for more effective handling of future disease outbreaks.

Learnings from the IFRC COVID-19 pandemic response



Sustaining Health and Water, Sanitation and Hygiene (WASH):

- The International Federation of Red Cross and Red Crescent Societies (IFRC) primarily responded to the pandemic through public health measures, strengthening health systems, and providing WASH support.
- The IFRC effectively utilized risk communication and community engagement (RCCE) to build trust and advocate for equity in the response including vaccination.
- There was a varied experience among National Societies in areas like mental health and infection prevention, with some requiring additional technical support.



Addressing Socio-economic Impact:

- The pandemic worsened existing vulnerabilities and created new risks, with many protection services suspended or difficult to access. Support for migrants, especially undocumented migrants, gained more prominence as the response progressed, with numerous National Societies addressing important service gaps for these groups.
- CEA was highly relevant to the response, with National Societies adapting their traditional approaches to include new technologies. However,

effective two-way communication and feedback mechanisms with communities was challenging for some National Societies, and required further support.



Strengthening National Societies:

- The COVID-19 response emphasised the crucial role of National Societies in supporting national authorities, boosting their visibility, credibility, and profile.
 - National Societies engaged in specific preparedness programmes before the pandemic were more effective in their response, underscoring the need to invest in such initiatives.
- Although many National Societies had contingency plans, these were not specific to the needs of the pandemic and required adaptation.



Programmatic delivery:

- The significance of flexible funding cannot be overstated; it is key for large-scale operations and empowers us to act swiftly and with agility.
- Programmatic prioritization provides a structured operational framework, maximizing efficiency and impact.
- The sustained support of our partners towards building National Society preparedness is a vital ingredient to our long-term success.



Risk Management:

- In line with the IFRC Risk Management Strategy, operational risk management must be embedded with emergency operations at the beginning of an operation's response and in all areas of work.



Human Resources:

- Prioritization of the duty of care of volunteers and staff in National Societies and the IFRC Secretariat remains of utmost importance.



Logistics and Supply Chain Management:

- Readiness and preparedness are essential, including pre-agreements with key suppliers and prepositioning items based on analysis and anticipated needs.



Data Collection, Reporting and Monitoring:

- Federation-wide reporting system used during the COVID-19 appeal has been reviewed as the operation progressed and systematically adopted in other emergency operations to show the collective impact of the membership. The lessons of the Federation-wide reporting and data collection system are also being integrated into the Unified Planning process.

Conclusion

The COVID-19 pandemic presented unprecedented challenges, requiring the IFRC Secretariat and National Societies to adapt, respond, and innovate. As we conclude this final report on the IFRC Secretariat's response to the pandemic, we are transitioning to address the long-term impacts and prepare for the future.

The focus now shifts to the pandemic's long-term health and socio-economic effects. To mitigate these impacts, the IFRC is concentrating on livelihoods support and promoting the integration of COVID-19 vaccines into routine immunisation, ensuring continuous protection for communities in need.

Strengthening National Societies' preparedness is another crucial aspect of our strategy. We are embedding pandemic preparedness into the IFRC Unified Planning process via several key initiatives, ensuring National Societies are prepared and equipped to respond effectively to future health emergencies.

We are also investing in mobile health units to ensure healthcare access in hard-to-reach areas and supporting National Society Development (NSD) to ensure financial sustainability and resilience. These efforts underline our commitment to ensuring our network is better prepared, more agile, and robust enough to tackle future crises. The lessons from the pandemic response and our strategic priorities set the direction for the IFRC's future, guided by our core principles, the Agenda for Renewal, and Strategy 2030.

Federation-wide Overview

Thirty-six months ago, we started our response with a mission to protect lives and livelihoods. As we close the COVID-19 Federation-wide appeal, the IFRC network continues to support people affected by the pandemic by providing health related services, socio-economic support as well as investing in preparedness and strengthening their capacity to response.

In the recent Federation-wide data collection we received submissions of some 60 National Societies. The number of submissions is less than previous data collections. Several National Societies have either received no further funding or concluded their COVID-19 response related activities.

National Societies could report their financial data in their local currency, USD, CHF and EUR. To consolidate figures, all currencies reported are converted into Swiss Francs. The exchange rate used are the rates on the day reporting has closed for all National Societies. This means, if a National Society has not submitted a

new report and their previous submission is carried forward, the new currency exchange rates apply to them as well. **Therefore, in this update and due to a major decrease in EUR and USD to CHF exchange rate, financial figures have noticeably dropped in their CHF equivalent.**

This report is the eighth and final edition of the COVID-19 Federation-wide overview. Data is as of 31 December 2022, collected in February 2023. Data on each National Society, disaggregated data and more details collected could be accessed through the COVID-19 Indicator Tracking Tool dashboard in GO platform.

COVID-19 special edition of [Everyone Counts report](#) was published in January 2023 which shares the findings and learnings from the activities of National Societies. The report explores the data that has been gathered through Federation-wide data collections during the COVID-19 appeal and presented in these operational updates.

Data Limitations

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

- Disaggregation by sex /age and further data breakdowns are particularly challenging to report on and not every National Society is able to report the breakdowns. Therefore, sum of breakdowns does not necessarily amount to overall totals.
- National Societies are not required to give full income and expenditure breakdowns, so the number of reporting National Societies might not be consistent across the different sections of this summary.

Reporting bias: The data informing this Federation-wide overview is self-reported by each National Society (or its designated support entity) and may be subject to reporting bias.

Reporting timeframe and data coverage: This report is cumulative. There are instances when National Societies have revised their initially reported figures downwards as activities or financials are re-categorized or if prior reporting errors have been identified.

- "Point-in-time" indicators are as of a certain date and

provide a snapshot of the financial sustainability position of each National Society.

- The COVID-19 Federation-wide financial overview is an important tool for global reporting and fast operational decision-making. However, it is not intended to replace formal financial reporting. Due to different reporting periods and processes, there may be some differences between formal financial reporting and numbers reported in this overview. Exchange rate fluctuations also affect financial reporting.
- If a National Society has not reported in the current reporting round, or their submission is not validated, the data from the prior approved submission is carried forward.

Global Results and data quality: In order to draw a global picture, different levels and types of activities are consolidated. This should be interpreted accordingly and read with the standardized indicator definitions and technical guidelines which are continuously developed. In this regard, please note:

- Risk Communication and Community Engagement: data collected through the RCCE indicator includes both direct and indirect reach (disaggregated numbers are available). Counting people reached indirectly through RCCE is complex, usually based on estimations, and risks double counting individuals.
- Community preparedness, response and disaster risk reduction measures: like RCCE, this indicator includes both direct and indirect reach and risks double counting individuals.



[COVID-19 Indicator Tracking Tool Dashboard](#)

Explore more National Society data on the [Federation-wide Databank and Reporting System \(FDRS\)](#)

Response

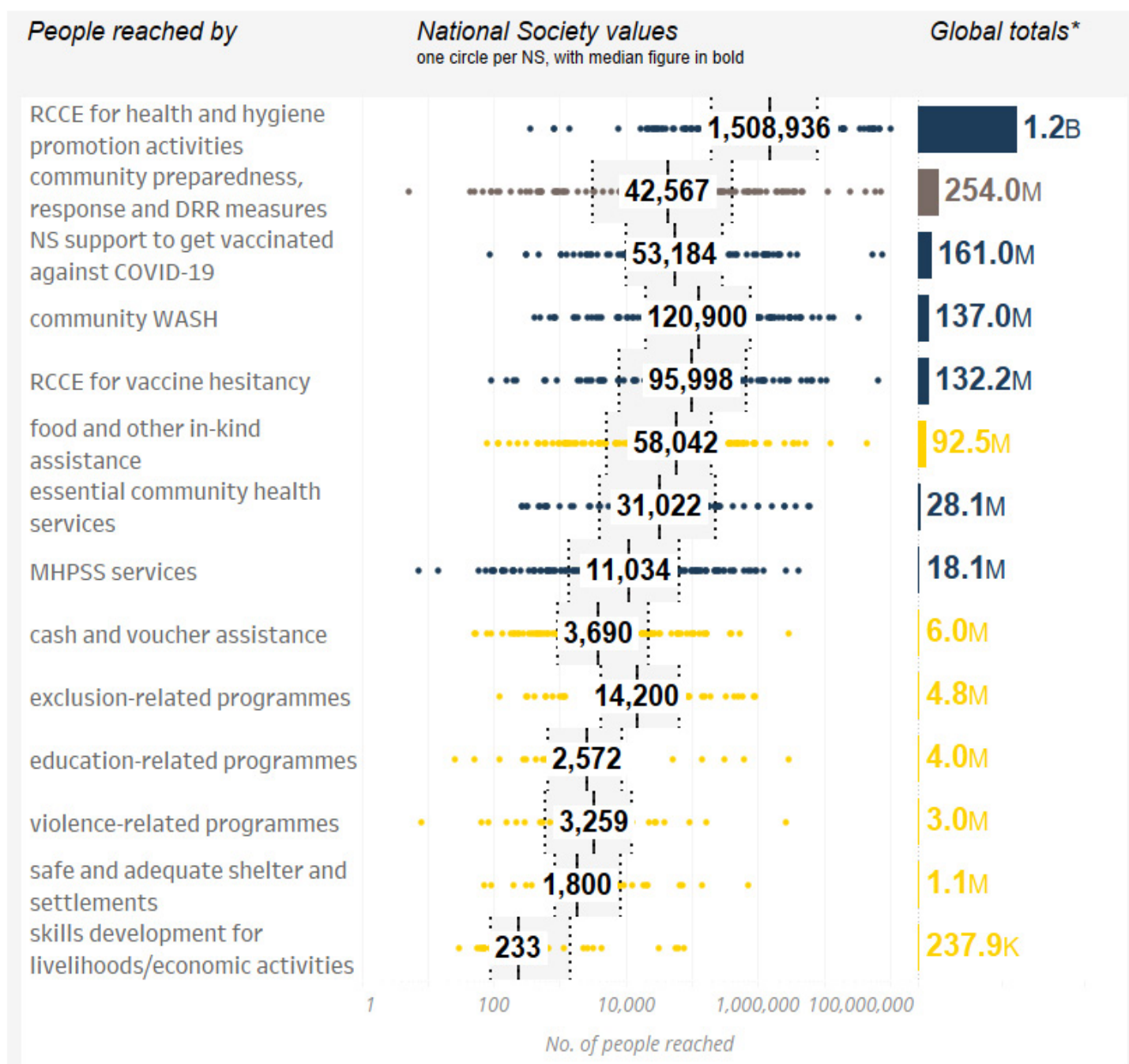
180 National Societies reporting operational information*

**number differs for each indicator*

Over the past year, response data has been increasing at a slow rate. Several National Societies did not update or report an increased figure in many response areas since last data collection except for Disaster Risk Reduction (DRR) measures and immunizations against COVID-19. While the impacts of COVID-19 pandemic are still visible within communities, the trend in figures reflect the shift in response to focus on DRR and immunization.

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

PEOPLE REACHED BY INDICATOR



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

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



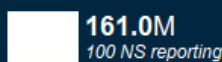
essential community health services



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)



2M

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



Health Facilities

28.3k

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

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

9.1M

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

120.7M

people tested
71 National Societies reporting

1.5M

contacts identified and/or followed
64 National Societies reporting



67 National Societies

providing ambulance services to COVID-19 patients

57 National Societies

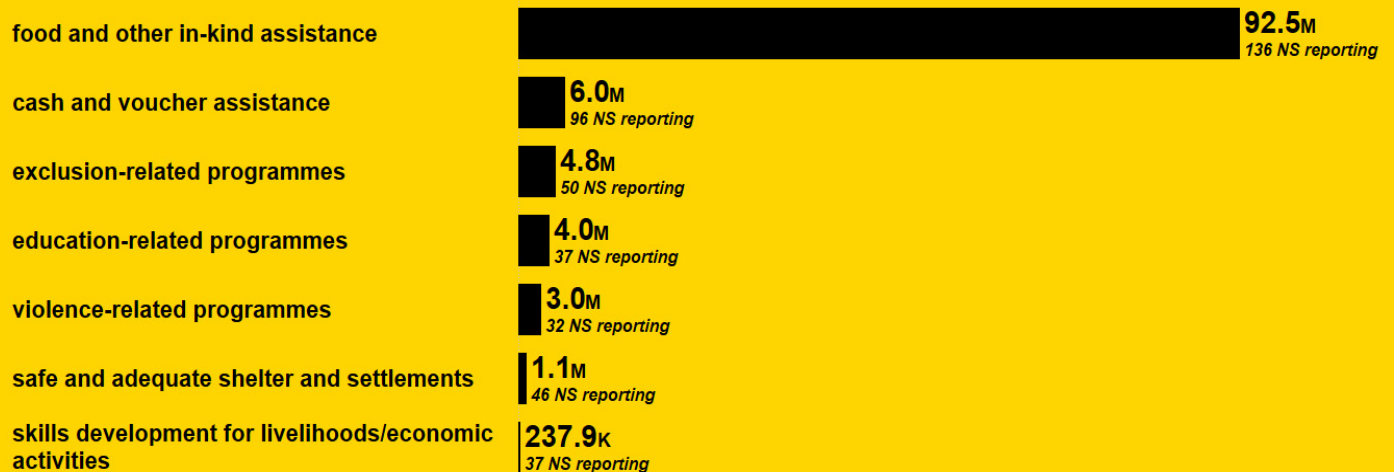
conducting community-based surveillance for COVID-19 signs and symptoms

II: SOCIO-ECONOMIC

Total amount spent
CHF 586.43M

Tackle poverty and exclusion – Addressing Socio-economic Impact

People reached by



Community Feedback Mechanisms

1.9M

community feedback comments collected
85 National Societies reporting

12.7K

community feedback reports produced
67 National Societies reporting



437.9k

staff and volunteers trained on CEA
122 National Societies reporting



2,028

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

III: NATIONAL SOCIETY STRENGTHENING

Total amount spent
CHF 129.93M

Strengthening Red Cross and Red Crescent Societies

Support to Volunteers



146
National Societies
providing volunteers
with insurance
(fully or partially covered)
173 National Societies reporting



172
National Societies
providing volunteers
with access to PPE
(fully or partially covered)
173 National Societies
reporting

National Society Readiness

254M people reached by pandemic-proof DRR
176 National Societies reporting

154
National Societies are included in
government plans
179 National Societies reporting

158
National Societies have contingency
plans
177 National Societies reporting

National Society Sustainability

50.5%
Avg. core organisational budget
funded*
116 National Societies reporting
* point-in-time indicator

194
new streams for unrestricted
income
127 National Societies reporting

146
National Societies have adapted
Business Continuity Plans*
176 National Societies reporting
* point-in-time indicator

61
National Societies have unrestricted
financial reserves for 3 months*
174 National Societies reporting
* point-in-time indicator

Income

181 National Societies reporting financial information

TOTAL INCOME

CHF 2.30B

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

BY REGION

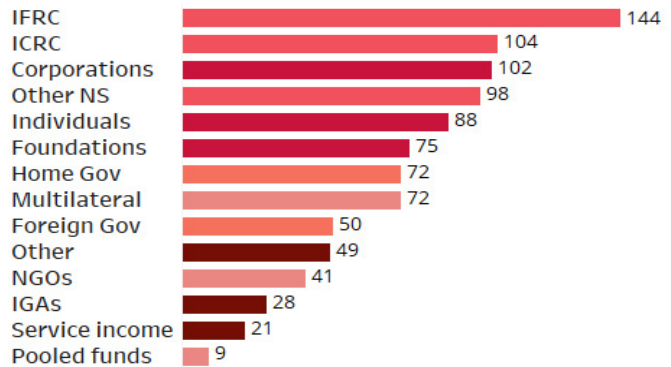


INCOME SOURCE BREAKDOWN

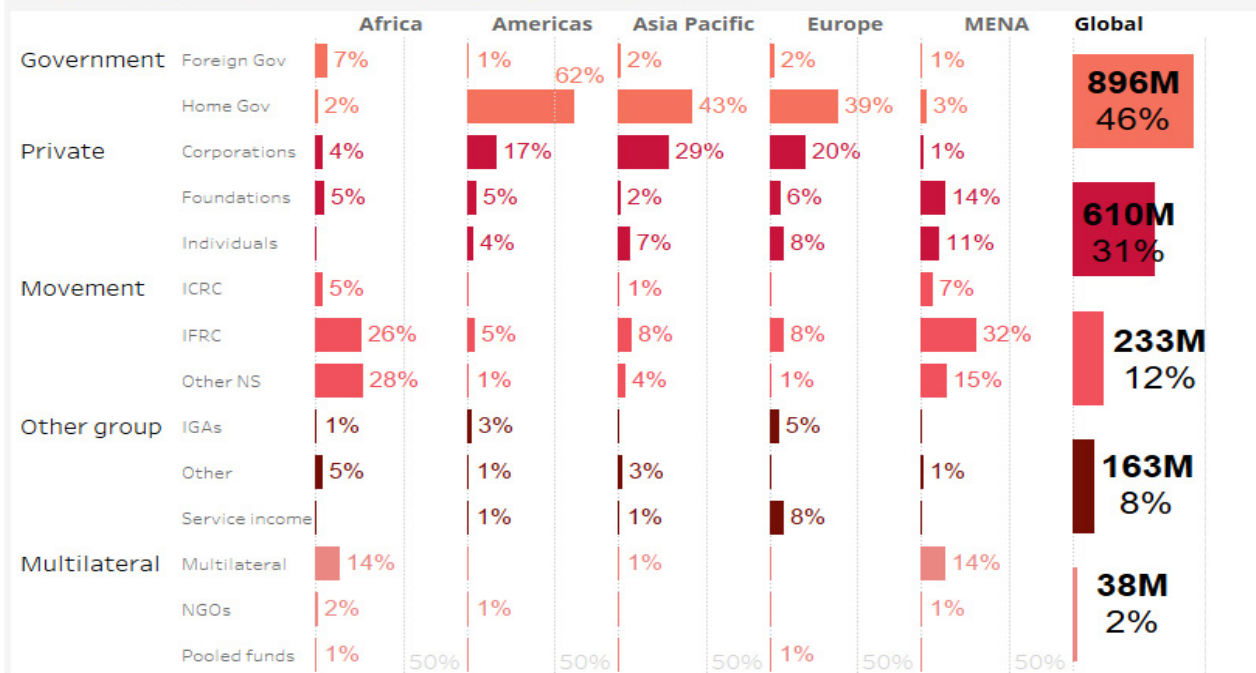
Primary source of income continues to be sustained by home government for most National Societies across Americas, Asia Pacific, and Europe. While the Movement has been the primary source of income for National Societies in Africa and MENA regions since the response began in 2020.

Exchange rate fluctuation has also affected the calculations.

Number of National Societies indicating each source



INCOME SOURCE BREAKDOWN BY REGION & GROUP

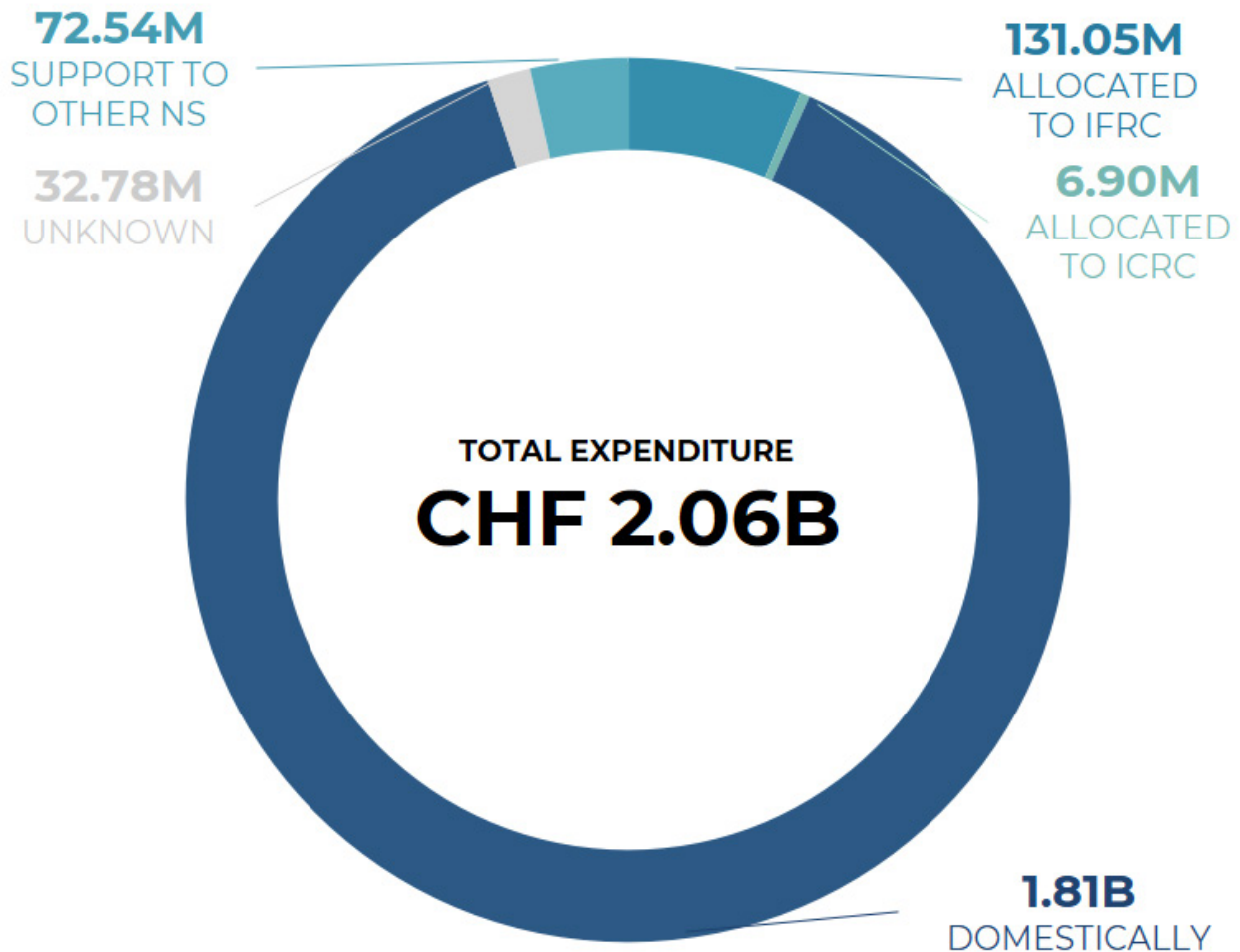


Expenditure

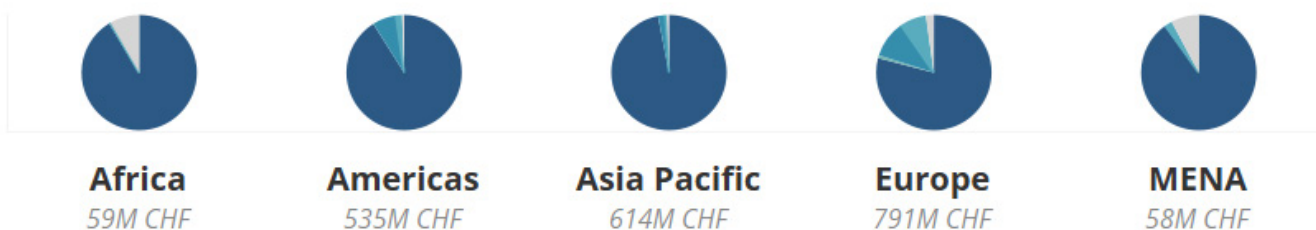
181 National Societies reporting financial information

TOTAL EXPENDITURE BREAKDOWN

The domestic expenditure continues to be the primary expense for many National Societies. The fluctuation in exchange rate has impacted expenditure figures reported.



SPENDING BY REGION

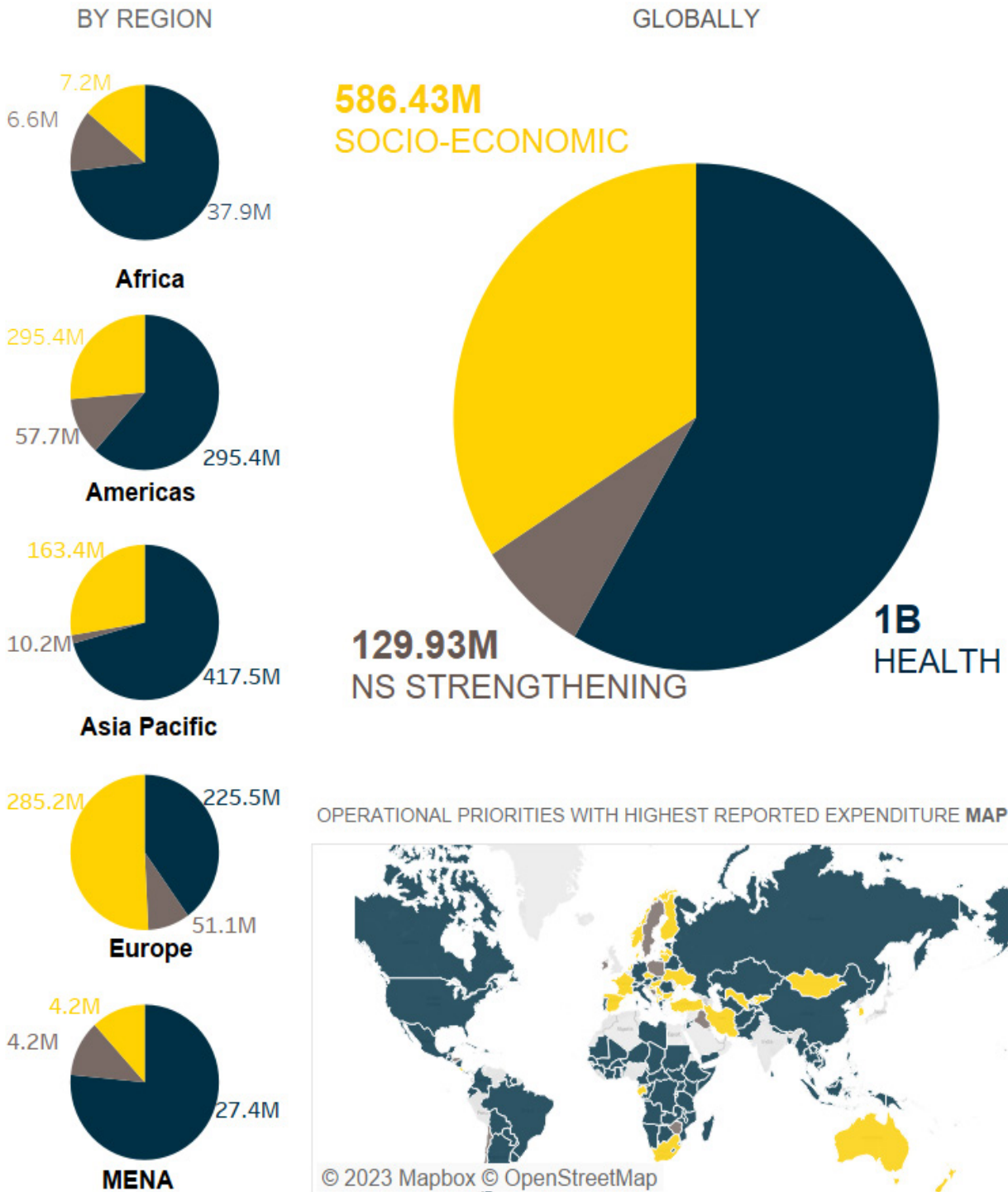


The spending by region presented in these graphs is the reported expenditure by the National Societies that presented data based on their national domestic response, including all of their activities and funding sources.

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, the amount spent on Health is the highest expenditure among other operational priorities. At regional level, all regions follow the same trend except Europe where over half of the total expenditure has been spent to address socio-economic impacts of the pandemic.

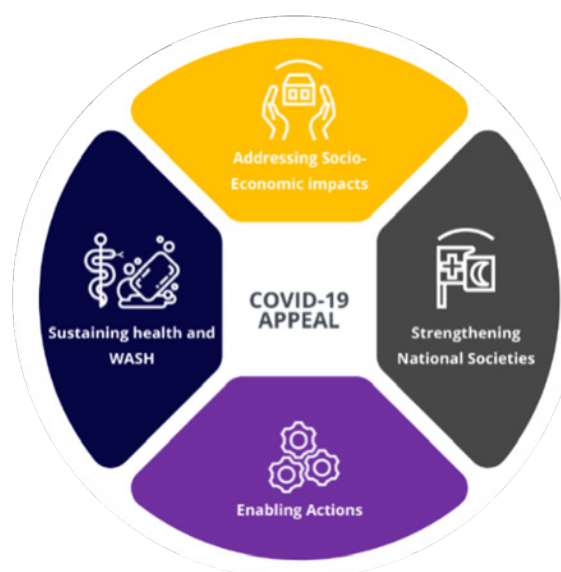


Note: The expenditure breakdown by operational priorities is not necessarily equal to the total expenditure.

Operational Strategy

The operational strategy of the COVID-19 Emergency Appeal was structured around **three operational priorities and 18 sub-pillars** based on thematic areas. Key enabling actions underpinned these thematic operational priorities. These priorities were complementary, responding to interconnected needs on the ground. Our response was also guided by the Agenda for Renewal's flagships, the Fundamental Principles and Values, Strategy 2030, and the Health & Care framework.

The operation further distinguished itself by reflecting, as much as possible, a Federation-wide approach: establishing global indicators across operational priorities, tracked by National Societies throughout the pandemic across all their domestic activities, and comprehensive financial data shared by the network.



Progress towards Results

This final report provides an overview of the main achievements and lines of action carried out across regions and globally. It also focuses on the activities from the last [operation update](#) until December 2022. The report starts with an overview of how the IFRC network coordinates and then moves into each Operational Priority and its pillars, reflecting the latest and main results.

Coordination

Coordination with external actors

As auxiliaries to the public authorities and partners of choice for their governments, National Societies were involved in coordination, planning and response mechanisms convened by Ministries of Health (MoH) and broader governmental structures at national and local levels. Some National Societies continued to work permanently with governments' national and sub-national emergency operations centres (EOCs) and Humanitarian Country Teams (HCTs).

The IFRC co-led the Risk Communication and Community Engagement Collective Service. This Collective Service was a partnership between the IFRC, UNICEF and WHO, with active support from the Global Outbreak Alert and Response Network (GOARN)

and critical public health and humanitarian sector stakeholders. The Collective Service brought together various organisations engaged in policy, practice, and research for RCCE to ensure expert-driven, collaborative, consistent and localised RCCE support reached governments and partners involved in the national COVID-19 response and beyond.

The IFRC was also part of the UN Network on Migration, which provided global direction for the COVID-19 response concerning migration. The network also coordinated with the World Food Programme (WFP) on logistics and supply chain. It was part of the IASC Information Management, Assessment and Analysis Cell and INFORM index. The IFRC supported the development of the COVAX Humanitarian Buffer and collaborated with technical and strategic health partners through the Global Outbreak Alert and Response Network (GOARN). After the close of the

Emergency Appeal, the IFRC continued being part of many of these key networks and co-creation groups.

Membership and Movement Coordination

Membership coordination: Under its mandate, the IFRC secretariat has prioritized effective membership coordination throughout the COVID-19 response. This coordination has occurred at the strategic and operational levels and in thematic areas. At the strategic level, coordination took place through regular leadership discussions with National Societies through a National Society Advisory Group. Issues were discussed on a regular basis between the IFRC and a group of National Societies', regional consultations with National Society leadership, and co-creation of the response's strategic direction.

At the operational level, the IFRC secretariat has been instrumental in creating and implementing the Federation-wide approach to the operation described above, including the associated planning and reporting frameworks. The response to COVID-19 has also mobilized the collective resources of the IFRC network, sharing leadership among the IFRC Secretariat and its National Societies. This comprises both thematic support through various co-creation groups and geographical support.

Thematic support was provided by adapting or producing innovative COVID-19 tools and guidance of global applicability. This includes an online help desk for NS Business Continuity Planning hosted by the Global Disaster Preparedness Centre, a Health Help Desk, Service Desks for Livelihoods and Cash Transfer programming support through the Livelihoods Resource Centre and Cash Hub, an Urban Pandemic Technical Support Service to support urban preparedness and response, a global exchange platform for volunteers (SOKONI) to provide information and space for volunteers, guidance on National Society financial sustainability, and regional guidelines on the inclusion of migrants in the COVID-19 response.

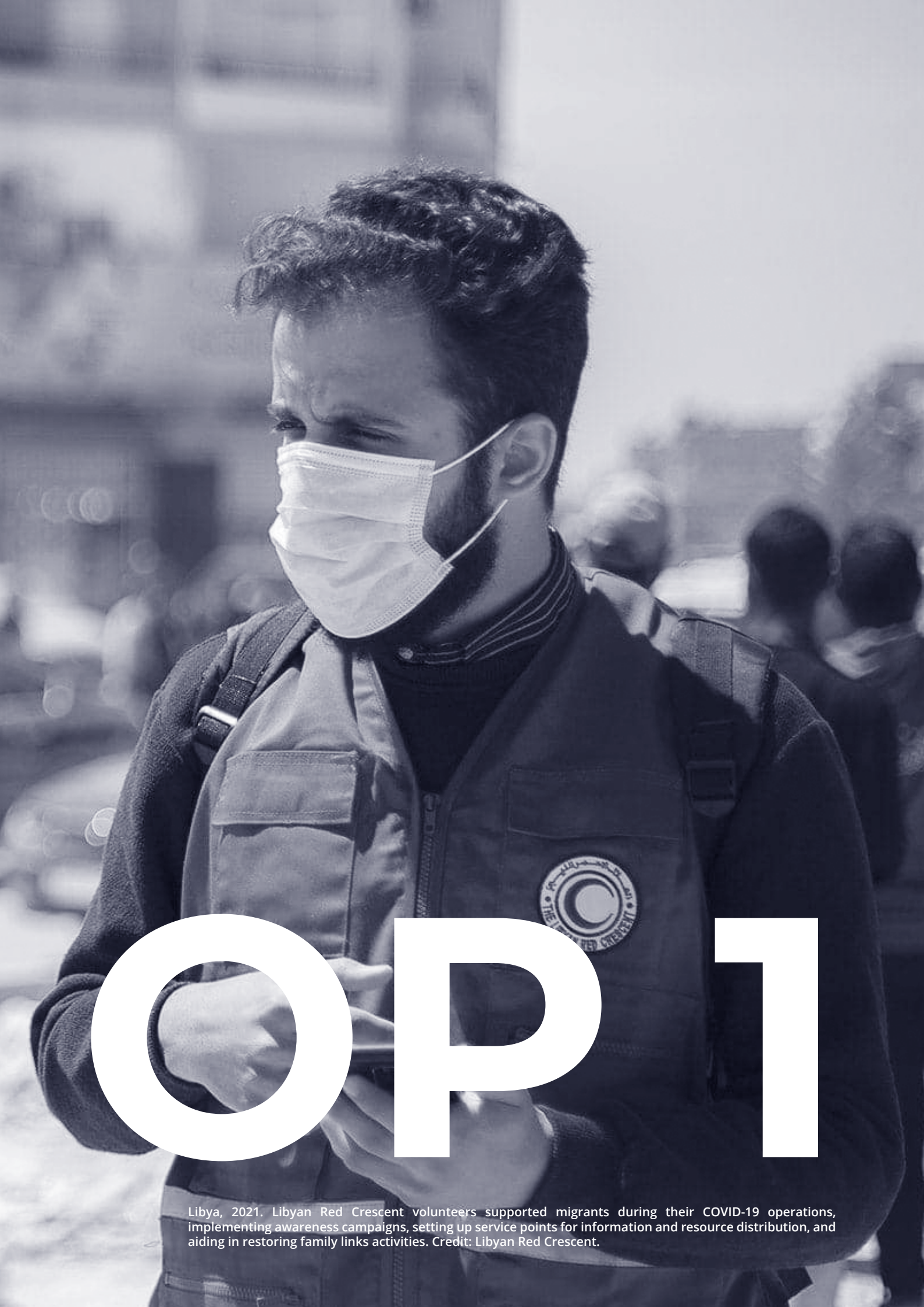
The Federation-wide approach to COVID-19 also involved peer support between National Societies through **country support teams'** deployment to

assist in their domestic response. Partner National Societies with presence and capacities in a country supported particular aspects of a National Society's COVID-19 domestic response plans. Partner National Societies also contributed to domestic responses in other countries through bilateral partnerships, including cash, in-kind support, and personnel.

Movement Coordination: Across all levels, the IFRC strengthened collaboration within the International Red Cross and Red Crescent Movement to streamline its response to the pandemic and Movement cooperation structures and modalities in line with the Strengthening Movement Coordination and Cooperation (SMCC) process. The IFRC and ICRC worked closely, issuing coordinated appeals and coordinating the response to the pandemic.

Humanitarian Diplomacy and Representation:

The IFRC network **assisted and continues to support National Societies in undertaking humanitarian diplomacy** in common areas of concern relating to COVID-19 by collecting and sharing information on challenges and good practices and providing clear messaging and evidence across all levels. This included advocacy for a) equitable and effective dissemination of COVID vaccines, b) safeguarding marginalized groups (such as migrants and refugees) are not left behind, c) ensuring that critical areas of needs are not overlooked, including responding to the mental health impacts of the pandemic and d) continuing to manage other ongoing disasters and crises. At a global level, the IFRC supported operationalizing localisation commitments and advocated for international policy decisions to ensure COVID-19 programming effectively supports local actors' capacity and leadership. At the regional and country level, IFRC worked on similar issues, in particular, the regulatory and policy environment for IFRC health and humanitarian service delivery (see the [Disaster Law Programme](#)), the auxiliary role of National Societies in the health sector, promoting equitable protection for the recovery of vulnerable groups; protecting humanitarian space and sustainability. See the [Representation](#) and [Legal Frameworks](#) under the Enabling Actions section for more details.



OPT 1

Libya, 2021. Libyan Red Crescent volunteers supported migrants during their COVID-19 operations, implementing awareness campaigns, setting up service points for information and resource distribution, and aiding in restoring family links activities. Credit: Libyan Red Crescent.

Operational Priority 1 - Sustaining Health and WASH

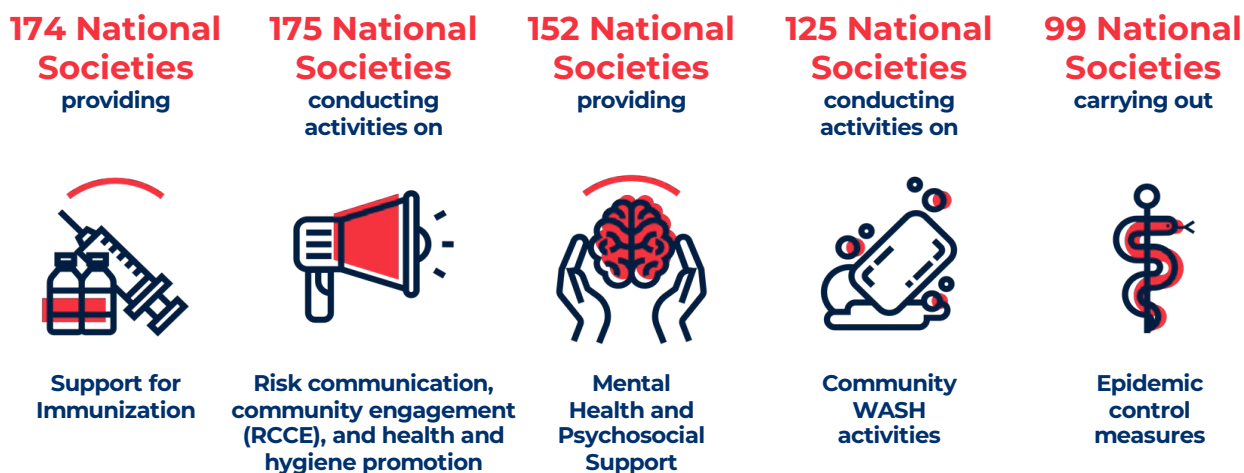
This section provides a window into the IFRC's tireless efforts to ensure health and hygiene services reach every corner of the globe. From vaccine distribution to the frontlines via the COVAX facility, driving digital transformation in pandemic response, the IFRC is leading change. Innovative risk communication and community engagement strategies and mechanisms have been key to the IFRC's success, enhancing local programming and promoting vaccine acceptance and uptake.

Strong partnerships with WHO, GAVI, UNICEF, and local governments further underscore the IFRC's commitment. With the guidance of data dashboards, community feedback, and lessons learned, the IFRC's

impact extends beyond immediate relief, building resilience for future health emergencies. Through these achievements, the IFRC paves a path towards a healthier and safer world, offering a testament to its dedication to humanity in these challenging times.

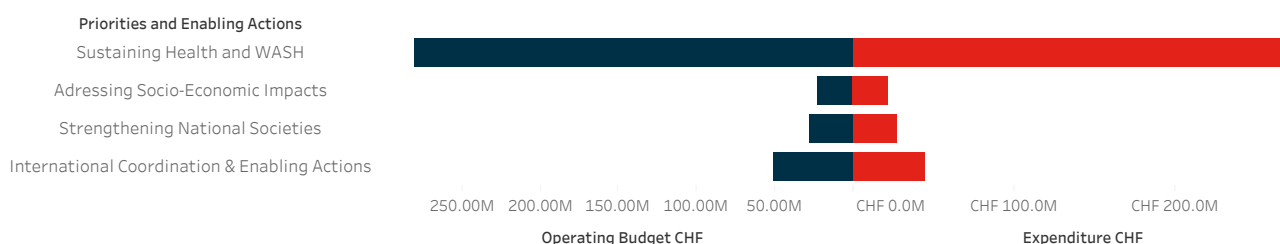
The IFRC provided technical support to the National Red Cross and Red Crescent Societies across the different pillars of the operation based on the needs and context of each situation. Additionally, training and materials were developed, adapted, and made available in multiple languages to support local activities. The five pillars and indicators where we witnessed the highest number of National Societies providing services were:

Figure 1 The pillars under Operational Priority 1 - Sustaining Health and WASH were most National Societies implemented activities as per Federation-wide data and the Global Vaccine Roll-Out Survey.



Within the IFRC Secretariat appeal on behalf of National Societies, 74 per cent of expenditures globally were under Operational Priority 1. The same is reflected in the Federation-wide data, where 58 per cent of the expenditures were reported under Sustaining Health and WASH.

Figure 2 Total operating budget versus expenditure per priority area. This corresponds only to the IFRC's Secretariat appeal.



PILLAR 1: Epidemic Control Measures

Key Fed-wide achievements

120.7 million people got tested through the support of 71 National Societies.

1.5 million contacts were identified or followed by 64 National Societies.

9.1 million COVID-19 cases in cohort/home isolation or contacts under quarantine **that received material support** from 99 National Societies

During the initial stages of the COVID-19 pandemic, there was a heightened focus on epidemic control activities as the world grappled with the novel virus. Global implementation of lockdown measures, travel restrictions, and an emphasis on personal hygiene and social distancing aimed to curb the rapid transmission. As vaccination efforts gained momentum, a disparity in vaccine distribution became apparent, with wealthier nations gaining greater access. Consequently, **epidemic control activities remained crucial in countries with limited vaccine access, as they continued to rely on traditional public health measures** to mitigate the virus's spread and protect vulnerable populations.

Since early 2020, National Societies across all regions have been actively involved in epidemic control measures, implementing adaptive strategies to address the evolving pandemic. These efforts have included community mobilization, promotion of preventive measures, capacity building for staff and volunteers, and collaboration with Ministries of Health.

In Africa, limited testing capacities led to the utilization of alternative metrics, such as positive and active case ratios, to monitor pandemic trends. The emergence of the Omicron variant prompted the expansion of technical and operational support to affected

countries, underscoring the ongoing importance of vaccination efforts.

The Asia Pacific region witnessed a steady vaccine rollout, resulting in a decline in cases and deaths. National Societies in this region focused on Epidemic Control for Volunteers training while addressing other disease outbreaks and enhancing emergency response capabilities. However, low vaccination rates in low and middle-income countries underscored the ongoing need for sustained epidemic control efforts.

European National Societies dedicated efforts to enhance response capacities for future health emergencies, providing training and mentorship to staff and volunteers in infection prevention, First Aid, and mental health support. In the Americas, the lifting of most public health measures for COVID-19 prompted a targeted approach to disseminating prevention and control messages where necessary.

Overall, epidemic control measures have been integrated into regular community approaches and new emergency response frameworks. National Societies across different regions have collaboratively worked to address the ongoing challenges posed by the pandemic.

PILLAR 2: Risk communication and community engagement (RCCE)

Key Fed-wide achievements

1.2 billion people were reached through risk communication and community engagement for health and hygiene promotion activities by **175 National Societies**

Risk Communication and Community Engagement (RCCE) has played a pivotal role in the global response to the COVID-19 pandemic. This comprehensive approach has been crucial in understanding and addressing community perceptions, attitudes, and knowledge of the virus while promoting accurate information and dispelling myths and rumours. RCCE has been instrumental in building trust between communities and health authorities, ensuring that interventions are well-received and effective. By enabling evidence-based decision-making and fostering collaboration among

National Societies, RCCE has helped tailor response strategies to the unique needs of diverse communities, ultimately improving public health outcomes and promoting resilience in the face of the pandemic.

The programme has achieved significant milestones, reaching nearly 1.2 billion people through community-centred, inclusive, and adaptable interventions. These interventions have taken various forms across different countries. The initiative has highlighted the importance of data-driven approaches, with the development of

tools to gather and analyse community feedback and perceptions, enhancing strategies for accessing trusted information about COVID-19 and vaccination. This approach has proven effective in several countries, including El Salvador, Ukraine, Turkey, Lebanon, Cameroon, Malawi, and many others.

To strengthen local capacities and solutions, over 437,000 volunteers have been trained, focusing on promoting trust in and uptake of vaccines. The piloting of the 'Community Trust Index' has provided evidence-based recommendations and actions to increase community trust.

Collaboration has also been instrumental in enhancing community engagement. Recognising the significance of coordinated efforts during public health crises, the IFRC established the Risk Communication and Community Engagement Collective Service, engaging over 60 partners and supporting nearly 30 countries globally.

The initiative has successfully secured resources, with significant recognition from several donors. One notable example is a three-year grant funded by the United States of America's government (USAID/BHA) to promote vaccine uptake through community engagement and innovative risk communication strategies.

Lessons learned from the initiative underscore the importance of community engagement and risk communication in responding to the pandemic and preventing future health emergencies. A key insight is the need for more systematic approaches within programmes and operations to improve accountability to communities, as well as the importance of data-driven decision-making. An Impact Research project was initiated in October 2022 to further assess the influence and impact of community engagement and accountability approaches on RCRC responses and community preparedness.

Throughout the course of the pandemic, RCCE achievements have been notable across all regions. In Africa, 45 out of 49 National Societies conducted rapid RCCE assessments or knowledge, attitudes, and practices (KAP) surveys. A community feedback dashboard compiling over 176,794 pieces of individual feedback was developed, and an Africa-wide volunteer perception survey was conducted to inform response strategies. In the Americas, perception trends were

monitored to produce risk communication toolkits and support National Societies in tailoring their messages and interventions. Over [60 COVID-19 graphics](#) were created in multiple languages, and numerous webinars were held to address various topics related to the pandemic.

In the Asia Pacific region, IFRC focused on supporting National Societies in strengthening their emergency WASH capacities through technical trainings and the procurement of WASH-related materials. In 2022, APRO supported eight technical trainings, including a regional-level surge training in Bandung, Indonesia and a specialized training on hygiene promotion in emergencies (HPIE) Malaysia. In all of these technical trainings, hygiene promotion is one of the key topics being covered, which is mainly based on the [IFRC WASH Guidelines for Hygiene Promotion in Emergency Operations](#). In Europe, RCCE activities were delivered through mass media tools, sensitization campaigns, information sessions, and online training and peer-learning sessions. National Societies established telephone information lines to provide various services, combat rumours, and address misinformation. Surveys were conducted to better understand people's perceptions of COVID-19 and inform response strategies.

In the Middle East and North Africa (MENA) region, inter-agency networks were established and strengthened to improve vaccination uptake and



Cox's Bazar, Bangladesh, 2020. Volunteer Ayesha Siddiqua part of the Bangladesh Red Crescent Society's COVID-19 response, providing door-to-door hygiene instruction and essential supplies. The BRCS maintained health facilities and a robust information campaign, leveraging over 13,500 volunteers to counter misinformation and bolster prevention. Credit: Ibrahim Mollik / IFRC

harmonize RCCE activities. Joint campaigns, trainings, workshops, and relevance studies were conducted to enhance understanding of community perceptions and improve RCCE activities. Technical support was provided to National Societies in implementing RCCE activities aimed at encouraging COVID-19 vaccine uptake and fighting rumours and misinformation.

Collectively, these achievements demonstrate the essential role RCCE has played in shaping the global response to the COVID-19 pandemic. By addressing community concerns, fostering collaboration among stakeholders, and disseminating accurate information,

RCCE has contributed significantly to improving public health and mitigating the impacts of the pandemic across all regions.

To better track the impact of RCCE interventions, IFRC is conducting Impact Research to identify, understand and document how community engagement and accountability approaches have changed, impacted and influenced Red Cross Red Crescent interventions and community health systems during public health emergencies in COVID-19. The final findings will be shared with the network by mid-2023.

Country-level examples

The **Cameroon Red Cross** conducted door-to-door awareness campaigns on COVID-19 prevention measures, including the importance of vaccination. The engagement with community members facilitated open dialogue, addressing their concerns and encouraging vaccine acceptance.

The **Ghana Red Cross Society** engaged in extensive social media campaigns, radio broadcasts, and television programmes to dispel rumours and address misconceptions about COVID-19. These efforts reached millions of people and played a significant role in providing accurate information and building trust within communities.

The **Kenya Red Cross** implemented community health promotion and vaccine promotion activities in coordination with the Ministry of Public Health, local government authorities, and academic institutions. These activities, aligned with the government's vaccine plan, were carried out in various regions of the country, contributing to increased vaccine uptake and raising awareness about healthy lifestyles.

The **Iraqi Red Crescent Society** conducted widespread awareness campaigns across all 18 governorates of Iraq, promoting COVID-19 vaccination. Through informative materials, community engagement, and a targeted assessment of preferred communication channels, they encouraged vaccine acceptance and facilitated effective dialogue with local communities.

PILLAR 3: Community-based surveillance (CBS)

Key Fed-wide achievements

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

Community-based surveillance (CBS) has been a vital aspect of the COVID-19 response. National Society volunteers were key in early detection, case identification, and contact tracing. CBS strategies have been tailored

to regional contexts and built upon existing community health interventions, such as Community-Based Health and First Aid (CBHFA) and the Community Epidemic and Pandemic Preparedness Programme (CP3).

In Africa, 35 National Societies were directly or indirectly involved in CBS activities, with six implementing the full CBS package. The first COVID-19 case in Somaliland was detected by the Somali Red Crescent Society through CBS volunteers, exemplifying the effectiveness of CBS in early case detection. CBS contributed significantly to the early detection and reporting of cases while linking with formal Ministry of Health surveillance systems.

National Societies strengthened epidemic surveillance and response capacities in the Americas by integrating the infectious risk pillar into their Preparedness and Response Plans. The PARTE programme (Preparation, Anticipation and Early Response to Epidemics) was developed to promote coordination with Ministries of Health and other partners. The first PARTE regional workshop in Panama brought together representatives from multiple countries, showcasing the importance of collaboration and shared learning.

In the Asia-Pacific region, National Societies capacities have been strengthened through CBS trainings. Fiji, Indonesia, and Mongolia Red Cross have established CBS programmes with support from the Australian Red Cross, demonstrating the impact of international collaboration. The Solomon Islands and Vanuatu National Societies plan to initiate CBS activities in some locations. A regional CBS training is planned for later in the year to provide continuity to the actions through the Unified Plans. Over 25 National Societies in Europe have been involved in case detection, surveillance,

and contact tracing as critical components of the COVID-19 response. The Georgian Red Cross Society's implementation of CBS served as a best practice example, leading to improved early detection and reporting of cases. The Red Crescent Society of Azerbaijan also reported CBS activities, adapting global best practices to local contexts. Regional webinar sessions on CBS were provided by the IFRC Geneva, followed by country-level training sessions. Overall, community-level interventions contributed to reducing the risk of transmission and supporting national health services in pandemic prevention, detection, and response measures.

In the Middle East and North Africa region, discussions with National Societies aimed to support public authorities in identifying potential clusters through passive and active CBS and contact tracing. Coordination with WHO (World Health Organization), EMRO (Eastern Mediterranean Regional Office), and Movement Partners promoted joint technical collaboration across the region. The IFRC MENA participated in contact tracing consultations with global partners, clarifying the role of Red Cross Red Crescent volunteers in community contact tracing and assisting regional offices and National Societies with CBS implementation strategies and assessment processes. Planned actions after the closure of the appeal include organising trainings and providing support to evaluate the relevance and feasibility of community surveillance protocols and their implementation.



SRCS Burao Branch CBS Officer, at Ainabo IDP Camp B in July 2021. The Somali Red Crescent in the implementation of the COVID-19 response, whose key pillars include infection prevention and control; community engagement and community-based surveillance. Source: IFRC

PILLAR 4: Infection prevention and control and WASH (health facilities)

The Red Cross played a crucial role in implementing Infection Prevention Control (IPC) measures and WASH interventions within health facilities during the COVID-19 pandemic across various regions. The IFRC network focused on minimising the transmission of the virus among patients, healthcare workers, volunteers, and staff while ensuring a safe and clean environment within healthcare settings.

In Africa, National Societies were involved in IPC activities at different pandemic stages, provided IPC training, supplied PPE for health personnel, and disinfected and sprayed isolation centres. They also innovated by producing locally made handwashing stations and chlorine solutions for sterilisation. In addition, the water supply to health facilities was addressed through WASH interventions, although challenges such as ineffective drilling and borehole construction activities were identified.

In the MENA region, the main objective for WASH in health facilities was to limit the spread of COVID-19 and ensure the safety and protection of National

Society staff and volunteers. Therefore, IFRC MENA contributed to the health Emergency Response Unit (ERU) workshop and planning in Egypt, focusing on IPC measures within the clinic, and collaborated with UNICEF (United Nations Children's Fund) for a joint regional WASH training in Jordan.

It is important to note that this pillar was mainly implemented during the first phase of the pandemic when National Societies provided support to health facilities based on needs coordinated with local authorities. However, as governments and health facilities improved protocols and strengthened the national health system as the pandemic evolved, the focus shifted towards IPC and WASH in communities (See Pillar 5). These IPC measures and WASH interventions contributed to a safer healthcare environment, supported national health services in pandemic prevention, detection, and response, and complemented the efforts under Pillar 7: Isolation and Clinical Case Management for COVID-19 Cases. For more information on Pillar 7, please refer to the corresponding section.

PILLAR 5: Infection prevention and control and WASH (community level)

Key Fed-wide achievement

137 million people supported through community WASH activities that reduce the risk of COVID-19 transmission, as reported **by 175 National Societies**.

National Societies worldwide have made significant strides in promoting handwashing facilities and practices in high-risk areas, such as densely populated regions, informal settlements, and schools. These efforts have been vital in mitigating the spread of COVID-19 within communities. In the Dominican Republic, for instance, targeted hygiene promotion activities were carried out to emphasise the importance of proper handwashing, while in the Democratic Republic of Congo, hygiene awareness training successfully increased beneficiaries' knowledge of essential prevention measures. These initiatives were supplemented by community sensitization sessions held at strategic locations, such as markets, religious places of worship, and schools, to reinforce good hygiene practices further.

In the Americas, 13 National Societies, including Bolivia, Brazil, and Mexico, carried out activities under Pillar 5, such as distributing hygiene and cleaning kits to communities in need, complemented by risk communication. In addition, collaborative efforts between health staff and National Societies led to trainings on adequately using personal protective

equipment (PPE) and disinfecting surfaces, based on the WHO guidance and the IFRC global materials.

Efforts to improve water access and quality have been undertaken in various regions. In Niger, for example, the National Society was supported in rehabilitating latrines and boreholes within schools to supply adequate water and sustain improved hygiene practices. In the Middle East and North Africa region, the first consignment of an emergency WASH treatment plant was delivered to Egypt for the usage of the Egyptian Red Crescent in WASH capacity building and regional deployment.

Capacity building and knowledge-sharing have been essential throughout the regions. In Europe, the IFRC conducted webinars on WASH within the COVID-19 context for the National Societies in South Caucasus and Central Asia. In the MENA region, the first meeting of the MENA WASH Community of Practice was convened with WASH focal points from Iraq, Lebanon, Egypt, Syria, Yemen, Algeria, Qatar, and Kuwait to provide a space for technical coordination and support of country-level activities and capacity strengthening.

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

Key Fed-wide achievement

18.1 million people were reached through MHPSS services, as reported by 152 National Societies.

The IFRC's response to the COVID-19 pandemic focused on addressing communities, staff, and volunteers' mental health and psychosocial support (MHPSS) needs. This pillar recognised the profound impact of the pandemic on individuals' mental well-being and the importance of providing comprehensive support during times of crisis. Through various initiatives and collaborations, the IFRC worked tirelessly to promote MHPSS, develop innovative training materials, and foster digital outreach to ensure the accessibility of vital resources. The efforts aimed to enhance the resilience of affected populations, support the well-being of Red Cross Red Crescent personnel and pave the way for long-term mental health support beyond the pandemic.

In Africa, MHPSS focal points from 23 National Societies were trained to increase their capacity in planning and

rolling out quality MHPSS services. The Community of Practice (COP) has served as an opportunity for peer-to-peer support where the National Societies focal persons pose issues and challenges, they are facing and find solutions among themselves either through experience sharing or brainstorming. In the Americas, the IFRC focused on supporting National Societies to address the increasing issues of depression and suicide rates. One of the critical actions was the #YellowSeptember Campaign, which aimed to prevent and reduce stigma and discrimination toward Mental Health, particularly in the context of suicide prevention. The IFRC also launched the Mental Health Day #GreenOctober Campaign to raise awareness and promote mental health and well-being.

In the Asia-Pacific region, the IFRC has been supporting the Asia Pacific Mental Health and Psychosocial

The IFRC Reference Centre for Psychosocial Support

Amidst the challenges of the COVID-19 pandemic, the IFRC Reference Centre for Psychosocial Support, hosted by the Danish Red Cross, rose to the occasion. Bolstered by IFRC Appeal funding, they adopted a digital-first approach, developing a suite of online materials tailored to meet the evolving needs of the pandemic. These included online modules on Psychological First Aid (PFA), online trainings for MHPSS during emergencies, and an innovative module addressing vaccine hesitancy.

The PS Centre conducted global Training of Trainers sessions, successfully transforming their offline PFA curriculum into an online resource. These efforts resulted in the cascading of crucial MHPSS knowledge down to the regional level, reaching a broad audience of volunteers, health workers, and the public. They also transformed a traditional training curriculum on MHPSS in emergencies into a comprehensive online training, which saw participation from all regions and enhanced cross-regional learning.

In addition to their training initiatives, the Centre had a prominent presence at various IFRC secretariat events, delivering presentations and workshops on topics such as youth mental health, resilience, and staff support. Practical support materials, like infographics for tailored guidance, weekly stress reduction exercises disseminated on social media, and the IFRC Well-being Guide, were produced to provide useful tools for stress management and well-being to both Red Cross Red Crescent staff and volunteers.

Their collaborative efforts with IFRC secretariat regional delegates and the IASC Technical Working Group enabled the Centre to stay updated with evolving needs and interventions during the COVID-19 pandemic. The Centre's podcasts offered valuable insights on topics like pandemic fatigue, vaccine hesitancy, and the mental health implications of climate change, providing relevant and timely content to MHPSS responders and beyond.

Overall, the IFRC Reference Centre for Psychosocial Support demonstrated a robust response to the pandemic, championing MHPSS through a combination of digital outreach, capacity-building, and resource development. Their work played an instrumental role in supporting affected populations and Red Cross Red Crescent personnel, underlining the critical role of psychosocial support in global health emergencies. posed by the pandemic.

In the face of a global crisis, the IFRC PS Centre rose to the challenge, ensuring support was available, accessible, and adapted to the changing landscapes of the COVID-19 pandemic.

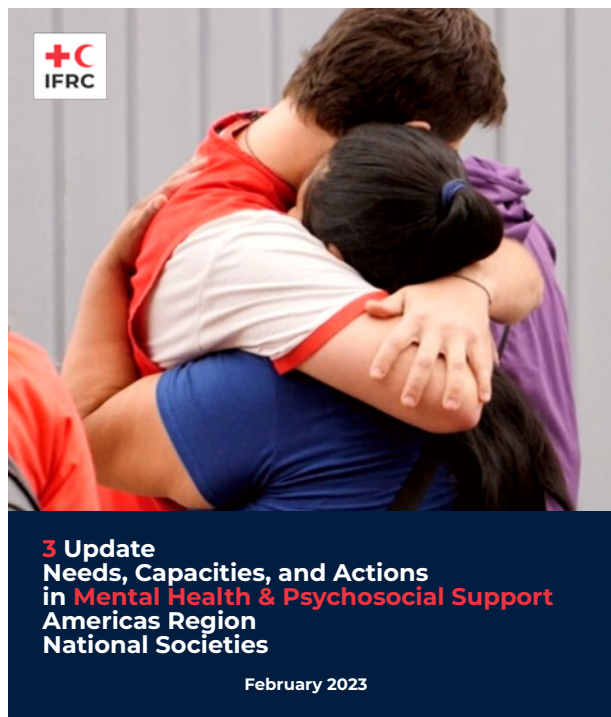
Support Training and Learning Collaborative (AP MHPSS Collaborative) to provide technical support in capacity-building activities, fostering knowledge sharing and information management and supporting the emergency response activities in the region. The IFRC also supported the establishment of the Asia Pacific MHPSS Network to facilitate inter-learning and support among National Societies. Regarding capacity-building, the AP MHPSS Collaborative has supported seven MHPSS trainings, including Psychological First Aid (PFA) and PFA for vaccine hesitancy and pandemic fatigue.

In Europe, the pandemic significantly contributed to putting MHPSS high on the agenda, as people worldwide came face to face with lockdown and isolation, feelings of fear, anxiety, hopelessness and depression and the tragic loss of loved ones without the opportunity to say goodbye. The IFRC Regional Office has been supporting National Societies to meet the MHPSS needs of communities, staff, and volunteers, respond effectively before, during, and after crises and emergencies, and integrate MHPSS actions into all relevant National Societies' activities. The regional MHPSS Delegate has been actively mapping the National Societies' MHPSS responses and has been involved in regular meetings and planning for the MHPSS Europe Forum. The regional focal point also supported the integration of MHPSS into COVID-19 sectoral responses and conducted trainings for staff and volunteers on PFA and basic MHPSS.

In the Middle East and North Africa (MENA) region, the IFRC MENA regional office, in collaboration with the MENA MHPSS Network, provided the Arabic translation to some MHPSS learning materials and guidelines published by the IFRC Psychosocial Centre to facilitate the knowledge sharing and contextualizing of the MHPSS tools to the MENA context. The IFRC also hosted one sub-regional training for Gulf Cooperation Council (GCC) National Societies participants to provide joint mental health and psychosocial support linked with the GCC MHPSS COVID-19 context.

Overall, the IFRC implemented various actions to address communities, staff, and volunteers' mental health and psychosocial support needs during the COVID-19 pandemic across different regions. These actions have included capacity-building activities, knowledge sharing, and information management, promoting awareness and advocacy campaigns, and integrating MHPSS into COVID-19 sectoral responses. The IFRC has also emphasised the importance of addressing mental health beyond the pandemic to reduce the burden of mental health problems in the long term.

Figure 3 In February, the third assessment report was launched by the Americas region, 20 National Societies participated and provided key information about their work during 2022 in MHPSS interventions (including COVID-19).



The **Bulgarian Red Cross** established the Dispatch Centre for Psychosocial Support as part of their COVID-19 response. The Centre serves as a hub for delivering Psychosocial Support and gathering accurate information during emergencies. Trained staff and volunteers on the dispatch platform provide support using PSS and PFA techniques. The team includes a psychologist who offers specialized services when required.

Legacies – MHPSS in emergencies: A technical group was established to develop **MHPSS surge training** for regional emergency responses. Comprised of members from IFRC, Danish Red Cross, the IFRC Reference Centre for Psychosocial Support, and the MENA MHPSS network technical committee, the group worked on conceptualizing the training and creating its methodology and content. In September 2022, the Egyptian Red Crescent hosted an interregional training attended by 18 participants from MENA and the Americas regions. The training aimed to enhance the capacities of surge personnel with MHPSS profiles.

PILLAR 7: Isolation and clinical case management for COVID-19 cases

Key Fed-wide achievement

27,073 health facilities were supported with IPC, WASH or other interventions to improve COVID-19 prevention, detection or treatment, as reported by 72 National Societies.

Under this pillar, actions focused on isolation and clinical case management for COVID-19 cases. In Africa, efforts were made to establish isolation facilities in government facilities, and designated hotels while promoting home-based care as a preferred approach. National Societies provided support for makeshift isolation facilities initially. They later shifted their focus to home-based care for asymptomatic and mild-symptom cases. Guidelines for using oxygen concentrators and cylinders were developed to address the shortage of oxygen therapy equipment in many African countries. The IFRC Regional Office supported quality control and quantity revision for equipment requests from National Societies.

The IFRC worked closely with National Societies in the MENA region to manage health facilities, including isolation and quarantine. Guidelines for isolation

and clinic care management were shared in multiple languages, and technical and financial support was provided for medical equipment and personal protective equipment (PPE) procurement.

In other regions, initial response efforts focused on establishing isolation facilities and providing care for COVID-19 cases according to evolving guidelines. National Societies diligently worked to ensure sufficient facilities, medical equipment, and PPE were available to manage the surge in cases. The IFRC provided technical support and guidance, emphasising capacity-building and training for healthcare workers and volunteers. These proactive measures strengthened healthcare systems' readiness, ensuring patient and community safety while curbing the virus's spread and minimizing its impact on vulnerable populations.

PILLAR 8: Ambulance services for COVID-19 cases

Key Fed-wide achievement

67 National Societies provided ambulance services for suspected COVID-19 patients.

Significant focus was placed on ambulance services for COVID-19 cases, especially during the first year of the response. In addition, recognising the importance of timely and safe patient transportation, the IFRC supported National Societies across different regions.

In the Africa region, the IFRC worked closely with National Societies to augment or establish ambulance services in response to the heightened demand during the pandemic. Additional ambulances were supplied to countries such as Cameroon, Gambia, Kenya, Madagascar, and Mauritius, with ongoing support in progress for other National Societies. To ensure the safety of volunteers and medics, IPC training and the provision of personal protective equipment (PPE) were prioritized.

Similarly, in the MENA region, the focus was on enhancing emergency medical services (EMS) for COVID-19 cases. Developing EMS protocols and readiness checklists in

Arabic facilitated the maintenance of quality care and minimum response standards. Assessment exercises were conducted for selected National Societies, identifying areas for improvement and fostering peer support and exchange.

In other regions, National Societies integrated COVID-19 protocols into their existing ambulance services, guided by the technical support and guidance provided by the IFRC and local health authorities.

The collective efforts under the ambulance services pillar have strengthened the capacity of National Societies to provide timely and safe transportation for COVID-19 cases. By providing additional ambulances, delivering IPC training, and developing EMS protocols, the IFRC has ensured that patients receive the necessary care and support during these challenging times.

PILLAR 9: Maintain access to essential health services.

Key Fed-wide achievement

28.1 million people reached through essential health services, as reported by 75 National Societies.

As the COVID-19 pandemic raged on, IFRC, in alliance with National Societies across different regions, strove to secure continuous access to essential health services, both at the community health and clinical/paramedical levels.

In the Africa region, National Societies upheld community health services, such as immunization and prevention of other communicable diseases, despite the pandemic's strain on healthcare systems. A significant development was the creation of a community health system strengthening programme in partnership with Africa Centre for Disease Control (CDC), emphasising the roles of Community Health Workers (CHWs) and integration of COVID-19 response within a long-term multisectoral health system strategy.

Emergency contexts, such as cyclone-affected southern African nations, received aid to integrate essential health services into their emergency response plans. Amid the pandemic waves, National Societies propped up health service delivery systems by establishing makeshift isolation and treatment centres and promoting home-based care for mild COVID-19 cases. These measures aimed to maintain essential services like immunization and maternal, new-born, and child health (MNCH).

In the Asia Pacific region, National Societies continued providing healthcare services through mobile and static health services. Europe's National Societies, like the German Red Cross and the British Red Cross, actively participated in providing clinical and paramedical services. Various initiatives were taken, such as operating quarantine and testing stations, delivering mobility and medical aid, and developing training and guidance for staff and volunteers on COVID-19 and PPE usage.

Special attention was given to integrating and developing First Aid knowledge and skills. The IFRC Regional Office for Europe Health and Care team, together with the Global First Aid Reference Centre, emphasised the International First Aid Attestation and the introduction of the new International First Aid resuscitation and education guidelines 2020.

Lastly, in MENA, the focus was on quality improvement and standardisation of mobile medical units, with SOP development workshops held for National Societies in Egypt, Jordan, Lebanon, Libya, and Syria. The collective effort of IFRC and National Societies during these challenging times has been integral to maintaining essential health services and building resilience in communities worldwide.



Jordan Red Crescent distributes medicines to patients at their own home to minimize the risk of patients when they go outside their homes. Source: JRC

PILLAR 10: Management of the dead

Throughout the COVID-19 crisis, IFRC and National Societies focused on the crucial and sensitive aspect of managing the dead, ensuring all procedures were conducted safely and dignifiedly.

In the Africa region, the National Societies with prior experience in Safe and Dignified Burials (SDB) during the Ebola virus disease (EVD) outbreaks were the first to be called upon by their Ministry of Health to assist in the management of the dead. However, concerns over stigma and isolation arose, given the distinct nature of COVID-19 and EVD. To tackle this issue, the regional health team, in collaboration with ICRC and IFRC Geneva, developed specific guidance for managing the dead during the COVID-19 pandemic. This guidance was disseminated through webinars to familiarize

health staff with the new protocols. This initiative helped distinguish between SDB for EVD and the Management of the Dead for COVID-19, thereby reducing panic or stigma associated with COVID-19 deaths.

In the MENA region, similar strategies were adopted, with the dissemination of technical guidance documents on Safe Burials. Collaborative webinars were held with ICRC to ensure a clear understanding of the procedures. Additionally, a contingency stock of body bags was prepositioned in Dubai to support MENA National Societies as needed.

As the pandemic progressed, the role of National Societies in this pillar lessened. Still, they continued to support the Ministries of Health as required.

PILLAR 11. Support for immunization

Key Fed-wide achievement	161 million people supported to get vaccinated against COVID-19
	132 million people reached via RCCE for vaccine hesitancy.
	3 million children under the age of 5 supported by National Societies to receive vaccines through SIAs/campaigns

The IFRC and National Societies worldwide have demonstrated a significant commitment to the COVID-19 vaccination campaign and maintaining routine immunization programmes. This has been the key pillar to reduce transmission and prevent hospitalizations and severe symptoms. 174 of 191 National Societies conducted COVID-19 vaccination activities or preparing to do and have supported more than 161 million people to get vaccinated against COVID-19. This achievement was possible thanks to the 2 million staff and volunteers trained to support the COVID-19 vaccine rollout.

In the Africa region, the IFRC and National Societies have faced many challenges, including COVID-19 restrictions, disrupted supply chains, and an overstretched healthcare delivery system. Despite these obstacles, they have shown great resolve in preparing for and responding to the need for immunization in routine and campaign scenarios. To fund these critical efforts, the IFRC successfully mobilized funding from DC EHCO, the Coca-Cola Foundation, the Africa CDC and the MasterCard Foundation, partially funding numerous National Societies' vaccination plans across the continent. This involved prioritizing countries such as 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 based on vaccination coverage and specific contextual aspects.

In the Americas, the focus has been on transitioning from an emergency response approach to integrating vaccination services into a comprehensive immunization strategy. A notable example is the implementation of the Guyana COVID-19 Perception Study 2022 and a dynamic dashboard. This innovative initiative maps capacities and needs to inform the design of support plans for National Societies, helping to address vaccination needs effectively in countries such as Haiti, Guatemala, Guyana, Jamaica, and Paraguay.

The Asia Pacific region has been characterised by active engagement from National Societies with government authorities and partners in delivering COVID-19 vaccination services. Several countries, including Afghanistan, Papua New Guinea, Solomon Islands, Bangladesh, Myanmar, Pakistan, and the Philippines, have collaborated with national authorities in comprehensive vaccination campaigns, showcasing the power of partnership in tackling the pandemic.

In the European region, National Societies have undertaken a wide range of activities to support vaccination efforts. The Austrian and British Red Cross have been involved in direct vaccination, supporting vaccine centres, and community engagement and communication activities to inform people of government vaccination strategy, address vaccine hesitancy, and allay fears and concerns. In countries like Romania, Bulgaria, and the Czech Republic, innovative approaches like mobilizing mobile health units and conducting outreach in underprivileged areas have been employed to reach as many people as possible.

In the MENA region, the formation of a technical sub-working group has been a key development. This group, bringing together immunization focal persons, has served as a crucial platform for National Societies engaged in immunization. It has been instrumental in fostering cooperation and information sharing between the RCRC movement and external actors in countries like Syria, Yemen, Algeria, Egypt, Iraq, and Lebanon. The group has also actively advocated for equitable access to COVID-19 vaccines, highlighting the importance of reaching the most vulnerable populations.

At the global level, the IFRC has implemented various actions under Pillar 11, focusing on supporting immunization efforts against COVID-19:

- **Prioritization of countries:** The IFRC prioritized 50 countries based on vaccination coverage and other specific contextual aspects, including several in the Africa region, Asia Pacific region, MENA, Americas, and Europe. The prioritization includes 34 countries that were also prioritized by the Vaccine Delivery Partnership.
- **Training:** The IFRC trained over 2 million volunteers and staff to support vaccine introduction. These trained individuals play a crucial role in the vaccination process, from running vaccination teams to helping vulnerable groups access vaccination points.
- **Collaboration with WHO:** Close coordination with WHO has taken place since the start of the pandemic to maximize efforts and promote COVID-19 vaccinations as well as to maintain routine vaccination programmes. Since March 2022, the IFRC has seconded a position to WHO as part of the Vaccine Delivery Partnership. The focal point coordinates work at the country level to identify bottlenecks, technical support needs, and possible solutions to scale up a tailored response per prioritized country.
- **Immunization Working Group:** The working group remained active, hosting monthly global

sessions focused on relevant topics, and promoting experience-sharing and lessons learned. It integrated reviews and feedback from National Societies and encouraged the exchange of knowledge and expertise.

- **Promotion of immunization as part of the 3Ts:** The IFRC promoted immunization as part of the 3Ts corresponding to Testing, Tracing, and Treatment and continues its work and support through five pillars: Advocate, Trust, Reach, Health, and Maintain.
- **Advocacy for immunization activities:** The IFRC continues advocating for immunization activities and country-level campaigns, and it monitors other epidemic outbreaks to support the necessary response.
- **Global health security initiatives:** The IFRC flagships “Global Health Security: Epidemic-Pandemic Preparedness and Response” and “Reduce cholera related cases by 50%” provide an opportunity for National Societies to scale up their activities in epidemic risk management at the community level.
- **Mobile health units:** The IFRC has also build on the initiative on mobile health units and health posts to reach last-mile communities, demonstrating their commitment to equitable vaccine access.



Madagascar, 2022. By early 2022, the Malagasy Red Cross, supported by the EU, IFRC, and Luxemburg Red Cross, combatted Madagascar's low 2.53% vaccine coverage with extensive vaccination efforts and advocacy across 10 regions. It conducted home visits, focus groups, and advocacy sessions. Credit: Manga Feo / IFRC, Malagasy Red Cross

A man wearing a woven straw hat and a striped polo shirt is shown from the chest up. He is holding a bunch of produce, possibly tomatoes, in his hands. The background is a field of tall, leafy plants, likely corn. The entire image has a warm, golden-yellow color cast. The text 'OP 2' is overlaid in large white letters at the bottom.

OP 2

Venezuela, 2022. The Venezuelan Red Cross implemented food security and livelihood initiatives for communities impacted by the pandemic's socioeconomic effects, adopting a Climate Smart Livelihoods approach for sustainable community strengthening. Credit: IFRC

Operational Priority 2: Addressing Socio-economic impact

In the face of the unprecedented COVID-19 pandemic, the IFRC has been steadfast in its commitment to mitigate the devastating socio-economic impacts of this global crisis. In this section, we will delve into the various technical pillars that have underpinned our response, reflecting on the strides made and the challenges encountered.

At the heart of our efforts lies the understanding that **the pandemic has not only been a health crisis but also a profound socio-economic challenge**. It has disrupted livelihoods, amplified inequalities, and exposed the lack of social protection for the world's most vulnerable. Our response strategies have had to be dynamic, evolving alongside the crisis to meet emerging needs and capacities.

We have centred our efforts on various key areas, which we will detail in the following sections. These include the protection of consumption and livelihood assets of marginalized groups, the institutionalization of cash and voucher assistance (CVA) tools, support for cash-based safety nets, and the promotion of strategies to protect and include the most vulnerable groups such as migrants, internally displaced populations, children, the elderly and indigenous groups.

This section will also discuss the innovative approaches we've incorporated into our response, from a community-based perspective on vaccine inequity to promoting income-generating activities that also serve health needs. We'll also cover our ongoing efforts to embed safeguarding mechanisms and address Protection, Gender, and Inclusion (PGI) issues.

While most regions concentrated resources and efforts on Operational Priority 1 – Sustaining Health & WASH,

the Europe region witnessed a significant shift in the response strategies of National Societies during the COVID-19 pandemic. Acknowledging the pandemic's economic ramifications, European National Societies concentrated on bolstering livelihoods and household economic security. Financial data from National Societies and the Secretariat indicate that Europe had the highest expenditure on Operational Priority 2, contrasting with other regions that focused on health, water, sanitation and hygiene promotion. This divergence could be attributed to some higher-income countries in the region having more robust national health systems, which could manage the immediate health effects of the pandemic. As a result, the National Societies focused their expertise and provided added value by addressing the socioeconomic impacts of the crisis.

Our final achievements represent the culmination of tireless efforts in mitigating the socio-economic impacts of the pandemic. As we transition into long-term Unified Plans, these achievements illuminate the path forward, serving as a testament to our resilience and commitment to creating a more equitable world.

Technical assistance was extended to National Red Cross and Red Crescent Societies across various facets of the operation, tailored to the distinct requirements and obstacles in each context. A particular emphasis was on addressing socio-economic impacts, for which new guidance materials were developed, adapted, and translated into numerous languages to enhance local initiatives. In addition, a series of webinars were conducted, focusing on the different pillars of Operational Priority 2. The main areas where a vast number of National Societies reported activities under this priority as highlighted below.

136 National Societies
providing



Food and other in-kind assistance

122 National Societies
reporting training on



community engagement and accountability

96 National Societies
providing



cash and voucher support

PILLAR 1: Livelihoods and Household Economic Security

Key Fed-wide achievement

92 million people made vulnerable by COVID-19 reached with food and other in-kind assistance by 136 National Societies

6 million people made vulnerable by COVID-19 reached with conditional and unconditional cash and voucher assistance by 96 National Societies.

Over 273,000 people made vulnerable by COVID-19 supported with skills development for livelihoods/economic activities by 37 National Societies.

Under the umbrella of Operational Priority 2, the IFRC and National Societies worked diligently to safeguard livelihoods and basic needs of communities affected by the COVID-19 pandemic. The IFRC's multipronged approach focused on livelihood support, food security, and cash and voucher assistance.

The **provision of food and other in-kind assistance** was one of the most significant activities conducted by National Societies during the pandemic. Across 136 National Societies, an astounding 92,496,845 people were reached, demonstrating the extensive scale of this crucial humanitarian work. Food assistance alone reached 17,137,875 people, reflecting the acute need for such support in these challenging times. Migrants, internally displaced persons (IDPs), and host communities formed a substantial proportion of the people reached, with 1,091,277 people from these groups reached. On average, each National Society reached 680,000 people - a testament to the tireless efforts of volunteers and staff alike. The work of some National Societies was particularly outstanding: the Indian Red Cross Society reached an extraordinary 43 million people, while the Turkish Red Crescent Society and the Syrian Arab Red Crescent reached 12 million and 5 million people, respectively. These figures underline the paramount importance of food and in-kind assistance in addressing the severe socio-economic impacts of the pandemic.

These impressive figures emphasise the critical role food and in-kind assistance played in mitigating the severe socio-economic impacts of the pandemic. This assistance directly addressed immediate needs, such as hunger and basic household necessities, providing urgent relief to vulnerable populations. Simultaneously, it also indirectly contributed to long-term recovery by freeing up limited household resources for other vital needs, such as healthcare, education, and debt repayment. Given the scale of the pandemic's impact, the reach of these efforts in the tens of millions exemplifies how food and in-kind assistance were pivotal in reducing the pandemic's strain on livelihoods and household economic security.

A central component of this global response was **cash and voucher assistance (CVA) distribution**. This innovative and flexible approach to assistance reached an unprecedented 6 million people across the globe with more than 334 million Swiss francs in direct support. The interventions, while diverse in their execution depending on regional and local circumstances, primarily functioned as multipurpose grants, directly addressed immediate food insecurity, and provided support for disrupted income and small business activities. This method of assistance proved to be cost-effective, accounting for 20 per cent of all relief programming and was particularly effective in stimulating local economies and supporting recovery.

IFRC Livelihoods Resource Centre

To ensure the efficacy and efficiency of these initiatives, the Livelihoods Resource Centre (LRC), hosted by the Spanish Red Cross, was instrumental in providing technical support, training, knowledge creation, and resource sharing. This global resource proved crucial in equipping National Societies with the necessary tools and knowledge to implement and manage CVA interventions. The LRC directly assisted 40 National Societies, facilitated the completion of cash information workshops, and offered training on Practical Emergency Cash Transfer. Additionally, the LRC worked to enhance the data management capabilities of National Societies through seminars on the Red Rose platform.

Moreover, the Livelihoods Help Desk, hosted by the LRC, proved an invaluable resource in providing the technical support required by National Societies. Fielding 81 requests from all regions, CADRIM, and the IFRC Secretariat, the Help Desk offered advice on assessment tools, revised response options, and developed action plans to adapt or mitigate the impact of COVID-19 on livelihoods and food security-related programmes.

Additionally, LRC has supported the development of a Livelihoods Strategy to respond to COVID-19 at the global and regional levels and has assisted in strengthening the Livelihoods and Food Security sector in response to COVID-19 in Africa.

The LRC also contributed to the community of practice by organising 42 online technical training courses, 29 webinars and creating 23 technical guidelines and tools for the COVID-19 context. The resources created by LRC reached more than 35,000 people on Facebook and over 36,500 on LinkedIn.

These global initiatives set a strong foundation for the regional and country-specific efforts detailed in the following sections.

The socio-economic impact of COVID-19 in Africa was significantly amplified due to pre-existing challenges, including droughts, floods, conflicts, and desert locusts. To tackle these compounding issues, several National Societies across Africa implemented food security and livelihood (FSL) projects, aimed at cushioning vulnerable households from the severe socio-economic shocks brought about by the pandemic.

Key initiatives included supporting households whose breadwinners had succumbed to the pandemic and facilitating income-generating activities in both rural and urban areas. For instance, in Comoros, cash assistance was provided to support farming as an income-generating activity. Similarly, in Ethiopia, Rwanda, and Kenya, projects supporting small livestock rearing and agricultural production were launched. Notably, in Ethiopia, the IFRC was the sole partner in the socio-economic pillar, filling a significant gap as most other partners focused their resources on risk communication.

The adoption of CVA was a noteworthy development in the region's COVID-19 response. This approach was applied for basic needs and food security responses as well as for multi-purpose cash assistance. The IFRC recruited a Regional CVA Coordinator in 2020 to bolster this effort. The coordinator's role included readiness activities such as conducting Financial Service Providers (FSP) mapping and developing easy-to-use templates for onboarding FSPs. Virtual CVA training for staff and volunteers was also conducted, focusing on data literacy, collection, management, analysis, visualisation, and reporting related to cash and voucher assistance. As a result of these concerted efforts, in Africa, 29 National Societies implemented cash projects, reaching 67,729 households against a target of 31,000. Thirty National Societies finalised their Financial Service Provider's framework agreement. Post-distribution monitoring revealed that 95% of beneficiaries confirmed an improvement in their living conditions compared to pre-COVID-19 times, specifically attributing this change to the benefits derived from income activities.

Furthermore, CVA was instrumental in encouraging COVID-19 vaccine uptake and preventive behaviour. For instance, in Rwanda, post-distribution monitoring showed that over 99% of respondents had received at least one dose of the COVID-19 vaccine, and over 97% implemented at least three COVID-19 prevention measures, such as wearing masks, social distancing, and practising good hand hygiene. This demonstrates the multi-faceted impact of the cash and voucher assistance approach in mitigating both the socio-economic and health impacts of the pandemic.

In the **Americas** region, the IFRC worked closely with National Societies to identify and prioritize actions that would address the primary socio-economic impacts of COVID-19 on the most vulnerable groups. This was achieved by preparing a key document, "[Readjusting the Path Towards Equity: Challenges and Actions to Achieve a Sustainable and Equitable Recovery from the Socioeconomic Effects of COVID-19 in Latin America and the Caribbean](#)".





Afghanistan, August 2020. The Afghan Red Crescent provided critical cash aid to the most vulnerable communities in Afghanistan, where over half the population lives below the poverty line, in response to the devastating impact of COVID-19. Credit: Meer Abdullah/ ARCS

An update of the socioeconomic impact study was prepared at the end of 2022 to aid National Societies in their transition to country plans. This allowed for a more comprehensive understanding of the Americas region's current socioeconomic and food security context.

The use of Cash and Voucher Assistance was actively promoted for the recovery of livelihoods, ranging from basic needs to the financing of microenterprises. This approach enhanced the sustainability of interventions and allowed for adaptation to the new labour and commercial context imposed by the pandemic.

Between June and December 2022, five micro-projects were implemented at the regional level with a climate-smart livelihoods approach. These projects were designed to address environmental issues, immediate livelihood needs, and resilience to climate change and extreme weather events. The projects were implemented in **Colombia, Jamaica, Nicaragua, Trinidad and Tobago, and Venezuela**, with technical support from the IFRC regional office and the respective National Societies.

For instance, in Venezuela, the **Venezuelan Red Cross (VRC)** reached 300 people, whose livelihoods were severely affected by flooding during the rainy season and further exacerbated by the COVID-19 pandemic. The VRC strengthened livelihoods through the creation of raised garden beds to protect crops and seeds from flooding and soil contamination.

In **Jamaica**, a climate-resilient agriculture and water management project was implemented to strengthen

climate resilience and risk management at the Caribbean Christian Centre for the Deaf. Meanwhile, in **Colombia**, the National Society collaborated with a local cooperative of women farmers, providing capacity-building opportunities in agroforestry practices and equipment to support the commercialisation of their harvest.

In the **Asia Pacific** region, National Societies pivoted their strategies, programmes and activities to address the socio-economic consequences of the pandemic. They proactively sought to meet the livelihood and basic needs of the most vulnerable groups, those most affected by the pandemic.

Recognising the value of flexible funding, IFRC and National Societies promoted the use of cash and voucher assistance as an effective tool for pandemic response. In the Philippines, the **Philippine Red Cross (PRC)** provided unconditional multi-purpose cash grants to 67,000 households. Similar actions were taken in Nepal where the **Nepal Red Cross Society (NRCS)** delivered cash grants to nearly 24,000 households, and in Afghanistan where the **Afghan Red Crescent Society (ARCS)** provided livelihood support to 4,000 households.

To further strengthen livelihoods, the IFRC also deployed technical livelihood delegates in the Asia Pacific region. In Bangladesh, the **Bangladesh Red Crescent Society (BDRCS)** implemented an urban livelihood recovery project in Dhaka. It catered to 1,000 rickshaw drivers and day labourers who were severely affected by the lockdown measures.

Given the scale of socio-economic impacts in the Asia Pacific region, the IFRC plans to continue its support in 2023. This would include further advocacy for the use of cash transfers and the deployment of more technical livelihood delegates to help National Societies design and implement effective livelihood interventions. The IFRC will also focus on building the capacities of National Societies in the region, strengthening their skills in socioeconomic analysis, market assessments, and livelihoods programming, to better serve their communities.

In the Europe region, cash and voucher assistance was a central tool for many National Societies in the region, offering a flexible means of support. For example, the **Spanish Red Cross** utilized cash transfers for their 'Employment Plan', supporting the most affected populations in re-skilling and job placement. Likewise, the **Italian Red Cross** implemented a 'Time Bank' project, encouraging the exchange of services within communities, fostering cohesion, and supporting local economies.

A pivotal accomplishment was the creation of the Livelihoods Toolkit in the **Europe** region, which provided a framework for National Societies to develop livelihood interventions. The toolkit was designed to help identify the most vulnerable populations and tailor support according to their needs. This tool has proven instrumental for National Societies, such as the Ukrainian Red Cross, in developing livelihood interventions in response to COVID-19.

Going forward, the IFRC Europe region will continue to support National Societies in their livelihood interventions, encouraging the use of the Livelihoods Toolkit and promoting the wider use of cash and voucher assistance. The focus will be on expanding these initiatives and building the capacities of National Societies, especially in implementing sustainable livelihood programmes.

The **Middle East and North Africa** region experienced a severe socioeconomic impact due to the pandemic, compounding existing vulnerabilities caused by conflicts, displacement, and economic challenges. In response, the IFRC, along with National Societies, has focused its efforts on livelihood and household economic security, realising the importance of socio-economic recovery in this region.

Once again significant emphasis was placed on cash and voucher assistance, recognising its effectiveness in offering a flexible form of support to those most in need. The **Lebanese Red Cross**, for instance, utilized cash transfer extensively to provide essential support for those affected by the economic crisis, exacerbated by the COVID-19 pandemic.

Furthermore, the IFRC initiated a project in **Egypt** to support small farmers and agricultural labourers who were heavily impacted by the pandemic. The initiative aimed to provide training and support for the adoption of sustainable agricultural practices, enhancing food security and resilience to future shocks.

Additionally, the IFRC developed guidelines and provided support to National Societies in the region on effective socio-economic recovery, recognising the different contexts and challenges faced by each country. A regional review on the impact of COVID-19 on livelihoods was also conducted, providing crucial data to guide future interventions.

Looking ahead, the IFRC MENA region will continue supporting National Societies in their socio-economic recovery efforts, with a particular focus on livelihoods interventions. The IFRC will also continue promoting the use of cash transfers and vouchers as a primary tool for support and will further develop guidelines for National Societies on socio-economic recovery. This support will be crucial in ensuring sustainable recovery in a region heavily affected by the pandemic, conflict, and economic challenges.

Addressing the socio-economic impact of COVID-19 in pre-conflict Ukraine

Based on the Ukrainian Red Cross Society (URCS) expertise in home care provision, research findings, and in cooperation with the Ministry of Social Policy, the URCS launched an **Employability Pilot Project**. This pilot project provided up-to-date certified training curriculum carried out by Red Cross teams for informal caregivers to obtain formal status and offered employment opportunities in the labor market. It incorporated community feedback mechanism to ensure follow up and adaptive approach to changing needs and enhanced URCS' efforts in supporting public social services in the care sector and provides a possible example for further replication of the model throughout Ukraine in dealing with, as well as recovering from the conflict.

PILLAR 2: Shelter and urban settlements

Key Fed-wide achievement

1 million people were reached with safe and adequate shelter and settlements under the circumstances of COVID-19

In the context of tackling poverty and exclusion, the Shelter and Urban Settlements pillar has witnessed significant strides on a global scale. 46 National Societies have been instrumental in providing shelter and urban settlements responses in the COVID-19 context, reaching approximately 1.09 million people worldwide. Over 647,000 of these individuals resided in urban areas, while about 208,000 lived in rural areas. This effort was largely characterised by technical support, training, and learning and best practice collation.

A range of resources and programmes have been created to bolster these efforts, including the launch of the [Step-by-step Guide to Rental Assistance](#) and

the [Tip Sheet for Rental Assistance Programming](#), the [introduction of a self-learning shelter and settlements course](#), and the development of a specific [Cash and Shelter page](#) for resource storage.

Recognising the urban-centric nature of the COVID-19 pandemic, the IFRC coordinated with National Societies and external partners to devise urban context-specific guidance for response and recovery operations. The impact of these efforts is evident in the development of [multi-agency guidance for responding to COVID-19 in informal urban settlements](#) and the organisation of webinars to reconsider urban community risk reduction and resilience.

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

Key Fed-wide achievement

1.9 million community feedback comments collected by 85 National Societies.

12,693 community feedback reports produced by 67 National Societies.

437,856 volunteers and staff trained on community engagement and accountability by 122 National Societies.

Throughout the operation, a robust focus was placed on community engagement and trust-building, particularly in relation to risk communication, socio-behavioural change, and addressing vaccine hesitancy (see [Pillar 2 on Risk Communication and Community Engagement](#)). During this period, Red Cross Red Crescent's approach to risk communication, community engagement, and accountability has been at the forefront. Drawing from the lessons of the COVID-19 pandemic and other emergencies, the operation highlighted the pivotal role communities play in managing infectious disease outbreaks. This understanding has spurred new approaches to risk communication and community engagement, which have been centred on inclusivity, agility, and adaptability.

The operation emphasised strengthening community leadership, community data-driven strategies, coordination and collaboration, and knowledge sharing and capacity building. National Society volunteers were critical in implementing community-led interventions, grounded in a deep understanding and respect for the local context. Data-driven approaches have been key to comprehending and adapting to community

perceptions and concerns. In this regard, over 1.9 million community feedback points were collected by 85 National Societies, providing invaluable insights for strategic adaptation and trusted information provision. Analysis of this data sets provided robust insights for implementers at the local level to act on and adapt the response and improve community practices, knowledge, and behaviours. To allow for systematic and localized integration of community insights cross the response phase, 122 National Societies trained more than 437,000 volunteers on Community Engagement and Accountability (CEA).

A noteworthy innovation in this phase was the piloting of the 'Community Trust Index' in several National Societies in Africa, the Americas, and Asia Pacific by the IFRC CEA global team. The Community Trust Index provides National Societies and other local actors with a tool to measure and explore community trust and develop evidence-based strategies to enhance it. A standardised questionnaire was developed covering topics around COVID-19 vaccines and overall trust in the Red Cross and Red Crescent National Societies. In the future vision, the Index will be embedded in the



Republic of Türkiye, 2021. Seren and Melek are part of a larger group of over 120 Syrian refugees and Turkish locals who mobilized to produce more than 1.2 million masks in Turkey to combat the COVID-19 pandemic. Credit: Elif Irmak Erkek/TRC

public health and humanitarian structures to regularly measure and track community trust, and adjust services, programmes, and operations accordingly.

Collaboration also played a vital role, with IFRC co-chairing the Risk Communication and Community Engagement Collective Service to scale up data-driven interventions and reinforce local capacities.

The operation's efforts were recognised and supported by various donors. This includes a three-year grant from the Bureau for the Humanitarian Assistance (BHA) USAID aimed at promoting vaccine uptake through community engagement and innovative risk communication strategies. This grant will continue beyond the COVID-19 Emergency Appeal's timeframe, and activities will be integrated into the Unified Plans of the 15 target countries.

Lessons learned from the operation highlighted the need to scale up humanitarian action and Global Health Security. The importance of community preparedness, context analysis, strengthening data usage, and impact measurement was underlined. Furthermore, the operation pointed to the need for adopting a more systematic approach within programmes and operations to improve accountability to communities.

Looking ahead, the IFRC aims to **build a future where communities are empowered and prepared** to respond to existing or new health threats. To this end, the IFRC plans to integrate community engagement commitments and principles into priority programme areas and operational procedures, policies, and plans. Efforts will continue to reinforce community systems and foster community participation in governance, decision-making, and service delivery. The operation

thus stands as a testament to the power of community engagement and trust-building in humanitarian efforts.

In the **Africa** region, the IFRC's COVID-19 response focused on strengthening Risk Communication and Community Engagement (RCCE) through partnerships and targeted initiatives. The RCCE Collective Service, an interagency initiative by WHO, UNICEF, and IFRC, operated in the region to enhance coordination and collaboration. Notable actions in the region include:

- **Prudence Foundation Program:** This initiative reached over 4 million individuals in Kenya, Ghana, Cameroon, Cote d'Ivoire, and Togo through various media platforms, addressing country-specific rumours, misperceptions, and fears related to COVID-19. The programme utilized social media platforms, radios, and television to disseminate accurate information.
- **Africa's Voices Foundation Partnership:** The integration of the Kati Kati platform facilitated personalised one-to-one SMS (Short Message Service) conversations between National Societies and volunteers, strengthening community engagement and accountability channels. This partnership aimed to build stronger relationships and drive social change.
- **Saving Lives & Livelihoods Program:** The IFRC, in collaboration with African National Societies, secured \$41 million for the Risk Communication and Community Engagement (RCCE) pillar. This programme covers all countries in the African region, positioning the Red Cross and Red Crescent Movement as a trusted partner in future epidemic responses and health crises. It focuses on strengthening technical capacity and expanding human resources dedicated to RCCE.

In the **Americas** region, the IFRC's COVID-19 response prioritized community engagement and accountability as a key component. Efforts were focused on supporting National Societies with materials and technical support to ensure activities considered community dynamics and features. Notable actions in the region include:

- **Toolkit and Resource Development:** An updated toolkit in English and Spanish, which included key messages, social media resources, videos, graphics, and documents. This toolkit served as a valuable resource for National Societies to develop their communication and community engagement strategies.
- **Training and Capacity Building:** Various training sessions were conducted to enhance the capacity

of National Societies in community engagement and accountability. For example, in **Guatemala**, a three-day CEA Trainer of Trainers workshop was organised, providing comprehensive training for staff and volunteers. Similar training sessions were conducted in **Peru, Dominica, Ecuador, Costa Rica**, and **Colombia** to develop skills at the branch and provincial levels.

In the Asia-Pacific region, the region prioritized activities such as training, data collection, and collaboration with partners. Notable actions in the region include:

- CEA Surge Training: A CEA surge training was conducted in the Philippines, involving facilitators from various IFRC offices and the Swedish Red Cross. The training equipped participants from 15 countries and regions with skills in epidemic preparedness, risk communication, and community engagement.
- Building Trust Project: BHA USAID funded a global project in **Nepal, the Philippines, Solomon Islands, Mongolia, and Papua New Guinea (PNG)** to build trust in health and vaccines. The regional CEA senior officer and other specialists provided technical support and conducted workshops to support the implementation of the project in these countries.
- Multi-language Resources: Various resources, such as the Community Action Guide, Stigma Guide, and Rapid Assessment, were translated

into 11 regional languages. These resources were made available at the CEA hub to support National Societies in their communication efforts.

The Europe region's response to COVID-19 focused on community engagement and accountability initiatives that also supported the cash transfer programming in addition to health activities. Efforts were aimed at strengthening coordination, disseminating accurate information, and addressing vaccine hesitancy.

In the MENA region, during 2022, the IFRC supported the implementation of Community Engagement and Accountability (CEA) activities under the USAID-BHA Building Trust project in **Iraq**. These activities aimed to build trust between communities and health providers/actors, with a particular focus on vaccine-related topics. Under the USAID-BHA Building Trust project in Iraq, several CEA activities were conducted with the aim of building trust between the communities and the health providers/actors, especially on vaccine-related topics. These activities included a COVID-19 perception survey in June 2022, training for IRCS volunteers and staff on CBHFA, RCCE and CEA approaches, feedback mechanisms and communication skills,

All regions collaborated with various partners, including health authorities, government institutions, and other humanitarian actors, to ensure coordinated and effective risk communication and community engagement activities.

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

Key Fed-wide achievement	2,028 branches included an analysis of the specific needs of marginalised groups in their assessments from 62 National Societies.
	4.8 million people were reached through programmes addressing exclusion by 50 National Societies.
	2.9 million people were reached via programmes addressing violence in 32 National Societies.
	4 million people were reached via programmes addressing education-related needs, as reported by 37 National Societies.

Migration and displacement:

In their response to the COVID-19 pandemic, the IFRC supported National Societies across Africa, the Americas, Asia Pacific, Europe, and the Middle East and North Africa (MENA) regions to ensure that migrants and displaced individuals were included in their strategy and interventions, in their preparedness and response activities.

Across all regions, concerted efforts focused on building internal capacity, facilitating strategic dialogue, and leveraging national societies' auxiliary role, particularly in providing COVID-19 vaccines to migrants and displaced people and operating in quarantine facilities. The IFRC also actively engaged in advocacy campaigns to uphold the rights of people on the move, sharing messages through social media channels and National Societies media outlets.

Many National Red Cross and Red Crescent Societies worked to provide access to essential services for migrants without discrimination. This included the provision of health promotion and psychosocial support (PSS) messages in different languages and formats. Examples include the **Red Cross of Montenegro**, which provided psychosocial and medical support to migrants, information about vaccination processes, and mediation and accompaniment services; the

Maldivian Red Crescent, which facilitated the registration of undocumented migrants for COVID-19 vaccinations; IFRC, which supported the Peruvian Red Cross in operating a mobile message service to share COVID-19 information; and the **Philippines Red Cross**, which operated the “Virtual Volunteer” web-based application to provide critical and up-to-date information related to COVID-19.

Country-level examples

IFRC supports an **Italian Red Cross** pilot project (May 2021) for older adults in home care. Addressing their isolation and vulnerability, the project teaches digital skills for video calls and messaging, reducing feelings of loneliness. Digital devices provide access to music/art therapy, online opportunities (theatre, movies, virtual tours), and enhance cognitive performance.

The **Red Cross Society of Panama**, with support from the IFRC and ICRC, strengthened its institutional capacity to respond to COVID-19 and address the needs of migrant populations. The Red Cross collaborated with UNICEF and other partners to assist migrants, reaching thousands with healthcare, safe water, shelter, and hygiene supplies. Efforts were made to ensure vulnerable populations were considered in pandemic response plans.

The **Sudanese Red Crescent**, in Northern State, provided PSS, first aid, and food items to returned migrants in quarantine centers. They disseminated COVID-19 awareness messages to 149,129 migrants and host community members in local dialects. Also, they equipped shelters with WASH items, distributed face masks, sanitizers, and food baskets to migrants, and offered direct cash support to 311 migrant families.

The case of the **Maldivian Red Crescent** (MRC) exemplifies good practices in facilitating COVID-19 vaccination for undocumented migrants. By implementing the MRC Beneficiary System issuing MRCS Vaccination Registration Cards, and operating a support call centre, MRC successfully overcame barriers to registration and vaccine access. Their efforts resulted in a significant vaccination rate, demonstrating effective strategies for equitable healthcare delivery.



Panama, 2021. The Red Cross Society of Panama, in coordination with ICRC and IFRC, has been providing services including safe drinking water, COVID-19 information and PPE, medical services and RFL services to migrants crossing the Darien gap. Source: RCSP

Protection, Gender and Inclusion:

The COVID-19 pandemic has underscored the need for a global and concerted approach to Protection, Gender and Inclusion (PGI), emphasising the need to recognise and respond to varying community vulnerabilities. The impact of the pandemic has not been uniform, exacerbating pre-existing inequalities and creating new vulnerable situations, affecting individuals' dignity, safety, and access to essential resources and services. The IFRC, in line with our commitment to humanity, impartiality, and unity, has supported National Societies, strengthening PGI strategies through clear priorities, enhancing accountability, and outlining guidelines for peer exchange and learning.

One of the significant indicators of our PGI approach's success was seen in 127 National Societies conducting activities related to social care and cohesion and support to vulnerable groups. These National Societies carried out assessments that included an analysis of the specific needs of marginalised groups. As a result, 4.8 million people were reached through exclusion-related programmes, and 2.9 million were reached through violence-related programmes.

A concerted effort ensured that knowledge and best practices were shared across the network. Peer exchange and learning opportunities have fortified National Societies' abilities to adopt and localise practices across different contexts. Such exchanges have led to the creation of a rich repository of case studies and provided insight into how PGI can enhance

community engagement before, during, and after disasters.

To further the reach and effectiveness of PGI initiatives, the IFRC has also developed and disseminated various resources. These include seven guidance notes available in multiple languages, three Red Talks, and a variety of webinars and training sessions addressing various PGI aspects. These efforts have consistently aimed to fill existing gaps and adapt to the changing landscape of protection needs.

The role of National Societies in ensuring that no one is left behind has been crucial. As the socioeconomic impacts of COVID-19 continue to unfold, it remains essential to ensure that these Red Cross and Red Crescent Societies can respond to their communities' needs effectively. To this end, the IFRC continues to work towards enhancing data collection and use, assessing, and responding to the needs of institutional capacity for PGI, and integrating specific priorities for violence mitigation and response in all aspects of their work.

In Africa, substantial efforts were made to integrate Protection, Gender, and Inclusion (PGI) concepts into the COVID-19 response. The Sudanese Red Crescent and Somali Red Crescent were notable actors in this regard, conducting community awareness sessions. They also made it a priority to establish PGI focal points within their organisations, thereby enhancing their capacities to integrate PGI into their activities effectively. Additionally, National Societies were instrumental in facilitating PGI capacity-building

workshops in this region. For instance, the Uganda Red Cross Society provided targeted training to key personnel, significantly boosting their ability to integrate PGI into their responses to the pandemic. Key initiatives included disability inclusion to ensure no one was left behind and using technology to gather and share insights on volunteer perceptions, bolstering our COVID-19 response.

Throughout the pandemic, National Societies in the Americas maintained measures to guarantee the protection, gender, and inclusion approaches for most vulnerable groups through activities focused on the prevention and mitigation of gender-based violence, and the LGBTQI+ population, as well as the reinforcement of direct actions on child protection in protective spaces. As a mechanism to strengthen the inclusion of vulnerable groups, the National Societies addressed these activities under educational contexts.

In the Asia Pacific region, the pandemic's impact varied across communities, with the most vulnerable suffering the most. IFRC assisted National Societies in identifying and prioritising high-risk individuals, taking into consideration their health and socio-economic well-being. By utilizing PGI minimum standards, access to services and decision-making for marginalized groups such as women, children, persons with disabilities, migrants, and others were improved. Reports highlighted increased protection risks, specifically domestic and gender-based violence (SGBV). National Societies implemented prevention and response strategies to address these concerns, including volunteer training and establishing referral mechanisms with protection service providers. IFRC supported National Societies in developing and implementing policies on PGI, child protection, and protection from sexual exploitation and abuse (PSEA), including staff and volunteer training and contextualized material.

In Europe, the IFRC regional office provided technical support to National Societies, strengthening community-level protection mechanisms and raising awareness of risks. Close coordination with CEA ensured vital information dissemination and feedback mechanisms. National Societies undertook the collection of disaggregated data to better assess needs and address vulnerabilities. PGI sessions highlighted pandemic-related protection issues, such as domestic violence and trafficking. Technical webinars guided National Societies in adapting services and addressing access barriers. Home visits were conducted to provide essential support, including PSS, food, and medication. Tools and guidelines, like child-friendly spaces at home, were updated to ensure continuity during lockdowns.

The MENA region also successfully incorporated PGI into their COVID-19 response, with notable advancements in creating a conducive environment for learning and understanding PGI concepts. The development of an Arabic PGI online course served as a remote learning tool to introduce the region's National Societies' volunteers and staff to PGI's core concepts. Additionally, PGI core concepts trainings were conducted to improve knowledge, build competencies, and develop staff and volunteers' skills across the IFRC Network. Participants in these trainings were drawn from 10 National Societies, including Iraq, Palestine, Syria, Jordan, Lebanon, Egypt, Libya, Morocco, Algeria, and Yemen. Safeguarding efforts included rolling out the PSEA policy in Syria and conducting awareness sessions with the Jordan Red Crescent Society. Introductory PSEA training was provided to the Libyan Red Crescent Society and PRCS-L. Safeguarding policy support was given to the Egyptian RCS and within the scope of the program, drafts of the CSG and PSEA policies are currently in progress.

Country-level examples

IFRC supports an **Italian Red Cross** pilot project (May 2021) for older adults in home care. Addressing their isolation and vulnerability, the project teaches digital skills for video calls and messaging, reducing feelings of loneliness. Digital devices provide access to music/art therapy, online opportunities (theatre, movies, virtual tours), and enhance cognitive performance.

Sessions on PGI in Health and Emergencies were also provided and included in standard trainings to highlight the PGI impact and aspects of the pandemic. This included a training with the **Ukrainian Red Cross Society** in October 2021, which 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.

Education:

Over the operation's timeframe, the IFRC's Secretariat and National Societies have collaborated on strategic approaches to education-related needs. Around 4 million people have been aided by 37 National Societies to ensure continued education and safe school access, emphasising COVID-19 prevention and control measures. Assistance also included distance learning equipment, food distribution, and learning and childcare services support. Projects in countries like Argentina, Egypt, Iraq, and more have addressed children's psychosocial well-being and mitigated the heightened risks of violence, exclusion, and child labour due to COVID-19.

Various National Societies have provided vocational training and education to approximately 250,000 people affected by the pandemic, aiding their integration into economic activities. The digitalization of their educational offer and online gamification has allowed the continued provision of non-formal education opportunities in areas such as first aid, hygiene, health, risk reduction, and more. Over 140 live online or in-person events have reached more than 20,000 individuals globally, catering to in-school

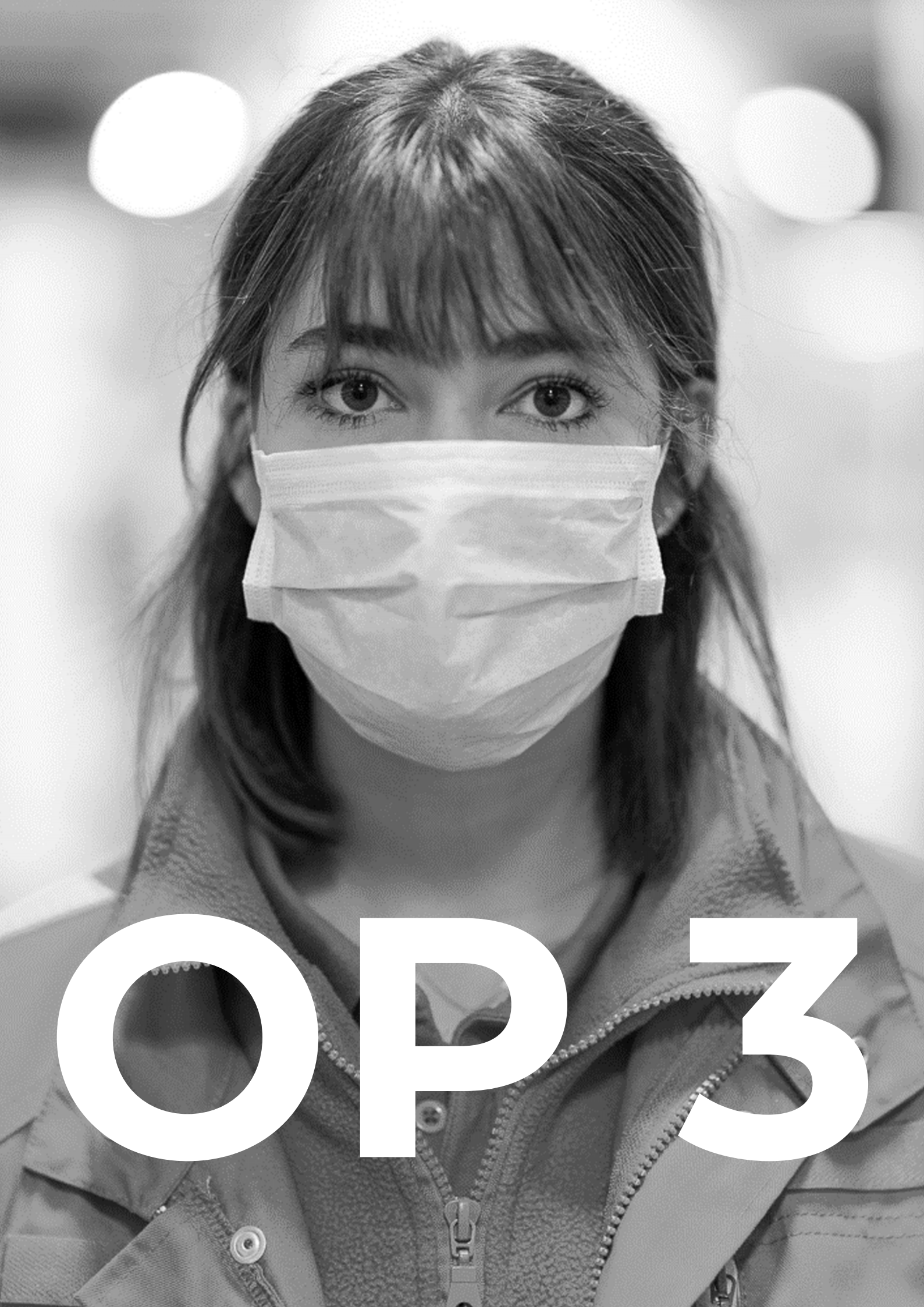
and out-of-school youth and students with intellectual disabilities. Collaboration has been fostered through information sharing via newsletters, network meetings, and an online education resource library in cooperation with organisations such as WHO, UNICEF, and UNESCO.

Key lessons learned underscore the importance of integrating education considerations into recovery plans and vice versa. This involves identifying learners at risk, teacher preparation, and well-being. The pandemic's socioeconomic impacts necessitate investment in innovative approaches to support a gender-responsive return to school, especially for high-risk children. Furthermore, adapting educational interventions to the new normal and supporting learning recovery programmes is critical.

Transitioning to long-term COVID-19 plans involves further digitalising educational offers and support tools and strengthening partnerships for comprehensive preparedness. The IFRC team will focus on implementing programmes that develop socio-emotional and entrepreneurship competencies to aid youth made vulnerable by the pandemic.



The Antigua and Barbuda Red Cross distributed packages comprising hand sanitizers, masks and anti-bacterial wipes to students, teachers and auxiliary staff members of the Holy Trinity Primary and Sir McChesney George Secondary schools in Barbuda. Source: ABRCS.



OP3

Operational Priority 3: Strengthening National Societies

PILLAR 1: National Society readiness

Key Fed-wide achievement	254,008,274 people covered through pandemic-proof community preparedness, response and DRR measures by 176 National Societies.
	154 National Societies' roles were expressly included in the national government's main plans for the COVID-19 response/recovery.
	158 National Societies have developed contingency plans for COVID-19 response and other concomitant emergencies.

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

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

154 National Societies were included in their national governments COVID-19 response plans.

From the onset of the pandemic, the operational objective of the National Society readiness pillar has been to support National Societies' capacity strengthening to respond to the direct and indirect impacts of the COVID-19 Pandemic. Over the past months, National Societies received an increasing number of requests from governments and local institutions to support COVID-19 immunization campaigns, while they continued to deal simultaneously with the humanitarian consequences of climate-weather-related hazards and other crises.

There is a continued need to invest in strengthening National Societies' multi-hazard response systems – looking both at volunteer capacities and institutional frameworks. Epidemics are occurring more often, spreading faster and further than ever, increasing the risk of pandemics. Known epidemics, such as cholera, measles, or yellow fever remain a severe threat for many of the world's populations. The world also faces new infectious disease threats, as we have seen with COVID-19 for example. Three out of four emerging infectious diseases are of animal origin, which calls for an integrated approach between human, animal and environmental health to prevent, detect and respond to epidemics and pandemics. An essential aspect to consider in the medium and long term is therefore the integration of epidemic and pandemic risk management in ongoing National Society community health programmes and emergency response mechanisms. Further investment is needed to strengthen health systems and ensure communities and local actors are meaningfully engaged – and given the means – to detect health threats and respond to them before they spread.

Learnings for strengthening National Society response capacity:

A [review of COVID-19 learnings, for strengthening National Society response capacity](#), conducted in 2021 and 2022, found evidence stressing the link between National Society preparedness and effective response to the pandemic and for further investment in both National Society and IFRC Network preparedness to strengthen response capacity for future pandemics and global crises.

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

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

The National Societies preparedness contribution to the COVID-19 response – Success stories

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

National Society Readiness Awareness sessions

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

PREPAREDNESS FOR EFFECTIVE RESPONSE

MULTI-HAZARD SCENARIO PLANNING: ENSURING EFFECTIVE RESPONSE IN COMPLEX DISASTERS AND CRISES
Lebanese Red Cross

Investing in disaster preparedness is worth it – both in terms of human lives saved and economic returns. In this story we learn how the Lebanese Red Cross has been able to respond to several overlapping crises in the midst of a pandemic due to its contingency scenario planning.

Four overlapping crises at the same time

On 4 August 2020, two explosions hit Beirut city causing multiple casualties and widespread damage. Up to 300,000 people were affected. The explosions occurred at a time when three overlapping crises already beset Lebanon: stresses due to the Syrian refugee situation, political and social instability and worsening economic conditions, in addition to the on-going COVID-19 pandemic. These compound crises stretched the city's overall emergency capacity to its limits. This situation was beyond anything the Lebanese Red Cross (LRC) had ever dealt with before.

The healthcare system was already overburdened due to the COVID-19 pandemic. Following the explosions, continued access to essential health services and supplies of medicines was, and remains, critical issues due also to the economic conditions in the country. The explosion increased the risk of transmission, as protocols could not be precisely adhered to at all times and facilities providing isolation and care for confirmed COVID-19 cases were affected.

Responding to a situation never seen before

Despite its active base of well-trained and experienced volunteers and staff, LRC was suddenly faced with an unimaginable scenario – a chemical explosion in the context of a pandemic. The disaster also directly affected volunteers' families.

The National Society had to respond to the disaster caused by the port explosion and the increase in COVID-19 cases, making an extraordinary effort to cover the most urgent needs of the population.

LEBANON

PREPAREDNESS AREA & COMPONENT RELATED

ANALYSIS & PLANNING

Scenario Planning

KEY STATS*

- Over 250,000 people helped
- 10,800 families received direct cash assistance for a total of USD 22.8 million
- 43,000 household assessments completed
- 7,000 volunteers mobilized to respond to the Beirut blast

*Statistics after one year assistance

The IFRC, also organised five **virtual Preparedness sessions** during the **Planet Red Summit**, with one hundred and fifty participants from 20 National Societies. Here, National Societies shared experiences

on the importance of being prepared and ready to respond to the COVID-19 crisis and other hazards.

National Society preparedness and Epidemic Preparedness resources:

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

- **Preparedness Videos:** The IFRC continues working on its National Society preparedness awareness campaign. A series of preparedness videos were launched and are now available in different languages. [The entire video Series can be found online.](#)
- **National Societies Preparedness Information Management:** The IFRC has further developed a Preparedness section in the GO platform. It includes four dashboards that present data useful to inform preparedness programming and emergency Operations, as follows: [PER process Summary](#); [PER regional and global Performance](#); [PER catalogue of resources](#); [Operational learning](#). 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 Societies Business Continuity Planning:** During the operation's timeframe, 146 National Societies reported the development and/ or update of their Business Continuity Plans. [Business Continuity Planning \(BCP\) Help Desk](#) allowed National Societies to access information and technical support for their Business Continuity Planning needs, including for their COVID-19 response. In addition, the Help Desk includes a [comprehensive toolkit](#) of easily accessible multilingual guidance BCP resources, including [National Societies Preparedness resources](#) and interactive Frequently Asked Questions (FAQs).
- **Contingency Planning:** 158 National Societies reported developing or updating their contingency plans. Technical support on business continuity planning was provided to National Societies. Additional resources, formats and job aids were created and are available on the [Contingency Planning web page](#). The global Contingency Planning Guidance is now being updated to reflect lessons learned from recent emergencies.

- **Emergency Operation Centres (EOCs):** A total of twenty (20) National Societies were supported to establish and equip Emergency Operations Centres. A critical piece of the COVID-19 response has been strengthening the digital/data readiness capacity of National Societies to allow them to respond with up-to-date technologies. In addition, the German government has also funded capacity strengthening of PER Mechanism components regarding EOCs and Standard Operating Procedures across the five regions. The Centre for Disaster Preparedness (CREPD) developed online courses available in Spanish, English, French, and soon Portuguese on the [Red Cross campus](#) and can be accessed [here](#). A practical IFRC global guide for the establishment of Emergency Operations Centres is under development.
- **Emergency Needs Assessment** IFRC has also developed an Emergency Needs Assessment and planning training package targeting National Societies responding to different disasters and crises. This package is based on the surge optimisation process's ongoing efforts to better inform response operations and enhance emergency needs assessment capacities globally and is now ready to be tested.
- **National Response Teams Common Standards and Harmonized Curriculum** Four (4) sessions were organised by IFRC regional delegations to introduce the [National Response Teams Common Standards](#) and National Response Teams to participants from National Societies and IFRC offices from all regions (around 90 participants). National Societies, IFRC and partners are using these materials to support local responders' preparedness and response efforts.

Epidemic preparedness Resources:

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

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

2022. The training package has since then been piloted in another region and is being updated so it can be easily adopted by other regions.

- <https://epidemics.ifrc.org/>, a **new website on epidemic control for volunteers and managers**, developed with funding from the German Red Cross and technical support from emergency health staff in Geneva, provides volunteers with information on prevention and response to different outbreaks and managers with evidence-based guidance for health programming and emergency response. The site was launched on 22 March 2022 and was fully translated into French, Spanish and Arabic. It is available online and offline. User feedback is being used to further update and develop the website.
- IFRC's efforts are also geared towards advising governments to set up robust disaster-related **legal frameworks for the management of public health emergencies**, including the integration of public health emergencies with disaster risk

management frameworks, safeguarding and human rights during states of emergencies, human mobility and migration, protection of vulnerable groups and inclusion of people with all identities and abilities, and legal facilities for the response. Based on [its 2021 research report](#), the IFRC developed an [Guidance on Law and Public Health Emergency Preparedness and Response](#) outlining how domestic legislation, policies and plans can support effective preparedness and response to public health emergencies.

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



Tangerang, Banten, Indonesia, 2022. On 5-6 Feb 2022, amidst a case surge, the Indonesian Red Cross vaccinated over 400 people against COVID-19, adhering to strict safety protocols and advocating for health guidelines. Credit: Arief Novrizal / Palang Merah Indonesia

The Global Disaster Preparedness Centre

In the context of the COVID-19 pandemic, GDPC recognised an opportunity to use its tools and services to respond to urgent needs from IFRC, particularly in the realm of knowledge management and sharing. In support of this global effort, the GDPC turned to [PrepareCenter.org](https://www.preparecenter.org) as a knowledge management platform that could fill a critical gap for the IFRC as a public-facing, technical repository of information that National Societies could draw on for key guidance on COVID-19. Together, the GDPC and the IFRC developed a [Red Cross Red Crescent Movement Resource Compendium](#) that offered a comprehensive, dynamic, and evolving list of services and documentation to support the Red Cross Red Crescent National Societies efforts to help contain the COVID-19 outbreak. Key highlights include:

- [Health Helpdesk](#), guidance material, case studies, frequently asked questions (FAQs), templates, external publications.
- Information related to 16 topics: [Health, Community Engagement & Accountability, Business Preparedness, Recovery, Logistics](#), and others)
- 200+ resources documents available in 80+ languages

The platform was also used to promote and launch new initiatives like the [Kids Activity Kit for COVID-19](#), designed to provide parents and educators with fun safety activities that teach children about the risk of COVID-19 and how to take preventive actions. This kit was particularly used throughout Spanish-speaking priority countries and is being built out to include multimedia due to high demand.

The COVID-19 Compendium and Helpdesk received over 25,000 page views between February 2020 and December 2022. In addition, the Kids Kit was accessed over 22,500 times. Most popular COVID-19 resources included:

- Children's Poster: Preventing COVID-19 – 10,602 views.
- Be safe: Word search game – 6,259 views.
- Kit of Children Activities during COVID-19 – 3,829 views
- Simons Says: Be Safe! – 2,305 views
- How and when to use personal protection equipment during COVID-19 – 1665 views
- Public Health Response – Health Help Desk COVID-19 – 1403 views

In addition, GDPC technical advisors worked with the Health team at IFRC to rapidly develop COVID-19 content suitable for a mobile application and made it available in the First Aid application within 2 weeks. Further, GDPC leveraged the partnership with Translators Without Borders to ready this content in 18 languages to facilitate the rapid integration of COVID-19 content. While some NS elected not to include the content, 65 participating NS partners published the content. This content was made available to more than 620,000 active app users with more than 125,000 unique page views.

PILLAR 2: National Society sustainability

Key Fed-wide achievement

61 unrestricted financial reserves for more than 3 months.

194 new streams for unrestricted income as reported by 127 National Societies

146 National Societies adapted BCP for COVID-19 or developed a new one.

Supporting National Societies in their journey towards financial sustainability (FS) has been a priority for the IFRC, which was significantly accelerated during the operation. This focus will persist into the Unified Planning process, as it continues to gain importance and visibility within the membership. Notably, during the Council of Delegates workshop session that focused

on “Increased local action: Investing in sustainable and strong National Societies”, National Societies rated Financial Sustainability as the paramount NSD issue. Most participants also expressed an interest in maintaining the exchange of experiences with National Societies and facilitating peer-to-peer support approaches.

The IFRC has been working to enhance awareness and understanding of the pillars of financial sustainability among National Societies, aiming to facilitate a deeper comprehension of how to link these pillars to concrete development activities within their organisations. This was achieved through the dissemination of short anonymous case studies, which served to validate and contextualise the Financial Sustainability Pillars using real stories from National Societies. These Societies have been experiencing or have previously experienced the need for financial sustainability.

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

early, and further invest in specialized expertise. The Financial Sustainability Monitoring Dashboard (briefing, guidance and template documents) are now widely available to all National Societies.

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

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



April 2022, Saudi Arabia. The National Societies around the MENA region are celebrating Ramadan by providing Iftar meals for the most vulnerable families, workers, remote communities and children as well as reminding people on how to stay safe from COVID-19 and providing first-aid services during the Ramadan events.

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

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

The IFRC has also been providing specific support by external professional coaches to those National Societies facing complex challenges in their financial sustainability during COVID times. 21 National

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

PILLAR 3: Support to volunteers

Key Fed-wide achievement	172 National Societies providing volunteers with access to PPE.
	146 National Societies providing volunteers with insurance coverage.

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

A checklist on mobilising National Society personnel for Covid-19 response was developed and translated into the official IFRC languages as well as Mandarin, Russian and Portuguese to support National Societies in mobilising volunteers to respond to needs while ensuring their safety, security and well-being.

Global and regional webinars were organised to connect volunteers supporting COVID-19-related activities, share their experiences and innovations, and

learn from each other. In addition, the IFRC provided technical support to National Societies on the **digital transformation of volunteering and facilitated peer-to-peer support** between National Societies on new forms of volunteering. Based on volunteers' experiences responding in new and innovative ways during the pandemic, a new volunteering vision for the IFRC was adopted by the 43rd session of the Governing Board. The vision lays out how National Societies can engage and attract a diverse and substantial volunteer base so that the Red Cross Red Crescent Societies remain rooted in and guided by the communities they support and connect volunteers globally to feel part of a truly global movement. The IFRC is currently soft launching an app, v-community, which is designed for volunteers to interact, learn and exchange experiences globally on all volunteering-related matters.

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

Learning: The IFRC developed a single landing

page where National Societies' staff and volunteers can access all COVID-19-related materials. This compendium offers a comprehensive, dynamic, and evolving list of resources to support Red Cross Red Crescent-National Societies in response to the COVID-19 outbreak. The resources include help desks, guidance documents, frequently asked questions pages, and other COVID-19-related documents.

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

National Societies are exploring using the app as the main platform for their volunteer engagement.

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



Kenya. A nurse from the Ministry of Health administers the COVID-19 vaccine at an outreach programme in Kiwanja with support of Kenyan Red Cross Society volunteer in Isiolo County. Source: KRCS.

Enabling Actions

Business Continuity Planning and Security within IFRC Secretariat

The pandemic tested governments and organisations globally about maintaining regular services for the population, with varying health measures and movement restrictions. National Red Cross Red Crescent Societies and the IFRC's Secretariat had to ensure they were prepared to maintain business continuity, provide adequate services to the population in a rapidly changing environment, and respond to ongoing and emerging threats or emergencies. For example, rapid response teams had to be deployed to respond to the Ukraine conflict and other emergencies, such as the 2021 Haiti earthquake. **All the deployments were done respecting the national and organisational pandemic regulations.** The operation highlighted the importance of ensuring the proper duty of care for all the staff and being a role model for volunteers and staff in the National Societies. Most IFRC delegations have gradually returned to the office with flexible working modalities to decrease the infection risk and protect our vulnerable team. For more details on strengthening business continuity within National Societies, see [Pillar 1 – National Society Readiness under Operational Priority 3](#).

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

A lesson learnt process was completed within the IFRC's Secretariat. This exercise examined those policies, standards, benchmarks, guidance, protocols, processes, and decisions against the Business Continuity guiding principles established at the start of the operation with a view to:

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

The COVID-19 response operation has **increased coordination and cooperation between the security and business continuity focal points across National Societies, ICRC and the IFRC's Secretariat.** The network has updated Security Plans, Security Risk registers, and emergency plans with the pandemic and potential new risks included. During the operation's timeframe, there has also been increased monitoring of security situations and assessment/analysis.

Representation

The Special Representative of the Secretary-General (SRSG) function has used the COVID-19 Pandemic as an accelerator to support the **speeding and scaling-up of our institutional actions**, to improve quality, to explore new opportunities and to enhance collaboration and integration in the Secretariat and to National Societies. This function improved our relationship with key external stakeholders such as Governments, the private sector (including pharmaceutical companies), and the academic sector, among other partners. The current focus of this function is guiding the transition of the COVID-19 Emergency Appeal into long-term programming embedded in the strategic priorities of the Strategy 2030 and the enablers of the Agenda for Renewal, creating space for future opportunities to be better prepared for new global crises and pandemics. The Emergency Appeal closed in December 2022, but the long-term strategy considering the appeal's learnings is focused on acting on the COVID-19 pandemic moral debts to humanity that need urgent attention in the present and the future, such as healthcare inequalities, socio-economic challenges, climate-related challenges, mental health and psychosocial support, and preparedness for future pandemics and crises and the unresolved collateral and chronic situations. In addition, the Special Representative of the Secretary-General spearheaded improvement and change processes, as follows:

Change Management

During the COVID-19 Emergency Appeal, a strategic focus on change management was done by analysing processes and procedures done during the pandemic that might bring changes in how we act, work and think. For example, Circles of Support (with IFRC colleagues) and Circles of Collaboration (with National Societies) were created to enhance learning exchanges and peer-to-peer support to include National Societies' perspectives and actions. The SRSF function has created a precedent by opening a special window to engage and work with young and senior volunteers as part of the team to support COVID-19 global-related matters. Also, learning from the COVID-19 operation, emphasis has been made on the importance of developing a more articulated human talent management system and a stronger focus on the well-being of our staff and volunteers.

Pandemics and Global Crises Management

The SRSF supported the Business Continuity Planning (BCP) framework's evaluation and adaptation to leverage BCP's learnings and promote opportunities and solutions to ensure the duty of care of staff, beneficiaries and volunteers. Currently, support is given to developing a BCP policy considering COVID-19 BCP lessons learned. In addition, other proposals have been provided to the Global Senior Management Team, such as a Good Treatment proposal to promote a broader and integrated Duty of Care. Also, tools to improve decision-making are under development, such as the **Pandemics and Global Crises Playbook** and its Guidance for National Societies, which aims to be a live, evolutive, and user-friendly digital tool designed to systematize, optimize and expedite the decision-making processes required by leadership for pandemics and global crises response.

Learning and Knowledge Management

Given the importance of having the lessons learnt that the pandemic has left to the organisation, the SRSF function has provided constant inputs to support the development of an institutional learning and knowledge management framework, including oversight participation in aspects such as C2 workshops, learning retreat by National Society Development and Operations Coordination Division, Annual Meeting of Reference Centres, and many other spaces for feedback and National Society participation. The SRSF function supported COVID-19 learning initiatives such as the Learnings Dashboard, the [World Disasters Report 2022](#) focused on COVID-19, and the [Everyone Counts Report](#).

Business Improvement and Development (BID)

Also, during operation, the area of work Business Improvement and Development (BID), together with the Secretariat's Partnerships and Resource Development Department and Regional Offices, supported the development and roll-out of the COVID-19 Resource Mobilization Strategy in the regions, developed marketing packages such as the [COVID-19 Investment Cases](#), COVID-19 message trackers to integrate a common narrative, COVID-19 promotional videos, a marketing training course based on COVID-19 Resource Mobilization learnings and products, among others. The operation allowed the exploration of new opportunities for National Societies through BID innovative test markets such as the Waste and Plastics Recycling Project with three National Societies. The BID mapping of National Societies' services and humanitarian offers has also been kicked off to guide the Secretariat and the National Societies to bridge the gap between current knowledge, understanding and practice on business-related initiatives.

Risk Management

As part of the mandate of the Special Representative of the Secretary-General for COVID-19, this function has led the institutional Global Risk Management of the Emergency Appeal. This component has become an institutional legacy that has built a systematic risk management strategy, which is being rolled out in the Secretariat. A major deliverable was the development and implementation of the first IFRC Risk Management Policy and framework that embed systematic risk management guidance and oversight into all the organisation’s work, including key operations and strategic initiatives, such as the COVID-19 Emergency Appeal.

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

As the appeal ended, joint work took place within the secretariat to monitor and close the risks of the appeal. This includes determining the organisation’s residual risks that must be mitigated beyond the appeal. Examples of this are regular monitoring of

transactions and implementation, closely checking the closure of commitments, regular meetings with regional offices and country delegations to supervise the overall aspects around finance, logistics, human resources, PMER and pledge management, and early communication with partners and donors to ensure commitments are met, or to find joint solutions where challenges are expected.

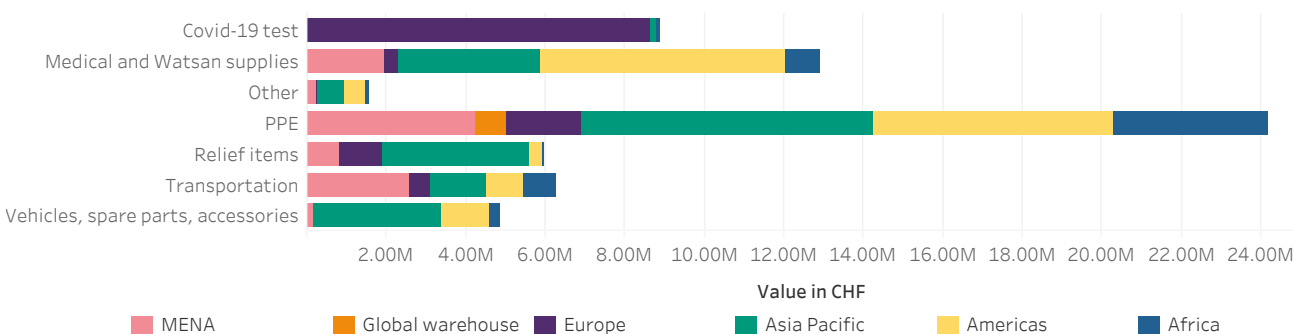
Global Humanitarian Services and Supply Chain Management

The Secretariat’s GHSSCM team has constantly supported National Societies and departments during the COVID-19 operation. The main areas of support include:

Local and International Procurement and Coordination of in-kind donations: The IFRC has managed a substantial amount of local procurement in collaboration with National Societies and IFRC Country Cluster Delegations. In addition, they’ve carried out international procurement of diverse types of medical supplies, further bolstering their response capabilities. The IFRC has also effectively coordinated a process for accepting in-kind donations from several donors, governments and National Societies. These donations, consisting mainly of PPE, have been distributed across various regions worldwide.

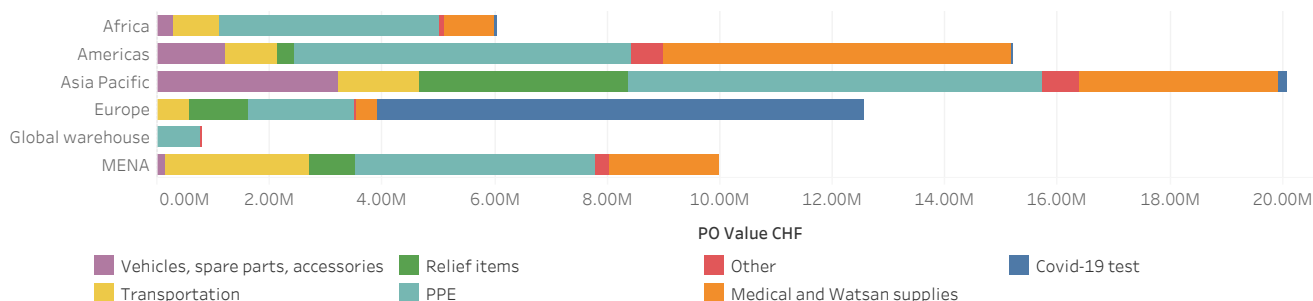
At least 127 National Societies were supported via international procurement of items and coordination of in-kind donations: this amounts to an estimated 62.6 million Swiss francs in total item value. Specifically, the majority of internationally procured items and in-kind donations were PPE.

Graph 1 value in CHF of in-kind donation and international procurement per type



If we look at the same data by region, we see that again most regions focused on PPE, and for example, the Europe region procured a higher amount in COVID-19 tests. While this data does not include local procurement information, it provides an interesting picture of the focus of National Societies per region.

Graph 2 Amount in CHF of international procurement orders and in-kind per region



Quality Assurance: The IFRC’s procurement team ensures stringent quality assurance for all procurement activities. All procurement processes align with IFRC’s Logistics & Procurement Procedures and quality assurance guidelines.

Monitoring and Tracking: The organisation has implemented a robust tracking and monitoring mechanism for procurement activities to ensure timely implementation. This includes using a specialized logistics and procurement dashboard to track procurement activities related to COVID-19.

Collaboration with Other Donors: The IFRC has been working closely with other potential donors to ensure compliance and quality assurance for future donations. This involves reviewing relevant technical documentation.

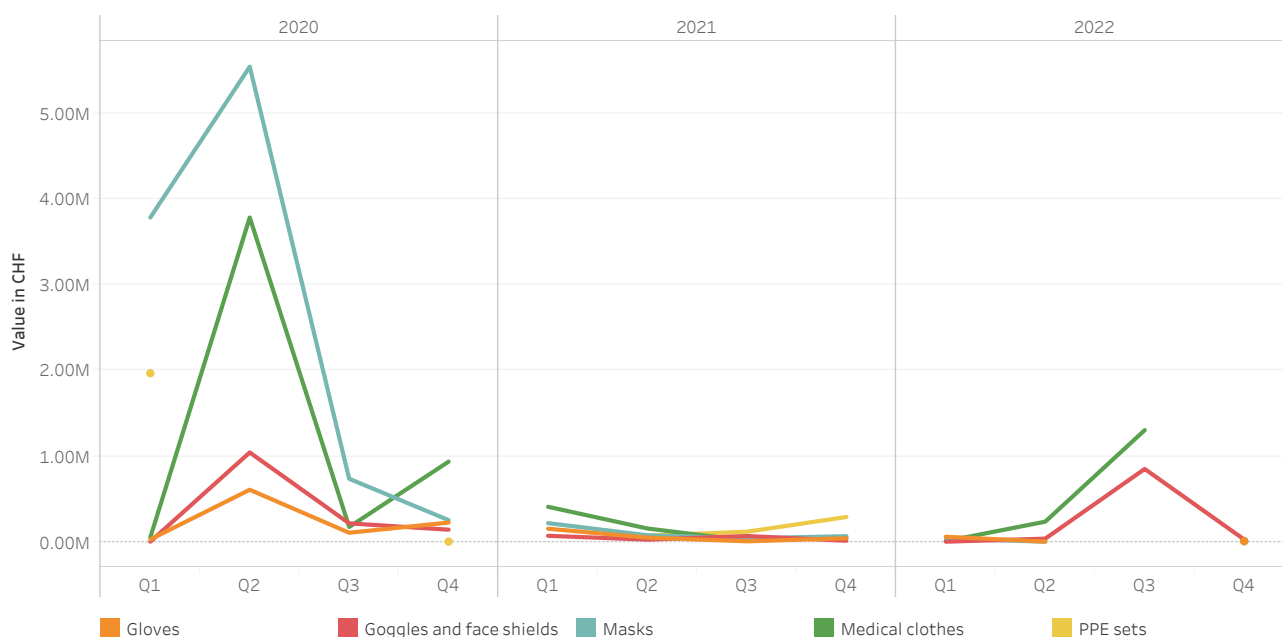
Operational Support: The IFRC Supply Chain Management has substantially supported various operations globally. This includes, for example, procuring and supplying rapid tests, lifesaving COVID-19 pharmaceuticals, hospital equipment, and more. They’ve also facilitated the shipment of crucial medical supplies like PPE, oxygen concentrators, and manikins to multiple countries.

Table 1 Top 10 main destinations of internationally procured and in-kind items based on CHF value.

Destination	Value (CHF)
Italy	9.80M
India	7.94M
Colombia	5.18M
China	2.89M
Iraq	2.05M
Global Logistics Centre	1.97M
Lebanon	1.78M
Afghanistan	1.36M
Malaysia	1.30M
Nepal	1.19M

Vehicle Procurement: The organisation has made significant strides in procuring and delivering specialized emergency vehicles with assistance from the Global Fleet Unit in Dubai. These include various types of ambulances and mobile health units.

These actions highlight the IFRC's comprehensive and efficient approach to supply chain management, emphasising quality assurance, collaboration, and strategic procurement to distribute essential medical supplies globally effectively.



Innovation

Limitless

Limitless, the Youth Innovation Academy of the IFRC. This programme was designed with a capacity-building approach, aiming to identify young innovators with ideas on how to address the impacts of COVID-19 in their communities and to establish a support system for them. Contrary to a traditional innovation challenge, which often has a single winner or a select few, or a simple funding mechanism, the Limitless Academy endeavoured to connect and support as many young people as possible worldwide, offering guidance, mentoring workshops, and financial support at various stages.

Limitless established a safe space wherein volunteers developed 333 innovative projects addressing issues related to mental health, gender-based violence, livelihoods, and food security, among others. A total of CHF 364,000 was disbursed among the teams across all phases. These youth-led projects have reached over 300,000 individuals in urban, rural, and often underserved communities. These innovative projects positively impacted the communities and transformed into [successful, inspiring stories](#) for other volunteers worldwide.

The ideas and media products produced by the young participants went viral. The project's information, materials, and videos reached over 6 million people.

The [Limitless YouTube channel](#) has proven extremely popular, with videos from the young participants garnering more than a quarter of a million views.

Lessons Learned

- Establishing safe spaces for creation, experimentation, connection, and innovation, along with autonomy over design decisions and funding allocation, proved highly effective in engaging young people and fostering the development of innovative initiatives at scale.
- Support was provided to young people in such a way that enabled them to deliver high-impact programmes for large numbers of individuals.
- A capacity-building approach yielded longer-term results and stronger overall programming compared to previous 'traditional' innovation competition methods.
- Although challenging, the efforts to link youth volunteers globally into a network of innovators were successful and facilitated learning, collaboration, and project enhancement.

Solferino as a network service

The [Solferino Academy](#) developed a focus on convening and connecting the network with think tanks and other large-scale shared experiences. Over the course of the operation, Solferino brought together over 25,000 individuals from diverse roles within the IFRC network - including leaders, staff, and volunteers. The IFRC hosted think tanks for senior leaders to coordinate and

learn about best practices and innovations concerning the global COVID-19 response. Think tanks were also established for volunteers and National Society staff. Over a span of four months, the IFRC designed experiences that connected over 10,000 individuals. To engage youth, the teams curated a volunteer COVID-19 story campaign to collect narratives, adding the insights to a Story Map to illustrate the global impact. The insights garnered from these convenings proved invaluable for leaders, staff, and volunteers across the network.

Building on these lessons, the IFRC supported global efforts through specially designed events centred on the COVID-19 response, networking with a focus on global challenges and transformations, COVID-19 health innovations, Climate-Red, and Data and Digital Week. Each workshop, dialogue, and co-creation session united a global network to concentrate on our strengths and learn collectively.

Lessons Learned

- Connecting our network online for learning and problem-solving is vital to our efforts. Leaders found it invaluable to communicate across borders and languages, with a key focus on translation and interpretation.
- The Solferino Academy piloted innovative methods of collaboration as a distributed network, maintaining a virtual human touch during the global pandemic. These approaches were replicated across the network in a range of other programmatic activities.
- Our network seeks a balance between formal spaces for leadership exchanges and experiential co-creation experiences to challenge and support our humanitarian mandate.

Communications and Advocacy

The IFRC spearheaded advocacy efforts aimed at equitable access to vaccines, tests, and treatments. One other pivotal area of focus was to accentuate the role our network plays in aiding communities to fortify health systems and gear up for future pandemics. At both the global and regional levels, the IFRC maintained an ongoing effort to increase awareness about the secondary impacts of the COVID-19 pandemic, specifically the toll it takes on women’s mental health.

The operation’s final year saw the emergence of pandemic fatigue, leading to a dwindling number of media opportunities. Consequently, uncovering fresh perspectives and opportune moments for communication became instrumental in upholding the visibility and positioning of our network. March 2022 signified two years since the WHO declared

COVID-19 a pandemic. During this concluding phase of the operation, the IFRC centred its communication strategies on advocating for vaccine trust, gearing up for future pandemics, and addressing the effects of COVID-19 on vulnerable groups and within humanitarian contexts. An array of press releases and interviews in international media outlets persistently draw attention to the ongoing challenges posed by the pandemic. A comprehensive list of these press releases is available [here](#).

Supplementing media engagement, the IFRC maintained close coordination with the Health, Policy and CEA technical teams to devise key messages and digital assets. This collaboration aimed to ensure our audiences, including IFRC regions and National Societies, stayed well-informed about the significance of vaccination and the adherence to public health and social measures.

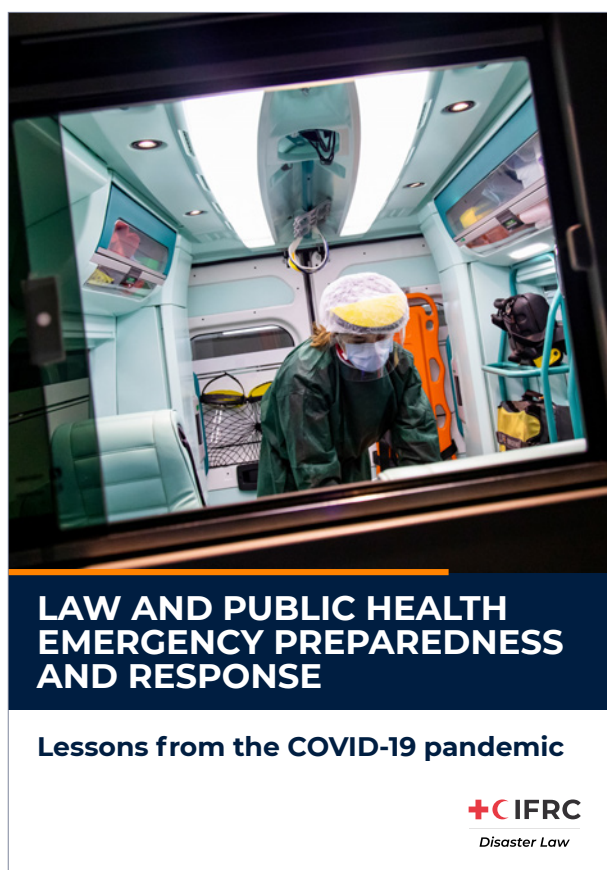


Legal Frameworks

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

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

As governments worldwide move beyond the current crisis, many aim to utilise the pandemic experience to review and strengthen their legal frameworks for



disaster risk management, including public health emergencies. The IFRC's novel research and guidance on law and public health emergency preparedness and response serve as valuable resources for governments undertaking this task. In this regard, the IFRC, together with its network of National Red Cross and Red Crescent Societies, will collaborate closely with governments to prevent and mitigate disaster impacts and protect the most vulnerable during crises.

Learning

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

The systematic review of more than 20 documents, and the analysis of the trends and patterns of more than 1,000 findings, were completed. This analysis demonstrated the value added of these tools and this process, not only for ongoing COVID-19 learning but for learning from future response operations,

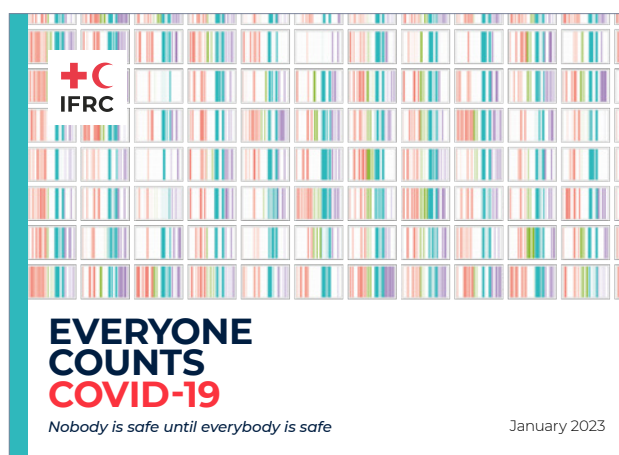
e.g., the Ukraine operation, which it has informed, by highlighting linkages with other institutional learning processes that would further strengthen our capacity as a learning organisation. The Dashboard with the tagged findings can be found on the [GO platform](#), and [the report and findings can be found here](#).

In addition, the IFRC launched with the support of the [Humanitarian Observatory](#), hosted by the Argentine Red Cross, a research piece focused on lessons learned of the pandemic in the health, transport, academic, industry and media sectors. This research piece is taking place in 2023 with data collection support from National Societies across the IFRC's network and will be disseminated later in 2023.

Overall, the learning function within the IFRC has leveraged various tools, frameworks, and analyses to consolidate and disseminate learnings from the COVID-19 response. By creating a knowledge-sharing platform and conducting systematic reviews, the IFRC aims to improve its future response operations and strengthen its capacity as a learning organisation.

Planning, Monitoring, Evaluation & Reporting

During the operation, the IFRC's Secretariat set up an entire system to support coordinated planning, monitoring, reporting and evaluation of actions to **enhance results-based management**. Different tools, guidance materials and templates were developed to support these efforts, including the National Society Response Plans, COVID-19 indicator guide, Federation-wide COVID-19 planning, monitoring and reporting framework, reporting templates adapted to the operational framework. All these tools were made [available on FedNet](#) and translated when necessary.



The IFRC carried out several Federation-wide data collections and provided validated data for operational updates. The data and analysis are available in two dashboards in the GO platform: Overall, 180 National Societies submitted at least one indicator form, and 181 National Societies submitted at least one financial report since the beginning of data collection. The collected information has a wide range of users with diverse needs, from technical teams for programme management to management for donor briefings. This data has been further used in a COVID-19 dedicated edition of the “Everyone counts report,” which is an analytical piece deep diving into the data and complementing it with secondary data sources answering key questions and showcasing how data can be further used. The [Everyone counts report - COVID-19 edition](#) was published in January 2023. The IFRC's Everyone Counts Report shares findings and learnings from the collective efforts of at least 180 National Red Cross and Red Crescent Societies during COVID-19.

- It highlights the fundamental strengths of the IFRC network, our ability to be innovative and quick to adapt to new operational contexts, while sustaining the trust of communities.
- And it shows how our focus on building equity and global resilience helped the communities we partnered with face this unprecedented global challenge.

The experience from COVID-19 has informed other similar Federation-wide data collection exercises for the Ukraine crisis, the earthquake in Turkey and Syria, for example. Furthermore, the global data collection experience is informing and

Contributing to organisational learning, the IFRC led 3 Real-Time Learnings and carried out a [Federation-wide Evaluation of the COVID-19 response](#). Regional offices and country delegations have also conducted lessons learned workshops or country-level evaluations which are available on the IFRC's Evaluation Database.

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

Information Management

Information Management (IM) has played a crucial role in the COVID-19 response, demonstrating the indispensability of this expertise in operations of such scale. Through dedicated efforts, data standards were set, a rationalized data collection, analysis, and dissemination strategy was implemented, and support was continually adapted to the changing situation.

The [IFRC GO platform](#)'s COVID-19 page, the central source of data related to the response, had received 50,000 visits, and 609 visits in the last six months. National Societies extensively use the platform to share situation updates, maps, reports, and dashboards. Over 1900 field reports have been submitted by nearly all National Societies, demonstrating the platform's effectiveness in facilitating information exchange.

In the Africa region, the team facilitated decision-making through tools such as the master operations tracker, operational planning process, and caseload/immunization tracker. The Americas region supported activities like Social Science Training for National Societies, IM-PMER training, and IM Capacity Mapping. A network of IM Focal Points was also formed, adding to the regional information management capacity.

The team launched the COVID-19 portal in the Asia Pacific region, centralising various information generated from COVID-19-related work. The portal proved instrumental in providing the latest updates for decision-making. The team also supported the Community Engagement and Accountability team in collaborating with National Societies to collect community feedback using mobile data.

In Europe and Central Asia, during the quarter of 2022, information management training was provided in Tajikistan to increase the capacity of the Red Crescent Society in data collection and analysis. In addition, a COVID-19 vaccination perception study was conducted in Tajikistan and Kyrgyzstan to inform future risk communication strategies.

Lastly, the MENA Region saw the IFRC leading the coordination for reporting and analysis of COVID-19 operations, developing GIS maps, infographics, and dashboards. Digital transformation was promoted in the region using modern digital technologies. Virtual workshops and on-site training sessions were also held for IM and PMER participants to optimize data collection techniques and respond effectively.

These global efforts have allowed the IFRC to paint a global picture of the epidemic situation and the progress of the response, enabling more effective decision-making and strategy implementation.



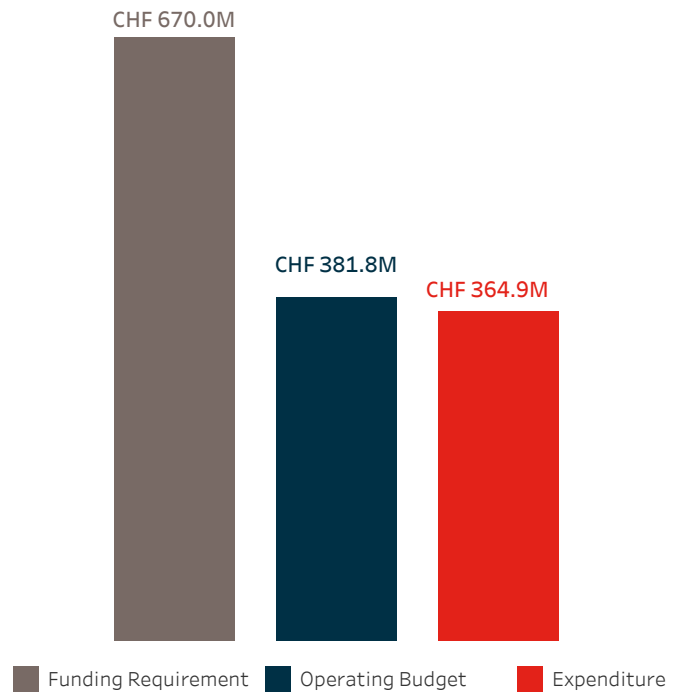
South Africa, 2020. Red Cross volunteers in a call center in Bloemfontein, South Africa, supported screening, contact tracing, and psychosocial help during COVID-19, with activities including mobile kitchens, social grants, mall awareness, and more, bolstered by a dedicated health consultation and tracing call center. Credit: Moeletsi Mabe / IFRC

Financial Analysis

This section provides a financial analysis of the IFRC Emergency Appeal, launched by the IFRC Secretariat, in support of the Federation-wide Operation.

The information below includes figures for the IFRC's funding and expenditure within the MDRCOVID-19 operation, across regions and operational priorities of the Appeal. The data reflect the financial data from the operation's inception in January 2020 until December 2022.

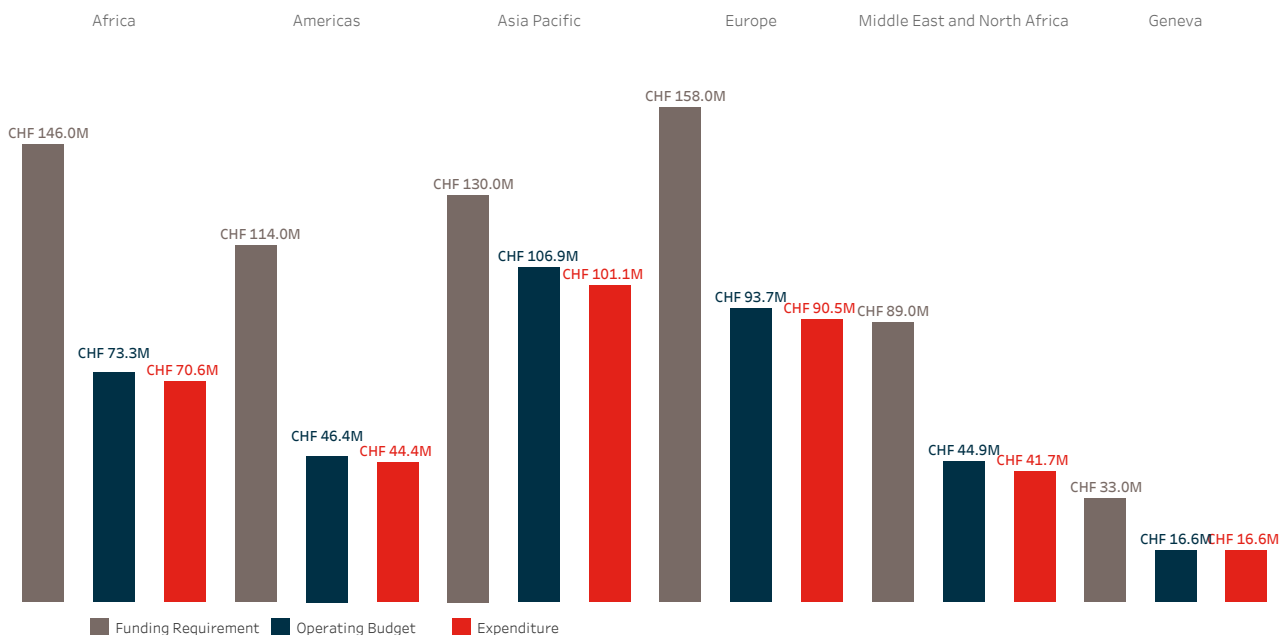
The IFRC's audited financial statements for 2020 and 2021 are available for viewing on the [IFRC website](#). The final financial report can be found in an annex to this report. The IFRC would like to express its sincere gratitude to all partners and donors for their generous contributions towards the COVID-19 efforts.



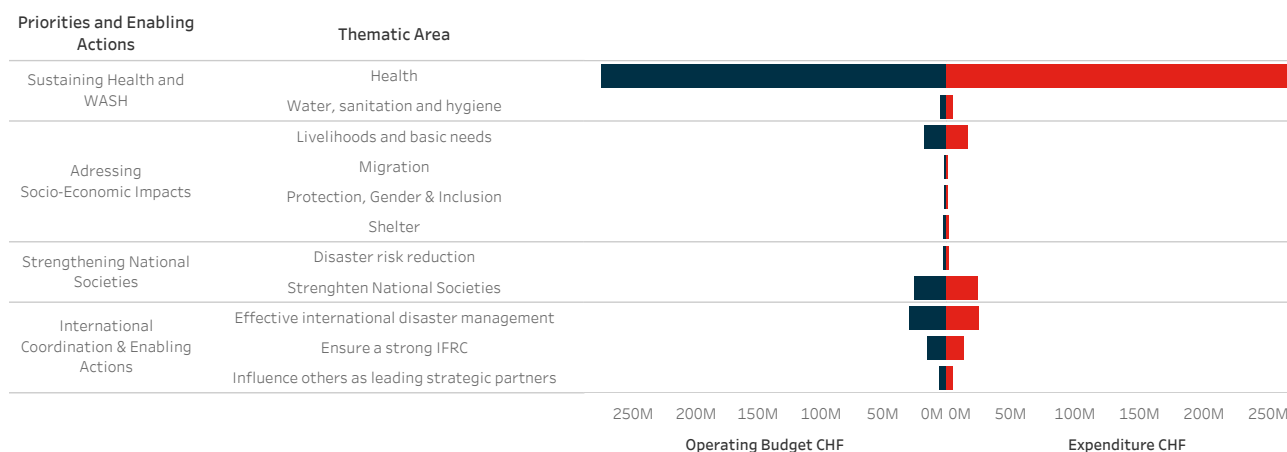
Funding and expenditure

The overall funding requirements of the Emergency Appeal were CHF 670 million Swiss francs. The operating budget established based on income received, was 381 million Swiss francs, of which 96% was spent. The overall coverage of the appeal was 56 per cent. 93.5% of the income received was earmarked either geographically, timeframe or thematically. Since the beginning of the response a total of 166 National Societies out of 191 in the membership, were provided with financial support.

COVID-19 work by region CHF millions.

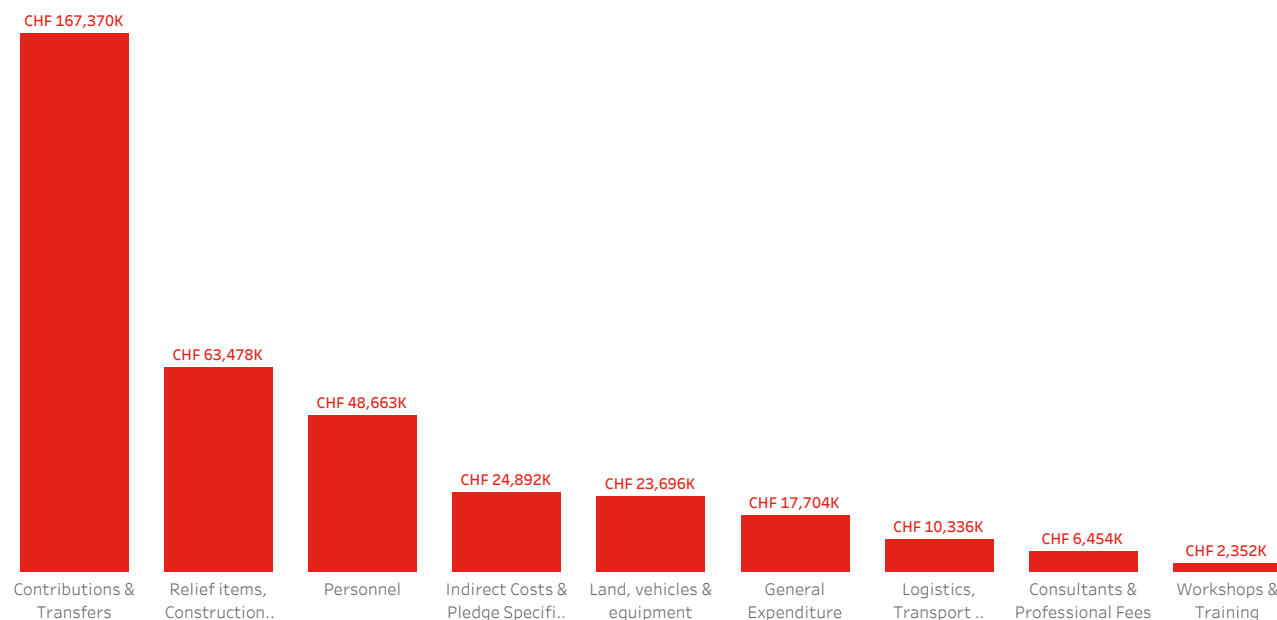


COVID-19 work by operational priority and thematic area CHF millions.



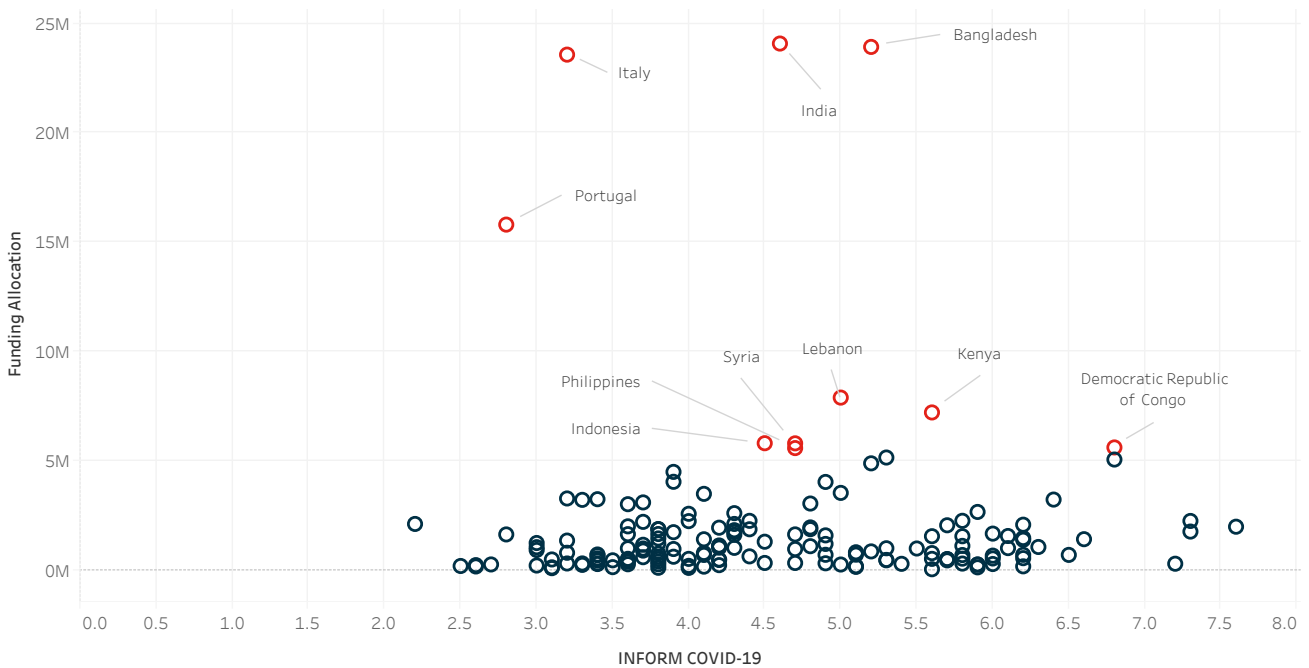
The graph above shows the operating budget per operational priority and enabling actions, as well as thematic area versus expenditure at the close of the operation. Health is the main allocation area, representing 74 per cent of expenses. This is in line with the Federation-wide allocation which was 58 percent for Health. While initial operating budgets envisioned a more holistic response, the primary response was health focused based on the needs identified in the National Society plans. It is also important to note that once vaccines against COVID-19 were available in late 2020 and early 2021, additional contributions were received, with an earmarking preference to support immunization activities.

COVID-19 work by budget category CHF hundred thousand.



Expenditure per the IFRC's budget categories reflects that 46 percent of the funds were allocated as direct contributions and transfers to National Societies for implementation (167 million Swiss francs), followed by relief items, construction and supplies, which reflects costs related to international procurement.

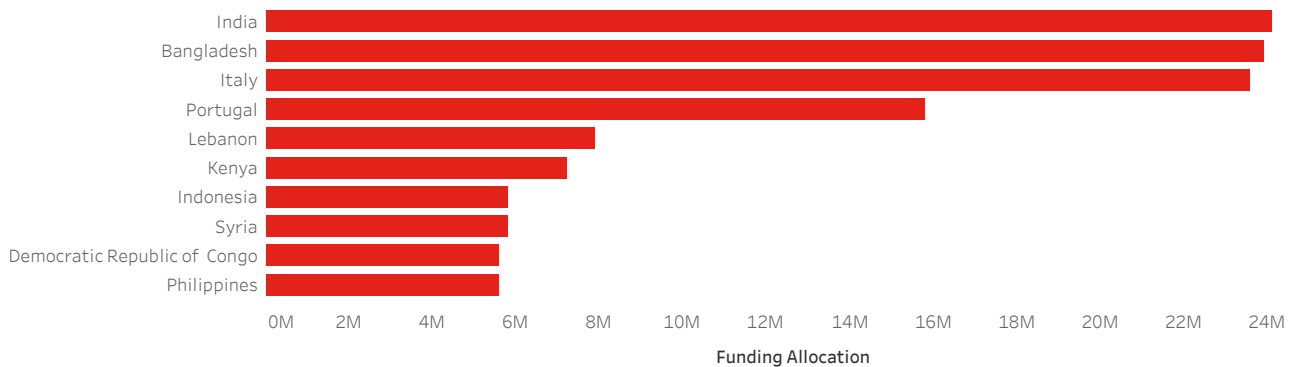
Allocation to National Societies



CHF 167 million Swiss Francs was allocated to 166 National Societies since the beginning of the response.

The allocation of funds within the Emergency Appeal was based on multiple factors driven by the evolution of the pandemic, funding gaps in country, capacity and priorities identified by the National Society in the domestic response plans and donor earmarking. However, it is important to note that each region had slight variations in the criteria used, based on contextualized risk assessments.

The above graph compares the amount of funding allocated per country as per the criteria mentioned above.



Supporting long-term priorities

According to the attached financial report, this operation concluded with a balance of 8,225,181 Swiss francs. The response provided financial support to 166 National Societies, out of 191, and in addition supported with personnel and logistics and procurement. With an income of 381 million Swiss

francs, this balance represents 2% of the total funding received.

Deferred income, accounting for 4.7 million Swiss francs, represents the income deferred to 2023 in accordance with previous contractual obligations with specific donors. This amount is being transferred to support major global programmes that will continue

through 2023 and 2024 in agreement with the respective donors, such as USAID and DG ECHO. These grants have been implemented during the COVID-19 Emergency Appeal timeframe, with remaining activities and funds integrated into the Unified Plans of the target countries to ensure continuity.

As the operation's remaining balance stands at 8,225,181 Swiss francs, the IFRC seeks approval from its donors to reallocate this balance to the unified plans of the IFRC Secretariat and National Societies, supporting the following actions from 1 January 2023:

- Regional and country-level activities:
 - Multi-country pandemic preparedness programmes, which encompass community-based surveillance and readiness in the Americas, Africa, Asia Pacific, and MENA regions.
 - Livelihood activities in climate-impacted communities in the Americas region.
 - Operational expenses for the distribution of personal protection equipment in the MENA and Asia-Pacific regions.
- Information management, risk monitoring, and humanitarian analytics in the Africa region.
- Capacity-building of National Societies and the IFRC in disaster preparedness and response in Africa, the Americas, and the Asia Pacific regions.
- Global activities: These include ex-post evaluation exercises, audits, lessons learned studies, and organisational priorities including risk management, transparency and accountability. Socio-economic empowerment will also be supported, as it has been identified as a thematic priority due to its impact in the post-pandemic landscape.
- IFRC regional offices and country delegations will receive support to cover limited human resource costs related to technical areas and support services, to maintain sustainability and support COVID-19 transition actions into the Unified Plans.

Partners and donors who have any questions in regard to this balance are kindly requested to contact diana.ongiti@ifrc.org within 30 days of the publication of this final report. Pass this date, the reallocation will be processed as indicated.

For further details, see the final financial report attached.

See the following links to view the detailed narrative operational report per region:

- **Africa Region**
- **Americas Region**
- **Asia Pacific Region**
- **Europe Region**
- **Middle East and North Africa Region**

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National Societies Highlights

AFRICA

AMERICAS

ASIA-PACIFIC

EUROPE

MENA

Middle East and
North Africa



Somalia, 2022. The SRCS, supported by the IFRC and ECHO, provided COVID-19 vaccinations in Uusgure village.
Credit: Hanad M. Salah / IFRC.

AFRICA REGION



National Society response KEY HIGHLIGHTS

The list of National Societies and activities below is based on information submitted to the IFRC Regional Office for Africa on various channels. Some National Societies completed the activities supported through the IFRC's Secretariat Appeal before December 2022, but continued providing support in response to COVID-19 through domestic and bilateral funds.

Cameroon Red Cross Society

The most successful activities are those that rely on the involvement of communities through the approximation of actions to fight against the pandemic in the communities, for example, sensitization through mobile cinemas (5 pre-positioned kits), the descents of 150 volunteers for the CREC, the broadcasting of radio spots, sensitization messages through the media in collaboration with MINSANTE, group discussions and the adoption of good practices through the use of handwashing points in public places run by volunteers.

From November 18 to 27, 2022, the Cameroon Red Cross, under the supervision of the IFRC, accompanied the Cameroonian government in the implementation of the Covid 19 national immunization campaign with several successes: a mass mobilization of 237,426 people throughout the country, which contributed to reaching a figure of more than 2 million people vaccinated, and an acceptance of the vaccine by more than 50% of the people sensitized by our volunteers.

Best practices include the contribution of 856 volunteers who went door to door in the communities to convince people to be vaccinated. We can also mention the use of banners posted in all the most popular places of the big cities to spread the message of vaccination.



NS Volunteer supporting Vaccination.

Congo Rep. Red Cross Society

The Congolese Red Cross (CRC) managed to adapt the communication materials to people with special needs to facilitate their access to reliable and updated information on COVID-19 through the concept **"and if we still spoke COVID-19 in sign language"** by the Cultural Space YARO, an artistic and cultural organization that brought its expertise and experience in the design of a theater show with deaf and mute artists. In the same sense, thanks to the financial support of the Red Cross, the project has supported associations of women living with HIV/AIDS through the organization of specific information sessions on COVID-19 that considered their expectations and responded to their concerns, questions, and fears regarding the pandemic. These educational talks on COVID-19 were conducted by Red Cross volunteers in coordination with experts from the Expanded Programme on Immunization (EPI) in Brazzaville.

At least 60% of the country's population was reached indirectly through radio and television broadcasts, then through social media through Risk Communication and Community Engagement (RCE) activities. The Congolese Red Cross has developed partnerships with local media in the production of educational content on COVID-19 and the establishment of platforms of expression for communities on topics of interest to them. These mass media also served as a framework for advocacy for the populations who shared their realities in the application of preventive measures. Indeed, there has been the production and broadcasting of radio spots that provide key information on COVID-19 and contribute to the fight against misconceptions and common rumors (6 reliable community radios, i.e., 2/departments).



Poster advertising a theatre performance on COVID-19 in sign language ©CRC

The main areas of improvement for the Congolese Red Cross are:

- The implementation of a feedback system and a WhatsApp platform for volunteers based on the feedback registration form that collected 2,871 concerns, rumors, and suggestions analyzed through the CEA (Community Engagement and Accountability) approach.
- The good collaboration with the Ministry of Health. The Congolese Red Cross regularly participated in the COVID-19 coordination meetings organized at the central, local, and peripheral levels within the thematic platforms set up in the two departments targeted by the COVID-19 activities.

MEDIA LINKS

- <https://youtu.be/ARlcvL215FQ>
- <https://youtu.be/8850DJ03PDA>
- <https://youtu.be/5-3ZKnz1fR0>
- https://drive.google.com/file/d/1hWF2U9CvTVgcVwfcGEGVp1A0LhuCHBzY/view?usp=share_link
- https://drive.google.com/file/d/1HNaS0GJSAhzAUNL7L1iCXtBpEUyIli49/view?usp=share_link
- https://drive.google.com/file/d/18zGuQCy8Oy0jqHB1mLZMEjukMT0b1zjH/view?usp=share_link

Djibouti Red Crescent Society

Djibouti Red Crescent Society works as an auxiliary to the national and local authorities and in coordination with other organizations in COVID-19 response activities that include raising awareness and providing sensitization campaigns on the importance of physical distancing, basic sanitation, hand washing and other relevant prevention measures. Djibouti Red Crescent Society provides this service to the general population, specifically to the vulnerable population, through its extensive network of community volunteers. In addition, the National Society supports the Ministry of Health with screening, hand washing, and sanitization activities at border crossings, checkpoints, health facilities, and other public areas with high concentrations of people across the country. Djibouti Red Crescent Society also carries out sensitization campaigns in schools in support of the Ministry of Education.

The Djibouti Red Crescent Society (DRCS) launched the project “Djibouti COVID-19 Response” on 1 November 2020 in Djibouti in the 5 regions of Ali-Sabieh, Arta, Obock and Tadjourah, Dikhil. The National Society, through its network of volunteers, has conducted COVID-19 response activities across all five regions in the country. More than 306263 people have been



DRCS volunteer demonstrates proper handwashing process.

reached with awareness messages at border entry points and in camps. Other achievements during this reporting period include:

- 306263 people have been reached through face-to-face dissemination activities.
- 49,972 people have been screened in support of MoH activities.
- 150 handwashing stations have been set up in strategic locations.
- 2,900 people in camps have been reached with health messaging and hygiene promotion.

Dem Rep of Congo Red Cross Society

The DRC Red Cross contributed to the vaccination of target populations through risk communication activities and community engagement. A total of 80,70618 people were reached through direct RCCE actions and approximately 500,000 indirectly. Throughout the operation, the NS volunteers have been involved in social mobilization and the organization of awareness campaigns. Despite the rumors and the strong reluctance of the population, a total of 55,508 people were vaccinated against COVID-19 thanks to the support of the NS in 3 provinces (Kinshasa, North Kivu, and Central Kongo). Another main success was the construction of Handwashing Systems followed by the donation of hygiene kits in 84 organizations (Schools (23), Churches (16), Health Training (43), and Centers for the Disabled (1). This allowed the NS to



Vaccination of a local authority in Kinshasa thanks to the actions of DRC Red Cross volunteers

effectively meet the needs of the beneficiaries in terms of prevention against COVID-19 through regular hand washing according to several testimonies at the end of the project. Community leaders (churches, disabled people, neighborhoods, etc.), involved in the project, continue to ensure the sustainability of the washing facilities and the commitment of the population to the Covid-19 vaccination and routine vaccination.

The main areas of improvement for the DRC Red Cross are: The integration and institutionalization of Community Engagement and Accountability in its policies, operations, and procedures. Indeed, after the successes achieved in the humanitarian response to Ebola, the SN has continued to improve in the collection and management of community feedback in the response to COVID-19. Over 125,137 community comments were collected and analyzed to reorient the Covid-19 response strategy and increasingly regular participation of DRC Red Cross staff in coordination meetings for Covid-19 response activities, including immunization with the Ministry of Health and the humanitarian community.

MEDIA LINKS

- <https://www.croixrouge-rdc.org/la-delegation-de-la-coordination-nationale-de-la-vaccination-a-la-covid-19-chez-le-president-national-de-la-croix-rouge-rdc/>
- <https://twitter.com/rickimira2/status/1572935560280395776?t=TOxHmN2-hzm9yBQ4nnPOiA&s=08>

Ethiopian Red Cross Society

A project titled ERCS-IFRC COVID-19 Response 2022 was initiated with an outcome of "The Immediate COVID-19 risks to the health of affected populations are reduced. The main objective was to increase COVID-19 immunization uptake in Ethiopia by strengthening the National Society's capacity in response to COVID-19. The project duration was 2 months (project completed 31st of March/2022) with a total budget of 237,265CHF. Implementation national

societies were Amhara Region (S. Gondar (Debretabr and Ebenat), Somali Region (Fafan and Jarar), and Oromia Region (Guji). Among the prioritized activities were: 2 community sensitization and mobilization, 2 sound systems (Montarbo with full accessories), and 2 Microphones were purchased and provided to the Oromia region, ERCS Guji branch, and Somali regional branch each one pcs. Moreover, by the IFRC purchasing team, 5 land cruisers, 2 refrigerators, and 3 tents were provided to ERCS headquarter.

Rwanda Red Cross Society

Since the COVID-19 outbreak, the actions to support people affected by this pandemic have entailed activities on risk communication and community engagement, hygiene promotion, mobilizing people to comply with the COVID-19 preventive measures, together with supporting the livelihoods of most affected vulnerable populations through food distribution and development of income generating activities. Rwanda RC has been key partner of the government in COVID-19 response and its interventions have both saved people's lives and strengthened the auxiliary role in humanitarian field. Indeed, the NS volunteers have been at the forefront of COVID-19 fight countrywide, the combined tools which were used during mobilization sessions have helped reach hard to reach people and areas, new funding opportunities beyond the RC Movement have extended RRCS donors' cycle, hence allowing increased and diversified actions.

Two main successes:

- Thanks to volunteers' network and support from donors, RRCS is part of the great success achieved in COVID-19 vaccination (both in adult and youth and children's groups), which has reached 9.17 million people for 1st dose, 8.95 million for both doses and 5.56 million people for booster dose. This highlights the high commitment by the government in fighting the COVID-19 pandemic.
- The cash package to fund income generating activities for most affected people has generated a great difference as the beneficiaries were able



Community member being vaccinated by MoH

to strengthen their livelihoods deeply affected by the crisis.

Two main areas of improvement:

- Maintaining the trained network of volunteers (including SDB team) is crucial in terms of NS preparedness capacity, as well as integration of COVID-19 messages into the overall health awareness package.
- As the recovery process has been hampered by the global economic crisis (due to the Ukraine war), it is important to continue resource mobilization for supporting the livelihoods of people most affected by this double and protracted crisis.

Malagasy Red Cross Society

The intervention of the Malagasy Red Cross in the framework of the prevention and fight against the epidemic is rather oriented in the sensitization towards the change of behavior, measures of control of the spread of the epidemic as well as the support of the institutions and health structures in terms of medical inputs, protection equipment, and human resources. The Red Cross intervened in the areas most affected by the epidemic, mainly in the north and center of the country. On May 8, 2021, Madagascar began receiving the vaccine against COVID-19, the Malagasy Red Cross with the support of IFRC and funding from the European Union has assisted the government in the vaccination process. It is involved in national coordination and actively participates in the advanced strategy of bringing vaccination close to the community with the assistance of health personnel who mobilize with volunteers.

The main achievements are:

- 1,207,797 individuals benefiting from risk communication and community engagement activities focusing on health, hygiene promotion, and other risk reduction measures.
- 2584 contacts reunited through the CBS approach.
- 1983 households financially supported without conditions.
- 07 health institutions supported.
- 120 health facilities (CTC, CSB2, Hotels transformed into hospitals) supported.
- 1076 STAFF and volunteers trained as part of the COVID-19 response and the introduction of vaccination.
- 29,388 people supported by the National Society to receive the COVID-19 vaccine.

The National Society will continue its activities by putting the community increasingly at the heart of its actions through the establishment of CREC committees, in close collaboration with the Ministry of Health and other partners. The committees are composed mainly of all the representatives of each entity and especially the representatives of the community who will decide by consensus the orientations of the activities as well as ensure the management and response to feedback. They are established at the regional level down to the smallest local unit such as the fokontany or village. The objective, apart from mobilizing village chiefs as well as relic holders and community leaders in immunization and sensitization activities, is to give more latitude to the community in decision-making.

Kenya Red Cross Society

In Taita Tavetta, one of the 47 counties of Kenya, KRCS trained a total 200 ministry of Community Health Volunteers - CHVs (149 male, 51 Female) and 30 KRCS volunteers (13 female, 17 male) from 5 community health units Mbale, Kishushe, Mwanda, Nyache, Werugha in Taita Sub-County; and Bomeni, Malukiloriti, Kiwalwa, Mahandakini, Ndilidau, Kitobo, Kimorigo, Mata, Rekeke, Njukini, Challa-Nakuroto in Taveta Sub County. The sessions included topics such as COVID 19 infection prevention and control (IPCs), COVID 19 Vaccines and Risk Communication and Community Engagement.

"The knowledge and skills we got from the training helped us in observing the COVID 19 restrictions every time we were in the community, we also used the knowledge to educate others in the community. Community members trusted us even more because we were knowledgeable." CHV FGD at Kitobo

Following the continuous sensitization throughout the project cycle, CHVs and KRCS Volunteers did exceptionally well in ensuring all the target Households received health education and sensitization on COVID-19 IPC and vaccination more than once a month. They also conducted referrals to the nearest facilities and reported on the status of home-based care for COVID-19 patients. While at the facility level they supported health talks, registrations, and crowd control.

"We were trained frequently in our facilities by the public health department on sanitation and hygiene like proper handwashing, sanitizing and proper mask disposal. We were taught on how to protect ourselves and our families, we then cascaded the information and implementation in our villages." CHV/RVC FGD in Taveta Sub County. "... because we were sensitized very well, we became role models in the community in that we took the first jabs during vaccination after which community members followed." CHV FGD at Wundanyi Sub County hospital.



Community Sensitization on COVID 19 IPC and vaccination at Salaita.

Tanzania Red Cross Society

For the year 2022 TRCS has implemented two COVID-19 project in 14 regions of Tanzania mainland and Zanzibar. These projects intended to support the government on vaccination uptake. The following are the activities carried out,

- **Conducting Joint Plan meeting.** Before activating the implementation of any COVID-19 project, TRCS in collaboration of Ministry of Health (MOH) organized regional planning meeting to develop implementation macro plan.



- **Adhering the Government COVID-19 vaccination Plan.** In Tanzania the National Plan requires all regional to ensure they reach the national planned target of 70% before the end of December,2022. This requirement the regional macro plan developed special vaccination campaign for 3 months and make sure they reach intended target before end of December 2022, with this requirement Saving Lives and Livelihoods Project in lined to support expected results.



- **Engagement of influential leaders at all levels and community leaders.** During Vaccination campaign influential leaders and community leaders were engaged as community mobilizers to stimulate the community response on up taking vaccine.



- **Proper Coordination among IPs and Government at all levels.** During implementation all IPs works jointly to ensure the National vaccine target achieved basing on the regional macro planning are well implemented without delaying and all IPs technical officers at the regional level were involved as member of Regional Health Management Committees (RHMT) to oversee the operation closely with Regional and District government officials



- **Having COVID-19 RCCE weekly update.** Having weekly update meetings at regional and district levels contributed to improving performance by proposing the best way forward regarding the challenges reported.

Somalia Red Crescent Society

Somaliland has been experiencing a complex humanitarian crisis for almost three decades. The fragile health system, deeply rooted inequalities, high incidence of endemic diseases, and climate shocks has led to critical humanitarian needs.

COVID-19 has directly impacted the lives of communities in Somaliland and the health care system, worsening patterns of vulnerability. 20% of Somalis suffered from the direct or indirect impacts of the COVID-19 pandemic in 2021 (OCHA, 2021). The country faces a rise in COVID-19 cases amid deadlier second and third waves. The COVID-19 pandemic once again highlighted the need for preparedness, early action, and early response to help minimize the impact of such wide-scale disease outbreaks. The COVID – 19 response project activities were implemented by the Somali Red Crescent Society (SRCS), managed by IFRC, Canadian Red Cross (CRC) with technical and financial contributions from the CRC and GAC. During the entire project duration, SRCS was working closely with the Ministry of Health Development (MoHD), Ministry of Family Planning and Family Affairs, and the Ministry of Planning and Development of Somalia-Somaliland.

SRCS- Somaliland 6 mobile clinics provided Covid-19 vaccination to the people that are most vulnerable to the areas that other humanitarian organizations were unable to reach with their available service.

The overall project was designed to reach **31,454 (22,018 – 70% females)** direct and **157,270** indirect beneficiaries. Overall, the project **reached 28,336 (40% males, 60% females)** direct beneficiaries and **141,680** indirect beneficiaries in the regions of Awdal, Togdheer, Saahil, Sanaag, Maroodi-Jeeh and Sool regions of Somaliland. To manage the rumors around the Covid-19 SRCS- established specialized hotlines **(3086)** to track community feedback trends toward the disease and the vaccine for combating rumor information in six branches of SRCS- Somaliland. SRCS is continuing implementation of COVID 19 vaccination uptake activities especially in the hard-to-reach areas in collaboration with the Ministry of Health.

Best practices include:

- Awareness through vehicle mounted loudspeakers – activity completed in all 6 regions. 24 volunteers were leading this activity and covered 57 communities. The average population of targeted communities is 3,145,000. SRCS estimated that, they reached at least 5% of the population which is 141,680 individuals.
- SRCS developed 1,002 IEC-BCC materials + 1,150 SRCS visibility vests on COVID 19, Vaccination rollout, and CBHFA.
- Integration of COVID 19 vaccination activities with MoH has been successful in upscaling the vaccine uptake.

Malawi Red Cross Society

Malawi Red Cross Society (MRCS) with funding from various partners continue in supporting the Ministry of Health in contributing towards reducing mortality and morbidity from COVID-19, while protecting the safety, wellbeing, and livelihoods of the most vulnerable Malawians.

MRCS has assisted in building the capacity of health systems for COVID-19 preparedness and response, vaccination roll-out & reducing the barriers to accessing COVID-19 vaccination, supported Risk Communication and Community Engagement activities to iron out myths, misconceptions and misinformation related to COVID 19 and COVID-19 vaccination, supported mainstreaming of Protection, Gender and Inclusion concepts towards the response to mitigate gender-based violence and discrimination related to COVID 19 pandemic. MRCS has also supported dissemination of COVID-19 preventive and control messages, provision of WASH facilities and Personal Protective Equipment as

well as community mobilisation using several strategies using an extensive network of branches and highly trusted volunteers and staff across the country.

Key achievements

- MRCS has reached over 3.5 million people through risk communication and community engagement for health, hygiene promotion and other risk reduction.
- MRCS has supported vaccination of over 160,000 people through community mobilization.

Successes

- Van publicity done alongside vaccinators, has proven to be a crowd puller and a sure way of getting more people to vaccinate instantly as they receive the message.
- Strategy on finish a viral whereby volunteers would mobilize those people in communities who would like to get the vaccine and then link up with Health

Surveillance Assistance for vaccination when the number of people reaches 10 to make sure that a viral is finished when opened.

Areas of improvement

- Integration of COVID-19 messaging with other epidemics such as Cholera prevention awareness activities/messages
- Continue joint planning with stakeholders and Ministry of Health to make sure that activities

that require MoH support do not collide and lag behind

Best practices.

- Door to door vaccination helped in reaching to vulnerable populations with mobility challenges such as the elderly and people with disabilities and
- Bringing vaccines closer to the people in hard-to-reach areas increased access.

Burundi Red Cross Society

The Burundi Red Cross Society has contributed to the prevention and community management of the COVID-19 pandemic since its declaration in Burundi in March 2020. Indeed, a response plan, aligned with the national response plan, was developed, and presented to the partners of the RCRC movement and outside the movement. The latter (partners) have contributed technically and financially to the implementation of this response plan to the tune of 64.45% or an amount of 4,141,969,156 BIF out of the 6,426,995,682 initially planned.

Nigeria Red Cross Society

2020 was a year of general elections. The NS was able to support the entire process with COVID-19 prevention actions including hand washing, sensitisations, social distancing, etc. To facilitate data reporting, a digital reporting system was set up on all activities implemented as part of the response to the COVID-19 pandemic and this was very effective. The RCCE team in Ebonyi State alongside Primary Health Care Workers carried out a COVID-19 awareness campaign in Mebi-okpa Community Ohaozara Local Government Area on the importance of the COVID-19 vaccination and the need for the entire community members to be vaccinated as well as dispel the believe that the vaccine reduces life span, increases Impotency and that the vaccine will reduce their population. NRCS RCCE team was able to quell these rumors informing the community members that the vaccine is safe. To Prove this a volunteer got vaccinated in their presence and one of the community members, Elder Mrs. Eze Edith acknowledged that she has been vaccinated as well.



A volunteer getting vaccinated in the presence of community members.

Ghana Red Cross Society

“Some months ago, some Red Cross people came to our area Napogbakolee. I met them when I was going to my shop. They pleaded to talk to me, and I stop even though I told them to come to my house. They asked me question about COVID-19 and the vaccination, but I told them I heard enough of this story, but they insisted I give them only five minutes of my time but on the second thought I agreed because a granddaughter of mine usually talks about going for Red Cross Programs, but I didn't know much about them. They explained the importance of the vaccine and why we all need to be vaccinated to be protected from COVID-19. The Red Cross people were nice and directed me to the nearest vaccination point. They said the vaccination was free and I can go anytime, and the health professionals would help me. They also showed me their own vaccination cards and assured me that the vaccination is safe. I was happy after I listened to them because they spoke in my language which helped me understood their explanation and they were very playful with me. They also gave me their contact if I faced any challenge after vaccination so I can call them. They also promised to visit our house again to make sure everyone in the house gets the vaccine. In the first place I was afraid of the vaccination but after I listened to them, and they



answered all my questions I told them I would go for the vaccination and make sure everyone in our house would also go. That was how I went for my vaccination the following week with two of my cotenants at the Wa Urban Center. I promised to educate my brothers and Sisters in my community to get vaccinated. Thank you, Red Cross, for removing my fears of the vaccine”.

Uganda Red Cross Society

“The volunteer team from URCS Katakwi branch visited my community in Akoboi village, Okuliak Parish, Okulonyo Sub County in Katakwi district. The team were busy creating awareness about covid-19 about



Photo above shows volunteers supporting registration during vaccination at the vaccination site.

vaccination, washing hands regularly, wearing of masks, social distancing. The also disseminated the signs and symptoms of covid-19 which included running nose, high fever, general body weakness, mild cough and they told us that once we experience any of the signs, we should rush to the nearest health facility. The team also told us of the availability of the Ambulance that is based in the hospital of Katakwi that is meant to support pick patients suspected to be showing the signs and symptoms of covid-19. Due to the package of information that was well packaged by the team from red cross, I understood it very well and since we know red cross for usually supporting the community I quickly encouraged all my family members to go for vaccination including myself and later I told my neighbors and even in the saving group were am a secretary to encourage all members to vaccinate together with their families and they all bought my idea. Since am also registered as a member with red cross Katakwi branch, I supported in also mobilization at my village level when the volunteers went back after awareness creation”.

The South African Red Cross Society

The South African Red Cross Society continues to support the National Department of Health's COVID-19 response in conjunction with key health activities such as child immunizations and the WASH programme in all 9 provinces, throughout its 52 branches in the National Society. The National Society's (NS) key successes during this period is through continuing to reach out to more people in hard-to-reach communities especially the elderly and the youth with vaccination messaging and registration as they are the population groups which are predominately affected by the aspects of disinformation and misinformation. Risk Communication and Community Engagement (RCCE) was strengthened and rolled-out across all provinces across the country in all the NS operational areas and this greatly assisted in addressing vaccine hesitancy as well as addressing disinformation and misinformation. It was also expanded to address pressing issue surrounding the overall response which saw the prevalence of new variants as well as the recommendations by the health products regulatory body with regards to booster shots as well as the floods which cause immersible damage and impacted lives as well as the prevalence of monkeypox and now the measles outbreak and cholera. Furthermore, Psychosocial Support (PSS) And Water, Sanitation and Hygiene (WASH) initiatives were enhanced to enable people to cope with the stress and risks COVID-19 posed on both their lives and livelihoods. Through successful advocacy led by the NS along with its staff and volunteers to ensure vaccine equity and intake,



Volunteers during a RCCE vaccine promotion campaign in partnership with IOM in Wynberg, Western Cape.

this improved awareness and education especially among undocumented people most of whom are migrants and refugees.

To enhance program effectiveness and efficiency whilst operating in the prevalence of COVID-19, the NS embarked on some innovative ways to facilitate implementation and monitoring of program aspects. Regular meetings and trainings on program updates were coordinated utilizing platforms like Microsoft teams, Zoom, and WhatsApp groups. It is worth noting that the National Society (NS) has been able to successfully reach out to more people, particularly the elderly and youth in hard-to-reach communities, with vaccination messaging and registration during the period despite the prevalence of disinformation and misinformation. The NS's partnership with the Department of Health and other key stakeholders in the national vaccination campaign, along with the utilization of traditional and social media platforms, including TikTok and YouTube, to target different age groups, has been effective in raising awareness on vaccination. The NS's Risk Communication and Community Engagement (RCCE) program was also strengthened and rolled out across all provinces, which has helped address vaccine hesitancy and disinformation. The expansion of RCCE to address pressing issues surrounding the overall pandemic response, such as new variants, booster shot recommendations, and the re-emergence of measles and cholera are noteworthy initiatives. Additionally, the enhancement of the Psychosocial Support (PSS) and Water, Sanitation and Hygiene (WASH) initiatives to enable people to cope with the stress and risks of COVID-19 and other infectious diseases. The NS's successful advocacy for vaccine equity and intake, especially among undocumented people who are mostly migrants and refugees, is an important step towards ensuring that no one is left behind in the vaccination drive. It is also commendable that the NS utilized innovative ways, such as Microsoft Teams, Zoom, and WhatsApp groups, to facilitate the implementation and monitoring of program aspects while operating in the prevalence of COVID-19.

Overall, the NS's efforts towards vaccination messaging and registration, RCCE, PSS, WASH, and advocacy for vaccine equity and intake as well as encouraging parents to get their children immunized is also a success worth noting.

The Togolese Red Cross Society

In Togo RC, 35 focal points in 05 regions; Regional Coordinators and IEC focal points of the Health Directorates, and the National Agency for Civil Protection (ANPC) as well as journalists from 58 radio stations were trained in Community knowledge of prevention and preparedness for health emergencies is strengthened and Risk communication. A total of 710 volunteers raised awareness among the population and reached 1,098,873 people (658,000 men and 440,873 women). This target also considers the number of people who have been sensitized and have received the vaccination. Community dialogues were organized with local elected officials, traditional authorities; local awareness campaigns by the NS volunteers with and/or sound tricycles (loudspeakers) to crisscross markets and gathering places.

A specific support of 200,000 Swiss francs. was granted by the Islamic Development Bank through the

Ministry of Health of Togo under the PARUSC project. This made it possible to carry out the following actions:

- Sensitization of volunteers in target communities: One hundred volunteers and members of the Monitoring Committees raised awareness among the population in the target localities. The messages focused on the merits of vaccination against Covid-19 and the invitation of the population to be vaccinated against Covid-19, barrier measures, hygiene and sanitation, the fight against cholera.
- Skit competition with children and adolescents from 20 Child Development Centres of Compassion International in the Savanes and Plateaux regions.
- Organization of radio programs on community radios in the Savanes and Plateaux regions: Nearly 135,216 people were reached by radio missions by 10 radio stations in 10 localities of the Savanes and Plateaux and participated in the various activities carried out.

The Burkinabe Red Cross Society

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



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

first aid. The volunteers used this knowledge to support contact cases, suspected cases and their relatives in the community. Fifty-two BRCS volunteers were made available to the Operation Centre for Health emergencies (CORUS) for the management of the Ministry of Health call center.

Central African Red Cross Society

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

Awareness stands were set up in strategic locations with high community members' presence (market entrances, bus stations, churches, and mosques) in the boroughs five and six of Bangui as well as in Boali on the Bangui-Beloko axis. Each of these booths had a plastic table, two chairs, an umbrella, and a handwashing kit (soap/hydro alcoholic gel) as well as tools for data collection (daily report sheet of the volunteer and supervisor, notification sheet, and feedback collection sheet). Mechanisms for community



Demonstration of handwashing to raise awareness.

feedback, including sensitive feedback have been put in place. Feedback analysis meetings are organized, and the findings help in the coordination and adjustment of the approach used by the volunteers as well as the messages disseminated in the community.

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

Red Cross Society of Côte d'Ivoire

Since the start of COVID-19, the Red Cross Society of Côte d'Ivoire (RCSC) has been on the ground as part of awareness-raising and distribution of protective equipment and food to the community. RCCE activities by the NS focused on health, hygiene promotion and other risk reduction measures with support from ICRC, Swedish RC, UNICEF and Chaîne de l'Espoir. More than 2,190, 000 people have been reached. The NS



Hygiene promotion and distribution of hand washing stations in schools.

used mobile caravans, digital communication, home visits, group discussions, drama, and radio to reach out to communities. Volunteers held dialogues with communities to understand their concerns and points of view regarding COVID-19. This helped in adapting the response approaches to meet their needs and preferences.

Main successes for the NS include:

- Distribution of food and non-food items as well as design of key awareness messages for people with disabilities
- Mobilization of 74 local branches out of 85 at the start of the epidemic for the implementation of COVID-19 activities
- Radio broadcasts enabled strengthening awareness of COVID-19 and making local Red Cross committees known to the population.
- Good collaboration with stakeholders (political, administrative, health, and local authorities) where the NS participates in meetings on COVID-19 at national and local levels.

Red Cross of Equatorial Guinea

The Red Cross of Equatorial Guinea (RCEG) volunteers supported the Ministry of Health with COVID-19 response activities. Feedback from communities helped the NS in identifying COVID-19 related information gaps. The feedback also enabled the NS to tailor volunteers' training and ensure that they have the correct information to use during awareness sessions as well as develop fact sheets on COVID-19. The trained RCEG volunteers successfully conducted interactive radio and television programmes to encourage positive behaviour, respond to rumours, fear, and stigma as well as to provide information about NS services and where to access them. The NS supported health facilities and schools by conducting awareness-raising sessions among hospital visitors and students respectively. In addition, the NS installed hand-washing stations, provided soap and hand sanitizers in these establishments. The main achievement for the NS has been reaching more people and hard-to-reach communities with key messages as well as through brochures and pamphlets. People were reached



Hand washing demonstration by RCEG volunteer.

through megaphones, SMS, WhatsApp, radio, and television, which the NS has been using extensively to ensure that all categories of the population are reached with key messages. Since the beginning of the pandemic, RCEG activities have allowed the public to be reassured about the information received about COVID-19. The wide network of volunteers throughout the national territory and the availability of ambulances have made the NS to be recognized as one of the main humanitarian organizations to contact for COVID-19 information and support.

The Gambia Red Cross Society

The Gambia Red Cross Society (GRCS) participates in COVID-19 response committees both at national and regional levels to ensure the response is coordinated and activities harmonized. These committees are established to strengthen the coordination of actions undertaken by different stakeholders in the field, as well as provide innovative solutions and feedback to communities. The main operational partners of GRCS in this operation are the Ministry of Health, European Union, Spanish Red Cross, IFRC, ICRC, WHO, Medical Research Council, Gambia, National Army, Gambia Fire and Rescue Service, Gambia Immigration Department, National Disaster Management Agency, UNICEF, UNFPA, WFP, Gambia Police Force, National Youth Council, local government structures, youth and women structures, vulnerable group associations, private sector, CSOs, citizen groups, diaspora communities, individuals, foundations and NGOs.

The NS is responsible for safe and dignified management of the dead in the country where it has facilitated more than 200 burials. The GRCS also continues its efforts in RCCE and management of community feedback on COVID-19 prevention and control through radio talk shows, television

programmes, house-to-house visits, caravans, and social media. Outreach activities have covered more than 1,005 communities in all seven regions with key messages on COVID-19 through different approaches. GRCS in collaboration with other partners has reached more than 265,000 people through contact tracing and community-based surveillance. Capacity development on epidemic preparedness and control has continued with various categories of participants including GRCS staff, volunteers, and emergency response units where more than 11,900 were trained on donning and doffing of PPE, psychosocial support services, contact tracing, and case management as well as safe and dignified body management.



Installation and promotion of handwashing facilities in public places: GRCS

GRCS has reached more than 1,000,000 people through essential WASH services which have increased awareness of COVID-19. This was carried out through house-to-house campaigns, fumigation of schools, handwashing campaigns, distribution of hand-washing facilities, and disinfection of public places. The National Society also conducted livelihoods, cash support, and food aid reaching more than 2,500 beneficiaries through the drilling of boreholes, construction of ground reservoirs, distribution of garden tools, food items, and cash transfers. Ambulance services for the

transfer of COVID-19 cases reached more than 380 COVID-19 confirmed/suspected cases. The NS's key success is supporting the government in the realization of its COVID-19 National Emergency Plan with the GRCS Secretary General being appointed as the National Humanitarian Coordinator for the COVID-19 Response while the main challenge experienced in this operation is the limited commitment by the government and the general population in adhering to the COVID-19 regulations.

The Red Cross Society of Guinea

The Red Cross Society of Guinea (RCSG) has been working with the government in conducting dignified management of the dead, COVID-19 sampling/testing, communication on risks and prevention measures, contact tracing, epidemic control by volunteers, promotion of PGI, and providing psychosocial support. More than 6,000,000 people have been reached with COVID-19 response activities conducted by RCSG staff and volunteers.

Liberian Red Cross Society

The story below depicts the practice and commitment to inclusion in Liberian Red Cross Society's (LRCS) work. Perry (33) is a young and active volunteer of the River Gee Chapter of the LRCS. He shared his experience as a volunteer with LRCS. "I have a serious problem with my physical condition. I understand I am in a wheelchair, but I find it even more challenging to move myself on my wheelchair because of the condition of my hands. If there is a means for my hands to be straightened to be able to move myself around, I will be the happiest disabled person", Perry said. Perry further narrated that even during his school days, he had to beg his fellow students to take him to and from school and that "the day I do not find someone to help me, I will be absent from school". "This is the same challenge I am having even with volunteering", Perry continued. "I would like for the Red Cross to help me out with this". "Even the repair of my wheelchair can be a challenge for me". Thus, this limits my full participation to my capability, even though I am given the opportunity to be included" "People are so excited with my participation in the awareness that they often refer to me as "the handwash man". Asked what made him want to be a volunteer, Perry responded: "Since my graduation from high school, every time I applied for a job, people did not respond to my letter. I wonder if it is because of my disability. So, after I heard of LRCS recruitment of volunteers, I felt it will be an opportunity to get involved and this will also help build my capacity for the future". Having been recruited in April 2020,



Perry (LNRCS volunteer) creating awareness about COVID-19 to a motorist.

Perry has been involved with LRCS's social mobilization of the COVID-19 response. In response to the question - what do you like most about your volunteering with the LNRCS? Perry says "acceptance by people whom I create awareness to regarding the virus, the positive comments people make about my inclusion of Red Cross work and the fact that people listen to me, ask me questions and we have a healthy conversation. "During such moments, my concentration is not on my condition; it is often on how many persons are listening to me, this makes me feel so good". To his fellow people living with a disability (PWD), Perry says, "I will take this time to tell other PWDs that we must first develop self-worth. If you value yourself, make yourself available, you can be accepted by others". He encouraged PWDs to take available opportunities to learn. "Let's join people when the opportunity is available, let's reduce our reliance on others".

Namibia Red Cross Society

Namibia Red Cross (NRC) has amplified its efforts to reach more people through social media platforms with COVID-19 messages on handwashing and RCCE. The NS works with local radio stations to have diverse messaging for the entire population through local languages with talks on RCCE. The Communication team places emphasis on engaging the social media audience in the work that the volunteers are doing at the regional level. The work of the volunteers has increased the visibility of the Namibia Red Cross by reaching out to communities and spreading preventive and response activities that promote RCCE practices on COVID-19. The Namibia Red Cross aims to position itself as a strategic humanitarian organization and places a strong focus on RCCE and community engagement efforts that draw out community members accountability efforts to take charge in prevention, response, and preparedness against COVID 19. This is being done in dialogue with key policymakers (who provide funding or create legislation related to public health), relevant government sectors (education and transportation), NGO partners (who may have strong relationships with at-risk groups) as well as community leaders and community-based organizations. Feedback from the public indicates that they welcome the information given by Namibia Red Cross volunteers. Ministry of Health and Social Services (MoHSS) officials are working together with NRC volunteers in installation of hand washing facilities and community members are happy to use these big facilities as opposed to tippy taps. NRC has also received an acknowledgment letter

from MoHSS management expressing their deepest thanks to NRC volunteers for giving health education to expectant mothers at the mother shelter in Outapi District Hospital. MoHSS works closely with NRC, where volunteers support screening and sanitizing people who enter hospitals and clinics. In collaboration with the education ministry, health education is conducted in schools, and pamphlets are provided together with health talks to boys and girls below the age of 18. NRC volunteers are also in collaboration with Movement partners and the Government of Chad, the Red Cross of Chad implements all activities according to their contingency plan. Some of these activities include production and dissemination of radio/TV spots and posters, mass awareness, distribution of hot meals and food baskets, food support for the sick and their accompanying persons at the hospital, distribution of food rations to students in quarantine at the southern border, community-based surveillance, establishment, and management of quarantine sites.



NRC volunteers sanitizing people at a health facility.

Mali Red Cross Society

Mali Red Cross (MRC) has been implementing infection prevention and control (IPC) measures, supporting livelihoods and access to hygiene and sanitation measures for community members. IFRC has supported MRC with PPE and other materials for the prevention and control of infection COVID-19. Trained NS staff and volunteers have in turn been supporting MoH in case management, risk communication, prevention, and control of infection in laboratories as well as the provision of PPE and hygiene kits.

conducting health education sessions for elderly people and people living with a disability ensuring everyone has access to the right information necessary to protect against COVID-19 infection.

Angola Red Cross Society

In close collaboration with the MoH, The Angola Red Cross has implemented COVID-19 response activities that include training and mobilizing 3,673 NS volunteers and health professionals. The volunteers are active in the communities with awareness sessions in markets, stores, taxi ranks, warehouses, ATMs, and through house-to-house visits. They have also produced and aired COVID-19 related radio and TV programmes at national and local level national and public TV programmes related to COVID-19 in several languages. In addition, the NS in restoring family links by way of phone calls to connect families.

Red Cross of Cape Verde

As part of the preparation and response to COVID-19, the Red Cross of Cape Verde carries out its activities at national level through the Department of Disasters, Emergencies and First Aid, under the guidance and responsibilities of the National Coordination Team for the Response to COVID-19, led by a National Coordinator. On the other hand, at local level, the NS works through its 19 local branches, each of which has a local operation Coordinator. A total of 527 volunteers and 54 staff were mobilized to conduct response activities including disinfection spraying of more than 2,223 places, provision of health services to more

than 396,378 people, provision of ambulance services to transport more than 1,200 people to hospitals, health centres and isolation/quarantine centres. The NS also distributed PPE (27,800 masks, 14,700 gloves, 360lt of 70° alcohol, 335lt of hydro-alcoholic gel, 2,305 bars soap, 1,000 lt of chlorine, 420 face shields, 420 protective suits, 5,200 hats for hair protection and 5,200 shoe covers) to headquarters and 19 NS branches, communities, municipalities, hospitals, health centres, isolation/quarantine centres as well as in public and private institutions. Additionally, 25 devices for dispensing hand sanitizers were installed at the entrances of all National Society offices.

Red Cross of Chad

In collaboration with Movement partners and the Government of Chad, the Red Cross of Chad implements all activities according to their contingency plan. Some of these activities include production and dissemination of radio/TV spots and posters, mass awareness, distribution of hot meals and food baskets, food support for the sick and their accompanying persons at the hospital, distribution of food rations to students in quarantine at the southern border, community-based surveillance, establishment, and management of quarantine sites.

Sao Tome and Principe Red Cross

With a large network of volunteers and field experience, the Ministry of Health has involved the Sao Tome and Principe Red Cross (STPRC) in its response to COVID-19 in contact tracing as well as awareness-raising in communities. Misconception about the pandemic has been one of the main challenges that the National Society has faced. This was countered by conducting awareness sessions on COVID-19 transmission as well as prevention measures. The NS also distributed masks

and demonstrated to community members how to use them correctly including the benefits of wearing a mask. The main success for the NS has been reaching out to people in remote areas, supporting community leaders in disseminating key COVID-19 messages as well as distributing brochures and leaflets on prevention measures. These awareness activities were conducted through door-to-door messages, drama and using a megaphone in larger groups. All activities conducted by the NS were made possible with support from IFRC, ICRC, the World Bank and Ministry of Health-



Awareness-raising activities by NS volunteers.



Senegalese Red Cross Society

The Senegalese Red Cross Society (SRCS) has been working closely with MoH in screening at various entry points as well as management of the dead. NS volunteers also supported in disinfection of COVID-19 treatment centres. Medical doctors and volunteer nurses were mobilized by SRCS through trainings to support MoH staff in Touba and Diamniadio treatment centres.

Seychelles Red Cross Society

The Seychelles Red Cross Society (SRCS) has been involved in COVID 19 response since the first case; providing psychosocial support, ambulance services, awareness sessions, contact tracing, vaccination support, COVID-19 testing, food distribution to those affected by COVID-19, transfer of people infected to isolation and quarantine centres as well as advocacy activities. The NS has also conducted several trainings to build the capacity of its staff, volunteers, and the general population. The NS is represented in the Gold Command Post, led by MoH, which conducts overall

coordination of the COVID-19 situation in the country as well as the Silver Command Post, led by the Ministry of Local Government, which is responsible for the humanitarian side of the pandemic in the country. SRCS has produced videos and aired spots on television and radio on COVID 19 to sensitize the public. The NS also reviews and updates its website and Facebook to promote safety and hygiene measures. SRCS has provided school kits to children as well as advocated with local businesses and NGOs to provide water, fish, snacks, cash, and other basic food items for vulnerable populations affected by COVID-19.

South Sudan Red Cross Society

The South Sudan Red Cross (SSRC) has been responding to COVID-19 in the affected areas of the country using its trained volunteers in all branch locations. Red Cross Red Crescent Movement partners actively involved in the operation (ICRC, IFRC as well as Canadian, Danish, Finnish, Netherlands, Norwegian, Swedish, Turkish, and Swiss Red Cross societies) participated revision of the SSRC COVID-19 response plan through the various technical working groups (health, WASH, disaster management, protection and crossing cutting issues). In addition, Movement partners contributed funds through their existing projects in the country to support the implementation of the COVID-19 response operation in South Sudan. IFRC also mobilized funds from IFRC Secretariat, USAID, and CDC Africa to enable SSRC to continue with its response activities. The Ministry of Health and, National Task Force members regularly meet to provide updates on operations countrywide. Participants in the meeting include SSRC, UNICEF, IOM, WFP, NNGO, and INGO.

More than 2,400 SRCS staff, volunteer leaders and medical staff were trained in the prevention and control of COVID-19, dead body management, feedback mechanism, and the New Coronavirus Radio Show Guide and Running Order. SRCS distributed close to 104,000 leaflets and posters in public places and conducted more than 820 educational and awareness sessions. Radio show programmes related to COVID-19 awareness were conducted all over the states using different local languages. SRCS carried out awareness campaigns through mobile radio targeting different public places. The NS also conducted massive spraying campaigns that covered more than 33,000 institutions. Child corners in the isolation centre were supported with games, awareness and psychosocial support messages made through radio and TV, wall drawings and posters. Ready-made meals (food and water) were distributed to migrants and returnees as well as other people in isolation centres. Isolation centres were also supported with training in first aid and psychosocial first aid (PFA), sanitation, health, shelter, and protection services. Trained volunteers supported the MoH in safe and dignified management of the dead.

Sudanese Red Crescent Society

In collaboration with Qatar Red Crescent Society, SRCS supported MoH of North and North Darfur states with PPE and screening equipment as well as supported MoH of Sinnar State with investigation system laboratory and computers. The rainy season in Sudan began with flash flooding affecting several states from late July 2020 and, heavy rains in upriver countries caused the White and Blue Nile rivers to overflow.

The floods aggravated the vulnerability situation for COVID-19 affected populations. In response, SRCS provided psychosocial support, sanitization support, ready meals, and PPEs to the affected populations. Recently, Sudan received more than 67,540 Ethiopian refugees because of the conflict. SRCS supported with screening at reception centres, PSS training for officials, disinfection activities in addition to awareness on COVID-19 prevention measures.

Zimbabwe Red Cross Society

The Zimbabwe Red Cross Society (ZRCS) has conducted COVID-19 awareness campaigns reaching more than 5,000,000 people with key COVID-19 messages. PPEs were distributed to volunteers in ZRCS headquarters, and eight districts being covered by the project. At the same time, NFIs and WASH kits were distributed with a focus to people living with a disability, child-headed households, the elderly, people living with HIV, those living with albinism and institutions such as old people's home and orphanages. After the distribution of NFIs, post distribution Monitoring (PDM) was conducted to get community feedback about the support provided. Other WASH activities included the rehabilitation of boreholes in collaboration with the District Development Fund (DDF) to facilitate the availability of water and sanitation in targeted households. ZRCS continues to provide essential

health services including disease surveillance screening activities in ZRCS establishments (clinic, offices, and operations) as well as in some provinces as part of COVID-19 response task force teams. Feedback is collected in various parts of the country to track rumors, perceptions, questions, suggestions, and views on COVID-19 so that the feedback can help with the adjustment of activities to suit communities' needs and ensure the relevance of intervention. Health promotion is continuously being done in various communities to promote hygiene practices during this COVID-19 period. ZRCS in partnership with the British Red Cross is also implementing a food security programme for three months in two districts. This programme has supported 5,000 households with voucher-based interventions to meet immediate food needs. This activity also created an opportunity to disseminate COVID-19 information.

Baphalali Eswatini Red Cross Society

The National Society has a network of 5 divisions across the country with a team of 690 volunteers and 76 staff members. The NS has successfully conducted "gate to gate" awareness campaigns in 26 Constituencies and 130 Chiefdoms of the four regions of the country. A total of 482 volunteers were deployed for information dissemination, COVID-19 sensitization and encouraging IPC measures in the communities reaching 234,293 people. The "gate to gate" awareness campaign was also conducted in COVID-19 hot spots. This was done in 38 constituencies and 8 Chiefdoms of Manzini and Hhohho regions. A total of 21,623 people were reached by this activity.

The NS successfully conducted interactive radio and TV shows to encourage positive behaviours, address rumours, fear and stigma, information about Red Cross services and where to access care. BERCS did interactive radio interviews in Siswati to engage with audiences in a two-way process that will allow them to ask questions. Radio jingles and adverts were also used to share key health messages. Coverage of each media house ranges from 400,000 to 900,000 listenership. The NS continues to share COVID-19 activities and messages via the media (Facebook and WhatsApp) and such messages include the importance of wearing a mask and proper mask management, handwashing and social distancing and other COVID-19 preventive measures.

Red Cross Society of Guinea-Bissau

The health situation in Guinea-Bissau is extremely vulnerable, considering the lack of sanitary infrastructures, few qualified health professionals, job losses, and difficulty in accessing health facilities. The NS has been supporting in COVID-19 response through IPC-WASH in communities, CBS, and RCCE as well as health and hygiene promotion. These activities are being conducted with the support of 10 NS staff and 120 volunteers.

Mauritius Red Cross Society

A total of 50 NS volunteers (including volunteer doctors and psychologist) have been mobilized to support in the COVID-19 response. The NS is currently managing two support centres where PSS is being provided to the most vulnerable including the elderly. This is being done through the call centre, where over 1,600 people have been attended to for either PSS or other advice. The ambulance movement is also being monitored from these two centres. One ambulance was purchased while 3 were mobilized by the NS to support the centres. Over 270 people have

been transported to the COVID-19 treatment centres by the ambulance services. In addition, COVID-19 awareness is being conducted directly to the community, through social media as well as billboards that have been put in strategic areas. Weekly radio interviews/shows are being conducted and feedback received, and monthly spots and features are being produced. The NS has done over 55 social media posts. These mass sensitization channels have reached over 300,000 people. Over 137,768 people have been reached with health messaging through Facebook posts.

Mozambique Red Cross Society

The NS, working with Movement partners, has revised its COVID-19 Domestic Response Plan (March 2020 to December 2021) which demonstrate Mozambique Red Cross Society's contribution to the National efforts towards managing COVID-19. Due to transition from a state of emergency to a state of public calamity announced by the President of Mozambique on 7 September 2020, the NS is implementing its activities in prevention and community mobilization/education (EVC/RCCE/WASH/PSS), relief and shelter. The NS has so far reached 13,368,142 people with these activities. The NS has trained 1,400 volunteers and community members who actively play a crucial role in disseminating information on COVID-19 prevention and control measures in the country's most remote communities. In close partnership with the MoH and other partners, the NS has been intensifying its

advocacy work in promoting health and hygiene in public spaces, systematically collecting rumors to produce its national report of community feedback, and training public agents to respond in psychological first aid and SGBV in the context of COVID-19. The NS has supported in creation of over 4,400 handwashing points across the country. They have also distributed protective materials for workers (gloves, masks, gel/alcohol) and essential items (kitchen sets, tarpaulins, blankets, hygiene materials, etc.) to over 1,600 families (8,000 individuals) forced to flee armed violence in Cabo Delgado. Personal hygiene kits have been distributed to 23 Cabo Delgado provincial prisons reaching 2,062 detainees. They have also conducted over 840 psychosocial sessions across the country. The NS has rehabilitated and constructed two COVID-19 treatment centres (wards and sanitation facilities) for 200 patients and has donated beds and hygiene and cleaning items for these centres.

Lesotho Red Cross Society

The Lesotho Red Cross Society (LRCS) as a first responder to humanitarian crises in the country supports interventions and activities that respond to the pandemic. COVID-19 response has been possible in partnership with local authorities, IFRC, ICRC and British Red Cross as well as other organizations including UNDP, UNICEF, UNFPA, TEBA, Standard Lesotho Bank, Petroleum Funds, Church of the Saints, Coca-Cola, and Basotho individuals.

Mauritanian Red Crescent

The NS staff and volunteers have been trained in RCCE and ECV and have in turn initiated several COVID-19 response activities that include RCCE, promotion of hygiene, PSS, and CBS. A total of 850 volunteers have provided training and awareness campaigns across 12 Moughataas reaching over 600,000 people. The volunteers have distributed 30,000 flyers, 3,000 posters, and 5 giant billboards in major crossroads carrying key COVID-19 awareness messages. In addition, the NS has developed and disseminated multimedia awareness-raising spots on social networks and television channels, and the volunteers are taking part in local radio programmes on the importance of

respecting preventive measures. A toll-free number has been activated to answer questions from citizens regarding the virus and allows them to report any suspected cases. In terms of health and WASH aspects of the response, the NS has established over 100 handwashing stations in its headquarters, as well as 23 sites in the country, and distributed over 9,000 masks and 5,000 bottles of antiseptic gel. They have also donated 800 hygiene kits to the Ministry of Social Affairs Childhood and Family. In addition, volunteers continue to support disinfection of markets, mosques, administrative offices, and the premises of the NS, as well as the premises of the United Nations system in Mauritania.

Sierra Leone Red Cross Society

Reflecting upon the lessons learned from Ebola outbreaks, NS branches were prepared and ready to respond to the COVID-19 pandemic within their capacities and mandates. Before the confirmation of the first case in the country, SLRCS headquarters had sent COVID-19 key messages approved by the Ministry of Health and Sanitation (MoHS) to all branches to help prevent further spread. Respective branches also posted critical risk information and prevention messages on social media. In addition, 35 journalists were trained on lifeline programming and communication in emergencies for effective media engagement practices. In a bid to help minimize the chain of transmission of the COVID-19 and improve

the health of community members, SLRCS distributed buckets, waste buckets, liquid soap, and hand sanitizers to vulnerable communities in seven branches (Kono, Kenema, Bo, Pujehun, Bonthe, Moyamba and Bombali) to promote handwashing and other safe hygiene practices. Seven thermometers were also distributed to these branches to monitor the temperature of staff and volunteers in their offices. The Red Cross volunteers have also reached 112,921 people with information on the proper use of face mask, social distancing, cough etiquette and proper handwashing during community engagement activities. In addition, 90 volunteers provided psychosocial first aid (PFA) to people in quarantine homes, isolation centres and affected communities.

Gabonese Red Cross Society

The mobilization of resources at local level was one of Gabonese Red Cross Society (GRCS) achievements during the first hours of COVID-19 response. Indeed, thanks to initial financing from IFRC in the capacity building of its volunteers and staff, the NS was able to step up its advocacy activities. This allowed GRCS to position itself as a technical and financial partner at national technical coordination level of COVID-19 response. It also opened doors to other funding including from United Nations agencies. For example, UNFPA supports GRCS in raising awareness on sexual and reproductive health among adolescents and

youth. The Sylvia BONGO ONDIMBA Foundation for the Family supports in provision of protective equipment for deployed staff. GRCS has also been called upon by the government to raise awareness about COVID-19 to juvenile detainees of the Central Prison of Libreville. The Government, via the COPIL, integrated GRCS volunteers into the epidemiological surveillance commission the follow-up of contact cases and the screening of passengers when exiting trains. Work in synergy with the operational components of military health and the Ministry of Health in contact monitoring and training sessions made it possible to position the NS as a partner privileged in the development of response strategies at community level.

Comoros Red Crescent Society

The Comoros Red Crescent (CRC) has reached people through community awareness sessions. This is being done through mobile caravans, national and local media (TV and radio) and social networks. Billboards and posters are also displayed in the main streets. The awareness includes topics on prevention measures, testing, stigmatization of COVID-19 positive people and intra-family violence. In addition, community engagement committees have been set up to promote awareness on COVID-19 prevention measures as well as how one can receive or provide feedback related to COVID-19. In addition, community members involved in burial activities at village level have been trained in ensuring dignified and secure management of people who have died from COVID-19. CRC volunteers also support in ensuring dignified and secure burials of people who died from COVID-19 related complications. Follow up home visits are being conducted by a team of doctors and nurses for people who recovered from COVID-19 or those at high risk. This team was trained on COVID-19

programme by CRC staff. The teams monitor the recovery and share information with the Ministry of Health.



COVID-19 awareness being conducted in the market by CRC volunteer.

Botswana Red Cross Society

Since the start of the pandemic, the country is facing increased numbers of COVID-19 cases especially at isolation centres, increased community cases



BRCS volunteer conducting contact tracing.

and there is a gap in testing, home isolation, crowd management, contact tracing and follow up. Botswana Red Cross Society (BRCS) has implemented a massive community COVID-19 project which has engaged more than 3,000 volunteers across the country to support COVID-19 response activities. The NS has also engaged three volunteers at Dukwi refugee Camp which currently hosts about 1,130 households. The volunteers conduct health education, contact tracing, crowd management, and risk communication as well as assist with quarantine and isolation within the camp. The volunteers support other health-related activities in the camp including measles and rubella campaigns. As an innovative approach, BRCS usually use schools as isolation centre when COVID-19-positive cases are identified in boarding schools. This ensures that the affected persons are not sent back to the community where there is a risk of spreading the virus. In addition, the students can support each other, and BRCS can ensure effective supervision, and adherence to protocols as well as facilitate follow-up and identification of worsening cases.

Red Cross of Benin

As soon as the first case of COVID-19 was reported in Benin, the Red Cross of Benin (RCB) provided individual protection equipment (masks, hand sanitizers) to its staff and volunteers involved in response activities. In addition, the NS trained volunteers to conduct awareness-raising sessions all around the country. RCB partnered with two mobile telephone network companies that have distributed

hundreds of thousands of awareness messages to the millions of Benin population. RCB volunteers trained in contact tracing and screening were deployed to support medical staff in these activities. In addition, the NS has been assigned by the government the task of management of the dead. RCB in its support to the government has set up a pool of trainers specialized in psychosocial support who have in turn trained volunteers who are now supporting various health zones.

Red Cross Society of Niger

Red Cross Society of Niger (RCSN) volunteers in collaboration with health officials are conducting contact tracing activities across the country. From the outbreak of the pandemic to date, close to 4,000 contact persons were reached and transferred to government health centres where patients are treated. The NS also supports safe and dignified management of the dead in close collaboration with MoH. NS volunteers are carrying out RCCE, health, and hygiene promotion activities. Awareness sessions are being conducted by community volunteers who are broadcasting key prevention measures including physical distancing, handwashing, and mask-wearing. Red Cross of Niger has signed an agreement with 56 radio stations and five TV channels to disseminate key

messages in seven national languages and French. Community feedback and complaint committees were put in place so that the implementation teams can receive comments, suggestions and complaints from community members and adjust their approaches based on feedback received. RCSN volunteers trained in community-based surveillance worked with government health officials as well as community, religious and traditional leaders in surveillance activities reaching more than 18,000 people. More than 130 public health centres were supported in disinfection of buildings, installation of handwashing devices and contact tracing. In addition, 50 primary schools were supported with handwashing devices, soap, hand sanitizers, liquid soap, and masks. In addition, masks were purchased and distributed to communities and health centres.

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AMERICAS REGION

National Society response KEY HIGHLIGHTS

The list of National Societies and activities below is based on information submitted to the IFRC Regional Office for Americas on various channels. Some National Societies completed the activities supported through the IFRC's Secretariat Appeal before December 2022, but continued providing support in response to COVID-19 through domestic and bilateral funds.

Antigua and Barbuda Red Cross

During all phases of the response, the Antigua and Barbuda Red Cross (ABRC) partnered with local agencies including the Ministry of Health, Wellness and the Environment, the National Office of Disaster Services (NODS), the local fire department, the Barbuda Council, and other key institutions. In the initial stage of the pandemic the Barbuda health system was supported with the screening of persons, and hygiene kits were distributed to targeted groups that included persons in correctional institutions. In addition to providing vulnerable groups with PPEs and other hygiene items, staff, and volunteers were also protected. As the pandemic evolved, a CVA programme was implemented and reached 287 persons, and food assistance was given to 167 persons.

No-touch wash basins were installed in high-risk areas, schools, and public spaces. Communication was an essential part, and social media, radio, and television were some of the platforms used to reach out to the

communities to inform about risks and preventative measures to prevent or slow the spread of COVID-19.

Several distributions were conducted to support persons in quarantine facilities, healthcare workers assigned at the quarantine facility, the homeless, schools and other identified vulnerable groups. The items ranged from hygiene products to food items.



Youth volunteers distributing care packages to unemployed young women. Source: Antigua and Barbuda Red Cross, September 2021

The ABRC also made efforts towards sustaining livelihoods and contribute to 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 which resulted in over 2,500 seedlings being distributed to a segment of the population.

The COVID-19 operation in Antigua and Barbuda had successes in its implementation, and some of them were:

- Effective educational delivery and awareness curtailed the spread of the virus.
- Strategic health screening was crucial for the implementation of activities.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Vaccine hesitancy and stigmatization.
- Highly politicized narratives and harsh mandates created challenges and affected public perceptions and acceptance.

Argentine Red Cross

Since the beginning of the pandemic, the Argentine Red Cross (ARC) has deployed support devices to the health system through governmental agreements while assisting in health controls of symptoms and rapid testing of COVID-19.

The ARC worked in remote areas through its Humanitarian Camp with health promotion activities, water treatment and distribution, latrine construction, and hygiene promotion activities, which contributed to a low or null spread of COVID-19. At the same time, psychosocial support was provided to groups of migrants, refugees, children, and adolescents. Spaces for emotional ventilation were created for volunteers, and referrals were made to the mental health system. Also, the ARC had a telephone line that people contacted in case they want to access this type of service.

On the other hand, work was done on community management of cases of diseases not linked to COVID-19 to guarantee access and continuity for people with chronic diseases. Actions on capacity building for the educational community adapted to COVID-19 protocols were carried out in both urban and rural schools, to identify and respond to incidents and emergencies in the context of COVID-19

In the framework of the National Food Security and Livelihoods Project, workshops were held in community spaces such as dining halls, picnic areas, and churches, on trades with job opportunities (masonry, sanitary installations, blacksmithing, manicure, hairdressing, gastronomy, gardening). The National Society operated on the Youth in Movement Project to generate a change in sedentary behaviour linked to the pandemic through the development of recreational-educational and sports activities.

The Humanitarian Observatory, through real-time digital monitoring, carried out a series of reports on different population groups (children, youth, migrants, elderly) and different topics such as quality of life in the pandemic to understand the perception regarding mental health variables and socioeconomic and emotional well-being. Throughout the pandemic, the ARC worked with migratory flows entering the country, helping through temporary housing, food security, and humanitarian transport, especially during the pandemic and related restrictions.

Risk communication was a priority for the response to the pandemic; throughout the operation, dissemination campaigns were implemented with information related to COVID-19, which changed as the pandemic progressed. The ARC had a mechanism for monitoring the emergency at the national level that was developed through the EOC at Headquarters.

The COVID-19 operation in Argentina had successes in its implementation, and some of them were:

- The successful coordination with government authorities, partner institutions, and the private sector enhanced the National Society's auxiliary role in nationwide humanitarian interventions.
- Significant growth, development, and strengthening of the ARC were achieved after the implementation of a such complex operation.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Planning and implementation of an exit strategy suitable for the ARC's staff that ensures business continuity.
- Strengthening of fundraising capacities to develop future actions and long-term recovery.

Barbados Red Cross Society

As a response to the increased economic vulnerabilities caused by widescale lockdowns and closure of borders, the Barbados Red Cross Society (BRCS) established a partnership with the Household Mitigation Unit of the Prime Minister's Office.

Cash-based support was provided to 52 individuals for three months, with emphasis on those who were directly impacted by closures within the tourism industry. Beyond this, emphasis was placed on the provision of immediate basic support to families in need, donating supermarket vouchers and home



Red Cross volunteers distributing home garden kits. Source: Barbados Red Cross as July 2022

Belize Red Cross Society

With the support of the IFRC, the ICRC, the Canadian Red Cross, and the local private sector, the Belize Red Cross (BRC) was successful in implementing twenty-eight months of outreach and assistance to the people of Belize during their response to the COVID-19 pandemic. This response reached and positively impacted approximately 150,000 persons directly through household assessments, distributions, and risk communication, and around 496,653 persons indirectly through media representations (dispelling myths) and promotion (vaccines), while providing direct support to the Ministry of Health and Wellness in their vaccine roll-out programs.

At least 110 volunteers now have increased knowledge and capacity and are better able and positioned to



Red Cross volunteers distributing materials in the community. Source: Belize Red Cross, August 2021

garden planting kits to over 200 Barbadian households. The area of psychosocial support and psychological first aid has been recognized as key areas of importance for the National Society. For this reason, the BRCS trained 20 staff and volunteers in the provision of psychosocial support, further offering targeted counselling to 23 individuals who identified a need for mental health support.

The COVID-19 operation in Barbados had successes in its implementation, and some of them were:

- For the first time, the National Society was able to institute an Information Sharing Agreement, providing support to some of the individuals most severely impacted by government lockdowns.
- Another achievement that signalled an entry into a new area of work was the provision of psychosocial support to impacted individuals at the height of the pandemic.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The need to explore ways to provide support to communities that have not previously benefited from the operation.
- To continue to integrate the "client-centred" approach into the ongoing programming.

assist communities to cope with, respond to, and prevent the spread of communicable diseases.

Small in numbers, the National Society has extensive experience working with communities. The COVID-19 response allowed all seven branches and headquarters to become engaged in the work of the National Society. Despite logistical challenges that existed and continue to exist, the BRC worked around these by renting containers for storage and leasing vehicles that enabled it to expand its reach.

The COVID-19 operation in Belize had successes in its implementation, and some of them were:

- At the start, the National Society was not considered "essential workers". Today, the BRC is recognized, not only as an essential actor in the field, but also as a key partner and counterpart to government authorities, and other organizations.
- The COVID-19 response provided a valuable experience in health in emergencies for staff and volunteers of the National Society.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Limited logistics capacity and absence of storage facilities.
- Limited number of vehicles to traverse rural areas and hard-to-reach communities.

Bolivian Red Cross

The Bolivian Red Cross (BRC) established a WhatsApp line as a COVID-19 information service. The attention was carried out from January to September 2022, reaching 250 people. The number of calls decreased throughout the pandemic since the population received information from different sources and this was an important reason to terminate the service and invest in community actions, such as prevention, care, and awareness in La Paz, Cochabamba, Tarija, Santa Cruz, El Alto, Guayaramerin and Tupiza, reaching 24,589 people. The emerging need to reinforce "healthy habits" through health promotion in children's centres, people with disabilities, and the LGBT+ Community, resulted in 54 educational centres and 19,819 people being reached. The National Society focused its efforts on a national handwashing campaign as a prevention strategy for "Infectious Contagious" Diseases.

The vaccination campaign was concentrated in the city of La Paz, due to the high indicators of contagion of COVID-19. The networks served were II, III, and IV (peri-urban area of the city). The coordination of the campaigns was carried out together with the Expanded Immunization Program (PAI in Spanish), dependent on the Departmental Health Service, an instance that requested our support to vaccinate against COVID-19 and the regular PAI (under 5 years of age) since outbreaks of coqueluche, measles, and rubella arose. The vaccination campaign had an advance of 95%. From May to July 2022, the BRC, during its COVID-19 vaccination campaigns, administered 1,272 vaccines. Thus, there was also a collaboration with the contribution of the PAI program with a total of 3,461 immunizations for measles, rubella, and mumps.

At the same time, the National Society successfully distributed PPEs supplies in 11 branches.

Telecare tasks began in April 2022. The 14 active telephone lines were distributed throughout the country. Reaching a total of 27,296 people treated nationwide, this service was provided to people who needed psychological help, in some cases in which the volunteers could not attend, they were referred to the corresponding professional, and those on shift attended the consultations and performed psychological interventions through the APS Line.

The COVID-19 operation in Bolivia had successes in its implementation, and some of them were:

- The National Society managed optimally the administration of "unattended" vaccines due to the overlap of the pandemic, all in coordination with the Expanded Program of Immunization and Departmental Health Services, and the provision of thermoses for the management of the vaccine cold chain.
- Strengthening of Departmental and Municipal affiliates with the provision of Biosafety Kits and Personal Protection Equipment, as well as in health centres and first-level hospitals.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Implementation of health promotion strategies in vulnerable groups such as older adults and children under five years of age.
- Strengthening of volunteer capacities and generation of a better and more prepared human resource to respond to emergencies and disasters promptly, with material resources and equipment.



Visit to the educational units República de Francia and Las Delicias in El Alto municipal branch, 24 October 2022
Source: Bolivian Red Cross

Brazilian Red Cross

During the COVID-19 pandemic, the Brazilian Red Cross (BRC) carried out activities to identify different possible signs and symptoms for the detection of suspected cases and their referral to health centres or recommendations for preventive isolation. The National Society also worked to support the government in carrying out tests to detect the virus. The BRC worked in the delivery of hygiene items in different states of the country being able to reach different population groups such as the elderly, children and adolescents, health professionals, homeless people, and the general population.

The branches in Distrito Federal, Alagoas, Sao Paulo, Rio de Janeiro, and Mato Grosso do Sul carried out activities to mitigate the psychological impacts left by the pandemic, working on activities to prevent domestic violence, toxic masculinity, suicide prevention, and the promotion of self-care to promote the resilience of the communities. The psychosocial support network worked with children involved in the domestic violence scenario.

The National Society purchased hospital supplies for the hospital managed by the Paraná branch, and hospital supplies were also distributed in other states such as Amazonas, Pará, Tocantins, Acre, Piauí and Bahia. The BRC collaborated with the federal government's immunization plan. Many branches were vaccination sites and volunteers were made available to work in the vaccination centres. Finally, a vaccination

bus was acquired in partnership with Mercedes Benz, which travelled through different states of the country to reach areas far from urban centres with the vaccine.

Support has been provided to families that have been affected at the socioeconomic level through a cash transfer program that was carried out in different departments of the country and at different stages of the operation. A perception study was also conducted to provide information on the work carried out by the National Society. Gender violence prevention activities were carried out for women victims of violence and the LGBTQIA+ community, and assistance was provided with food baskets and conversation rounds to provide psychosocial support.

The COVID-19 operation in Brazil had successes in its implementation, and some of them were:

- Supporting the government response to the COVID-19 pandemic, mainly related to vaccination for both COVID-19 and the regular immunization schedule.
- Vaccination and prevention campaigns in hard-to-reach areas of the country were carried out successfully, especially in indigenous territories.

At the same time, the National Society identified these areas of improvement which is still important to tackle:

- The solidification of the BRC as an auxiliary actor specifically in health areas.
- The mobilization of unrestricted available resources to define sustained areas of work for the National Society.

Chilean Red Cross

The Chilean Red Cross (CRC), through the action of its branches throughout the country, has carried out multiple activities aimed at supporting national vaccination campaigns, assisting with PCR and antigen testing to identify and reduce contagion, disseminating information related to preventive measures to avoid contagion of the population, providing emergency kits to migrants and host communities to alleviate the socioeconomic impact of the COVID-19 pandemic, boost the resilience of communities through training on water, sanitation, and hygiene (WASH) management, training volunteers on different types of violence, and strengthen the management of the national society through new hires. In the development of these activities, coordination between the National Society, national, and local authorities, and civil society organizations have been carried out at the national,

regional, and communal levels, adapting the type of intervention to the needs of each sector.



Distribution of educational material to the community. Source: Chilean Red Cross

The CRC supported the Ministry of Health with free rapid antigen testing through swabs and held a workshop on water, sanitation, and hygiene for all its personnel, and worked to expand its capabilities in this area to develop activities related to the area. Personal hygiene kits have been delivered to migrants and the host population. Intense health and hygiene promotion campaigns were carried out and the event "Workshop on water, sanitation, hygiene promotion, and energy efficiency, prevention of COVID-19, prevented family and emergency kit focused on the community" was held in the municipalities of Puente Alto and Valparaíso (Metropolitan Region and Valparaíso, respectively). Work was done in the informal settlement "El sueño de todos" in Puente Alto and in "Alto Nueva Placilla" in Valparaíso, and community members were trained in water, sanitation, and hygiene. The CRC also delivered food kits to different population groups with high levels of vulnerability, which were directly affected by the COVID-19 pandemic.

Campaigns and workshops were executed in the Sexual and Reproductive Health area during the

sexually transmitted infection (STI) pandemic and follow-up of basic controls for the prevention of breast cancer. Informative material was developed for use at the national level addressing issues relevant to each stage of the pandemic, from care related to the disease to steps for isolation, psychosocial support, relevant health care, and vaccination, among others.

The COVID-19 operation in Chile had successes in its implementation, and some of them were:

- An increase in the visibility of the National Society's activities in the country.
- The inter-agency coordination achieved during the operation improved the efficiency of the CRC.

At the same time, the National Society identified these areas of improvement which is still important to tackle:

- The promotion of the auxiliary role of the National Society with local and national authorities is crucial for future interventions.
- The incorporation and retention of volunteers, especially in younger age groups are key to having a bigger reach with the activities implemented.

Colombian Red Cross Society

Through different efforts and strategic allies, the Colombian Red Cross Society (CRCS) managed to respond to the needs derived from the COVID-19 pandemic. This is how the coverage of its humanitarian action has increased significantly, gradually increasing the scope indicators, in terms of beneficiaries, in the different stages of the response plan, reaching a total of 2,357,799 people.

The figures achieved in each line of action as a result of the actions framed in the national response plan of the CRCS were the following: 310,566 received primary health care, 1,489,946 humanitarian assistance, 284,933 teleguidance, 208,253 through the dissemination of key messages, 15,945 received livelihoods and monetary transfers, 20,914 through strategic articulation with institutions, 20,228 welfare for volunteers, 2,329,157 were benefited with the delivery of personal protection elements, 48,312 litres of water distributed and 381,834 were reached through education.

In response to the economic impacts of the pandemic on the communities, actions were implemented aimed at responding to the livelihood needs of the population focused on the Departments of Amazonas, Nariño, and Chocó. During the three phases of the



Follow-up visit to beneficiaries of the Cash Transfer Program. Pasto, Nariño. Source: Colombian Red Cross Society

present COVID-19 Response Plan, coverage of 1,631 families with a high degree of vulnerability of services that did not have a fixed economic income was carried out to cover urgent basic needs such as food, accommodation, public payment, and transportation, among others. The identification and link to the Cash Transfer Program were carried out according to the results of a needs assessment and characterization implemented at the beginning of each phase. This economic support was aimed at providing monetary assistance to the population focused on the municipal seats of Leticia in Amazonas, Pasto in Nariño, and Quibdó in Chocó.

For its part, with the extension of the scope of the project to support the recovery from Covid-19 through the implementation of climate-smart livelihood initiatives, an amount of CHF 35,000 was added, thus expanding the scope of implementation and response to the departments of Meta, Guainía, Caldas, Tolima, and Guaviare. The development and execution of this pilot microproject with the Agromujeres Association of Guayabal de Upía - ASOMUPIA, was born as a response to the need for the processing and transformation of agricultural products and their commercialization.

The COVID-19 operation in Colombia had successes in its implementation, and some of them were:

- The operation allowed the inclusion of a recovery component in the face of the socioeconomic impacts that the COVID-19 pandemic left in its wake. Thus, the incorporation of climate change adaptation and mitigation tools favoured knowledge and mitigation of risks and vulnerabilities related to livelihoods and food shortages, deepening green business strategies, nature-based solutions, and circular economy.
- The generation of a binding operation with the

Amazonas section, since a wide-ranging project has not been implemented in the territory in recent years, and this intervention made the population commit to the response, mobilizing the elderly population and vulnerable communities.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The revitalization of administrative processes such as the signing of agreement letters and the management of resources can be achieved more expeditiously, avoiding the delay in these processes that affects the liquidity of the project, and, therefore, the implementation of activities on schedule.
- Although humanitarian assistance to cover basic needs is necessary, by itself does not represent a lasting solution for families. For some of them, it may be enough to get their life project back on track since it will allow them to dedicate energy to the achievement of a more stable income-generating activity.

Costa Rican Red Cross

Since the beginning of the pandemic and until the end of December 2022, the Costa Rican Red Cross (CRRC) has carried out a total of 51,003 transfers of suspected or confirmed COVID-19 cases to different medical centres in response to the emergency. These transfers were carried out in coordination with the institutions of the country's National Risk Management System. At the same time, the "PGO-GENE-21 Psychological crisis intervention" protocol for staff and volunteers and the "IT-DNGR-ATEM-05 Psychological First Aid Intervention Guide" were created and disseminated so that staff and volunteers are familiar with them and can implement them in their work. Personal protective equipment (PPE) and adequate hand-washing facilities were placed in the auxiliary committees, which will be kept in use not only for the pandemic but also to promote good hygiene habits to prevent any other type of illness.

Some of the lessons learned that the National Society will continue to apply for future events with similar characteristics are:

- Actions to support basic health care for the migrant population and vulnerable communities far from health centres.
- Application of community participation and accountability to the population that the CRRC assists.

- The contribution and strengthening of institutional capacities, encouraging national and international cooperation, and the generation of partners through extensive communication and coordination networks to try to cover some institutional needs, according to the possibilities that the market has provided, always seeking the sustainability of the institution.
- The use of PPE in every project developed, especially for personnel working in communities and in the pre-hospital area.
- Continuous training in virtual environments by the Professional Training Department.



Costa Rican Red Cross support to vaccination campaigns, Cartago, Costa Rica, October 2021

The COVID-19 operation in Costa Rica had successes in its implementation, and some of them were:

- The implementation of virtual campaigns through social networks promoting good hygiene habits and providing psychosocial support information and guidance to all people on the issue of COVID-19 myth eradication. It is important to mention that at the country level mass campaigns have achieved this goal.
- With the purchase and donation of PPEs for both volunteer and permanent staff, it was possible to support and supply the regions and their branches for the care of patients suspected or confirmed with the COVID-19 virus.

Cuban Red Cross

With the support of the IFRC and other strategic donors, the Cuban Red Cross (CRC) mobilized 31,179 volunteers (19,834 male and 11,345 female) and successfully implemented nationwide outreach, assistance, and vaccination activities during its response to the COVID-19 pandemic from 11 March 2020, through 30 January 2022. The CRC deployed its COVID-19 Response Plan in coordination with local, provincial, and national government authorities.

The main achievement that the National Society highlighted through the operation include:

Epidemic Control and Community surveillance: More than 1,026 border points and isolated quarantine or special restriction zones were actively supported by approximately 3,000 volunteers with COVID-19 screenings for signs and symptoms. Volunteers also disseminated key messages through face-to-face educational talks and the transmission of valuable guidance. Volunteers also assisted the population with the delivery of medicines and food to families in quarantine or populations at risk, as well as people with disabilities. Volunteers and staff offered support in logistics activities such as the assembly of tents, feeding of volunteers, and transfers. A total of 11,538 volunteers have been activated in community surveillance, carrying out house-to-house Active Symptom Detection Surveys, an activity part of the Cuban Health System.

Health promotion activities: Around 1,850 volunteer facilitators conducted more than 8,759 training activities, neighbourhood debates, and health hearings in hard-to-reach communities, workplaces,

At the same time, the National Society identified this area of improvement which is still important to tackle:

- Information management: the capacities of the CRRC and innovation processes need to be strengthened to improve efficiency.
- Strengthening of the National Society: with the implementation of digital tools the CRRC can streamline procurement processes and the recruitment of personnel, generating a faster response. Also, the search for alternative means to meet all institutional requirements needs to be strengthened, reducing the gap in the training and the implementation of activities.

schools, nursing homes, and maternity homes. The CRC also disseminated key messages on health promotion through educational lectures, the distribution of brochures, prevention materials, and risk communication. A total of 253,978 people were trained directly and 761,934 indirectly, from different audiences as follows: 158,417 in 2,922 communities, 54,866 workers in 4,557 work centres, and 40,695 students and teachers in 306 educational centres. More than 7,715 interviews and talks were conducted through local and national radio stations. Around 229 appearances and journalistic works were also made on television by local telecentres and national television, and 99 press conferences supported by the group of journalists' friends of the Cuban Red Cross (*El Grupo de Periodistas Llamados Amigos de Cruz Roja Cubana*).



Red Cross volunteers providing risk communication and containment information at a community border point in La Havana. Source: Cuban Red Cross, February 2021

The COVID-19 operation in Cuba had successes in its implementation, and some of them were:

- The national health authorities recognized the dedication and efficiency of the work of the Cuban Red Cross volunteers in community surveillance, carrying out surveys to detect symptoms in the communities, especially in the provinces of Ciego de Ávila, Camagüey, Las Tunas, Holguín, and Santiago de Cuba.
- The contribution of the PPEs goes beyond COVID since the medical supplies that have been delivered to Cuban Red Cross has been used by health staff to attend other respiratory diseases.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Providing the necessary follow-up is key to keeping the supply chain constantly updated since any shipment to Cuba requires following the import permits and the procedures to get clearance from customs.
- The CRC has a strong response mechanism that can mobilize volunteers very effectively and efficiently, hence the IFRC needs to adapt its framework and train the National Society in the used systems for better delivery of the most needed services in adequate times.

Dominica Red Cross Society

The main achievements from the COVID-19 operation undertaken by the Dominica Red Cross Society (DRCS) were as follows:

Livelihoods: People affected by the virus were provided with much-needed support through a CVA programme along with hygiene supplies.

Health promotion: A hand washing guide in partnership with Nestle, was produced, and circulated at small to medium business enterprises including key areas in communities. Several billboards were also produced and installed in various communities. Several radio and television ads were also done to promote proper hygiene, use of the facial mask, and other protocols set by the Ministry of Health



Billboard installed in a high-traffic area.
Source: Dominica Red Cross, October 2021

Vaccination campaigns: The DRCS was committed in its support to the Ministry of Health with vaccination and rapid antigen testing. Volunteers were part of the vaccine roll-out at the various health centres, schools, and the mobile and community testing team.

Community Engagement and Accountability (CEA): Persons in vulnerable communities were engaged through branch volunteers with risk communication material, and hygiene supplies, among others. These activities will continue in the targeted communities where they will be integrated into the National Society's programmes for training.

The COVID-19 operation in Dominica had successes in its implementation, and some of them were:

- The strengthening of the DRCS's relationship with the Ministry of Health and government by extension of the programming in health.
- Partnerships were built with local partners and community groups including the migrant population where educational material was tailored to meet their needs.

At the same time, the National Society identified this area of improvement which is still important to tackle:

- Enhancement of branches in the communities to give more visibility to the work of the National Society.
- Improving the auxiliary role of the DRCS with the government to extend the reach of humanitarian interventions.

Dominican Red Cross

The Dominican Red Cross (DRC), with the strategic direction of the IFRC response framework for COVID-19, was recognized for its preparedness and presence nationwide at the community level. The National Society presented its response plan "Together in Action" and contingency plans at the start of the pandemic. The DRC staff and leadership were actively providing local strategic direction in risk management, relief, WASH, health, vaccination, and fundraising efforts.

The main achievements of the National Society were:

Support to the National COVID-19 Vacúnate RD vaccination campaign:

- 21,823 people were sensitized about the benefits of the COVID-19 vaccine as well as informed on preventive and control measures, psychological first aid, and clarification of rumours and myths about the vaccine.
- 15,242 people have been vaccinated against COVID-19 (5 years and older)
- 250 volunteers from 41 DRC branches were mobilized in support of COVID-19 sensitization, vaccination awareness, and vaccination activities against COVID-19 part of the "Every person counts" strategy.
- Vaccination campaigns were launched in prisons and communities with the most vulnerable conditions.
- 429,345 people were supported with vaccination efforts (including 2,333 people with disabilities) in close collaboration with provincial and areas health directorates.
- 3,809 people (1,420 male and 2,389 female) were sensitized to vaccine hesitation.

Support with infection prevention, control, and WASH:

- 157 medical and nursing staff from First Level Centres and volunteers from DRC branches in Santo, Santiago, La Romana, and La Altagracia were trained in the guidelines for the prevention, approach, care, and referral of COVID-19 cases.
- 230 infrastructures (101 high-traffic areas and 130 Primary Care Units) in Santiago, Santo Domingo, Santiago, La Romana, and La Altagracia have improved access to water and basic sanitation with hand-washing water and basic sanitation with access points for hand washing, thanks to the intervention of the National Society.
- 3,531,877 people benefited from hygiene promotion activities and hand-washing facilities

(also used as a barrier to entry in key buildings and public service areas). The WASH team continued strengthening these facilities located in different communities and health centres in priority areas.

- The DRC continues strengthening its response capacity expanding the scope and coverage of interventions through coordination with health authorities and community interventions sponsored by UNICEF.

The COVID-19 operation in Dominican Republic had successes in its implementation, and some of them were:

- Strategic alliances were created with other partners to reach a greater number of people in territories where vaccination coverage was lower and had barriers to accessing awareness and vaccination information.
- Implementation of risk communication and inoculation workshops against COVID-19 aimed at volunteers to support the completion of vaccination schedules for the population in remote and difficult-to-access places, and for the population in vulnerable conditions.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Ensuring safe access for volunteers in remote areas as well as difficulties with volunteers abiding by the biosafety and biosecurity protocol when carrying out interventions in the hard-to-reach community.
- At the beginning of the pandemic, the DRC faced difficulty with transmitting awareness messages and the overall understanding of the key messages of disease prevention and promotion of hygienic habits due to the use of technical words.



Billboard installed in a high-traffic area.
Source: Dominica Red Cross, October 2021

Ecuadorian Red Cross

Since the beginning of the pandemic, the Ecuadorian Red Cross (ERC) used its capabilities within the framework of its operational plan that aimed to contain the spread of the COVID-19 pandemic and reduce the COVID-19 pandemic's sanitary and social impacts.

In close coordination with the Ministry of Public Health and different actors, the operations boosted the triage and basic care capacities of community health centres, also providing psychosocial care to children and adults. To achieve these goals, the Bureau for Humanitarian Assistance (BHA) Health project began on 3 January 2022, focused on access to health services and strengthening health care and the capacities of humanitarian actors to respond to the problem of gender violence, including the use of access routes to care for people who are victims of gender-based violence.

Alongside strategic partners, the ERC achieved the installation of 11 operational respiratory triage points in 8 provinces of the country, supporting in a coordinated way the Health Services Network of the Ministry of Public Health. In the 11 respiratory triage points, direct care was provided to 47,777 people, 36,310 (76%) were attended by nursing professionals to take vital signs and later by medical professionals for diagnosis, and the remaining 11,466 (24%) were attended only by nursing professionals and referred for diagnosis to the medical professional of the health centre.

Likewise, each provincial board participating in this project had 8 psychology professionals (hired by this project) who provided care to 6,851 people and frontline personnel in MHPSS. In telehealth care through the Teams platform, Zoom, WhatsApp, and telephone calls, 1,507 (22%) people were attended and 5,344 (78%) were reached in person. Regarding the people who attended in person, 89% (6,097) belong to the community, 6% (411) humanitarian personnel, and 5% (343) front-line personnel. The ERC provided 20 psychological first aid workshops, 11 face-to-face workshops, and 9 virtual ones. These workshops reached a total of 2,631 people, of which 1,815 (69%) people received workshops on psychoeducation and 816 (31%) people received workshops on group and individual emotional management. Also, 2,332 (88.64%) people attended belonged to the community and 299 (11.36%) were humanitarians.

The ERC gave 50 face-to-face talks at the triage points where 11 were gender-based violence (GBV) to a

total of 4,657 people reached. Around 88% (4,098) were addressed to the community and 12% (559) to human personnel, facilitated by the psychology and nursing professional. Finally, the ERC held three daily informative talks at the triage points at the initiative of health professionals (nurse and nursing assistant) on topics such as biosafety, the importance of hand washing, correct use of the mask, the importance of vaccination, disease prevention, and healthy eating. With these talks given, 10,247 people have been reached.

Building on the National Society experience during the first year COVID-19 response, the ERC focused actions even further in 2022 with the Building Trust project during the COVID-19 pandemic. This project, financed by USAID through BHA, began in 2022 and will continue until December 2023. The ERC is currently working on several outcomes to build trust using the CEA approach, the main actions include the promotion of healthy lifestyles and disease prevention measures in provinces across the country (82,263 people reached so far), raising awareness on the importance of the COVID-19 vaccine and regular vaccination schedules (101,529 people reached so far), gathering COVID-19 information through perception surveys from within communities and with health workers. This information will be used to create a dashboard, further analyse key trends through social listening reports (aligned with the perception surveys), and target messages and strategies to build trust. To reduce vaccine resistance workshops have taken place with ERC volunteers (5,521 in total), and staff and volunteers are also strengthening their knowledge and skills in the CEA approach with a nationwide network of CEA focal points. Key messages are being shared on different social media platforms, and regularly updated based on community feedback and data-driven research.



Health fair in Samanes Park. Source: Ecuadorian Red Cross, December 2022

The COVID-19 operation in Ecuador had successes in its implementation, and some of them were:

- Close coordination with local and national authorities contributed to boost up existing health-providing structures and addressing the gaps in people's needs.
- Psychosocial support is key for response operations. When aimed to the public, it helps build resilience and coping mechanisms. When focussed on volunteers and response staff, it contributes to the continuation of services.

Grenada Red Cross Society

Epidemic control measures, risk communication, livelihood support, and vaccination advocacy were some of the main areas of focus of the work of the Grenada Red Cross Society (GRCS), all carried out in partnership with agencies that included the Ministry of Health, National Disaster Management Agency, Royal Grenada Police Force-Grenada, National Water and Sewerage Authority, Grenada Port Authority, Ministry of Education, and Social Development. From installing 22 hand-washing stations in schools to distributing food vouchers to 821 families and providing psychosocial support to affected persons and children to developing a risk communication campaign and creating a video for a vaccination jingle, the National Society balanced these activities with those that ensured its financial sustainability and business continuity.

The COVID-19 operation in Grenada had successes in its implementation, and some of them were:

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The ERC is further developing cross-cutting CEA strategies across its programmes to increment the quality of services provided to vulnerable people.
- Strengthening the National Society 's capacity to build resources is crucial for sustaining long-term recovery programmes.

- The National Society was able to host and complete several training sessions in various methodologies locally, regionally, and internationally, such as the Strategic Planning Process, Use of Action Learning Methodology, and Training in the Use of PPEs.
- The implementation of Community Engagement and Accountability (CEA) enabled networking with community members and partners, resulting in a successful CVA Program.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The scope of impact and the number of requests were not serviced with the funding available. The dependence on donor funding restricted the types of activities and the reach of the GRCS in the country.
- Focus on activity completion and reporting versus concentration on long-term capacity building and sustainability of the GRCS was neglected during the operation.

Guatemalan Red Cross

As part of the communication strategy, the Guatemalan Red Cross (GRC) informed the population using its social networks with the #CruzRojaGT, having a reach of 296,868 people, with 9,744 interactions and 1,969 viewers watching live. The topics focused on the framework of the response to the pandemic of COVID-19, some of them being stress management at home, biosecurity at home, feeding for under two in times of COVID-19, COVID-19 at work according to the governmental agreement, COVID-19 prevention, and talking to children about COVID-19, among others. A communication campaign for the promotion of free and voluntary vaccination was also implemented. These actions have been possible thanks to close coordination with the authorities of the Ministry of Health. As a result of these campaigns, 1,124,867

people have been reached through social networks alone.

Fulfilling its role of assisting the public authorities, the GRC worked in coordination with the health authorities to respond to the COVID-19 pandemic,



Vaccination in Quetzaltenango delegation to children aged 6 to 11 years. Source: Guatemalan Red Cross, July 2022

supporting the National Vaccination Plan, setting up vaccination centres, providing human resources, fixed and mobile facilities, supplies, computer systems, and emergency units to some vaccination centres installed in the departments of Guatemala, Jalapa, Quiché, Quetzaltenango, and Retalhuleu. The GRC's facilities were adapted to have all the necessary areas to guarantee an efficient process, including data entry, a comfortable waiting area, vaccination and observation areas, and medical care clinics to assist those who need it. In addition, there were volunteers trained in sign language who interpret important information about the vaccination centre for the hearing impaired. A total of 48,751 people were vaccinated in the different centres.

As part of the COVID-19 operation, humanitarian aid was delivered in cash in the departments of Chiquimula, San Marcos, Quetzaltenango, Retalhuleu, and Suchitepéquez, and based on the CEA approach implemented, an exit survey was carried out by the National Society, for which 331 beneficiaries' opinions were collected. Due to the compilation of this data, the Building Trust project with USAID-BHA funds was created to continue with the actions of COVID-19, with which the actions will continue with a different focus to confront the problems of trust in the vaccination.

The COVID-19 operation in Guatemala had successes in its implementation, and some of them were:

- Since September 2021, as part of the response to the COVID-19 Emergency Appeal, the GRC

implemented a COVID-19 Vaccination Centre in Quetzaltenango, in support of the Ministry of Public Health and Social Assistance. The acceptance of the branch as a vaccination post was well received by the population, reaching a total of 33,662 people vaccinated in 2022.

- Through the development of a survey on the perception of the vaccine aimed at the indigenous and migrant populations carried out in 16 branches of the GRC, the participation of 398 people was achieved. These processes served to gather information to be able to work in indigenous communities on the prevention of COVID-19 and the importance of the vaccine for both target groups. A total of 48 volunteers from 16 delegations (20 male and 28 female) were trained to carry out the perception survey.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Ongoing coordination and support to Ministries of Health to restart and expand vital community health services. These are important to provide the support and care needed by the different communities.
- The pre-position of PPEs and resources in general in branches to be prepared to respond immediately to a local, regional, and national emergency.

Guyana Red Cross Society

The Guyana Red Cross Society (GRCS) played an active role in the fight against COVID-19. The National Society shared risk communication information and advocated for persons to be vaccinated; supported the Ministry of Health National COVID-19 Hotline with volunteers providing COVID-19 information; provided data entry and sensitive communication service to persons tested for COVID-19 at the HEOC testing unit; supported the Ministry of Public Health Blood Bank with Blood Drive to support persons with COVID-19; provided hot meals through the Meals on Wheels programme to vulnerable persons affected by COVID-19; provided personal protective equipment and sanitization products to volunteers, staff and health facilities; and conducted hygiene promotion activities and provided hygiene kits, jerry cans, water purification tablets, and other non-food items to vulnerable populations.

The COVID-19 operation in Guyana had successes in its implementation, and some of them were:

- The GRCS provided support to the National Vaccination Campaign in coordination with the Ministry of Health to reach vulnerable populations in far-out regions and communities, that may not have been reached due to limited resources. In addition, these efforts have contributed to 57.4% of our population being fully vaccinated.
- The COVID-19 activities in the country allowed the National Society to build strong relationships with agencies such as the Ministry of Health, UNHCR, IOM, HIAS, the Ministry of Education, and others. This is a key achievement due to the longstanding hindrance to inter-agency collaboration, especially during disasters and emergencies.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- There is still room for much more work to be done in collaboration with national and regional authorities.
- Reaching the indigenous and migrant populations continues to be a challenge especially due to the lack of financial and human resources, limited access to remote locations, and availability of vaccines for these communities.



Vaccination drive and registration of households, Anabisi Community, Port Kaituma. Source: Guyana Red Cross Society, December 2021

Haiti Red Cross Society

In the main lines of intervention of the Response Plan of the Ministry of Public Health and Population for COVID-19, the Haiti Red Cross Society (HRCS), as an auxiliary of the public authorities intervened from March 2020 to December 2021 in several priority areas of the preparedness and response to the COVID-19 pandemic.

The main achievements highlighted by the National Society are:

Ambulance Services: The HRCS assigned ambulances for the evacuation of cases, and to ensure the availability of protection and disinfection materials. The Western Metropolitan Ambulance Service (SAOM – *Service Ambulancier Ouest Metropolitain*) of the HRCS had become essential and has provided medical transportation for patients in the context of a very weak health system and limited availability of ambulances. Between July 2020 and May 2021, a total of 785 patients (394 male, 391 female) were transported to emergency facilities by the ambulance service of the National Society. The Haitian Red Cross operates an ambulance service with currently 5 ambulance units and about 200 volunteers trained and mobilized to support the service.

Risk communication, health education, and social mobilization: The National Society, with the support of its partners, carried out awareness and hand-washing activities in 10 regional committees and 50 local committees, which have mobilized more than 1,060 employees and volunteers. The National Society has intensified its actions by mobilizing about 1,000 volunteers who are deployed for the sensitization of the population. More than 3,800,000 people were reached with messages in mass sensitization sessions in the communities with megaphones, talks, and vehicles with sound systems. Around 400,000 key messages were distributed on barrier measures, 36,554 people were tested in temperature points, and more than 60 sites hosting the offices of ministries and public and private organizations were decontaminated by the HRCS disinfection, sanitation, and spraying team.

Water, sanitation, and hygiene (WASH): Thanks to the experience of the National Society in the WASH sector in Haiti, several activities have been implemented in different departments of the country, the latest ones have been carried out in the Southeast, South, Grand 'Anse, North, Northwest, and West. The HRCS installed handwashing stations in all municipalities where awareness activities have been conducted. All this work was done in coordination with the town halls and the brigadiers of the Directorate of Protection.



Handwashing stations set up by the National Society. Source: Haiti Red Cross Society, June 2021

Vaccination: In April 2021, the HRCS developed a plan to integrate vaccination into its work. Through this plan, the National Society proposed to support the Ministry of Health in its vaccination campaign. At the national level, a National Technical Working Group, subdivided into six technical subcommittees to work on the different components of immunization was created by the National Coordination Unit of the Immunization Program of the Ministry of Public Health and Population. At the intermediate level, ten other Departmental Technical Working Groups were formed across the ten departments to conduct the operations. The National Society supported the Ministry of Public Health and Population throughout the process of implementing the national immunization plan by participating in the National Technical Working Group for the preparation of the COVID-19 vaccine plan, and by affirming its presence in three technical subcommittees.

The COVID-19 operation in Haiti had successes in its implementation, and some of them were:

- The HRCS ambulance service was and remains

one of the only independent and neutral ambulance service providers in the country. The financial sustainability of the SAOM is ensured through cost-recovery charges applied, strategic partnerships with hotels and embassies, and support from the Movement partners involved in Haiti.

- The National Society's communication system was a crucial tool in implementing outreach activities by deploying its large network of volunteers to reach as many beneficiaries as possible.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The depletion of security has been hindering the reach of the population by the National Society. For this reason, the HRCS has adjusted to build new ways of reaching people through CEA training for volunteers.
- Financial sustainability has been an obstacle during the operation to maintain staffing and programs.

Honduran Red Cross

Since the beginning of the COVID-19 pandemic, the Honduran Red Cross (HRC) has made COVID-19 diagnostic and antibody testing available to the general population. Teams of health professionals were formed and collaborated in the surveillance and monitoring of suspected and confirmed cases through technical advice, formal training, and case monitoring. Equipment was also purchased to equip three pre-hospital care ambulances for the transfer of patients with COVID-19. This equipment consisted of mechanical ventilators, oxygen cylinders, airway management kits, pulse oximeters, and defibrillators, among other supplies. Also, oxygen therapy kits were delivered nationally to the HRC branches as part of the ambulance equipment.

At the community level, various activities were developed with prevention actions against COVID-19, reaching coverage of 12 departments and 36 municipalities nationwide. Personal protective equipment (PPEs) was provided to health facilities in Tegucigalpa, Comayagüela, and the Northern Zone, and 53 branches with National Society's personnel. All were in coordination with the Ministry of Health, Municipal and Local Emergency Committees, Intersectoral Boards, Patronages, Water Boards, Health Committees, and other community leaders.

Hand washing facilities were installed in educational centres to support the reopening of schools, ensuring their self-care and well-being, as well as that of the students. Access to drinking water was facilitated through the distribution of water in tanker carts, which were used for personal hygiene and domestic hygiene activities, thus helping to prevent multiple diseases, including COVID-19.



Actions of community surveillance, psychosocial support, livelihoods, and care to patients of COVID-19 at the North Zone and Central District. Source: Honduran Red Cross, June to September 2021

280 members of the HRC at the national level and community members were trained in Psychological First Aid on vaccination days so that the basic response of psychosocial support can have more coverage at the national level in the different vaccination posts. Also, campaigns were carried out to raise awareness of access to vaccination, which consisted of three radio and television advertising spots and dissemination on social networks with the slogans "I vaccinate myself", "vaccines are safe and save lives" and "vaccinate your children".

Through the unconditional cash transfer programme, families were reached with assistance in alliance with the Chamber of Commerce and Industry of Tegucigalpa and the International Organisation RIKOLTO to identify potential beneficiaries for the restoration and strengthening of their livelihoods. With the COVID-19 pandemic and the Eta and Iota hurricanes in 2020, the migratory flow of the Honduran population increased through frequent caravans and the entry of migrants of different nationalities through regular internment points in the country. For this reason, the HRC purchased and distributed hygiene kits for the migrant population. Due to the complexity of the situation, these actions are still ongoing.

The COVID-19 operation in Honduras had successes in its implementation, and some of them were:

- Work at the community level was achieved through the strengthening of health committees, carrying out training, health promotion, and community hygiene, mitigation, and preparedness actions.
- The Cash Transfer Programme was a success because it showed the importance of supporting economic reactivation through services and agri-food systems, by means of a non-revolving credit or a single disbursement endowment. Vulnerable people affected by COVID-19 were also assisted and reached with food and other in-kind assistance. Some families were identified with the support of coordinators and community leaders who prioritised the selection of families with the greatest need.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Expand the coverage of the communications work to include other ethnic groups and more high-risk communities and enable them to access livelihoods.
- Strengthen the Mental Health and Psychosocial Support (MHPSS) Programme to reach more vulnerable populations.

Jamaica Red Cross

The main achievements of the Jamaica Red Cross (JRC) during the COVID-19 operation were divided in the following technical areas:

Food assistance:

- 14,000 people were reached directly by the National Society and a cumulative total of 112,000 people reached by the JRC and its partners.

Vaccination:

- The assistance of the JRC at vaccination spots provided access to 1,767 people to COVID-19 vaccines.

Sanitation and personal protective equipment (PPEs):

- Over 18,000 people were reached in individual families, schools, care homes for the elderly, volunteers, and staff with masks, sanitizers, and gloves.
- The National Society procured 16 LCD automatic hand sanitizer dispensers to be donated to the Ministry of Health and Wellness.



Volunteers preparing food hampers for distribution to vulnerable communities. Source: Jamaica Red Cross, August 2021

Risk communication and community engagement:

- 1.1 million people were reached directly and indirectly through campaigns on social media, radio, and messaging on T-shirts.
- A [COVID-19 perception survey report](#) on Charles Town Maroons in Portland was published.

All these actions were achieved through the network of volunteers of the JRC that contributed 40,000 hours and more than 450 active volunteers nationally.

The COVID-19 operation in Jamaica had successes in its implementation, and some of them were:

- Through partnerships with the Government of Jamaica, the private sector, and other not-for-profit organizations, the JRC was able to expand its reach and impact providing well-needed humanitarian assistance through food aid, psychosocial support, and livelihoods restoration, among others to the most vulnerable and those who have been severely affected by the pandemic.
- The National Society completed the revision and

update of its National Emergency Response Plan alongside 13 branch plans in May 2022.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Resource mobilization to ensure business continuity.
- Sustained and consistent financing to support normal, administrative, and other operations of the National Society.

Mexican Red Cross

Since February 2020, when the Mexican Red Cross (MRC) began preparatory meetings on possible contingency scenarios until 31 December 2022, the institution has continued the actions of the COVID-19 response operation as an auxiliary partner to the Mexican public authorities. From pre-hospital care, the MRC has assisted 3,847,915 people directly through all its programmes and services within the framework of COVID-19.

The main achievements of the Mexican Red Cross (MRC) during the COVID-19 operation were the following:

- In Mexico City, the Polanco Hospital of the MRC was set up as a Clinical Assessment Centre (TRIAGE), which provided 24,339 services to potential carriers.
- Through key messages, 3,609,568 prevention activations have been reached, including information dissemination, awareness-raising, handing out face masks, and antibacterial gel, promotion of hygiene measures, and healthy distance.
- A total of 17,090 people were trained in Biosecurity, of which 11,562 are internal personnel and 5,528 are part of other citizen assistance bodies such as the National Guard, Civil Protection, and the National Army.
- 19,826 staff and volunteers have been reached with psychosocial care services through different approaches.
- In the field hospital installed at the Hospital General Renacimiento in Acapulco, Guerrero, 470 clinical cases have been treated, of which 150 have been confirmed by COVID-19. Additionally, 765 clinical cases have been treated with ventilatory support at the Field Hospital installed at the National Institute of Respiratory Diseases (INER by its acronym in Spanish) in Mexico City.



Volunteers taking temperatures and handing out masks at the central supply centre in Mexico City, one of the largest and most crowded markets in Latin America. Source: Mexican Red Cross, November 2020

- In response to the possible lack of health services because of COVID-19, the Trauma Hospital of Polanco of the MRC is maintaining its services to the population without attending to COVID-19 cases. Likewise, pre-hospital services are maintained throughout the country not related to COVID-19, in the 32 states of the Republic.

Some actions and achievements related to the strengthening of the National Society were:

- The Coordination of National Society Development and Special Projects have intensified training actions around Strategic Planning, and the implementation of the strategic alignment process continues in 14 states of the country. In addition, multiple online sessions were held with stakeholders to update the National Strategy 2030, which will define the institutional course within the framework of the value proposition, financial sustainability, internal processes, and learning and growth. At the same time, a technological platform is being built for Planning, Monitoring, Evaluation, and Accountability.
- Since 2018, the MRC has implemented an important strengthening process in its delegations

at the state and local levels through the National Society Development Commission that involves, among other things, the development of social diagnostics on the needs of the population assisted in relation to the institutional mandate and an internal diagnosis that provides insight into the strengths and opportunities of the internal response capacity. This strategic alignment process has been particularly useful for decision-making in the framework of COVID-19's response to support the MRC in prioritising essential services that contribute to its financial sustainability and identify financial resources to keep them running and ensuring quality as well as developing capacity for advocacy, fundraising, income-generating activities and strengthening partnerships at all levels. To date, 14 states have completed the alignment phase by developing such diagnostics.

- The MRC provided PPEs to the country's delegations, health personnel, and TRIAGE units to enable them to safely conduct suspected patients. In the BIOS_CRM system, delegations reported the access they have to protective equipment and shortages that disrupted their operational activities.

The COVID-19 operation in Mexico had successes in its implementation, and some of them were:

- The Restoring Family Links (RFL) programme operates by means of an approach from COVID-19

hospitals to people separated from their families due to the contingency, offering the Red Cross Message, call, or video call service with the objective of re-establishing the lost family link. This activity was targeted at migrant care centres in the states of Aguascalientes, Chiapas, Guanajuato, Puebla, Querétaro, Sonora, and Tabasco, reaching a cumulative number of people 85,093 reached since the beginning of the pandemic.

- The National Society trained biosafety personnel in the 32 states of the country. With the disposal of 1,331 operational ambulances, of which 278 are equipped with biosafety equipment and dedicated to the exclusive transfer of COVID-19 patients, a total of 90,764 COVID-19 cases have been treated and received pre-hospital and emergency medical care for suspected and confirmed COVID-19 patients.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Strengthen the capacities of preventive health programmes in accordance with the intervention model and its institutional objectives.
- Harmonise planning, monitoring, and data collection processes in all areas.

Nicaraguan Red Cross

The Nicaraguan Red Cross (NRC) has been involved in responding to the needs that arose at the beginning of the pandemic, which led first to institutional strengthening and later to community advocacy in the promotion of prevention measures in coordination with the Ministry of Health.

The preparation and training of front-line responders to understand the pandemic behaviour and create the necessary conditions in terms of biosecurity and sanitation of spaces were crucial. This led to technical training sessions, the development of a COVID-19 care protocol, the adaptation of ambulances to separate the patient transfer and care areas, sanitation, and the use of biosafety suits for staff, thus preserving the health of staff and the care of patients who required it.

Since the beginning of the pandemic, 475,475 beneficiaries have been reached with sanitation actions at the community level and virus prevention actions through the provision of alcohol, masks, and soap for



Health promotion talk on COVID-19 with 4th grade students at the Technical School "Niño Jesús de Praga", Chiquilistagua. Source: Nicaraguan Red Cross, July 2022

hand washing. Also, it was possible to provide access to essential health services (clinical and paramedical) through the Psychosocial Support Centre and the relief area with the transfer services for patients with signs of suspected COVID-19, carrying out a total of 1,602 transfers nationwide and 44 vaccination days.

The Psychosocial Support Centre attended 3,233 psychology and general medicine sessions in person and by tele-assistance. The National Society has also reached the population with food through alliances established with donors from private companies such as BANPRO and Walmart through the campaign "Together we will overcome it".

At the same time, to promote the prevention of COVID-19, an information campaign on the symptoms of the disease and awareness-raising on prevention measures and actions to be taken in case of isolation or seeking medical attention to reduce severe cases or death in extreme cases. Key messages for mental health care were also promoted. This campaign was carried out in mass media and institutional social networks reaching an average population of 2,805,236 people through social networks, TV, and radio spots.

Internally, the NRC has been strengthening its capacity to respond to the pandemic, hence a COVID-19 Contingency Plan was developed. The response protocol was harmonised with the protocol of the Ministry of Health.

The COVID-19 operation in Nicaragua had successes in its implementation, and some of them were:

- Institutional preparedness for the humanitarian response to COVID-19 was very positive because

it allowed the National Society to provide care to the population under biosafety conditions for both patients and paramedical staff.

- The promotion of physical and mental health through medical care at the Psychosocial Support Centre to families affected by the pandemic was crucial to achieving actions of direct intervention. This action was complemented by visits made by volunteers to 13 schools reaching more than 2,364 students with the implementation of educational workshops to promote behavioural change in children and adolescents and the support and accompaniment in the 44 vaccination days where the NRC volunteers provided close accompaniment to the population and support to the Ministry of Health.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Maintain awareness-raising processes at the educational level for the prevention of the pandemic in the population to eradicate the disease with greater impact at the community level.
- In relation to livelihoods, carry out sustainable actions for the population, such as the generation of enterprises or business plans for their duration and profitability.

Paraguayan Red Cross

The Paraguayan Red Cross (PRC) in coordination with the Ministry of Health and Social Welfare worked through a telephone service with an exclusive line for orientation linked to COVID-19. It is estimated that more than 120,000 calls were received throughout the operation, and people were able to receive advice on how to act in case of symptoms and on the process of referral to health centres. The National Society worked in temporary shelters where people had to isolate themselves before entering the country, where sanitary control and primary health care were provided. Also, food kits, hygiene kits, and personal care kits were delivered to different population groups. The National Society worked in community kitchens, giving talks on prevention and hygiene promotion. The PRC provided psychosocial support to these same population groups through a telephone line and individual sessions.

A perception survey on COVID-19 was applied and systematized. The application was via cell phone in 8 departments of the country. Based on the results of

the survey, messages, and information were designed and disseminated and in the middle of the operation, a survey was conducted to know the degree of knowledge and behaviours of the population regarding the pandemic. Key messages on the correct use of masks were disseminated during health controls, reaching some 10,066 people. In 6 communities, broadcasts were made with recommendations disseminating the prevention measures to avoid the contagion of COVID-19.

150 hand-washing stations have been installed in family health units and educational institutes, community canteens, health establishments, and at strategic points in the cities. Agreements were established with Municipalities, Health Centres, District Hospitals, Parishes, Family Health Units (USF), National Malaria Eradication Service (SENEPA), Maternal and Child Hospital, Chapels, and Sanitation Boards that assumed the commitment to installing, maintaining, and safely evacuating the water from these hand-washing stations. The different branches were in charge of monitoring the use of these sinks,

their care, and whether they had sufficient supplies for their operation.

The National Society continued to provide its services through the Reina Sofía Maternity Hospital to provide continuity of treatment and basic check-ups and guarantee access to health care. The PRC supported 16 vaccination centres in the Alto Paraná, Capiatá, Ñemby, Nueva Italia, and Itapúa branches. More than 300,000 people attended these vaccinations.

An unconditional cash transfer program was developed to assist people who have lost their labour income. To reduce the risk of contagion among the prison population and prison staff, 28 sewing machines were delivered so that these people could work on making supplies to prevent COVID-19.

The COVID-19 operation in Paraguay had successes in its implementation, and some of them were:

- The country's 16 branches were strengthened in their communications capacities, generating, designing, and redesigning materials, messages, and information on good practices and hygiene promotion within the framework of the Response Plan.
- The communication strategy developed increased the visibility of the National Society's activities in the country such as the capacity-building in Reina Sofia hospital.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Sustaining health promotion, pandemic prevention, and response actions in coordination with the national health team.
- Continuing to promote and position the PRC in its auxiliary role focused on health areas such as response, promotion, and prevention.

Peruvian Red Cross

Since the beginning of the COVID-19 pandemic, the Peruvian Red Cross (PRC) has been implementing and articulating various actions in favour of the affected communities. At the same time, various strategies are developed and implemented to support communities throughout Peru and in different scenarios with the support of the Movement's partners such as the ICRC, the IFRC, the German Red Cross, and public and private institutions.

The PRC supported communities in the regions of Tumbes, Piura, Lambayeque, Ancash, Lima, Ica, Arequipa, Moquegua, Tacna, Puno, Madre de Dios,



Support to the Ministry of Health's COVID-19 vaccination campaign in indigenous communities in the Amazon.
Source: Peruvian Red Cross

Loreto, and San Martín in activities focused on protection, risk communication and community engagement, health, food safety, water and sanitation and hygiene (WASH), and multipurpose transfers.

Reaching more than one million people with interventions such as cash and food kit distributions, support to the vaccination campaigns in various departments, ambulance service, personal protective equipment (PPEs) distributions, and support to the Ministries of Culture and Health for the dissemination of key messages on vaccination in the indigenous population, among other actions.

The COVID-19 operation in Peru had successes in its implementation, and some of them were:

- Strengthening of branches for the correct articulation and coordination with local authorities for joint work in vaccination campaigns.
- Support for networks of grassroots organizations that provide food services to their communities through soup kitchens called "common pots".

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Participation in coordination spaces with organizations and national and local authorities.
- The strengthening of relationships with vulnerable communities as grassroots organizations to provide comprehensive care such as health, MHPSS, and PGI.

Red Cross Society of Panama

In response to the COVID-19 emergency, the following activities were, and some continue to be carried out by the Red Cross Society of Panama (RCSP):

Epidemic control and traceability: Since the beginning of the pandemic, the RCSP supported the Ministry of Health with volunteers in 11 epidemiological fences established by the Health Authority in different parts of the country. Intending to reduce the spread of the virus, the Panamanian Government, together with other entities, adopted the process of investigation and traceability of positive patients. The National Society supported these actions with activities such as the delivery of food bags and follow-up calls to these patients. Another major intervention during the health emergency was the cooperation with the Social Security Fund and the Ministry of Health, with door-to-door delivery of medicines to people over 60 years of age or with chronic and even COVID-19-positive conditions.

Vaccination: The RCSP supported the Government of Panama's mass vaccination efforts through the operation "Panavac-19". Prehospital care for this operation was provided by the Panamanian Fire Brigade, Single Emergency Management System 911, the Social Security Fund, the Ministry of Health, and the RCSP. The National Society placed two basic relief units for each electoral circuit. Each vehicle was assigned a township and a group of vaccination centres to cover. The RCSP assigned two volunteers per vaccination centre to provide support to the Unified Traceability Team in the vaccination flow, such as orienting citizens on the vaccination table, waiting rooms, mobilization of people with reduced mobility, temperature control at the entrance of the centres, promoting the correct use of masks, the importance of being vaccinated, ensuring free passage and access to pre-hospital care if necessary.

Risk Communication and Community Participation: The National Society conducted surveys on the perception and acceptance of the vaccine to assess the knowledge and perception of the indigenous and rural Panamanian population concerning the COVID-19 vaccine. Surveys were conducted in different communities, reaching a total of 1,387 people. Simultaneously, in the Emberá region, key messages were disseminated in the native language. For the rest of the communities, it was disseminated in Spanish audio and human billboards. Also, to disseminate key messages about the vaccine, a recording was made in sign language, which was broadcasted for 15 days



Transfer of vaccines to the vaccination centre Hacha de Besiko, Namnoní, Ngäbe-Bugle. Local committees of David and Barú. Source: Red Cross Society of Panama

on national television channels during prime time, reaching an estimated population of 500,000 people. In addition, the video was posted on the National Society's Instagram account, achieving 343 views.

The COVID-19 operation in Panama had successes in its implementation, and some of them were:

- Coordination with governmental bodies allowed to carry out activities with the Ministry of Health, such as the epidemiological fences, traceability of suspected cases, delivery of medicines door-to-door, and patient transfer, among others.
- The National Society not only supported the general population but also its staff and volunteers that were most affected by the pandemic with food and monetary support.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The decision of the Government of Panama to close non-essential economic activities in the country as a measure to mitigate the effects of the pandemic resulted in a significant drop in income to the RCSP. To counteract this in the future, the National Society has identified the need to expand the range of income-generating services such as training, product sales, etc.
- It is necessary to improve the vehicle fleet so that volunteers can be better mobilised to the affected areas. There is also a need to improve the communication system, such as portable radios. To mitigate this in the future, the RCSP has identified the need to negotiate agreements for vehicle maintenance and acquisition with private companies, the banking sector, and Corporate Social Responsibility programmes.

Saint Kitts and Nevis Red Cross Society

The COVID-19 operation enabled the Saint Kitts and Nevis Red Cross Society (SKNRCS) to work closely with the Ministry of Health (MoH), the Ministry of Social and Gender Affairs, and the National Emergency Management Agency. The National Society's association with SKNCARE, SKN Alliance for Equality, and the SKN Association for the Disabled were key liaisons that allowed easy access to these groups and their members.

The COVID-19 pandemic had a serious effect on everyone, and the LGBTQI+ community was no exception. To prevent the spread of the virus and protect the health of this important and diverse population, the National Society, in its response, opted to focus on prevention for this vulnerable group. The SKNRCS partnered with the MoH and two advocacy and HIV testing groups to help stop the spread of the virus.

The COVID-19 operation in Saint Kitts and Nevis had successes in its implementation, and some of them were:

- Coordination with governmental bodies allowed to carry out activities with the Ministry of Health, such as the piggybacking on the ongoing HIV testing and counselling program of SKNCARE enabled the National Society to widen its reach, with prevention reading materials, PPEs, and vaccination promotion.
- The inscription of the fundamentals of sanitizing, hand washing, mask-wearing, and social distancing in the National Society capacities can improve its response to future virus prevention.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The continuation of the sanitization programmes in schools when COVID-19 measures are been lifted by the government.
- The strengthening of capacity-building of affected persons in developing alternative livelihoods to solidify its sustainability.

Saint Lucia Red Cross

During the COVID-19 pandemic, there were higher levels of unemployment and poverty rates, particularly for single-parent and low-income households. Although the government implemented some humanitarian activities to support food insecurity, there were gaps in the response. One of the main focuses of the Saint Lucia Red Cross (SLRC) was to provide food support to vulnerable households and risk communication and community engagement through social media platforms such as Facebook and WhatsApp, and posters and leaflets. Food security amongst the more vulnerable households including those with no income support was enhanced with the distribution of 4,777 food parcels and food vouchers, whilst the distribution of 405 cash cards provided the opportunity for individuals to make decisions on how to best provide for their needs.

Cash transfers with a value of USD130 were made available to 405 heads of households. Cash amounts were issued through VISA prepaid debit cards and 376 families benefitted from the program between August to September 2021 and another 37 in December 2021. A post-distribution survey of 60 beneficiaries conducted during the first week of November informed that the majority of households used the cash for food

security and the provision of supplies for children to return to school. Other uses included meeting the cost of health and payment of rent. See the [impact video here](#)

Additionally, two public service announcements (PSAs) were developed and aired to support the psychosocial needs of the community. The PSAs were developed and aired on several platforms to encourage persons to engage in self-care activities to support their mental health and to reduce COVID-19-related stigma. Also, 1,000 PSP leaflets were printed and distributed and 400 were handed out during the cash-card



Volunteer of the SLRC issuing IFRC debit card to one of the selected head of household in 2021. Source: Saint Lucia Red Cross

distribution, whilst 250 were given out during food-voucher distribution. The other 150 were distributed during face-to-face PFA sessions with beneficiaries including members of the community.

The National Society offered support to the Ministry of Education by training 120 teachers in the back-to-school strategy, of which around 4,000 students benefitted. Besides, 200 colouring books were designed and printed to support coping strategies for persons experiencing COVID-19 related stress and anxiety.

The SLRC ambulance transferred nearly 500 patients with respiratory issues between the OKEU and Victoria Hospitals during the period of the operation. Standardized Infectious Disease Control measures including equipping the ambulances with cleaning agents and materials such as disinfectant, sponges, and paper towels, and the regular distribution of PPEs to ambulance staff were instituted. Two ambulances were retrofitted to serve the purpose. Training of 22 volunteers and staff in the safe and effective method of donning and doffing was conducted on 3 September 2020. An additional session was conducted with the

four ambulance drivers of the SLRC. The session included a refresher on the safe and effective method of donning and doffing and protocols in the transfer of patients.

The COVID-19 operation in Saint Lucia had successes in its implementation, and some of them were:

- The increased capacity in MHPSS with the training of teachers, making them more equipped to deal with students once they returned to school.
- The strengthening of partnerships with other Red Cross National Societies in the Caribbean.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The implementation of CVA (both cash grants and food-voucher) was the first intervention of this type for the SLRC, hence there is an opportunity to develop capacity and enhance its options for providing humanitarian aid.
- Further strengthening of National Society staff and volunteers so that they can respond more effectively during emergency operations.

Saint Vincent and the Grenadines Red Cross

Since the onset of the COVID-19 pandemic in 2020 the Saint Vincent and the Grenadines Red Cross (SVGRC) has been assisting those affected.

The main achievements highlighted by the National Society are:

Epidemic control: The SVGRC has been actively supporting the Ministry of Health (MoH) providing registration and pre-screening services at health centres. The National Society continued sharing at-home test kits with parents and distributing hand sanitizers to the public. At the start of the new school term in September 2022 and in collaboration with the MoH conducted a back-to-school health fair where parents screened children at booths with healthcare workers. Early childhood centres also received cleaning buckets for all surface sanitizing.

Risk communication, community engagement, and health and hygiene promotion: Risk communication campaigns were done throughout the pandemic. This included sensitizing the public about the COVID-19 virus and quelling some of the beliefs surrounding



Volunteer of the National Society conducting registration and prescreening activities at the vaccination sites in March 2021. Source: Saint Vincent and the Grenadines Red Cross

the vaccine. While COVID-19 continued to decrease the National Society also used the opportunities, skills, and lessons learned for early risk communication to collaborate with the MoH and launch a zoom meeting on the health concern regionally in July 2022. Since the last report, 50 cases of sanitizers were distributed among five police stations. Through the UNICEF Project, there were distributions of 1,500 cleaning kits, and 400 hygiene kits to evacuees and returnees, and relevant hygiene promotion messages were provided to beneficiaries. The safe school protocols program

aimed to provide 300 classrooms across Saint Vincent with automatic sanitizer units and six months' supply of liquid. To help understand the public mistrust towards COVID vaccination, the CEA team supported a perception survey of 276 persons around Saint Vincent and the Grenadines. There was also support during the process of packing PPEs and sample community distributions of PPE to nurses. Volunteers were given basic CEA training to be more effective for the next operation.

Infection prevention and control and WASH in health facilities: The National Society donated gloves, sanitizers, masks, PPEs, head coverings, gowns, and shoe coverings to different health facilities. At the end of the operation, 336 cases of sanitizer units were distributed to health centres.

Livelihoods and household economic security: In September 2021, the SVGRC Livelihood Programme came into effect. This programme was geared at assisting and supporting vulnerable families because of the La Soufriere Volcanic eruptions by restoring and strengthening their livelihoods. Comprising farmers, small business owners, fishermen, and agro-processors, 312 benefitted.

The COVID-19 operation in Saint Vincent and the Grenadines had successes in its implementation, and some of them were:

- Successfully conducting activities relating to COVID-19 in the midst of the La Soufrière Disaster and Dengue outbreak.
- Quickly adopted staff and volunteer trainings online and continued strengthening of the volunteer base through RITs and NITs training conducted remotely.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Volunteers who had lost loved ones due to COVID-19 refused to participate in community activities. For this reason, programmes to improve care for the volunteer base are critical moving forward.
- The National Society needs to improve its ability to monitor global and regional news of the pandemic and other health concerns to provide early risk communication.

Salvadorean Red Cross Society

Mainly focused on the welfare of each of the members of the institution by providing personal protective equipment (PPEs), as well as the implementation of protocols for the care of patients with suspected COVID-19 and taking the temperature of all persons entering the National Society's facilities, the Salvadoran Red Cross Society (SRCS) continued to provide assistance as always.

At the institutional and community level, there was coordination with the Ministry of Education to provide study guides for children in different schools, and with the Ministry of Health to support the transfer of patients with suspected COVID-19, as well as the delivery of water to different communities, so that they could carry out hygiene activities, especially handwashing.

Other actions that the National Society would like to highlight include are:

- A telephone and WhatsApp line was activated to provide psychosocial support.
- Humanitarian aid was delivered to the different containment centres that received people entering on humanitarian flights or migrants from

Mexico or the United States.

- During 2021, as an auxiliary of the public authorities, the SRCS provided pre-hospital care units in two vaccination centres, as well as awareness-raising activities and delivery of hygiene supplies in communities and schools continued.
- Awareness-raising activities and the delivery of cleaning supplies to vulnerable people such as pregnant women and the elderly were also carried out.
- Cash transfers were distributed to people whose finances were affected as a result of the pandemic, as well as to SRCS's volunteers and staff.



Health fair with the habitants of Colonia Cuzcachapa in the municipality of Chalchuapa, Santa Ana, February 2022. Source: Salvadorean Red Cross Society

- In 2022, a communication campaign was launched through different media such as radio, television, and social networks. This campaign focused mainly on the importance of vaccination. A manual with information on COVID-19 was also produced.

The COVID-19 operation in El Salvador had successes in its implementation, and some of them were:

- Awareness-raising through education and dissemination of key messages on COVID-19 prevention measures was carried out, indicating that consistency and diversity of communication channels have an impact on changing people's behaviour.

- The psychosocial support service through call centres and live broadcasts was provided promptly when, at the national level, this service was not being promoted.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The incorporation of the behavioural change approach into all work streams is crucial for future interventions.
- Establishing frameworks for the provision of psychosocial support in emergencies is essential for future events with similar characteristics.

Suriname Red Cross

The COVID-19 pandemic brought many challenges for Suriname, and like other National Societies, the Suriname Red Cross (SRC) had to deal with supply chain challenges, misconceptions, and beliefs surrounding the virus and vaccination, in addition to transportation and language barriers, among others. However, the correct management and coordination of efforts of the National Society permitted the following achievements:

Risk communication: From the start of the pandemic the SRC has produced and disseminated key messages through different sources such as its Facebook page, and WhatsApp groups for its volunteers and Community Disaster Response Teams (CDRTs), and incorporated these in its First Aid training programs, and community projects such as the School Disaster Plan. Later on in the pandemic in an effort to better support the Indigenous and Tribal communities, the National Society conducted KAP to understand peoples' perceptions surrounding COVID-19 and to inform the roll-out of the National Society's vaccination campaign in these communities.

Community engagement and training for volunteers: This training aimed to prepare volunteers from the SRC in developing awareness strategies in community-based health with a focus on COVID-19 including a comprehensive approach to the various communities. The volunteers were able to garner knowledge to address misconceptions about the virus and the vaccine.

Vaccination campaign: In 2021, the National Society rolled out its vaccination campaign targeting indigenous and tribal populations. The national records showed that vaccine hesitancy was the highest in these



18 participants from the Medical Mission Public Health Care Suriname after completing a training in community engagement in Paramaribo. Source: Suriname Red Cross, May 2022

communities in the interior of Suriname, mainly due to traditional customs, beliefs, and practices. The SRC partnered with the Medical Mission (MZ) to reach these communities and this partnership led to the signing of a Memorandum of Understanding (MoU) between the SRC and the MZ in December 2021 under the title "Awareness building, education and mitigation of COVID-19 among Indigenous and Tribal peoples (ITPs) in Suriname". The output of this partnership included key areas that contributed to the national vaccination goals and were contained in the IFRC Operational Priority 1.

The COVID-19 operation in Suriname had successes in its implementation, and some of them were:

- The alliance formed with the Medical Mission was essential in reaching the Indigenous and Tribal peoples of Suriname. This allowed the support of community health care workers, who assisted in the translation to native languages. While the National Society staff did sensitization sessions, the healthcare workers administered vaccines to community members.

- The vehicles provided to the National Society were well received and deployed throughout the response. One was especially useful in the poorly passable roads in the interior. During the floods, the SRC was able to visit the areas to carry out any response activities.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The strengthening of the capacity within the National Society to improve processes and procedures.
- The establishment of a volunteer base in indigenous communities to reach the interior of the country with information in their native language more quickly and without the need to travel from the capital.

The Bahamas Red Cross Society

The Bahamas Red Cross Society (TBRCS) focused its activities on COVID-19 prevention, risk communication, and direct support to ensure that the COVID-19 vaccines were administered to target populations. The National Society also strengthened its partnerships with the Ministry of Health (MoH) and the Public Hospital Authority. Through these partnerships, TBRCS strengthened the capacity of MoH by procuring equipment to increase COVID-19 testing, and its communication capacity was also strengthened with ambulance radios. Hand-washing stations with



Volunteers registering persons to be vaccinated and transporting elderly to receive the COVID-19 vaccine.
Source: The Bahamas Red Cross Society, October 2021

sanitizers were also mounted in 300 classrooms, and a hotline service was established to provide psychosocial support to the elderly.

In its efforts to address the challenge of low uptake of COVID-19 vaccines, the National Society worked closely with the MoH to improve messaging strategies. Additional access points to reach specific target groups were also considered.

The COVID-19 operation in The Bahamas had successes in its implementation, and some of them were:

- The increase in community support during the pandemic through the general distribution of PPEs, and widespread food assistance.
- Assisting the government in the fight against the spread of COVID-19 by donations of specialized equipment such as laundry equipment and a biofire machine to hospitals, and MHPSS to schools and nursing homes.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Gaining greater access to the COVID-19 protection needs of diverse populations will be crucial for the implementation of the country plan of TBRCS, especially for informal migrant community members.
- Provide more widespread information to counteract rumours and inaccurate information related to the COVID-19 vaccines.

Trinidad and Tobago Red Cross Society

The COVID-19 pandemic was a game-changer for the Trinidad and Tobago Red Cross Society (TTRCS). Leveraging its auxiliary role was key to ensuring that the TTRCS had a seat at the table to coordinate efforts with the Ministry of Health by identifying gaps and prioritizing specific actions the National Society led as part of the national response. From mobilizing volunteers to conduct contact tracing to supporting one of the first private mass vaccination sites run by the corporate sector, the TTRCS found its niche in filling gaps with community education. See the [content and materials created for the COVID-19 pandemic here](#).

While the State focused on mass information sharing, the communities were not listening and the TTRCS was able to determine the reason why. Two national perception surveys were completed to identify the missing links between information and the community. The first dealt with the overall gaps in information on the pandemic and the initial feelings around the upcoming vaccination and the second focused on the vaccination of children and their parents' fear of having their children vaccinated. These led to very specific communication campaigns which spoke to individual groups and not the masses. The flagship campaign "Stronger Together" encouraged local and international sponsors to come on board to champion the cause of sharing the facts for everyone to be informed about the truth. The pandemic also allowed the organization to diversify services to meet the needs of the community and many new initiatives blossomed such as climate-smart livelihoods, an entrepreneurship education programme, the TTRCS Kitchen, and the Henry Dunant Clinic in Tobago, among others.

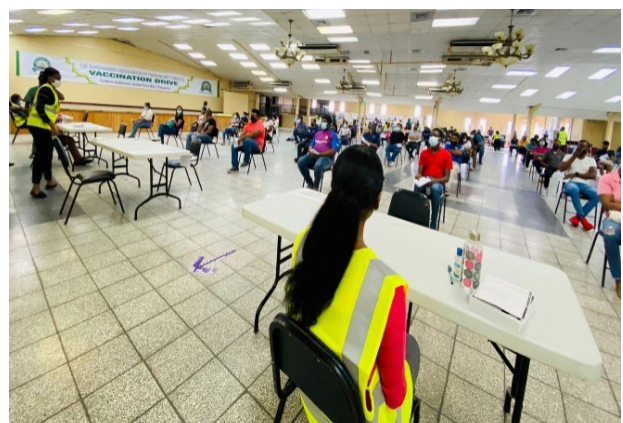
The COVID-19 operation in Trinidad and Tobago had successes in its implementation, and some of them were:

- Several state entities required the support of the TTRCS to coordinate community activities, especially during the national lockdown when human resource capacity across all ministries was low. The National Society remained a constant force, having volunteers mobilized to manage hotlines at County Medical Offices, conduct and validate assessments for persons seeking grants, support quarantine sites and shared messages directly with the community through announcements and loudhailers.

- Providing health care and information to the migrant community during the pandemic was a key hurdle that was overcome only through the support of our committed medical volunteers. The TTRCS stepped up to continue to meet their needs with emergency food support, information on the pandemic, and vaccine availability. Also, regular access to the Henry Dunant Clinic was ensured.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- One of the biggest challenges was the inability to validate and verify anything remotely. Since there was no national system to track social protection assistance, it was difficult to manage who was being assisted by multiple sources and who needed help and did not get assistance. The TTRCS will pursue research into technology that can create one national system for tracking social protection assistance that can facilitate the mapping of assistance from both the government and civil society sectors.
- Volunteer protection and volunteer rights were a huge gap in the COVID-19 operations. Volunteers were often abused and misused when volunteering for the State because there was no authority with the right set of skills to manage volunteers. Also, volunteers were often used to fill positions that were staff positions, and this led to a disparity in remuneration. The TTRCS plans to champion a national volunteer policy and support the Ministry of National Service and Youth Development with the creation of systems to effectively manage volunteers when there is an essential need for volunteers from the population to respond for the public good.



Volunteers coordinating activities at a mass vaccination drive. Source: Trinidad and Tobago Red Cross Society, September 2021

Uruguayan Red Cross

The Uruguayan Red Cross (URC) implemented internal epidemiological surveillance measures, carrying out control of all its personnel and volunteers who participated in the activities during the COVID-19 pandemic period. At the same time, the National Society reinforced its mission with printed graphic material for delivery in the distributions as well as reinforcing key messages in social networks and health controls.

The URC's Health area prepared different health protocol documents for food safety interventions, the distribution of hygiene, asepsis, and disinfection kits. Inductions were given to volunteers and personnel with guides and awareness-raising talks on the proper use of personal protective equipment (PPEs), hand washing, use of disinfection kits, entry and exit to establishments and return to their homes, and protocols for the care of people in isolation at home. Also, a cash transfer program was implemented for people affected by the pandemic, and work was carried out with migrants and host communities.

The National Society worked on mental health and psychosocial support activities, trained its network of branches and volunteers to work on the subject in the border contingency centres and to apply appropriate techniques for the care of volunteers, and accompanied people in isolation.

The URC assisted in conducting PCR and antigenic tests for COVID-19 through the following activities: registration of people in the entrance area, triage of asymptomatic, symptomatic, or epidemiologically linked people for PCR or rapid tests, labelling and delivery of tubes to people to be swabbed for testing, orientation to the sampling point, administrative assistance to technical staff, assisting and/or accompanying people with difficult access.

The COVID-19 operation in Uruguay had successes in its implementation, and some of them were:

- Building trust with communities and the coordinated efforts with government authorities allowed a bigger reach in the activities of the URC.
- The active role of the National Society in the coordination of border shelters.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- Sustained resource mobilization continues to be a priority for the National Society which has limited the ability to program and continue to serve and maintain long-term health and mental health services to communities.
- The development of a sustainable exit strategy for the URC staff at the end of the operation.

Venezuelan Red Cross

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

Between June and December 2022, with the technical assistance of the IFRC Livelihoods Regional Advisor and the Portuguesa Branch volunteers, the VRC implemented a microproject on livelihoods and climate change, reaching 300 people in the community of Brisas de Guerrilandia, whose livelihoods had been severely affected by the floods during the rainy season and due to the pandemic context. The micro project strengthened the livelihoods of the community through the creation of raised garden beds to protect their crops and seeds from flooding and soil contamination. In addition, the VRC produced

audio-visual materials to promote healthy lifestyles, using alternative recipes, thus, diversifying nutritional habits and livelihoods.

Finally, the National Health Director has identified which activities will continue to be implemented as part of the regular health activities within the National Society health network. In this regard, COVID-19 triage stations in hospitals and outpatient clinics, alongside educational sessions, and the dissemination of key messages will continue to be implemented.

The COVID-19 operation in Venezuela had successes in its implementation, and some of them were:

- Throughout the operation, the National Society positioned itself as a key implementing partner in the National Vaccination Programme, supporting vaccination activities from the Ministry of the People's Power for Health, and increasing capacities to provide MHPSS services to the most affected, including volunteers.

- The VRC volunteers strengthened their capacities through different workshops focused on the scope of the emergency such as the implementation of the pilot microproject focused on Livelihoods and Nutrition activities.

At the same time, the National Society identified these areas of improvement which are still important to tackle:

- The lack of funding limited the continuity in the implementation of activities. Therefore, the VRC

identified and prioritised key activities that could be carried out in hospitals and outpatient clinics without affecting their regular programming budgets.

- Given the highly volatile socio-economic context in Venezuela, and in accordance with the security protocols of the VRC and the IFRC, before the implementation of any of the operation's activities, an analysis of the security situation in the intervention zones was carried out.

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ASIA PACIFIC REGION



National Society response KEY HIGHLIGHTS

The list of National Societies and activities below is based on information submitted to the IFRC Regional Office for Asia Pacific on various channels. In case of required revisions/amendments or information about your NS which is missing, please let us know. Some National Societies have completed the activities supported through the IFRC Appeal before December 2022, they continued providing support in response to COVID-19 through domestic and bilateral funds.

Afghan Red Crescent Society

Afghan Red Crescent Society (ARCS) by having access to wide and hard to reach areas deployed its 140 health facilities including 70 mobile health teams (MHTs) and a COVID-19 hospital in Kabul as well as mobilized the network of volunteers all over the country for the response to COVID-19 outbreak in the country. More than **9.6 million people were reached** with a range of services including COVID-19 prevention awareness raising, risk communication and community engagement (RCCE), hygiene promotion, screening and referral of suspected cases and emergency food distribution.

Since the start of the COVID-19 response, ARCS' had **primarily focused on RCCE efforts**. These included providing health education and training staff and volunteers to address vaccine hesitancy as well as **distributing PPE and medical supplies** to frontline responders including ARCS volunteers and staff as part of duty of care. However, there is a need for more

investment on RCCE strategies and activities for health and hygiene behaviour change.

ARCS has now integrated COVID-19 RCCE into the National Society's ongoing health and water sanitation and hygiene (WASH) programmes. ARCS-trained volunteers will continue to disseminate COVID-19 information and its control measures during community health and hygiene sensitization sessions.



ARCS medical staff taking sample from patient for COVID-19 testing in ARCS COVID-19 Hospital, Kabul, Afghanistan. (Photo: ARCS)

Bangladesh Red Crescent Society

Since March 2020, the Bangladesh Red Crescent Society (BDRCS), supported by the IFRC, ICRC, and PNS, had actively responded to the COVID-19 pandemic in the country. BDRCS worked with the Government of Bangladesh and other organizations to reduce transmission and health impacts, focusing on three main priority areas: **health and WASH, socio-economic impact, and strengthening the National Society**. Their efforts included distributing PPE, disinfecting public offices and hospitals, providing hand washing stations, promoting hygiene and risk communication awareness, providing psychosocial support, distributing food and masks, providing cash support to vulnerable families, and supporting the GoB's nationwide vaccination campaign, including school children (5-11 years) and adolescents (12-17 years).

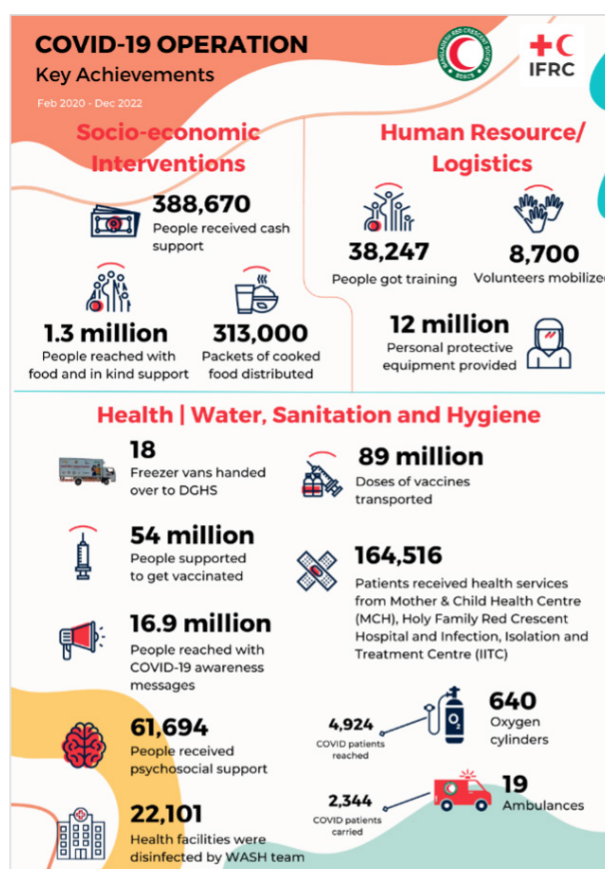
Key achievements from BDRCS' overall COVID-19 response included:

- More than **15,000 staff and volunteers have been mobilized** in the COVID-19 response operation by BDRCS, who played a pivotal role in ensuring support continuity in COVID-19 pandemic period while providing essential and life-saving services, awareness raising and counsel to the mass population of Bangladesh. These enormous voluntary support from BDRCS during such pandemic **increased the "Trust on Reds" among the low-income people** as well as the GoB.
- BDRCS has played a crucial role in supporting the GoB efforts for **vaccination rollout countrywide** through increased its overall capacities to **mobilize more than 8,700 volunteers** to support the COVID-19 vaccination drive. As a result of this, total **54 million people has supported to receive their COVID-19 jab** nationwide during this appeal period. For the first time in its history, the BDRCS covered the whole of Bangladesh, including **Population Movement Operation (PMO) in Cox's Bazar**.

One of the lessons learned was appropriate planning and close coordination (both internal and external) were the core requirements from the beginning of COVID-19 response. Coordination was sometimes perceived as too time-consuming and actions on the ground took time to be effective, which could

be improve further. The response also highlighted BDRCS' existing financial management system, which is lengthy, time consuming and still done manually, needs to be restructured and digitalized for smooth management of different programmes and operations.

Looking forward, to ensure smooth transition, ICRC, IFRC and its members will support BDRCS **to strengthen the capacity to react, respond and carry out tasks** related to COVID-19 operation but also for any new epidemics and pandemics that could affect the country. Although BDRCS has an emergency preparedness plan, this focuses mostly on natural disasters. There is a need to **integrate epidemics and pandemics response** into this plan including a set of activities, coordination framework defining clear roles and responsibilities of different actors, identification of resources for each intervention. To share the perspective, experience, and information of COVID-19 operations and to improve efficiency by reducing the need to rediscover knowledge, BDRCS will establish a **knowledge management hub** to capture all necessary information.



Bhutan Red Cross Society

According to the Bhutan government's Health Emergency Management Committee, the Bhutan Red Cross Society (BRCS) was the **key agency for dead body management** and cremation-related activities. Specialized volunteers organized and transferred all suspected or connected COVID-19 deaths. Since the COVID-19 outbreak, 18 branches of BRCS handled 483 bodies, including COVID-19 fatalities.

The Royal Centre for Disease Control and the BRCS collaborated to set up **health checks, monitoring, and disinfection operations at Bhutan's border gateways**. These actions included ensuring people followed health procedures and educating people

about COVID-19 preventive measures, particularly in the southern regions designated as high-risk areas. Those stranded and in need in urban and rural areas have received public services because of BRCS' extensive network of specialized volunteers.

Programmes for BRCS were constantly changing accordingly to the evolving situation brought on by the pandemic. Because of the severe epidemic and the restrictions imposed by the Kingdom of Bhutan, the most significant barrier to aiding people in need was carrying out the National Society Response Plan (NSRP). There was still a need for better planning and coordinate on to allow BRCS volunteers and field personnel more accessible access to resources like PPE kits and medicines, even if these measures were required to limit the COVID-19 spread.

Cambodian Red Cross

The Cambodian Red Cross (CRC) has been actively supporting the National Steering Committee on COVID-19 Pandemic Response Prevention and Control in Cambodia since April 2020. The CRC CRCS has implemented a range of measures to **promote awareness of COVID-19 and on safe migration** as well as **distributed essential items and safety kits** to people in need to over 1.7 million people in all 25 municipal-provinces. Items distributed included facial masks, hand soap, hand gel, alcohol, gloves, flyers, posters, banners, clothing and rice. **Cash grants** were also provided to vulnerable people who lost their incomes. In addition to providing support to those affected by COVID-19, CRC has also conducted awareness sessions and disseminated key COVID-19 preventive messages through various approaches such as home visits, portable loudspeakers, radio messaging, and IEC materials.

CRC adapted IEC materials received from the Ministry of Health and IFRC to support risk communication and health promotion activities. In collaboration with IFRC, the CRC received financial support and in-kind donations from IFRC membership and private donors. The CRC also collaborated with other stakeholders such as WHO and UNICEF.

In October 2020, the CRC distributed over 435,029 face masks, 70,000 bars of soap, and 84,910 flyers to Red Cross branches to support risk communication and health promotion activities, reaching an estimated 1,006,521 people. CRC continued implementing RCCE activities, holding demonstrations on how to use masks, scarves, and wash hands properly to prevent



CRC continues to raise awareness on COVID-19 prevention and importance of mental health during the pandemic. (Photo: CRC)

COVID-19 infection and incorporated preventive messages related to Chikungunya and Dengue outbreaks in some parts of Cambodia.

Cambodia faced a second wave of COVID-19 infections in May 2021, leading to the imposition of restrictive measures. Vaccinations were rolled out actively nationwide. CRC **trained staff and volunteers on MHPSS and CEA** through online trainings from May to August 2021. CRC volunteers **promoted behaviour change among local communities** to cope with the pandemic, reaching over 479,000 people by Sep 2021. By January 2022, Cambodia had the highest rate of vaccination among the four Mekong countries, and CRC continued to train staff and volunteers on MHPSS and CEA. By the end of 2021, CRC has trained 1,757 (including 678 women) staff and volunteers on MHPSS and CEA through weekly online trainings. Overall, the CRC's COVID-19 response has been an important contribution to the national effort to control the pandemic in Cambodia. Efforts were focused on prevention, control, and relief, with a particular emphasis on reaching vulnerable communities and promoting community resilience.

Red Cross Society of China

The Red Cross Society of China (RCSC) has been a major contributor towards the pandemic response globally, lending international support to various countries around the world, including other IFRC membership within Asia Pacific, mainly donating COVID-19 vaccines and testing kits to countries in need.

Below are some of the key highlights of RCSC's achievements in COVID-19 response:

- RCSC had **sent teams of volunteer medical experts** to Iran, Iraq and Italy with **medical supplies and equipment** and to share their anti-pandemic experience as well as provide guidance to local hospitals.
- Medical transferring teams were established. To alleviate the shortage of medical resources in key areas, the headquarter of the RCSC set up the Chinese Red Cross medical transferring teams. They have instructed local RCSC branches to **set up more than 1,000 medical transferring teams** to transport COVID-19 infected patients and other patients. They also allocated ambulances, vehicle first-aid kits, folding stretchers, and other medical equipment to support the transferring for both pre-hospital emergency and non-emergency ambulance services, which was an important complement to the public authority's emergency and non-emergency transferring work, and also gained practices to apply in future public health emergencies.
- The Hong Kong branch of the RCSC **expanded its reach to the community and partnership building** and maximised its internal capacity in coordination, staff surge capacity building and business continuity mechanism.

Main areas of improvement for RCSC still important to tackle:

The information management of cash and in-kind donations needs to be further strengthened. Hong

Kong branch of RCSC will further strengthen all aspects of response and preparedness using the Preparedness for Effective Response (PER) approach.

Next steps and moving forward:

- The RCSC will continue to follow the unified scheduling of the Supplies Guarantee Group of the State Council's Joint Prevention and Control Mechanism, engage in pandemic prevention and control and be prepared for other public health emergencies.
- The RCSC will lose no time in remedying deficiencies and closing loopholes, strengthening the quality of work at the grassroots level, and improving mechanisms to be more standardized, efficient, open and transparent, and continuously to promote the high-quality development of the Red Cross cause with Chinese characteristics.

Beneficiary Story:



RCSC volunteers with different occupations from different provinces have actively participated in the pandemic prevention and control. They have spared no efforts in transferring patients, distributing materials, advocating COVID-19 prevention measures, disinfecting areas, and transferring seriously ill patients. They have all done their part to fight against the pandemic. Please refer to their stories [here](#).

Cook Islands Red Cross Society

The Cook Islands Red Cross Society (CIRCS) has been actively involved in the COVID-19 response since April 2020. CIRCS had focused on **health and hygiene messaging** through social and mainstream media, providing volunteers and resources to support community-based surveillance, infection prevention and control, and access to essential health services. CIRCS has also **promoted psychosocial support** through the Ministry of Health (MoH). CIRCS had also actively rolled out messages on **safe greetings for physical distancing** and hygiene rules.

CIRCS **established village emergency operations centres (EOC)** to support volunteers on the ground in each province on the main island of Rarotonga. CIRCS supported the development of a **contact tracing system called CookSafe** and has reached over 14,000 people through RCCE. In May 2021, CIRCS deployed 45 volunteers to assist with the national COVID-19 vaccine program, and at least 7,000 people were reached through face-to-face and online communication promoting fact-based information on the vaccine. CIRCS also **implemented a hand washing program in schools** to help stop the spread of germs and protect students from COVID-19.

In June 2021, CIRCS supported the MoH to roll out the second dose of the Pfizer COVID-19 vaccine, and over 90 percent of the over-18 population was vaccinated.

The first case of COVID-19 was recorded in the Cook Islands in February 2022 with only 1 death reported. CIRC rapidly scaled up their response capacity, increasing **volunteer deployments to 116** to assist the affected population. Volunteer have **assisted with vaccine administration, registration and crowd control**. CIRCS assisted the Government by packing and delivering of welfare and food packages to all positive cases in isolation. CIRC also continued to provide **ongoing support to the COVID-19 vaccination programme** in Rarotonga, including booster vaccine drives to eligible front liner and senior citizens.

One challenge faced by CIRCS was delayed transportation of PPE and testing kits to the islands of availability of boats and flights. IFRC supported CIRCS providing guidelines on food and livelihood activities and self-care in quarantine, as well as development of Business Continuity Plan. A lesson learnt survey was deployed to CIRCS staff and volunteers to gain insights into successes and areas for improvements from National Society's pandemic response.

Red Cross Society of Democratic People's Republic of Korea

In the Democratic People's Republic of Korea (DPRK), the anti-epidemic campaign against the global COVID-19 pandemic was conducted as an all-people campaign. The government of the DPRK took the pre-emptive and pro-active anti-epidemic measures since the early stage of the pandemic. The government immediately switched the state anti-epidemic work over to the maximum emergency anti-epidemic system following the inflow of Omicron variant in May 2022. Human and material resources were mobilized alongside science and technological resources within the country on the anti-epidemic work, leading to a stable anti-epidemic situation within a short period of time. The government has further strengthened the anti-epidemic campaign against the rapid spread of new COVID-19 variants with higher transmissibility and has been accelerating capacity building of the state anti-epidemic and crisis response in order to thoroughly protect the lives and health of the people from any health crisis.

During the reporting period, the Red Cross Society of the DPRK (DPRK RCS), as an auxiliary to the



RC volunteer conducting hygiene promotion activities among community people. (Photo: DPRK RCS)

government, has fulfilled its responsibility and tasks in the anti-epidemic campaign against COVID-19. Since the outbreak of the pandemic, the DPRK RCS, through its wide network of volunteers, actively supported the work of anti-epidemic and health institutions. In close cooperation with household doctors, the RC volunteers **conducted hygiene promotion activities** to raise anti-epidemic awareness amongst the population and supported the government anti-epidemic activities, like **medical examination and disinfection**. The

DPRK RCS, with good support from the IFRC, procured health items such as RT-PCR machine, reagents, RNA mini kits, PPE for volunteers among others.

Through the COVID-19 preventive activities, the DPRK RCS has gained lessons that the DPRK RCS's own response capability should be strengthened to cope with various crises, like health crisis. Besides, DPRK RCS crisis response activities should be conducted under the unified control and coordination of the government. The DPRK RCS will identify the areas for improvement to further strengthen its preparedness and capability and reflect them in the future plan.

Main Activities:

- A total of **1.1 million RC Volunteers** were deployed for **health promotion, screening and disinfection activities** reaching **at least of 15 million people** over the three years of COVID-19 response
- DPRK RCS has distributed a total 5,000 blankets, 100 kitchen sets, 300,000 WPT tablets, 1,000 jerry cans and 1,000 hygiene kits to quarantine facilities in 2020
- Publication and **distribution of IEC materials** on COVID-19 in 2020: 3,000 copies

- **Distribution of PPE materials** to RC volunteers in 2020: 36 sets
- **Procurement of RT-PCR machine, reagents, RNA mini kits, PPE, and infrared thermometers** in 2020
- **Communication and RC promotion** through the RC website and local media

Main Achievements:

- The RC staff and volunteers gained practical experiences and better recognized the importance of their work through coping activities in response to the global health crisis.
- Partnership with the government bodies has been further strengthened.

Areas for improvement:

- To strengthen the crisis response capability of the DPRK RCS to cope with any sudden crisis, including public health and to regularly update the Business Continuity Plan.
- To identify and implement eco-friendly activities, like safe disposal of medical waste and introduction of recycling technologies

Fiji Red Cross Society

In the first quarter of 2020, Fiji reported its first 18 COVID-19 cases in the country. Fiji Red Cross Society (FRCS) played a critical role in supporting the government's efforts to prevent the spread of the virus and address its impacts on vulnerable communities. FRCS focused heavily on **promoting COVID-19 awareness and prevention measures with local communities, trained volunteers, and assisted the national vaccination campaign**. FRCS produced COVID-19 information and awareness videos, which were disseminated through social media, local television, and advertising screens in main city areas. By October 2020, FRCS had completed the first phase of COVID-19 response, with 87 communities receiving prevention information on COVID-19 and reached at least 170,000 people through the COVID-19 awareness and promotion activities.

In May 2021, Fiji experienced a second wave of COVID-19 cases dominated by the highly transmissible Delta variant. Over 280 FRCS volunteers were deployed to support the MoH in registration and verification of individuals at COVID-19 vaccination centres, outreach to communities, and carrying out a **nationwide blood donation drive** as the country's blood supply was heavily impacted by the pandemic. In 2022, as the number of new cases stabilized, FRCS continued to assist the ongoing COVID-19 vaccine campaign targeting booster, children, and adolescent doses. They deployed volunteers to conduct community engagement activities to receive feedback and COVID-19 vaccine hesitancy survey.

FRCS faced several challenges during its COVID-19 response, including limited resources, logistical challenges in reaching remote communities, and misinformation and stigma related to the virus. Despite these challenges, FRCS completed most of the planned COVID-19 response activities by July 2022 and will continue to observe COVID-19 preventive measures.

Indian Red Cross Society

From the outset of the pandemic, the Indian Red Cross Society (IRCS) was actively involved in COVID-19 awareness activities, distribution of **communication materials** in local languages, **distribution of personal hygiene items, food, and dry rations, logistical support to quarantine or isolation centers, and ambulance and transport services** for patients. IFRC's country cluster delegation (CCD) in Delhi supported IRCS in line with the National Society Response Plan (NSRP), which **largely procured health-related materials**. Initially, the funding was used for procuring oxygen concentrators and was handed over to the different state branches of IRCS to support severely ill patients. Founded on the NSRP, IFRC focused on strengthening IRCS's existing health system to combat the pandemic by **providing 114 medical vehicles and equipment for 88 current and 22 newly formed blood banks** and supported eight hospitals to set up ICUs. Through all these activities supported by the IFRC global emergency appeal for COVID-19, **IRCS has reached 8,007,907 individuals**, allowing the National Society to uphold their auxiliary role and continuously support vulnerable people and be a leading humanitarian organization in India.

During the pandemic, IRCS **deployed 44,000 volunteers** and **implemented RCCE activities** to increase public awareness on COVID-19 prevention, provided home care guidance, and supported the country's vaccination programme. IRCS supported people to access vaccinations through the state government's vaccination program and distributed PPE items to those in need and raised community awareness of the benefits of immunization. **2,000 oxygen concentrators** were distributed to IRCS branches in different states and **oxygen concentrator banks in 11 IRCS state branches** were established. IRCS has a presence in over 100 polyclinics, health centers, and hospitals across the country and is

supporting COVID-19 patients. **More than 200 Red Cross ambulances** across the country **helped to transport patients**, including those affected by COVID-19, to hospitals. IRCS also supports **local administrations in surveillance, screening at state borders, testing, and setting up isolation/quarantine facilities**.

While the international supply chain and high medical equipment demand were severely disrupted, obtaining certain goods was very difficult. In this situation, IFRC and IRCS agreed to procure the items through local suppliers following international standards that allow completing the procurement on time with cost-effectiveness.

The National Society has an emergency preparedness plan that primarily focuses on natural disasters. There is a need to integrate epidemics into this preparedness plan to prepare IRCS to combat any future pandemics. IRCS's efforts during the pandemic demonstrated the importance of cooperation between local and international organizations in addressing global health crises.



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

Stories from IRCS:

[Maharashtra Grapples with Deadly Waves of COVID-19](#)
- A hard hit state of India survives record-breaking infections of 30,000 per day

Indonesian Red Cross Society

Since March 2020, the government created a National Task Force to accelerate the mitigation of the COVID-19 pandemic, which gave a mandate to PMI to tackle the pandemic at the community level with its large network of volunteers in 514 districts/cities around the country. During its COVID-19 operation, **at least 439,587 people** have been reached **directly** and approximately **18,901,098 people** have been reached **indirectly through RCCE and hygiene promotion activities**. Around 32,413,704 people have been benefited through hand-washing installation in 34 provinces. At the end of 2022, at least 16,525 people have been tested while more than 1.3 million people were supported in home isolation or quarantine. PMI also supported Management of the Dead Bodies that has taken care of at least 2,641 dead bodies during its operation. To support government in vaccination, PMI **trained a total of 1,890 vaccinator volunteers** and has **delivered more than 2.2 million of COVID-19 vaccine**.

As the pandemic demands a rapid and appropriate response, PMI implemented a **community-cash grant program** to strengthen community capacity in accelerating COVID-19 pandemic response. This program was **carried out in 390 villages in 46 districts/cities** in 8 provinces with 340 villages have received 10 million rupiahs (IDR) and 50 villages have received 25 million rupiahs (IDR) each.

Risk communication and community engagement (RCCE) became one of the important parts of COVID-19 response, PMI volunteers and staff were actively engaging communities across the country promoting the importance of following health protocols to undertake community-based demonstrations on the correct use of masks and handwashing, installation of hand-washing stations and the distribution of household disinfectant kits. A total of 700 volunteers have been trained in RCCE and accountability. Through its volunteers, PMI ensured local ideas and solutions will be documented and responded to through feedback mechanism.

Through learnings from the COVID-19 response, PMI still needs to strengthen the community-based surveillance and advocacy to continue the program especially for evolving health and disaster crises and continue to improve the multi sector collaboration.

Beneficiary Story:



The non-cash assistance from PMI allowed the head of Jaban Village, Sugimin, to better control the spread of COVID-19 in his community.

“When we received the funds from the USAID, I initiated the idea to build portals around our village to help monitor the movement in the village. This might be simple to us, but this is an effective way because they have the opportunity to those with symptoms and refer them to the nearby facilities. We are thankful for this. I discussed with the team to ensure that we also check the symptoms of the village members at the point of entry to identify the potential symptoms.” - Sugimin

Sugimin also focuses his and other volunteers' efforts to fulfill the essential items of the community – such as providing groceries, especially for those who are in isolation.

The vaccination itself might not be enough to control the stem of the virus. Red Cross volunteers like Sugimin, alongside others who have been at the forefront in stemming the spread of the virus. The community must also implement a clean and healthy lifestyle to ensure that they can protect themselves and their loved ones.

“The most important learning from this is how we can utilize the funds to support the wellbeing of the community who needed our support. As part of the Red Cross, I and fellow volunteers in my village also have the duty through outreach in ensuring that washing their hands as part of a clean and healthy lifestyle will help to reduce the transmission in the community.”

Japanese Red Cross Society

Overall, Japanese Red Cross Society (JRCS) achieved the following during COVID-19 response:

(1) Response on cruise ship crew and passenger

At the request of the Ministry of Health, Labour and Welfare and the DMAT Secretariat, staff from the Japanese Red Cross Society (JRCS) were dispatched from 6 February to 1 March 2020 to **respond to an outbreak of COVID-19 on board a cruise ship.**

The dispatched staff members engaged in health management and mental health care activities for passengers and crew members, transportation of patients with infectious diseases, and quarantine support for passengers and crew members. In the closed environment of the cruise ship, the staff members were able to contribute to the **health management of passengers and crew** by preventing the spread of mass infection of new coronavirus infection and providing **mental health care** for passengers and crew, without any staff infected. In addition, JRCS was also able to contribute to **quarantine support operations and transportation support** for disembarking passengers and crew members.

(2) Psychosocial Support Project for COVID-19

The JRCS conducted **preventive activities for MHPSS**, including anxiety and discrimination, which had hardly been raised at the time. The JRCS conveyed that the infectious disease not only caused the disease itself, but it can bring anxiety which leads to stigma or discrimination in really an easy-to-understand manner. Infection as a disease caused by an unknown virus, the project conveyed in an easy-to-understand manner that psychological anxiety and aversion could lead to prejudice and discrimination.

By 31 December 2022, a cumulative total **49,295 of inpatients** were received **at 90 out of the 91 Red Cross Hospitals** nationwide. In addition, **83 hospitals established outpatient clinics** for returnees or suspicious cases and treated **total of 502,819 patients.**



The JRCS medical team onboard the cruise ship (Photo: IFRC)

Beneficiary Story:



The **Red Cross volunteer teams of JRCS's Chiba Chapter made arm covers and eye shields** to medical workers to show their gratitude. The volunteers cut 100-meter rolls of non-woven fabric and took the cut pieces home to make the shields. A total of 670 people made approximately 48,500 arm covers and 270 eye shields in about one year.

There were lessons learned from JRCS experience in the COVID-19 response in identifying area for improvements in a pandemic response:

- **A need for further clarity of command and control within JRCS:** When implementing infection control measures, there was some hesitation in deciding whether the response should be centred on medical care or whether a disaster response scheme should be utilized.
- **Establishment of a cross-operational cooperation system during a pandemic:** There were difficulties to provide mutual support across departments where operations were concentrated. Issues also arose around resource sharing and request for support between departments, as well as a lack of opportunities for interdepartmental communication in response to the speed at which social conditions were changing.

Going forward, JRCS will:

- Establish a system to continue and promote relief and social activities even under emerging infectious diseases.
- Improvement of the effectiveness of infectious disease control manuals in preparation for the spread of emerging infectious diseases.
- Establishment of a blood donation system based on new lifestyles.
- Establish a business continuity plan (BCP) at the Headquarters level anticipating emerging infectious diseases.

The Republic of Korea National Red Cross

Since the outbreak of COVID-19, The Republic of Korea National Red Cross (KNRC) hospitals carried out COVID-19 programmes, including COVID-19 treatment, screening and vaccination. KNRC had been providing psychological consultations to support people who are in need since the start of the pandemic.

As an auxiliary to the public authorities in the humanitarian field, the KNRC was designated as a **triage centre for COVID-19, COVID-19 treatment hospitals and consigned medical organization**. In total, **129,363 people have been tested for COVID-19, 109,167 people were vaccinated** through the KNRC, and **more than 38 million people** have been **reached in terms of risk communication and community-based activities**. In response to the spread of COVID-19 across the country, the KNRC provided and **distributed relief goods** to people, communities, and facilities in close coordination with local authorities. Especially, under cooperation with local authorities, the KNRC has been providing **emergency food kits with psychosocial support to more than 1.9 million self-quarantined people**.

While the impact of COVID-19 has diminished, it is still existing and ongoing. The KNRC will keep working to minimize the social and economic gaps occurred by the impact of COVID-19. The KNRC continues to implement emergency support programs (multipurpose cash programs) for those in need. During the COVID-19 surge, more and more vulnerable people apply for cash programs and up to now, some of them are still in the progress of recovery. The KNRC will continue to operate COVID-19 treatment hospitals and help those

Beneficiary Story:



"My husband's business went out due to the impact of COVID-19, and he put himself to death, leaving lots of debts. I couldn't be in sadness as I had to take care of my children. I was working. However, after paying for the treatment fee for my son suffering from autistic disorder, I couldn't afford house rents and living expenses. At that time, I met KNRC volunteers at my workplace. After hearing of my stories, the KNRC started fundraising for me to pay for rent fee and living expenses. Especially, I wanted to thank the KNRC for supporting medical treatment for my son. KNRC volunteers keep helping me, checking in my situations and giving me daily necessities. Slowly and gradually, my family went back to our normal daily lives. I cannot forget what I received from the KNRC, not only physically but also psychosocially. "

who suffer from the impact of COVID-19. The KNRC will continue its efforts to provide support so that no targets of the vulnerable population are left out.

Kiribati Red Cross Society

There were no confirmed cases of COVID-19 in Kiribati throughout 2020. Kiribati Red Cross Society (KRCS) had focused response on **community health and hygiene messaging**. From mid-2020, KRCS began implementing COVID-19 preparedness activities, **mobilizing 50 volunteers** to deliver health and hygiene awareness and distribute information, and **prepositioning PPE and essential hygiene items** for distribution during community and school awareness sessions. In January 2021, KRCS attended the Red Cross regional communication refresher course and completed the COVAX Readiness Self-

Assessment Tool, began planning for vaccine rollout, while continuing to disseminate COVID-19 messaging through community engagement and mass media.

In May 2021, Kiribati reported two COVID-19 cases aboard a vessel, and KRCS continued its activities to prevent rapid transmission in the event of an outbreak. KRCS volunteers assisted the Ministry of Health and Medical Services with **vaccine registration** and visited primary schools to **distribute hygiene kits to students**. A total of 125 volunteers was also trained on CEA, Psychological First Aid and First Aid training through face to face and using an online platform. KRCS continued to prioritize targeted RCCE on COVID-19

throughout the entire response. The first cases of COVID-19 through community transmission were detected in January 2022, spurred by the Omicron variant. During the outbreak, KRCS **disseminated COVID-19 safety message** on the radio and **distributed PPEs to vulnerable households** as well as **conducted needs assessment for low-income households** to target provision of essential items during lockdown period.

Challenges faced by KRCS during the COVID-19 response included limited resources, fragile healthcare system, limited access to technology, limited volunteer capacity and limited access to vaccines. A lesson learnt survey was deployed to KRCS staff and volunteers to gain insights into successes and areas for improvements from National Society's pandemic response.

Lao Red Cross

In April 2020, the first COVID-19 case was confirmed in Laos. Cases began to spread more rapidly nationwide in April 2021 and the country experienced a surge of COVID-19 cases between May to August 2022. However, through government control measure and support by international organizations, the number of new cases declined across the country. By May 2022, the Government had fully reopened the international border with the easing of restrictions. Lao Red Cross (LRC) was a part of this pandemic response.

From May 2021, Lao Red Cross headquarters and branches launched a **public awareness campaign on COVID-19 prevention and vaccine risk communication** at quarantine centers, vaccination points, urban, markets and at-risk communities in 7 provinces: Vientiane Capital, Khammouan, Savanakheth, Salavan, Champasak, Sekong and Attapeu. A total of 988,063 people (644,416 female and 343,647 males) in 44 districts and 241 villages had direct access to the campaign.

From January to March 2022, LRC supported the Ministry of Health (MoH) in **vaccine rollout in target areas in the 7 provinces** above covering **169 locations and hospitals**, reaching 189,068 people (93,896 female, 95,172 male). LRC also **distributed hygiene kits to 3,700 infected people** (1,848 female, 1,852 male) who were self-isolating at quarantine centers. Each hygiene kit consists of soap, shampoo, washing powder, toothpaste, toothbrushes, tissue, sanitary pads, surgical face mask and alcohol.

LRC has only 546 staff in 18 branches throughout the country, which is limited human resources compared to the large scale of the response and the lack of technical staff and volunteers who can support COVID-19 operations. Due to limited funds, LRC could only provide support to targeted provinces while supporting all provinces in the country.

LRC collaborated and engaged with local authorities, quarantine centers, field hospital and MoH at headquarters, provincial and district levels to prepare and implement vaccine rollout and public awareness campaign. This provided an opportunity for LRC to work closely with local partners and promote LRC's auxiliary roles to the communities. After the COVID-operation ended, LRC continues to **strengthen volunteer management and recruitment systems** for sustainability in pandemic response and other LRC activities.



(Top) Public Awareness Campaign in Champasak province. (Bottom) LRC volunteers supporting national vaccine rollout in a hospital (Photo: LRC)

Malaysian Red Crescent Society

Malaysian Red Crescent Society (MRCS) started its COVID-19 response in January 2020 and has been actively engaged in its auxiliary roles to Government of Malaysia.

Key highlights of MRCS:

- MRCS has administered their **mobile vaccination activities** across 15 states, targeting the vulnerable families, migrant, and hard-to-reach communities. A **total of 63,265 people** has been reached through the MRCS mobile vaccinations activities, which often required trekking off-road to reach remote communities. These mobile vaccinations outside the main vaccination centres (PPVs) started with the bedridden and People with Disabilities (PwDs) community, and then expanded to include Orang Asli (indigeneous) communities, migrants, asylum seekers, the homeless, and adolescents.
- MRCS has mobilized staff and volunteers with medical and non-medical background to assist the Government with COVID-19 prevention and vaccination activities. The Government tasked MRCS to **support the volunteer management system (VMS)** for the vaccination centres. The VMS app for MyVac (Malaysia Vaccine Support Volunteers) was operationalised on 11 April 2021, a week before the opening of the vaccination centres on 19-April. A total of 320,000 volunteers registered onsite to provide both medical and non-medical support, and about 8,000 volunteers were deployed to 605 vaccination centres nationwide.
- MRCS implemented **risk communication and community engagement (RCCE) activities** to increase the public awareness on COVID-19 prevention, home care guidance, and vaccine take up. Together with this RCCE activities, MRCS distributed over 45,000 sets of PPEs and 13,000 home care kits to the vulnerable people.

- MRCS has distributed a total of RM 1,538,550 to **7,233 recipients** in the community under its **Multi-purpose Cash Assistance (MPCA)**.

Learning from the experience of MRCS' COVID-19 response in the last three years, MRCS has integrated in their 2023 plan, to continue and to initiate the following activities:

- Pandemic preparedness, to support government on improving community-based preparedness activities.
- Mental Health & Psychosocial Support Service (MHPSS), to support the Government to increase its capacity to provide MPSS to communities. It has been reported that mental health issues are increasing in Malaysia due to the pandemic.
- Risk Communication & Community Engagement (RCCE), to support government on health messaging to community.
- Capitalize MRCS experience on mobile vaccination activities, to support the government on other vaccination activities in the community.



Volunteers carrying out post-distribution monitoring interview with a recipient who received unconditional cash assistance from MRCS. (Photo: MRCS)

Maldivian Red Crescent Society

The Maldivian Red Crescent Society (MRCS) **redeveloped its emergency response training modules**, carried out **emergency response induction training of trainers**, and **developed a new Emergency Response Team Induction curriculum** in collaboration with the National Disaster Management Authority. These efforts locally standardized the Community Emergency Response Training and helped prepare the National Society to respond effectively to emergencies.

MRCS had **established a Migrant Support Center** and a **toll-free migrant support helpline** to provide legal and health-related support services to migrants. Additionally, the National Society continued a **psychosocial support helpline service** to provide critical intervention in the COVID-19 pandemic. These efforts have helped support those in need and promote the community's well-being.

Due to the increase in COVID-19 cases in the Maldives following the introduction of the Omicron variant and the country's first cycle of COVID-19 booster dose administration, difficulties were encountered during the first quarter of 2022 in carrying out scheduled programming activities. MRCS was able to start implementing crucial actions throughout MRCS Units, thanks to the simplicity of the constraints and the early distribution of the immunizations.

MRCS programs were developed to meet peoples' shifting needs. The National Society has been moving away from providing direct aid and aiding isolated islands. The communities are being educated more about the pandemic and possible protective measures through improving cleanliness, and self-behaviour, such as social distancing and proactive reporting of confirmed cases. However, MRCS is mindful of its limitations in terms of financial and technological resources.

Marshall Island Red Cross Society

The Republic of the Marshall Islands (RMI) reported only four confirmed COVID-19 cases in the first year of the pandemic outbreak. Since the declaration of the State of Emergency in January 2020, the Marshall Islands Red Cross Society (MIRCS) had been actively involved in **COVID-19 preparedness and mitigation efforts** by activating **Emergency Operating Centres (EOC)** nationwide. MIRCS mobilized over 80 volunteers for COVID-19 preparedness activities and conducted **COVID-19 awareness, hygiene promotion, and hygiene kit distribution** in seven communities as well as supported the government's unique colour-coded flag system to visually inform the community about the ongoing COVID-19 risk level – yellow (no confirmed cases), orange (threat identified), red (threat confirmed).

In January 2021, MIRCS engaged with households directly to **address vaccine hesitancy and misinformation** as a part of the vaccine rollout team. MIRCS also conducted COVID-19 awareness and **distributed hygiene supplies** in the national jail. On 29 December 2020, RMI became the first Pacific country to commence **COVID-19 vaccinations**, achieving a vaccination rate of 70 per cent of its population. For the entire year 2021, no cases of COVID-19 were reported and MIRCS staff and volunteers continued to **provide**

administrative support at vaccine sites, conducted household awareness on the COVID-19 vaccine, and provided key messaging in the community. MIRCS also visited schools to **provide RCCE on COVID-19 safety measures** and conducted **First Aid (FA) and emergency response team (ERT) training**.

Some challenges that MIRCS faced during the response, included transport disruptions between remote island communities and the rapid spread of the first wave of COVID-19 in August 2022, which impacted staff and volunteers response. Going forward, MIRCS plans to review lessons learned from the response and continue promoting COVID-19 awareness.



MIRCS volunteers help register and prepare people who are arriving to receive their first dose of the COVID-19 vaccine. (Photo: MRCS)

Micronesia Red Cross Society

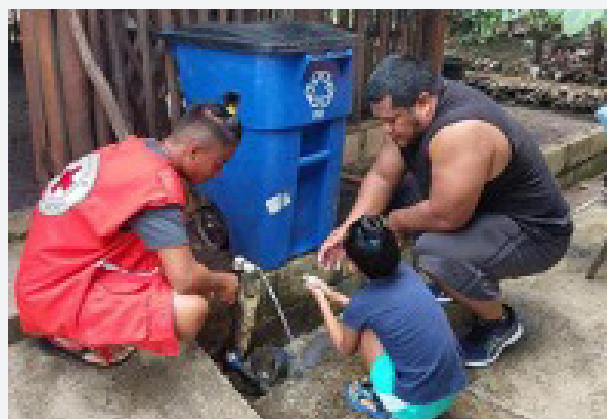
While there had been no reported cases in Federated States of Micronesia (Micronesia) in 2020, Micronesia Red Cross Society (MRCS) actively began preparing for a potential outbreak with **community health and hygiene messaging**. MRCS partnered with the Micronesia federal and state governments to support the response gap of the government, led community outreach activities, and supported hand washing stations in all the states. Activities included COVID-19 preparation and **inspection in schools and distributing soap and IEC materials**. Recognizing the key role of traditional community leaders, MRCS, together with WHO, UNICEF and local NGOs, supported the government to implement a comprehensive COVID-19 **Community Outreach Package** designed empower communities to protect themselves from COVID-19. The package consisted of a series of microplanning workshops with the community leaders of which the leaders were involved in developing an action plan together, tailored to local context and more likely to be implemented in their respective communities.

MRCS youth volunteers took the lead in **COVID-19 house-to-house awareness** efforts in January 2021, reaching over 100,000 locals, including 40,000 children, through COVID-19 awareness and prevention education and the **distribution of hygiene items**. About 75 schools across Micronesia were trained by MRCS on safe school protocols such as daily temperature checks and handwashing programs. MRCS has conducted **refresher training on COVID-19 prevention** and engaged with community disaster management teams

to draft an action plan for responding in the event of a possible COVID-19 case in the community.

The government informally launched the vaccine campaign on December 31, 2021. MRCS **promoted vaccine rollout** and assisting the local MoH and provided ongoing support through household data collection to map vaccine coverage and gauge community perceptions. Data collected was used to target mobile vaccine teams in areas of low vaccination coverage and informs key messages to address community concerns.

During the MRCS COVID-19 response, MRCS staff and volunteers were impacted by pandemic that reduced workforce. There were also transport disruptions between remote states. Despite the challenges, MRCS played a critical role in the COVID-19 response especially in promoting COVID-19 awareness through various activities.



MRCS installed handwashing points to promote good hygiene practice to reduce risk of COVID-19 spreading (Photo: MRCS)

Mongolian Red Cross Society

The Mongolian Red Cross Society (MRCS) organized a nationwide response operation for COVID-19 to support vulnerable populations and the health system. They **mobilized and trained 1675 volunteers** in public health to provide **support to health facilities, vaccination centers, and quarantine facilities** across the country. The trained volunteers also provided **mental health and psychosocial support** to frontline workers, their children and vulnerable groups through the social care center of MRCS. MRCS also **provided PPE and WASH supplies, equipment, and testing kits** to health facilities of all provinces of Mongolia. Additionally, MRCS provided **cash grants to 1000 households and 28 small business owners** as well as **distributed 178,500 food parcels** to vulnerable households during strict lockdown phases.



1675 volunteers trained and mobilized



1.9 million people reached with RCCE messages



8,444 people supported to get COVID-19 vaccination



148,200 contacts traced by volunteers



178,500 people received food and in-kind assistance



68,200 frontline workers assisted with PPE and WASH supplies



28 entrepreneurs received cash grant for business recovery



1,000 vulnerable households received cash assistance

An independent review of MRCS COVID-19 response found that **volunteer mobilization was significantly effective**, with an average score of 8.90 out of 10 as rated by 80 surveyed volunteers. MRCS organized various types of **online and in-person training, workshop, and experience-sharing sessions** covering 4307 volunteers and staff to strengthen their disaster readiness and financial stability skills. However, the current number and composition of staffing at MRCS on all levels lacked the capacity to respond fully to similar global emergencies that cover mass populations in the future. Therefore, mobilization of volunteers was effective in addressing this challenge. Policies and initiatives must be planned and put into action to address the funds required to increase the workforce and human resources.

Logistical issues were one of the core challenges faced by the MRCS staff and volunteers during the COVID-19 response activities. Specifically, the lack of standard warehouses to store all food items and shortage in transportation to deliver assistances to the target communities were significantly critical. Transportation issues were addressed through contracting with companies that provide transportation services. Establishing logistics departments in line with logistics assessments and needs could be essential in addressing similar challenges in the future.

Beneficiary Story:



Mr. Chuluunbayar is a single dad living with his 2 daughters, **working to accelerate his business** after losing his job due to a truck accident. With the **cash grant**, Mr Chuluunbayar launched his own business by acquiring gas boilers and equipment to produce traditional ritual tools using animal fat and raw materials.

The MRCS COVID-19 response interventions helped lessen the negative impacts of the pandemic brought in a rapid period of time. However, there is a need to establish sustainable programs and initiatives that support long-term behavioral changes in areas such as improving personal hygiene and health, keeping the living environment clean, livelihood enhancement, employment, and income generation skills.

Myanmar Red Cross Society

Since the outbreak of the COVID-19 pandemic in Myanmar, Myanmar Red Cross Society (MRCS) has played a crucial role in supporting the vulnerable community in COVID-19 emergency response under the guideline announced by the Ministry of Health and Sports (MoHS). In 2021, MRCS supported the internally displacement person (IDP) in conflict area despite the intense civil unrest situation in Myanmar.

Myanmar RCS Success Stories:

Lucky Boy - *Two years on a mother and baby meet the Myanmar Red Cross ambulance crew that saved their lives in the midst of a health crisis and COVID-19 pandemic*

Low on Oxygen, High on Love - *A young Myanmar woman's desperate search for oxygen led her to the Red Cross*

MRCS volunteers had **supported 2,991,611 people through social mobilization** for COVID-19 awareness and vaccine campaigns. Additionally, 1,710 volunteers across the country conducted COVID-19 training, such as epidemic control of volunteers (ECV) and epidemic community-based health and first aid (ECBHFA), which benefited people through the awareness sessions conveyed in the training. Despite the major constraint of the ongoing international bank transfer limitations in Myanmar, MRCS successfully **distributed cash assistance** twice to **1,094 IDP households** in central region of the country, a vulnerable area due to the conflict in 2022. The unconditional cash received was primarily used to cover food costs for 2 to 3 weeks, health care and transportation costs.

Another main activity of MRCS' COVID-19 response was the **oxygen initiative support**, which was also intended to be used for other health emergency needs in the community. **28 oxygen plants were donated** through IFRC and PNS support, with seven of these oxygen plants currently in use in various areas. With the support of New Zealand Red Cross funding, MRCS

plans to ensure the sustainability of the oxygen plants to meet the community's needs for oxygen in health emergencies, as well as to preposition stock for new emerging diseases. **Routine immunization** is also being planned as another effective way of providing health care support to the community as part of 2023 planning.

The COVID-19 pandemic had highlighted that Red Cross volunteers play a critical role in epidemic response plans, providing much-needed support to affected communities and helping to control the

spread of disease. Going forward, MRCS will continue to provide COVID-19 support through mobilizing trained volunteers to respond quickly to emergencies, engage in RCCE activities as well as assist in social mobilization for routine immunizations given by basic health staff. Through experience and resources gained from COVID-19 response, MRCS plans to transform its COVID-19 response into National Society epidemic and pandemic preparedness plan. MRCS plans to be involved in future COVID-19 and other vaccination programs as part of learning.

Nepal Red Cross Society

Since early 2020, the Nepal Red Cross Society (NRCS) with IFRC wide support reached **3,166,336 people directly** with **health and hygiene promotion messaging**. **431,763 people** were supported to get **COVID-19 vaccinations** in partnership with authorities while **34,095 individuals** were reached by contract tracing and follow up initiatives, focusing on points of entries and remote areas. NRCS also established and **rehabilitated drinking water sources, toilets and hand washing facilities** for 132,254 people. Furthermore, NRCS **provided critical medical items to health facilities, blood centres and volunteers** including two oxygen generation plants, 600 oxygen cylinders for NRCS ambulances and 2,349 PPE (1,179,373 overall medical kit including PPE sets) for frontline responders.

NRCS COVID-19 operation also addressed the socio-economic impacts of the pandemic through **cash assistance to 3,690 families** as well as providing **23,736 people with food or in-kind assistance** during lockdowns. In addition, **6,807 people** reached with **MHPSS activities** and **22,445 people** with **violence prevention orientations**.

The NRCS also enhanced its capacity with health authorities at all levels. **30 new ambulances** were procured and another **15 upgraded** in-line with new national standards. **20,000 volunteers mobilized** were covered with insurance and NRCS also successfully implemented **new digital planning and monitoring tools** including renewed focused on feedback mechanisms (3077 were digitalized).

Key challenges during the operations were first to ensure duty of care to all involved staff and volunteers, especially during the initial phase of the crisis when PPE was lacking. Secondly, funding was insufficient

Beneficiary Story:



I learned a lot about COVID-19 from the [Deuda](#) competition and a radio program of NRCS. I will keep on sharing these acquired information during our monthly health mothers' group meeting; not only to the mothers' group members but also to the whole village in the days to come.*

-Kalika Shahi, Tila Rural Municipality, Jumla

*Nepali genre of song and dance, performed in the Sudurpashchim and Karnali provinces of Nepal)

to address critical socio-economic aspects of the pandemic had lasting impacts on the community in coming years.

Overall, one key success of the operation was the reach through **risk communication activities**, messages being continuously updated and contextualised using multiple channels to reach the public. Another success was the **collaboration with authorities on scaling up the vaccination campaigns** with the help of NRCS volunteers who mapped out left-out populations, sensitize with communities and supported vaccination centres at strategic locations and times to ensure access for all. Data collected was shared with local health authorities to ensure their access to COVID-19 vaccination.

Pakistan Red Crescent Society

Since the first reported COVID-19 case in Pakistan in February 2020, Pakistan Red Crescent Society (PRCS) had responded with efforts directly contributing to the Government's plan and country response strategy. PRCS reached 14.7 per cent of the population through activities such as healthcare and vaccination assistance, WASH, and livelihood support as well as RCCE activities. In 2022, PRCS focused on increasing vaccine uptake and addressing vaccine hesitancy while supporting livelihoods and promoting good health practices to prevent transmission of new variants. Following a fifth wave and eventual decline in cases, COVID-19 limitations were lifted on 22 March 2022, and the National Command and Operation Centre (NCOCC) taskforce was dismantled to relieve pressure on the healthcare system. PRCS reached over 33.8 million people through 33 months of nation-wide COVID-19 response.

PRCS responded to COVID-19 by establishing Corona Care Hospital with 120 beds, collecting 5,124 PCR testing samples, conducting 1,854 first aid trainings, and providing basic psychological first aid to over 228,745 people in the communities through more than 1000 volunteers. They reached 226,862 people through WASH interventions, supported 82,908 individuals with unconditional cash assistance, provided food assistance to 109,958 households, collected 7,431 units of blood through blood donation campaigns, and established a hotline 1030 that received 122,958 calls. They also vaccinated 668,523 people through PRCS vaccination centre and mobile units and conducted surveys and campaigns to address vaccine hesitancy.



PRCS trainees administering first aid training adhering to the new SOPs. (Photo: PRCS)



PRCS trainees administering first aid training adhering to the new SOPs. (Photo: PRCS)

PRCS achieved two main successes in their COVID-19 response:

- The **integration of primary health care services with COVID-19 vaccination services** led to a significant increase in vaccine acceptance, particularly among women, and PRCS provided **aid to the majority of migrants, refugees, and internally displaced people in most inaccessible regions** of Pakistan.
- **Trainings on infection prevention and control and first aid awareness** were provided to data entry operators and vaccine providers, enhancing their skills and preparedness for future pandemic responses.

The two key areas for improvement are:

- **Improving data collection and data confidentiality for populations of concern** without documents such as migrants, IDPs, and refugees to accurately record and report vaccination rates. Close coordination with government officials and refugee groups can make data collection feasible in the future.
- **Tailoring responses to further incorporate displaced people and minority groups** in COVID-19 response efforts by increasing resources and scaling up preparedness efforts.

Moving forward, PRCS plans to strengthen vaccine advocacy to address vaccine scepticism through CEA and PGI. Additionally, PRCS will ensure long-term focus on containment and response actions that target Health, Wash, and primary health care services as well as PRCS volunteers' capacity building.

Palau Red Cross

Palau Red Cross Society (PRCS) has been actively involved in the COVID-19 response in the country since the beginning of pandemic outbreak in 2020. PRCS's primary role has been to support the government's efforts to prevent and contain the spread of the virus, as well as to **raise public awareness** about the disease. The organization has partnered with the Ministry of Health (MoH) to print and **disseminate information, education, and communication (IEC) materials about COVID-19** and has mobilized 110 staff and volunteers to disseminate the materials, deliver key messages, and distribute hygiene kits to vulnerable groups across 16 states. PRCS has also **supported the Quarantine Core Team by delivering food and personal items** to individuals in quarantine facilities and supported the Blood Bank by recruiting donors.

In January 2021, PRCS and IFRC delivered a **pandemic safety certification training of trainers (ToT)** in the tourism industry, on pandemic safety guidelines part of preparedness in bid to reopen borders. As blood donation had decline during the pandemic, PRCS also relaunched **blood drive activities** in partnership with the MOH and the Blood Bank.

MoH commenced a nationwide COVID-19 vaccination campaign on 3 January 2021 and by June 2021, all eligible population (13,290 people) were fully vaccinated. As the pandemic progressed, the PRCS shifted its focus to supporting the **distribution of PPE, hygiene kits and providing psychosocial support (MHPSS)** to communities across the country. PRCS also provided **training on use of PPE, epidemic control and dead body management** to staff and volunteers. Furthermore, PRCS **conducted a vulnerability assessment of residential barracks** (crowded living quarters) at risk of a COVID-19 outbreak, collecting demographic, living condition, and WASH facility data from 185 participants to aid in preparedness and swift assistance to the most vulnerable residents.

Palau had reported less than a total of 10 COVID-19 cases until the Omicron wave in January 2022, where cases surged to over 1,500 within a month. During this time, PRCS volunteers supported MHPSS in surveillance, data management and provided situation reports while continuing to raise awareness through RCCE activities. As of February 2023, there have been a total of 5,994 confirmed COVID-19 cases and 9 deaths reported in Palau.

Papua New Guinea Red Cross Society

Papua New Guinea Red Cross Society (PNG RCS) has been actively involved in the country's COVID-19 response since the first case was reported in March 2020. Main activities implemented included **community awareness, relief assistance, training and capacity building of healthcare workers, volunteers and students**, and coordination with other organizations. PNG RCS has played a critical role in **raising community awareness about COVID-19 prevention measures** and **addressing vaccine hesitancy**. PNGRCS had provided accurate and reliable public health information about COVID-19, reaching at least 600,000 people through its 13 branches and volunteer network. This included reaching highly challenging geographical areas such as communities living in small islands. PNG RCS also focused on **distribution of PPE**, distributing large amounts of surgical masks, examination gloves, infrared thermometers and hand sanitizer units across the country in collaboration with Coca-Cola and National COVID-19 Control Center. PNG RCS has been able to coordinate and work well with national and provincial health authorities, participating in national



PNGRCS volunteers supporting efforts to provide accurate public information about COVID-19 (Photo: PNGRCS)

and local coordination meetings and supported efforts to develop and implement response plans.

PNG RCS COVID-19 response was not without challenges. Healthcare system in PNG is under-resourced, faced significant capacity constraints and has limited resources with fragile health infrastructure, particularly in the rural and remote areas. The pandemic had put additional strain on an already [overstretched system](#). Access to remote communities has also been limited, making relief assistance challenging. **Vaccination hesitancy**

remains a significant challenge in PNG, with some communities resisting public health measures stemming from misinformation and stigma. To date, only less than 6 per cent of PNG's population is fully vaccinated¹, making **PNG the lowest vaccinated country in Asia Pacific region**. Additionally, the ongoing political instability and security concerns in certain parts of the country have further complicated response efforts.

As of February 2023, PNG has recorded a total of 46,809 confirmed cases and total death of 670. While figures reported had stabilised over the last few months, these are likely underestimated due to **limited testing capacity** and challenges with data collection and reporting in the country. PNG RCS continues to adapt and respond to evolving COVID-19 situation in the country, focusing on addressing vaccination hesitancy through CEA. COVID-19 activities will be integrated into CEA project funded by BHA until March 2024.

Philippine Red Cross

During the COVID-19 pandemic, the Philippine Red Cross (PRC) responded to the shortage of **Personal Protective Equipment (PPE)** by **distributing over 700,000 masks and 50,000 PPE sets** to hospitals, government agencies, and public entities. PRC also deployed **112 medical tents** that served as extension wards and triage facilities to hospitals, catering to over 80,000 patients in three years. PRC also established **14 molecular laboratories** that conducted over **5.6 million COVID-19 tests** (making up a major portion of nation testing output) using the RT-PCR method and pioneered the use of saliva as a specimen for testing. The **Convalescent Plasma Center** was also established to **extract blood plasma** from COVID-19 survivors to be given to patients battling the disease, as the plasma is expected to contain **antibodies against the virus**. PRC formed a **specialized ambulance fleet of six negative pressure ambulances** with trained personnel to transport COVID-19 patients. **Emergency Field Hospital with a 100-bed capacity and Isolation Facilities** were also established to cater to patients during the peak of the pandemic in 2021. PRC administered **over 1.4 million vaccine doses** through the **establishment of PRC Vaccination Centers (Bakuna Centres)**, the deployment of PRC Vaccination Buses, and Mobile Vaccination Teams. Additionally, a **24/7 1158 hotline** was established, managed by volunteers, which provided information on COVID-19 and related services.

Overall, the two main successes of PRC COVID-19 response:

- **Laboratory Innovations - Molecular Laboratories & Convalescent Plasma** provided testing and treatment to those in need
- **Support to public health authorities** included medical tents, the emergency field hospital (EFH), negative pressure ambulances, and COVID-19

vaccinations. The PRC was able to reach out to hard-to-reach populations with its 27 vaccination centers, 20 vaccination buses, and 50 mobile vaccination teams. Negative Pressure Ambulances provided aid in infection management and control by transporting critical COVID-19 patients. These interventions provided formidable support to the government's hospitals and institutions, aiding in the management and control of the pandemic, especially in reaching out to hard-to-reach population in some of the most isolated areas.

PRC faced challenges during lockdown and isolation but continued operations with limited human resources and by remote coordination and management. PRC identified the need for a Business Continuity Back-Up Plan and asset prepositioning to improve response time for future pandemics. This will include advance and negotiated partnerships agreements with suppliers offering lifesaving products and services in times of pandemic. PRC will create a Next Pandemic Preparedness Plan to update to a robust and more agile response and business continuity plan, improving asset deployment and prepositioning of staff and volunteers for better preparation in the future.



PRC deployed medical tents as extension wards and triage facilities in support to the influx of patients in Government Hospitals (Photo: PRC)

¹ PNG National Department of Health COVID-19 Update

Samoa Red Cross Society

The Samoa Red Cross Society (SRCS) had been conducting a comprehensive COVID-19 response since the beginning of the pandemic in 2020. As part of preparedness for potential outbreak in country, SRCS initially focused on **public awareness** through television and radio programs, **conducted household assessments on WASH and other health needs**. SRCS also stressed the importance of basic hygiene practices and established isolation space for home-based care for patients.

Throughout the pandemic, SRCS continued to **prioritize on community outreach and raising public health awareness** through various media outlets. A **COVID-19 training toolkit was developed** to facilitate COVID-19 sensitization sessions with community including village chiefs, mayors, religious leaders and women's community. SRCS also worked to improve access to safe water and distribute essential hygiene items to vulnerable communities.

The national **COVID-19 vaccination programme** started on 24 April 2021. SRCS deployed 52 volunteers to 23 vaccination sites to assist with crowd management, provide standby first aid, assist with community mobilization, and monitor people post-vaccination. Volunteers also disseminated information on the COVID-19 vaccine and **addressed misinformation**, reaching more than 57,000 people. Additionally, SRCS continued to work collaboratively with the MoH to **organize blood drives** to maintain the supply of blood in the country.

Samoa had stayed mostly COVID-free for 2 years until March 2022 when the country experience its [first wave of outbreak](#) along with many other Pacific Island countries. In response, SRCS rolled out the **Community Disaster & Climate Risk Management programme (CDCRM)** which incorporated awareness on COVID-19 preparedness and prevention. Through CDCRM, community-based volunteers were able to respond and coordinate effectively in managing the spread of outbreak. One of the key achievements of SRCS from the pandemic response was the success of COVID-19 community outreach which has been integrated into Community-based Early Warning Early Action ahead cyclone season. Overall, SRCS had demonstrated a commitment to public health and community outreach in its comprehensive response to COVID-19 in Samoa.

Solomon Island Red Cross Society

The Solomon Islands Red Cross Society (SIRCS) took proactive measures to response to COVID-19 pandemic since March 2020. SIRCS conducted COVID-19 training for 75 volunteers and collaborated with town councils and health promotion teams to conduct public awareness on COVID-19. Volunteers received various trainings including Epidemic Control for Volunteers (ECV), on psychological first aid and first aid. SIRCS mobilized trained volunteers to assist local authorities in conducting COVID-19 awareness tracking survey and house-to-house COVID-19 awareness and hygiene promotion. SIRCS also supported the Institutional Quarantine Facilities housing repatriated individuals, by monitoring their welfare, supporting their basic needs, and helping to maintain family link. As part of duty of care, SIRCS procured and prepositioned PPE, hygiene items as well as a vaccine preparedness toolkit for use by volunteers and staff.

Solomon Islands commenced COVID-19 vaccinations on 24 March 2021, although progress was initially slow, with only less than 10 per cent of the eligible population fully vaccinated. 30 SIRCS volunteers provided administrative support in registration in the COVID-19 vaccine rollout and were involved in the Community Preparedness and Response Planning in rural communities. In January 2022, the country experienced a sudden spike in cases through rapid community transmission spurred by the Omicron variant. [Vaccination efforts were ramped up](#), SIRCS volunteers were deployed to vaccination sites to support with registration, data entry and mass testing. SIRCS developed a community preparedness trainer of trainers training, established a 'COVID-19 community committee' with 79 community leaders and representatives responsible for community-led preparedness as well as provided with hygiene kits. SIRCS also rolled out a COVID-19 feedback mechanism and operated the National COVID-19 Hotline address queries and requests from the public regarding COVID-19. To boost blood stocks which have been depleted during the pandemic, SIRCS organized four blood drives and raised awareness about the importance of blood donation.

As of February 2023, there were a total of 24,575 confirmed COVID-19 cases and 153 deaths reported in the country. To date, about 35 per cent of the population is fully vaccinated. Despite some challenges with slow coordination with the MoH at provincial level and priorities changed frequently, SIRCS COVID-19 response had been effective in managing the outbreak in the country.

Sri Lanka Red Cross Society

Since March 2020, the Sri Lanka Red Cross Society (SLRCS) has been actively involved in COVID-19 awareness activities, **distribution of communication materials** in local languages; **distribution of personal hygiene items, food, and dry rations**; **logistical support** to quarantine or isolation centres, and **ambulance and transport services** for patients.

Initially, funding was used for procuring oxygen concentrators and medical equipment for handover to the Sri Lankan government's Ministry of Health to support severely ill patients. SLRCS also supported 1,250 households (6,250 people) through **cash and voucher assistance (CVA)** to meet their basic needs that protected households from negative coping mechanisms, which they highlighted in the post-monitoring. Further, SLRCS assisted 21 refugees and asylum-seeking families through CVA activities.

Two ambulances were procured to support COVID-19 patient transportation, and with these ambulances, SLRCS helped 14,257 COVID-19 patients. **More than 6,000 volunteers were mobilized** by SLRCS for **community outreach** in a door-to-door campaign on information on COVID-19 prevention, reaching approximately 7,100,379 persons around the country.

Medical assistant volunteers in community and school vaccination centers have helped SLRCS roll out vaccines in 17 districts out of 25. SLRCS also provided **mobile vaccination support** and **transport for vulnerable community members** who cannot reach vaccination centers and medical staff who visit the disabled, elderly, and unreachable for COVID-19 immunization.

SLRCS' organizational capacity, volunteer management and mobilization, CVA implementation process, and

institutional capacity dealing with stakeholders and governments improved during the COVID-19 pandemic. SLRCS also managed an **effective community feedback mechanism** to address and prioritize the most vulnerable groups, and volunteers engaged effectively in CEA during the response process.

SLRCS national headquarters will continue to work with district branches to provide **vaccination support and community awareness campaign** follow-up to ensure a continuous response in the future. Encourage associates to network with stakeholders in their respective areas and related sectors to assist the most vulnerable groups and continue with the ongoing Complex Emergency Appeal cash grant assistance programme.

SLRCS has a natural disaster emergency plan. To prepare SLRCS for the next pandemic and adapt decentralization mechanisms for implementation and decision-making, epidemics must be integrated into these plans.



SLRCS provided an ambulance service for COVID-19 patients (Photo: SLRCS)

Thai Red Cross Society

From April 2021 to January 2023, the Thai Red Cross Society (TRCS) provided **COVID-19 vaccination to 157,960** people, including 68,803 migrants. **Face Verification and Iris recognition technology systems**, developed by NECTEC and iRespond, was used to record the vaccinated persons' information, which was then linked to the Ministry of Public Health's Mor Promt System for non-Thai citizens and people without civil registration. A personal identification code

starting with 1 letter was assigned to foreign COVID-19 vaccine recipients. TRCS would expand the COVID-19 vaccination services to different population groups throughout Thai provinces as the National Society receives more vaccine donations.

TRCS, TRCS Health Bureau and various Provincial Red Cross Chapters **distributed essential food kits** which consisted of rice, instant noodles, canned fish, canned fish topped with chili, stewed eggs with chicken, tuna chili paste, small black garbage bags and more



Thai Red Cross health workers administering vaccines to school children in southern Thailand. (Photo: TRCS)

since the beginning of the epidemic situation until May 2022. TRCS also distributed the more than **500,000 sets of relief kits to COVID-19 quarantined people** along with drinking water in 75 provinces, costing over 330 million Thai Baht.

Timor-Leste Red Cross Society

In the COVID-19 national response plan of the country, Timor-Leste Red Cross (Cruz Vermelha de Timor-Leste, CVTL) is responsible for three out of five pillars of the government's strategy, namely inter-ministerial coordination meetings, RCCE, and logistic and financial support. These were achieved by preventing the transmission and helping to ensure communities affected by maintaining the access to basic health and social services. CVTL supported the government by **installing hand washing facilities** in health care facilities and at-risk public areas that **reached 24,159 people**. As the government focused on **COVID-19 vaccination roll-out** in 2022, CVTL volunteers worked closely with the local health authorities to communicate the importance of vaccination to the community. At the end of 2022, **10,785 people have been reached to get vaccinated**.

Since the beginning of the response, CVTL deployed staff and volunteers to **support cross-border screening and health quarantine service**, set up tent at quarantine and isolation service, health promotion, and contact tracing. One key success of CVTL response amid the pandemic is **closing the communication gap between the government and the community** through **risk communication and community engagement**. Volunteers were mobilized to **reach the community by door-to-door visits**

The COVID-19 vaccination services highlighted that coordinating vaccination services with multiple organizations can be challenging. The operation involved numerous stakeholders that required timely and effective communication, accurate tracking of number of vaccinations administered which is then linked to the Public Health System.

Key areas for improvement:

- Managing information on Thai and migrants' vaccination record and disaggregated data for decision-making and effective interventions such as PGI and risk communication with those vaccinated. As the vaccination operation is dealing with multiple organizations, getting accurate information is challenging.
- Sharing TRCS's best practices and lessons learned from the vaccination operation and peer-to-peer support could be useful to other National Societies. Knowledge sharing could help the next vaccination campaign, particularly if **biometric technology is used to track undocumented people**. Due to the language barrier, this practice is not happening as much as it could.

and distributing COVID-19 information, education, and communication materials. At least **95,199 people** were reached directly in 13 municipalities. A perception survey of COVID-19 found that 97 per cent of respondents trust the information that comes from CVTL.

To support livelihood and socio-economic aspect, CVTL implemented **Cash and Voucher Assistance (CVA)** in three municipalities, including Dili, Liquica and Atauro. A total of **377 households received food relief** through this assistance. Through IFRC support, CVTL developed an **android-based application** called the Loja (shop) app to ensure transparency in distribution that enable people to select food based on their needs.

After the operation, CVTL still needs to improve their services through staff and volunteer capacity strengthening on public health including RCCE and PSS trainings, and to develop Business Continuity Plan (BCP) in responding to evolving health crises in the future.



CVTL Volunteer visiting Camera Village, Lenuk-Hun Sub-village, Dili (Photo: CVTL)

Tonga Red Cross Society

Despite no reported cases in the country, Tonga Red Cross Society (TRCS) had been actively involved in preparedness and response efforts since the beginning of 2020. **Preparedness** was the top priority in TRCS COVID-19 response plan. TRCS has distributed **COVID-19 awareness** and preparedness leaflets, installed rainwater harvesting tanks, integrated COVID-19 awareness into first aid training courses, and **provided essential hygiene items and bedding** to government **quarantine facilities**. **Rainwater harvesting tanks** were installed in 3 outer islands to increase access to clean water and support hygiene practices. TRCS mobilized 74 volunteers and 15 staff in **risk communication and disseminated information on COVID-19**. To date, TRCS has reached nearly 36,000 people through RCCE on COVID-19 and **provided psychological first aid training** to more than 100 healthcare workers and teachers.

In addition, TRCS volunteers have been **supporting** those who were part of repatriation flights, supplying essential items such as hygiene kits and blankets to **quarantined individuals** at Makeke and Taliai Camp quarantine facilities. TRCS monitored the welfare of quarantined individuals, provided support with basic needs, and helped individuals maintain family links. Tonga launched its COVID-19 vaccination campaign on 15 April 2021. TRCS volunteers and staff **were trained**

Tuvalu Red Cross Society

Tuvalu was one of the last countries in the Asia Pacific region to report a COVID-19 case, with the first case reported in November 2022. Tuvalu's success in remaining COVID-19 free can be attributed to early action by the government in preparedness and border closure with strict quarantine measures. Tuvalu Red Cross Society (TuRCS) was involved in **COVID-19 preparedness and response activities** since the beginning of the global pandemic outbreak, working in collaboration with the Ministry of Health (MoH).

TuRCS has conducted **community health and hygiene awareness campaigns**, provided **trainings to staff and volunteers** on COVID-19 response, and translated and **disseminated IEC materials** in communities, schools and youth groups. TuRCS also developed a COVID-19 response team and trained volunteers in Epidemic Control for Volunteers (ECV) Training and Emergency Response Training (ERT) as well as the use of PPE. The trained volunteers assisted public health staff in quarantine areas, active case finding, and contact tracing activities, including surveillance data collection and RCCE activities.

Stories from the Field:



Tonga's Triple Disaster of Ash, Debris and COVID - *Tongans deal with multiple blows from the volcano eruption, tsunami, and COVID-19 infection*

on vaccine communication and engagement with communities on vaccine key messages and addressing misinformation. Tonga successfully fully vaccinated 72.3 per cent of its population. After two years of being COVID-19 free, Tonga experienced an outbreak of COVID-19 Omicron cases in February 2022, with cases spiking up to 16,000 in a span of 6 months. Furthermore, TRCS had to [tackle two other major disaster in 2022](#), stretching the capacity of TRCS volunteers and staff. Overall, TRCS played a vital role in the COVID-19 response in Tonga, working to mitigate the impact of the pandemic on the community and supporting the most vulnerable population.

TuRCS supported the MoH with the **national COVID-19 vaccination program**, that began in April 2021, by mobilizing volunteers to help people **access vaccination centres, providing administrative support at vaccine sites**, as well as disseminating information on the vaccine and collecting data on adverse effects from immunization aimed at **reducing vaccine hesitancy** among communities. Additionally, TuRCS conducted **infection prevention and control and WASH programs** in schools, communities, and faith-based organizations, and **conducted perception surveys to identify gaps in COVID-19 knowledge** to enable targeted RCCE activities. TuRCS also trained volunteers in **psychosocial support and psychological first aid training**, rolled out a **COVID-19 community feedback mechanism** and held blood donation campaigns to maintain the national blood supply which was impacted by pandemic.

Overall, the TuRCS has played a vital role in supporting the MoH in preparedness and prevention of COVID-19 spread in the country. To date, there have been 2,779 confirmed COVID-19 cases and no deaths reported in country.

Vanuatu Red Cross Society

The Vanuatu Red Cross Society (VRCS) was responding to both the COVID-19 pandemic and the aftermath of Tropical Cyclone Harold throughout 2020 and into 2021. The country was heavily hit by Cyclone Harold (Category 5) in April 2020 and VRCS shifted its focus to the cyclone response, as there were no confirmed cases of COVID-19 in Vanuatu at that time. **COVID-19 messaging** was integrated into the cyclone response in affected provinces.

VRCS set up a **COVID-19 working group** to mobilize volunteers and staff and ensure coordination with the government and Health Cluster. The working group **delivered trainings on COVID-19 preparedness and response, hygiene promotion,** and key messages on quarantine, isolation, and stigma. Volunteers were also trained to conduct surveillance in the community and monitor health and hygiene practices. VRCS ramped up institutional preparedness by **developing a COVID-19 contingency plan and a business continuity plan, procuring PPE and prepositioning** it at branch level for staff and volunteers. VRCS worked closely with NGOs, faith-based organizations, and the MoH to disseminate key messages on COVID-19 a cross Vanuatu through various channels.

VRCS continued to **deliver awareness on COVID-19 and hygiene promotion** in multiple provinces, reaching a total of 68,562 people in January 2021. The working group also continued to attend meetings coordinated by the Health Cluster and support the COVID-19 awareness hotline set up by the MoH. VRCS incorporated COVID-19 messaging into recovery activities in the aftermath of Tropical Cyclone Harold and distributed IEC materials in coordination with the government and WHO.

Vanuatu launched its **COVID-19 vaccine roll-out campaign** in June 2021. More than 200 VRCS volunteers were engaged to support the vaccination



VRCS volunteers supporting COVID-19 vaccine roll-out campaign with vaccine data entry and registration. (Photo: VRCS)

campaign in various capacities including providing support in **vaccine data entry and registration, assisting the mobile vaccination teams** and in advocating and promoting COVID-19 vaccine to **address vaccine hesitancy** in communities. To date, nearly 50 per cent of Vanuatu's eligible population are fully vaccinated.

In March 2022, Vanuatu recorded the first cases of community transmitted COVID-19. Over 40 VRCS volunteers were deployed to assist in the set-up of 12 Community Isolation Centres (CIC) in response the sudden surge in COVID-19 cases. VRCS conducted a series of health-related training, including **MHPSS awareness**, which were integrated into all VRCS programs to help communities cope with stress exacerbated by the pandemic. A total of 30,000 people were reached through this initiative.

As of February 2023, a total of 12,014 confirmed COVID-19 cases and 14 deaths have been recorded in Vanuatu. Despite facing challenges in travel disruptions between provinces due to impacts of COVID-19 restriction and high fuel costs, VRCS had continued to respond to both COVID-19 and natural disasters, emphasizing the importance of preparedness and community-based risk communications.

Viet Nam Red Cross Society

The Viet Nam Red Cross Society (VNRC) has been actively involved in responding to the COVID-19 pandemic nationwide implementing pandemic preparedness plans, supporting the government and vulnerable communities, and mobilizing funds and resources. In particular, VNRC had been carrying out **targeted actions** against the COVID-19

pandemic **in the ten worst affected provinces**. VNRC Chapters from ten provinces supported the **creation of commune-level response plans** to increase community preparedness. VNRC focused on **risk communication awareness, provision of PPE, blood donation, first aid, vaccination,** and **addressing the socioeconomic impacts** of the pandemic **reaching over 19 million people nationwide** over the past 24 months since COVID-19 Response and Prevention Operation began.

As an auxiliary to the Government, VNRC is an active **member of the National Steering Committee for prevention and control of COVID-19**. VNRC staff have attended every meeting of the National Steering Committee for the Prevention and Control of COVID-19. The meetings discussed various aspects of the COVID-19 response, including new developments, safety measures for medical treatment, education, traveling, production, and business. The goal is to fight the pandemic and protect political security, social order and safety.

The pandemic had pushed many families with children below the poverty line, forcing families to spend more than usual to access basic needs including nutritious food, healthcare and education for their children. **Dietary interventions** were recommended, **targeting the most vulnerable groups of children** impacted by the pandemic, like those from ethnic minorities. VNRC implemented a **nutrition program** that provided cash grants to impacted families with children, **reaching 9,659 people directly** from 99 villages in five targeted provinces. **2,290 households** also took part in **communication activities** designed to give parents and other caregivers of children access to basic nutrition information that can be used in both family and educational settings.

VNRC has been assigned by the Government to provide support to vulnerable communities through communities, cash distributions, hygiene promotion and vaccination outreach. From 2020 to 2022, **up to VND 46,5 billion (CHF 1.8 million)** was mobilized for the pandemic response, mainly for the purpose of **cash distribution and shopping for essential goods**. One of the main challenges faced by VNRC was

Beneficiary Story:



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

the approval process for funding from international sources has been complicated and has slowed down the implementation of programs.

In conclusion, VNRC has been an essential partner to the government in the fight against COVID-19 in Vietnam. The VNRC programs and initiatives have helped raise awareness, support vulnerable communities, and contribute to the socioeconomic recovery from the pandemic's impact. Despite facing challenges in funding and implementation, VNRC's efforts have been instrumental in ensuring the safety and well-being of the Vietnamese population.

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EUROPE REGION

National Society response KEY HIGHLIGHTS

The list of National Societies and activities below is based on information submitted to the IFRC Regional Office for Europe on various channels. Some National Societies completed the activities supported through the IFRC's Secretariat Appeal before December 2022, but continued providing support in response to COVID-19 through domestic and bilateral funds.

Albanian Red Cross

Albanian Red Cross (ARC) reached more than 92,000 people through social platforms and provided updated information on COVID-19 trends, posts encouraging vaccinations, and advised on protective measures. Key messages about stigma around COVID-19, and animation posts with mental health advices were also shared. Through the helpline, more than 1,000 individuals were provided with essential information and practical advices related to COVID-19 and PFA from dedicated ARC staff and trained volunteers. In total, 3,050 persons were reached with mental health and PSS support. 4,000 families in need (20,000 persons) received hygiene kits and PPE. 30,000 pcs of information, education, and communication (IEC) materials on health issues related to COVID-19 were distributed in communities, and 4,000 people received IEC materials on the COVID-19 vaccine.

Key successes:

- Training of more than 100 volunteers and 40 staff from 38 ARC branches on KoBo system and CVA programme implementation, as well as the establishment of the ARC EOC at HQ and



Cash distribution in Tirana. Photo: Albanian Red Cross

in three local branches greatly increased CVA capacity within the ARC. With IFRC support, the ARC provided cash assistance to 2.000 selected households affected by the pandemic in 38 districts.

- The ARC supported 53,500 people with essential food items to cover the basic needs for a period of one month (20,000 people were supported through IFRC funds) including 305 older people who were visited at their homes by multifunctional mobile teams for health check-up, PSS provision of food. Among the affected population, especially vulnerable groups, such as older people, families receiving social support, single female-headed household, people with special needs or people who lost their source of income due to the pandemic were prioritized for CVA and food support.

Main areas of improvement:

- The response to the COVID-19 pandemic has drawn attention to the need for more investment and development of community-based health programmes with special focus on health promotion, pandemic outbreak preparedness and response, as well as PSS. This includes also prioritization of PSS provision to all staff and volunteers involved in the response to ensure their well-being.
- Another very important lesson learned from the response is that the ARC communication platform and its use of community feedback mechanisms in emergencies is the core of the NS intervention to ensure that affected populations are provided with adequate information about available humanitarian assistance. The full functionality of communication platforms and community feedback mechanisms needs to be ensured also outside of the emergency response context to enhance its future effectiveness.

Armenian Red Cross Society

The **Armenian Red Cross Society (ARCS)** has been contributing into alleviating the socio-economic hardships caused by the pandemic and pandemic-related restrictive measures within its mandate as an auxiliary organization to the public authorities in the humanitarian field and the largest voluntary organization in the country, through its 11 regional, one territorial and 52 community branches, over 300 experienced and committed staff and over 5,000 volunteers engaged in the response, from the very first day of the pandemic.

During July – December 2022, ARCS has concentrated on proactive and targeted risk communication and community engagement to promote health-safe behaviour and vaccination among the target population, putting a special emphasis on perception mapping and awareness raising regarding vaccination, especially, among older people in the country.

To that end, the NS

- Conducted a **survey on perceptions** on vaccination within targeted regions.
- Developed **targeted messaging and RCCE measures** at community and regional levels to promote vaccination, targeting the whole population, with special focus on older people.
- Verified the efficiency of the campaign through



ARCS volunteers supporting people at mobile vaccination points. Photo: ARCS

a survey on people's awareness about healthy behaviour – 65% of the surveyed demonstrated understanding of and devotion to essential hygienic habits.

- Shared AzRCS response impact and exit strategy during the lessons learned joint workshop and donor conference of the South Caucasus Country Cluster HNSs, organized with the support of the country cluster delegation.

Continuance strategy

- The NS will maintain partnership with the health authorities and key stakeholder for pandemic preparedness and response.

- The NS will continue to **support COVID-19 vaccination activities** within the Austrian Development Agency/Austrian Red Cross Society supported **Epidemic Preparedness and COVID-19 Response in Armenia and Georgia** project (timeframe: February 2023 – July 2024).

Key figures within the response:

- Over **2,160,000 people** reached through awareness raising campaign and RCCE activities.
- Over **52,000 people** (36,616 women, 15,384 men) received PSS/PFA, as well as information on COVID-19 safety and referral to state and non-state services via ARCS helpline.
- **1,010 home visits** by ARCS PSS officers to the vulnerable households.

- **38,000 vulnerable people** supplied with basic food and hygiene items.
- **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.
- **17,419 people** made vulnerable by the pandemic assisted with utility or rental expenses.
- **5,531 people** were supported with vaccination related information, registration, and first aid.
- **85 secondary school teachers** (76 women, 9 men) trained in PSS and PFA.

Red Cross Society of Azerbaijan

The **Red Crescent Society of Azerbaijan (AzRCS)** has been responding to the needs of local people made vulnerable by COVID-19 from the onset of the pandemic partnership and cooperation with the public health authorities and local municipalities. AzRCS conducted the following activities between August - December 2022:

- **Finalized the reconstruction of WASH facilities in Lankaran.** Water access points were constructed on the premises of two schools in extreme hard-to reach and water-scarce locations, that will serve to the benefit the school children and the surrounding population. 250 students and the staff of Alazapin and Alasha schools will benefit from improved access to water and WASH practices.



Campaign training on personal safety amid COVID-19. Photo AzRCS

A joint monitoring visit was undertaken by IFRC and AzRCS to Lankaran where the results of the renovation were found successful, and of high relevance and impact.

- Continued coordination with the state and non-state actors, public authorities, international agencies, and local branches to coordinate response continuation within and beyond project timeframe.
- Shared AzRCS response impact and exit strategy during the lessons learnt joint workshop and donor conference of the South Caucasus Country Cluster HNSs, organized with the support of country cluster delegation.

Key figures within the response

PEOPLE REACHED

- More than **3 million people** were reached with **key messages/information education materials** about COVID-19 and **73,000 people** have been reached with the **PSS messages and support** (including through the hotline) throughout the response operation.
- **1,696,491 information-promotional materials** were published.

VOLUNTEERS

- **3,000 AzRCS volunteers** were mobilized, equipped with PPE, and trained on COVID-19 safety to support the operation across the country.
- **1,978 volunteers and staff members** who were involved in the COVID-19 response operation

received regular online **advisory support and supervision** through digital platforms and phone calls.

- **1,507 AzRC staff and volunteers were trained on COVID-19**, the ways of its transmission and personal safety, including usage of personal safety equipment, social stigma, risk communication, WASH (handwashing rules) and Psychosocial First Aid, as well as CEA.

RELIEF ASSISTANCE

- **Food & non-food items:** With support from Movement Partners, international donors, and private sector companies, AzRCS has provided **relief assistance (food and non-food items) to 24,900 households**, made vulnerable by

COVID-19, including older people who live alone, people with disabilities, and migrant families.

- **Hygiene items: Up to 33,000 households were provided with hygiene items**, including liquid soap, hand sanitizers and wet wipes.
- **One-off cash assistance: 959 most vulnerable households (up to 4,000 people)** affected by the pandemic were provided a **one-off cash assistance** of CHF 145.15 per family.

WASH

- **water access points** were constructed in schools in 2 remote villages in Lankaran Region.
- **250 students and the staff of Alazapin and Alasha schools** will benefit from improved access to water and WASH practices.

Belarus Red Cross

The **Belarus Red Cross (BRC)** responded to the COVID-19 pandemic in the following areas:

- **assistance and home care to the lonely older and disabled people** by the Red Cross medical and social service “Dapamoha”;
- **assistance in the delivery of food products, basic necessities, prescriptions and medicines** to socially disadvantaged categories of citizens by the BRC volunteers;
- functioning of the **helpline “201” to provide counselling and PSS**, as well as support calls initiative at the regional level. The purpose of support calls was to provide PSS to lonely older people by phone;
- **informing the population** about the risks and preventive, as well as peculiarities of the vaccination campaign against COVID-19;
- **assistance in immunization access** for vulnerable population;
- **PSS trainings** for staff and volunteers;
- ensuring unhindered access to diagnosis and treatment of people living with HIV and living in regions with a high epidemiological burden on the health care system and in remote areas by **establishing mobile units**;
- as part of the response to the migration crisis, receiving and distribution of humanitarian aid to migrants, including PPE and hygiene supplies to prevent the spread of COVID-19;
- **continued cooperation with state authorities** at the national and regional levels (Ministry of Health, Ministry of Internal Affairs) to deliver medical staff to remote areas of the country to



Campaign training on personal safety amid COVID-19. Photo AzRCS

vaccinate people, as well as to facilitate access to immunization of people in the penitentiary system;

- **filing of the beneficiaries' database** (Bitrix24), which includes the ability to check and analyse all needs and requests of people assisted, including questions on vaccination.

Key successes:

- In order to reduce the spread of COVID-19, as well as to improve health, the Belarus Red Cross carried out extensive information work for the general population, including vulnerable categories of citizens, such as homeless people, former prisoners, older people and people with disabilities, people with hearing and visual impairments.

Story: Vasiliy Korotkov, Brest region

“Since the beginning of the spread of the Coronavirus infection, I have been strongly against vaccination, like many of my fellow religious believers (Protestant). And then I found out that I had been affected by that disease. The disease process turned out to be very hard and complicated for me. I was confused, I thought it was all nonsense and it wouldn't affect me. And while I was in isolation, I rethought the whole need for vaccination. I started researching how I could avoid that disease and the issue of vaccination. I read a lot of informational articles on the Internet, watched a lot of videos. And then a Red Cross volunteer called me, brought me a leaflet with a detailed and clear description of the need for vaccination. In due time, after recovery I was vaccinated and decided to become the person who will explain to my friends about the need for vaccination and share my experience. And so far, I can say that



Vasiliy Korotkov from Brest region. Photo: BRC

maybe some of my friends have changed their minds about vaccinating against Coronavirus, thanks to the explanations I gave”.

- Furthermore, extensive work has been carried out by BRC to inform potential donors and raise resources. During the response period, the BRC raised a record amount of aid (more than USD 3,527,000) and reached a wide range of donors (24 organizations at the national level, 14 organizations at the international level). Humanitarian aid was attracted both in the form of cash and in-kind (PPE, hygiene items, food parcels, medical supplies, etc.). This allowed the BRC to reach the widest possible range of vulnerable people (as mentioned above.) and exceed the quantitative indicators of the project, as well as launch sustainable services to inform the population about COVID-19 risks, such as helpline “201”, as well as deliver food products,

essential supplies, prescriptions and medicines to vulnerable citizens.

Main areas of improvement:

- Despite the developed database of beneficiaries, there is a need for all organizational structures of the National Society to be able to collect and insert data. For these purposes, staff of district organizations are trained to fill in the database.
- There is a need to develop a single standard for Health Crisis Response (pandemic), to train and motivate volunteer group leaders in the regions, and to increase interaction with social protection agencies.

The Red Cross Society of Bosnia and Herzegovina

With support from the IFRC, **The Red Cross Society of Bosnia and Herzegovina (RCSBiH)** branches have implemented activities including the transportation of people who have tested positive for COVID-19 to hospitals and health centres, operation of PSS helplines, transportation of people to vaccination points, as well as promotional and information campaigns. The volunteers of the National Society also provided COVID-19 vaccination and vaccination in communities via mobile teams, organised mass

control at vaccination points and distributed aid to vulnerable people.

Throughout its response activities, RCSBiH provided **psychosocial support to more than 24,287 people through six helplines** and reached **561,408 people with educational materials** promoting and highlighting the importance of vaccination. Information about the vaccination process was also shared through vaccination points. Through these channels, information was shared with more than 30,000 people. The NS supported **1,105 households with CVA** and reached more than **10,530 households with food distribution**.

Key successes:

- Due to the strong anti-vaccination sentiment in the country, the Red Cross took strong measures to increase participation in the vaccination campaigns through **Red Cross messaging**, and various **promotional campaigns**. Throughout these efforts a strong emphasis was on protecting the identity of the Red Cross volunteers implementing these activities.



The Red Cross Society of Bosnia and Herzegovina provided support at mass vaccination sites in the country. Photo: RCSBiH

- Due to the increased risk of exposure among Red Cross staff and volunteers to the COVID-19 virus, the RCSBiH took special measures to prevent infections or outbreaks among Red Cross people. With strict protocols in place, and with the use of appropriate PPE, the numbers of staff and volunteers who have tested positive of COVID-19 were successfully contained, with few cases of infection and no mass-infections. In addition, in several areas Red Cross volunteers were prioritized for vaccination. Furthermore, all the involved volunteers were insured.

Main areas of improvement:

- Due to high intensity of the response operation, one of the greatest challenges was the distribution of equipment, for which fast solutions needed to be found.
- Timely reporting of the RCSBiH COVID-19 response was ensured through the introduction of KoBo tool, which improved reporting throughout the RCSBiH structure.

Bulgarian Red Cross

During the COVID 19 response the **Bulgarian Red Cross (BRC)** supported response efforts through mobile vaccination units (MVUs), offering broader health consultations (in addition to the vaccination option), professional psychological consultations, hygiene promotion and distribution of hygiene kits among Roma communities, establishment of the virtual dispatcher centre (VDC), and through its extensive communication campaign, offering trustworthy and accurate information about the vaccinations, rumour tracking, community feedback, anti-stigma, non-discrimination, and crisis communication in different scenarios.

Key successes:

- The **Virtual Dispatch Centre** is an example of best practices and was established as a single point for providing psychosocial support, and to serve as a centre for reliable information on the available vaccines, their benefits and risks, vaccination service providers, and other relevant data. Given the current societal dynamics and disruptions, the need for psychological support is increasing and a lot of people do not have the possibility to visit and/or pay for this kind of specialized service. The VDC started to work

with only two regional branches included in this specialized activity and expanded to 10 regional branches with over 30 psychologists working on the helpline. Additionally, to this PSS work, professional psychological consultations were provided by BRC to over 5,000 people. Through this project not only did the BRC manage to offer free remote consultations to those seeking help, but also to be a big support to the professionals that were not able to practice.



The Bulgarian Red Cross provided close support to the public during the COVID-19 response. Photo BRC

- The activity for the **mobile vaccination units** initially started as a mobile option for people in remote areas to get vaccinated against COVID-19. As the project was carried through, they expanded their reach as a mobile health spot offering broader health consultations to people with limited access to health care and general practitioners.

Main areas of improvement

- During the implementation of the project, BRC developed and managed to implement new services and enhanced the capacity and expertise of NS staff and volunteers. With the project financing, BRC was able to pilot new activities, such as the VDC and the PSS consultations, which became important and a significant part of the NS portfolio and will be long term and sustainably implemented within the BRC. Among other

important projects was the establishment of the Emergency Operational Centre.

- Working with the external communication company gave the NS unique knowledge and experience and contributed to better understand the media and social media context, know-how, to establish connections with new partners and public figures and to ensure broader outreach of the NS activities and the NS itself.
- Throughout the project BRC was working in close cooperation with the National Network of Health Mediators and achieved exceptional results in hygiene and health promotion, especially in Roma communities. This is another activity that will become sustainable and best practice for the NS and will be included in the National Society's strategic planning.

British Red Cross

The impact of COVID-19 caused enormous challenges across the United Kingdom. The national lockdowns and regional restrictions damaged the physical, mental, social, and economic well-being of people around the country, especially the most vulnerable in society. From March 2021, the **British Red Cross (BRC)** has responded to the COVID-19 pandemic in areas where the needs were the greatest and the NS had the most impact. As such, BRC had a two-fold role in the emergency response to the pandemic:

1. Responding to the socio-economic impact of the government's restrictions on the pandemic through **community-based interventions** to ensure people have access to the practical and emotional support they need during lock down.
2. **Supporting the health system** through interventions to ease pressure on hospitals so they are able to respond to the spike of COVID-19 patients.

BRC focused on mapping vulnerability and service provision to identify who is most vulnerable to the impacts of the COVID-19 lockdown measures. In addition, BRC worked together with food banks, pharmacies, local authorities, and other community organizations to identify and reach people in need of support, including groups particularly at risk, such as refugees and asylum seekers and those living in communities with health inequalities. The pandemic had a toll on mental health, with prolonged lockdowns



Emergency Response Volunteer, Emmanuel carries out food delivery. Emmanuel gave up his weekends, bank holidays, and annual leave to support those in need by collecting groceries for those isolated and older people, delivering food parcels to destitute refugees and rough sleepers. He said that he felt the outbreak was an opportunity for communities to come together and do their bits and support each other during the crisis. Photo: BRC

leaving many isolated and lonely. Frontline workers were also emotionally and physically exhausted.

Funding from the IFRC EA, generously supported by Johnson & Johnson, was targeted towards BRC's work on setting up and operating a **National Support Line**, which offered people a place to turn for advice and support. Based on a person-centred approach, operators addressed callers' immediate concerns. During 2020, 21,718 calls were answered offering

emotional and practical support. BRC **recruited key staff and trained 80 British Red Cross volunteers** to work on the Support Line. Targeted marketing campaigns helped boost visibility with the most vulnerable groups. Through their partners, BRC promoted the support to raise awareness of the NS's support functionality during the pandemic as well.

Key successes

- The **National Support Line**, which was a service created for the purpose of COVID-19 response was extremely successful, and as a result has now been made a permanent BRC service, not solely focused on any one response but simply existing to help people find the support they need.

Czech Red Cross

The staff and volunteers of the **Czech Red Cross (CRC)** and 42 of its local branches actively supported local communities in response to the COVID-19 pandemic across the country. The CRC has also developed contingency plans for COVID-19 and other emergencies. The role and activities of the CRC are included in the Czech government's plan for COVID-19 response and recovery. The Czech Red Cross is one of bodies of the Integrated Rescue System (IRS) of the Czech Republic and the CRC is fulfilling its mission of auxiliary role of the state. As such, in the COVID-19 pandemic, the CRC continued to cooperate and coordinate with Central Crisis Team of the Czech Republic, with Fire Brigades of the Czech Republic and with local authorities.

The CRC responded to the needs in several different ways.

- **Vaccination process** support through mobile vaccination teams and personnel at vaccination points; transportation and registration support provided to older people.
- **COVID-19 testing** support activities: antigen testing for its staff and volunteers, health and social facilities, staff of the local authorities, as well as private companies; antigen test points ran by NS branches for the general public.
- **Recruitment, coordination and training** support provided to non-professional medical staff (hospital attendants) through the **"Fundamentals of Modern Nursing Care" courses** and for the general public; dispatching point of volunteers for hospitals and social facilities through the **"M-72**

- BRC were able to pivot and create almost an entirely new service offer to respond to the pandemic, stepping into activities where we had no prior knowledge or experience for example food deliveries, vaccinations and testing.

Main areas of improvement

- BRC aims to work in an even more connected way with the voluntary and community sector in the UK. Through the Voluntary and Community Sector in Emergencies Partnership, the NS is continuously building on these relationships. However, greater capacity depends on resources.
- More targeted responses to support the vulnerable communities is one of the areas BRC seeks to improve.

Home vaccination

"I'd like to thank everyone who made the home vaccination possible. Given my husband's condition, it was the only way to ensure a smooth vaccination experience. I believe that this option has helped others, and I hope that such an option will be possible in the future."

project". Project M-72, which ended on 30 April 2021, reached approximately 1,800 patients at 11 hospitals.

- **Prevention programme activities** implemented in social and medical facilities by training staff on prevention measures (zoning procedures, filter procedure, etc.); dissemination of information about COVID-19, prevention measures and vaccination through various media channels (TV spots, web spots and leaflets).
- Support to local communities with additional activities, such as crisis telephone lines, PSS, grocery, pharmacy, and hygiene products shopping for older people and people at risk.

Summary of achievements: 1 January 2021 to 31 December 2022:

- The CRC performed more than **72,522 antigen tests**.
- In **"Fundamentals of Modern Nursing Care"** courses, **1,704 people were trained**.
- The **M-72 project** supported 11 hospitals, 800 volunteers were involved, 23 dispatchers and coordinators helped to organize this service.
- A **prevention programme** was performed in one social and medical facility.



CRC support activities, including the vaccination of older people. Photo: CRC

- **3,634 crisis calls, 3,848 grocery, pharmacy, and hygiene products shopping, 10,503 material support** (such as PPE), 1,284 people offered some kind of support, including the taking care of pets.
- Number of people reached by social mobilisation, public awareness and risk communication related to COVID-19 vaccination/during COVID-19 vaccination campaign: **117,309 and 184,500 reached by COVID-19 prevention campaign.**
- Number of people transported to vaccination points: **35**
- Number of immobile people visited and vaccinated at home: **450**
- Number of people vaccinated by the National Society staff or volunteers: **9,208.**
- Number of people supported (e.g. by monitoring) after receiving the vaccine: **9,208**
- Number of doses of vaccines transported by NS support: **5,760.**
- Number of migrants/refugees/IDPs/Roma community vaccinated with NS support: **697**
- Number of volunteers engaged in the COVID-19 vaccination campaign: **42**
- Number of locations/municipalities/local communities visited: **137**
- Number of people within health prevention: **882**
- **1,709** reached by post COVID-19 rehabilitations.

Key successes:

- The CRC has developed contingency plans for COVID-19 and other emergencies. The role and activities of the CRC are included in the Czech Republic government's plan for COVID response and recovery.
- 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 checked in basic health indicators.

- 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. The project programme included entire population regardless sex, age, religion, race, or political attitudes.
- The mobile teams were very warmly welcomed in the area and generated a great response. This, in turn, motivated NS volunteers and staff. Some local branches have decided to continue the mobile teams model (and especially the education and prevention activities), after the end of the project (and will try to raise funds to do so).
- The project itself supported capacity of the Czech RC (team cooperation and modernization of communication channels and its visibility and position in society).

Czech Red Cross mobile vaccination teams:

CRC has significantly contributed to increasing the vaccination coverage of the Czech population in hard-to-reach areas. The last phase of CRC's COVID-19 prevention activities focused on increasing the resilience of populations in socially and/or geographically excluded areas to better cope with the arrival of further Coronavirus mutations and to sustain their health. This strengthening took several forms. Firstly, vaccination of persons with reduced mobility (especially homebound persons) continued, as well as preventive education (focusing not only on COVID-19, but also on associated other respiratory diseases that had begun to emerge as a consequence of the population's reduced immunity), free measurement of basic health metabolic indicators (highlighting the possible increased risks of COVID-19) and, last but not least, education of persons suffering from post-COVID-19 syndrome (basic forms of rehabilitation and referral). The entire project was carried out by mobile teams of CRC employees and volunteers from the regional branches. Overall, the CRC was strengthened in the affected areas and local communities asked the NS whether the prevention and education part of the project could be continued by the mobile teams.

Main areas of improvement:

- Use social networks and media, both national and locally to reach as many people as possible with the NS's activities.
- Explore ways to assess basic health metabolic indicators and to motivate people to be concerned about their health, not only in the context of the threat of a future pandemic.

Next steps and moving forward:

Most of local activities carried out during the fight against COVID-19 (PSS, ambulance services) slowly

ended once the pandemic situation began to return to normal. However, these activities had positive impacts on coping with difficult situations concerning local communities, and, as such, the CRC local branches received lot of positive feedback. Based on the lessons learned, the NS aims to create their own early warning response system in order to be able to mobilize Czech RC teams to excluded communities in a timely manner in case of future epidemics. This activity is further envisaged to focus on awareness-raising and educational activities to ensure that the population are taking preventive measures.

Croatian Red Cross

During the COVID-19 response, the **Croatian Red Cross (CRC)** provided extensive support to the efforts aimed at mitigating the consequences of the COVID-19 outbreak in the Republic of Croatia. This was made possible partly due to the strong technical and financial support that was provided by Movement partners.

Key successes:

- The Croatian Red Cross was a leading force in local communities in supporting vulnerable people in the prevention of COVID-19. Its role in the response confirmed the importance of the NS as an auxiliary to public authorities in preventing and mitigating human suffering. Red Cross staff and volunteers made a valuable contribution to reducing SARS-CoV-2 transmission, which served to increase the trust of the public and authorities

in the ability of the CRC to provide assistance in a complex emergency situation, such as the COVID-19 pandemic.

- The CRC successfully conducted mass promotion and awareness raising campaigns on handwashing in numerous public and private places in the country.

Main areas of improvement:

- The CRC was able to swiftly respond to the COVID-19 pandemic and address and assist immediate needs of people affected by the COVID-19 crisis, complementing governmental plans, and fulfilling its auxiliary function in the COVID-19 pandemic.
- As part of its response to the COVID-19 pandemic, the CRC was able to expand its activities and capacity to carry out activities related to public health in emergencies.



Staff and volunteers of the Croatian Red Cross during the COVID-19 response. Photo: CRC

Cyprus Red Cross Society

Since the beginning of the COVID-19 outbreak in Cyprus, the **Cyprus Red Cross Society (CRCS)** was at the forefront in addressing the needs of people. The NS implemented emergency programmes to serve all vulnerable groups, including older individuals, persons with disabilities, refugees, and asylum seekers. During the first wave of the pandemic, the CRCS established the **"Emergency Service for the Support of the Elderly and Vulnerable Groups"** to address the emergency needs of isolated individuals, such as by providing medicines, oxygen/respirators, and medical appliances for people with disabilities.

Under the category of *"Sustaining Health and WASH"* activities focused on **PSS and PFA**, access to information and access to medical care, which was available to the public, as well as CRCS staff and volunteers through the *"Let's Talk"* service from March 2020. The CRCS provided **PSS to 320 people and 12 staff members** to mitigate stress and burnout. Furthermore, the CRCS continued its efforts to reach

out to people, through various communication and social media channels. For example, the CRCS PSS office printed and distributed **1,100 information brochures on COVID-19**.

The CRCS implemented several projects regarding livelihoods, cash support, and food aid. During the Easter of 2020, CRCS units distributed their traditional **"Easter Love Parcels"**, primarily in the form of coupons and/or food supplies, depending on the preference of the recipients. In total **20,500 people have been reached** with this activity, out of which **1,284 people were provided with voucher assistance**.

Migration activities played a key role in the NS's plan. The CRCS continued its work at all government-run migrant centres, fully compliant with the various health safety and restriction measures. The frequency of visits and the scope of services were adjusted several times, however the quality of services provided remained unchanged. A total of **6,694 migrants received support in the form of hygiene items and informative leaflets**.

French Red Cross

The **French Red Cross (FRC)** conducted **25 COVID-19 specific projects aimed at raising awareness as well as vaccination**. The projects reached 13 regions, including three overseas territories, through 491 ephemerals as well as mobile vaccination centres. The FRC mobilized 60,000 volunteers, thousands of new spontaneous volunteers and 18,000 staff to ensure the safety and protection of the population. Since the beginning of the COVID-19 outbreak, FRC has developed new activities, such as the implementation and management of **containing centres**, the **home delivery of food and medicine through the "Croix-Rouge chez vous" programme for isolated individuals**, and the opening of **shelters for homeless people with COVID-19**.

The FRC was also involved in **virus testing via large-scale screening centres**. **Mobile testing systems** were set up to reach people living in remote areas. As part of the national strategy, the FRC contributed to the deployment of measures to **facilitate and accelerate the vaccination of the population**. The economic and health crisis led FRC to adapt activities and to distribute more products than usual. For instance, while Red Cross mobile teams' efforts typically were aimed at maintaining social connections, providing shelters, and ensuring health safety, due to the COVID-19 context, the NS has expanded its activities with distributing clothes, hygiene kits, food aid, duvets, baby formula, as well as diapers. FRC

experienced a 50% increase in demand for food aid during the first lockdown; the NS took significant action to support the most vulnerable target audiences.

The worsening of the economic and social situation of the most vulnerable people in France has led to an increase of over 85% of people living on the streets during the first lockdown. As a result, **homeless people have been identified as the most vulnerable target group** for FRC. The NS's efforts to assist homeless people during the COVID-19 pandemic were partially supported through IFRC multilateral funds. Under this component, the following has been achieved:

- **240 social assistance teams** (applied physical distancing; informed about COVID-19 and preventive measures; provided PSS, ensured children attend school remotely; distributed food, masks, hygiene products, and duvets);
- **30-day shelters**;
- **113 accommodation centres** (accommodation of COVID-19-infected people whose symptoms did not require hospitalization);
- **Trainings and awareness raising sessions** were organized in French RC facilities in order to ensure that preventive protocols are applied;
- **Distribution of disposable or reusable sanitary products** for women;
- 42 supported **housing and access to housing schemes**;
- **Equipped existing and new shelters and accommodation centres** with mattresses, bedsheets, towels, etc.

Red Cross Society of Georgia

As a primary auxiliary body, **Georgia Red Cross Society (GRCS)** supports Georgian public authorities' response to the COVID-19 pandemic in promoting vaccination through:

- providing access to **high-quality vaccination** through a network of mass vaccination centres and mobile vaccination units, and
- leading **RCCE activities** to ensure that the community members have access to reliable and up-to-date information on COVID-19 vaccination through trusted channels.

During August - December 2022, GRCS implemented the following actions:

- Provided vaccination support through **Rustavi vaccination centre and 2 mobile vaccination units**. Within the reporting period, 124 people (59 men 65 women) were assisted in the vaccination centres and mobile vaccination units.
- Responding growing vaccination hesitancy within the population through replicating the **vaccination marathon** successful practice.
- Together with the IFRC South Caucasus Country Cluster Delegation hosted a two-day COVID-19 lessons learned workshop with the participation of all three RCRC National Societies in the South Caucasus region and a following response closing event for external stakeholders to present NS' main achievements throughout the COVID-19 pandemic response to the wider public. 14



COVID-19 emergency response closing event in Tbilisi, Georgia, hosted by GRCS. Photo: GRCS.

participants from the three NSs participated in the workshop, whereas the donor conference gathered 48 participants (32 women, 16 men), from the RCRC Movement, diplomatic missions, donor organizations, public health authorities, media and GRCS volunteer network.

- Maintained coordination with the state and non-state actors, public authorities.

Continuance strategy

GRCS will continue working towards improved pandemic and epidemic preparedness within the new Epidemic Preparedness and COVID-19 Response in Armenia and Georgia project, funded by the Austrian Development Agency (ADA) through Austria Red Cross.

Key figures within the response:

VACCINATION

- **Three Mass Vaccination Centres** and **two Mobile Units** equipped and operated to support improved access to vaccination.
- **8,744 people (4,336 men, 4,408 women)** vaccinated through GRCS operated Mass Vaccination Centres and Mobile Vaccination Units.
- Vaccination Marathons organized in **two towns** (Marneuli and Dusheti).
- **44 staff** (36 women, 8 men) and **55 volunteers** (34 women, 21 men) trained and participated in the operation of the vaccination centres.

AWARENESS & PSS/PFA PROVISION

- Over **2.7 million people** reached through the awareness raising campaign.
- **20,587 people** received PSS/PFA, as well as information on COVID-19 safety and referral to state and non-state services via GRCS hotline.

VOLUNTEES & BRANCH DEVELOPMENT:

- More than **11,000 volunteers** mobilized, equipped with the PPE, and trained in COVID-19 safety measures.
- **20 mobilizers** from **14 regional branches** trained in revised risk-communication and community engagement (RCCE) strategy.
- **14 regional branches** developing and introducing the branch-level SOPs as part of their COVID-19 response action.

Hellenic Red Cross

The **Hellenic Red Cross (HRC)** implemented various activities to reduce the impact of COVID-19. Some of the highlights of the programme are the following:

COVID-19 awareness raising to Roma communities: In February 2022, The HRC's Educational Health Station (EHS) supported by the Mobile Health Team (MHT) of Urban Athens started awareness raising activities inside the Roma communities using picture-based leaflets and posters. In addition, the NS holds Health & Hygiene Promotion sessions at primary and secondary schools followed by the distribution of small hygiene kits. HRC also conducted a research focused on the Roma communities to assess attitudes and beliefs around COVID-19 vaccination and preventive check-ups after infection. The research was conducted between April - November 2022 and the HRC approach was presented in a health conference in Greece.

COVID-19 awareness and vaccination: Since April 2022, the HRC is a selected partner of the Ministry of Health to the programme "**Vaccines for all - Initiative in the fight against inequality**", which focuses on vulnerable groups, such as homeless people, Roma communities, and third country nationals, regardless of their legal status.

Cash assistance was distributed during the lockdown in 158 households for three months in 2021 to mitigate the socio-economic impact of COVID-19 by covering expenses, such as electricity bills and food items. The project targeted unemployed and low-income households below the poverty line and was implemented in Epirus, one of the poorest regions of Greece.



COVID-19 vaccination at the HRC Educational Health Station.
Photo HRCtation



Personal hygiene promotion activities in primary schools.
Photo: HRC

HRC, through the outreach activities to the communities, was able to identify more risks related to the impact of the COVID-19 and the lockdown, adjust the awareness activities, and link vulnerable groups with all the offered services by the HRC and its humanitarian service points.

Since the beginning of the COVID-19 emergency operation, HRC has:

- **263,808 individuals vaccinated** against COVID-19;
- Conducted **743,753 COVID-19 screenings for the early identification**;
- **Distributed 4,768 hygiene kits** to migrants residing at various migrants' accommodation sites and through HRC health activities;
- Continued to provide **primary health care in the community with home visits to 16,392 vulnerable people**, such as older people and low-income people with chronic health problems.

Key successes:

- The lockdown resulted in limited or neglected medical examinations and signs of obesity. As such, activities on healthy nutrition habits, promotion of breast self-examination, diabetes testing, and free prescriptions were widely promoted.
- Reaching Roma communities through the COVID-19 vaccination campaign resulted in the establishment of trust and community members visiting HRC health-related services on a more regular basis.

Main areas of improvement:

- Targeted actions and campaigns to promote personal hygiene, protective measures and regular hand-washing, with a focus on students.
- Working more closely with the local authorities to support homeless care with COVID-19 vaccination and testing.

Irish Red Cross Society

In the context of COVID-19, the Irish Red Cross (IRC) coordinated with relevant government entities to ensure its activities complement and support ongoing government humanitarian activities in response to the outbreak. IRC volunteers provided **community-based services for vulnerable and high-risk groups** with a variety of services, including **delivery of essential household items, food, medicines, and well-being check-ups**. Thousands of **care packages** were provided to key vulnerable households, groups, and organizations. In addition, more than **1,000 patient transfers** were conducted nationwide using IRC vehicles and volunteer personnel, supporting the Irish health infrastructure with non-emergency ambulance services. In partnership with Family Carers Ireland, IRC set up an **Emergency Care Scheme**, providing family carers with access to a 24/7 emergency helpline in the event of an accident or sudden illness. All Family Carer Emergency Scheme materials were translated to multiple languages (such as Arabic, French, German, Irish, Lithuanian, Polish, Romanian, and Spanish) and disseminated.

Over 5,000 leaflets on volunteers and public guides to stress awareness were distributed nationwide. Furthermore, through the **hardship fund**, which provided specific support to older populations, and more **450 cash grants were distributed**. PPE was also procured and supplied to several organizations providing essential care to vulnerable people. This includes the provision of key hygiene items to care homes, homeless charities, and night nurses working for the Irish Cancer Society. Through their role in mass vaccinations centres, IRC volunteers acted as stewards, providing support for attendees, acting as

“Thank You” Letters sent to the Irish Red Cross staff and volunteers

The Irish Red Cross team in Trim continues to support the community during the COVID-19 pandemic.

“We do it because each person we have assisted could be one of our own. The five minutes of chitter chatter often mean more than anything in the world to people. A human face, some normal conversation and peace of mind, knowing that someone is checking in on them regularly. The lovely “Thank You” letters, cards, and postcards that we have received let us know our work is very much valued and appreciated during these challenging times.”



Galway Red Cross Crew, Dan and Brian collecting COVID-19 supplies in Red Cross, Merrion Square, Dublin for delivery to Vincent de Paul, Galway. Photo: Irish Red Cross

post vaccination observers, wellness checkers and provided first aid cover.

The IRC worked closely with its partners for its **prison programme** since the beginning of COVID-19. With **200 active IRC in-mate volunteers**, the NS provided information and education to other prisoners about infection control and sanitation practices. The need for continuing and intensifying preventative measures has grown over time, in order to prevent a resurgence of COVID-19 infections in the wider community and maintain minimal cases in Irish prisons. As part of the **Community Based Health and First Aid (CBHFA) in Prisons Family Project**, the IRC in partnership with the Irish Prison Service has engaged family members of inmate IRC volunteers in Community Based Family Health activities that support safer communities during the COVID-19 environment. The programme promoted ‘whole family’ participation that links common interests of the prisoner volunteers and their families in the wider community, encouraging inmate volunteers to be involved in sharing and guiding their partners and children in putting learned topics into action in their homes, local community, and schools. **14 inmate volunteers were trained for the CBHFA training programme.**

Key successes

- **Development of PFA training:** in 2022, 178 people completed a PFA online class. This included six nationals from Ukraine. Currently, the NS is in the process of training more trainers so further PFA trainings can be rolled out into the community.

Community Based Health & First Aid (CBHFA) in prisons in Ireland

Ireland was the first country in the world to introduce CBHFA in prison settings, with inmates themselves as Irish Red Cross (IRC) volunteers and peer-to-peer educators. IRC has trained and supported over 1,000 inmate volunteers as part of the initiative since beginning in 2009 in Wheatfield prison, with a strong focus on infection control to promote clean and healthy prison environments. When the pandemic hit, this initiative has become more important than ever, and with great success: Irish prisons, with around 3,700 inmates, went for nearly six months without a COVID-19 case. After that, small outbreaks were contained quickly. With support from IFRC's COVID-19 Emergency Appeal, volunteers have expanded their assistance, as during lockdown, psychology, chaplaincy, addiction counselling, resettlement services or teachers were not allowed to enter the prisons. As such, inmates offered additional support wherever they could: from activities aimed at improving mental health to the delivery of educational materials, leaflets, and newsletters. IRC inmate volunteers have also played an active role in addressing vaccine hesitancy amongst prisoners.

- **Development of a remote visitation service**, which was piloted in Co Monaghan.

Main areas of improvement

- The use of technology to engage volunteers and the public. The NS saw a huge uptake in people

willing to do online training, particularly in the case of PFA. All classes with the exception of two, were provided via Teams.

- Raising awareness of the role of the Irish Red Cross in the area of psychosocial support at the community level.

Israel - Magen David Adom in Israel

Magen David Adom (MDA) in Israel staff and volunteers carried out several activities outlined in their COVID-19 Response Plan in collaboration with 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 as needed, in response to the demand of the MoH and Primary Health Care Providers.

MDA teams provided treatment and transportation for patients who required medical assistance, had exacerbated symptoms, became symptomatic, or tested positive for COVID-19 and could no longer be treated at home. MDA staff were vaccinated for COVID-19, mainly in the long-term care facilities, and transported those who could not leave home and were in the risk groups to the vaccination sites and back home. MDA implemented the **"Community MDA" programme**, which aimed at providing on-site healthcare and minimizing transport to the hospital for non-critical patients. MDA's blood services collected plasma from patients who recovered from COVID-19, as they had antibodies that could be used to treat

severely ill patients. MDA also launched the **"COVID-19 guardians" project**, in which the NS carried out awareness-raising activities and provided information on how the virus spreads and how to prevent its spread among family, friends, and co-workers. The NS has further ensured preventive measures are taken place by awareness raising and the distribution of facemasks.

As per the request of the Israeli Ministry of Health, MDA has supported the **vaccination project** in various 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**.

The NS focused on long-term care facilities and the drive-through complexes activated when needed on the demand of the MoH and primary healthcare providers. MDA conducted **more than 5,312,701 PCR and 1,786,345 antigen tests for COVID-19**. MDA continually refreshed the instructions to the staff and volunteers.

As part of its **psychosocial support services**, MDA strengthened its emergency call centres by providing information on COVID-19 vaccination through its PSS helpline.

Italian Red Cross

As a frontline responder to the COVID-19 pandemic, the **Italian Red Cross (ItRC)** implemented several activities across 21 regional and 667 local branches, mobilizing more than 150,000 volunteers and 650 staff. The response's main pillars included:

- health and hygiene promotion
- mental health support
- immunization and vaccination campaigns
- distribution of livelihoods (vouchers and food aid)
- strengthening of the National Society (NS)

The key activities of the NS focused on testing, monitoring the population, providing logistical support to health facilities (including setting up field hospitals) and ambulance services for transporting and transferring COVID-19 patients. Epidemic control and infection prevention measures have become crucially important in responding to the COVID-19 pandemic. Through an EU-funded and IFRC-led project, ItRC set up **COVID-19 testing facilities in strategic sites**, such as 11 train stations, to reach a wide range of vulnerable people. ItRC volunteers and staff members carried out testing and temperature scanning services in 22 facilities across the country.

ItRC aimed to reach as many people, households, branches, and volunteers as possible and took an active role in collecting requests for help through the National Response Centre (which included calls received via the helpline) and the local branches. The **helpline** was available to anyone who needed support or information. In addition, ItRC prepared digital and traditional media content, including infographics, information and guidelines on vaccination and health education, to promote risk communication and hygiene awareness activities.

Furthermore, ItRC provided support and assistance to individuals facing the socio-economic consequences of the pandemic. These consequences affected the most vulnerable members of the population, including homeless people and migrants, as well as those who have become the so-called 'new poor' due to the

Volunteer quote

"What really remains is the contact you have with people, being aware that each of them has something to tell and share so that the other can experience it in turn."

Chiara, Volunteer (ItRC Local Branch of Mascalucia)



Italian Red Cross volunteer introduces the use of tablets to homecare guests. Photo: Italian Red Cross

severity of the lockdown. To help homeless people, ItRC distributed PPE and carried out rapid antigen testing. ItRC also maintained its partnership and collaboration with Caritas and its pre-reception centre for homeless people in Rome, which opened in January 2021. The centre aimed to accommodate homeless people safely and temporarily in order for COVID-19 testing before they accessed other facilities.

Since the state of emergency in Italy ended in March 2022, all activities to respond to the consequences of the pandemic have been integrated the National Society's regular health protection and social support activities to support people in need.

Older adults project in Italy

The "Older adults and COVID-19" project was a successful initiative that addressed the issue of isolation and distance among older adults and their relatives during the pandemic. The project involved volunteers who organized recreational activities, workshops, and several initiatives to introduce older adults to digital tools like tablets, which enabled them to connect with their loved ones through video calls and text messages and facilitated the maintenance and enhancement of their cognitive skills. The project directly supported over 398 older adults and reached indirectly over 529 people, including other guests of home care facilities, family members, personnel and volunteers. The project piloted an innovative approach to addressing isolation and distance by empowering older adults and helping them rediscover personal and cultural values. ItRC collected experiences and approaches from various branches and incorporated them into a completed toolkit with technical consultants' support.

Key successes:

- The project contributed to improve the quality of life of over 398 older adults by facilitating communication with the outside world and fostering the maintenance and enhancement of their cognitive skills.
- The project contributed to build capacity of ItRC volunteers about using new technology and methods to address involuntary loneliness and social isolation of older adults. The lessons learnt by the pilot project have been gathered in a toolkit

in order to consolidate approaches and learning and to facilitate the sustainability and replicability of the project.

Main areas of improvement:

- One area of improvement concerns the consolidation of approaches and methodologies, increasing the training of Volunteers.
- Interventions could be improved strengthening furtherly coordination and cooperation with home care facilities staff to plan and implement activities.

Red Crescent Society of the Republic of Kazakhstan

During its response to the COVID-19 pandemic, one of the **Red Crescent Society of the Republic of Kazakhstan's (RCS RK's)** major focus areas has been RCCE. It is estimated that since the beginning of the pandemic, the NS reached over 12 million people to date. Information has been disseminated through individual and group sessions via email, messengers and social media, posters, distributed leaflets, billboards, mass media (TV, digital, printed), and LED screens.

2,039 volunteers were equipped with PPE, trained, and mobilized to conduct risk communication activities in 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, among others. 17 branch trainers were mobilized to conduct trainings for all volunteers involved in COVID-19 vaccine promotion activities.

The **COVID-19 vaccine promotion project** of the RCS RK focused on disseminating information on ongoing COVID-19 vaccination among the public and delivering risk communication messages on COVID-19 prevention in 17 regions across the country. As of the end of July 2022, 659,348 people were reached directly through group face-to-face information sessions and individually targeted messaging and over 9.1 million people reached with COVID-19 vaccination promotion and COVID-19 prevention messages through mass media and display of billboards, posters, and educational videos in public places. Since the start of the project, in the two main cities of Almaty and Nur-Sultan, the vaccination of a total of 12,720 people, either at their homes with mobile vaccination teams or

during joint vaccination drives organized at local health facilities (policlinics) and RCS RK branches, have been facilitated. This is considered as the main achievement of the project as it has greatly contributed to the increasing COVID-19 vaccination rates among under-served communities with poor access to vaccination services, such as people with disabilities, older people with mobility issues, bed-ridden people, and others, who otherwise unable to easily access mass vaccination sites and require individual support.

The RCS RK assistance under livelihoods, cash support and basic needs reached families affected by the socio-economic impacts of the pandemic. As such, the NS distributed humanitarian aid parcels, including food, hygiene items, sanitizers, school stationery or masks, based on the needs of the targeted communities. In total, 2,590 families (16,723 people) were reached with these items.

Key successes:

- Transportation of **mobile vaccination teams** to the most vulnerable people and setting mobile vaccination points in different organizations was one of the successful components of the Red Crescent's vaccination promotion project. Older people and people with disability had an opportunity to receive COVID-19 vaccination without visiting the health facility. The health workers of mobile vaccination teams, together with the Red Crescent staff and volunteers, conducted home visits to provide information about vaccination and medical services. Mobile vaccination teams also visited different organizations (private companies, government organizations) whose employees were unable to leave their workplaces for COVID-19 vaccination. The Red Crescent service was highly appreciated by health staff as COVID-19 interventions put additional pressure on health facilities' logistics/ transportation service.

- Electronic versions of **COVID-19 prevention information materials** were widely disseminated via e-mails and messenger applications (WhatsApp, Telegram). In addition, messages were disseminated via posts made by the RCS RK in social media (Facebook, Instagram, VK). The RCS RK also used an automated 'chatbot' on the messaging application "Telegram" to support efforts in RCCE as part of the COVID-19 response. The bot enabled the RCS RK to reach more people with messages about how to reduce their risk of getting sick with COVID-19, share information about the National Society, and on how to apply for assistance, and support the RC activities and to collect feedback from communities.

Main areas of improvement:

- Retention and motivation of volunteers to continue service after the project completion and turnover among volunteers are the most common challenges in many Red Crescent branches. People are less interested in volunteering for risk communication activities during normal life than serving as volunteers in response operations during disasters.
- There is no separate insurance scheme for volunteers in Kazakhstan. Volunteers can only be insured as individuals; the insurance is expensive and the range of services that may be covered is very limited.

Next steps and moving forward:

The Red Crescent continues COVID-19 prevention within other Red Crescent activities. For example, COVID-19 information is disseminated during the distribution of social assistance and disaster response operations. The National Society keeps vehicles available for mobile vaccination service (in case there are any requests from health facilities).

RC staff and volunteers benefited from the capacity building workshop on Epidemic Preparedness and Response in Communities that provided initial knowledge on working with communities before and during epidemics.

Disseminating information on COVID-19 vaccination



The Red Crescent staff and volunteers distributed hygiene kits and IEC materials on COVID-19 prevention in public places throughout the pandemic. Photo: RCS RK

Alua is the Red Crescent volunteer from Pavlodar oblast branch who was involved in COVID-19 prevention activities and helped disseminate information about vaccination, its advantages and possible side effects.

"People were very curious about vaccination and asked many questions about side effects. I also had to dispel the myths about virus origin, vaccine effectiveness, etc. Some people had negative feedback on our informational sessions and tried to influence other people's opinion, which made my job very difficult. During such discussions, we tried to provide correct and evidence-based information, referring to the materials approved by the MoH and WHO."

COVID-19 prevention and vaccination promotion work will be incorporated into the National Society's plan under its initiatives focused on prevention of infectious diseases.

Red Crescent Society of Kyrgyzstan

COVID-19 vaccination rates in Kyrgyzstan remain the lowest among the WHO Europe region's 53 member countries, which have reported on their vaccination progress. Among the targeted population in Kyrgyzstan, 25% received the 1st dose and 21% received the 2nd dose, while 346,000 received a booster dose.¹ Given the low vaccination levels and lack of public and individual restrictive or preventative measures to reduce transmission of the virus, the risk of a next surge of COVID-19 cases remains high in the future. Recent trends indicated of concerns about "vaccine hesitancy" – a growing mistrust of immunization among the country's population, fuelled by myths and misinformation. Such hesitancy may stem from negative media stories linking a death to immunization without the full facts, that was traced in case of COVID-19 as well.

The Red Crescent Society of Kyrgyzstan (RCSK) launched the **"Building Trust During the COVID-19 Pandemic in Humanitarian Settings" Project** (the Project) in January 2022. The RCSK currently continues to implement the below activities with the fund from the USAID BHA under its Unified Plan until the end of March 2024.

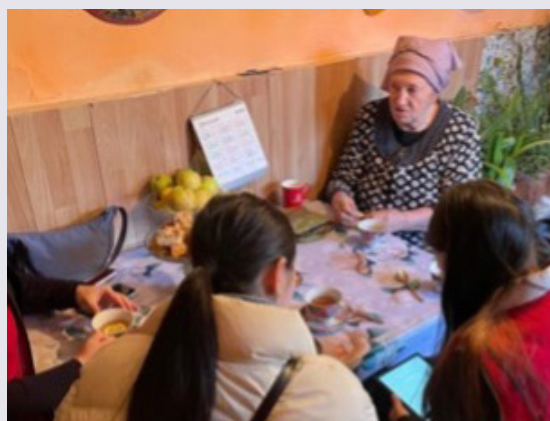
The Project focused on the following objectives:

Improve the quality and consistency of RCCE approaches: The Project enabled to set up and launch four options for collecting feedback information, including a helpline, information sessions, social media, and open-mic sessions. These channels enabled RCSK to collect feedback and duly inform the population about vaccination. As of end the of January 2023, the project efforts led to improved awareness and vaccination among vulnerable groups of the population in the country, including sharing reliable information with 34,030 people (13,168 males and 20,862 females), of which 7,054 (2,817 males and 4,237 females) received COVID-19 vaccination.

Generate, analyse, and use evidence: RCSK also led an in-house perception survey to identify and analyse the barriers, rumours, perceptions, changing trends and communication channels of the project target group in relation to COVID-19 vaccination hesitancy, followed by the development of recommendations that are evidence-based and relevant to the context in specific province. During the 1st iteration of the survey

¹ According to the Republican Health Promotion and Immunoprophylaxis of the Kyrgyz Republic as of 6 February 2023.

Choosing to get vaccinated



A woman from Jalal-Abad Oblast decided to get vaccinated despite the warnings of medical workers of the risks due to her age and comorbidities. Photo: RCSK

RCSK's volunteer from Jalal-Abad shared the story of one woman who was vaccinated against COVID-19 despite the refusal of medical workers due to her age and her comorbidities. The woman was advanced in age and had lost many acquaintances during the outbreak. The fear of contracting an infection prompted in her a strong interest in vaccination, even despite the refusal of doctors and the words of excuses from her children. A volunteer helped her gain access to vaccinations. This story was remembered by our volunteer. According to the observations of the volunteer, older people tend to get vaccinated, while young people in most cases refuse.

in November - December 2022, the RCSK volunteers interviewed 1,342 people, while the survey report was shared with internal and external partners.

Reinforce knowledge, local capacity, local networks and local solutions: The Project also served as a platform for workshops for RCSK's volunteers such topics as how to conduct risk communication activities, counter myths and disinformation about COVID-19 and vaccine hesitancy, engage communities in COVID-19 vaccine uptake, and the IFRC tools and approaches in CEA and PGI. The RCSK compiled a mapping of existing local/community networks targeting vulnerable groups which were used for the design of a referral system for the project's feedback mechanisms.

Strengthen coordination and advocacy: The RCSK's project staff were included in the COVID-19

vaccination communication coordination group. These meetings are held monthly at the Republican Centre for Health Promotion under the lead of the Ministry of Health of the Kyrgyz Republic and engaged key state and non-state stakeholders, including UNICEF, WHO, JSI, and USAID to jointly coordinate national efforts on COVID-19 vaccination.

Scale up quality services and health worker support:

The Project trained 40 social workers who in the future would cascade these trainings to religious leaders, community leaders and health committees. The content of the trainings touched on introduction to CEA, general COVID-19 information, experience of RCSK in pandemics. Throughout the round tables, the RCSK also presented the project's activities and results so far, as well as the development of partnerships and coordination of activities between the RCSK, health organizations and the regional administration to attract the population's interest to COVID-19 vaccination.

Best practices:

- Ensure active participation of medical experts in the development of key messages and information;
- Work with trusted religious community leaders to help dispel myths and misinformation about vaccines and convey trusted information;
- Work with healthcare providers to ensure all individuals are fully informed and assessed before being disqualified from vaccination - if possible, provide additional information materials to be available at medical centres;
- Work with trusted media outlets and organizations to provide accurate and consistent information on COVID-19 and vaccines;
- Create the feedback system by ensuring two-way communication and including new channels;
- Organise regular information sessions and campaigns on health (not limited to COVID-19) and healthy lifestyle-related topics for the key project groups;
- Support mobile vaccination sites to improve access to vaccines for key project groups (the elderly, people with disabilities).

The COVID-19 pandemic took all of humanity by surprise, affecting the health systems, world economies, and social agendas of all states. For the Republic of Moldova, this pandemic resulted in dramatic statistics of infections, but also an unprecedented medical and economic crisis. Since the beginning of the pandemic and until 31 December 2022, the Republic of Moldova registered 596,550 cases of COVID-19 infection, with a total of 11,933 deaths.

Routine Vaccination in Kyrgyzstan

As part of the "Routine Vaccination in Kyrgyzstan" supported through Nestle, RCSK led efforts to promote healthy lifestyles.

Information sessions through household visits were carried out through regional focal points and volunteers to spread the correct information about vaccination, its positive sides, necessity of vaccination and national vaccination calendar. Through a peer-to-peer approach, people acquired understanding and information, as well as received necessary psychological support if needed. Volunteers highlighted that risks groups for vaccination were children, especially for Bishkek city, as well as new settlements of "internal labor migrants" who lived without permanent registration and had moved from their place of residence in search of work.

A group of active caregivers promoted vaccination among population and in social networks by actively promoting vaccination and conducting information sessions, focusing in social media, such as Instagram, Facebook and Odnoklassniki. During the monitoring visit to Osh, Kara-Balta cities, a discussion with active caregivers on the challenges mothers face when publishing information, as well as tools for engaging and reaching subscribers in social networks occurred. Vaccination notes were posted on the official Facebook and Instagram pages of the NS.

Equipping vaccination rooms in Family Medical Centres with necessary equipment in order to strengthen partnerships and cooperation with health facilities and to support staff and people assisted to receive vaccination services in a comfortable and equipped place.

The project reached nearly 20,000 residents to this date, including:

- 6,832 people were covered by information sessions.
- 12,246 people were covered by information sessions through social networks.
- 264 children under 6 years old were vaccinated.

Red Cross Society of the Republic of Moldova

In total, the **Moldova Red Cross Society (MRCS)** or *Societatea de Cruce Roşie din Moldova* has prepared and distributed 1,632,420 information leaflets on the importance of safety measures during the COVID-19 period, and 2,853,273 information leaflets on the necessity of vaccination against COVID-19. Approximately, 179,375 individual protective masks were procured and distributed to socially vulnerable people in the Republic of Moldova and 13,111 food parcels have been distributed to the vulnerable people affected by the COVID-19 pandemic and isolation. In addition, the MRCS has provided supplies of disinfectants in public transportation (trolleybuses and buses) in Chisinau municipality where 400,000 people who were using public transport have access to proper sanitation.

1,360 MRCS staff and volunteers were equipped with PPE during the COVID-19 operation. Regional training sessions were conducted for the Red Cross volunteers, regarding vaccination against COVID-19, regarding psychosocial support to the population affected by the pandemic situation and recruiting community members to promote the vaccination against the COVID-19 pandemic virus. Through a better-trained team of volunteers and the financial support of the IFRC, MRCS was able to implement the project and attain higher levels of trust with the local authorities and community.

Continuation of National Society's COVID-19 works in the Republic of Moldova

MRCS will continue to monitor the situation of COVID-19 in the country, to be well informed to address the

in-country needs. An Emergency Preparedness and Response Plan to address COVID-19 infection will be developed based on the experience and knowledge received within the action. Furthermore, MRCS will continue working in close collaboration with local authorities and other NGOs on the information of the population on the anti-COVID-19 vaccine and combating the spread of rumours. A new Coordinator for Health was identified and soon will be part of the MRCS team, elaborating a Health strategy in the coming years and implementing Health programmes.

Choosing to get vaccinated



Mr. Vasile, a local from Anenii Noi district, Moldova speaks about the vaccination against COVID-19.

"Nobody convinced me, I wanted to vaccinate from the very beginning and registered for the waiting list among the first persons, calling my doctor and asking if I can come and get the vaccine. For me it does not have importance what vaccine, every vaccine is safe. His wife is bedridden, and she also got the vaccine. None of them had any side effects. It is very sad to hear that some people are not getting vaccinated, that they don't need it. I cannot understand them."



Moldova Red Cross Society distributing disinfectants (hand sanitisers) to the public transportation in the Chisinau Municipality from 2021 to 2022. foto: MRCS

Key successes:

- MRCS' has professionally trained volunteers in COVID-19 pandemic and the National Society has successfully reached out to the population in the most distant regions and villages providing them with accurate information in collaboration with the communication specialists from the MoH, WHO and NAPH. This is also one of the best practices that MRCS will continue: engaging local authorities and partners since the very beginning of the response. The number of partners increased over time enabling the National Society to reach wider population with more effective responses.
- The National Society was able to keep its health/ COVID-19 promotional materials and its staff and

volunteers training up-to-date and successfully update the population on the changes of the COVID-19 situation. Furthermore, all information was translated into Romanian and Russian to ensure inclusivity to all.

Main areas of improvement:

- MRCS will continue working towards reducing the spread of rumours by working together with the authorities, media and NGOs in the country and advocating the importance of facts and transparency.
- To improve and focus more on increasing hygiene practices, accessibility, and awareness in rural communities in Moldova.

Red Cross of Montenegro

The **Red Cross of Montenegro (RCM)** reached 357,253 persons with food and other in-kind assistance and 206,916 persons with risk communication and community engagement for health, hygiene promotion and other risk reduction, including communication related to COVID-19 vaccination/during COVID-19 vaccination campaign. 13,854 people received PSS as part of the programme, and 222,109 people received guidance from the Red Cross at the vaccination sites.

Key successes:

- Distribution of all humanitarian assistance as part of the COVID-19 response was organized through the Red Cross by decision of the National Coordinating Body for Communicable Diseases. The Red Cross was recognized by the public as one of the main responders and its constant presence on the field enabled continuous communication with the population. Provision of trustworthy information on the disease, and increased awareness about preventive measures. The Red Cross opened a helpline for PSS which was open to everyone. Distribution of hygiene kits and food parcels saved many people who lost income for the lockdown period.
- The Red Cross of Montenegro conducted **community perception survey on vaccination hesitancy**. The surveys were followed up on through trainings for staff and volunteers on how to organize educational workshops about vaccination to increase knowledge about transmission, prevention of COVID-19, how to respond to rumours and difficult questions and how to ensure a community-centred and inclusive



Packaging of relief items. Photo: Red Cross of Montenegro

approach in the COVID-19 response. In October and November 2022, RCM together with public actors launched an awareness raising campaign to promote immunization through the distribution of distributing leaflets with information on vaccination. 108 workshops were implemented by doctors and volunteers of the Red Cross in almost every municipality in Montenegro, which directly reached 1,269 persons.

Main areas of improvement

Experience and work in previous crises significantly helped in creating a positive image of the Red Cross among the public, enabled the Red Cross to maintain this position and even improve it, as it was the only

humanitarian organization in the field, as a first responder.

- An increased number of volunteers joined the Red Cross during the pandemic which was a very positive development. It was found that in the future it would be very beneficial to ensure training and dissemination of basic knowledge about the organization before volunteers are actively engaged.
- Mobilization of funds was very successful during the COVID-19 response. Very high levels of support were provided by local, national, and international donors. The availability of funds was very beneficial for the operation, but through this response, it has been shown that it is very

important to place a particular emphasis on strengthening cooperation with other actors and partners, including local health authorities, the private sector, and other external stakeholders to maintain the momentum and innovation necessary to ensure that the Red Cross is successfully established as the primary partner in health response, particularly in emergencies. Additionally, it is important to further carry out humanitarian diplomacy to incorporate epidemic and pandemic preparedness, response, and recovery plans into national legislative policies, to highlight the critical role and benefit of Red Cross and Red Crescent work.

Red Cross of The Republic of North Macedonia

The Red Cross of The Republic of North Macedonia (RCNM)

provided remote PSS to 10,957 people as part of the COVID-19 programme. As part of the campaign for hygiene promotion and protection from COVID-19, 1,870 educational posters were printed and distributed in educational institutions. The awareness-raising campaign was conducted in December 2020 and aimed at vulnerable educational institutions in rural areas. In total, there were 460 institutions and over 200,000 people covered. 176,201 people received PSS at vaccination points, and 17,720 people with disabilities were provided with special assistance.

As part of its relief efforts, the RCNM distributed a total of 423,115 monthly food parcels to vulnerable people, as well as 7,600 hygiene parcels and 3,309 baby parcels. To prevent the spread of the disease the National Society distributed 18,354 disinfection kits, 322,141 protective masks, and 291,606 protective gloves.

Key successes:

- Through the Emergency Operational Centre, the Red Cross of North Macedonia was able to successfully support government institutions and the health system during the COVID-19 pandemic.
- The RCNM was successful in strengthening the capacity and preparedness of the NS during the COVID-19 pandemic and was able to develop tools for mental health support that was of great support to the public during the vaccination campaign.

Main areas of improvement:

- During, and as part of its response to the COVID-19 pandemic, the National Society ensured that the RCNM Center for MHPSS would be sustained in the period after the pandemic. The NS will continue to provide support for the health system in the process of COVID-19 vaccination, conducting epidemiological surveys and promotional activities on immunization and COVID-19 vaccination, and providing disaster management training for the mobile teams (shelter, evacuation, need assessment, relief operation, etc.)
- The National society will continue to strive toward the improvement of its services through training and purchase of equipment for First Aid and WASH staff and volunteers.



Staff and volunteers of the Red Cross of North Macedonia. Photo RCNM

Polish Red Cross

The **Polish Red Cross or *Polski Czerwony Krzyż (PCK)*** has been supporting affected people in the COVID-19 response since the beginning of the epidemic through the establishment of the Humanitarian Aid Centre (HAC) by providing psychosocial support for both adults and children, education including awareness, and as well as food to the most in need.

PCK has organized a psychosocial support project composed of two initiatives: psychological helpline for people who feel fear, depression, anxiety due to the epidemic or need to talk about where to get help, and psychosocial support for children through workshops, buddy system, engaging the Polish Red Cross Youth and establishment of dedicated space for quarantine. In addition, the National Society also provided psychosocial consultancies for its staff and volunteers who were affected by COVID-19.

In total, PCK has distributed 21,200 brochures *“How to deal with stress in a crisis”*, 21,200 brochures *“How to help yourself in a crisis”* in Polish language, and 16,100 brochures in foreign languages (Russian, English, Ukrainian). Additionally, about 50,000 leaflets on the psychological helpline and psychological support have been shared among the people. PCK also leveraging on social media messaging to increase awareness of the people on COVID-19.

PCK also partnered with local organisations to establish campaigns and targeted programmes for affected people for example partnership with AVIVA to support people who have lost their jobs due to COVID-19.

The National Society has delivered more than 50,000 packages with food, personal protective equipment and hygiene products for seniors and families in need, clothing and cash assistance to over 30,000 people, run 211 food dispensing points which regularly used by over 12,330 people.

Continuation of National Society's COVID-19 works in Poland

The Polish Red Cross will continue to monitor the situation of COVID-19 in the country, and regularly sharing messages on COVID-19 through its social media accounts. Through its strengthened staff and volunteers' capacity on handling pandemic, PCK will continue addressing the long-term needs of psychosocial support as and when needed.

Key successes:

- One of many successes for the Polish Red Cross is the COVID-19 response has developed its human resources capacity (both staff and volunteers) in term of technical know-how in a new area of psychosocial support. The National Society also has expanded the potential of the PCK Rescue Teams and PCK Volunteer Management.
- The Polish Red Cross successfully reached out to the people in need throughout the country due to close collaboration with its local branches, local authorities and its business partnership model for example, through the partnership, Polish Red Cross successfully established four fully equipped points of temporary stay for people who were sick/infected with COVID-19 in Warsaw, Koszalin, Wrocław, and Lublin.



The Polish Red Cross Małopolska District Branch is partnering with AVIVA to support people who have lost their jobs due to Coronavirus. Photo: Polish Red Cross

Portuguese Red Cross

As a front-line responder to the COVID-19 pandemic, the **Portuguese Red Cross (PRC)** mobilized staff and volunteers, as well as developed fundraising actions for the purchase of medical materials, individual protection equipment, and procurement. The PRC's COVID-19 response was **supported by 13,785 volunteers**. The NS had **more than 40 fixed stations distributed** across the country and **14 mobile intervention teams with more than 70 professionals**.

PRC operated a **helpline to provide information on testing**, while a website was available for people to book appointments for PCR or rapid tests. For the Civil Protection Agents, the National Society created a free way of direct access for testing. PRC also managed the vaccination of some of the national security forces (**12,800 vaccines administered**). PRC **trained professionals for COVID-19 testing** and developed a free online training for this purpose. In the social sector, more than **55,000 families were supported with food items (458 persons)** and **77,325 persons received non-food items**. **2,417 homeless individuals received shelter**, and **242,908 people were reached regarding risk communication**. PRC supported **7,930 people with medicines**, **5,054 with shopping services** and **714 calls were provided for maintaining family links to COVID-19 patients**. The PRC managed 24 structures for COVID-19 patients who were unable to continue prophylactic treatment at home, 17 structures to support Central Hospitals, 597 teams with specialized training for the emergency transport of patients with suspected COVID-19 infection. The NS also set up a helpline answered by psychologists and social workers for health care professionals of the

Romanian Red Cross

As part of the COVID-19 response in Romania, the **Romanian Red Cross (RRC)** recruited and trained 930 volunteers at the national level. 55,297 students in schools were informed about COVID-19 and vaccination, and out of those, 4,803 participated in behavioural change sessions on health prevention and vaccination. 207,587 adults in 1,349 communities were informed about COVID-19 and vaccination. 10,430 people benefited from medical services and information sessions provided by the RRC health caravans organized in 17 counties, and 10,000 people were supported with hygiene packages. Sociological research on COVID-19 perception was conducted among students in three universities.

PRC and the community in general, which answered **8,436 calls on PSS**. The PRC promoted actions to **raise awareness among 105,960 people** about the dangers of COVID-19, especially among high-risk groups. The PRC **trained 900 staff and volunteers in COVID-19 surveillance**, and **1,081 received training in community engagement**. The NS was at the forefront of testing, supporting urban settlements for positive cases and it was also a major partner for public events, providing large-scale on-site testing as a risk reduction strategy.

The PRC implemented various COVID-19 activities supported by IFRC multilateral funds. These activities were focused on the adaptation of the delivery of PRC services to take into consideration several constraints posed by the COVID-19 pandemic by improving systems and procedures based on digitalization. The goal was to enhance and strengthen the installed capacities of the PRC to respond more effectively. A core group was established at HQ level and several meetings were held to prioritize working modalities. Two working groups were established to develop volunteer and stock management modules to be integrated into PRC's ERP. The WG Stock Management defined the technical requirements for the module. It was a complex process to finalize the requirements and to meet the needs of PRC network and national emergency coordination.

Regarding IM, the PRC explored partnerships to support the NS in developing its data management systems. It has participated in three workshops on data from the Nova SBE Data Science Knowledge Centre. PRC nominated a new colleague for emergency data management and established an intranet WG with representation from core departments.

Key successes:

- The **RRC health caravan project** created by the National Society is a prime example of best practice in the Red Cross response to the COVID-19 pandemic. Through this activity, the RRC was able to reach communities in remote areas where vaccination rates were low, as well as address the needs of people with chronic health issues and limited access to medical care.
- The Romanian Red Cross has greatly strengthened its position as promoter of health, in line with its mandate working on the grassroots level in rural communities and schools. This includes the successful development of online health education curricula for schools uploaded which has been made publicly available. The National

Society also drafted a contingency strategy for emergency intervention as part of the COVID-19 project which was later also used as part of the response to the Ukraine crisis.

Main areas of improvement:

- New communication channels and materials on health, as well as other initiatives community health development, allowed the RRC to reach more people in rural and remote areas, build trust and influence their health behaviour. New and innovative approaches also allowed better access to pupils with health and hygiene messages as part of COVID-19 prevention activities.
- As part of the COVID-19 operation an enabling environment has been created within the NS for feedback collection at all levels, as well as improved reporting on CEA, PGI, and other sectors of intervention.



Home visit by the Romanian Red Cross team to provide health check for elderly people. Photo: RRC

The Russian Red Cross

Between 2020 - 2022, the **Russian Red Cross (RRC)** performed the following work in response to the COVID-19 pandemic:

Awareness raising campaign: More than 2.7 million Internet users and more than 2.9 million people were reached by the information campaign, including 1.495 million who were given personal protective equipment.

Targeted assistance to citizens and work with them: The interregional project aimed at carrying out educational talks and actions in public places, distribution of hygiene kits to 105,000 citizens was implemented from 1 December 2021 to 31 March 2022 in 20 regions. During the lockdown, food deliveries were organized for chronically ill citizens



The Russian Red Cross organized rehabilitation activities for those who had COVID-19. Photo: Russian RC

and persons unable to leave their homes - a total of 118,957 kits were delivered. In addition, more than 400,000 humanitarian aid kits were delivered to socially vulnerable citizens.

Psychosocial support to population: In 2020, a PSS helpline was launched and received more than 114 thousand calls. There were more than 71 thousand consultations by specialists, over 34 thousand events of other PSS formats, including self-care groups and burnout prevention.

Assistance to medical institutions: 360 medical organizations received the following donations: 32 ALVs, 1.1 million PPE, 3,840 COVID-19 tests, 104,000 hygiene kits. The RRC delivered more than 12,000 lunches for medical workers and 50,000 bottles of water.

Immunization activities: Over 500 events were held involving more than 2,400 people. The focus was on individual consultations and educational activities in small groups of people. In 2021, an interview with the RRC President attracted more than 800,000 views. More than 270,000 people were reached through informational articles and social media posts.

Recovery of people after Coronavirus infection: In 2021, the **pilot project "Recover after COVID-19"** was launched in four regions, more than 30 events involving more than 100 people were held. In 2022, 40 recovery rooms were opened at the RRC regional branches, and 5,000 training sessions were held with 17,000 people involved - vestibular and breathing exercises, Nordic walking, and educational classes.

The Red Cross of Serbia

As part of its response to the COVID-19 pandemic, the **Red Cross of Serbia (RCS)** from 16 March 2020, carried out a total of 912,317 individual intervention to assist the vulnerable population of the country. During the same period, 512,915 food and hygiene parcels were distributed, and 133,661 individuals were supported in purchasing groceries and medicine. A total of 1,172,098 people were supported through the vaccination process, including through distribution of 226,066 informational leaflets on COVID-19. 174,910 units of disinfectants were distributed, along with 444,845 protective masks. The RCS was engaged in 496,285 helpline phone calls and 155,263 people were provided with psychosocial support.

Main successes of the NS in the COVID-19 response

- The RCS **helpline** was one of the important successes of the National Society during the COVID-19 response and proved to be of valuable support as information source on protection

mechanisms and vaccination information during the pandemic.

- During the COVID-19 response, the RCS was instrumental in providing support to the vulnerable population of Serbia, servicing more than a million people with COVID-19 related services, including food and hygiene, PSS, and support in receiving information and access to vaccination.

Main areas of improvement

- Through the COVID-19 response the RCS capitalized on its extensive branch and volunteer network, recording a total of 742,363 volunteer hours during the operation. The National Society further increased its response capacity and has greatly extended its experience of large-scale disasters, which may serve as a valuable future resource.
- The COVID-19 operation provided an opportunity for RCS staff and volunteers for greater familiarity with a range of data collections and information management tools, which may prove an important asset in future disaster response.



COVID-19 response activities of the Red Cross of Serbia. Photo: RCS

Slovenian Red Cross

The COVID-19 pandemic presented extraordinary challenges to people across Slovenia. As part of their response to the pandemic, **Slovenian Red Cross's (SRC) First Aid team supported the medical staff** of the two main medical centres in Slovenia and four "COVID-19 hospitals". SRC local branches also **supported local Community Health Centres in organizing vaccination roll outs**. In addition to the support provided in the medical institutions, SRC assisted residents and staff of **residential homes for older adults** by providing care and restoring family links (RFL). Furthermore, the NS assisted public and private institutions with taking body temperatures and scanning for signs of infection of the visitors.

SRC collaborated with all relevant governmental, non-governmental and international organizations in coordinating provision of assistance and aid to vulnerable groups. The NS supported the implementation of the **psychological support** component of its plan of action. Its primary focus was **gathering information and reporting on observations/experience of 21 NGOs and other organizations on mental health of vulnerable groups and proposing solutions/ measures to be taken by the decision-makers**. Debriefing sessions and PFA volunteers and staff supporting medical institutions were provided by the Administration of the Republic of Slovenia for Civil Protection and Disaster Relief. Moreover, SRC offered support to individuals in quarantine (providing PSS; assistance in delivery of medicine, food, and hygiene items for those with no social network/support mechanism in Slovenia; assistance in procuring these items for those with low financial means). In addition to the assistance to people in quarantine, SRC provided clothing and footwear for the Asylum Home Ljubljana and the Government Office for Support and Integration of Migrants due to COVID-19 conditions; food parcels and hot meals at humanitarian centres of SRC local branches; first aid to homeless people in Ljubljana; learning aid for students/pupils; childcare for individual families; and protective face masks to people in need. SRC also informed and built awareness on COVID-19 prevention and response measures through phone

Restoring family links in residential homes in Slovenia

The Slovenian Red Cross assisted residents and staff of residential homes for older adults by providing care and restoring family links (RFL). It was one of the best practices, which was unique for SRC and linked family members – enable them to see each other after long time.

lines offering PSS, COVID-19 information and supported requests from the public.

Through the IFRC multilateral funding, the SRC was able to implement various activities under each pillar.

Sustaining Health and WASH

- Rolled out a **National ToT on COVID-19 for 16 SRC FA licensed trainers** and presented them with the newest knowledge on the virus, together with measures and guidelines issued by the National Institute for Public Health. Following their training, they were able to disseminate the information further to FA teams of 56 SRC local branches.
- Provided information on **COVID-19 protective measures** and SRC response/assistance at local and national level through different social and news media outlets.
- Secured **communication and Risk Communication materials**.
- Provided **MHPSS activities** for socially vulnerable children after COVID-19 lockdown.
- Secured a web **e-learning platform** enabling FA and MHPSS e-learning activities and IT/other technical support to enable the platform.
- Secured **translation of two IFRC PSS Reference Centre Manuals – "Loss and grief during COVID-19" and "Back to School after COVID-19"** for teachers.

Livelihoods, cash support and food aid:

- **A total of 6,885 food items** were secured and distributed to socially vulnerable families, reaching **5,300 children**.
- Upgraded the existing, tailor-made logistics reporting tool "*e-sociala*" to improve reporting and oversight of support provided by SRC local branches.

National Society Strengthening:

- Supplied and distributed **282 pairs of protection footwear** for SRC FA team members and staff participating in the COVID-19 response.
- **Strengthened SRC logistics**, by engaging additional support staff for distribution of PPE and other necessary items to local branches and front-line operational teams.
- Moved towards **digital transformation** in SRC, with a priority on e-learning.
- Secured a new **software program for improved financial management and project support** of SRC COVID-19 operations with ensuring sustainability.

The implemented activities have significantly contributed to the digitalization development of the SRC. It enabled a strong start for SRC to secure and provide e-learning platform and tools, reaching more

staff and volunteers for sharing learnings, trainings, and experiences. The financial software will also contribute to stronger management of projects.

Key successes:

- Implementing and strengthening the auxiliary role of SRC to the public health system.
- Dissemination of protective measures to prevent the spread of COVID-19 and, at the same time, empowering the recognition of SRC and its activities nationally.

Main areas of improvement:

- Strengthening knowledge of FA teams about hygiene measures, first aid in special circumstances, PSP, etc.
- Digital transformation (beginning of e-learning, online meetings).



Supporting older people in care homes in Slovenia. Photo: Aleš Černivec

Spanish Red Cross

The **Spanish Red Cross (SRC)** actively participated in pandemic preparedness and scenario planning activities through coordination mechanisms organized by public authorities. In March 2020, the Spanish government declared a national emergency due to the COVID-19 pandemic and imposed prevention measures such as a complete lockdown until June 2020. Despite the restrictions, a second wave emerged by the end of summer, leading to a second emergency decree.

During the first months of the pandemic, healthcare faced significant challenges, including a shortage of personal protection equipment, a lack of knowledge, experience, and insufficient protocols, putting heavy pressure on healthcare facilities and particularly on intensive care. The SRC, with support from multilateral funds through the IFRC, focused its COVID-19 response on several pillars, including **disseminating prevention measures, monitoring calls to vulnerable individuals and telephonic check of bio-measures for homeless people, providing psychosocial and pharmacological assistance and offering healthcare services.**

The COVID-19 pandemic had immediate and long-term consequences on the health and social situation of the Spanish population, especially on vulnerable groups, such as people in substantial risk according to health status and age as well as people with social and livelihoods vulnerabilities. The SRC made all its centres available to the Ministry of Health in response to COVID-19. Four of the five centres were included in a grant to support their adaptation to COVID-19

response and the health centres were redefined to meet the new needs set by the Ministry of Health. The Gijón hospital became a reference centre for COVID-19 patients, the Palma Hospital established a new space to serve COVID-19 patients. The San Fernando Senior Residence (Cádiz) reordered users in different areas and opened an internal Medical Service. The Córdoba Hospital increased its intensive care unit capacity and put in place measures for isolation and safe admission. The San Sebastián hospital became a reference centre for COVID-19 patients in its province. In response to the pandemic, additional staff was allocated to the mentioned health centres to better respond to the specific needs and medical care of COVID-19 patients and keeping regular assistance and medical services to other patients with different pathologies. The recruitment of additional staff in the centres ensured the provision of additional health and emergency services, increasing teams to cover shifts as well as the implementation of specific COVID-19 measures in terms of psychosocial support for isolated patients, safe spaces, disinfection and cleaning of facilities. The additional staff at health centres included physicians, other health personnel (nursing, nursing assistant, etc.) and essential services non-health related (kitchen, cleaning, security, etc.). **The total number of health care services related to COVID-19 was 4,594** (Córdoba Hospital: 415; Palma Hospital: 1,038; Gijón Hospital: 1,850; San Fernando basic health centre: 1,291) **The total number of essential health care services (not related to COVID-19) was 51,061** (Córdoba Hospital: 8,453; Palma Hospital: 7,705; Gijón Hospital: 10,135; San Fernando basic health centre: 24,768). The additional costs were initially supported by the IFRC grant.

Turkish Red Crescent Society

The **Turkish Red Crescent (TRC)** was active in responding to urgent needs related to COVID-19 between March 2020 and December 2021, reaching a total of **16,122,811** people including host communities and refugees across Türkiye. As per its auxiliary role, TRC supported the Government of Türkiye by providing Personal Protective Equipment (PPE), masks and hygiene kits to health facilities and community members; food distribution; conducting risk communication campaign to raise awareness on COVID-19; providing health education seminars on hygiene practices and vaccination; symptom screening calls and referrals to health authorities; providing health and psychosocial support (PSS); conducting blood services including production and distribution of convalescent plasma; cash and voucher assistance; conducting livelihoods activities, and work permit support for refugees.

Transition planning

- In the long term, to support capacity strengthening around community-based health response mechanism for post COVID-19 recovery and for other health emergencies, it is planned to organize CBHFA training of trainers for key TRCS staff and to set up Health Emergency Response Unit (ERU).
- Existing high inflation rate in Türkiye prior to pandemic has worsened after the COVID-19 with increased vulnerabilities and barriers to access basic needs. The socio-economic impacts of COVID-19 will continue to be addressed as part of transition from the Emergency Appeal to longer term programming.

Best practices / innovations

- TRC was quick in adapting activities to the new realities that came to life with the COVID-19

pandemic. To meet the urgent mask needs in the early days of the pandemic, production started in the houses of the sewing vocational course participants. Distribution of these masks was appreciated by the health institutions and people supported when they most needed them.

Successes and areas for improvement

- Continuation of TRC's health activities was very much appreciated by people supported and many institutions. Despite many challenges, regular health screenings, referrals, health seminars and information sessions continued online and were found more useful for some people supported as it was easy to attend, eliminating the transportation and childcare needs when women wanted to join those at the community centres.
- TRC had made a lot of investment related to provision of vocational trainings prior to the pandemic when suddenly these courses had to be provided online. Necessary steps were immediately taken to select the most appropriate tools and reaching out to people supported.
- Information dissemination, seminars and awareness raising activities proved instrumental in reaching a lot of people through online platforms. It was recommended that the TRC sharing on social media can be made more frequent and WhatsApp usage can be made more systematic.
- Collecting feedback, complaints, questions, and rumours through KoBo toolbox and analysing the findings were useful in terms of continuously adapting activities according to people's needs during the dynamic COVID-19 process. Further trainings can be organized to increase awareness of the communities and the staff to encourage feedback sharing and maximize the use of the feedback system.



Mask and Hygiene Kit Distribution Photo: TRC

Red Crescent Society of Turkmenistan

The **Red Crescent Society of Turkmenistan (RCST)** is a member of the working group on the implementation of the “National Coronavirus Infection Preparedness and Response Plan” and continues to offer its support in the implementation of the plan through regular risk communication activities to educate the public about COVID-19 prevention and encourage people to get vaccinated against COVID-19. The volunteers provided accurate information on COVID-19 vaccines and addressed misperceptions and doubts when people were reluctant to get vaccinated. 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 by its risk communication messages on COVID-19 prevention.
- RCST has mobilized, equipped with PPE, and trained 500 volunteers for COVID-19 prevention activities, throughout its COVID-19 response.
- The National Society has also supported the Ministry of Health with the training of a total of 929 family doctors and nurses throughout Turkmenistan on COVID-19 prevention and response.
- The NS strengthened its technical capacity to support their branches and improve their functioning during the pandemic.

Red Crescent Society of Tajikistan

The **Red Crescent Society of Tajikistan (RCST)** has been at the forefront of the national COVID-19 response.

(1) Sustaining Health and WASH;

- 1,768,587 people across the country were covered by informational sessions on COVID-19 prevention conducted by trained Red Crescent volunteers, 270,000 information leaflets and posters were printed and distributed in communities, more than 77,000 people were involved in informational campaigns through social networks.
- 3200 hygiene kits were distributed among health facilities in 32 districts.
- National society supported 78 social facilities with disinfection.
- 1000 families of TB patients were provided with hygiene kits.
- Red Crescent Society of Tajikistan provides support to the Ministry of Health and Social Protection in implementation of national COVID-19 vaccination programme. In total 1,780,639 people were covered by information sessions on vaccination promotion conducted by Red Crescent volunteers since July 2021.

(2) Livelihoods, cash support and food aid;

- 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 450 vulnerable women and to reduce COVID-19 pandemic's socio-economic impact.

- The Red Crescent Society of Tajikistan provided cash assistance to 1,100 orphans, and food parcels to 2,000 vulnerable families. In addition, 3,600 people with diabetes received diet food parcels.

(3) National Society Strengthening.

- 47 National Society staff and 2,100 volunteers were trained on COVID-19 prevention in communities and engage in the COVID-19 response

The Red Crescent Society of Tajikistan as a member of the National Platform for Emergency Response, a member of the National COVID-19 Task Force, and Coordination Council at the Ministry of Health and Social Protection (MOHSP), has been involved in the COVID-19 preparedness and response since the beginning of the pandemic in close coordination with WHO, UNICEF, UN Women, STOP TB Partnership and other partners, as well as with national health institutions such as Centres for Healthy Lifestyle, Centres for TB Control, HIV centres and social services. In particular, jointly UNICEF and the Centre for Healthy Lifestyle, National Society developed informational materials and conducted informational sessions in schools for more than 500,000 students.

The National Society also provided logistics support to the Government in delivering essential COVID-19 medical supplies and PPEs to health facilities in remote areas.

Main successes

- The National Society was successful in conducting informational and awareness raising campaigns in community (around 1.8 million people covered by COVID-19 prevention sessions and more than 1.7 million covered by vaccination promotion sessions)
- The National Society strengthen its capacity in implementation of pandemic preparedness and response actions (47 National Society staff and 2,100 volunteers were trained).

Main areas of improvement

- Increase preparedness and response capacity for disease outbreaks through community mobilization, workforce development including volunteers trained in data management, analysis and surveillance to enhance the response to any future epidemics.

- Increase capacity of National Society staff and volunteers in PFA/MHPSS provision.

Next steps and moving forward:

The Red Crescent Society of Tajikistan will continue to support the Government in the implementation of national COVID-19 vaccination programme through community health promotion and awareness raising on vaccination. The National Society will be also focused on strengthening its capacity through EpiC and eCBHFA trainings to support authorities in epidemic/pandemic preparedness and response. Furthermore, plans to work on integration of community-based surveillance (CBS) in existing national human and animal health surveillance system through building NS capacity in surveillance, early detection and early response to disease outbreaks and other risks for the health, and piloting CBS activities at the districts level are also in place.

Ukrainian Red Cross Society

Before the fully-fledged outburst of the conflict in Ukraine in February 2022, for two years, the **Ukrainian Red Cross Society (URCS)** was active in the COVID-19 response having an auxiliary role to the Government of Ukraine in its response to the pandemic. To effectively respond to the health-related challenges, URCS has re-established its Health & Care Department. Since late 2020, the URCS assisted the Ministry of Health, Public Health Centre, in the national vaccination rollout by participating in the planning, conducting a sero-epidemiologic study, supporting vaccination mobile teams, conducting on-the-ground public information campaigns, inviting people to vaccinations, making express tests, and conducting studies on public perception of vaccination. As part of COVID-19 response, URCS distributed food packages to over 145,000 people from vulnerable populations affected by the pandemic (mostly older persons); over 50,000 people received NFI; around 750 households were supported with cash grants for food production or income-generating activities. The UCRS established a Call Centre on COVID-19 that received over 68,000 calls and launched its COVID-19 information website. Over 2 million copies of information materials on COVID-19 and importance of handwashing were printed and distributed throughout Ukraine. Altogether, it is estimated that 32 million people were covered with URCS risk communication (via national TV, social media, personal conversations etc.). Since the



Community-based risk communication on vaccination and immunization in Vinnytsia, Ukraine, 2021. Photo credit: URCS

start of pandemic, the URCS handed over 0.7 million pieces of personal protective equipment (PPEs), 5,000 litres of disinfectant to multiple facilities, donated medical appliances and provided other support to 296 hospitals. The URCS volunteers conducted information sessions for medical staff of 182 core hospitals. Over 107,000 people received PSS support. Training equipment was procured for providing public First Aid training. Since 24 February 2022, due to the conflict escalation in Ukraine, all URCS projects on COVID-19 had to be put on hold to allocate resources to respond to the emergency.

Main successes NS in the COVID-19 response looking ahead

- Strengthening the URCS health capacities and relations with the Government (especially the Ministry of Health and its Public Health Centre, local authorities) via the COVID-19 / Health programmes at both national and local levels (mobile vaccination teams, community-based risk communication, sero-epidemiological studies etc.)
- (Re-)establishment of the URCS Information Centre, which was used for COVID-19 information sharing, notification of communities on the vaccination appointments, collecting community

perceptions on vaccinations for informing the URCS decision-making and adjusting programmes.

Main areas of improvement

- Tackling the lack of trust in vaccination (low rates of vaccination) among the population in Ukraine via community-based awareness raising (on vaccine safety, how vaccine work, risks of not being vaccinated etc.).
- Increasing engagement of the URCS in basic community health education for health promotion and disease prevention.

Red Crescent Society of Uzbekistan

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, UNICEF, 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 on COVID-19 prevention and promotion of COVID-19 vaccination when the vaccines were introduced in the country for mass vaccinations in 2021.

RCSU has distributed 60,642 information materials on COVID-19 prevention in local communities and locations, such as marketplaces and public transport

throughout Uzbekistan since the start of the COVID-19 response.

RCSU has organized 1,362 information sessions on COVID-19 prevention, reaching a total of more than 50,000 people between 2020 and 2022. In the second half of 2022, the RCSU implemented a COVID-19 vaccine promotion project with the funding and technical support of UNICEF in 62 selected districts and towns across the country. Within the framework of this project, the RCSU organized 248 group sessions to disseminate information on COVID-19 vaccination, reaching 6,522 people (2,305 men and 4,217 women). 98.6% of all participants of these information sessions found them useful (64.1% of women and 35.9% of men).

The work of RCSU in response to the pandemic was widely covered in mass media, including local TV, radio and newspapers, and publicized through the NS' social media accounts.

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Click [here](#) to view the full final narrative report from the Europe Region.

National Society response KEY HIGHLIGHTS

The list of National Societies and activities below is based on information submitted to the IFRC Regional Office for MENA on various channels. In case of required revisions/amendments or information about your NS which is missing, please let us know. Some National Societies have completed the activities supported through the IFRC Appeal before December 2022, they continued providing support in response to COVID-19 through domestic and bilateral funds.

Algerian Red Crescent

In Algeria, from 3 January 2020 to 17 February 2023, there have been 271,406 confirmed cases of COVID-19 with 6,881 deaths, reported to WHO. As of 3 September 2022, a total of 15,267,442 vaccine doses have been administered.

The Algerian Red Crescent (ARC) played a key role 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.

The intervention of the Algerian Red Crescent as an auxiliary to local authorities enabled the containment of the COVID-19 pandemic and its effects on communities. The ARC assisted vulnerable populations (including nomads and migrants) in gaining access to the best health care and support (PPEs, disinfection kits, and vaccines).

Bahrain Red Crescent Society

In Bahrain, from 3 January 2020 to 28 February 2023, there have been 696,614 confirmed cases of COVID-19 with 1,536 deaths, reported to WHO. As of 20 December 2022, a total of 3,476,633 vaccine doses have been administered.

The World Health Organization (WHO) has released a case [study](#) documenting Bahrain's successful response to the COVID-19 pandemic. The study describes Bahrain's extensive efforts to combat disease spread and highlights best practice examples and lessons learned from the pandemic.

The Kingdom of Bahrain had established a National Taskforce for Combating COVID-19, as well as a 24-hour war room with representatives from various sectors. This is on top of a multilingual media campaign to raise public awareness.

The Kingdom's commitment to spearheading vaccine campaigns, making several vaccination options available, free of charge for all citizens and residents.

All efforts to combat COVID-19 are consistent with the Government Action Plan (2019-2022), which focuses on improving sustainability and keeping up with changes in education, health, housing, social support, social care, and labour market regulation. These efforts reaffirm ongoing efforts to develop health policies, monitor their implementation, and ensure the best use of resources.

Bahrain has established a dedicated National Taskforce called “Team Bahrain” to deal with the spread of the COVID-19 virus and has taken steps to ensure that testing and isolating facilities are set up as soon as possible. Bahrain has one of the highest per capita testing rates, earning the World Health Organization’s (WHO) recognition for its professional response.

The Bahrain Red Crescent Society (BRC) participated in the “Dubai International Conference for Relief and Development - DIHAD 2021” under the theme “Relief and the Coronavirus in Africa as a Focus,” where they discussed the consequences of current disasters on the African continent, particularly the Corona pandemic, and worked to find appropriate solutions.

The Bahrain Red Crescent Society took part, through visually serving technology and the regional delegation

of the GCC International Committee of the Red Cross. The Bahrain Red Crescent has also participated in a workshop on “Media in Humanitarian Work” in countries of the Gulf Cooperation Council organized by the Kuwait Red Crescent Society.

In collaboration with the Ministry of Health, the Bahrain Red Crescent Society organized a dialog seminar on the importance of vaccination for protection and commitment.

The Bahrain Red Crescent trained the disaster management teams and 500 volunteers from 14 organizations and National Societies. In co-operation with the trainers of the International Red Cross Committee, a training program for its volunteers was provided by Skype.

In addition, the Bahrain Red Crescent Society has developed a webpage devoted mostly to electronically filing social aid requests through the association’s website, following which the Social Services Committee would examine requests and follow up with the necessary procedures to assure social distancing. A Skype-based distance training program was developed for its volunteers to empower them.

The Egyptian Red Crescent

In Egypt, The Egyptian Red Crescent (ERC) intensified efforts to reduce the pandemic’s impact by working on the COVID-19 national response program. Mitigating the spread of COVID-19 began immediately in February 2020, with the establishment of vaccination centers to avoid pandemic infection in all governorates, as well as training for healthcare and non-healthcare personnel in these centers. In addition to working on pandemic prevention and control for further containment measures, ERC has been working on screening to reduce the effects of the pandemic.

In 2021, ERC signed a memorandum of understanding (MOU) with the Egyptian Ministry of Health and Population (MOHP) to tackle vaccine reluctance, expand vaccination points, and administer vaccines nationwide using its extensive reach in 27 governorates. Mobile community resource centers were established to offer people on the move medical assistance, including examinations, prescriptions, and

referrals; Furthermore, ERC distributed hygiene kits, conducted raising awareness sessions about health issues, and provided remote psychosocial support for COVID-19 patients.



Additionally, ERC provided non-Egyptian beneficiaries with cash assistance for health, education, dietary, and rental requirements. As part of the COVID-19 response, a Central Command and Control Room was established, which was deemed as the main ERC effort in strengthening national society capacities in mitigating pandemic effects.

Furthermore, an online learning platform was developed to provide volunteers and the general public with easy and rapid access to refresh their knowledge in several COVID-19-related themes such as volunteering, community health, MHPSS, and First Aid.

Under the framework of the COVID-19 plan, which is supported by the IFRC, ERC activated Mobile Medical Units in the most vulnerable communities around the country for individuals who are facing COVID-19 and are deprived of medical services. With 102 medical convoys nationwide, ERC provided both primary and secondary health interventions to **34,870 people**.

The following were the **key identified two successes** among many captured throughout the COVID-19 response:

- **ERC institutional capacity** was increased for managing volunteers on a national scale for large-scale disaster response, through the **“funding a volunteer in each street”** initiative and the establishment of a **virtual COVID-19 clinic**. Applying **digitalization** to all ERC initiatives contributed to limiting the harmful effects of the epidemic on Egyptians, as well as monitoring and evaluating the ERC COVID-19 response program.

“As a community volunteer, I played an effective role in the WHO project activities to help my community by being able to connect people in my community and ensure that everyone is vaccinated against a life-threatening virus was very rewarding. I feel fortunate that I am able to help others in my community who are facing the same challenges as I am” – Abu Zeid, December 2022.

- As part of the COVID-19 response strategies, an emergency operations centre (EOC) was established. The EOC is well-equipped with the most recent updates in early warning systems, allowing the headquarters to monitor all emergency response operations.

The following **are two key areas for improvement** that still need to be addressed:

- More work and effort must be pulled into expanding ERC immunization services to Egypt’s most remote and vulnerable areas.
- Risk Communication and Community Engagement Activities must be prioritized to reach Egypt’s most vulnerable populations.

Moving forward, The ERC **“National COVID-19 Vaccination Program in Egypt Activity”** will be extended until June 2023 to reach Egypt’s “National Deployment Vaccination Plan” target of **70% immunization rate**.



ERC providing COVID-19 screening, medical examination, and hygiene kits in a medical triage tent. © ERC

Emirates Red Crescent Authority

In collaboration with the Syrian Red Crescent, the Emirates Red Crescent Authority (ERC) shipped medical help, including vaccines to support efforts to vaccinate front-line and to combat difficult cases. It also supplied food support to provide the Syrian people with the necessary nutritional needs before Ramadan's Holy Month.

To join forces with the national effort to fight the pandemic, the Emirates Red Crescent launched "Fund of the United Arab Emirates: Homeland of humanity." On the global front, the personnel protective equipment (PPE), of which 10 tons are sent to Italy, 13 tons to Kazakhstan, 11 tons in Ukraine, and 10 tons in Colombia, has been sent to others to help them deal with the pandemic crisis.

The ERC strengthened its development initiatives in March 2021 by providing water resources in Sudan to facilitate the outcome of COVID-19, and the Authority concluded the second phase of water projects involving the creation in several States of 11 artesian wells.

The Emirates Red Crescent Authority has launched the first phase of a building and rehabilitation project in Hadramout governorate, as well as the maintenance of eight medical institutions, to aid Yemen's health sector for combating COVID-19. Four hospitals with a total capacity of 237 beds were opened in the first phase.

Additionally, the Emirates Red Crescent Authority and Tamouh Health Care Company launched a joint initiative to provide vaccines to countries facing challenges in limiting the spread of COVID-19, in the support of UAE's efforts to address the repercussions of the pandemic globally.

Medical supplies donated by the ERC to Brazil, Kazakhstan, Ukraine, Sudan, South Africa, Kyrgyzstan, Indonesia, Bangladesh, and Zimbabwe, among others, have been used by the health workers.

As part of its charity and humanitarian operations in Sudan, the ERC offered humanitarian relief to families, widows, and orphans in the states of Kassala and White Nile. More than 5,000 families benefited from the assistance, which included clothing for children and women, as well as amounts of home necessities.

Iranian Red Crescent Society

In Iran (Islamic Republic of Iran), from 3 January 2020 to 17 February 2023, there have been 7,566,043 confirmed cases of COVID-19 with 144,789 deaths, reported to WHO. As of 28 January 2023, a total of 155,011,109 vaccine doses had been administered.

The Iranian Red Crescent Society (IRCS) is a key humanitarian actor in tackling and responding to the COVID-19 pandemic. The IRCS is a part of the national Coronavirus Response Headquarters in Iran, and it has a wide network of branches as well as a highly effective volunteer and staff base throughout the nation.



IRCS carrying out COVID-19 related activities. ©IRCS

The IRCS safeguarded the health, safety, and wellbeing of the most vulnerable people, and assisted the impacted communities in maintaining access to vital social and medical services by **vaccinating at least 14,681,706 people in 425 vaccination centres** run by the National Society and distributing 392,644 food parcels.

The following were the **key identified two successes** among many captured throughout the COVID-19 response:

- Purchasing and importing 120 million doses of covid-19 vaccinations, as well as mobilizing up to 7,500 volunteers daily in 300 public vaccination facilities throughout the country.
- Ensuring equitable access to vaccines for Afghan refugees and immunizing approximately three million of them in the country.

The following **are two key areas for improvement** that still need to be addressed:

- Development of chemical, biological, radiological, and nuclear (CBRN) defence with a special

focus on epidemic diseases in accordance with the Preparedness for Effective Response (PER) approach so that the IRCS is well prepared for any future pandemics.

- Providing specialized medical training to operational teams using mobile vaccination units in preparation for future pandemics.

Moving forward, the IRCS will:

- Maintain PPE production lines at IRCS medical factories.
- Maintain routine immunization activities.
- Provide specific and basic medical courses through IRCS online learning platform (www.KHADEM.ir) to enhance capacity of health staff and volunteers of the National Society for future pandemic situations.
- Conduct lesson learned workshops to capture recommendations for better preparedness and response to future pandemics.
- Disseminate Risk Communication and Community Engagement (RCCE) protocols among the public to cope with future pandemics.

“Of Heroes in the Pandemic Era”

Do you remember the first days of the corona outbreak in the country? Those hard days when the cities were in quarantine, they were like the city of the dead and no one dare to visit relatives and friends; Covid-19 has knocked down people. Most of the families who suffered from this disease during the peak of Corona have touched the depth of loneliness of those days with their skin, flesh and bones. Most of the people who were struggling with Corona in this era had felt the emptiness of the hand that brought a glass of water to the sick patients. There was not a small number of patients who succumbed to the deadly covid-19 virus due to the lack of care and loneliness and lost the ability to fight it. In addition to nursing teams and health staff, small and large groups of volunteers made a strange decision in these terrifying days; The decision to take care of corona patients who probably could not overcome this virus on their own. The National Sacrifice Statue Festival selected the country's young heroes from among these volunteers, “Heroes of the Pandemic Era”. Ms. Elham Ebrahimi was one of the winners.

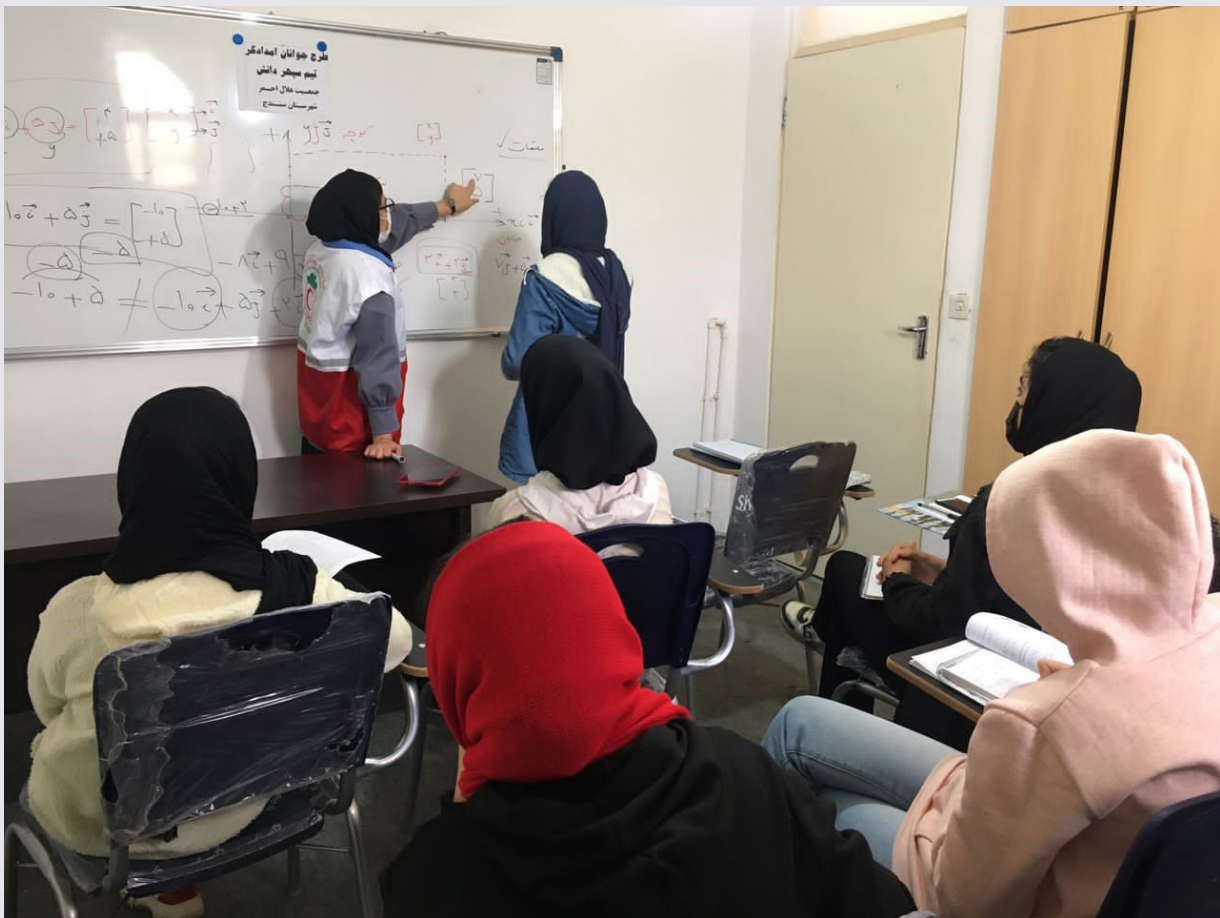
The virtualization of school classrooms in deprived cities and villages had made students in these areas more anxious; Not having a smartphone to use virtual classes, illiterate parents and unable to use a smartphone had created a big barrier for these students, especially in elementary schools. Ms. Elham Ebrahimi, a student from Sanandaj, who has been volunteering for many years, says, “The social and economic conditions in some remote areas of Kurdistan are very dire. Parents are mostly illiterate; some have drug abuse, or couples are separated, and children do not have proper support. Many of these people either do not have smart phones or do not know how to use e-learning programs. For this reason, we can safely say that all students in these neighbourhoods need academic support and care.”

She and other members of the student union started their activities for academic support to students from underprivileged areas in Corona pandemic period. She saw second graders who couldn't even find a page number to be taught by their teachers, totally confused and perplexed. Holding private classes for these students was the first step. Only after one month of starting private classes, the academic progress of these students was so vivid and outstanding that greatly encouraged her to continue volunteering in the field of

education. This volunteer student selected for the Sacrifice Statue says, "We had students whose average marks did not exceed 55, but they passed the first semester exams with 85 and 90 average."

In the last 2 years, with the support of other volunteers in Sanandaj, 900 students deprived of smartphones and tablets have been returned to the education cycle and their private classrooms have been held with the presence of 1 to 5 students of the same age in mosques or the Helal Houses. Helping students in underprivileged areas to study during the Corona period introduced her to the affected households on the outskirts of the city and gave a new depth to her activities in the field of social hazards. Elham says, "Unfortunately, in these areas, we encountered children who did not have any self-confidence to participate in the community due to family conditions. Or they were afraid of being ridiculed and humiliated by people. With many efforts, we helped these children return to social life."

Trying to return girls to education is one of the other tasks that she was concerned about in these two years: "In many villages, families were against girls' education, and despite the threats we received, we were able to unblock the way for their education. I am proud of myself to offer my voluntary service to the vulnerable students mostly girls during the pandemic." The outreach of Covid-19 in the country and naturally in the world has taken a different form, and these days, Covid-19 does not seem like a scary name anymore. Attended schools again. Statistics of the survivors of education who stopped going to school due to virtualization of education, have not been published yet, and no one knows whether thousands of students who were left behind from this cycle returned to school or not, however, many volunteers could provide their humanitarian services, Elham was only one of them.



Ms. Elham Ebrahimi, IRCS Volunteer supporting unprivileged students during Covid-19 pandemic. ©IRCS

Iraqi Red Crescent Society

In Iraq, from 3 January 2020 to 21 February 2023, there have been 2,465,545 confirmed cases of COVID-19 with 25,375 deaths, reported to WHO. As of 1 January 2023, a total of 19,557,364 vaccine doses have been administered.

COVID-19 exposed Iraq's already strained health system as well as the overall economy, with the government's fiscal position becoming unsustainable as oil revenues declined sharply to a level that barely covers the government's large wage and pension bills. People have lost their livelihoods and income as a result of the ongoing COVID-19 pandemic, resulting in an increased use of negative coping mechanisms among the most disadvantaged. Furthermore, as a result of the heightened socio-economic vulnerabilities

during the previous year, the populace is seeing an increase in mental health challenges.

In the initial stages of responding to COVID-19, the Iraqi Red Crescent Society (IRCS) formed an emergency committee to monitor and review plan operations and mobilize resources. The IRCS conducted an awareness and disinfection campaign in the second stage, and in the third stage, the IRCS employed social media to lessen and mitigate the risks. The IRCS collaborated with all health entities and governmental organizations to disseminate and promote the National Society efforts, and a large number of people reached out through social media to view the NS-designed awareness videos.

The below infographic illustrates the IRCS overall response to COVID-19.

Information Bulletin Date 19 February 2023

IRCS Response Activities Summary to Covid-19

26/1/2020 - 22/02/2023

	46,617,613	IRCS design several movies and published it on facebook, twitter,instagram, and website in order to disseminate health awareness to limit or decrease the infection spread in COVID-19
	4,448,195	IRCS utilize loud speakers to aware people and share the instructions, advice and disseminate health awareness and hygiene promotions in public places and then must crowded one in all Iraq provinces to limit and reduce the infection in Covid-19
	4,692,522	IRCS distributed health awareness publications to aware communities and our staff and volunteers to limit or decreased the infections spread in Covid-19
	4,435	IRCS provides medical consulted in order to reduce the pressure on health institutions and guide the people to the best solution and provide the appropriate assistance for them
	790	IRCS provide Oxygen cylinder for moderate and simple cases that have symptom of shortness of breath conditions and capable to lock down in their homes
	269,483	IRCS provides psychological support to Iraq Community, health staff and armed forced in order to alleviate the impact of Covid -19
	85,967	IRCS disinfected public and government institutions, supermarkets, shops, houses, health institutions, armed forced institutions and neighborhoods
	454,286	IRCS distributed hygiene kits for local communities and IRCS volunteers and staff to limit and reduce the infection of Covid -19
	408,390	IRCS distributed Personal Protection Equipments for local communities and IRCS volunteers and staff to limit and reduce the infection of Covid -19
	145,172	IRCS distributed Food Parcels for local communities must vulnerable families according to very long curfew period
	15,850	IRCS distributed at Eid Adha Mobark days 14000 Kg Fresh Meat for the most vulnerable families

IRCS support Ministry of Health with the following:

PCR Device and Corona virus test kits , C.T Scan Device, Corona virus protection kits included (head cover, feet cover, gloves, face mask and all disposable personal protection equipment (PPE), Multiple Medical supplies for Covid-19 ,50 Oxygen cylinder and regulator, and 20000 liter Oxygen liquid

Infographic showing the IRCS response to COVID-19. ©IRCS

IRCS conducted community engagement rapid assessments to learn about local views and preferences about information sharing and communication channels between local communities and the health department across 18 governorates.

In order to enhance health literacy about COVID-19 and other transmissible diseases and to encourage COVID-19 immunization in 18 governorates, IRCS local branches have been holding awareness sessions.

The following were the **key identified two successes** among many captured throughout the COVID-19 response:

- Among the primary factors contributing to the IRCS's success in the response were upholding

the humanitarian principles and acceptance.

- IRCS structure through its well-trained staff and volunteers, being part of their local communities.

Moving ahead, The IRCS must continue promoting digital transformation, which was initiated when it was recognized as a critical requirement, both during the curfew phase and as a means of preventing the spread of the disease. In order to speed up work, safeguard data, and develop a data base, the transformation process has ultimately become crucial.

The second thing that the National Society requires is greater support in order to improve its operational and readiness processes in the sectors of Health and Disaster Management.



Leaflets developed by IRCS to go along with the awareness-raising initiatives. ©IRCS

Jordan National Red Crescent Society

In Jordan, from 3 January 2020 to 21 February 2023, there have been 1,746,997 confirmed cases of COVID-19 with 14,122 deaths, reported to WHO. As of 20 August 2022, a total of 10,057,975 vaccine doses have been administered.

In spite of the rising number of COVID-19 cases in the kingdom, the Jordan National Red Crescent Society (JNRCS) continued to work around the clock with the dual objectives of alleviating the most vulnerable populations and assisting the Ministry of Health in lessening the burden on the medical health sector.

JNRCS agreed to distribute diabetes medication to its patients in conjunction with The National Centre for Diabetes Endocrinology and Genetics (NCDEG), because the centre was unable to operate properly and provide its services during the lockdown and reached a total of **3,143 diabetes patients**. JNRCS launched the **school restoration project** in collaboration with the Ministry of Education, a small-scale community

development project aimed at upgrading basic sanitation facilities in under-resourced schools around the Kingdom.

The JNRCS reached a total of **9,866 households with food parcel distributions and other 20,435 with shopping vouchers** through its Livelihoods operation, ensuring that approximately **151,505 people** among the most vulnerable had access to essential food to face the lockdown and its economic aftermath.

Risk Communication and Community Engagement (RCCE) campaigns and activities focused on COVID-19 in the communities were carried out, reaching **186,687 people**.

Moreover, a COVID-19 section with 30 hospital beds is being renovated and the JNRCS Hospital was equipped with ventilators; this helped the government's response and provided free healthcare for refugees. Among its COVID-19 response, the National Society carried out Remodelling and construction work of a fully functional, cutting-edge emergency operations center (EOC) establishment of a mobile clinic, which the JNRCS activated



JNRCS COVID-19 response. ©JNRCS

to assist vulnerable people in rural areas, delivering medication to patients in gynaecology, paediatrics, internal medicine, and patients with non-communicable diseases (NCDs). Additionally, an ambulance was converted into Advanced Life Support (ALS)

The following were the **key identified two successes** among many captured throughout the COVID-19 response:

- Fast response, providing relief supplies, education sessions, and medicine distributions in collaboration with the National Centre for Diabetes Endocrinology and Genetics (NCDEG).
- Earning the trust and confidence of the people. Within the bounds of the fundamental principles, JNRCS was successful in influencing behavioural change and acceptance. Also, the JNRCS increased its credibility with the government by filling in the gaps in health care, medical services, and awareness-raising activities, particularly for people living in remote areas without access to health care facilities.

The following **are two key areas for improvement** that still need to be addressed:

- Planning: JNRCS must strengthen its planning process in order to carry out activities in accordance with the framework. This will aid in the dispersal of JNRCS activities throughout the year, avoiding any delays.
- Community engagement: Since the end of the RCCE program, community engagement has naturally declined. There is a need to sustain community engagement so that JNRCS is continually aware of community needs, regardless of whether there are any ongoing initiatives.

Moving forward, JNRCS intends to keep a second mobile clinic operating in the future. The success of the present mobile clinic initiatives demonstrated the need for a second one. With two mobile clinics, JNRCS will boost its capacity and be able to continue relieving pressure on Jordan's medical health system while reaching more vulnerable communities.

The RCCE program was a critical component of the COVID-19 response since it allowed for community engagement. RCCE volunteers were able to reach out to remote areas and raise awareness of COVID-19, vaccines, and MHPSS. Regrettably, the RCCE program is no longer in operation, resulting in a reduction in community engagement.

My Story During the Risk Communication and Community Engagement Program

"The rapid spread of this pandemic and its impact on us influenced a change in our behaviour as individuals and as a society as a whole. During my time in the Risk Communication and Community Engagement program, we spread awareness of behaviours that contribute to reducing the spread of this fatal pandemic. Behavioural change did not start from society, but it was from us as volunteers in the Jordan National Red Crescent Society that each of us volunteered to spread these behaviours in our communities. Personally, I began to replace behaviours that were contributing to the spread of the pandemic, such as shaking hands and approaching individuals". -Volunteer Rawan Hmaid

Kuwait Red Crescent Society

In Kuwait, from 3 January 2020 to 28 February 2023, there have been 663,456 confirmed cases of COVID-19 with 2,570 deaths, reported to WHO. As of 25 February 2023, a total of 8,258,689 vaccine doses have been administered.

The Kuwaiti government launched a dedicated website to inform the public on the latest developments of COVID-19, reporting cases, and instructions. <https://corona.e.gov.kw>

Kuwait made donations to countries in need in order to support the global fight against COVID-19,

including contributions to support COVID-19 response measures at Jordanian entry points.

Additionally, Kuwait provided financial assistance to regional neighbours (Iraq and Iran) as well as Palestine to help them combat the COVID-19 pandemic.

The Kuwait Fund made a \$4 million contribution to UNICEF's COVID-19 response in Syria, assisting the most vulnerable children and families.

These contributions ensured that the most vulnerable and in need children and families continue to have access to essential health and nutrition, protection, education, and water and hygiene services, as well as life-saving information on COVID-19 prevention and protection.

Lebanese Red Cross

In Lebanon, from 3 January 2020 to 21 February 2023, there have been 1,231,040 confirmed cases of COVID-19 with 10,819 deaths, reported to WHO. As of 21 December 2022, a total of 5,814,699 vaccine doses have been administered.

Since the detection of COVID-19 in Lebanon in 2020, the Lebanese Government mandated the Lebanese Red Cross (LRC) to be the sole actor responsible for transporting suspected or confirmed cases all over the country, with the LRC completing **46,643 missions**. Therefore, LRC upscaled its intervention to take the lead in transporting PCR tests from one hospital/laboratory to another as well as transporting people in need of ambulance support to vaccination centers following the launch of COVID-19 vaccination in Lebanon in early 2021.

Since June 2021, the LRC has been operating one of the major vaccination centers in Lebanon, vaccinating **200,108 people** as of 31 December 2022. The LRC has responded to COVID-19 evolving including risk communication and community engagement (RCCE) activities across Lebanon, providing home oxygen machines to COVID-19 patients with respiratory difficulties. Moreover, LRC was able to distribute more than **68,489 quarantine kits** and spread COVID-19 awareness through door-to-door visits and awareness sessions.

In addition, the LRC has launched the “**HomeCare**” project which is a community engagement project aimed at reducing the burden on the Lebanese healthcare system. Within the homecare project. A non-emergency hotline (1760) was established to reply to all COVID-19 concerns and respond to patients’

needs. Moreover, LRC provided psychosocial support to any of its volunteers and staff who were infected with the virus.

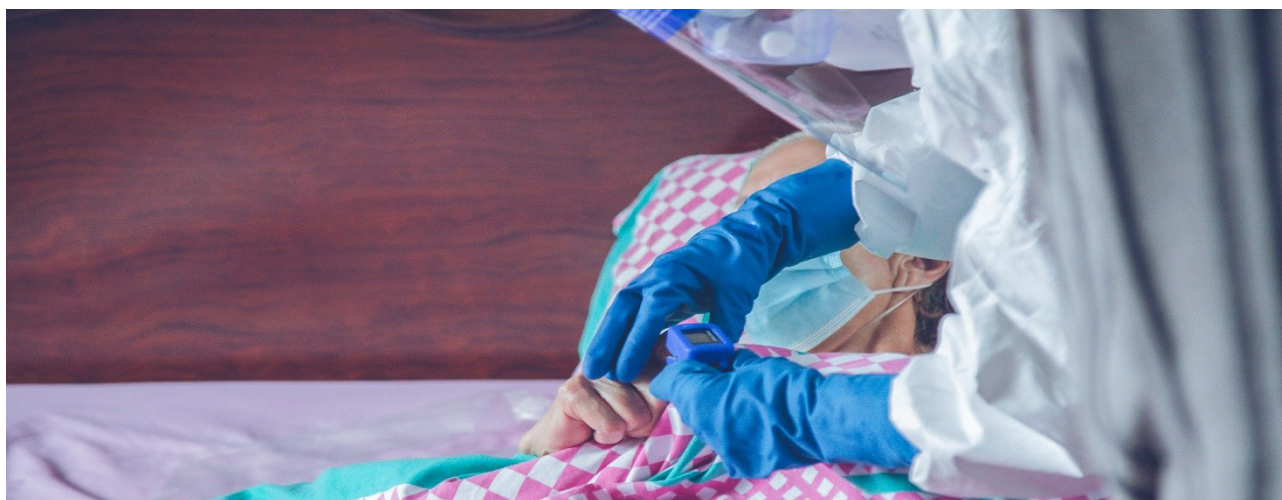
Following the COVID-19 response, **the LRC has seen success in a number of key areas**. These achievements have strengthened the Lebanese Red Cross’s position in the country. In addition to its current auxiliary role, LRC has:

- The National “Disaster Risk Management” (DRM) Unit, which was established by the Lebanese Government, has given LRC a greater role.
- LRC has established a Vaccination Center at the “City Mall”, Dora. This center was a major support for the mass COVID-19 vaccination that took place in Lebanon and will continue to support the Lebanese Government as needed.

Following real-time evaluations, and as with any intervention, areas for improvement and lessons learned are critical for future actions. **The two areas for improvement are:**

- Improving internal coordination and communication processes during disaster management, addition to strengthening the function of support services during emergencies
- Integrating medical direction into clinical decision-making increases LRC responsiveness and is related to creating a contingency stock of medications, PPE, and other relevant supplies.

Moving forward, the COVID-19 response has provided the LRC with a broad understanding of the importance of internal and external coordination in response. Furthermore, it has given LRC specific goals for the development of internal documents, SOPs, and emergency response plans.



EMS COVID-19 Patient Care. ©LRC

Libyan Red Crescent Society

In Libya, from 3 January 2020 to 21 February 2023, there have been 507,171 confirmed cases of COVID-19 with 6,437 deaths, reported to WHO. As of 15 January 2023, a total of 3,739,158 vaccine doses have been administered.

The LRCS continued to carry out COVID19-related psychosocial support activities in Ajdabiya, Gharyan, Misrata, Albayda, Darna, Ubari, Tobruk, Sebha, and al Kufra.

The Libyan Red Crescent Society's (LRCS) COVID19 approach focused on collaboration with the Ministry of Health (MoH) and the National Centre for Disease Control (NCDC), as well as UN agencies such as UNICEF and WHO, to increase awareness and ensure vaccine access throughout Libya.

The LRCS carried out a number of activities, including Psychological Support (PSS), the deployment of mobile clinics for vulnerable communities, Community Based Health and First Aid standard trainings, the procurement of Personal Protective Equipment (PPE) distributions, the establishment of a volunteer management system, and a Training of Trainers (ToT) in Protection, Gender, and Inclusion.

The following were the **key identified two successes** among many captured throughout the COVID-19 response:

- The LRCS supported the NCDC in the distribution of the COVID vaccine, primarily in the south of Libya, where several branch offices were repurposed as vaccination centers and LRCS volunteers assisted with the vaccination process.



Patients are being served at the LRCS Mobile Clinic in Ubari. ©LRCS

- The LRCS used social media extensively to educate the public about behavioural risks and protection mechanisms.

The following **are two key areas for improvement** that still need to be addressed:

- Activity reporting at the branch level.
- Delays with the procurement process.

Moving forward, the LRCS will maintain coordination with its national partners, primarily the MoH and the NCDC. PPEs are kept on hand in the LRCS strategic warehouses in case of emergency.



Anas Shaglea is 20 years old young volunteer of the Libyan Red Crescent Society who received training on emergency first aid & evacuation through the COVID-19 project supported by the IFRC & British Red Cross in Libya.

Few days after the end of this training, a battle occurred between armed groups in Tripoli, which led to the readiness of the emergency ambulance of the Libyan Red Crescent Society, Tripoli branch:

"Since I am a member of this team, I received a call requesting me to prepare and go to the headquarters to participate in evacuating civilians caught in these clashes, helping the wounded and injured, and transporting the bodies. I was able to apply what I had learned in the training, including safe access, management of dead bodies, and first aid for the injured in the field and not to be surprised by what is happening or what could happen."

Moroccan Red Crescent

In Morocco, from 3 January 2020 to 21 February 2023, there have been 1,272,386 confirmed cases of COVID-19 with 16,296 deaths, reported to WHO. As of 22 February 2023, a total of 55,381,594 vaccine doses have been administered.

The Moroccan Red Crescent (MRC) intervention as an auxiliary to the local authorities helped to contain the COVID-19 pandemic and its effects on the

communities. The MRC aided vulnerable populations in remote areas, as well as migrants, in obtaining the best health care and support (personal protective equipment (PPEs), disinfection kits, and vaccines).

In occupied Palestinian territory, including east Jerusalem, from 3 January 2020 to 21 February 2023, there have been 703,228 confirmed cases of COVID-19 with 5,708 deaths, reported to WHO. As of 17 October 2022, a total of 3,748,571 vaccine doses have been administered.

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.

In response to COVID-19, the PRCS carried out the following key activities, among others:

- Preparing and safeguarding EMS, hospital, and basic health care clinic staff,
- Disseminating public health message, raising awareness about violence prevention as well as providing psychosocial support,

- Distributing 15,000 food parcels to the most vulnerable households,
- Covering the basic needs of vulnerable families especially those living with people with disabilities,
- Supplying noncommunicable disease (NCD) medications to vulnerable chronic patients who are unable to leave due to the lockdown/curfew.

The following were the **key identified two successes** among many captured throughout the COVID-19 response:

- Overseeing all COVID-19 transport operations from 1 September 2020 to 30 May 2021.
- Conducting home visits to quarantined families through multidisciplinary mobile teams in order to provide them with psychosocial support healthcare services and raise their awareness about COVID-19.



PRCS volunteers raising awareness by distributing leaflets at schools. ©PRCS

EMS Services

From the onset of the pandemic, PRCS leveraged the 101 Emergency Call Center to dispel worries and offer vital information. Its ambulance fleet was mobilized throughout the West Bank and Gaza Strip to offer emergency medical care. Relief efforts were organized, and families affected by the lockdown were given relief supplies. COVID patients were provided with free emergency services.

Secondary Health Care (Hospitals)

PRCS converted four of its West Bank hospitals into treatment and quarantine facilities and established a COVID-19 field hospital in Al-Bireh, West Bank, in collaboration with the city's municipal government and the Palestinian Ministry of Health (MoH).

The following **are two key areas for improvement** that still need to be addressed:

- Information management and reporting.
- Pandemic contingency planning should be strengthened and incorporated into the PRCS general contingency plan.

Moving forward, the PRCS will sustain its awareness initiatives, since pandemic awareness has become a key component of educational and training materials, as well as awareness activities.

This [video](#) portrays "AL-Haj Fehmi Rayan," who was infected with COVID-19 and was quarantined at home. During this time, Dr Hassan, who works at PRCS hospital, paid him daily visits, and checked on his health and psychological status. AL-Haj Fehmi concluded the video by expressing gratitude to the PRCS staff.

Palestine Red Crescent Society – Lebanon Branch

In Lebanon, from 3 January 2020 to 21 February 2023, there have been 1,231,040 confirmed cases of COVID-19 with 10,819 deaths, reported to WHO. As of 21 December 2022, a total of 5,814,699 vaccine doses have been administered.

The Palestine Red Crescent Society – Lebanon Branch (PRCS-L) has increased its COVID-19 efforts at both the hospital and community levels.

At the hospital level, PRCS-L provided COVID-19 testing and patient care services. Moreover, a vaccination campaign took place in the summer of 2022. Also, continuous renovations are being made to the Nasra Hospital in Beqaa in order to open a floor for COVID-19 patients.

The following were the **key identified two successes** among many captured throughout the COVID-19 response:

- PRCS-L was recognized by LRC as an important partner in providing the essential support for COVID-19 patients in camps for Palestinian and Syrian refugees. In addition, PRCS/L received a high number of Lebanese patients at its hospitals.
- PRCS-L was adept at convincing individuals to get the vaccine, thanks to the community-based awareness sessions. These sessions were crucial

in altering attitudes and popular conceptions regarding the vaccine.

Moving forward,

- PRCS-L will sustain its efforts in establishing a new hospital in Albuss camp in Tyre and opening a floor for COVID-19 patients in Nasra hospital in Beqaa so that PRCS-L will have a COVID-19 department in all areas across Lebanon.
- PRCS-L will attempt to maintain its community-level immunization initiatives.



PRCS-L performing immunization activities in one of its hospitals. ©PRCS-L

Qatar Red Crescent Society

In Qatar, from 3 January 2020 to 28 February 2023, there have been 494,056 confirmed cases of COVID-19 with 686 deaths, reported to WHO. As of 25 February 2023, a total of 7,607,265 vaccine doses have been administered.

Qatar strategy was articulated in a National Plan. This set an authoritative framework for collaborative action across various level of government as well as its partners and stakeholders; it particularly called for the timely sharing of information and knowledge to enable high quality decision making.

To control the outbreak, the State of Qatar relied not only on the expertise and skills of its health professionals, but also on the cooperation of its residents. They adopted complete transparency with their people from the start, fully communicating the risks of COVID-19 and what they could do to assist the health system response and each other.

Qatar Red Crescent Society together with Qatar Airways have successfully delivered aid to 82 countries, including medical equipment, personal protective equipment, and food supplies.

Saudi Red Crescent Authority

In Saudi Arabia, from 3 January 2020 to 28 February 2023, there have been 829,388 confirmed cases of COVID-19 with 9,614 deaths, reported to WHO. As of 3 December 2022, a total of 68,148,406 vaccine doses have been administered.

Saudi Arabia took extreme measures to respond to COVID-19 which contributed to limiting the spread and effect of the disease. In response to COVID-19, Saudi Arabia prepared public and private institutions to deal with the pandemic. Saudi authorities established a governance system comprised of responsible committees to continuously monitor national and

international updates, trace contacts, screen the population, raise awareness, and take proper actions to contain the spread of this disease.

Saudi Arabia's strategic preparedness for and response to COVID-19 is continuously evolving. Lessons were learnt from success stories and improvements made throughout the pandemic at national and international levels. Early collaborative teamwork of many sectors with clear roles and responsibilities is a cornerstone to contain the spread of the COVID-19 pandemic. The next stage in the response to COVID-19 is to preserve the gains achieved to date, because the risk of resurgence of the disease remains until effective vaccines are delivered globally.

Syrian Arab Red Crescent

In Syrian Arab Republic, from 3 January 2020 to 21 February 2023, there have been 57,423 confirmed cases of COVID-19 with 3,163 deaths, reported to WHO. As of 15 January 2023, a total of 4,971,203 vaccine doses have been administered.

The Syrian Arab Red Crescent (SARC) is well recognized by the authorities and is one of the key members of the National Humanitarian and Disaster Response Committees at both national and provincial levels. SARC's top priority continues to be providing humanitarian assistance to those affected by Syria's ongoing multiple crises.

Immediately following the pandemic's outbreak, preventative measures were put in place in accordance with government standards, including rostered staff attendance in offices while others worked from home

and the distribution of Personal Protective Equipment. SARC worked to ensure that its staff and volunteers had access to vaccines, and by the end of 2021, all were fully vaccinated.

SARC established a COVID steering committee comprised of all department heads who met under the leadership of SARC's President. At the national level, SARC, as the lead humanitarian actor, continued to hold discussions with senior officials about the COVID-19 response, including the Ministry of Health, the Ministry of Foreign Affairs, and WHO, UNICEF, among others. SARC adheres to the Early Warning and Response (EWAR) protocols agreed upon by WHO and the Ministry of Health in Syria and reports on suspected COVID-19 cases. The IFRC continued to support SARC in their role as Movement lead agency, including Movement coordination meetings for updates on COVID-19 and other programs with the ICRC and Movement partners.

SARC's unique added value stems from its extensive network of branches and sub-branches, as well as its ability to reach populations that would otherwise have limited access to services. SARC played an essential role in supporting COVID-19 transmission prevention efforts, as well as supporting local populations with quarantine and self-isolation.

SARC's collaboration with the Syrian Ministry of Health was most noticeable during the COVID-19 vaccination campaign, when its community volunteers played a critical role in connecting the MoH's mobile vaccinators to Syria's most deprived and difficult-to-reach populations. SARC is an active participant in the Syria Health Working Group meetings, which serve as a platform for coordinating efforts in the sector, ranging from data sharing on morbidity trends to consultations. During the same time period, both SARC and IFRC were members of the UNICEF-led Syria National RCCE working group for COVID-19, where they both contributed to approaches and best practices for reaching vulnerable populations and coordinating efforts. Collaboration and coordination with WHO Syria was also made on the RCCE file, and specifically regarding the design and implementation of COVID-19 rumour-tracking and management activities.

The following were the **key identified two successes** among many captured throughout the COVID-19 response:

- Developed a business continuity plan for all existing SARC programs, prioritizing vital life-

saving initiatives to guarantee the National Society ability to continue serving Syrians in need while upholding safety protocols.

- Ensured a safer environment for 8,305 staff and volunteers who played a crucial role to contain the spread of COVID-19 by provision of the PPE kits to them in local communities including SARC clinics and health facilities.

The following are the **lessons learned** from SARC's response to COVID-19 that have been applied in subsequent emergency response operations, including SARC's Acute Watery Diarrhoea response and other responses:

- the significance of comprehensive response planning and the formation of a taskforce to ensure effective information sharing, communication, and coordination among all responded sectors and Movement partners.
- Scaling up hygiene promotion and strengthening risk communication and community engagement (RCCE) approaches and CEA activities, as well as providing key messages for vulnerable communities through reliable channels of communication, to ensure that communities have access to accurate information to keep themselves and their loved ones safe, as SARC recognizes the importance of, and need for, proper risk communication and awareness, as well as community engagement, to ensure proper risk communication and awareness.



SARC volunteers supporting COVID-19 vaccination campaign. ©SARC



SARC Response Activities For COVID-19

(Apr 2020 - Mar 2022)

Activities By Sectors

Health

5,530,238
Beneficiaries

WASH

2,961,820
Beneficiaries

Relief

5,957,356
Beneficiaries

Community Services

254,823
Beneficiaries

Awareness Activities:



1,308,794

Awareness Activities



7,717,733
Beneficiaries



27%
Men



44%
Women



29%
Children

Most important awareness activities:



486,828

Individual awareness sessions



306,872

Home visits



387,971

Group awareness sessions



125,209

Spreading awareness posters



1,914

Online awareness sessions

Distribution Activities:



1,509,661

Distributed items



3,351,294

Beneficiaries



9,778,026

Continuous
Distribution items



768,790

Distributed items for
staff & volunteers

Top 3 distributed items by Governorate:



Sterilisation Activities:



277,692

Sterilization Activity

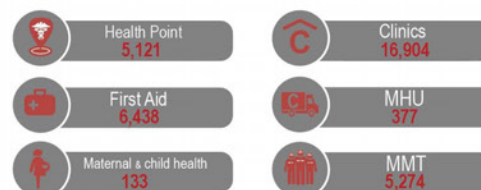


Medical Referrals:



34,247

Medical Referrals



Training / Staff & Volunteers:



15,720

Trained volunteers



1,087

Training



8,305

Volunteers & staff from all SARC teams supported the response





Reaching last mile populations with vaccines

SARC's CBHFA team was able to reach Bedouins in the governorate of Hama, where COVID-19 misinformation was widespread, before any national or international NGO could arrive. The volunteers spread the word about the COVID-19 vaccine and reminded the children about their routine immunization schedule. Both vaccines were available for those who wanted them right away, thanks to the presence of staff from the MoH's health directorate alongside the CBHFA teams.

People were initially strongly opposed to vaccinations and hid their children to avoid the vaccines, but the CBHFA team was able to gain their trust and convince the residents to vaccinate themselves against COVID-19 and their children in accordance with the National Routine Immunization Schedule.

Tunisian Red Crescent

In Tunisia, from 3 January 2020 to 14 September 2022, there have been 1,145,163 confirmed cases of COVID-19 with 29,243 deaths, reported to WHO. As of 5 September 2022, a total of 14,827,155 vaccine doses have been administered. The Tunisian Red Crescent (TRC), as an auxiliary to the public authorities, played a major role in supporting the Tunisian government in implementing the national COVID-19 response plan.

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 mitigation of human suffering, including the COVID-19 pandemic. The first confirmed case of COVID-19 was reported in Yemen in April 2020. As of January 27, 2023, there were a total of 11,945 cases and 2,159 deaths reported to the WHO. These numbers exclude undiagnosed deaths at homes and the vast majority of people living in the north of the country where related data is not available. A nationwide economic crisis and water scarcity exacerbated by climate change and the secondary impacts of the COVID-19 pandemic on the economy and livelihoods have diminished the living conditions of already vulnerable groups and further amplified humanitarian needs. YRCS began its response preparations in March 2020, mobilizing and training 760 volunteers and 340 healthcare workers.

In coordination with the Ministry of Public Health and Population (MoPHP) and the Ministry of Education,

YRCS implemented the COVID-19 response in schools, especially during the final exams of semesters. Temperature measuring, hand washing for students and teachers, and maintaining social distancing were the main activities, and YRCS distributed hygiene items, medical gloves, personal protection equipment (PPE), and an infection prevention and control kit (IPC). In the meantime, YRCS supported 3 main isolation centres by rehabilitation, which were in hospitals and health centres in the country, as well as by providing essential medical equipment such as digital X-rays and complete blood counts (CBC) and distributing PPEs, hygiene kits, and IPC kits among health workers, patients, and some surrounding communities. Other IDPs locations were covered by the same items and awareness sessions as part of RCCE activities, and community-based surveillance (CBS) activities were performed among affected communities.

YRCS played a significant role in protecting most vulnerable groups, including the elderly, people with chronic diseases, and people with disabilities, either at the community level or in isolation and quarantine



Non-Food Items Distribution in Amran governorate. ©YRCS

centers, through CASH Assistance, the provision of food parcels, and some support for women groups from families most exposed to COVID-19 through livelihood interventions such as the provision of needed training and the procurement of segregated housing.

YRCS worked hard to strengthen the abilities of its staff, volunteers, and local communities. ToT training on risk communication and community engagement (RCCE) was provided to them, along with training in other areas pertinent to COVID-19 such as epidemic control for volunteers (ECV) and community-based health and first aid (CBHFA). By increasing knowledge about community behaviour change through practices, YRCS activities benefited the targeted communities. Additionally, there has been significant recent assistance for the rehabilitation of YRCS hospital premises, which will be run in three phases beginning with outpatient care and moving to secondary services, among others.

The following were the **key identified two successes** among many captured throughout the COVID-19 response:

- YRCS, in collaboration with the Ministry of Education and the MoPHP, played a significant role in the early stages of the response by mobilizing 1,200 volunteers in 4,204 school examination centers.

Essentially, the intervention began by taking students' and teachers' temperatures before distributing 246,500 masks, 21,955 hygiene items, and 10,000 IPC items in 14 governorates' schools and surrounding local communities.

- YRCS capacity to improve the diagnosis, prognosis, and separation of bacterial infections from viral infections in patients suspected of having COVID-19 disease, chest infections, and pneumonia within the YRCS healthcare system by supplying essential medical equipment (suspected COVID-19 infection). A cross-cutting strategy to enhance diagnosis and identify cases of infection early on was the accessibility of advanced digital X-rays and complete blood count (CBC) machines.

The following **are two key areas for improvement** that still need to be addressed:

- Strengthening the approach of cash assistance programs and provide employees and volunteers with training in vulnerable capacity assessment (VCA), as well as integrating the work of disaster response teams and health emergency teams.
- Providing orientation to staff and volunteers on disease self-protection, security measurements, and essential training on the learning platform before performing any field response.

Moving forward, the YRCS strategic plan for five years has been drafted which has a large section for building capacities for health emergency response. YRCS is constantly moving forward to continue working in accordance with its unified plan, to expand the tasks of

the Health Emergency Response Team, and to involve local communities in working to mitigate disease factors, such as providing more protection from highly contagious diseases (Chest Disease, Measles, Rubella, Cholera, and other communicable diseases).



Throughout the preparations for and the response to COVID-19, the preparation of volunteer groups organized according to gender served as one of the most effective strategies that were used during the response. Some communities are not welcoming to YRCS volunteers, making it harder for them to share messages about correcting incorrect practices, especially among women's groups, including washing hands and domestic hygiene. While communication via household visits proved to be effective, YRCS was successful in reaching the largest number of women.

Contact details

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Click [here](#) to view the full final narrative report from the Middle East and North Africa Region.



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 191 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2023/4	Operation	
Budget Timeframe	2020/1-2022/12	Budget	APPROVED

Prepared on 23 May 2023

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
Total Funding Requirements	670,000,000
Income	373,169,572
Appeal Coverage	55.70%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	2,269,563	2,131,025	138,538
AOF2 - Shelter	2,048,849	2,443,370	-394,520
AOF3 - Livelihoods and basic needs	17,919,898	16,883,817	1,036,082
AOF4 - Health	275,786,862	267,351,266	8,435,596
AOF5 - Water, sanitation and hygiene	4,784,276	5,165,619	-381,343
AOF6 - Protection, Gender & Inclusion	1,551,525	1,343,745	207,780
AOF7 - Migration	1,233,207	1,371,902	-138,695
SFI1 - Strengthen National Societies	25,442,692	24,289,606	1,153,086
SFI2 - Effective international disaster management	29,550,879	25,104,673	4,446,205
SFI3 - Influence others as leading strategic partners	5,967,276	5,509,886	457,390
SFI4 - Ensure a strong IFRC	15,205,907	13,349,482	1,856,425
Grand Total	381,760,934	364,944,391	16,816,543

III. Operating Movement & Closing Balance per 2023/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	373,169,572
Expenditure	-364,944,391
Closing Balance	8,225,181
Deferred Income	4,702,019

IV. DREF Loan

* not included in Donor Response	Loan :	1,000,000	Reimbursed :	1,000,000	Outstanding :	0
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Budget Timeframe	2020/1-2022/12	Budget	APPROVED

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V. Contributions by Donor and Other Income

Opening Balance						0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	
Airbus Corporate Foundation (Employees of Airbus)	12,969				12,969	
Alter Domus Participations S.ar.l	216,474				216,474	
American Red Cross	13,774,044		55,800		13,829,844	
Andorran Red Cross	16,134				16,134	
Argentine Red Cross (from CONMEBOL*)	47,252				47,252	
Asian Football Confederation	192,323				192,323	
Australian Government	30,314				30,314	
Australian Red Cross	240,160		105,653		345,813	
Australian Red Cross (from Australian Government*)	7,977,082				7,977,082	
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	133	51,298	148,531		199,962	
Austrian Red Cross (from Austrian Government*)	1,361,858				1,361,858	
Bahrain Red Crescent Society	94,112				94,112	
BeiGene	10,100				10,100	
Belgian Federal Government	5,359,357				5,359,357	
Boston Scientific	231,546				231,546	
Bristol-Myers Squibb Company	442,835				442,835	
British Government	374,153				374,153	
British Red Cross	2,819,335		257,587		3,076,922	
British Red Cross (from Astra Zeneca*)	181,007				181,007	
British Red Cross (from Aviva Plc.*)	169,463				169,463	
British Red Cross (from British Government*)	42,961,080				42,961,080	
British Red Cross (from DEC (Disasters Emergency Committee)*)	737,954				737,954	
British Red Cross (from Dixon International Group*)	11,339				11,339	
British Red Cross (from HSBC - HongKong & Shanghai Banking C*)	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	120,333				120,333	
Cell Signaling Technology	5,211				5,211	
Charities Aid Foundation	101,929				101,929	
Charities Aid Foundation (from Cisco*)	7,148				7,148	
Chiesi Foundation	307,284				307,284	
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		517,091		561,303	
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	34,929,573				34,929,573	
European Commission - DG ECHO	14,796,483				14,796,483	

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL
European Investment Bank Institute	378,567				378,567
Federation International de l'Automobile FIA	877,871				877,871
FIA Foundation	1,595,014				1,595,014
Finnish Red Cross	518,487	570,935	233,604		1,323,026
Finnish Red Cross (from Finland - Private Donors*)	99,945				99,945
Finnish Red Cross (from Finnish Government*)	4,523,480				4,523,480
Finnish Red Cross (from Huhtamaki*)	494,125				494,125
French Red Cross (from L'Oreal*)	1,058,843				1,058,843
German Government	18,302,182				18,302,182
German Red Cross	113,922				113,922
Goldman Sachs	663,839				663,839
Google	5,122				5,122
Great Britain - Private Donors	20				20
Hong Kong Red Cross, Branch of the Red Cross Society of China	11,556	175,117	30,318		216,992
IBM	456				456
Icelandic Red Cross	80,952		124,477		205,429
Icelandic Red Cross (from Icelandic Government*)	225,216				225,216
ICRC	165,142				165,142
ICRC (from DirecTV*)	27,538				27,538
Intercontinental Hotels Groups(IHG)	9,234				9,234
IQVIA Inc	29,058				29,058
Irish Government	1,485,680				1,485,680
Islamic Committee of the International Crescent	9,649				9,649
Islamic Development Bank IsDB	1,320,014				1,320,014
Italian Government Bilateral Emergency Fund	1,181,752				1,181,752
Italian Red Cross	50,042		83,600		133,642
Italian Red Cross (from Enel Cuore Onlus*)	103,981				103,981
Italy - Private Donors	12				12
Japanese Government	25,517,812				25,517,812
Japanese Red Cross Society	1,251,799				1,251,799
Japan - Private Donors	42,011				42,011
Johnson & Johnson foundation	5,174,755				5,174,755
Kaspersky Lab	15,000				15,000
Kenya - Private Donors	2,038				2,038
Kenya Red Cross Society			15,200		15,200
KPMG International Cooperative(KPMG-I)	302,014				302,014
Kuwait Red Crescent Society	97,167				97,167
Lithuania Government	105,340				105,340
London Stock Exchange Group (LSEG)	1,184,388				1,184,388
Marriott International Inc.	7,407				7,407
Marsh & McLennan Companies, Inc.	5,619				5,619
Medtronic Foundation	6,398				6,398
Mondelez International Foundation	40,151				40,151
Morgan Stanley	26,597				26,597
Nestle	7,252,306				7,252,306
Netherlands - Private Donors	3,401				3,401
New Balance	22,883				22,883
New Zealand Government	3,529,055				3,529,055
New Zealand Red Cross			192,726		192,726
Norwegian Red Cross	206,576		31,581		238,157
Norwegian Red Cross (from Norwegian Government*)	2,615,563				2,615,563
Norwegian Refugee Council			106,653		106,653

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Budget Timeframe	2020/1-2022/12	Budget	APPROVED

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL
Novartis	576,547				576,547
Olympus Corporation	177,183				177,183
On Line donations	36,122				36,122
Other	32,782				32,782
PPG Coatings (HongKong) Co.Ltd	97,416				97,416
PPG Industries Europe Sarl	288,856				288,856
PricewaterhouseCoopers	42				42
Procter & Gamble	1,034,432				1,034,432
Prudence Foundation	200,000				200,000
Qatar Red Crescent Society	9,258				9,258
Red Crescent Society of Turkmenistan	2,933				2,933
Red Cross of Monaco	158,432				158,432
Red Cross of Viet Nam	29,182				29,182
Red Cross Society of China	1,937,955				1,937,955
Republic of Korea - Private Donors	11,486				11,486
RM Sotheby's	151,260				151,260
Sandoz International GmbH	1,083				1,083
Saudi Arabia Government	999,198				999,198
Siemens Gamesa Renewable Energy	89,364				89,364
Singapore Red Cross Society	2,302,238	34,430			2,336,668
Sociedad Textil Lonía S.A.	1,059,671				1,059,671
Société Générale Foundation	1,079,972				1,079,972
Spanish Government	4,576,263				4,576,263
Spanish Red Cross	11,285		34,077		45,363
Spanish Red Cross (from Inditex*)	541,699				541,699
Spanish Red Cross (from KPMG International Cooperative(KPMG-I)*)	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		78,166		1,886,434
Swiss Government	13,788,997		167,200		13,956,197
Swiss Red Cross	1,098,510	1,051,994	26,413		2,176,916
Swiss Red Cross (from Philip Morris Int.*)	334,933				334,933
Switzerland - Private Donors	2,600				2,600
Syrian Arab Red Crescent			83,600		83,600
T1 Entertainment & Sports	10,968				10,968
Taiwan Red Cross Organisation	240,658				240,658
Telekom Austria AG	21,587				21,587
The Alcon Foundation, Inc.	8,458				8,458
The Burberry Foundation	101,124				101,124
The Canadian Red Cross Society	919,544	124,080	33,587		1,077,211
The Canadian Red Cross Society (from Canadian Government*)	23,006,622				23,006,622
The Netherlands Red Cross	608,110				608,110
The Netherlands Red Cross (from Heineken International BV*)	15,912,000				15,912,000
The Netherlands Red Cross (from Netherlands Government*)	9,668,467				9,668,467
The Netherlands Red Cross (from Netherlands - Private Donors*)	911,270				911,270
The Netherlands Red Cross (from PVH Europe BV*)	157,835				157,835
The Republic of Cyprus	29,251				29,251
The Republic of Korea National Red Cross	550,662				550,662
The Republic of Korea National Red Cross (from Republic of Korea - Private)	416,474				416,474
The Republic of the Philippines	107,899				107,899
Thermo Fisher Scientific	706				706
Tides Foundation	904,507				904,507

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Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL
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
UNICEF - United Nations Children's Fund	476,150				476,150
United States Government - PRM	1,604,758				1,604,758
United States Government - USAID	55,221,803				55,221,803
United States - Private Donors	11,844				11,844
Université de Management de Suisse	53,942				53,942
UPS foundation	49,406				49,406
Vanguard	476				476
ViacomCBS	64,329				64,329
Western Union Foundation	43,404				43,404
WHO - World Health Organization	1,801,907				1,801,907
World Bank	2,199,659				2,199,659
Write off & provisions				-60,809	-60,809
YourCause LLC	275				275
Zalando	54,076				54,076
Total Contributions and Other Income	368,753,977	2,007,854	2,461,212	-53,471	373,169,572
Total Income					373,169,572

VI. Deferred Income *

European Commission - DG ECHO	3,813,101
United States Government - USAID	880,202
Others	8,716
Total Deferred Income	4,702,019

*Deferred income: Donations that are subject to specific contractual obligations similar to government grants are recognized as income as expenditure is incurred and contractual obligations are fulfilled. Amounts received but not recognized as income within the appeal time-frame are included in deferred income. Consistent with the donor agreement, this deferred income will be utilized for the COVID-19 activities and legacy actions from the operations that will be incorporated into the unified country plans of the IFRC Secretariat and National Societies during 2023 and 2024.

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II. IFRC Operating Budget Implementation BY REGION

Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Africa	Budget	113,501	1,747,511	4,362,315	45,207,716	759,028	276,775	55,049	8,812,913	10,417,402	125,780	1,603,697	73,481,687
	Expenditure	134,690	2,008,437	3,931,922	43,712,054	776,013	160,583	153,118	9,869,088	8,529,400	134,366	1,305,404	70,715,075
	Variance	-21,189	-260,927	430,393	1,495,662	-16,985	116,192	-98,068	-1,056,175	1,888,002	-8,586	298,294	2,766,612
Americas	Budget	6,074	57,486	2,207,614	32,752,993	1,242,920	85,187	96,998	5,019,359	4,395,188	534,395	47,277	46,445,493
	Expenditure	8,206	140,746	2,695,237	29,961,824	1,520,150	72,642	37,714	5,081,963	4,256,674	534,443	129,100	44,438,700
	Variance	-2,132	-83,260	-487,623	2,791,169	-277,230	12,545	59,284	-62,603	138,514	-48	-81,822	2,006,793
Asia Pacific	Budget	807,735	48,782	4,926,958	77,602,461	1,389,360	334,510	273,686	6,075,081	8,989,327	1,842,992	4,598,035	106,888,928
	Expenditure	587,973	85,189	3,923,859	75,634,432	1,676,847	263,333	371,178	4,544,190	7,417,412	1,648,163	4,983,160	101,135,735
	Variance	219,762	-36,407	1,003,099	1,968,029	-287,487	71,178	-97,492	1,530,892	1,571,916	194,829	-385,125	5,753,193
Europe	Budget	1,296,363		1,944,332	87,572,965	0	78,585	597,007	424,791	-2,068	633,249	981,569	93,526,793
	Expenditure	1,382,369		1,966,566	85,088,954		73,739	609,281	240,336	120,609	360,500	501,880	90,344,234
	Variance	-86,007	0	-22,234	2,484,011	0	4,846	-12,273	184,454	-122,677	272,749	479,689	3,182,558
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	195,462	888,744	4,519,933		675,333	67,886	584,784	1,717,009	2,516,267	5,438,813	16,639,796
	Variance	2,774	-13,927	-145,961	-714,848	0	-21,636	9,859	-35,690	-159,395	-144,607	1,139,121	-84,309
Middle East and North Africa	Budget	7,552	13,535	3,735,896	28,845,640	1,392,969	122,771	132,721	4,561,453	4,193,416	459,201	1,397,394	44,862,547
	Expenditure	-17,777	13,535	3,477,489	28,434,068	1,192,610	98,115	132,726	3,969,245	3,063,570	316,146	991,124	41,670,851
	Variance	25,330	0	258,407	411,572	200,359	24,656	-5	592,208	1,129,846	143,054	406,269	3,191,696

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Africa												
Angola	Budget			48,037				3,042	0			51,079
	Expenditure			48,037				3,042				51,079
	Variance	0	0	0	0	0	0	0	0	0	0	0
Benin	Budget	-105,000		147,711				468,497	224,123		43,278	778,609
	Expenditure	-108,753		372,266				233,884	197,324		5,913	700,634
	Variance	3,753	0	0	-224,555	0	0	0	234,613	26,799	0	77,975
Botswana	Budget		41,632	852,866	175,956		6,263	452,598	118,455	3,834	2,103	1,653,707
	Expenditure		41,632	852,866	178,658		6,263	451,533	107,381	3,834	2,103	1,644,271
	Variance	0	0	0	-2,702	0	0	1,065	11,074	0	0	9,437
Burkina Faso	Budget		45,625	94,241	552,599		4,018	154,722	210,756	137	7,143	1,069,241
	Expenditure		45,625	94,241	644,260		4,018	90,926	156,088	137	7,143	1,042,439
	Variance	0	0	0	-91,661	0	0	63,796	54,667	0	0	26,802
Burundi	Budget			611,187	2,407			74,558	18,958			707,110
	Expenditure			639,735	2,407			52,460	12,553			707,155
	Variance	0	0	0	-28,548	0	0	22,098	6,405	0	0	-45
	Budget		541,985	965,631			35,827	440,550	536,935		346,603	2,867,531

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Budget Timeframe	2020/1-2022/12	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Cameroon	Expenditure		36,901	787,732		5,034	131,678	571,678	592,369	67,485	319,806	2,512,684
	Variance	0	0	505,083	177,900	0	-5,034	-95,850	-131,128	-55,434	-67,485	26,796
Cape Verde	Budget		26,085	179,997	3,132		126	83,028	26,350			318,717
	Expenditure		8,827	203,823	3,132		126	83,551	36,393		2,811	338,662
	Variance	0	0	17,258	-23,825	0	0	-523	-10,043		0	-2,811
Central African Republic	Budget		10,288	68,637	1,793,867	60,570		7,010	104,215			2,044,588
	Expenditure	67	28,635		1,744,300	57,305		3,474	180,393	487	11,686	2,026,348
	Variance	-67	-18,347	68,637	49,567	3,265	0	0	3,536	-76,178	-487	-11,686
Chad	Budget		22,191	26,747	84,536			31,102	60,663			225,240
	Expenditure		22,191	50,946	59,697			24,120	141,407			298,361
	Variance	0	0	-24,198	24,840	0	0	0	6,982	-80,744	0	0
Comoro Islands	Budget				376,374	1,672		88,364	60,413		16,279	543,102
	Expenditure				407,372	1,672		62,760	50,758		8,975	531,537
	Variance	0	0	0	-30,998	0	0	0	25,604	9,655	0	7,304
Cote d'Ivoire	Budget	16,293		261,197	576,481	0		342,669	188,513		7,583	1,392,737
	Expenditure	118,271		295,081	712,285	6,376		224,768	193,364		7,583	1,557,728
	Variance	-101,978	0	-33,884	-135,804	-6,376	0	0	117,900	-4,850	0	0

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL	
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC		
Democratic Republic of Congo	Budget	798		193	2,263,699	247	624		676,910	2,726,319	1,170	20,445	5,690,405
	Expenditure	798		193	2,097,916	247		5,445	910,501	2,583,608	1,170	20,654	5,620,532
	Variance	0	0	0	165,783	0	624	-5,445	-233,590	142,711	0	-209	69,873
Djibouti	Budget				464,485					39,330		14,835	518,650
	Expenditure				506,482			18		4,679		17,113	528,292
	Variance	0	0	0	-41,997	0	0	-18	0	34,652	0	-2,278	-9,641
Equatorial Guinea	Budget			31,794	132,635				17,787	44,591			226,808
	Expenditure			32,093	159,039				8,582	49,165			248,879
	Variance	0	0	-299	-26,404	0	0	0	9,205	-4,573	0	0	-22,071
Ethiopia	Budget				16,385					249,988			266,373
	Expenditure	41,202			596,323				13	36,083		186	673,806
	Variance	-41,202	0	0	-579,938	0	0	0	-13	213,904	0	-186	-407,433
France	Budget				160,175								160,175
	Expenditure				160,125								160,125
	Variance	0	0	0	50	0	0	0	0	0	0	0	50
	Budget				310,956				103,714	288,103			702,773

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	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		
Gabon	Expenditure			310,324				85,881	296,675			692,879	
	Variance	0	0	0	633	0	0	0	17,834	-8,572	0	0	9,894
Gambia	Budget		104,888	484,938	12,490	12,754		653,528	249,723			1,518,320	
	Expenditure		104,888	634,722		12,754		616,983	189,690	1,058		1,560,095	
	Variance	0	0	-149,784	12,490	0	0	36,545	60,033	-1,058	0	-41,774	
Ghana	Budget		117,053	132,147	573,575			667,950	551,145		-1	2,041,869	
	Expenditure	16,491		144,017	551,429	660,355		491,291	97,712		1,803	1,963,099	
	Variance	-16,491	0	-26,965	-419,282	-86,779	0	0	176,659	453,433	0	-1,804	78,771
Guinea	Budget		110,767	1,425,900		8,534		94,894	145,766			1,785,861	
	Expenditure		106,544	282,026		8,314		1,230,365	62,619			1,689,868	
	Variance	0	0	4,223	1,143,874	0	220	0	-1,135,471	83,147	0	0	95,993
Guinea Bisau	Budget		31,786	42,857	55,860			26,839	27,030			184,371	
	Expenditure		205	43,721	46,724			15,931	77,172			183,752	
	Variance	0	31,581	-864	9,136	0	0	0	10,907	-50,142	0	0	619
Kenya	Budget	5,980	5,325	276,030	15,639,567	1,821	135,279	5,325	251,761	421,500	86,937	9,061	16,838,586
	Expenditure	35,533	322,500	248,153	14,381,865	1,804	52,921		388,787	392,303	6,375	55,394	15,885,636
	Variance	-29,553	-317,175	27,877	1,257,701	17	82,358	5,325	-137,026	29,197	80,562	-46,333	952,950

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Kingdom of Eswatini	Budget	5,902	158,780	53,100	2	3,593		190,583	57,195			469,155
	Expenditure	5,902	158,780	147,714	2	3,593		79,653	57,172		1,212	454,028
	Variance	0	0	0	-94,614	0	0	0	110,930	23	0	-1,212
Lesotho	Budget		77,577	103,519		1,093		63,842	42,102			288,133
	Expenditure		77,577	115,618		1,093		63,842	30,680			288,809
	Variance	0	0	0	-12,098	0	0	0	11,422	0	0	-677
Liberia	Budget			230,747	45,035	5,528		173,639	123,454		1,063	579,467
	Expenditure			207,220	38,283	5,542		149,657	123,159		1,063	524,925
	Variance	0	0	0	23,527	6,751	-13	0	23,982	294	0	0
Madagascar	Budget			1,929,500				131,720		12,500	105,663	2,179,383
	Expenditure	6		1,053,971			2,080	589,463	124,376	102	28,288	1,798,286
	Variance	-6	0	875,529	0	0	-2,080	-457,743	-124,376	12,398	77,375	381,097
Malawi	Budget	1,086	1,475,926	119,377	709,029	11,652	10,517	208,990	60,945		1,413	2,598,935
	Expenditure	1,321	1,427,527	119,377	418,564		10,517	231,225	56,209		1,413	2,266,153
	Variance	-235	48,400	0	290,465	11,652	0	0	-22,235	4,736	0	0
	Budget		2,504	3,485	373,715	0		72,155	75,463		8,077	535,399

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	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	
Mali	Expenditure		2,504	36,629	389,321	0		24,150	78,442		4,244	535,291
	Variance	0	0	-33,144	-15,606	0	0	0	48,005	-2,979	0	3,832
Mauritania	Budget			35,209	143,297			9,753	47,398	40,971		276,627
	Expenditure			35,209	145,489			9,753	47,398	72,435		310,284
	Variance	0	0	0	-2,192	0	0	0	0	-31,465	0	0
Mauritius	Budget			11,076	362,620					230,590	2,260	606,546
	Expenditure			5	381,253			4,012	183,890	1,048	31,426	601,634
	Variance	0	0	11,071	-18,633	0	0	0	-4,012	46,701	1,211	-31,426
Mozambique	Budget	9,179			2,065,516		1,078	122,574	25,991	28	1,614	2,225,981
	Expenditure	9,179			1,815,289		1,078	202,389	25,991	28	1,614	2,055,569
	Variance	0	0	0	250,227	0	0	-79,816	0	0	0	170,411
Namibia	Budget			137,692	383,555		0	96,240	98,522		1,726	717,735
	Expenditure			137,692	383,597			96,240	98,479		1,726	717,734
	Variance	0	0	0	-42	0	0	0	43	0	0	1
Niger	Budget			34,888	1,110,063		31,728	332,412	21,596	328	521,243	2,052,259
	Expenditure			135,290	542,734		4,236	371,645	90,147	30,239	318,540	1,492,832
	Variance	0	0	-100,402	567,329	0	27,493	-39,233	-68,551	-29,911	202,704	559,427

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Nigeria	Budget	50,872		538,663	1,759,619			446,344	91,169	9,984	44,543	2,941,193
	Expenditure	97,069		518,642	2,268,679			387,551	91,169	3,615	12,903	3,379,628
	Variance	-46,196	0	20,020	-509,060	0	0	0	58,793	0	6,368	31,640
Republic of Congo	Budget				289,006			126,065	94,020		106	509,197
	Expenditure				335,860			91,551	81,481		106	508,999
	Variance	0	0	0	-46,854	0	0	0	34,514	12,539	0	0
Rwanda	Budget	1,935			705,389			46,884	72,754			826,963
	Expenditure				792,285			15,981	6,587		10,264	825,118
	Variance	1,935	0	0	-86,896	0	0	0	30,903	66,167	0	-10,264
Sao Tome and Principe	Budget		26,580		44,080			11,446	91,716		18,390	192,211
	Expenditure		26,589		43,819			26,042	84,513			180,963
	Variance	0	-9	0	260	0	0	0	-14,596	7,203	0	18,390
Senegal	Budget		76,930	196,264	687,362	58		107,568	454,868		38,725	1,561,776
	Expenditure	4,211	76,930	196,264	709,813	58		111,573	443,733		39,148	1,581,731
	Variance	-4,211	0	0	-22,451	0	0	0	-4,005	11,135	0	-423
	Budget			201,359	21,500			151,154	119,127	3,752	44,396	541,289

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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	
Seychelles	Expenditure			438,163				21,614	30,259	227	41,394	531,658
	Variance	0	0	0	-236,804	21,500	0	0	129,539	88,868	3,525	3,002
Sierra Leone	Budget			257,126				416,219	114,004			787,349
	Expenditure			255,443				367,132	80,405			702,980
	Variance	0	0	0	1,683	0	0	0	49,087	33,600	0	0
Somalia	Budget			1,914,343		11,471		25,359	111,206		3,421	2,065,799
	Expenditure			1,626,057		11,471		25,359	111,206		3,421	1,777,514
	Variance	0	0	0	288,285	0	0	0	0	0	0	0
South Africa	Budget	10,650		127,243	843,202	10,164	12,939	242,881	345,052		88,207	1,680,337
	Expenditure	27		127,243	811,210		12,939	252,432	349,138		91,248	1,644,237
	Variance	10,623	0	0	31,992	10,164	0	0	-9,551	-4,086	0	-3,041
South Sudan	Budget			368,659				191,857	1,596,117		102,626	2,259,259
	Expenditure	18,091		1,266,915	995			498,790	246,233		226,338	2,257,361
	Variance	-18,091	0	0	-898,256	-995	0	0	-306,932	1,349,885	0	-123,713
Sudan	Budget	4,215	-5,326	1,172,764	16,374	8,444		163,269	1,583	-869	0	1,360,455
	Expenditure		50	634,020	5,048	64		78,549	331,825	-811	7,359	1,056,103
	Variance	4,215	-5,376	0	538,744	11,326	8,380	0	84,721	-330,241	-58	-7,359

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Tanzania	Budget			609,954				68,388	11,313		3,567	693,223
	Expenditure			700,167				68,388	11,355		3,567	783,478
	Variance	0	0	0	-90,213	0	0	0	0	-42	0	0
Togo	Budget			170,699				34,936	66,134			271,769
	Expenditure	-100,000		245,711				86,530	25,296	13,653	38	271,228
	Variance	100,000	0	0	-75,013	0	0	0	-51,594	40,838	-13,653	-38
Uganda	Budget	19,170		1,162,209				320,290			148,428	1,650,097
	Expenditure	376		1,445,553				71,202			7,743	1,524,874
	Variance	18,794	0	0	-283,343	0	0	0	249,088	0	0	140,685
Zambia	Budget	350		138,873	488,980		10,172	240,532	123,172		1,454	1,003,532
	Expenditure	350		138,873	538,404		8,008	215,065	114,994		1,454	1,017,148
	Variance	0	0	0	-49,424	0	2,163	0	25,468	8,178	0	0
Zimbabwe	Budget	97,972	8,148	227,846	469,181		15,085	140,646	55,461	5,719	1,705	1,021,763
	Expenditure	451	8,148	231,868	474,046		15,085	141,123	122,489	5,719	9,719	1,008,649
	Variance	97,521	0	-4,021	-4,866	0	0	0	-477	-67,029	0	-8,014

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL
Americas												
Antigua and Barbuda	Budget	899		46,230	145,499	26,344		141,434	0	30,417		390,823
	Expenditure	899		45,813	127,951	26,344		159,820		30,417		391,245
	Variance	0	0	417	17,547	0	0	0	-18,386	0	0	0
Argentina	Budget				430,024	122,015		46,350	335,327	198,967		1,132,684
	Expenditure			137,600	293,759	121,402		63,408	323,872	189,030	38	1,129,108
	Variance	0	0	-137,600	136,265	613	0	0	-17,057	11,455	9,937	-38
Bahamas	Budget			110,731	580,861	58,640		135,537	95,655			981,424
	Expenditure			110,004	579,512	58,577		137,351	88,704			974,148
	Variance	0	0	727	1,350	62	0	0	-1,814	6,950	0	0
Barbados	Budget			45,018	87,848	265		72,705				205,836
	Expenditure			40,591	83,626	263		79,525				204,005
	Variance	0	0	4,427	4,222	2	0	0	-6,820	0	0	0
Belize	Budget			180,197	115,700	50,270		57,893	-176			403,884
	Expenditure			179,759	112,315	50,263		59,460	-176			401,622
	Variance	0	0	438	3,385	7	0	0	-1,567	0	0	0
	Budget		22,721	89,097	691,777	113,708	4,264	39	401	273,774	12,483	1,208,265

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	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		
Bolivia	Expenditure		22,721	89,090	704,039	101,191	4,264		39	401	274,718	12,483	1,208,947
	Variance	0	0	7	-12,261	12,517	0	0	0	0	-945	0	-682
Brazil	Budget			53,750	356,970				1,613	40,105			452,438
	Expenditure			47,380	161,784	20,316			79,645	5,794	1,105	2,396	318,421
	Variance	0	0	6,370	195,187	-20,316	0	0	-78,033	34,311	-1,105	-2,396	134,017
Chile	Budget				477,831				2,980	5,105	1,443		487,359
	Expenditure		62,526	131,781	67,891	51,781			165,096	2,291	1,430		482,796
	Variance	0	-62,526	-131,781	409,940	-51,781	0	0	-162,116	2,814	13	0	4,563
Colombia	Budget			16,125	1,669,327					501,598			2,187,050
	Expenditure			303,182	1,042,942	35,875			314,787	465,755		1,604	2,164,145
	Variance	0	0	-287,057	626,385	-35,875	0	0	-314,787	35,843	0	-1,604	22,905
Costa Rica	Budget			15,749	507,817	42,882	7,372	10,896	86,003	39,227			709,947
	Expenditure				707,320								707,320
	Variance	0	0	15,749	-199,502	42,882	7,372	10,896	86,003	39,227	0	0	2,627
Cuba	Budget				690,903								690,903
	Expenditure				668,708				21,326	600			690,634
	Variance	0	0	0	22,194	0	0	0	-21,326	-600	0	0	268

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Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Dominica	Budget	2,770		41,925	217,648	35,671			176,951	-286		474,679
	Expenditure	2,770		41,925	207,233	35,671			185,691	-286		473,004
	Variance	0	0	0	10,415	0	0	0	-8,740	0	0	1,675
Dominican Republic	Budget			36,799	1,342,460	191,125			485,374	958,145		3,013,904
	Expenditure	539		36,799	1,097,965	191,626			535,505	935,590	1,425	2,799,449
	Variance	-539	0	0	244,496	-501	0	0	-50,131	22,555	0	214,455
Ecuador	Budget				3,894,580				607,816			4,502,396
	Expenditure			563,029	3,051,479	100,796	26,567	230	297,778	12,834	589	4,053,303
	Variance	0	0	-563,029	843,101	-100,796	-26,567	-230	310,038	-12,834	0	449,093
El Salvador	Budget			438,562	1,282,602	22,892	1,959		201,000		2,977	1,949,991
	Expenditure				1,951,141							1,951,141
	Variance	0	0	438,562	-668,538	22,892	1,959	0	201,000	0	0	-1,149
Grenada	Budget			30,819	198,655	4,454			223,918		936	458,783
	Expenditure			31,333	164,818	4,691			242,445		936	444,222
	Variance	0	0	-513	33,838	-237	0	0	-18,527	0	0	14,561
	Budget			149,555	1,274,738	37,777	1,334	78,497	278,431	63,050		1,883,383

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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	
Guatemala	Expenditure	192		14	1,753,218			37,484	68,131	13,759			1,872,798
	Variance	-192	0	149,541	-478,480	37,777	1,334	41,013	210,300	49,291	0	0	10,585
Guyana	Budget			2,857	295,250	70,987			172,037				541,131
	Expenditure			2,857	278,688	70,987			157,701				510,233
	Variance	0	0	0	16,562	0	0	0	14,336	0	0	0	30,898
Haiti	Budget				1,413,263	114,334			398,380				1,925,978
	Expenditure				866,146	192,619			362,330	935			1,422,029
	Variance	0	0	0	547,117	-78,285	0	0	36,051	-935	0	0	503,949
Honduras	Budget			152,105	1,143,610	16,979	57,954	7,605	260,198	809,685			2,448,136
	Expenditure			446	1,344,555		21,977		273,549	797,204			2,437,732
	Variance	0	0	151,659	-200,945	16,979	35,977	7,605	-13,352	12,481	0	0	10,404
Jamaica	Budget			198,006	729,718	2,821			484,400	4,351			1,419,296
	Expenditure			195,540	704,489	2,821			507,662	4,351			1,414,863
	Variance	0	0	2,466	25,229	0	0	0	-23,262	0	0	0	4,433
Mexico	Budget				871,866				17,778	1,301		12,653	903,598
	Expenditure				864,827				20,783	1,301		15,669	902,580
	Variance	0	0	0	7,039	0	0	0	-3,005	0	0	-3,016	1,018

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Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Nicaragua	Budget		95,340	894,573	120,874			199,022				1,309,809
	Expenditure		29,970	981,656	129,895			163,534				1,305,055
	Variance	0	0	65,370	-87,082	-9,021	0	0	35,489	0	0	0
Panama	Budget		0	13,320	6,515,757		0	144,318	10,316			6,683,710
	Expenditure	591	8,068	180,131	6,097,088			129,662	277,119		9,620	6,702,279
	Variance	-591	-8,068	-166,811	418,668	0	0	14,656	-266,803		0	-9,620
Paraguay	Budget				481,684			1,030	967			483,681
	Expenditure			32,988	211,164	94,733		143,177	1,178			483,240
	Variance	0	0	-32,988	270,520	-94,733	0	0	-142,147	-211	0	0
Peru	Budget	24,208	238,508	1,358,513	25,970	12,304		357,485	1,184,184	26,034	16,491	3,243,696
	Expenditure	24,192	238,138	996,610	25,970	19,834		138,321	1,028,718	34,009	72,982	2,578,774
	Variance	0	16	369	361,903	0	-7,530	0	219,164	155,466	-7,975	-56,492
Saint Kitts and Nevis	Budget	10,557	54,832	233,872	0	0		40,225		2,824		342,310
	Expenditure	10,459	42,879	201,445				55,558		2,798		313,139
	Variance	0	98	11,953	32,426	0	0	0	-15,333	0	26	0
	Budget		14,878	83,810	5,279			14,299				118,266

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	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	
Saint Lucia	Expenditure			14,795	79,335	4,292			16,914			115,335
	Variance	0	0	84	4,475	987	0	0	-2,615	0	0	2,931
St Vincent and Grenadines	Budget			9,211	81,158	16,336			84,925			191,630
	Expenditure			9,211	38,101	33,577			87,714			168,602
	Variance	0	0	0	43,058	-17,241	0	0	-2,789	0	0	23,028
Suriname	Budget				208,447	1,331			58,168			267,946
	Expenditure				190,324	1,331			58,058			249,713
	Variance	0	0	0	18,124	0	0	0	109	0	0	18,233
Trinidad and Tobago	Budget	2,405		173,998	2,054,614	37,389			86,050	12,348		2,366,805
	Expenditure	2,763		157,159	2,119,219	70,935			108,979	42,524		2,501,578
	Variance	-357	0	16,839	-64,605	-33,545	0	0	-22,929	-30,176	0	-134,773
Uruguay	Budget				799,875				1,304			801,179
	Expenditure		12,780	32,822	529,159	47,643			181,574			803,978
	Variance	0	-12,780	-32,822	270,716	-47,643	0	0	-180,271	0	0	-2,800
Venezuela	Budget				1,621,741	124,576			181,697	333,885	2,675	2,264,574
	Expenditure	453			1,683,318	46,552			266,440	254,206	12,294	2,263,263
	Variance	-453	0	0	-61,578	78,024	0	0	-84,743	79,680	0	1,311

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Budget Timeframe	2020/1-2022/12	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SF11	SF12	SF13	SF14	
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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Selected Parameters			
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Budget Timeframe	2020/1-2022/12	Budget	APPROVED

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1 Disaster risk reduction	AOF2 Shelter	AOF3 Livelihoods and basic needs	AOF4 Health	AOF5 Water, sanitation and hygiene	AOF6 Protection, Gender & Inclusion	AOF7 Migration	SFI1 Strengthen National Societies	SFI2 Effective international disaster management	SFI3 Influence others as leading strategic partners	SFI4 Ensure a strong IFRC	TOTAL	
Asia Pacific													
Afghanistan	Budget	46,605		0	4,838,343			27,561	151,124	0	4,445	5,068,078	
	Expenditure	56,593		789,690	3,429,824	3,712		81,629	377,296	44,650	283,353	5,066,746	
	Variance	-9,988	0	-789,690	1,408,519	-3,712	0	0	-54,067	-226,172	-44,650	-278,907	1,333
Bangladesh	Budget	1,509		772,805	24,334,085	348,871	14,688	23,557	24,767			25,520,282	
	Expenditure	1,509		135,258	23,092,781	329,220	15,267	41,212	96	123,376		44,819	23,783,538
	Variance	0	0	637,547	1,241,304	19,651	-579	-17,655	24,670	-123,376	0	-44,819	1,736,744
Bhutan	Budget	0			192,377				41,412		4,260	238,049	
	Expenditure	14,057			159,687				59,853			233,596	
	Variance	-14,057	0	0	32,690	0	0	0	-18,440	0	0	4,452	
Brunei	Budget				100,047							100,047	
	Expenditure				71,646							71,646	
	Variance	0	0	0	28,401	0	0	0	0	0	0	28,401	
Cambodia	Budget				115,080			1,278	207,038			323,396	
	Expenditure				114,605			1,278	207,023		126	323,032	
	Variance	0	0	0	475	0	0	0	15	0	-126	364	
	Budget	860			2,171,467	0	0	0	491,736	581,803	118,714	177,778	3,542,358

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	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	
China	Expenditure			2,726,059				1,200	479,577	114,199	194,638	3,515,672
	Variance	860	0	0	-554,592	0	0	0	490,536	102,226	4,515	-16,859
Cook Islands	Budget	9,578		68,259	774			30,735	12,406			121,752
	Expenditure	8,647		77,649	2,113			21,726	8,393		3,046	121,575
	Variance	930	0	0	-9,390	-1,339	0	0	9,009	4,013	0	-3,046
Democratic People Republic of Korea	Budget	382,443		406,541	100,930			18,263	4,260	191,989	533	1,104,958
	Expenditure	111,530	68,014	451,112	80,877			84,208	3,470	156,548		955,759
	Variance	270,913	-68,014	0	-44,571	20,053	0	0	-65,945	790	35,440	533
Fed. States of Micronesia	Budget			145,626	16,878			73,172	20,394	6,002	10,750	272,822
	Expenditure	13,026		185,771	22,808	90		12,285	5,868	13,763	13,636	267,247
	Variance	-13,026	0	0	-40,145	-5,930	-90	0	60,887	14,526	-7,761	-2,886
Fiji	Budget	291,974	34,544	891,690	5,357	2,325		219,669	91,028	302,635	182,879	2,022,100
	Expenditure	284,208		274	1,002,020	11,031	2,719	125,797	83,394	320,330	191,944	2,021,717
	Variance	7,766	34,544	-274	-110,329	-5,674	-394	0	93,871	7,634	-17,695	-9,065
India	Budget			0	22,082,143		27,657	224,780	1,094,417	2	438,937	23,867,936
	Expenditure				20,894,969		27,657	721,087	549,205	20,563	1,110,384	23,323,864
	Variance	0	0	0	1,187,174	0	0	0	-496,307	545,212	-20,561	-671,447

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Indonesia	Budget		537,632	4,222,651				109,038	621,492	372,294	367,343	6,230,451
	Expenditure	66		504,638	4,090,176			109,040	531,931	293,695	340,541	5,870,088
	Variance	-66	0	32,994	132,475	0	0	0	-2	89,562	78,599	26,802
Kiribati	Budget		2,604	42,463	5,910			87,503	25,417			163,897
	Expenditure			1,042	40,496	9,991		62,089	20,811		2,431	136,860
	Variance	0	0	1,563	1,967	-4,081	0	0	25,414	4,606	0	-2,431
Laos	Budget			268,028				1,369	67,912	688		337,997
	Expenditure				267,773			1,369	59,065	688		328,896
	Variance	0	0	0	255	0	0	0	8,846	0	0	9,101
Malaysia	Budget		283,922	2,474,451	89,020	974	40,957	579,394	3,221,144	574,140	809,354	8,073,357
	Expenditure		453	274,963	2,498,323	89,020	11,234	32,093	614,059	2,160,864	475,425	6,853,716
	Variance	0	-453	8,959	-23,872	0	-10,260	8,864	-34,664	1,060,280	98,716	112,070
Maldives	Budget	33,342		9,019	387,497		3,225	41,388	119,629	2,150	26,925	623,175
	Expenditure	61,102		9,019	300,949		8,470	61,090	137,567	2,150		580,348
	Variance	-27,760	0	0	86,548	0	-5,245	-19,703	-17,938	0	0	26,925
	Budget			178,671	9,869			54,076	10,357		46,804	299,777

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Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Marshall Islands	Expenditure	1,247			194,876	12,761			38,821	3,963	1,523	45,761	298,953
	Variance	-1,247	0	0	-16,205	-2,893	0	0	15,254	6,394	-1,523	1,043	825
Mongolia	Budget	16,764			285,874	1,549			289,594			175,518	769,298
	Expenditure	18,183		208,521	109,248	105,636			189,700	39,848	-3,369	97,804	765,570
	Variance	-1,419	0	-208,521	176,626	-104,087	0	0	99,893	-39,848	3,369	77,714	3,728
Myanmar	Budget			249,386	1,223,262	91,429		301	567,445	1,229,845	125,726	193,753	3,681,147
	Expenditure			104,537	867,539	315,570			58,859	1,462,193	55,649	185,447	3,049,794
	Variance	0	0	144,849	355,723	-224,141	0	301	508,586	-232,348	70,077	8,306	631,353
Nepal	Budget		14,238	292,919	2,415,142	111,969	247,306		1,150,882	17,957	27,367	764,410	5,042,189
	Expenditure	1,504	14,238	94,420	3,192,084	111,969	196,835		655,574	17,957	35,006	571,868	4,891,456
	Variance	-1,504	0	198,499	-776,943	0	50,470	0	495,308	0	-7,639	192,542	150,733
Pakistan	Budget			8,454	3,932,680	391,813	6,034	7,769			0	831,207	5,177,957
	Expenditure			8,454	3,732,864	413,523	6,377	7,769	101,994		2,768	706,627	4,980,375
	Variance	0	0	0	199,816	-21,709	-344	0	-101,994	0	-2,768	124,580	197,582
Palau	Budget				110,548	24,188			106,618	2,150		31,386	274,890
	Expenditure	525			112,040	27,063			103,548	4,403	1,623	25,660	274,864
	Variance	-525	0	0	-1,492	-2,876	0	0	3,070	-2,253	-1,623	5,725	26

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Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Papua New Guinea	Budget			456,568				0	0		0	456,568
	Expenditure			414,424				17,599			19,599	451,623
	Variance	0	0	0	42,143	0	0	0	-17,599	0	0	-19,599
Philippines	Budget		1,965,075	2,838,126	35,244		301	460,920	537,204	46,875	107,697	5,991,443
	Expenditure		1,103,048	3,907,035	42,864		301	61,190	253,192	24,727	126,943	5,519,300
	Variance	0	0	862,027	-1,068,909	-7,620	0	0	399,731	284,012	22,148	-19,246
Samoa	Budget			155,355	15,216			65,343	26,876	11,044		273,834
	Expenditure	1,523		193,076	17,577			46,268	22,913	5,819	1,099	288,276
	Variance	-1,523	0	0	-37,721	-2,362	0	0	19,075	3,963	5,225	-1,099
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	17,334		219,755	11,204			209,379	76,071	9,474		543,218
	Expenditure			208,301	8,196			199,620	73,169	28,282	148	517,716
	Variance	17,334	0	0	11,455	3,009	0	0	9,759	2,902	-18,808	-148
	Budget		117,338	654,188	150		6	750,159	47,393	2,095	177,907	1,749,237

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Region		AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
		Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Sri Lanka	Expenditure		2,480	78,555	730,364	150	489	6	706,309	52,817	2,095	127,808	1,701,073
	Variance	0	-2,480	38,783	-76,176	0	-489	0	43,850	-5,424	0	50,100	48,164
Thailand	Budget	7,163			1,060,443		59,958	3,951	3,685	418,228	19	62,733	1,616,180
	Expenditure	12,565			1,066,784		2,851	3,951	5,331	439,221	19	62,741	1,593,465
	Variance	-5,402	0	0	-6,342	0	57,107	0	-1,646	-20,993	0	-8	22,716
Timor-Leste	Budget			6,431	640,488	6,353			116,568	38,312	30,040	161,532	999,725
	Expenditure	599		6,469	676,073				112,219	44,268	32,015	97,510	969,153
	Variance	-599	0	-38	-35,585	6,353	0	0	4,349	-5,956	-1,975	64,022	30,572
Tonga	Budget				41,901	44,003			22,047	5,128			113,079
	Expenditure	924			32,857	46,941			25,622	6,619			112,964
	Variance	-924	0	0	9,044	-2,938	0	0	-3,576	-1,491	0	0	115
Tuvalu	Budget				61,637	26,983			48,039	5,693	10,425	561	153,337
	Expenditure				91,630	18,327			44,310		1,153	3,285	158,705
	Variance	0	0	0	-29,993	8,656	0	0	3,729	5,693	9,272	-2,724	-5,368
Vanuatu	Budget				182,420	51,653			167,796	49,987	13,334	12,332	477,521
	Expenditure				282,549	7,498			142,290	17,846	15,896	11,288	477,367
	Variance	0	0	0	-100,129	44,155	0	0	25,506	32,140	-2,562	1,044	153

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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	
Viet Nam	Budget	164		665,397	404,653			723	378,810	129	8,990	1,458,867
	Expenditure	164	3	604,971	418,848		19,000	1,653	366,579	5,097	17,370	1,433,685
	Variance	0	-3	60,425	-14,195	0	-19,000	0	-929	12,231	-4,968	-8,379

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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	
Europe													
Albania													
	Budget			495,859								495,859	
	Expenditure	86		490,590				5,015				495,691	
	Variance	-86	0	0	5,269	0	0	0	-5,015	0	0	0	168
Armenia													
	Budget			3,071,645		0						3,071,645	
	Expenditure	2		2,999,869				25,786				3,025,657	
	Variance	-2	0	0	71,776	0	0	0	-25,786	0	0	0	45,988
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	0
Azerbaijan													
	Budget			2,378,271								2,378,271	
	Expenditure			2,248,829				0				2,248,829	
	Variance	0	0	0	129,442	0	0	0	0	0	0	0	129,442
Belarus													
	Budget			1,894,733								1,894,733	
	Expenditure			1,884,278								1,884,278	
	Variance	0	0	0	10,455	0	0	0	0	0	0	0	10,455
	Budget			1,122,839				3,173			5,387	1,131,399	

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Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Bosnia and Herzegovina	Expenditure			1,119,771				7,347			5,387	1,132,505
	Variance	0	0	0	3,069	0	0	0	-4,174	0	0	-1,105
Bulgaria	Budget			2,418,421							375,805	2,794,226
	Expenditure			2,205,727			1,711				10,731	2,218,168
	Variance	0	0	0	212,695	0	0	-1,711	0	0	0	365,074
Croatia	Budget			146,717								146,717
	Expenditure			143,309						3,310		146,619
	Variance	0	0	0	3,408	0	0	0	0	0	-3,310	98
Cyprus	Budget			254,106								254,106
	Expenditure			250,349								250,349
	Variance	0	0	0	3,758	0	0	0	0	0	0	3,758
Czech Republic	Budget			267,562							45,641	313,203
	Expenditure			315,209								315,209
	Variance	0	0	0	-47,647	0	0	0	0	0	0	45,641
France	Budget			776,348								776,348
	Expenditure			770,938								770,938
	Variance	0	0	0	5,410	0	0	0	0	0	0	5,410

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL	
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC		
Georgia	Budget			3,377,667							37,223	3,414,890	
	Expenditure			3,460,122							37,223	3,497,345	
	Variance	0	0	0	-82,455	0	0	0	0	0	0	-82,455	
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	1	
Greece	Budget		82,886	2,977,660		0	78,485	80	26,993		33,201	30,216	3,229,521
	Expenditure			557	3,124,039		41,715	10,631	-15,764	4,135	524	30,216	3,196,053
	Variance	0	0	82,329	-146,379	0	36,770	-10,550	42,757	-4,135	32,678	0	33,469
Hungary	Budget	892		53,809	4,162,386		100	596,927	47,573	-2,068	594,076	366,087	5,819,782
	Expenditure	3,671		157,076	3,134,922		27,070	596,939	68,679	116,474	333,314	256,781	4,694,926
	Variance	-2,779	0	-103,267	1,027,464	0	-26,970	-12	-21,106	-118,542	260,762	109,306	1,124,856
Ireland	Budget			220,198									220,198
	Expenditure			220,624									220,624
	Variance	0	0	0	-427	0	0	0	0	0	0	0	-427
	Budget			270,708									270,708

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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	
Israel	Expenditure			258,853				8,873		2,532		270,257
	Variance	0	0	0	11,855	0	0	0	-8,873	0	-2,532	0
Italy	Budget			23,889,463								23,889,463
	Expenditure			23,520,285		4,954				5,655		23,530,893
	Variance	0	0	0	369,178	0	-4,954	0	0	0	-5,655	0
Kazakhstan	Budget	199		163,430	1,011,466						74,103	1,249,198
	Expenditure	199		163,430	1,013,682						74,103	1,251,413
	Variance	0	0	0	-2,216	0	0	0	0	0	0	0
Kyrgyzstan	Budget	124		309,293	1,887,281			21,507				2,218,205
	Expenditure	124		309,452	1,328,560			23,647				1,661,782
	Variance	0	0	-158	558,721	0	0	0	-2,140	0	0	0
Malta	Budget				867,651							867,651
	Expenditure				705,279							705,279
	Variance	0	0	0	162,372	0	0	0	0	0	0	0
Moldova	Budget				623,260							623,260
	Expenditure				640,901							640,901
	Variance	0	0	0	-17,641	0	0	0	0	0	0	0

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Montenegro	Budget			1,159,352				2,677		5,972		1,168,000
	Expenditure			1,165,849				335			2,823	1,169,006
	Variance	0	0	0	-6,497	0	0	0	2,341	0	5,972	-2,823
Poland	Budget			138,254								138,254
	Expenditure			138,243								138,243
	Variance	0	0	0	11	0	0	0	0	0	0	0
Portugal	Budget			15,806,119								15,806,119
	Expenditure			15,806,764				5,532				15,812,297
	Variance	0	0	0	-646	0	0	0	-5,532	0	0	0
Republic of North Macedonia	Budget			967,646		0		30,118				997,764
	Expenditure			995,949				199			1,675	997,823
	Variance	0	0	0	-28,303	0	0	0	29,919	0	0	-1,675
Romania	Budget			1,744,159								1,744,159
	Expenditure	9,117		1,627,582						15,166	3,905	1,655,769
	Variance	-9,117	0	0	116,577	0	0	0	0	0	-15,166	-3,905
	Budget			1,314,836							46,575	1,361,412

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	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	
Russia	Expenditure			1,315,418							46,575	1,361,993
	Variance	0	0	0	-581	0	0	0	0	0	0	-581
Serbia	Budget			1,005,936								1,005,936
	Expenditure			995,146				9,144			2,168	1,006,458
	Variance	0	0	0	10,790	0	0	0	-9,144	0	0	-2,168
Slovenia	Budget			178,233							533	178,765
	Expenditure			178,187								178,187
	Variance	0	0	0	46	0	0	0	0	0	0	533
Spain	Budget			1,650,913								1,650,913
	Expenditure			1,643,066								1,643,066
	Variance	0	0	0	7,848	0	0	0	0	0	0	7,848
Tajikistan	Budget	5,453		593,388	2,157,358							2,756,199
	Expenditure	5,456		593,388	2,112,818			-95,993				2,615,669
	Variance	-3	0	0	44,540	0	0	0	95,993	0	0	140,530
Turkey	Budget			4,541,494								4,541,494
	Expenditure			4,502,932								4,502,932
	Variance	0	0	0	38,561	0	0	0	0	0	0	38,561

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II. IFRC Operating Budget Implementation BY COUNTRY/REGION

Region	AOF1	AOF2	AOF3	AOF4	AOF5	AOF6	AOF7	SFI1	SFI2	SFI3	SFI4	TOTAL
	Disaster risk reduction	Shelter	Livelihoods and basic needs	Health	Water, sanitation and hygiene	Protection, Gender & Inclusion	Migration	Strengthen National Societies	Effective international disaster management	Influence others as leading strategic partners	Ensure a strong IFRC	
Turkmenistan	Budget			316,177								316,177
	Expenditure			316,382								316,382
	Variance	0	0	0	-206	0	0	0	0	0	0	-206
Ukraine	Budget	1,289,695		311,022	687,519			291,120			0	2,579,356
	Expenditure	1,363,714		312,159	667,765			195,905			30,295	2,569,838
	Variance	-74,019	0	-1,137	19,754	0	0	0	95,215	0	0	-30,295
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	365,398			1,630				797,530
	Variance	0	0	0	-40	0	0	0	0	0	0	-40

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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	
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	195,462	888,744	4,519,933		675,333	67,886	584,784	1,717,009	2,516,267	5,438,813	16,639,796
	Variance	2,774	-13,927	-145,961	-714,848	0	-21,636	9,859	-35,690	-159,395	-144,607	1,139,121	-84,309

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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
Middle East and North Africa												
Algeria	Budget			0	1,282,303			71,910	378,287	0	81,302	1,813,802
	Expenditure				1,359,438			33,676	24,235		102,250	1,519,599
	Variance	0	0	0	-77,136	0	0	0	38,234	354,052	0	-20,948
Egypt	Budget		10,034	1,383,682	291,700	11,898	9,437	154,251	13,254		38,093	1,912,350
	Expenditure		10,034	1,311,422	163,400	-602	9,442	223,529	70,817	26,135	53,974	1,868,151
	Variance	0	0	0	72,260	128,300	12,500	-5	-69,278	-57,563	-26,135	-15,881
Iran	Budget		989,823	2,081,597								3,071,419
	Expenditure		974,222	2,091,607					0			3,065,829
	Variance	0	0	15,600	-10,010	0	0	0	0	0	0	0
Iraq	Budget		718,763	2,032,939	129,774			638,016	845,670		366,209	4,731,372
	Expenditure		718,763	1,728,272	82,777			476,167	845,268		147,204	3,998,451
	Variance	0	0	0	304,667	46,997	0	0	161,849	402	0	219,004
Jordan	Budget		183,983	626,500	253,778			254,433	774,019	13,017	16,977	2,122,708
	Expenditure		126,677	738,833	228,513			318,823	688,917	3,964	16,992	2,122,719
	Variance	0	0	57,306	-112,334	25,265	0	0	-64,389	85,102	9,054	-15
	Budget	589	384,148	7,490,614	273,268	97,080		1,469,397	1,346,654	357,480	267,690	11,686,919

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		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	
Lebanon	Expenditure	14,466		271,173	7,519,473	273,268	85,838		1,191,428	852,607	236,465	145,915	10,590,634
	Variance	-13,877	0	112,975	-28,859	0	11,242	0	277,969	494,047	121,014	121,775	1,096,285
Libya	Budget	0		189,204	429,309	204,217	13,793	123,284	487,732	93,053	39,722	296,923	1,877,238
	Expenditure	-39,207		189,204	509,517	204,217	12,878	123,284	523,495	98,411	4,861	210,278	1,836,939
	Variance	39,207	0	0	-80,207	0	914	0	-35,763	-5,358	34,861	86,645	40,299
Morocco	Budget				723,885				400,728	262,768		79,942	1,467,323
	Expenditure				758,278				232,751	4,461		44,838	1,040,329
	Variance	0	0	0	-34,393	0	0	0	167,977	258,307	0	35,104	426,995
Palestine	Budget			787,399	3,790,138	37,410			247,231	40,013	4,260	67,312	4,973,763
	Expenditure			787,399	3,782,199	37,410			247,231	40,013		72,040	4,966,291
	Variance	0	0	0	7,940	0	0	0	0	0	4,260	-4,727	7,472
Syria	Budget	0		10,192	5,332,556				175,243	100,270	44,722	144,391	5,807,373
	Expenditure	0		10,192	5,278,386				188,515	100,254	44,722	159,035	5,781,103
	Variance	0	0	0	54,170	0	0	0	-13,273	16	0	-14,644	26,270
Tunisia	Budget			93,202	1,545,048	27,076			472,800	4,614		38,554	2,181,294
	Expenditure			0	1,303,521	27,076			271,223	3,774		38,554	1,644,148
	Variance	0	0	93,202	241,527	0	0	0	201,577	840	0	0	537,146

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-2023/4	Operation	
Budget Timeframe	2020/1-2022/12	Budget	APPROVED

Prepared on 23 May 2023

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	
Yemen	Budget	6,964	13,535	369,148	2,127,069	175,746		189,711	334,815			3,216,987
	Expenditure	6,964	13,535	389,824	2,053,122	175,949		262,407	334,815		43	3,236,658
	Variance	0	0	-20,676	73,947	-203	0	0	-72,696	0	0	-43