

## Situation Update

**989,211**

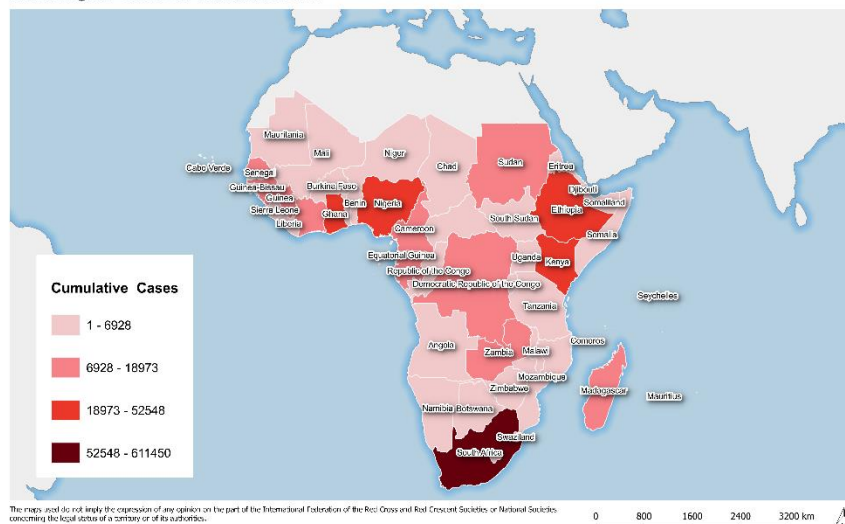
confirmed cases in Africa

**20,091**

confirmed deaths in Africa.

reported by WHO as at 10:41am CEST, 26 August 2020

Africa Region: COVID-19 Cumulative Cases



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

This map does not imply the expression on the part of the IFRC or National Societies concerning the legal status of a territory or its authorities.  
Produced by SIMS (2020).

## National Society Response

According to public COVID-19 field reports submitted to GO platform  
**30 National Societies** are engaged in...



Health and WASH

**30**



Socioeconomic  
Interventions

**28**



NS Institutional  
Strengthening

**29**

See Annex for information on National Society level of activity  
in the three Priorities

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## Regional overview

As of 26 August 2020, the COVID-19 outbreak in the Africa Region has confirmed nearly 1 million cumulative cases and over 20,000 deaths (WHO Africa Region dashboard, 26 August 2020), but has seen a slowdown over the past two weeks compared to the end of July, when it had continued to accelerate (WHO COVID-19 Outbreak Sitrep 22, 29 July 2020) since the previous 3-month reporting period (31 January to 30 April 2020). During the last week of this reporting timeframe (22–28 July 2020), a total of 114,394 new confirmed COVID-19 cases (an 18% increase) was reported from 45 countries. Of these new cases, the majority, 68% (77,963), were recorded in South Africa, which remains the hardest hit country across the continent and ranks fifth globally. Even with high case numbers in South Africa, the reported deaths are comparatively low; however, the African Region and South Africa had hit an unfortunate milestone with their highest daily deaths of 625 and 572, respectively, on 22 July 2020.

For this reporting timeframe, Gambia, which had previously reported the least case incidence in the past months, registered the highest percentage increase of 147% (132 to 326 cases). This was followed by Zimbabwe with a 55% increase (from 1,820 to 2,817 cases) and Zambia with a 50% increase (from 3,326 to 5,002 cases). Other countries with high percentage increases included Botswana at 42% (from 522 to 739 cases), Lesotho at 41% (from 359 to 505 cases), and Namibia at 40% (from 1,366 to 1,917 cases). Countries with reported overall large numbers of cases were Nigeria (41,804), Ghana (34,406), Algeria (28,615), Kenya (18,581), Cameroon (17,179), Côte d'Ivoire (15,713), Ethiopia (15,200), Madagascar (10,104), and Senegal (9,805). These 10 countries (including South Africa) collectively accounted for 89% (651,168) of all reported cases. As reported by 45 countries, the overall case fatality ratio (CFR) was 1.7% (now 2.3%, as of 18 August 2020, WHO COVID-19 Outbreak Sitrep 25). Two countries, Eritrea and Seychelles, have not registered any COVID-19 related deaths since the beginning of the pandemic. More infections continue to be detected among health workers, with 14,148 (1.9%) infections reported in 41 countries (28 July 2020), and 38,382 (4.2%) infections in 42 countries since the beginning of the outbreak (compared to 423 infections registered from 23 countries at the end of April 2020). In addition, older males continue to be disproportionately affected by this disease, with the male to female ratio among confirmed cases being 1.6 and a median age of 37 years old.

In the reporting period, the IFRC Africa Regional Office (AfRO) continued to provide technical support to the National Societies (NSs), specifically those requesting multilateral support for implementation of activities for the COVID-19 response. A series of webinars were conducted with the NSs (see Priority 3: Strengthening National Societies) to provide technical assistance on operational issues in their response to COVID-19. Regional contributions to the 3-month Operational Update and to the Emergency Appeal Revision were made in May 2020, and the third revision to the Africa Region Emergency Plan of Action (EPoA) was completed in July 2020. The AfRO is supporting 48 NSs on COVID-19 responses, with over CHF 23 million allocated to 48 NSs, and over CHF 9 million (40%) transferred to 47 NSs from the funds available in the COVID-19 Emergency Appeal. The IFRC strategy for the COVID-19 response in Africa continues to be to reduce mortality and morbidity from COVID-19 while protecting the safety, wellbeing, dignity, and livelihoods of those most at risk and severely impacted.

### Priority 1: Sustaining Health and WASH

The Health and Water, Sanitation and Hygiene (WASH) focus in Africa includes ambulance and pre-hospital care, the provision of essential supplies, such as personal protective equipment (PPE), support to set-up and manage Ministry of Health (MoH) quarantine and treatment centres, implementation of infection prevention and control (IPC) measures, point of entry screening, mental health and psychosocial support (MHPSS) services, handwashing and social distancing measures, contact tracing, and community-based surveillance. The AfRO contribution includes providing technical support, capacity building, and mentoring of the NSs on health, WASH and MHPSS. This was done through organising and coordinating webinars on various topics, immunisation in the period of COVID-19, first aid and COVID-19, joint epidemic control for volunteers (ECV)-risk communication and community engagement (RCCE) training of trainers (ToT), MHPSS in the time of COVID-19, WASH, and management of the dead. Webinars, online discussions, and online technical support were provided in close consultation with the global Health and Care Team, IFRC Reference Centres, and the International Committee of the Red Cross (ICRC).

As secondary impacts of COVID-19 continue to unfold, the priorities of the regional health team remain to be the continuation of essential services and seeking collaboration and partnership to advocate on behalf of the communities. The regional health team participates in Movement and inter-agency meetings, monitors new developments and trends, updates countries, and tailors responses to respond to unfolding situations.

### Epidemic control

Controlling the spread of the virus remains the key public health strategy of IFRC. In the community setting, this is done through setting up handwashing stations, promoting social distancing in public places and public institutions, promoting behaviour change around coughing/sneezing etiquette, supplementing MoH contact tracing teams, supporting point of entry screening, supporting set up of quarantine centres, and promoting IPC in health facilities run by the NSs. Through a grant from Coca Cola to 13 NSs, PPE was procured to support continuation of essential health services like ambulance services, primary health care, contract tracing, and health promotion in communities.

In South Africa, the South African Red Cross Society (SARCS), as an auxiliary to the government, trained 2,350 volunteers and 137 Red Cross nurses on screening, testing and contact tracing in 9 provinces. Some of the volunteers have been attached to different health facilities, such as clinics, call centres and hospitals. SARCS also established a testing centre in Vereeniging, Gauteng province. The testing centre is manned by SARCS health experts, and the centre was approved by MoH for compliance and quality assurance.

Several NSs are actively involved in supporting MoH in contact tracing, as well as increasing skills on epidemic control amongst staff and volunteers through training. Testing and contact tracing has been supported by NSs in camps, quarantine centres, and border crossings, as well as in mobile and stationary health clinics.

Some key activities involving ECV related to Health and WASH are as follows:

- Screening and contact tracing in hotspots (entry points, market places) have been implemented by at least 18 NSs.

An online ToT was organised in June on a combined ECV/RCCE training package for health and community engagement and accountability (CEA) personnel in Africa. Twenty-eight (28) health and CEA staff across the region are now able to deliver the ECV/RCCE training package content online, as needed in areas where traditional trainings are unable to take place. The interactive Zoom ToT included participants from the IFRC, participating NSs, and NSs working in the region. Follow-up cascade trainings were held by the Eastern Africa and Southern Africa country cluster support teams (CCSTs), and the Central and West Africa CCSTs are planning to roll it out soon.

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

NSs are implementing RCCE interventions in almost all countries across the Africa Region (44). Different channels of communication are being used in their RCCE approaches to allow for interactive discussions and information sharing with communities.

A majority of NSs (36) are engaging communities on COVID-19 prevention and response, and addressing misinformation through face-to-face social mobilization, including household visits and using mobile radio and loudspeakers in public places.

A total of thirty-one (31) NSs are implementing interactive radio shows and eleven (11) are broadcasting television shows. During these shows, health experts, opinion leaders and community members are discussing topics and answering questions of listeners. Twenty-three (23) NSs have also produced radio jingles to share key health messages.

Social media and WhatsApp are platforms that are also being used for social mobilization and engaging with communities on COVID-19 information. Thirty-three (33) NSs are using social media and 21 are using WhatsApp groups with volunteers and community members as a fast and effective way to provide information and answer questions.

A wide range of resources and guides have been developed to support NSs to set up and implement social mobilisation for health and hygiene promotion on COVID-19 prevention and control, and to address rumours and stigma. These guides were developed in English and French and include a guide on safe and remote social mobilization, advice and materials for use on social media, and help to addressing mistrust and denial of COVID-19 in communities.

In collaboration with the Health team, an online ECV and RCCE ToT was conducted and attended by twenty-four (24) CEA and health focal points from fifteen (15) NSs. This training has now been rolled out by the initial set of participants to a further twenty-eight (28) participants and twelve (12) NSs in Eastern and Southern Africa. A half-day RCCE training was also delivered in Spanish to nineteen (19) Equatorial Guinea Red Cross staff and volunteers. The training is being rolled out in French by West and Central Africa clusters, and many NSs have also delivered this training to their staff and volunteers, including Kenya, Lesotho, Zambia, Nigeria, Cameroon, and many more.

### ***Community Feedback Mechanism***

A total of thirty-six (36) NSs are now systemically collecting and analysing community feedback related to COVID-19, which is more than ever before.

The CEA team has been building the capacity of cluster colleagues and NSs on how to manage, code and analyse feedback to understand communities' concerns, questions, beliefs, suggestions and rumours that are used to inform social mobilisation activities and operational decisions. A series of feedback webinars were held where NSs with established COVID-19 feedback mechanisms who shared their experiences with their peers in English, French and Portuguese, with more than 100 Movement staff in attendance.

The community feedback shared by NSs is collated and analysed at the regional level, documenting key trends in feedback across an average of 10 African countries per report. This information is used to produce a variety of information products for internal and external use. Sixteen (16) community feedback reports providing the main trends across the countries of the IFRC Africa Region have been published and shared in the weekly RCCE newsletter and with the broader response and humanitarian partners.

### ***Responding to Community Feedback***

The CEA team is supporting NSs and all sectors of the response to adapt interventions based on community feedback. Since March, sixteen (16) Ask Dr Ben (English) and Demandez au Dr Aissa (French) factsheets have been produced to help NSs respond to key questions and issues raised community feedback about COVID-19 and the broader response. Short videos featuring Dr Ben, our Head of Health and Care, and Dr Aissa, our Health Manager for Dakar and Sahel Cluster, have been produced to address the main rumours and questions on COVID-19. Eighteen (18) Ask Dr Ben and nine (9) Demandez au Dr Aissa videos have been shared on IFRC Africa Twitter and to NSs through WhatsApp.

NSs continue to be supported to work with media to ensure communities receive the information they need and rumours and misinformation are tackled. Twenty-nine (29) NSs have collaborated with media as part of their RCCE approach, including organising press conferences, sharing community insights with journalists, and conducting interviews on TV, radio or newspapers where health advice or rumours and misinformation are addressed. NSs are also starting to work with communities to identify and support local solutions and adaptations to preventing and responding to COVID-19. As of the end of July, 26 NSs were working with communities to support local solutions and building partnerships with key groups, such as community and religious leaders, and youth and women's groups.

*Examples include:*

- *Supporting communities to build their own handwashing stations using local materials (e.g., DRC and Ghana)*
- *Training community and religious leaders on COVID-19 prevention (e.g., Burundi)*
- *Empowering marketplace radio stations to broadcast on COVID-19 and tackle rumours (e.g., Benin).*

Hygiene promotion activities are being supported by NSs in hotspots with the agreement of respective MoHs.

*Examples include:*

- *Handwashing promotion and activities for passengers on arrival at entry points (e.g., Djibouti RC)*
- *Hygiene promotion (including handwashing) within COVID-19 isolation sites (e.g., Rwanda RC)*
- *Hygiene promotion (including handwashing) in internally displaced persons (IDP)/refugee camps, markets, and health centres (e.g., Namibia)*
- *Handwashing stations in public places (street corners, markets, and public offices) monitored by volunteers who are creating awareness on handwashing, distributing posters with information, and assessing public reactions towards this practice (e.g., Liberia).*

### Community-based surveillance (CBS)

Since the beginning of COVID-19 response actions, 21 NSs have been involved in community-based surveillance as a critically-important component of COVID-19 response actions. NS support to CBS systems have contributed to contain, slow or suppress transmission of the virus by linking into MoH surveillance systems for early alerts. Countries with existing CBS systems are supported by IFRC to include COVID-19 among their notifiable diseases, as well as encouraged to scale up CBS networks to reach more areas.

When COVID-19 became a global threat, Somaliland Red Crescent Society (SRCS) quickly adapted their early warning tool by training CBS volunteers to detect signs and symptoms of COVID-19 in communities. Although never used for COVID-19 before, the first case was detected in Somaliland through CBS. This provided early warning to health authorities, who initiated early response to limit community transmission, thereby saving lives.

### Infection prevention and control and WASH in health facilities and in the community

Nearly half of the NSs reported that they are working on Infection Prevention and Control (IPC) related to WASH.

*Examples include:*

- *Support for the implementation of shifts and timetables at water collection points to reduce the concentration of users and facilitate social distancing (e.g., South Africa)*
- *Implementation of social distancing measures led by the community during water collection (e.g., South Africa)*
- *Community-led solutions like youth volunteers collecting water for their neighbours to help them manage isolation (e.g., South Africa)*
- *Disinfection of public toilets, markets spaces, cross border trade trucks, and others using sprayers with chlorine-based products (e.g., Djibouti, Ethiopia). This is a sensitive activity as it is frequently requested by authorities, but can create unhealthy sprays in crowded places and is not recommended by WHO. In this regard, WHO, UNICEF, some NSs, and the IFRC WASH department have recommended disinfection with a cloth or wipe that has been soaked in disinfectant.*
- *Set-up and monitoring of handwashing stations, which is the most widespread WASH activity during the pandemic, with 40 NSs reporting on the installation and maintenance (including soap provision) of*

*handwashing stations in high risk areas or hotspots (markets, border entry points, shanty towns, crowded places, health centres, etc.).*

All NSs have reported that they are working on classic WASH interventions, with considerations for COVID-19.

*Examples include:*

- *Installation of water points and increased storage capacity within public institutions (e.g., Ghana). This development has led to an improvement in access to water services, even after COVID-19.*
- *Pilot token pre-paid water dispensers connected to solar-run water networks to reduce the concentration of people, handpump handling, and water misuse in Ghana. These systems focus on supporting vendors and community members in crowded areas.*
- *Communal toilets at health centres and communities to improve the general hygiene situation in places such as Senegal and Burkina Faso.*
- *Hygiene kit distribution mainly focusing on soap replenishment and availability for handwashing stations installed and monitored by NSs. Some of the kits also included materials to set up taps on buckets, build tippy taps, or contain products like brooms or bleach.*

The IFRC AfRO is supporting a hands-free handwashing station catalogue along with other Red Cross and Red Crescent (RCRC) stakeholders, which is being compiled, updated and distributed to NSs. It includes different approaches from the whole region (mainly push valve, foot pedal, and automated devices). Despite several technologies being tested, pedal-activated devices seem to be the most appropriate up to now with models varying between different contexts. In some places like Ghana, the NS has built a 2-pedal device, making soap distribution hands-free as well.

Other IFRC regional support to CCSTs and NSs includes the following:

- The WHO guideline, *Cleaning and disinfection of environmental surfaces in the context of COVID-19*, has been shared and discussed with health focal points with a focus on spraying, as requested by several MoHs, and has been cascaded to NSs through the CCSTs.
- A series of webinars focusing on clusters of NSs are planned. This activity will start in August and it mainly aims at gathering different experiences and challenges on WASH interventions during COVID-19, as well as collecting lessons learnt and best practices across all NSs to replicate what is working well.
- Additional staff have been recruited at the end of July to support WASH activities linked to COVID-19.

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

Eighteen (18) NSs are offering psychosocial support as part of their COVID-19 response. Considering the growing need for MHPSS support in the region, IFRC is coordinating participating NSs' support in close coordination with the Psychosocial Resource Centre to fill gaps while the IFRC MHPSS Coordinator is being recruited.

Fifteen (15) volunteers in Liberia, and 122 staff and volunteers in Burundi have been trained in PSS, and 20 MoH and Burundi Red Cross Society (BRCS) staff have been trained in psychological first aid (PFA). In Nigeria, the Nigerian Red Cross Society (NRCS) has trained 22 people on PSS services, and 7 branches carried out refresher training for 127 volunteers to support the needs of persons affected by COVID-19. The volunteers are currently providing PSS services in their respective branches.

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

Ten (10) National Societies are involved in isolation and clinical case management. Benin Red Cross, for example, has deployed 16 volunteers to support in isolation facilities.



As the number of COVID-19 cases increase exponentially, health authorities in most affected countries are gradually changing their strategy from government-managed isolation facilities to home isolation. With this, more National Societies are seeing requests to deploy their volunteers to participate in support for self-isolation in hotels and at home. In anticipation of such needs, the regional health team together with the CCSTs is preparing to organize an online ToT in home-based care and isolation.

#### Ambulance services for COVID-19 cases

There are a number of NSs in Africa who run ambulance services as an important part of their flagship services, being trusted partners of their MoHs. Ethiopian Red Cross, in its auxiliary role to the government, runs ambulance services in the country. The increased demand for such services in the context of the pandemic means that the IFRC must provide additional support to National Societies. As such, through the global IFRC appeal, the IFRC regional logistics unit has supplied ambulances to a number of NSs to augment or create ambulance services in several countries, including Mauritius, Madagascar, Kenya, Cameroon, and Gambia, with more support in progress for Uganda, Kenya, Democratic Republic of Congo (DRC), and South Sudan. For example, Mauritius Red Cross has mobilized four (4) ambulances to support the MoH response to the pandemic.

Participating NSs have also mobilized resources of in-kind support through the global IFRC appeal. The Ethiopian Red Cross has received ambulances from the Austrian Red Cross to scale up its ambulance services.

The IFRC health team continues to coordinate pledges and assess needs for additional support for ambulance services to effectively coordinate such efforts. As African NSs enhance their service delivery in their auxiliary roles, demand for involvement in specialized services, such as clinical services, first aid, and paramedic and ambulance services, are expected to increase, and the regional team will continue to assess the needs, making sure the RCRC continue its service to the community, without replacing the government's role in basic health care service delivery.

#### Maintain access to essential health services (community health)

COVID-19 adds to the existing vulnerability of the continent, being hit by frequent and often harsh natural and man-made crises with direct impact on the health of the community. The impacts of the pandemic, restricting the movement of people and goods, has negative effects on service providers and humanitarian agencies ability to maintain the health of the community. Considering this, the IFRC Africa Region strongly believes that strengthening community health programming through the existing NS volunteers and staff in branches and sub-branches fills the gaps and sustains services. Seventeen (17) NSs have community health programs that help maintain essential health services in the community.

A webinar was organized to discuss the community health strategy as an important element in mitigating the impacts of the pandemic on the continuation of community health services. The health team employs a holistic approach to the COVID-19 response with a multisectoral approach to address health needs of the community and supports National Societies to integrate COVID-19 preventive and control activities in their community health interventions to ensure that COVID-19 responses support the continuation of community health activities.

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

Nine (9) NSs are involved in clinical, paramedical and home-based services, and a total of 25 RCRC blood donation clubs are being relaunched by Seychelles Red Cross Society in collaboration with the MoH and the Ministry of Education to ensure sufficient blood supply during the COVID-19 crisis. As the number of cases continue to increase in the region, more NSs are expected to be pulled into this line of service. The regional health team continues to monitor the situation and support NSs adjust their plans and source technical support.

## Management of the dead

A collaborative IFRC and ICRC webinar was organized for African NSs in French and English on management of the dead with 123 people having participated.

The Tanzanian Red Cross has trained volunteers and staff in safe and dignified management of the dead and has supported authorities in management of bodies of people who have died due to COVID-19.

## Priority 2: Addressing Socio-economic impact

The secondary impacts of COVID-19 are being felt and continue to be severe in Africa, especially compounded by multiple other disasters, such as floods, food insecurity, and locusts. Additionally, the majority of the population are reliant on daily income from the informal sector for their basic needs, and the measures put in place by governments, as well as the general economic slowdowns, have left many households in need of livelihoods support.

Thus, the IFRC network is scaling up its existing livelihoods and food security support and adapting or developing new programmes to address the fall-out from the pandemic. This includes providing both **immediate in-kind (food) aid and cash/vouchers support (multipurpose cash for basic needs)**, where viable, to assist the most vulnerable communities, as well as engaging to develop longer-term approaches, complementing or advocating for vulnerable communities' inclusion into existing **safety nets** for the months to come, and to **support early recovery** and adaptation to the pandemic threat.

The secondary impacts of COVID-19 continue to exacerbate existing gender inequalities and increased incidences and risks of sexual and gender-based violence (SGBV) and violence against children. Most governments are now recognising it as an issue that needs to be addressed. In addition, compromises to livelihoods and access to protection pose severe threats to people's ability to cope safely, and risks of exploitation, dangerous coping strategies, and human trafficking increase, especially in fragile contexts with weak formal protection and labour structures. The closures of schools, coupled with financial strains on households, has put girls at greater risk of sexual exploitation and abuse.

The protection, gender and inclusion (PGI) team continues to offer technical support to National Societies to ensure that all emergency responses, including COVID-19 compounded with floods and food insecurity, factor in the needs of different groups such as the elderly, persons with disabilities, women, girls and children, by including them at all levels of implementation and mainstreaming PGI across all sectors. Support is also provided to NSs to ensure that there are collaborations with other actors at regional and country levels to ensure we strengthen our work on PGI in the COVID-19 response, including ensuring PGI focal points are part of the GBV sub-clusters or GBV working groups.

Shelter-related activities aim to contain virus transmission by providing shelter assistance for those in need of accommodation during lockdowns and to mitigate socio-economic impacts with people losing their livelihoods through cash assistance for rent, utilities, or other debts to maintain accommodation and avoid evictions.

## Livelihoods and household economic security (livelihoods programming, cash and voucher assistance)

NSs in the region are starting to look at addressing the socio-economic impacts of the COVID-19 pandemic. These responses are at early stages and vary from context and experience in food security and livelihoods (FSL). NSs are for the moment prioritising support to basic needs mainly through Cash and Voucher Assistance (CVA) to the most affected populations. The main activities in this area of intervention are:

- Analysing the situation and evaluating impact and people's needs
- Markets monitoring
- Identifying possible options of interventions



- Adapting current food security and agricultural livelihoods (FSAL) interventions to respond to new needs caused by COVID-19 pandemic
- Market support activities
- Procurement of Financial Service Providers (FSP) or vendors for the cash and voucher assistance interventions planned in 23 countries of the region
- Cash and voucher distributions to support targeted populations to cover their basic needs.

The IFRC launched a remote cash feasibility study in all regions in coordination between the Regional Cash Coordinators and the Cash Team in Geneva. From the Africa Region, 33 out of 49 NSs (67%) have shared relevant information about their context and feasibility of cash within their own countries, including details on past cash interventions. From all NSs of the region, 23 have chosen to deliver support for basic needs in their country using cash or voucher interventions, from which 21 had contributed to the cash remote feasibility study.

The IFRC has also launched a mapping of the capacity and experiences in FSL, and is engaging more with NSs to advocate and support best practices in FSL responses by NSs with the aim to transition into early recovery/recovery interventions.

With the support of the British Red Cross through the Cash Helpdesk, an FSP Procurement Specialist is providing full-time support to all NSs of the region with a cash component in their COVID-19 response plans, to procure the FSP to be used in their responses. This is being done in coordination with the Regional Cash Coordinator and the Logistics Regional Unit. Two more profiles (one cash specialist and one procurement specialist) from the global surge pool will join the team as surge support for three months to improve the timeliness of FSP procurement.

Several specific resources referring to COVID-19 have been produced and made available globally to NSs by the Livelihoods Resource Centre (LRC) and the Cash Helpdesk as follows:

- Resources: Reference documents developed either by the RCRC Movement (Livelihoods Centre, British RC, FICR and ICRC) related to CVA, [Food Security and Livelihoods](#), or external stakeholders (WFP, FAO, ANALP, ILO, , etc.).
- Infographics and Tipsheets: Key messages and main recommendations related to [Food Security and Livelihoods](#), Cash and Advocacy in the COVID-19 context. These materials are available in four languages (English, French, Spanish, and Portuguese).
- Helpdesk and Webinars Series: Remote technical advice/guidance provided by FSL experts from the Livelihoods Centre and the Cash experts from the Cash Helpdesk manned by the British Red Cross.

These materials, resources and technical support are available for all staff and volunteers of the NSs, the IFRC Secretariat, and the ICRC on all aspects related to Cash, FSL and nutrition.

Biweekly webinars have been conducted with the involvement of NSs to share experiences. Examples include:

- Senegalese RC on impact on Migration
- Zimbabwe RC adapting their programmes to adapt to the COVID-19 context
- Kenya RC expanding CEA

Webinars or meetings to inform/present to NS/participating NS/IFRC staff on COVID-19 information about impacts on livelihoods and basic needs and possible response options to face socioeconomic situations have been conducted in Niger and Sahel with the FSL technical group.

Some other examples of livelihoods support in the region include:

- Targeting in urban settings in Burkina Faso

- Developing a proposal on Mothers Clubs in Mali
- Developing beneficiary criteria for backyard gardens in Eswatini.

### **Shelter and urban settlements**

The shelter unit is putting in place support to NSs to implement programs linked to decongestion and mitigation of COVID-19 in fragile sheltering settings through rental assistance programs, the construction of temporary shelters to support quarantine or self-isolation, and distribution of household items in a way that avoids spreading the disease and maintains the dignity of the targeted population.

Technical support and liaison is taking place with NSs to adapt ongoing programming to fulfill new shelter-related mandates as part of their auxiliary role, including those relating to urban environments.

A Regional Guidance Note on Shelter and Settlements and COVID-19 was developed, and further guidance on urban settlements and camp and camp-like settings has been developed and shared with African National Societies in the Region in French and English.

A webinar organised by the Cash Helpdesk on Shelter and Settlements through CVA took place in July, and an IFRC Rental Assistance Step-by-Step Guide is currently being put into the IFRC Handbook.

Twenty-two percent (22%) of NSs are conducting shelter-specific activities, mainly distribution of additional shelter and household items to vulnerable households and population groups (12%) and construction of or supplying of materials to or facilitating access to cohort isolation or quarantine areas or facilities (10%). For example, Namibia Red Cross has provided tents as shelters for homeless people, and Central African Republic (CAR) Red Cross Society constructed three (3) isolation shelters at the Sino-Central African Friendship Hospital and the Bangui General Hospital to support services for the management of COVID-19 cases.

### **Community engagement and accountability**

IFRC continues to strengthen RCCE coordination and collaboration between agencies by co-leading with UNICEF the RCCE interagency technical working group for Eastern and Southern Africa, as well as the sub-working groups for community feedback in West and Central Africa and Eastern and Southern Africa. The sub-working groups have produced twelve (12) interagency community feedback reports that document the most frequent trends in community feedback collected across agencies. The reports include recommendations on how to act on the feedback at country and regional levels and these are shared across all technical working groups, with country level RCCE coordination groups, and with members of the WHO health partners coordination group. Through these working groups, the IFRC has led the process of developing interagency guidance notes on how to address social stigma associated with COVID-19 and how to work with communities in high density settings, such as refugee and IDP camps and urban informal settlements, to find local solutions and adaptations to prevention measures like physical distancing and isolation of COVID-19 cases.

The IFRC is recruiting three positions under the Bill and Melinda Gates Foundation funding to support the RCCE coordination structure at the global level and in the IFRC Africa Region. These positions will strengthen the quality and accountability of the COVID-19 response and provide more concrete support to country-level RCCE groups and other technical working groups (TWGs).

The Eastern and Southern Africa RCCE TWG launched a series of bi-weekly media webinars to mobilize national and local journalists to help tackle key issues arising in community feedback data, recognizing the power of the media to influence opinions and behaviours. Though coordinated internews, the IFRC collaborates in identifying topics for the media webinars. The first webinar took place on 23 July and addressed the persistent belief that COVID-19 is not real or cannot affect Africans.

Future webinars will tackle topics such as medical treatments for COVID-19, purpose and importance of quarantine, isolation and lockdown, and stigma of COVID-19 patients.

The IFRC AfRO is establishing partnerships with external organisations and participating NSs to support NSs to strengthen remote feedback collection and facilitate community participation remotely. These partnerships include: Translators without Borders to use chatbots; Africa's Voices Foundation to collate feedback through SMS; Ground Truth Solutions for perception monitoring; and the Netherlands Red Cross to promote behaviour change through digital tools.

### **Social care, cohesion, and support to vulnerable groups**

#### **PGI**

To ensure no one is left behind or left out and there is clear understanding of the different impacts of COVID-19 to communities, the IFRC team translated all PGI guidance notes for the COVID-19 response to ensure they are available not only in English but French, including:

- PGI technical guidance
- PGI basic guidance note to be used by all National Society staff
- Guidance note on COVID-19 Impact on Trafficking in Persons
- Child Safeguarding in COVID-19
- Child Protection and COVID-19
- Guidelines for child-friendly messaging in COVID-19 response
- Guidance on working with older people in COVID-19 response.

The IFRC continues to support National Society PGI focal points to ensure they have relevant materials to conduct PGI briefings for National Society staff and volunteers.

IFRC and UNICEF regional teams have been in discussions on long-term and short-term collaborations on SGBV in emergencies, including planning joint webinars on SGBV and COVID-19. The webinars will focus on SGBV in the COVID-19 response and ensure collaborations in strengthening country responses to SGBV in COVID-19.

Continued technical support and provision of funding to Somali Red Crescent, Burundi Red Cross and Democratic Republic of the Congo Red Cross Societies will ensure integration of SGBV prevention and response activities in the COVID-19 response through working with other sector teams, including WASH and health, and will ensure SGBV awareness and messages, including referral pathways, are shared with communities.

Several NSs continue to ensure PGI is a priority in the COVID-19 response. Some examples of good practices include:

- Kenya RC is integrating SGBV prevention and response messaging during COVID-19 awareness sessions into the community's food, non-food item and WASH item distributions. They have activated their Community Protection Watch Groups for response on SGBV at community level, integrated PSS services 24/7 through toll-free tele-counselling services, supported GBV coordination mechanisms at county level, trained Community Health Volunteers on SGBV in emergencies, and prepositioned and distributed drugs and commodities to respond to SGBV.
- Mozambique RC, together with IFRC, is ensuring that dissemination of COVID-19 messages, SGBV information and referral pathways are included. They have also reactivated community protection structures, and supported government structures at community level through training and coordination on SGBV prevention and response.
- Zambia RC has ensured their messages on COVID-19 are inclusive and accessible to different groups in communities, including persons with hearing impairments, by developing a video on COVID-19 with sign language.

- Togo RC, through “Papa Champions” and Mothers Clubs, is sharing messages on SGBV, including referral pathways to communities through community awareness sessions, songs, and radio programs.

### **Migration and Displacement**

The Migration and Displacement team is providing COVID-19 information and other material support to refugees, asylum seekers, IDPs, returnees, migrants and host communities, including coordination and collaboration with the regional shelter coordinator. Guidance has been developed to assist NSs in planning with the aim of enhancing protection and assisting and advocating for refugees, internally displaced people, migrants and host communities as a group at high risk and particularly vulnerable to the COVID-19 pandemic.

The GVA migration unit and regional counterparts are putting in place plans to support NSs to ensure that IDPs, refugees, asylum seekers, returnees, and migrants, as well as host communities, have access to essential information, and testing and treatment services, irrespective of their legal status. The unit is planning to support NSs to have the capacity and tools to make this happen.

The Communications and Migration teams are working together to create and produce a communications strategy to make visible the actions conducted by the RCRC to attend to the humanitarian needs of people in situations of human mobility. This will be used in different countries to create awareness about the importance of continued funding for operations in migration transit countries (e.g., Tanzania) through video messages, pictures, and articles, among others.

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

### **National Society readiness (preparedness, capacity strengthening, auxiliary role and mandate)**

NSs are working in collaboration and coordination with local authorities in their auxiliary role. For example, in line with its auxiliary role to the Government of Kenya and in support of the MoH, Kenya Red Cross has trained a team of volunteers and equipped them with PPE to supplement the government’s efforts in screening people to identify suspected cases of COVID-19 for isolation, management, and monitoring. Also, the Red Cross of Benin has deployed 8 volunteers jointly with the MoH for contact tracing, monitoring and follow-up of suspected cases in self-isolation hotels identified by the government.

The IFRC Business Continuity teams have been working closely with CCSTs/COs to support NSs completing respective Business Continuity Plans (BCPs). Ten (10) NSs out of 47 have shared their BCPs for review and comment. The Preparedness for Effective Response (PER) mechanism is serving as a conceptual framework to guide NSs as they review their local preparedness and response capacity, engage in risk analysis and scenario planning with key stakeholders, and develop contingency plans.

During the reporting period, the IFRC Disaster Law Programme (DLP) has provided mappings of 48 countries in Sub-Saharan African. These mappings provide information on the role of NSs in the COVID-19 national response framework and opportunities available to clarify and ease operations of the NSs in their response.

The programme has also developed additional advocacy packages, which include Key Messages on access, as well as flowcharts to help the NSs navigate issues on access and international disaster response law (IDRL). This advocacy package supports NS advocacy for inclusion in national COVID-19 response frameworks, as well as for necessary legal facilities to support their work and that of Movement actors.

As a guide to NSs on how to utilize these tools in support of their advocacy efforts during the pandemic, the DLP facilitated a webinar in French with NSs from Central Africa, as well as Niger. This webinar detailed the major findings of the mappings carried out on the role of the NS in the national response framework for COVID-19. National Societies shared their experiences in engaging with their governments during this response, highlighting best practices, as well as challenges they continue to face.

The PGI team has held several webinars looking at strengthening National Society response to COVID-19. These webinars include:

- Two webinars (French and English) hosted by IFRC and ICRC addressing protection and inclusion in the response to COVID-19 where IFRC and ICRC were able to share the movement approach and relevant guidance notes on PGI and COVID-19, and National Societies were able to share their experiences and challenges.
- Two webinars (French and English) on prevention of sexual exploitation and abuse (PSEA) to ensure PGI focal points in National Societies are aware of PSEA, tools available, the relevance of support to survivors using a survivor-centred approach, and policy development and implementation by National Societies. This was especially relevant during the COVID-19 response for NSs to ensure the signing of the Code of Conduct and to start looking at measures to safely receive and handle sexual exploitation and abuse complaints.

### National Society sustainability

There is uncertainty related to the future of NSs due to the global effects of the pandemic across the traditional donor community coupled with a shift in global priorities, which present new challenges for future investment in strengthening NSs for service delivery while competing for a narrowed donor landscape. This will leave most African NSs with sustainability challenges requiring reimagining of how they should approach the future. Innovation remains the key to harnessing domestic fundraising efforts. The National Society Development (NSD) unit continues to prioritize support to NSs on financial sustainability and domestic resource mobilisation.

*Examples include:*

- *Supporting NSs to build capacity in domestic resource mobilisation to meet new requirements brought on by COVID-19 through webinars on the creation of digital fundraising platforms and an online Membership drive supporting the development of digital fundraising models with Malawi Red Cross, Kenya Red Cross, and Cote d'Ivoire Red Cross, who enrolled and completed an online questionnaire indicating their interest and intentions for the platform.*
- *Webinars on innovative approaches to and practical applications of solving challenges associated with the localization of resource mobilization, and trainings on Action Learning organized by the Regional and Geneva NSD units. The training aims to lay a foundation for breakthrough problem solving related to NS financial sustainability and governance issues.*
- *In collaboration with the Geneva NSD team, a financial sustainability webinar was organised for Southern Africa Cluster and Central and West Africa Anglophone NSs to create awareness and encourage prioritisation of domestic fundraising.*

### Support to volunteers

The outbreak of COVID-19 presented a new emphasis on the prioritization of Duty of Care by NSs for staff and volunteers on the frontline of the emergency response. With most countries on lockdown and staff working from home, volunteers have remained at the core of the frontline response to COVID-19 within NSs and communities. Some of the key undertakings related to volunteer support include the following:

- Contribute to ongoing regional and global discussions on strategies for the COVID-19 response focusing on ensuring volunteer safety and security and how this could be attained through enhancing capacities of the NSs.
- Participated in global webinars on volunteering (digital, engagement and profiling volunteer stories) and how the role of volunteering is evolving due to COVID-19.
- Work with Policy, Strategy and Knowledge (PSK) team members and colleagues from other regions and Geneva to brainstorm on volunteer insurance and Volunteer Solidarity Fund initiatives, which culminated in the development of the IFRC **NS Guidance on Duty of Care for Volunteers**.

- Worked on baseline data collection and analysis for NSs around the COVID-19 response focusing on NSD priorities around volunteer engagement, and disseminated Volunteer Engagement Protocols under the current COVID-19 pandemic.
- Held a SOKONI Platform sharing with the Americas Region on 11<sup>th</sup> June 2020.
- Virtually supported the African Youth Network Executive with the design and development of their 2020-2021 work plan.
- Supported facilitation of Youth Engagement Networking and Partnerships meetings while seeking ways that enhance practical contributions by youth as key actors to the COVID-19 response. This was a joint initiative between IFRC Africa Region, UNFPA East Africa, AU Envoy on Youth, and the Big 6 World Youth Organisations. This initiative focused on how youth are engaged in the COVID-19 response across the NSs.
- African Youth Network collaborated with the PGI unit to initiate Youth Champions in PGI among many other activities where NSs are engaging youth and volunteers in actively mainstreaming PGI activities. Further support has been given to ensure partnerships with youth leaders from universities to provide much-needed innovation within NS COVID-19 responses.
- The East Africa Sub Regional Youth Leadership network initiated virtual exchange programmes with Europe and Asia Youth networks to share challenges and opportunities of young people in responding to the COVID-19 pandemic. Further conversation is ongoing and exploring how youth and volunteers can actively be involved in youth volunteer platforms like SOKONI.
- Engages and shared COVID-19 emergency response strategies and awareness with all youth leaders from Africa NSs.
- Continued to disseminate IFRC Education Webinars for increased awareness of the impact of COVID-19 on education, which has become a priority concern for the communities we seek to serve in our COVID-19 response.

## Enabling Actions

The IFRC Africa Region is enabling NSs to respond effectively with quality programming by facilitating a coordinated approach with international support in surge personnel, communications, information management and logistics, while ensuring accountability by NSs in community engagement and inclusion of people the most at risk. To support this response, the IFRC provides international support and resourcing, evidence-based insights, communications and advocacy, coordination for quality programming, and an oversight function to reduce risk and to ensure the assistance under the three pillars is provided effectively, is communicated to the relevant partners, and has the impact that is needed. IFRC is supporting NSs to set up or revise existing BCPs, to integrate COVID-19 related considerations and risks, to ensure interoperability with in-country stakeholders, and to secure ongoing essential service delivery. Security risk registers and mitigating measures are current and implemented, and updated security plans are in place across the region. IFRC support from the multilateral Appeal is being channelled through distributed capacities/networks to provide coordination and enabling actions and to ensure accountability.

## Coordination for quality programming

### Movement Coordination

The IFRC is working closely with all Movement partners in this response, at national, sub-regional and regional levels. In addition to supporting NSs (financially and technically) in the implementation of their responses, as well as coordinating the overall strategic direction of the Africa COVID-19 response, IFRC is coordinating with all other Movement partners to ensure harmonization, information sharing and technical coordination, through a number of channels. The primary platform for Movement coordination at the regional level is through the Movement Operations Group, which coordinates action to ensure that support from ICRC, IFRC and partner National Societies is harmonized and avoids duplication. The group also identifies and operationalizes Movement assets across the continent to maximize efficiencies in HR and technical resources, and leverages existing Movement programmes to further support NSs in their response. At country level, Movement partners are working together under the leadership and coordination of the IFRC to augment the response capacities of NSs. Given its



unique added value in providing leadership in coordination to its membership, the IFRC has placed considerable emphasis on bringing Movement elements together under a common operational strategy and providing the necessary tools and data—information management—to plan jointly and execute operations.

### External Coordination

The IFRC is actively coordinating with key agencies, as summarized in the table below, such as the African Union, Africa CDC, UNOCHA, UNICEF, and WHO, and is a member of the Regional Humanitarian Partners Team (RHPT) positioning the IFRC and African NSs' special roles under the localization agenda and auxiliary roles for the COVID-19 response. At the country level, NSs and the IFRC are actively participating in government-led coordination structures and are observers to, and participate in, meetings of the Humanitarian Country Team (HCT) and Inter-Cluster Coordination held both during disasters and non-emergency situations.

#### Summary of Coordination Platforms for COVID-19

Name of Platform	IFRC Role	Host Agency
Emergency Preparedness Working Group	Co-Convener	OCHA, ICVA, IFRC
RCCE Technical Working Group East and Southern Africa	Co-Chair	IFRC & UNICEF
Regional Community Feedback Sub-Working Group for East and Southern Africa	Chair	IFRC
Regional Community Feedback Sub-Working Group for West and Central Africa	Co-Chair	IFRC & MSF
Regional Health Partners Meeting	Represent IFRC	WHO
Regional WiE Coordination Group	Co-Chair	UNICEF
Regional Technical Working Group for Surveillance, Lab, and PoE	WG Member	WHO
Regional Sub-Working Group on Civil Military Coordination	Represent IFRC and ICRC	OCHA
Regional Technical Working Group on FbF/EWEA	Chair	FAO, WFP, UNICEF, GRC/IFRC
Regional Thematic Working Group on COVID-19, Refugees & Migrants	WG Member	IOM
Logistics Meeting (EPWG)	Represent IFRC	OCHA
Global Shelter Cluster	Co-Lead	IFRC, UNHCR
IFRC Regional Coordinators Working Group	Participant	IFRC
Cash Peer Working Group	Participant	American RC, British RC
Regional GBV Working Group	WG Member	UNFPA, IRC
Regional WASH Technical Working Group (East Africa)	Member	UNICEF

**Business Continuity Planning (BCP) and Security within IFRC Secretariat****BCP**

A regional meeting is held every two weeks with the Business Continuity team to analyze the realities of the countries in the region, progress of the different offices, and compliance with parameters, among other business. Weekly meetings are held with the BCP Global Group in Geneva to ensure alignment and compliance with procedures.

The operating modality under the BCP classification remains unchanged for now, varying across the region. IFRC offices remain under the classification of either Extraordinary Situation or Extreme Situation. The IFRC has managed to preserve operational capabilities in the region while fully exercising Duty of Care principles. All IFRC offices have effective Business Continuity Plans activated across the Africa Region.

**Security Management**

The IFRC Security Unit for Africa Region continues to monitor the situation closely and extends security and safety support to operational CCSTs and COs. Considering the evolving situation, operational risks shall continue, and new risk sources are likely to emerge, with effects based on various operational contexts, including challenges related to access. Patterns of criminality and hostilities are mainly in the High and Extreme High operating environments. Since the time of the launch of the operation, there have been additional risks associated with the overall situation in the planned operational context.

Enforcement of COVID-19 prevention measures have triggered and generated dissatisfaction and violence. Virus prevention measures of respective governments have taken a violent turn in parts of Africa as countries impose lockdowns and curfews or seal off major cities. In some countries, security forces have used strict deterring measures to enforce lockdowns and curfews. There are reports of demonstrations/protests in several countries against the way some governments are perceived to handle the ongoing crisis with curfews and movement restrictions.

Humanitarian agencies warn that delivering aid has become even more dangerous during the current coronavirus pandemic. The ICRC has documented more than 600 incidents of violence, harassment or stigmatization against healthcare workers, patients and medical infrastructure in relation to COVID-19 cases during the first six months of the pandemic.

Several travel and deployment restrictions are in place. With border closures and travel restrictions across the region, medical evacuation and relocation pose a challenge. Essential humanitarian access is halted and deployments and access to the most vulnerable groups are severely affected. Countries under pressure from the public are gradually releasing restrictions and the process of opening up is an ongoing process, while the spread of COVID-19 continues.

Given the mounting pressures on the economy posed by COVID-19-related restrictions, an increase in criminality, including petty theft, robberies, and looting, as well as violent extremism, is possible in the short to medium term. Confinement measures initially led to a decrease in traditional criminality in many places, as movement restrictions and curfew made it difficult for criminals to move around. However, in the medium term, this might lead to an increase in crime of opportunity, home invasion, business/office burglaries and carjackings. With most shops and offices closed, the online shopping industry is flourishing, and people are mainly working online, which leaves people vulnerable to online fraud/crime, as well as virus attacks.

Aggression and anti-foreigner sentiments have been emerging in various countries in the Region. As the Coronavirus continues to spread, misinformation and misguided precautions, often rooted in racially insensitive stereotypes, have proliferated. Several countries since the beginning of the Coronavirus pandemic have recorded several incidents stigmatizing expatriates and humanitarian personnel, with reports of verbal threats and harassment, sometimes followed by violent acts. Rampant misinformation, misunderstandings, and the spread of fake news regarding COVID-19 will continue to contribute to the growing xenophobic sentiment. This will likely lead to a deterioration of the security situation and underscore the security and safety challenges RCRC personnel and health workers may face in case of local outbreaks. However, efforts are being made

by the RCCE teams in support of NSs to work with media to ensure communities receive the information they need to tackle rumours and misinformation.

A gradual worsening of the security situation has been detected in Sahel and the West Coast due to the volatility of the situation by non-state armed groups (NSAGs) operating in a relative or total vacuum of state power. In Mali, a major change in power with massive and violent demonstrations are progressing. Sudan, South Sudan, DRC, CAR, Niger, Nigeria, Mali, Cameroon, and Burkina Faso remain the focus of particular attention to the Regional Security Unit.

With the intention to strengthen some of the critical hot spot areas where considerable IFRC presence is maintained, such as DRC and CAR, the Regional Security Unit has initiated deployments of security delegates.

Regular weekly and ad-hock meetings have been in place amongst security officers and focal points with the aim to expand the forum of security professionals operating in Africa to include NS security personnel/focal points.

### Evidence-based insights, communications and advocacy

#### **Planning, monitoring, evaluation, and reporting (PMER):**

The PMER regional team continues to work closely with CCSTs/COs to support Africa NSs to monitor and report on their activities of the response. In addition, the team has ensured that training on Federation-wide monitoring tools, rolled out by the global PMER team in consultation with the regions, has cascaded to CCSTs/COs through webinars and additional guidance notes, where necessary.

At regional level, the team has coordinated the development of bi-weekly situation reports, which have been shared with all Senior Management team members at the regional level, partners, NS leadership in Africa, and Geneva. The situation reports have been key in keeping all stakeholder updated on the response. PMER takes part in bi-weekly coordination meetings with various technical units, as well as with COVID-19 focal persons, to share progress, challenges and areas that need attention.

The regional PMER team has also maintained close coordination with the global PMER team in developing and rolling out the monitoring tools used for federation-wide reporting. To provide feedback on key areas that would allow the operation and management teams to pivot the response based on evidence, the global PMER team rolled out Real-Time Learning (RTL) initiative, which has collected feedback from stakeholders in this response. The qualitative feedback was collected through key informant interviews. The regional PMER team led this initiative in the Africa Region and took part in the analysis. So far, two RTL initiatives have been conducted, where the results of the first RTL have been shared globally, and the analysis of the second RTL is ongoing.

#### **Information Management**

The IM team has supported 11 NSs (Djibouti, Kenya, Chad, Botswana, Sudan, South Sudan, South Africa, Rwanda, Benin, Niger and Somalia) with technical support through guidance and briefings on the GO Platform Emergency Database to enhance efficient reporting on COVID-19 operations. Continued support is being provided to NSs towards COVID-19 reporting on GO.

To support coordination efforts and visually represent the Africa COVID-19 operation, a COVID-19 Africa Dashboard has been developed and is published in the Africa Operations Room ([link](#)) and on the COVID-19 Response Africa Region page of IFRC GO ([link](#)). The dashboard combines several global and regional tools to provide real-time information on funding, activity and impact data, and partner information.

The IM teams has also supported the development of the COVID-19 Human Resources (HR) Workforce Dashboard based on the HR data, surge personnel, and staff on loan information ([link](#)), and has started the development of an IM support strategy for the upcoming livelihoods/cash programs. The IM team has engaged with the cash focal points at regional/global levels, as

well as relevant partners and NSs in the region, to discuss how best to integrate this work in existing data/digital support packages and the general digital transformation strategy of the IFRC.

### **Communications**

The Communications team of the IFRC Africa Region maintains a steady flow of timely and accurate public information and audio-visual (AV) content, with focus on humanitarian needs and the RCRC COVID-19 response, facilitating transparency, supporting effective advocacy and resource mobilization efforts, enhancing collaboration with key partners and stakeholders, and mitigating reputational risks.

A range of products and assets that illustrate challenges and responses are being gathered and produced in cooperation with CEA colleagues and NS communications people, including appropriate media messaging, photo and video packages, social media assets, etc. During this operation, the Communications team is continuously gathering high-value AV content and producing various assets and products that illustrate the impact of COVID-19 on communities in Africa, along with NS response actions. These products are shared using our online platforms to support awareness raising, advocacy and resource mobilization efforts.

Examples of videos produced in cooperation with CEA and RCCE – #AskDrBen in English and #AskDrAissa in French – can be found [here](#). Examples of videos showing the work of volunteers in Senegal can be found [here](#).

Planning and delivery is carried out in coordination with regional leadership, operations and resource mobilization teams. Content has been gathered and shared by NSs where possible (or short-term contracted photographers/videographers where necessary) and is continuously produced by contracted partners through our Regional Office in Nairobi for the purpose of pitching these stories to the media or for social media use across the RCRC network.

Through the gathering of people-focused AV content relevant to the humanitarian challenges caused by the COVID-19 situation, focusing on direct consequences, derived challenges, and our response action, the Communications team is enhancing partnerships and resource development activities. The team is also engaging with partners and donors through continued dialogue, conference calls, and proposals, to generate support and resources, as well as to get attention from external media.

A story of a contract tracer from South Africa RC featured on BBC can be found [here](#).

## **International Support and Resourcing**

### **Logistics, Procurement and Supply Chain**

The Regional Logistics Unit (RLU) has defined the supply chain management of the operation, fulfilling the needs of PPE elements for NSs of the region, channelling resources as per the global sourcing strategy. The coordination for dispatch of materials from Dubai has been finalised for the first round of PPE requests from 17 African NSs. New requests have been received and tenders have been launched regionally and locally. Because of the global pandemic, the supply lines have been greatly affected and global PPE demand is higher than production capacity. African airfields are reportedly flooded with humanitarian cargo, and long delays in delivery are extremely common.

The procurement team has been supporting the NSs in their local sourcing processes and has shared guidelines for the request of quotations. The regional team also shared a Global directive to accelerate sourcing and procurement management with a certain degree of flexibility yet ensure an adequate level of compliance and accountability for any procurements conducted for the COVID-19 emergency response. The directive remains valid during the emergency COVID-19 response, and shall apply to global, regional and local procurements.

The Fleet Unit has supported Africa Region COVID-19 response efforts by way of supplying ambulances to the following NSs: Mauritius, Madagascar, Kenya, Cameroon, and Gambia. More support is in the pipeline for Uganda, Kenya, DRC, and South Sudan. IFRC COVID-19 Fleet Guidelines have also been shared with NSs for safe use of vehicles during the pandemic.

Cash related activities have increased significantly and the RLU is engaged in financial service provider (FSP) sourcing and contract reviews across the region.

### **Surge**

The regional surge team has so far deployed a total of 16 people to the region from the global pool and from different Africa NSs to provide support to various sectors that are currently responding to operations as a result of the effects caused by the pandemic. To date, support has been limited to remote assistance and technical advice in different areas, such as operations management, public health in emergencies (PHIE), staff health, business continuity, and information management, among others. Support for the moment is expected to continue remotely due to the impossibility of physically deploying as a result of restrictions imposed by governments, which include closures of borders, ports, and airports. However, this remote support has proven to be successful mainly in technical areas that have managed to adapt activities carried out using the remote modality. The regional surge capacity team has worked together with the surge team in Geneva to guarantee support, although due to the wide demand for some profiles, it has been quite a challenge.

### **Human Resources**

The COVID-19 Operation Human Resources Plan has been approved. A total headcount of 74 positions have been reviewed and approved by the Secretary General. This headcount is for National Staff distributed among the Africa Regional Office (AfRO) and CCST offices (Eastern Africa, West Africa, Central Africa, Southern Africa, Indian Ocean and Islands, and Sahel), as well as COs (DRC, Sierra Leone, and Somalia). Twenty-seven (27) international delegate positions have been recruited as well.

The HR team has supported the hiring process of NSs in this operation for a number of positions within CCST Central Africa (4), Ethiopia (1), CCST West Africa (2), CCST Eastern Africa (4), CCST Sahel (1), the Regional office (11).

## **National Society response – key highlights**

### **Angola Red Cross**

The Angolan Red Cross has mobilized and trained 3,673 volunteers with the participation of nurses and doctors from the MoH. Its focus has been on building a strong network of volunteers by mapping the location of volunteers, creating groups of volunteers in communities, and training of trainers to further train volunteers. Volunteers have been conducting various COVID-19 related activities in key public areas. The NS has reached 105,150 people through volunteer activities targeted at informal markets, supermarkets, taxi ranks, warehouses, ATMs, and house-to-house visits. Additionally, they have reached 25,000,000 listeners and viewers through national radio programmes and national and public TV programmes related to COVID-19 in several languages. A total of 385 community engagement sessions were held in informal markets. A total of 1,180 people were reached in institutional and home quarantines at provincial level. A total of 448 calls were made under the Restoring Family Links (RFL) program.

### **Baphalali Eswatini Red Cross Society**

The NS completed its community-based awareness campaigns in existing project sites through gate-to-gate information dissemination. This door-to-door COVID-19 awareness campaign was conducted in 26 Constituencies with 130 Chiefdoms spread throughout the 4 regions of the country. These campaigns reached a total of 68,459 people in 12,319 households. As part of the social mobilization to encourage positive behaviours and address fear, rumours and stigma, the NS conducted health promotion at schools and churches (14 schools and 2 churches). The NS continues to host live radio shows (VOC & EBIS) to encourage positive behaviours, address rumours, fear and stigma, inform on Red Cross services and activities and where to access care, where 900,000 people were reached. These interactive radio interviews in Siswati were used to engage

with audiences in a two-way process that allows them to ask questions. Questions asked by audiences were collected as feedback and collated together with feedback from other sources.

### **Red Cross of Benin**

The NS's efforts in supporting the government through the various activities are highly appreciated. A total of 34 ToTs were trained (33 male, 1 female). These ToTs in turn cascaded the training to 200 volunteers (131 male, 69 female).

Eight volunteers were deployed jointly with MoH officially for contact tracing as well as monitoring and follow-up of suspected cases in self-isolation hotels identified by the government. In total, 1,021 people were reached by sensitization, 212 received, 157 followed in isolation centres and 66 people have completed their stay.



*Posters being posted in the community @Red Cross of Benin*

Sixty (60) handwashing stations have been installed in local communities and 22 in general education colleges following the reopening of schools. This activity reached 47,880 people. The NS has also been assigned the mission of management of dead bodies from COVID-19 and has so far managed 38 burials.

Mobile outreaches were done to sensitize communities on COVID-19. Three outreach teams were deployed reaching 2,615,000 people. A total of 13 interactive radio programs in four community radio stations (Radio Allelui FM, Immacule Conception, Tado, and Grerdes) reached 2,500,000 people. A total of 1,640 posters were placed in strategic high-visibility locations to raise awareness reaching 1,260,000 people. The NS entered a contract with Moov and MTN for broadcasting of messages that reached 4.5 million people. The NS also incorporated journalists in its response thus they were able to train 115 journalists on COVID-19 and their role.

### **Botswana Red Cross Society**

The Botswana Red Cross Society has activated 4,272 volunteers for the response. A total of 541 volunteers across the country were trained on COVID-19 preparedness and the safe use of PPE. To date, over 292 volunteers have been deployed to over 36 localities in Botswana. Response interventions have included assisting the government's relief food distribution process, RCCE, health promotion, enabling prevention protocols, and infection control in rural areas. The Botswana Red Cross Society has also resumed other activities to run alongside COVID-19 response interventions, including its drought response and first aid training services.

### **Burkina Faso Red Cross Society**

The NS has developed their BCP and COVID-19 contingency plan, as well as identified activities with a high risk of exposure and planned for adaptation to reduce risk and provide protection where exposure cannot be eliminated. The NS has provided staff and volunteers with health guidelines, travel guidance, risk communications training, and guidance on when to use and not use PPE. Specific RCCE activities undertaken have included face-to-face social mobilization through door-to-door visits and activities in public places, while leveraging existing health promotion and community engagement programmes, countering rumours and misinformation with facts shared through trusted channels, setting up community feedback mechanism, and partnering with trusted mass media channels to reach more people. To prevent and reduce community-level transmission, the NS has supported the government in screening, contact tracing and other services related to surveillance and case detection, as well as IPC and other health-system interventions to improve care or access to care.



### Burundi Red Cross

The Burundi Red Cross started its response activities on 1 April 2020 and has so far reached over 5 million people through various Response activities. To effectively respond to the pandemic, the NS has undertaken various training to its staff and volunteers to enable them to deliver different response activities as well as raise their awareness of COVID-19 and help them to be safe during the response. Volunteers involved in the activities were trained on COVID-19 (basic knowledge and prevention measures). In addition, contact tracing teams, and volunteers involved in RCCE, IPC and other community activities, received PPE and specific usage recommendations to limit the risk of contamination. Also, activities requiring adaptation were carried out either by reducing the number of participants or conducting remotely to limit volunteer exposure. The number of volunteers trained is as shown in the table above.

#### Number of Volunteer trained

# of volunteers trained in surveillance and contact tracing	129
# of staffs and volunteers trained in COVID-19 RCCE	167
# of volunteers trained in COVID-19 IPC	80
# of volunteers and staffs trained in PSS	122
# of BRCS and MoH Hotline staffs trained in PFA	20

The NS has reached 5,690,011 people through IPC-WASH activities against COVID-19. Through RCCE activities, the NS has conducted focus group discussions with community leaders to raise their awareness of COVID-19 and reached 1,631 community leaders. Besides, a total of 77,354 students were reached through awareness sessions on COVID-19 prevention. The NS carried out 313 roadshows to sensitized communities. In addition to Health and RCCE activities, the NS also supported livelihoods where 3,750 people (750 people per province in five provinces) were assisted with food and non-food items in quarantined sites.



*Road show for COVID-19 awareness in Bujumbura @BRCS*

### Red Cross of Cape Verde

Health activities have included the provision of PPE, support in health facilities and treatment centres, running an emergency health centre, and contact tracing of infections. They have also worked with the MoH to support screening services and provide disinfectant/chemicals, as well as first aid services and chlorine for handwashing facilities. They have also provided IEC materials about COVID-19 to support people to adopt safe practices and address rumours and misinformation via mass media and print media to raise awareness on COVID-19. In conjunction with the MoH and the Cabo Verde Psychological Association, they are operating a toll-free phone line, which serves as both a feedback mechanism, as well as a free PSS service.

### Central African Republic Red Cross Society

Three (3) isolation shelters at the Sino-Central African Friendship Hospital and the Bangui General Hospital were constructed to support services for the management of COVID-19 cases. A total of 1,000 additional alternative masks were manufactured for staff and volunteers. Awareness-raising activities were done in the neighbourhoods through mobile caravans, handwashing kits were distributed by nine local Red Cross committees, and activities resumed in the 7th sub-division (suspended for security reasons on 2 May 2020). In total, 15 motorized caravans, 320 volunteers and 60 megaphones were mobilized, 47 handwashing kits and 21,000 litres of water were distributed, and 190,000 people were reached. Training sessions for 131 community leaders (93 men and 38 women) were organized by the 10 local committees with technical support from the French Red Cross and financial support from the Netherlands Red Cross.

### Red Cross of Chad

The NS through its large network of volunteers across the country has invested in the prevention of the disease through communication and awareness. Awareness has been raised in communities, schools, markets, and places of worship.

**The Comoros Red Crescent**

The NS was instrumental in setting up the COVID-19 management committees and provision of volunteers in isolation centers to support in ensuring hygiene and sanitation (disinfection) daily. The Comoros Red Crescent crisis committee organized weekly meetings for re-orientation and follow-up of activities planned by the different sectors of NS and COVID-19 focal point persons. So far 38 such meetings have been conducted. A total of 1,700 (1,000 male, 700 female) volunteers have been trained in epidemiological control on COVID-19. Of these, 19 (10 male, 9 female) were also trained on PSS, 90 (60 male, 30 female) were made available to manage three isolation and quarantine centres managed by French Red Cross, IFRC and the NS, 414 (204 male, 210 female) were trained in triage and contact tracing, while 6 (2 male, 4 female) have been trained on water chlorination for handwashing and disinfection of spaces.

The NS has dedicated one of its ambulances to support the response and equipped 20 paramedics with adequate PPEs. Twenty-four burials of persons who have died of confirmed or suspected COVID-19 cases have been supported. The NS has conducted 507 sanitation and disinfection campaigns in isolation and treatment centres as well as public places (schools, markets, universities, private companies, etc.). Additionally, 353 handwashing stations have been set up.

In terms of RCCE, over 700 posters and leaflets have been produced and displayed or distributed in different localities. Four radio animation shows and 15 radio and television sessions have also been held. A total of 190,092 people have so far been reached with RCCE activities. The NS also reached out to 56 local taxi drivers and trained them on measures to ensure the safe transport of people.

**Congolese Red Cross**

The Congolese Red Cross have provided guidance and communication to staff and volunteers to ensure they are protected and aware of essential measures. These include health guidelines, travel guidance, risk communications, and when to use and not use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms, and community-led planning. Specific RCCE activities undertaken have included: carrying out rapid assessments to identify the most at risk and barriers to healthy behaviours and to gather insights on cultural and contextual factors that could help or hinder an effective response; countering rumours and misinformation with facts shared through trusted channels; setting up community feedback mechanisms; partnering with trusted mass media channels to reach more people; and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the NS has carried out active CBS activities, targeted community health programming (e.g., ECV, CBHFA) in coordination with RCCE and PSS activities, and supported the government in screening, contact tracing and other services related to surveillance and case detection, as well as IPC and other health-system interventions to improve care or access to care. In addition, the NS has provided PSS to affected populations and quarantined people.

**Red Cross Society of Côte d'Ivoire**

The Red Cross Society of Côte d'Ivoire has so far mobilized 74 out of the 85 local branches for implementation of activities. Good collaboration with stakeholders (political, administrative, health and local authorities) has ensured quality of the implementation of interventions in terms of relevance and effectiveness. Reflections on activities are made regularly to achieve the sustainability of actions while taking into account acceptable cross-cutting issues in the implementation of projects (CEA, Gender and Diversity, and Climate Change).

In its response, the NS has worked closely with and is supported by IFRC, ICRC, Swedish Red Cross, Dutch Red Cross, and UNICEF, among other partners. A total of 943 (622 male, 321 female) staff and volunteers have been trained on RCCE activities, while 11 (8 male, 3 female) have been trained in community engagement and accountability in the context of COVID-19, and 15 volunteers have been trained on contact tracing. Twenty (20) national pool of trainers have also been trained to train on RCCE activities. Volunteer safety is key in this operation and 775 (504 male, 271 female) volunteers have been provided with PPE kits.

The NS has been supporting households and vulnerable people affected by this pandemic. So far, it has distributed 2,180 food and non-food (WASH) kits to households and vulnerable people. Besides, the NS distributed 350 food parcels to persons with disabilities. A total of 295 (146 male, 149 female) persons with disabilities have been reached with PSS, and over 10,000 face masks have been distributed to the population.

Through RCCE activities focused on health, hygiene promotion and other risk reduction measures/awareness, the NS has reached 625,807 (319,162 male, 306,645 female) people. The NS collected feedback on rumours, suggestions, questions, etc. from 322 community members. Awareness of COVID-19 prevention measures and hygiene promotion were done through demonstrations of handwashing with water and soap for households, group talks, radio broadcasts, and billboards reaching a total of 2,290 people. A total of 113 radio broadcasts on COVID-19 were also done. Additionally, a system was set up to collect and manage feedback and complaints.

### **Red Cross of the Democratic Republic of Congo**

In response to the communities' request for handwashing facilities, DRC Red Cross volunteers are supporting communities with the manufacture of locally-designed handwashing stations. The innovation involves utilizing household jerry cans that communities use for collecting and storing drinking water. A small hole is cut at the base of the jerry can and a plastic tap – which is easy to find at the local market – is inserted into the canister. The handwashing station is easy to construct and at a very low cost. As a result, this contraption has been well-received by the communities, which are now constructing their own stations and washing their hands more regularly.

### **Red Crescent Society of Djibouti**

Following the pandemic, the State called on the NS to conduct responses on the ground. The NS had volunteers quickly trained in good hygiene practices and concepts of COVID-19 and immediately deployed to lead the response in the field (awareness, spraying trucks or infected sites).

A total of 167 (102 male, 65 female) volunteers were reached with basic knowledge, training and awareness on COVID-19. Spraying operations and handwashing demonstrations in high-risk areas were done reaching a total of 3,500 people (2,300 male, 1,200 female). In partnership with UNICEF, the NS has reached 110,528 (44,212 male, 66,316 female) people through awareness campaigns on mitigation measures and handwashing with soap. In total, 5,177 information, education and communication (IEC) materials were distributed during the awareness campaigns.

### **Red Cross of Equatorial Guinea**

The Red Cross of Equatorial Guinea is strengthening the operational capacities of its teams and volunteers in order to increase its position in efforts for the sensitization of local communities on COVID-19 and its role as an auxiliary to the public authorities.

### **Ethiopian Red Cross Society (ERCS)**

The ERCS's interventions have contributed greatly to the government's effort of making consistent handwashing a culture among the people. In addition to handwashing demonstrations, volunteers have been working on teaching people on proper face mask-wearing and keeping a safe distance apart.

A total of 60 volunteers have been trained in CEA. Twelve (12) volunteers were trained and deployed in Dire Dawa city at the main market named Taiwan Open Marketplace. Approximately 40,000 people visit the market daily for shopping and trading purposes. The volunteers are supporting the population visiting the market to manage physical distance and demonstrating handwashing practices at the main gates. The deployed volunteers are also teaching the community in the market on how to properly wear face masks.

To support households whose livelihoods have been impacted by this pandemic, cash feasibility and market assessment studies were carried out in Addis Ababa and Dire Dawa cities. Consequently, it was found out that cash intervention was feasible, and

the market was suitable to undertake food and non-food items procurement. The cash intervention will benefit 9,500 people. Volunteers have already been deployed to start beneficiary screening and have already screened 700 households in Dire Dawa.

### **Gabonese Red Cross**

The Gabonese Red Cross as part of its preparation or outreach activities briefed a total of 117 volunteers at Libreville and 50 at Woleu-Ntem on COVID-19. Population awareness was also done in various regions of the country reaching a total of 27,676 women and 27,729 men. In terms of monitoring and case-finding, 22 volunteers were actively involved in Libreville, Lambaréné, Oyem and Koula-Moutou. The Volunteers supported the Ministry of Health to monitor 1,136 subjects. The Gabonese Red Cross as part of the response had five (5) operating vehicles for Libreville. Five (5) other vehicles were also pre-positioned in the interior of the country, specifically in the cities of Oyem, Makokou, Franceville, Mouila and Tchibanga. Additionally, the Gabonese Red Cross maintains contact with the National border Societies of Congo, Cameroon and Equatorial Guinea. In the province of Woleu-Ntem (Which borders the three countries), radio broadcasts were organized through the community radio known as “*Three Borders Radio*” targeting the local community there.

### **Gambia Red Cross Society**

The Gambia Red Cross Society is working closely with Spanish Red Cross, the MoH and other partners to respond to the pandemic. Volunteers are supported with allowances, PPE, mobility, and ensuring their safety. The NS has teams for Ambulance Services, IPC, PSS, Contact Tracing and Community Surveillance, RCCE, Screening at Border Posts, and Fumigation. These activities are being implemented country-wide and have so far reached over 800,000 people.

To date, the NS has mobilized over 500 volunteers from all the regions in the country and have been engaged in mass sensitization of communities on the preventive measures of COVID-19, its mode of transmission, and the process of referrals in case of any suspected cases. The NS has been erecting and continues to erect handwashing facilities in different workplaces and public places. In addition, the NS is also providing psychosocial support to people.

# committees targeted to build capacity to respond to new coronavirus and CREC approaches 9  
# people reached through health and hygiene risk communication and community engagement activities 63,649  
# volunteers trained under the COVID-19 (ECV) RCCE program 119  
# people reached through mass media 691,420  
# households that have received information about COVID-19 7,783  
# volunteers trained in PSS and deployed throughout the territory 5  
# volunteers receiving psychological and social support from the CRG PSS teams 100

In partnership with the MoH and UNFPA, about 40 Red Cross personnel in Upper River Region were trained on Contact Tracing and Community Surveillance. From June to date, World Food Programme, ChildFund, MoH, and Mansakonko Area Council supported the NS in the fumigation of over 500 schools countrywide for reopening.

The Spanish Red Cross has supported the training of about 25 volunteers and staff on discrimination, stigmatization, exclusion, and exploitation. Besides, the Spanish RC has also supported the NS on cash transfer to provide basic needs to 169 households.

### **Ghana Red Cross Society**

Capacity building of NS staff and volunteers, volunteer willingness to work, and the timely disbursement of funds by IFRC and partners has enabled the NS to respond as early as possible. A total of 495 volunteers (324 male, 171 female) have been trained, as well as 20 staff. At various stages of implementation, a team was deployed to monitor activities carried out in the various regions. This was to further encourage our valuable volunteers and staff at community level to continue with the good work, meet other stakeholders at district levels, and support program implementations.

Social mobilization and awareness creation on COVID-19 was done through mass media platforms and reached over 6 million people. Volunteers were charged to carry out education at places such as lorry parks, markets, shopping malls, and mini community gatherings, to mention but a few. Radio talk show and TV broadcasting were also other strategies used to reach

more people. Some topics discussed were what is COVID-19, signs and symptoms, prevention, and the need to stop stigmatization, amongst others. The NS also distributed 20,000 social and behavior change communication (SBCC) materials and used 100 megaphones and 10 overhead speakers for awareness activities.

A total of 700 handwashing stations have been set up in markets, lorry stations, malls, and other public places. To ensure the handwashing stations are in good conditions and regularly providing water, identified people such as market leaders and lorry station heads were placed in charge to ensure sustainability. In addition, 5,000 face masks and 10,000 sanitizers were distributed. Food starter packs and RCCE materials were also distributed to 50,000 households in greater Accra and Ashanti regions during the lockdown.

### **Red Cross Society of Guinea-Bissau**

The NS prepared an Action Plan in support of the government's national contingency plan for the fight against COVID-19. This plan has pillars in Health, Epidemic Control, RCCE, WASH, PGI, PSS, Shelter, DRR and NS Strengthening. The NS is prioritizing Health-related activities.

### **Red Cross Society of Guinea**

In its response, the Red Cross Society of Guinea has worked in collaboration with IFRC, ICRC and MoH to train its staff and volunteers, as well as in response activities to the pandemic. So far, 25 managers and staff of the NS have been trained on RCCE activities with support from the MoH and the ICRC. The NS has also trained about 1,478 volunteers with the financial support of IFRC and ICRC while technical support has been provided by the MoH. The number of volunteers trained in the various areas of the response is as shown in the table above.

#### **Number of Volunteer trained**

# of volunteers trained in surveillance and contact tracing	120
# of volunteers trained in RCCE and ECV	1,478
# of volunteers trained in screening	100
# of volunteers and staffs trained in PSS	38
# of volunteers trained in management of the dead	80

Through RCCE activities, the NS has so far reached 1,481,749 people with awareness messages on measures to mitigate transmission of COVID-19. In addition, the NS has screened 3,038 people, reached another 2,277 through contact tracing, and supported in managing 131 burials of people who passed away due to COVID-19.

Distribution of kits to support handwashing in ongoing and, to date, the NS has installed 180 handwashing devices and distributed about 7,000 soaps. Besides, the NS has also distributed 500 face masks.

### **Kenya Red Cross Society (KRCS)**

The KRCS aims to strengthen inclusive and gender-responsive health response for COVID-19 management and to enhance community engagement for prevention, control and management of COVID-19. In this regard, the NS has been taking actions of support to the government on contact tracing and isolation and MHPSS to the public, amongst other actions.

In line with its auxiliary role to the Government of Kenya, and to support the MoH, KRCS trained a team of volunteers and equipped them with PPE to supplement the Government efforts in screening as many people as possible to identify suspected cases of COVID-19 infection for isolation, management and monitoring to arrest the chain of infections. KRCS also supported in making referrals and followed up on such cases and tracing of contacts. A total of 1,202,172 people have been screen by KRCS, 1,150 suspected cases referred for further test and management, and 5,328 confirmed cases traced.

# of people provided with chlorine	1,240
# of people reached with hygiene messages	680,603
# of people provided with collapsible jerricans	2,278
# of people provided with bar/liquid soap	41,875
# of people provided with hand sanitizer	417,002
# of people in prison reached though installed handwashing facilities	680

In WASH, KRCS has reached 1,142,998 people (560,069 male, 582,929 female) as shown in the table below.



KRCS engaged counsellors who provided counselling support to KRCS staff and volunteers, health care workers, and the general public through tele-counselling managed at the KRCS Emergency Operations Centre (EOC). In some instances, the counsellors held face-to-face counselling sessions to family members of COVID-19 patients who were struggling to cope with the situation.

# of people reached via tele-counselling	10,000
# of people reached via group/individual PFA therapy	20,000
# of youths reached via weekly webinar	40,000
# of people reached via social media MHPSS	204,000
# of staff reached via MHPSS	2,000

To sustain effective risk communication and engagement of communities on COVID-19, KRCS trained its staff and volunteers involved in the response on COVID-19 ECV and RCCE packages to ensure they are well-equipped with the correct information and knowledge. A total of 559 staff and 67,702 (33,448 male, 34,813 female) volunteers were trained. Public Address Systems (PAS) were hired for mass communication campaigns in local languages. These PAS were mounted onto KRCS vehicles combing key corners of social places like market centres and in the villages with two volunteers passing key messages on COVID-19 and prevention, and reached 11,577,127 people, among them 5,904,433 women, 2,431,197 youth, 578,856 elderly people, and 810,399 persons living with disabilities. Focus group discussions were also used to reach 6,246 people. A total of 571 complaints and feedback have been received through the toll-free line and addressed by the KRCS, translating to over 110 calls per month.

Cash grants for families affected by food insecurity as a result of COVID-19 were also provided through cash transfers reaching 13,231 households. 800 households received cash transfers of KES 5,600 for two months supported by British Red Cross and Netherlands Red Cross, and 12,431 households received cash transfers of KES 7,600 for one month supported by EU funding through a consortium.

### **Lesotho Red Cross Society**

The NS has supported the government through screening at the borders (Quthing) and South Africa (Eastern Cape). Approximately 426 people were screened (222 female, 204 male). In addition, the NS volunteers conducted education and awareness campaigns in communities. During these processes, tippy taps were constructed in hot spot places like taxi ranks, clinics and shops. A total of 328 tippy taps were constructed and 2,709 people (1,553 females and 1,156 males) were reached through RCCE.

### **Liberia National Red Cross Society**

The NS has worked to increase health awareness and conduct RCCE activities to prevent further spread of COVID-19 using social and traditional/regular media engagements. The NS made the following media engagement activities:

- 7 radio/TV appearances (Spoon FM/TV, KM TV, ECOWAS RADIO, Classic FM)
- 4 COVID-19 related Press Releases were issued
- 1 COVID-19 Response Launch Press Conference was held with 12 media groups
- 1 Media field trip to volunteers' locations and follow-up on the community activities (eight media groups were involved with the field exercise)
- Distribution of buckets and thermometers to 16 radio and television stations
- A total of 4 radio/communication volunteers (2 per Chapter) were recruited to follow up with the radio/television programs.



*Food item distribution in a children home @LRCS*



The above activity helped to reach the larger portions of the populations and afforded them to take necessary safety and protection measures. During the radio and television shows, listeners called in and provided their feedback. 15 concerns, questions and recommendations from the public were documented. A total of 313 spots for broadcast were procured on 7 radio stations in seven counties. The NS also completed a booklet consolidating all relevant facts about COVID-19 and the NS response. The jingles were aired on the radio stations in the counties to increase public awareness of COVID-19. Also, 37 content made up of text, images and videos were posted on the NS's social media platforms and reached 113,385 (67,136 male, 36,249 female) people for community engagement. About 2,217 banners, posters, flyers and stickers were printed and distributed/pinned in communities. To minimize risk on volunteers, they were provided with masks, hand sanitizers and other PPE regularly. They used megaphones to do public awareness while keeping social distancing in practice. A total of 163,022 (77,104 male, 85,918 female) people were reached by Risk Communication/Social Mobilization.

A total of 90 volunteers were trained and deployed to do social mobilization and hygiene promotion through handwashing stations and in communities; 89 volunteers carried on the activities in Montserrado and Margibi. The NS established 35 handwashing facilities in public places (such as markets, public offices, and street corners) that were managed by volunteers in Montserrado and Margibi. Montserrado had 25 stations while Margibi had 10 stations. About 262,810 (149,755 male and 113,055 female) were reached by the established handwashing demonstration facilities.

To support vulnerable people (disabled and blind) affected by the pandemic, the NS partnered with Indian Community in Liberia to distribute food and non-food items to 12 vulnerable institutions including orphanages, disabled, old folks, and blind homes in Montserrado and Margibi and reached 501 (182 male, 319 female) people.

#### **Malagasy Red Cross Society**

The Malagasy Red Cross Society has been identified by WHO as the first responder in Risk Communication and Contact Tracing and needs additional technical support to fulfil this mandate. A total of 418 volunteers have been trained in mitigation measures, handwashing, use of PPE, PSS, and contact tracing in eight regions, while 514 volunteers have been trained in RCCE.

The NS carried out 36 disinfection exercises in public places (markets, public buildings). Two mobile clinics have been dedicated to improving reception capacity to accommodate newly-affected persons, while one ambulance is supporting evacuation of patients with COVID-19. In terms of reach, the NS has reached 1,049 (514 male, 535 female) people through contact tracing, while 3,794 have been reached through PSS.



To date, the NS has produced 220,000 communication support items (brochures) to distribute in 9 Zones and ports of entry (port and airport). A total of 3,804,547 beneficiaries were reached through handwashing devices installed. A total of 107,646 beneficiaries were reached through outreach awareness activities in Fokontany through home visits and focus groups. Cash support has been extended to 2,000 households.

The NS supported the MoH in the construction of seven tents as COVID-19 Medical Centers. These tents were set up to support sample collection from people with symptoms and for treatment. Thirty-two (32) alerts were received from the *CRM Green Line - 034 30 811 12*, 6% of which were related to reporting of confirmed and suspected cases. In total, 1,998 PPE and drugs were distributed to support health workers in three hospitals and 2,241 face masks were distributed to schools.

#### **Malawi Red Cross Society (MRCS)**

The MRCS's activities covered areas such as MHPSS, IPC (both for community and health facilities), CBS, and RCCE. In addition, the NS has conducted ECV to ensure staff and volunteer are aware of measures to keep themselves safe from COVID-19. IPC materials (face masks, gloves, toilet & laundry soap, hand sanitizers) were provided to 261 staff and 1,480 volunteers. Staff from 19 districts have also been trained on the development of an RCCE strategy. The NS is supporting the MoH to undertake

community surveillance, case reporting and tracking, and screening of people in various public places including workplaces, points of entry, and some hospitals in the country.

The NS renovated four emergency treatment units in Kamuzu Central Hospital – Lilongwe, Dedza district hospital, Mangochi district hospital, and Mzimba district hospital. One was completed whilst three are under construction. Besides, the Malawi Red Cross provided 10 tents in districts and central hospitals for general COVID-19 screening and supported screening in border districts reaching 22,100 people (10,829 male; 11,271 female).

For WASH-related activities, MRCS supported handwashing and sensitization in 195 strategic points (markets, big shops, banks, roadblocks, and prisons) and reached over 58,500 people. Three hundred and eighty (380) handwashing buckets with taps and 45,000 pieces of soap were distributed to facilitate handwashing in public places. Thirty-eight (38) buckets each with 25 litres of chlorine were also distributed to 19 districts to support disinfection. The volunteers carried out 113 handwashing campaigns reaching 71,766 households. During these campaigns, they also advocated for gender inclusion and protection.

In RCCE, the NS used local communication channels like community and national radio stations, van publicities, mobile cinema, billboards, hygiene campaigns, and megaphone messaging to raise awareness on COVID-19. Over 10,451,000 people have been reached by the NS through public awareness using the above means.

Other activities done during this period included supporting RFL services (800 people reached through phone calls), and supporting the MoH for PSS to 1,118 people (returnees and deportees) from South Africa and other countries. In FSL, 496,045 learners from 451 schools were provided with take-home rations in collaboration with WFP and the Ministry of Education, where Corn Soya Blend flour amounting to 100,8536 kilograms was distributed. About 2,050 people were also reached with cash transfers.

### **Mali Red Cross**

The Mali Red Cross has carried out response activities to support the government in tackling this pandemic. Animated messages have been shared on Facebook to raise awareness. These messages have an estimated viewership of 15,000 people per day. In addition, the NS has been broadcasting messages for positive behaviour change that has so far reached over 500,000 people. Community sensitization is also taking place through home visits and in public places (places of worship, markets, health centers), and talks with groups of people and have reached 100,050 people (42,757 men and 57,293 women).

### **Mauritanian Red Crescent**

The Mauritanian Red Crescent has conducted activities in MHPSS, IPC and WASH in communities and health facilities, CBS, and RCCE, as well as epidemic control measures. Volunteers have also been supported and trained in safety measures, and both staff and volunteers have been provided with PPE.

A total of 850 volunteers have been mobilized in this response and 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 panels 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 took part in 16 local radio programs 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 100 handwashing stations in its headquarters, as well as 23 sites in the country, and distributed 9,000 masks and 5,000 bottles of anti-septic gel. They have also supplied 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.

**Mauritius Red Cross Society (MRCS)**

The NS is working closely with the MoH to coordinate responses to the resurgence of the pandemic. In addition to Health and PSS activities, the MRCS is also conducting RCCE. Sensitization sessions are being conducted in target areas such as supermarkets by placing informative banners where people line up to enter the supermarkets. The NS is also conducting aggressive awareness on social media and platforms.

A total of 40 (23 male, 17 female) staff and volunteers have been trained and equipped. The NS also facilitated training of 10 (4 male, 6 female) volunteers on the RCCE package. Three RCCE posters have been adapted to local contexts and languages, as well as 62 billboards have been posted in local languages. Four weekly radio interviews/shows were conducted and feedback received, and four monthly spots and features were produced. In total, the NS has done 57 social media posts. These mass sensitization channels have reached over 300,000 people on the island. Over 137,768 people have been reached with health messaging through 9 Facebook posts.



One ambulance was purchased while 3 were mobilized by the NS to support the operation. A total of 277 (134 male, 143 female) people were transported to COVID-19 treatment centres by the ambulance services operated by the NS. Through the call centre, 1,687 people have been attended to for either PSS or other advice.

**Mozambique Red Cross Society**

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 rumours 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 creating 4,479 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. They have published 21,000 IEC leaflets. Personal hygiene kits have been distributed to 23 Cabo Delgado provincial prisons reaching 2,062 detainees. They have also conducted 842 psycho-social 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.

**Namibia Red Cross**

The NS activated response teams across 10 regions to support the government in its efforts by mitigating the spread of COVID-19. Support has been received from different partners, such as the British Red Cross, NEDBANK, Coca-Cola, and Capricon Group, who have funded volunteers and procurement of response commodities such as jerrycans, tippy taps, sanitizers, disinfection materials, and masks.

A total of 210 volunteers have been trained and deployed in communities to provide public awareness on COVID-19, hygiene promotion, RCCE, media relations, and distribute IEC materials at strategic areas. The identified areas to target with risk communication included schools, taxi ranks, bus terminals, churches, malls, and informal settlements as these are places with higher risk of people contracting the virus from others because of the congestion.

At the borders, volunteers are assisting officials with collecting information for those crossing into the country. The volunteers are also distributing response commodities such as sanitizers, disinfection material, masks, tippy taps, water storage containers, etc. Apart from that, the NS has also provided tents as shelters for homeless people.

### **Red Cross Society of Niger**

The NS has disseminated key messages through mass media (radios and television stations) and posters, and has trained volunteers on risk management and community-based surveillance. The aim is to prevent the spread of the pandemic among the population. They have also carried out awareness sessions and demonstrations on handwashing to prevent the spread of COVID-19.

### **Nigerian Red Cross Society (NRCS)**

Following the index case in Nigeria, the NRCS has been responding throughout the country. The NRCS is working closely with the National Emergency Management Agency (NEMA) at the national level, as well as the State Emergency Management Agencies (SEMA) in the various states on security, logistics and mass care. The NRCS is engaged in RCCE to raise awareness and sensitize the general public on the signs and symptoms of COVID-19, preventive measures and hygiene promotion, including practical demonstrations of handwashing techniques while setting up feedback mechanisms to collate data on beliefs, practices and questions about COVID-19 at community level. The NRCS, with support from the IFRC, conducted a Mass Awareness on COVID-19 campaign and set up feedback mechanisms in Lagos and Ogun States. The campaign was carried out in 16 branches of the federation between January and July 2020, reaching a total of 1,850,493 persons (Male 915,162 and Female 935,331). Messages were communicated via TV shows, radio jingles, house-to-house sensitization, group sessions, and printing and distribution of IEC materials.

In addition, a total of 32 (Male 24 and Female 8) staff from the branches and headquarters were trained as trainers on RCCE and contact tracing. Subsequently, 306 volunteers across 10 states (Edo, Enugu, Delta, Kano, Kwara, Lagos, Niger, Oyo, Yobe and Zamfara) were trained on contact tracing and surveillance in collaboration with Nigerian Centre for Disease Control (NCDC) and Ministry of Health (MoH). The volunteers are currently working with the State CDCs and MoHs to support contact tracing.

The NRCS has also distributed PPE, including NRCS-produced branded face masks and aprons, hand sanitizers, chlorine and soap. Other interventions of the NRCS include the provision of food and non-food items and palliative and psychosocial support (4,500 vulnerable households reached by 22 newly-trained persons and 127 volunteers who received refresher training).

# Mass campaigns & feedback mechanisms conducted	16 branches
# People reached through awareness campaigns	1,850,493
# Staff trained as ToT	32
# Staff trained on contact tracing & surveillance	306 across
10 states	

The NRCS is collaborating with the federal government via its strategic thematic groups' coordination meeting and continues to be part of the Emergency Operation Centres (EOC) and participates in the Logistics, Mass Care and Presidential Task Force (PTF) on COVID-19, chaired and coordinated by NEMA. This has strengthened

the partnership and recognition of the critical role of the NRCS in responding to disasters and emergencies. Through ECOWAS Nigeria, IFRC supported NRCS to train and sensitize 3,000 households of IDPs on the prevention of COVID-19 and provided personal hygiene items (tippy taps, soaps and sanitizers). As a result of these activities, the NRCS has helped reduced the transmission rate amongst the vulnerable population across the federation.

### **Rwandan Red Cross**

Since the beginning of COVID-19 in Rwanda, the Rwandan Red Cross has worked in collaboration with the MoH to support in community awareness on COVID-19 prevention (using radio programmes, mobile radio, house to house, leaflets, banners, etc.), promotion of hygiene and sanitation good practices, reinforcing mechanism of COVID-19 prevention (social distancing in markets and other public places, handwashing facilities), tracking rumours, food distribution, and recovery activities to



empower vulnerable families whose businesses were affected by COVID-19. The NS has been supported by IFRC, ICRC and Belgian Red Cross in its activities.

At the beginning of the COVID-19 response, 40 staff and 300 volunteers were trained remotely on COVID-19 risk communication and prevention strategies. Due to the increase in the number of cases and the government strategies of putting only the villages and districts with high numbers of COVID-19 cases in lockdown and quarantine, the NS increased mobilisation activities with different strategies depending on the situation. Therefore, the mobilisation strategies and messages provided by the Rwandan Red Cross depended mainly on the situation of the district where the sensitization were to take place. From March to July, sensitization has been done focusing mainly in the city and public places, as well as in the villages in lockdown or quarantine, and has reached 3,773,000 people. The NS has used mobile radios (using the tricycle), radio talks, banners, and posters in 2 main camps (Nyabiheke and Mahama) and in 3 reception centres of Rwanda (Bugesera, Nyanza and Gatore) reaching a total of 88,950 people.



*RRC volunteers supporting sanitising at Nyagatare market @RRC*

WASH items (soaps, masks, tippy-taps, buckets, blankets) have been distributed to vulnerable households reaching 57,880 people. In addition, 1,989 people in quarantine centres have been assisted in getting non-food items (buckets, blankets, soaps, mats).

With the support of IFRC, ICRC, Belgian Red Cross, Spanish Red Cross, and Foundation Westerwelle, food has been distributed to the most vulnerable families within 18 Districts of Rwanda reaching 68,230 people. The food package comprised of beans (10kg), maize flour (15kg), oil (1 litre), sugar (3kg), and rice (5kg).

### **Sao Tome and Principe Red Cross**

In its response, the NS has supported the MoH mainly in RCCE activities, contact tracing, and monitoring of COVID-19 patients. A total of 39 volunteers (28 male, 11 female) were trained with (18) of them being trained to monitor patients with COVID-19.

In RCCE, the NS has produced and distributed 3,500 brochures and 1,080 posters with COVID-19 awareness messages aimed at changing community behaviour. Besides RCCE at the community level, the NS has also trained 42 (32 male, 10 female) community health workers on informing and sensitizing the population on COVID-19. Additionally, the NS supported the MoH in the follow-up of 26 COVID-19 patients (15 male, 11 female). They also supported the MoH in contact tracing of 129 people.

### **Senegalese Red Cross Society**

The NS has trained volunteers on social mobilisation in the community. At the request of the MoH, the NS has engaged in screening at various entry points. Volunteers from the NS who were trained on IPC and well-equipped by MoH were involved in the disinfection of COVID-19 treatment centres. The NS has also mobilized medical doctors and volunteer nurses to support MoH staff in Touba and Diamniadio treatment centres.

### **Seychelles Red Cross Society**

The NS was called upon by the MoH to support in contact tracing, first aid, psychological first aid, sensitization talks, and moving low-risk people to quarantine. In addition, the NS is also working alongside the Ministry of Education to conduct screening and social distancing at eight schools in the country. The NS provided 4 PFA trainings to 70 participants from different organisations, Ministries, and Departments.

Through mobilization of 10 volunteers for contract tracing, a total of 500 people were identified through contact tracing. Twenty-five kits were procured for volunteers supporting contact tracing and assisting in moving possibly infected people to quarantine. The NS presented various PPE to the MoH and the Agency for the Prevention of Drug Abuse and Rehabilitation (APDAR). These included 14,500 surgical masks, 6,000 gloves, and 100 protective equipment for caregivers donated by the PIROI, as well as 6,000 PPE (protective masks, gloves, and visors) from the European Union (ECHO), in partnership with the French Embassy.

For RCCE, the NS printed 6 billboards and 250 stickers on social distancing and sensitization on the proper use of masks. Approximately over 50,000 people were reached with health messaging. A total of 70,000 people were targeted on weekly radio interviews/shows and feedback was received. It is worth noting that all the activities carried out by the NS received media coverage, which also helped to boost their image and credibility.

### **Sierra Leone Red Cross Society (SLRCS)**

As a safety measure, an orientation session for 131 (88 male, 43 female) staff and volunteers on COVID-19 was organized at five different locations, which covered a broad concept of the virus including its mode of transmission, prevention, and containment measures of the virus. Items were distributed to 7 branches (390 pieces of veronica bucket, 390 pieces of waste bucket, 400 liquid soaps, 140 pieces of hand sanitizers, and 7 thermometers).

A total of 28 staff and volunteers were trained as ToTs who cascaded the training to the rest of the volunteers. Training was conducted for 180 volunteers from 10 SLRCS branches including Moyamba, Kono, Bo, Pujehun, Bonthe, Kenema, Port Loko, Koinadugu, Bombali and Western Area. A total of 225 SLRCS community-based volunteers (128 male, 97 female) complimented the effort of the Government in raising awareness on COVID-19 in the country. The NS volunteers were able to reach 98,741 people with awareness-raising messages. Additionally, 70 of the 225 volunteers from the branches provided PFA in quarantine homes and affected communities during the distribution of food and non-food items to 245 people (135 male, 110 female). A total of 503 (232 male, 271 female) were reached by PFA services. SLRCS also supported management of the dead and have so far supported 31 burials in Western Area, Bo, Moyamba, and Pujehun.

Eight rounds of radio programs were organized in Kono, Moyamba, Bo, and Kenema. Questions and feedback from community members included clarification on the use of face masks, myths about COVID-19 transmission, treatment, signs, and symptoms. These concerns were addressed by the appropriate pillar leads for better understanding. Over 1,500 pieces of assorted IEC/SBCC materials (posters and leaflets) were distributed to 6 branches (Bo, Moyamba, Pujehun, Bonthe, Kono and Kenema) to aid in information dissemination on disease prevention and to reinforce health promotion messages. Twenty-six (26) media personalities were trained on lifeline programming and communication in emergencies for effective media engagement practices in line with Red Cross principles and mandate. Using the SLRCS emergency hotline, 107 complaints were received from the public for which appropriate actions were taken; 96 feedbacks were given to concerned beneficiaries and 6 different rumours relating to COVID-19 were addressed accordingly.

### **Somalia Red Crescent Society**

The NS has set up a community feedback mechanism. To prevent and reduce community-level transmission, the NS is supporting the government in screening, contact tracing, and other services related to surveillance and case detection. Clinical, paramedical, and homecare services have also been provided to supplement the health system in cases where capacity is exceeded to provide specific COVID-19 treatment.

### **South Africa Red Cross Society (SARCS)**

The NS is carrying out activities in all nine provinces. SARCS is being supported by Belgian Red Cross, ICRC, IFRC, and UNICEF, as well as the business community. SARCS has trained and deployed over 2,150 volunteers, with 300

# people reached through Communication Campaign for Behaviour Change in Communities **4,912**

# community health workers trained on information and sensitization of the population on COVID-19 **42**



staff members across the nine provinces providing technical support to volunteers. A PSS Help Desk for Volunteers has been established and identified two professional psychologists and social worker volunteers who are providing support to volunteers and staff who need PSS.

The IFRC supported SARCS with 3,380 myth-buster stickers for promoting social distancing and 350 posters that were placed at strategic areas such as malls, clinics, and 27 shelters for the homeless. The NS also has developed and distributed 211,850 flyers and 1,000 posters with key messages about COVID-19. To date, about 11 million people have been reached with key messages developed to curb the spread of the virus. Through its good working relationship with the media, SARCS has engaged both print and electronic media to support spreading key messages about the virus. Radio interviews, jingles with key messages, and radio shows have been done at both national radio and community radio stations at national and provincial levels. About 45 million viewers and listeners have been reached with key messages on COVID-19 preventative measures, signs and symptoms.

The NS is also supporting the Department of Health (DOH) to conduct contact tracing. In collaboration with DOH, 2,150 volunteers have been trained across 7 provinces, while training was being done for the other two provinces at the time of reporting. A total of 456,082 people have been screened by SARCS, about 406,664 have been reached through contact tracing, and 5,056 tested. Telkom, which is a mobile network company, has supported the NS with tablets to be used in contact tracing. SARCS volunteers are also supporting DOH call centres in three provinces: Free State (15 volunteers), Western Cape (6 volunteers), and Gauteng province (2 volunteers).

The NS has reached 266,764 people with hot meals. These include vulnerable groups such as the homeless, orphans and vulnerable children, disabled, the elderly, and migrants. In addition, SARCS worked with local authorities, such as disaster management centres, and identified vulnerable households in informal settlements and distributed 16,266 food parcels. SARCS has distributed 1,747 hygiene packs, 120 buckets, and 444 soaps to identified vulnerable people, as well as household essentials (3708 blankets and 88 mattresses) to vulnerable people in shelters.

### **South Sudan Red Cross**

The NS has developed its BCP and COVID-19 contingency plan. Guidance and communication to staff and volunteers have been made to ensure they are protected and aware of essential measures. These include health guidelines, travel guidance, risk communications, and when to use and not use PPE. Staff and volunteers have also been trained in RCCE, feedback mechanisms, and community-led planning. The NS has also put together RCCE coordination structures and strategy. Specific RCCE activities undertaken include: countering rumours and misinformation with facts shared through trusted channels; setting up community feedback mechanisms; partnering with trusted mass media channels to reach more people; and promoting local dialogue and social cohesion to increase acceptance and trust. To prevent and reduce community-level transmission, the NS has carried out targeted community health programming (e.g., ECV, CBHFA) in coordination with RCCE and PSS activities. Besides, the NS has provided psychosocial support to affected populations and quarantined people.

### **Sudanese Red Crescent (SRCS)**

The Sudanese Red Crescent has mobilized more than 6,000 volunteers to support the response at branch level. More than 1,436 SRCS staff, volunteer leaders and medical staff were trained in the prevention and control of COVID-19, dead body management, and feedback mechanisms.

SRCS has provided WASH facilities (handwashing points) and distributed soaps to high-risk areas such as markets, prisons, and refugees camps. Moreover, SRCS distributed more than 5000 sanitizers and masks, and sterilized 33,000 institutions through 358 spraying campaigns.

Regarding RCCE, SRCS distributed more than 90,000 IEC materials, such as posters and leaflets, in addition to some initiatives such as drama, songs, and drawing on walls, related to prevention and control of COVID-19. Further, messages were broadcast on national radio and community radios at the state levels, as well as through more than 1,073 radio shows. SRCS

carried out 210 awareness campaigns, including methods of prevention, as posters were distributed, targeting public places. SRCS has also established three feedback mechanisms and inserted some feedback in the updated report to radio shows. Feedback templates provided by IFRC were translated into Arabic and distributed to volunteers to capture rumours, questions, and fears from the community during their work. More than 1,803,222 persons were reached through RCCE. The NS sent more 424 PSS messages targeting children, communities, refugees, migrants, and medical staff through radio, television, and social media.

Since the last week of June, the NS started to work on receiving the stranded Sudanese who came from abroad through Khartoum airport or Northern state by providing them with meals upon arrival, PSS and PFA, and PPE. So far, 5,866 people in Khartoum and 4,446 people in Northern state have been reached. In addition, with the support of Danish Red Cross, SRCS distributed food baskets to 200 affected families.

### **Tanzania Red Cross National Society (TRCS)**

The NS has worked with the MoH and other partners in responding to COVID-19 in the country from the onset. To effectively conduct its activities, TRCS has procured many items including megaphones, flash disks, soap, sanitizers, handwashing kits, water buckets, and IEC materials.

Overall, the NS has trained its volunteers and staff in various areas of the response, as shown in the table beside. Seven sessions for PGI and PSEA have been conducted for volunteers in refugee camps. An internal feedback mechanism for staff and volunteers has also been set up, and four PSS sessions were held with volunteers involved in the response. Five volunteers have additionally been deployed to support the call centre of the national hotline. Further, 200 Health Information Team (HITs) have been trained on Integrated Community Case Management for COVID-19 in the refugee camps.

#### **Number of Volunteer trained**

# of volunteers trained in self protection	465
# of volunteers trained in PGI	258
# of volunteers trained in management of the dead	40
# of volunteers training in PSS and contact tracing	60
# of volunteers trained in management of the dead	80
# of volunteers trained in iCCM	200
# of volunteers trained in RCCE	100

To support WASH activities, the NS has installed 180 handwashing kits. Besides, the NS has procured 1000 kgs of chlorine for disinfection, 2,400 pieces of liquid soap, and 2,000 water buckets. Fifty (50) thermo-scanners have also been procured for RCRC health centres in refugee camps for screening purposes.

For RCCE, the NS hired 101 motorcycles for 8 days and 171 vans for 7 days per district in 28 regions with public address systems to raise awareness on COVID-19. RCCE activities have so far reached 32 million people (12,800,000 male, 19,200,000 females). A feedback mechanism has also been set up by the NS and has so far reached 1,880 people.

### **Togolese Red Cross**

The Togolese Red Cross has engaged community volunteers made up of 350 champion dads and 2,540 women from Mothers' Clubs equipped with vests. These community volunteers are organized in teams of 5 in each village and lead educational activities at least once a week per team in 277 localities.

Briefing of the leaders of the 22 local sections on COVID-19 of the Grand Lomé region was organized by the NS. Community dialogues and sensitization of the populations of 78 localities in the 5 regions was done through 546 volunteers. Additionally, the Gulf and Agoe prefectures were reached by the 100 volunteers briefed, thus reaching 600,000 people. The NS briefed 18 journalists working with Government on COVID-19 and RCCE.

A total of 100 volunteers in the commune of Lomé and its surroundings were also trained. The NS has produced 54 skits that have been broadcasted over the 43 radio stations in the five regions of the country. In addition, there have been 120 interactive radio shows that have reached over 4 million people. With the resumption of schools, the NS has visited more than 150 schools each with an average enrolment of 200 students. The 5,000 IEC materials were distributed in markets, schools, services, and public places, as well as 10 Kakemonos (in services with large numbers of people), 40 tarpaulins (at intersections and public spaces) and 10 loudspeakers (in 22 localities). One of the innovative approaches that the NS applied was "*The 7 daily usefals*" initiated to combat COVID-19 and GBV. This approach



is based on communication within the family in general and within the couple, with an aim of establishing dialogue between children-parents and husbands-wives through simple and courteous everyday words to reduce or even eliminate GBV. Such violence tends to increase in households with COVID-19 due to the fact that many parents have lost their jobs or their income has drastically decreased; this situation creates daily stress, which, coupled with the permanent presence of children at home due to the closing of schools, causes unusual promiscuity favouring conflicts in households.

#### **The Uganda Red Cross Society (URCS)**

The NS has been responding in the areas of RCCE, screening at points of entry, management of the dead, and IPC. Due to the busy crossing points as trucks bring in cargo to Uganda using the Kenya and Tanzania borders, the NS has supported screening in the Elegu, Malaba and Busia border districts.

The NS procured and distributed the following items to its 7 branches: 14 megaphones and batteries, 66 URCS jackets, and 1,200 IEC materials (posters and leaflets). Risk communication was carried out in four districts especially in areas that were deemed to be at high risk, especially those villages with porous border points where a total of 1,081,111 people were reached. Volunteers supporting the NS were provided with sanitizers, masks and gloves to protect themselves while conducting activities in the community.

Besides, URCS is also supporting the Government of Uganda efforts to provide relief support by providing food items to the urban vulnerable communities around Kampala metropolitan areas. In this exercise, URCS champions the registration and verification process for households to benefit, conducts RCCE at household and community levels, and also conducts demonstrations for proper handwashing at the community handwashing facilities.

#### **Zambia Red Cross Society (ZRCS)**

The NS facilitated training for 18 Field Officers in ECV and RCCE and are engaging the community to provide feedback and tracking rumours. Community sensitization campaigns were done in 6 districts, i.e., Kasama, Lusaka, Chiengi, Mpulungu, Mansa and Nchelenge. The volunteers in Chirundu are conducting contact tracing and community follow-up.

Non-Food items, such as PPE and handwashing stations, were procured and distributed in the 18 districts. Orientation on hygiene promotion and ZRCS communication was conducted in Nakonde and Mpika for 40 volunteers. Community engagement activities were implemented through community sensitizations campaigns. The Field Officers tracked rumours in the community and are submitting the information on the KOBO platform and through SMS and WhatsApp.

#### **Zimbabwe Red Cross Society (ZRCS)**

The NS has been conducting various activities in response to the pandemic. For volunteer support, the NS is providing PPE, guidance and training towards volunteers to equip them with skills and competencies which enhance their safety.

The NS trained 400 RCCE focal point persons and 600 staff and volunteers on RCCE. A total of 35 radio jingles have been produced and broadcasted. Health and hygiene promotion talks are also held at food distribution points, water points and door-to-door (in Gwanda and Gokwe). Over 10,000 posters have been distributed across the country. It has been airing 5-minute sessions on television and community radios. A total of 6 sessions have been held on 8 radio and television stations. The stations include Star FM (multicasting on Diamond and Nyaminyami FM), Hevoi FM, Midlands FM, Radio Zimbabwe, National FM, and ZBC TV. The aired sessions were mostly inaugural, introducing the NS, its activities, roles in COVID-19 response, partnerships in the response, and advice on preventive measures.

In terms of Health and WASH, the NS distributed 1,400 buckets and 500 pieces of soap to vulnerable communities to facilitate handwashing. In addition, the NS continued to provide essential health services at its clinics during the lockdown period, at a time when most health facilities had closed or scaled-down operation to focus exclusively on emergency cases. ZRCS also conducted temperature screenings and referrals to testing centres for 2,000 people at ZRCS clinics, offices and operations. Public screening is being done at police checkpoints and bus terminal in Matebeleland south provinces. Volunteers are also disinfecting schools, bus terminals, schools, and public offices. ZRCS donated four 42-square-metre tents to isolation centres in Kariba, Marondera district hospitals and the Wilkins hospital to be used as isolation spaces. Food assistance was provided to 231,646 people in 8 districts.

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# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-7	Operation	MDR60004
Budget Timeframe	2020/1-2021/12	Budget	APPROVED

Prepared on 25 Aug 2020

All figures are in Swiss Francs (CHF)

## MDR60004 - COVID-19 Outbreak - AFRICA

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	358,000
AOF2 - Shelter	5,253,000
AOF3 - Livelihoods and basic needs	12,508,000
AOF4 - Health	39,668,000
AOF5 - Water, sanitation and hygiene	1,488,000
AOF6 - Protection, Gender & Inclusion	1,500,000
AOF7 - Migration	1,250,000
SFI1 - Strengthen National Societies	7,167,000
SFI2 - Effective international disaster management	10,424,000
SFI3 - Influence others as leading strategic partners	384,000
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>80,000,000</b>
<b>Donor Response* as per 25 Aug 2020</b>	<b>33,044,036</b>
<b>Appeal Coverage</b>	<b>41.31%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	237,608	96,236	141,372
AOF3 - Livelihoods and basic needs	3,347,193	1,152,039	2,195,154
AOF4 - Health	14,805,927	7,844,088	6,961,839
AOF5 - Water, sanitation and hygiene	494,034	226,796	267,238
AOF6 - Protection, Gender & Inclusion	62,711	34,923	27,789
AOF7 - Migration	21,219	18,155	3,064
SFI1 - Strengthen National Societies	4,240,950	1,913,098	2,327,852
SFI2 - Effective international disaster management	6,735,665	1,548,991	5,186,674
SFI3 - Influence others as leading strategic partners	206,825	4,391	202,435
SFI4 - Ensure a strong IFRC	214,164	23,941	190,223
<b>Grand Total</b>	<b>30,366,296</b>	<b>12,862,658</b>	<b>17,503,639</b>

### III. Operating Movement & Closing Balance per 2020/07

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	27,742,606
Expenditure	-12,862,658
<b>Closing Balance</b>	<b>14,879,948</b>
Deferred Income	4,069,127
Funds Available	18,949,075

### IV. DREF Loan

* not included in Donor Response	Loan :	Reimbursed :	Outstanding :
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# Emergency Appeal

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/1-7	Operation	MDR60004
Budget Timeframe	2020/1-2021/12	Budget	APPROVED

Prepared on 25 Aug 2020

All figures are in Swiss Francs (CHF)

## MDR60004 - COVID-19 Outbreak - AFRICA

Operating Timeframe: 31 Jan 2020 to 31 Dec 2021; appeal launch date: 31 Jan 2020

### V. Contributions by Donor and Other Income

Opening Balance						0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
American Red Cross	1,128,668				1,128,668	
British Red Cross	81,996				81,996	
British Red Cross (from Aviva Plc.*)	169,463				169,463	
British Red Cross (from British Government*)	12,103,885				12,103,885	
British Red Cross (from Standard Chartered Bank*)	1,991,971				1,991,971	
Coca-Cola	189,668				189,668	
Coca Cola Foundation	1,231,114				1,231,114	1,024,475
Finnish Red Cross	164,041				164,041	
Finnish Red Cross (from Finnish Government*)	379,930				379,930	
Icelandic Red Cross	27,000				27,000	
Icelandic Red Cross (from Icelandic Government*)	73,000				73,000	
Irish Government	210,386				210,386	
Kenya - Private Donors	2,038				2,038	
Norwegian Red Cross (from Norwegian Government*)	489,619				489,619	
Red Cross Society of China	475,008				475,008	
The Canadian Red Cross Society (from Canadian Gov	2,362,606				2,362,606	
The Netherlands Red Cross (from Heineken Internatio	5,569,200				5,569,200	
The Netherlands Red Cross (from Netherlands Govern	1,064,242				1,064,242	
United States Government - USAID	28,770				28,770	3,044,652
<b>Total Contributions and Other Income</b>	<b>27,742,606</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27,742,606</b>	<b>4,069,127</b>
<b>Total Income and Deferred Income</b>					<b>27,742,606</b>	<b>4,069,127</b>