



REVISED APPEAL

THE ICRC'S OPERATIONAL RESPONSE TO COVID-19 AND ITS BROADER IMPACT ON COMMUNITIES



ICRC

MESSAGE FROM THE DIRECTOR-GENERAL

Dear Friends,

All signs point to the likelihood that the repercussions of the ongoing COVID-19 pandemic are giving rise to protracted crises. While the race is on to provide life-saving and prevention services, we must also prepare for the marathon of ensuring that the secondary effects of this crisis are addressed and communities recover their resilience to future shocks.

In these times, let us not forget that wars and violence continue, fragile contexts and populations remain fragile, the vulnerable are still vulnerable, and other humanitarian crises persist. For many conflict-affected or vulnerable groups, COVID-19 is yet another terrifying threat.

The crisis has profoundly affected those whom we serve, how we deliver services, and how we protect our staff. It continues to constrain our ability to move. But we are overcoming these challenges. I am proud to say that, with our partners from the International Red Cross and Red Crescent Movement, we are standing by some of the most vulnerable communities affected by this crisis, and we can already look back on achievements and lessons learnt in addressing its immediate and broader consequences.

Alongside our unparalleled access and acceptance and some of our traditional assistance activities, including support to health systems, we bring two unique added values to the global COVID-19 response: our strong protection focus, which is a key element of our mandate, and cooperation within the Movement. Both of these allow us to support some of the hardest to reach and most vulnerable populations. For example, in the Philippines, the ICRC has, in cooperation with local authorities and with support from the Philippine Red Cross, established seven isolation centres holding some 1,000 beds in all, in some of the highest-density places of detention. We also continue to advise authorities around the world on implementing measures to prevent the spread of the virus in places of detention.

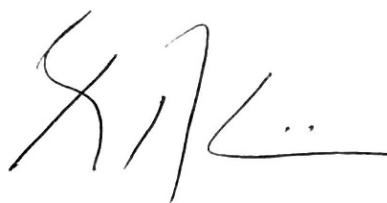
Lessons from the Ebola epidemic of 2013–2016 are clear. An effective response cannot be exclusively medical: we must also pay attention to strengthening overwhelmed public services, working with communities to support their resilience, and ensuring that their diverse needs are met in safety.

This updated appeal is therefore unique. As in the preliminary appeal, we share with you the revised operational plan for the ICRC's critical response to the COVID-19 crisis. Moreover, in recognition of the multifaceted and systemic response required to meet this crisis effectively, we also include complementary activities from our 2020 appeal, which address the broader impact of the pandemic. They are essential in themselves but have now acquired additional significance in this crisis. These activities are key to addressing the secondary socio-economic and protection consequences of the pandemic through rebuilding the resilience and autonomy of affected communities. These include efforts to support health services, improve sanitation and access to water, and support the operations of National Red Cross and Red Crescent Societies.

I would like to express our sincere appreciation for the generosity you have extended to the ICRC so far.

We continue to count on your support. This updated appeal of close to 1.2 billion Swiss francs enables the ICRC's efforts to address the immediate effects of COVID-19 (Section 1: *Critical Response to COVID-19*, amounting to 366 million Swiss francs) and to respond to the wider consequences on community resilience and basic services (Section 2: *Action to address the broader impact of COVID-19 on communities and on the provision of essential services*, amounting to 828 million Swiss francs).

Your valuable support will ensure that the ICRC can keep up its efforts to deliver assistance to conflict-stricken communities. Together we must offer these communities a comprehensive response that helps them to recover from this crisis and rebuild their lives with dignity.



Robert Mardini

Director-general, International Committee of the Red Cross

INTRODUCTION

Many countries remain in the grip of the COVID-19 pandemic, which has caused hundreds of thousands of deaths around the world. The pandemic continues to overwhelm health-care systems, cripple entire economies and bring daily activities to a halt; however, it has not put a stop to armed conflicts and other situations of violence. Heavy fighting continues in a number of contexts, despite calls for a global ceasefire. For the people affected by conflict and violence, COVID-19 is an additional menace to their lives and livelihoods.

COVID-19 cases have been detected in countries already struggling with humanitarian crises; these include Afghanistan, Bangladesh, Burkina Faso, the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Iraq, Libya, Mali, Myanmar, Nigeria, Somalia, South Sudan, the Syrian Arab Republic (Syria) and Yemen. Without a timely and effective response, the potential impact could be catastrophic, as even basic infection prevention measures are difficult to implement in such contexts. For instance, in crowded camps or temporary shelters hosting internally displaced people (IDPs), refugees or migrants, clean water and hygiene items for proper sanitation are often scarce, and physical distancing may be impossible. With limited resources and meagre infrastructure, health services in violence-affected countries lack the capacity to cope with a surge of COVID-19 cases while also tending to the needs of people injured in clashes or by mines and explosive remnants of war. Fuelled by fear and stigmatization, instances of

harassment and attacks on health-care workers and on quarantine and COVID-treatment centres threaten to further debilitate these services. Furthermore, people already experiencing marginalization and discrimination in these contexts – such as women and children, older people, persons with physical and sensory disabilities or those with mental health and psychosocial needs – often struggle to access much-needed care and other assistance. In places of detention, where overcrowding and poor sanitary conditions contribute to the rapid transmission of disease, outbreaks of COVID-19 have been reported among detainees and prison staff, placing national health systems under greater strain.

Measures, ranging from movement restrictions to complete lockdowns, have been implemented to stem the transmission of COVID-19. There are growing concerns about their tremendous socio-economic impact, especially on people whose livelihoods and food security have been weakened by years of conflict and whose coping mechanisms are already under stress. Many economic activities have slowed down or have come to a standstill, taking the heaviest toll on people who rely on daily labour or the informal sector. Limited access to markets and supplies, among other factors, have resulted in the loss of income among households dependent on small-scale agricultural activities or trade. With violence- and poverty-stricken economies at the risk of collapse because of the pandemic, the overall provision of essential public services such as water supply and health care is also under threat.



Nigeria. Responding to the COVID-19 crisis must include helping the most vulnerable people meet their basic needs and live in hygienic conditions. At the Gubio camp, the ICRC is building new shelters for people displaced by ongoing armed conflict in the north-east.

THE ICRC'S RESPONSE

As COVID-19 exacerbates the suffering of people living with conflict or other violence, the ICRC is stepping up its response to the pandemic, together with the other components of the International Red Cross and Red Crescent Movement. The ICRC is making a particular effort to ensure that the focus of its response extends beyond the immediate effects of the pandemic and addresses the economic and social impact of the international response and policies, which have outpaced and outnumbered the health challenges and must be addressed urgently.

As a result, the ICRC's critical response to COVID-19 is complemented by core programmes in the fields of economic security, water and habitat, health and humanitarian protection that have been adapted to the new realities and build on the ICRC's time-tested approach, access and acceptance on the ground in order to meet the needs of millions of people and build on their resilience in the long run. Following up on the ICRC's preliminary appeal launched in March, the revised appeal outlines in more detail the ICRC's main activities to address the needs arising from COVID-19. It builds on lessons learned and achievements during the first months of the crisis. It is structured as follows:

► SECTION 1: CRITICAL RESPONSE TO COVID-19

With National Societies and the International Federation of Red Cross and Red Crescent Societies, the ICRC is working to address the most pressing needs arising from the pandemic. In particular, it is focusing on: supporting vital health infrastructure; supporting access to health care; preventing the spread of disease in places of detention while safeguarding the rights and dignity of detainees; ensuring access to clean water and sanitary living conditions; supporting the safe and dignified management of human remains; enabling communities to have access to life-saving services and information; restoring links between family members separated as a result of the crisis; and working with Movement partners to contribute to global and local responses to the pandemic.

► SECTION 2: ACTION TO ADDRESS THE BROADER IMPACT OF COVID-19 ON COMMUNITIES AND ON THE PROVISION OF ESSENTIAL SERVICES

Alongside direct efforts to contain the COVID-19 pandemic, sustaining access to other essential services and protecting people's livelihoods and dignity are also crucial to the survival and well-being of communities. These activities, which are included in the plans of action set out in the Appeals 2020, have been adapted according to the specific needs of people affected by COVID-19 and in line with infection prevention measures. These life-saving efforts to meet basic needs, strengthen the resilience of communities and promote their protection constitute the ICRC's core work and expertise, and are more critical than ever to helping communities emerge from this crisis.

PRELIMINARY LESSONS LEARNED

This updated appeal has been informed by a number of lessons learnt during the first months of this crisis. Key takeaways include:

On addressing the pandemic

- While the COVID-19 pandemic is a global public health issue affecting over 190 States, local specificities need to be taken into consideration in the international response. Significant issues of concern for a larger number of people are very localized and centred around the poor service delivery and inadequate preparation of health and social systems.
- COVID-19 has exposed the structural weaknesses of social, health, water and sanitation systems. The secondary socio-economic effects of the pandemic are highly disruptive for already marginalized groups, such as: women exposed to increased incidence of sexual and gender-based violence; children out of school; workers in the informal sector who are unemployed and falling further below poverty lines; and migrants without access to health services. The "precarariat" population has massively increased in a few weeks' time. Humanitarian organizations must help mitigate these negative effects.

- Focusing on the basics – namely, infection prevention and control measures, access to essential services, and preservation of the space for health-care workers and humanitarian actors – is key to the COVID-19 response, despite pressures to invest in highly specialized equipment (i.e. for intensive care units), which may be difficult to operate and maintain, and may not address the majority of needs.

On the situation in conflict-affected and fragile countries

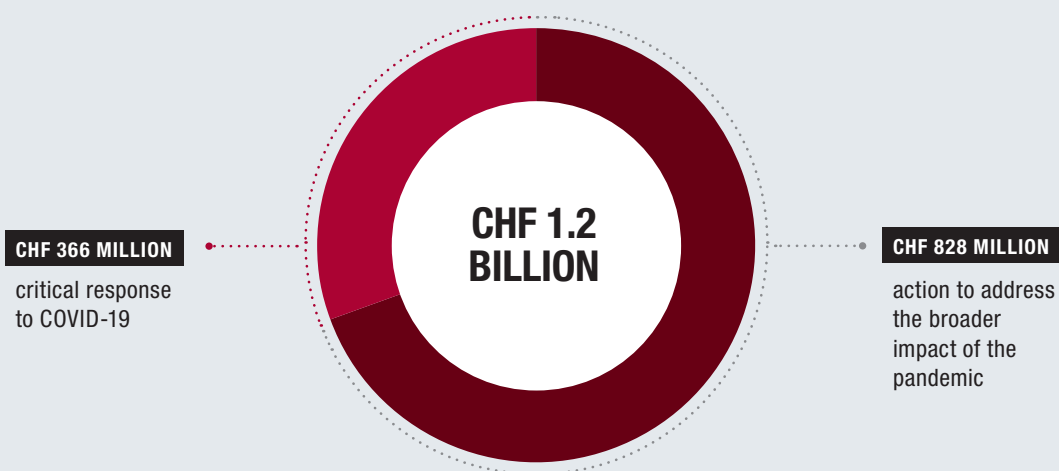
- Conflict dynamics have remained the same or even increased: even as some forms of violence have diminished because of lockdowns (e.g. extortions from businesses), other forms have increased as side effects (e.g. sexual and gender-based violence, community violence, tribal violence) or continued (conflict-driven violence). Overall, we have seen more victims of violence, with some parties using the opportunity to fill the void created by the pandemic. Patterns of natural disaster affecting already highly vulnerable populations have not changed (for example, in Bangladesh and Myanmar) and have proven extremely difficult to manage alongside sanitary measures in place to contain the pandemic.
- A few actors have used the crisis as an opportunity to negotiate ceasefires allowing, for example: a prisoner exchange in Ukraine and the first cross-line humanitarian convoy in months; prisoner releases in Afghanistan; and a ceasefire declaration of separatist groups in Cameroon.
- The consequences of the pandemic on essential services, frustrations with government response, and the dire economic consequences, particularly for already marginalized groups, has further strained relations between governments and their citizens, triggering social unrest, violence and protests, including in places of detention. The political instrumentalization of the pandemic by States and armed groups and an increased politicization of aid has also been observed.
- Attacks on and stigmatization of health-care workers and certain groups of people is an extremely worrying trend that does not only affect conflict settings. This further undermines the ability of health systems to cope and erodes the ability of populations at risk to seek care.
- The COVID-19 pandemic emerged as a public health crisis, and it continues to be so, but it has now also evolved into a socio-economic crisis – with serious protection risks for the populations affected – which requires urgent action as well.

On ICRC operations

- The COVID-19 pandemic has been a powerful accelerator for the digitalization of working processes and the delivery of some services, stronger localization through the empowerment of resident staff, simplification of bureaucratic procedures to cope with the crisis, and the development of multi-stakeholder solutions. These trends will most likely have a more durable impact on organizations and their structures, work processes, financing, staffing and operational delivery models. Further details on the operational challenges resulting from this crisis are available in the recent ICRC update, *The ICRC's operational continuity amid the COVID-19 crisis*.
- COVID-19 has also been an opportunity for strengthening support to National Societies and other front-line actors in many contexts and for solid and dynamic Movement coordination where relations have significantly improved at both regional and headquarters levels, including with the International Federation. At central but also at regional and local levels, coordination with UN agencies, especially the World Health Organization (WHO), as well as other humanitarian actors has been strengthened significantly, beyond mere information sharing, and has led in several instances to the issuance of joint guidance, for example in the fields of detention, health, water and habitat, and forensics.
- Many governments have shown increased interest in the ICRC's programmes aiming to improve conditions of detention and thereby prevent the spread of COVID-19; this has paved the way for the ICRC to gain access to their prisons.
- The management and implementation of responses to this crisis, including sanitary measures, have had a significant toll on both ICRC staff and those they serve. The consequences of this crisis illustrate how important it is to be attentive to the physical and psychosocial needs of the people affected, including both the victims and responders.

REVISED APPEAL

Following a global review of its operations and adjustments to its programmes, the ICRC is appealing for **1.2 billion Swiss francs** (CHF) for its response to COVID-19 and its broader impact on people affected by armed conflict and other situations of violence.



This amount is part of the ICRC's initial budget of CHF 1.9 billion for its field operations in 2020. It represents 63% of that budget, covering programmes that now serve the dual purpose of addressing the effects of COVID-19 on top of the existing needs generated by conflict and violence around the world.

Somalia. Medical workers at Medina hospital wear masks to help prevent the spread of coronavirus.



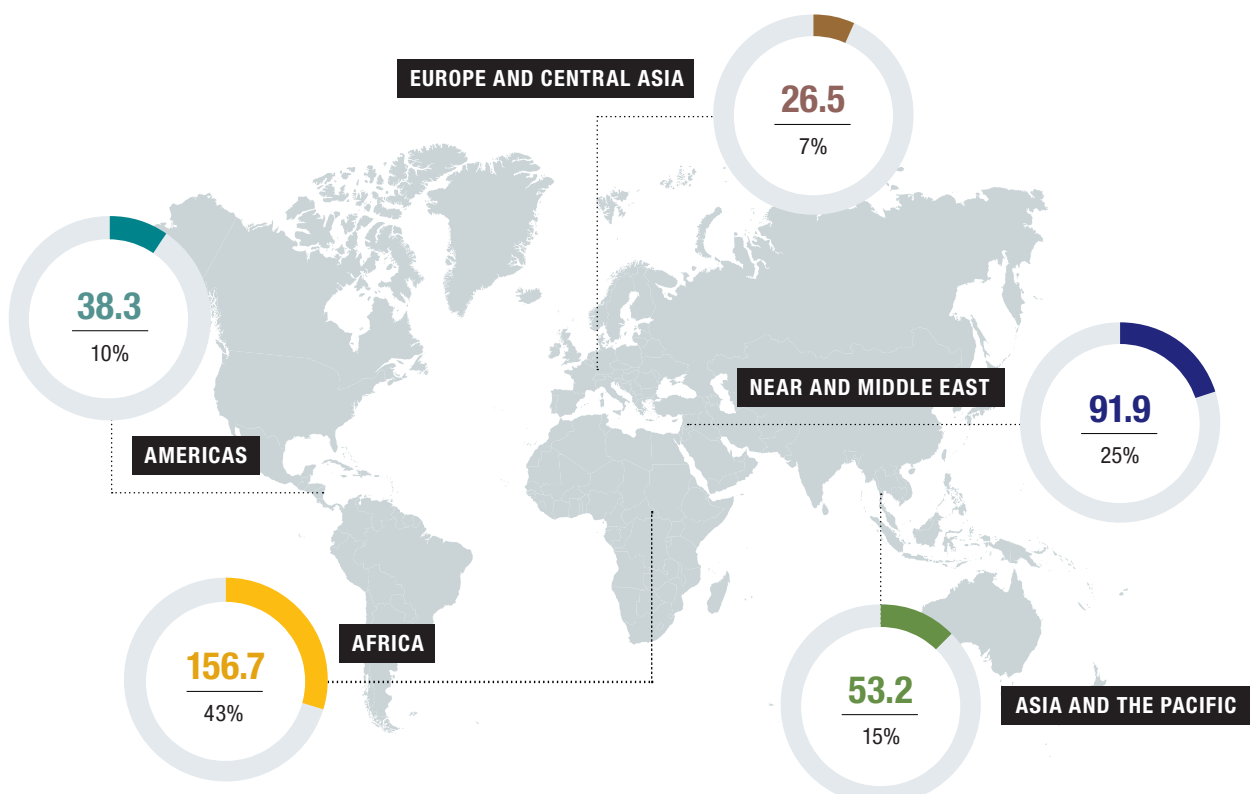
SECTION 1:

CRITICAL RESPONSE TO COVID-19

► **BUDGET: CHF 366 million**

BUDGET BREAKDOWN BY GEOGRAPHICAL REGION

in CHF millions





SUPPORTING VITAL HEALTH INFRASTRUCTURE AND ACCESS TO HEALTH CARE

Health-care services in volatile areas around the world are often overburdened or insufficiently resourced. The spread of COVID-19 is overwhelming the capacities of these services to provide adequate and prompt life-saving care and to maintain other essential services (e.g. vaccinations, pre-natal consultations and following up the treatment of chronic diseases). In many areas affected by conflict and other violence, ICRC-supported health structures are among the few functioning facilities.

The ICRC is adapting and reinforcing its existing support to critical health-care facilities worldwide to help ensure the continuity of their operations throughout the pandemic and to improve their overall service delivery. To help reduce the risk of contagion, it is focusing on bolstering the capacities of its supported facilities – including hospitals

or treatments centres run by National Societies – to implement infection and prevention control and sanitation measures and to detect suspected cases.

The mental-health and psychosocial support needs of people in conflict- and violence-affected contexts are intensified by the effects of the COVID-19 crisis. The ICRC is thus adapting its current activities to help these people cope with the stress and anxiety generated by the situation. Its activities prioritize communities that are suffering from the pandemic, and volunteers, front-line workers and staff responding to the outbreak.

The ICRC's health activities incorporate lessons learnt from its response to similar eruptions of infectious diseases, such as Ebola, in conflict-affected areas.



Afghanistan. At the Afghanistan Red Crescent Society district hospital, designated by the public-health ministry as one of four COVID-19 treatment centres in Kabul city, the ICRC has worked with the National Society to organize a training session for hospital staff in COVID-19 prevention, detection and treatment.

ACTIVITY (PLANNED/ONGOING)

SUPPLIES AND EQUIPMENT

Donating medical materials, personal protective equipment (PPE) and/or disinfectants and cleaning items, or cash to purchase them, to:

- primary-health-care centres, hospitals, isolation centres and/or physical rehabilitation facilities
- first responders, including pre-hospital emergency care or ambulance providers
- National Societies and institutions run by them (e.g. ambulance services, hospitals, blood centres)
- local health organizations
- counselling centres
- temporary shelters for returnees

Providing specialized medical equipment (e.g. oxygen concentrators, suction machines, monitors for checking vital signs) to hospitals; supporting the maintenance or repair of such equipment

Donating mobility devices (e.g. wheelchairs, crutches, walkers) to COVID-19 isolation centres or wards treating people with physical disabilities

Supporting the local production of PPE items (e.g. face shields, gowns, non-medical masks), at supported physical rehabilitation centres or with local partners, such as National Societies

CONTEXT

Afghanistan, Armenia, Azerbaijan, Bangladesh, Benin, Bolivarian Republic of Venezuela, Brazil, Burkina Faso, Burundi, CAR, Colombia, Côte d'Ivoire, DRC, Ecuador, Ethiopia, Georgia, Guinea-Bissau, Honduras, India, Iraq, Islamic Republic of Iran, Jordan, Lebanon, Libya, Mali, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Papua New Guinea, Peru, Philippines, Somalia, South Sudan, Sri Lanka, Sudan, Syria, Tajikistan, Thailand, Togo, Ukraine, Yemen and in the Gaza Strip

Afghanistan, Bangladesh, Burkina Faso, CAR, Mali, Nigeria, South Sudan, Syria, Ukraine, Venezuela, Yemen and in the Gaza Strip

New Delhi (regional), Rwanda

Afghanistan, Azerbaijan, Ethiopia, Myanmar, Niger, Rwanda, Yemen

ACTIVITY (PLANNED/ONGOING)	CONTEXT
INFRASTRUCTURAL SUPPORT	
<p>In primary-health-care centres, including those run by National Societies, hospitals, physical rehabilitation centres and/or camps for displaced people, supporting infrastructural improvements, and setting up, upgrading and making repairs, to:</p> <ul style="list-style-type: none"> • triage and/or isolation units • handwashing facilities • water-supply, sanitation and electrical facilities 	Afghanistan, Bangladesh, Burkina Faso, Burundi, CAR, DRC, Ecuador, El Salvador, Iraq, Lebanon, Libya, Mali, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Papua New Guinea, Philippines, Somalia, South Sudan, Sudan, Syria, Thailand, Ukraine, Venezuela, Yemen and in the Gaza Strip
Donating tents and other supplies to serve as pre-triage and isolation facilities, and fuel, spare parts and construction materials to primary-health-care centres and hospitals	Afghanistan, Lebanon, Myanmar, Papua New Guinea, Somalia, Ukraine and in the Gaza Strip
Disinfecting emergency departments of hospitals, or physical rehabilitation centres	Afghanistan, Bangladesh
TECHNICAL GUIDANCE AND CAPACITY-BUILDING	
<p>With the National Societies and other partners, offering advice and/or conducting training sessions, sometimes virtually, for health-care personnel and other emergency responders, social workers and/or the pertinent authorities on such topics as:</p> <ul style="list-style-type: none"> • implementing infection prevention and control measures, including contingency plans, medical screening and triage • managing people with suspected or confirmed cases of COVID-19 • the proper use and the production of protective equipment • hygienic practices • making health services more accessible to patients with physical disabilities 	Afghanistan, Armenia, Azerbaijan, Bangladesh, Burkina Faso, Burundi, Cambodia, Cameroon, Colombia, CAR, DRC, Ecuador, Egypt, El Salvador, Ethiopia, Guatemala, Honduras, India, Indonesia, Iraq, Islamic Republic of Iran, Lebanon, Malaysia, Mali, Mexico, Mozambique, Myanmar, Nepal, Nicaragua, Nigeria, Pakistan, Panama, Papua New Guinea, Philippines, Rwanda, Tajikistan, Thailand, Somalia, South Sudan, Sri Lanka, Syria, Venezuela, Yemen and in the Gaza Strip
Implementing a monitoring system and/or contact-tracing activities at supported primary-health-care clinics	Afghanistan, Bangladesh, Burkina Faso, CAR, DRC, Iraq, Lebanon, Mali, Myanmar, Niger, Nigeria, Pakistan, Papua New Guinea, Somalia, South Sudan, Ukraine, Venezuela, Yemen
Directly or with the pertinent National Societies in coordination with the International Federation, distributing informational materials and/or organizing information sessions on the proper use of PPE, good hygiene practices and disinfection measures for primary-health-care centres, hospitals, ambulance and emergency medical services and/or physical rehabilitation facilities; mobilizing community health workers in conducting these sessions	Afghanistan, Armenia, Azerbaijan, Bangladesh, Cambodia, Ethiopia, India, Indonesia, Iraq, Islamic Republic of Iran, Libya, Malaysia, Mali, Myanmar, Nigeria, Pakistan, Papua New Guinea, Philippines, Rwanda, Somalia, South Sudan, Sri Lanka, Thailand, Venezuela, Yemen, Zimbabwe
LOGISTICAL SUPPORT	
Donating or upgrading ambulances	Bangladesh, Ethiopia, Indonesia, Syria, Venezuela, Yemen
Supporting the authorities in establishing or reinforcing transport systems for people who need to be tested or treated for COVID-19	Bangladesh, DRC, Myanmar, Syria, Venezuela
Facilitating medical staff's accommodation near health facilities	Philippines
FINANCIAL ASSISTANCE	
Paying for the salaries or incentives of health-care personnel and/or National Society volunteers	Afghanistan, Bangladesh, Somalia
Covering the costs of testing or treatment of people with suspected or confirmed cases of COVID-19	Thailand
MENTAL-HEALTH AND PSYCHOSOCIAL SUPPORT	
Usually with the National Society, providing mental-health and psychosocial support, including via telephone, videos or online channels, to health-care personnel, National Society volunteers, patients and other vulnerable people, such as families of missing people and those alleged to have participated in fighting abroad	Azerbaijan, Balkans (regional), Brazil, Colombia, DRC, El Salvador, Honduras, Israel and the Occupied Territories, Kyrgyzstan, Mali, Philippines, Sri Lanka, Tajikistan, Ukraine
Providing training and other forms of support to help first responders, health-care personnel and accompaniers offer mental-health and psychosocial support and carry out psychological self-care	Azerbaijan, Balkans (regional), Burundi, Colombia, Egypt, Israel and the Occupied Territories, Papua New Guinea, Philippines
Producing communication materials translated into local languages on how to cope with the psychological effects of protective confinement	Bangladesh, Burundi, Philippines, Thailand

HIGHLIGHTS

January–May 2020



SUPPLIES AND EQUIPMENT

- The ICRC has provided primary-health-care centres and hospitals, as in **Iraq, Honduras, Lebanon, Peru, the Philippines, South Sudan, Syria** and **Venezuela**, with drugs, non-contact infrared thermometers, protective gear for health staff, disinfectants and/or other cleaning materials.
- The ICRC has donated medical equipment to the Libyan Red Crescent after the National Society launched a mobile health unit in Benghazi, **Libya**, to offer consultations to patients who could not go to hospitals because of curfew restrictions.



Eastern Ukraine. In areas under government control and those that are not, the ICRC has provided health facilities with protective gear and medical equipment and supplies, including oxygen concentrators, which are vital for treating pneumonia caused by COVID-19.



INFRASTRUCTURAL SUPPORT

- In **Mali**, the ICRC has helped set up transit sites where people suspected to have COVID-19 are observed before being transported to treatment centres.
- At the European Gaza Hospital, a centre treating patients with COVID-19 in the **Gaza Strip**, the ICRC has finished constructing an isolation area for medical staff and installing synchronization panels for switching between power sources.
- The ICRC has renovated medical screening rooms and other facilities, refurbished water and sanitation systems and carried out other infrastructural works in selected hospitals in **El Salvador, Mozambique** and **Yemen**.



Nigeria, Maiduguri State Specialist Hospital. The ICRC has installed a triage tent at the hospital's entrance and increased the space between the beds of the hospital's surgical ward to ensure sufficient physical distance between patients.

- The ICRC has installed or distributed handwashing kits or stations at primary-health-care centres and/or hospitals in **Afghanistan**, **Burundi** and **South Sudan**.
- In **Myanmar**, the ICRC, working with the Myanmar Red Cross Society, has been helping set up or equip community-based facilities where returning migrants and released detainees are being quarantined, by installing handwashing stations, donating tents or latrines, or carrying out infrastructural improvements.



Papua New Guinea, Mount Hagen Hospital. The ICRC has begun setting up pre-triage areas, a 12-bed isolation ward and handwashing facilities at entry points for outpatients.



TECHNICAL GUIDANCE AND CAPACITY-BUILDING

- In **Venezuela**, the ICRC has trained more than 800 health professionals in such topics as preventing and managing COVID-19 and practicing good hygiene and sanitation.
- ICRC training sessions have been conducted for staff of the Tegucigalpa Teaching Hospital in **Honduras**, for setting up COVID-19 medical screening, and for community health workers in **Somalia** for supporting community-based contact tracing and monitoring of COVID-19 cases.
- In **Lebanon**, the ICRC has provided technical support for staff of the Rafik Hariri University Hospital, the country's main COVID-19 treatment centre.
- In the **DRC**, the ICRC continues to build on the experience of a Movement-wide response to the recent Ebola outbreak by working closely with the International Federation and the Red Cross of the Democratic Republic of the Congo. It has assisted health facilities in maintaining infection prevention and control measures that were put in place in response to the Ebola outbreak.
- In **Syria**, the ICRC has advised Syrian Arab Red Crescent emergency responders on how to address the outbreak, for instance, by providing them with guidelines on how to use protective gear. It has also contributed to the plan of the Office of the United Nations High Commissioner for Refugees (UNHCR) to construct an isolation area in the Al-Hol camp.



FINANCIAL ASSISTANCE

- In **Thailand**, the ICRC has covered the medical expenses of people fleeing the violence from Myanmar for COVID-19 testing and treatment at ten referral hospitals along the Myanmar–Thailand border.



MENTAL-HEALTH AND PSYCHOSOCIAL SUPPORT

- In **Colombia**, **Papua New Guinea** and the **Philippines**, the ICRC has conducted training for health-care workers and National Society volunteers in providing mental-health and psychosocial support and/or informing families of the death of their relatives owing to COVID-19.



PREVENTING THE SPREAD OF DISEASE AND SUPPORTING THE MANAGEMENT OF COVID-19 CASES IN PLACES OF DETENTION

Detainees are not exempt from the threat posed by the spread of infectious diseases in wider society. Detention facilities are often overcrowded, poorly ventilated and with deficient sanitary conditions; health services and washing facilities are not always readily accessible. These factors favour the spread of disease and have catastrophic consequences in such environments, where the rate of transmission is potentially much higher than in other settings. The constant flow of people – detainees, staff and visitors – presents the additional risk of bringing the virus into places of detention or back out into the community.

The ICRC has a unique role to play in helping detainees and prison staff prevent the spread of COVID-19. In many

countries worldwide, the ICRC has privileged access to places of detention, where it visits detainees to check on their well-being, engages in dialogue with the relevant authorities and works with them to address detainees' specific needs, including access to basic services such as water, health care and nutrition, and access to judicial guarantees and procedural safeguards. In some cases, it implements technical interventions and supports reform processes aimed at improving detainees' treatment and living conditions. The ICRC works not only to mitigate the spread of the virus inside detention facilities but also to prevent it from being brought back into wider society where it could affect even more people.



For many years, the ICRC has been supporting disinfection campaigns in places of detention around the world. In **Mali**, for example, it helped the penitentiary authorities conduct a scabies eradication campaign during an outbreak in 2014.

ACTIVITY (PLANNED/ONGOING)

CONTEXT

SUPPLIES AND EQUIPMENT

Donating PPE, medical supplies or equipment, soap and hygiene items and/or materials for cleaning, disinfecting and waste management to places of detention

Afghanistan, Armenia, Azerbaijan, Bangladesh, Bosnia and Herzegovina (hereafter Bosnia-Herzegovina), Brazil, Burkina Faso, Burundi, Cambodia, Cameroon, CAR, Chad, Chile, Colombia, Côte d'Ivoire, Djibouti, DRC, El Salvador, Ethiopia, Fiji, Georgia, Greece, Guatemala, Guinea, Honduras, Indonesia, Iraq, Jordan, Kenya, Kosovo, Kyrgyzstan, Lebanon, Libya, Malaysia, Mali, Mauritania, Mexico, Morocco, Mozambique, Myanmar, Nicaragua, Niger, Nigeria, North Macedonia, Pakistan, Panama, Papua New Guinea, Peru, Philippines, Rwanda, Senegal, Serbia, Solomon Islands, Somalia, South Sudan, Sri Lanka, Sudan, Syria, Tanzania, Thailand, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Uganda, Ukraine, Vanuatu, Venezuela, Yemen, Zimbabwe and in the Gaza Strip and, as necessary, on the West Bank

Providing specialized medical equipment (e.g. oxygen concentrators, suction machines, monitors for checking vital signs) to health facilities

Afghanistan, Burkina Faso, Côte d'Ivoire, Iraq, Kyrgyzstan, Lebanon, Philippines, Venezuela, Yemen

Providing food, cooking oil, vitamins or other supplies as part of malnutrition treatment/prevention programmes, or in case of disruption to food supplies

Burundi, CAR, Chad, Côte d'Ivoire, DRC, Ethiopia, Mali, Niger, Nigeria, South Sudan

ACTIVITY (PLANNED/ONGOING)	CONTEXT
Donating raw materials and/or equipment for detainees to make cleaning items or masks and other protective items	Argentina, Brazil, Chile, Colombia, El Salvador, Nigeria, Paraguay, Philippines, Uruguay
Providing forensic equipment to selected places of detention	Malaysia
INFRASTRUCTURAL SUPPORT	
In places of detention, providing construction materials and other support for infrastructural improvements and/or setting up, upgrading and/or making repairs to: <ul style="list-style-type: none"> • facilities for isolation and medical screening • handwashing stations • water-supply, sanitation and waste-management systems 	Afghanistan, Bangladesh, Bolivia, Burkina Faso, Burundi, Cameroon, Chad, Colombia, Côte d'Ivoire, Djibouti, DRC, Ethiopia, Greece, Iraq, Kenya, Lebanon, Malaysia, Mali, Myanmar, Nigeria, Panama, Philippines, Rwanda, Somalia, South Sudan, Sri Lanka, Sudan, Syria, Tanzania, Venezuela, Yemen
Facilitating detainees' access to water (e.g. through water trucking) to ensure proper sanitation or mitigate health risks arising from water shortage	Philippines, Venezuela, Yemen and in the Gaza Strip
Helping conduct environmental cleaning or disinfection campaigns in places of detention	Syria, Yemen
DIALOGUE, TECHNICAL GUIDANCE AND CAPACITY-BUILDING	
Offering advice, designing specific and context-based training materials and/or conducting training sessions, sometimes remotely, for detaining authorities, and health and other staff on such topics as: <ul style="list-style-type: none"> • infection prevention and control measures, including medical screening for newly-arrived detainees and quarantine measures for released detainees • detainees' access to health care and the management of suspected or confirmed cases of COVID-19 • promoting good hygiene practices, disinfecting detention facilities and producing soap and disinfectant • enhancing preparedness and response by improving contingency plans, communication among staff and with detainees and visitors, and the management of facilities in the time of COVID-19 • handling the remains of COVID-19 fatalities 	Afghanistan, Argentina, Armenia, Aruba, Azerbaijan, Bangladesh, Belgium, Bonaire, Bosnia-Herzegovina, Brazil, Burkina Faso, Burundi, Cameroon, CAR, Chad, Chile, Colombia, Côte d'Ivoire, Curaçao, Djibouti, Dominican Republic, DRC, Ethiopia, Gambia, Georgia, Greece, Guinea, Indonesia, Iraq, Ireland, Jordan, Kenya, Kuwait (regional), Kyrgyzstan, Lebanon, Libya, Malaysia, Mali, Mauritania, Mexico City (regional), Morocco, Mozambique, Myanmar, Nigeria, Panama, Paraguay, Paris (regional), Philippines, Rwanda, Senegal, Serbia, Somalia, South Sudan, Sri Lanka, Suva (regional), Syria, Tanzania, Thailand, Timor-Leste, Togo, Trinidad and Tobago, Uganda, Ukraine, United Kingdom of Great Britain and Northern Ireland (hereafter UK), United States of America (hereafter US), Uruguay, Venezuela, Yemen, Zimbabwe
Helping facilitate coordination between national health authorities and penitentiary authorities on managing COVID-19 in places of detention	In 50 contexts, including Afghanistan, Mauritania, Philippines, Rwanda, Uganda, Yemen
Engaging the authorities in protection dialogue and/or making representations on such topics as: <ul style="list-style-type: none"> • safeguarding the rights and dignity of detainees and incorporating applicable international norms in all aspects of their response to COVID-19 • preventing the spread of COVID-19 in places of detention by implementing emergency decongestion measures (reducing the inflow of new detainees through non-custodial measures and increasing the outflow of detainees through early or temporary release of certain categories of detainees, amnesties and alternatives to imprisonment) • enhancing the coordination between judiciary and detaining authorities through webinars and joint training • advocating for safe release at the end of a detainee's sentence 	In 80 contexts, including Afghanistan, Bolivia, Brazil, Burkina Faso, Colombia, Côte d'Ivoire, Curaçao, DRC, Egypt, Israel and the occupied territories, Jordan, Libya, Mauritania, Mexico City (regional), Mozambique, Niger, Peru, Philippines, Rwanda, South Africa, Sri Lanka, Syria, Trinidad and Tobago, Tunisia, Venezuela, Zimbabwe
Distributing informational materials, such as posters and pamphlets, on COVID-19, proper handwashing and/or on producing disinfectant	In 35 contexts, including Armenia, Azerbaijan, Bosnia-Herzegovina, Burundi, Cameroon, Chad, Colombia, El Salvador, Ethiopia, Indonesia, Kyrgyzstan, Mauritania, Pakistan, Panama, Philippines, Somalia, Sudan, Ukraine
Training prison psychologists and/or donating reference materials on mental-health care in relation to COVID-19	Armenia, Georgia
FINANCIAL AND LOGISTICAL SUPPORT	
Providing financial incentives for prison health staff screening detainees for COVID-19 or for health workers visiting prisons	Afghanistan, Burundi
Providing logistical support for transporting hygiene and medical materials	Côte d'Ivoire, Guinea, Togo
Providing transportation for released detainees to travel home	Ethiopia, Myanmar
FAMILY-LINKS SERVICES	
Where family visits or other services to maintain family links are suspended to prevent infection spread, enabling detainees to maintain contact with their relatives through alternative means	See section on protecting and restoring family links

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SUPPLIES AND EQUIPMENT

- In **Iraq**, the ICRC has provided PPE and disinfecting and cleaning materials to 27 detention facilities that hold 45,000 people. In **Jordan**, the ICRC has donated hygiene items for inmates and protective items for health staff in 18 correctional facilities, five juvenile centres and two main police stations across the country.
- The ICRC has donated 60 machines and supplies for producing 165,000 masks and cleaning items to the penitentiary systems in **Argentina, Brazil, Chile, Paraguay** and **Uruguay**.



Pakistan. The ICRC and the Pakistan Red Crescent have distributed soap, chlorine, bleach and other items to places of detention in Sindh.



INFRASTRUCTURAL SUPPORT

- In **Lebanon**, the ICRC has started refurbishing a medical isolation ward in Roumieh Central Prison, which holds about 40% of all detainees in the country. In Thessaloniki, **Greece**, the ICRC has installed a health clinic in an immigration detention facility and furnished it with medical equipment and supplies. The ICRC has also constructed or renovated isolation facilities for detainees suspected or confirmed to have COVID-19 in **Afghanistan** and in **Lebanon**.
- In **Sudan**, the ICRC has installed handwashing points at ten places of detention identified by the penitentiary authorities as needing assistance. The ICRC also provided handwashing stations to several places of detention in **El Salvador** and **Somalia**. In **Colombia**, the ICRC has donated 100 mobile



Philippines. The ICRC has helped the penitentiary authorities and the Philippine Red Cross set up and equip seven temporary isolation centres for detainees suspected or confirmed to have COVID-19; this has proven to be an effective measure in efforts to help curb the spread of tuberculosis in the country's detention facilities.

handwashing systems to the national penitentiary authorities for distribution in 25 prisons.

- In **Kenya**, the ICRC donated construction materials to all 129 prisons in the country to enable them to carry out infrastructural improvements for COVID-19 prevention and management.



Panama. The ICRC has provided technical advice and construction materials to prison authorities for setting up a triage and quarantine area at the Virgen de la Merced Medical Centre, which serves La Joya and La Joyita prisons. The La Joya and La Joyita prisons are within Las Joyas, the country's main prison complex.



DIALOGUE, TECHNICAL GUIDANCE AND CAPACITY-BUILDING

- The ICRC has offered penitentiary officials around the world (e.g. in **Afghanistan, Armenia, Azerbaijan, Bangladesh, Georgia, Kenya, Malaysia, Ukraine** and **Yemen**) with advice on COVID-19 prevention and management, and/or assistance for drawing up COVID-19 protocols for places of detention. The ICRC has also developed training videos (available in Arabic, Dari, English, French, Russian, Spanish, Pashto, Portuguese and other languages) that make use of virtual reality technology to train prison authorities and staff around the world on COVID-19 prevention and management.
- In **the DRC**, the ICRC has continued to help the penitentiary authorities to maintain disease-prevention and control measures that were started because of Ebola, and which have contributed to preventing an outbreak of Ebola in prisons. Twelve places of detention have received training for infection prevention and control and/or material support.



Kyrgyzstan. The ICRC maintains dialogue with penitentiary officials on COVID-19 prevention and management.

- In **Colombia**, the ICRC has submitted a report to the authorities on measures to help prevent the spread of COVID-19 in prisons by reducing overcrowding; the government later issued a decree which put in place alternatives for temporary detention for particularly vulnerable people, such as people with chronic illnesses and older people. In **Mexico**, the ICRC – in coordination with the UNHCR and the International Organization for Migration – persuaded migration authorities to release migrants held in detention centres, as a measure to prevent the spread of the virus.



Burkina Faso. The ICRC conducts training for prison staff on how to disinfect prison cells, the infirmary and other facilities.



ENSURING ACCESS TO CLEAN WATER AND ESSENTIAL GOODS AND IMPROVING HYGIENE CONDITIONS

The lack of water and proper sanitation in many areas affected by conflict or other violence makes it difficult for people to practice basic infection control measures such as handwashing. Hygiene conditions are especially poor in low-resource communities and areas hosting displaced people, such as makeshift camps, migrant shelters and urban areas with inadequate water and sanitation services. In some cases, movement restrictions have resulted in limited access to food and other essential supplies, and the slowdown of economic activities has affected people's livelihoods, threatening their ability to meet their basic needs.

Together with local authorities and service providers, the ICRC is implementing projects to ensure that people have access to clean water and can maintain proper hygiene, in order to prevent the spread of COVID-19. It is also giving emergency assistance to ensure decent living conditions for communities affected by movement restrictions, patients and medical staff at treatment or quarantine centres, and other groups that are at heightened risk because of the impact of the pandemic.



Nigeria. As handwashing is critical to preventing COVID-19 and other diseases, the ICRC carries out projects to ensure reliable access to clean water, especially in vulnerable or underserved communities.

ACTIVITY (PLANNED/ONGOING)	CONTEXT
ACCESS TO WATER	
Partly in collaboration with National Societies, installing handwashing stations in such locations as IDP camps, quarantine facilities, assistance distribution sites and rural communities	Bangladesh, Burundi, Cameroon, CAR, Libya, Mali, Mauritania, Myanmar, Nigeria, Peru, Somalia, Ukraine, Venezuela, Yemen
Repairing or building water infrastructure and/or sanitation facilities, including in quarantine centres	Burkina Faso, Burundi, CAR, Chad, Colombia, DRC, Ecuador, Ethiopia, Iraq, Mali, Myanmar, Peru, South Sudan, Ukraine, Yemen, Gaza Strip
Ensuring continuous supply of water-treatment chemicals, fuel, spare parts and other supplies to water-service providers	Afghanistan, CAR, DRC, Mali, Nigeria, Philippines, Senegal, South Sudan, Syria, Ukraine, Gaza Strip
Trucking in water to bus terminals and other assembly points for returnees and other people in transit	Venezuela
HYGIENE PROMOTION AND DISINFECTION	
Distributing soap, personal hygiene items, disinfectant, cleaning materials and/or personal protective equipment to vulnerable people/communities	Azerbaijan, Bangladesh, Brazil, Burundi, Cameroon, CAR, Chad, Colombia, Djibouti, DRC, Ecuador, Egypt, Ethiopia, Georgia, Guatemala, Honduras, Iraq, Lebanon, Libya, Mauritania, Mexico, Myanmar, Niger, Nigeria, Pakistan, Peru, Senegal, Somalia, Syria, Yemen
Providing personal protective equipment and/or sanitation supplies for staff at schools, wastewater collection and treatment facilities and other public service providers	Armenia, Azerbaijan, Brazil, Libya, Ukraine, Gaza Strip
Supporting or conducting disinfection campaigns in public locations	Libya, Syria
Giving supplies and/or funding to community canteens and school kitchens to enable them to step up their sanitation practices	Venezuela
Carrying out information sessions and disseminating communication materials on hygiene measures to avoid COVID-19	Afghanistan, Armenia, Azerbaijan, Burundi, Cameroon, CAR, Colombia, Ethiopia, Jordan, Lebanon, Libya, Mauritania, Niger, Nigeria, Peru, Somalia, South Sudan, Syria, Venezuela
RELIEF AND EMERGENCY INCOME SUPPORT	
Distributing food and other essential supplies – or cash or electronic vouchers to purchase them – to people affected by movement restrictions, stranded migrants, or patients and staff at treatment or quarantine centres	Bangladesh, Brazil, Burundi, Colombia, Ecuador, Ethiopia, Iraq, Libya, Nigeria, Peru, Ukraine, Venezuela, Yemen
Supporting small businesses by helping them diversify or adapt (by producing face masks and cleaning items, for example), or providing financial aid to enable them to avoid employee dismissals	Burundi, Colombia, DRC, Iraq, Lebanon, Syria, Venezuela
Providing National Societies with supplies and/or funding for providing relief to shelters for children or disabled people, high-risk communities and economically vulnerable people	Cameroon, Libya, New Delhi (regional)

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ACCESS TO WATER, HYGIENE PROMOTION AND DISINFECTION

- In **Yemen**, the ICRC is installing solar-powered water systems and water tanks and filters and providing shelter materials and other material assistance to quarantine centres.
- In **Bangladesh**, the ICRC is building handwashing stations and conducting hygiene-promotion sessions in quarantine areas, including at a camp for displaced people near the border with Myanmar, in an area inaccessible to other humanitarian organizations.
- In **Ecuador**, the ICRC is installing bathrooms at some migrant shelters and providing warm meals for migrants stranded on the border between Ecuador and Colombia. Personal protective equipment and hygiene items are being delivered to 23 shelters for vulnerable migrants, including refugees.
- In **Somalia**, National Society staff and volunteers trained by the ICRC have carried out over 200 community information sessions to broaden awareness of COVID-19 in rural and semi-rural areas. Hygiene materials have been distributed to around 8,000 vulnerable households, along with information on COVID-19, including in IDP communities.



Clockwise from upper left: **Myanmar, Ethiopia, Kenya**. The ICRC has installed handwashing stations in various communities around the world. The designs of the stations are adapted to local specificities and available materials.



Syria. The ICRC is providing support to the Syrian Arab Red Crescent for carrying out disinfection campaigns along roads and in crowded places.

- In **Mauritania**, the ICRC has distributed hygiene items to people in areas along the border with Mali, including people who were displaced from Mali and were under quarantine, and has briefed them on preventing the spread of COVID-19.
- In **Cameroon**, the ICRC is distributing posters on good hygiene practices in strategic locations and installing handwashing stations and providing soap in public places.



RELIEF AND EMERGENCY INCOME SUPPORT

- In **Iraq**, the families most affected by the curfew in Khanke in Dohuk received food and hygiene items from ICRC teams.
- In **Venezuela**, destitute communities are receiving material support from the Venezuelan Red Cross and the ICRC to produce and sell protective face masks, to help them earn an income. The masks will be distributed to National Society staff and volunteers and to workers at ICRC-supported community kitchens.



Past beneficiaries of ICRC livelihood assistance, such as this woman in **Syria** who had received ICRC help to start a sewing business, have shifted to producing face masks and other infection-prevention essentials. They continue earning an income while helping keep their communities free from disease.



Ukraine. In areas along the line of contact, the ICRC, in collaboration with the National Society, has distributed food parcels and other basic commodities to older people and other community members whose movements have become even more restricted owing to the pandemic.



PROTECTING AND RESTORING FAMILY LINKS

The measures being taken to contain the spread of COVID-19 may hinder the ability of families to stay in touch. For instance, family members may not be able to visit relatives in health, isolation or quarantine centres and in detention facilities; people may also be prevented from entering, leaving or moving around IDP or refugee camps. Moreover, the situation exacerbates matters for families that have already been dispersed by conflict, migration or natural disasters, and makes it difficult to continue work on behalf of the missing and their families.

The ICRC is striving to ensure that people – including children and older people separated from their caretakers, and migrants – can remain in contact with their relatives despite movement restrictions, while respecting infection prevention and control measures. The ICRC also seeks to minimize family separation and the risk of people going missing because of the pandemic (see also *Supporting the safe and dignified management of human remains*). Where relevant, it raises these topics in its dialogue with the authorities. Often, the ICRC works with or in support of National Societies, which it provides with material, financial and technical assistance.



In **South Sudan**, the ICRC and the South Sudanese Red Cross are still providing phone services to the most vulnerable, particularly IDPs and destitute people in camps; physical distancing is observed, and phones are disinfected before each call. The ICRC also provides calling credits to people who have their own phones: more than 2,700 displaced households in “protection-of-civilians” sites have received such support.

ACTIVITY (PLANNED/ONGOING)	CONTEXT
FAMILY-LINKS SERVICES	
Working with or supporting National Societies to make phone, internet and/or other services available to people in health, isolation or quarantine facilities	Argentina, Bolivia, Brazil, CAR, Chad, Chile, Ecuador, El Salvador, Ethiopia, Honduras, Iraq, Libya, Nigeria, Paraguay, Peru, Philippines, Serbia, South Africa, Timor-Leste, Tunis, Uganda, Uruguay, Venezuela
Advocating the use of other forms of communication (e.g. video calls) as alternatives to suspended family visits, and supporting this by donating phone credits, phones or tablets and/or relaying messages via phone so that detainees can still receive family news	Afghanistan, Bosnia-Herzegovina, Burkina Faso, Colombia, DRC, Ethiopia, Georgia, Greece, Iraq, Kenya, Kyrgyzstan, Malaysia, Mali, Mexico, Myanmar, Philippines, Somalia, South Sudan, Tajikistan, Thailand, Ukraine, Uzbekistan, Yemen
Using electronic and other non-physical means to deliver family-links services to IDPs or refugees in camps, migrants in shelters or on the move, and others, and/or implementing measures to mitigate disease transmission	Argentina, Brazil, Chad, Côte d'Ivoire, DRC, Kuwait (regional), Pretoria (regional), Rwanda, Somalia, South Sudan, Sudan, Tashkent (regional), Venezuela
Giving protective equipment, supplies and/or training to National Society volunteers providing family-links services	Afghanistan, Argentina, Aruba, Bahamas, Brazil, Burundi, Cuba, Curaçao, Dominican Republic, Ecuador, Ethiopia, Greece, Haiti, Jamaica, Panama, Peru, Somalia, Ukraine
Maintaining services for missing persons and their families to the extent possible, for instance, by providing psychosocial and other support through calls and other non-physical means	Armenia, Azerbaijan, Bosnia-Herzegovina, Colombia, Georgia, Guatemala, Jordan, Kosovo, Kyrgyzstan, Lebanon, Mexico, Nigeria, Peru, Serbia, South Africa, Sri Lanka, Tajikistan
Ensuring that family life and family unity can be maintained, even amid physical distancing measures, by advocating and/or providing technical support to National Societies for the development of national plans of action to this end and by coordinating the response of the Movement's family-links network	In several contexts, including Australia, Bosnia-Herzegovina, Burundi, Chad, Croatia, DRC, Ecuador, France, Georgia, Iran, Kenya, Libya, Panama, Peru, Philippines, Serbia, Sri Lanka, Trinidad and Tobago, Tunisia, Uganda
Sharing recommendations and context-specific guidance with Movement personnel and other providers of family-links services, and facilitating the exchange of good practices, via the Family Links Extranet and other means; topics include: <ul style="list-style-type: none"> • guidance for health staff on how to help patients with COVID-19 to stay in touch with their families • managing and processing personal data remotely • how to adjust family-links services (such as tracing) in light of movement restrictions 	Global
Sharing messages with violence-affected people on ways to prevent the loss of family contact, despite the effects of the pandemic	In several contexts, including Colombia, Mexico, Nigeria, Panama, and South Sudan; and globally, through the family links website
Organizing consultations and training (through online conference calls, for example) and providing technical support to National Societies on the provision of family-links services amid the situation	More than 50 National Societies

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In **Peru**, the Peruvian Red Cross, with support from the ICRC, has been offering free internet and messaging services (along the central highway, for instance) to people returning to their hometowns because of economic difficulties as a result of quarantine measures.

- In its role as the coordinator and technical advisor for the Movement's family links network, the ICRC conducted a series of conference calls with 55 National Societies from all regions, with ICRC delegations also participating; this helped to clarify the guidance needed for the family-links aspect of the Movement's COVID-19 response and facilitated the exchange of good practices among Movement components.
- In **Iraq**, the ICRC donated phone credit to patients in isolation facilities and to the health staff looking after them. Together with the Ecuadorean Red Cross, the ICRC has supported the installation of equipment for the provision of family-links services at an isolation centre for people with COVID-19 in Quito, **Ecuador**. With the ICRC's help, a hospital in **Chad** has established a registration system for patients with COVID-19, to ensure that they do not become unaccounted for.
- In **Venezuela**, the ICRC and the Venezuelan Red Cross have installed new connectivity points to enable people separated from their families by containment measures – e.g. people with COVID-19, older people in nursing homes, people in outpatient clinics, returnees and other people in quarantine – to contact their relatives and recharge their mobile phones. In Guasdaluito, Apure State, these services have been provided to more than 800 returnees in 20 shelters where they are quarantined. The ICRC also continues to operate connectivity sites in key areas along migration routes. In **Tunisia**, the ICRC is providing internet services to migrants in shelters, and phone cards to the most vulnerable among them and to Tunisians who have returned from Libya and are under quarantine.
- In the **Philippines**, the ICRC donated over 50 tablet devices and prepaid phone credits to prisons, so that detainees can still contact their families despite the suspension of family visits. In **South Sudan**, seven major prisons and a COVID-19 treatment centre were given mobile phones so that families can maintain contact with each other. The ICRC is also providing tracing services to juveniles who had been released by the authorities

to reduce prison overcrowding. In **Ukraine**, the ICRC acts as a neutral intermediary to facilitate the delivery of parcels across the line of contact – which separates areas under government control from those not under government control – between detainees and their families.

- In **Chad**, where the ICRC is maintaining phone services for refugees and other displaced people in camps and other sites, barriers have been installed at phone kiosks and National Society volunteers have been provided with personal protective equipment and training on preventive measures.
- In the **Islamic Republic of Iran**, the ICRC has donated personal protective equipment to an

NGO providing family-links services – in partnership with the National Society and the ICRC – to vulnerable Afghan migrants settled in the north-eastern city of Mashhad.

- In **Senegal**, it has provided National Society volunteers with technical advice, protective equipment, hygiene supplies, telephones, and phone credits, enabling them to continue providing family-links services in 24 quarantine facilities in Dakar and elsewhere. The ICRC has also lent two container van offices to the Red Cross Society of **Bosnia-Herzegovina**, in support of its activities for migrants and people in quarantine or isolation; this has enabled the National Society to offer family-links services to migrants in reception centres.

- In **Nigeria**, the families of missing people continue to receive mental-health and psychosocial support from their ICRC-trained peers, while measures such as handwashing and physical distancing are adopted during the counselling sessions to prevent the spread of the virus. Information on COVID-19 and self-protection measures is also passed on to the families during the sessions. Where needed, the ICRC provides technical advice to those conducting the sessions via remote means. In some areas where the counselling sessions have been suspended owing to movement restrictions or as a precaution against the virus, the ICRC continues to keep in touch with the families to disseminate messages about ways they can protect themselves from COVID-19.



In **Iraq**, family-links activities for detainees are being adapted in light of movement restrictions that have prevented family visits from taking place; for example, ICRC staff members relay oral messages via phone from detainees to their families.



SUPPORTING THE SAFE AND DIGNIFIED MANAGEMENT OF HUMAN REMAINS

The number of deaths caused by COVID-19 may overwhelm local institutions and practitioners. A failure to adequately plan for mass-casualty situations risks people being buried in mass graves, causing suffering to families who may not know where their relatives are buried. Measures to control the spread of COVID-19 may also include restrictions on funeral and burial practices, which may hinder families from practicing cultural or religious customs, exacerbating their grief.

The ICRC is thus adapting and increasing its support for the authorities and others involved in managing human remains, drawing on its experience from past emergencies, including the 2014–2015 Ebola outbreak

in West Africa. Its focus is on reinforcing emergency preparedness and response capacities and ensuring that pathologists, morticians and other personnel are protected against the disease. The ICRC has developed guidelines on ensuring the dignity of the dead and of their families during the COVID-19 pandemic; it is also stepping up its engagement with the authorities, medico-legal agencies, forensic practitioners and other specialists, in coordination with the WHO and the International Federation. In some cases, the ICRC also supports upgrades to facilities used for human remains management.



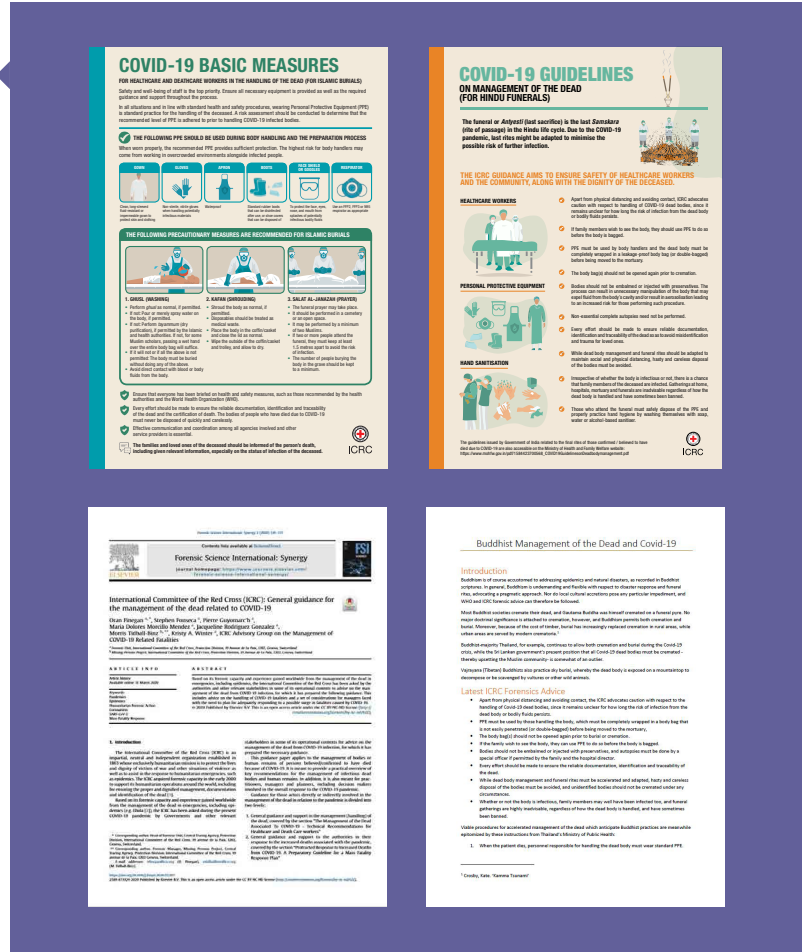
In **India**, the ICRC has provided the headquarters of the Indian Red Cross with 1,000 body bags and informational material for volunteers containing the ICRC's recommendations for managing the remains of people who died from COVID-19.

ACTIVITY (PLANNED/ONGOING)	CONTEXT
TECHNICAL SUPPORT	
Developing recommendations and resources (guidance documents, posters, videos, an article in a scientific journal, etc.) for managing the remains of people who died from COVID-19, including guidelines developed with and adapted for Buddhist, Hindu and Muslim communities	Global
Advocating and offering technical expertise to authorities for the development of national contingency plans that cover mass-casualty situations, in coordination with the International Federation	Bahamas, Burkina Faso, Cuba, Dominican Republic, Ethiopia, Haiti, Jamaica, Lebanon, Libya, Kyrgyzstan, Panama, Pakistan, Pretoria (regional), Yemen,
Sharing recommendations, best practices and context-specific guidance with practitioners and institutions on procedures for managing the remains of people who died from COVID-19	Afghanistan, Bosnia-Herzegovina, Argentina, Armenia, Azerbaijan, Bangladesh, Brazil, Burundi, Chile, Ecuador, Egypt, El Salvador, Georgia, Guatemala, Honduras, India, Islamic Republic of Iran, Kosovo, Kyrgyzstan, Lao PDR, Lebanon, Libya, Mexico, Mali, Nepal, Niger, Nigeria, Nicaragua, Pakistan, Paraguay, Peru, Philippines, Sri Lanka, Syria, Tunisia, Ukraine, Uruguay
Organizing training (through online workshops, for example) and providing technical support for National Society volunteers, mortuary staff, prison personnel and other people handling human remains	Afghanistan, Cameroon, Georgia, Indonesia, Nigeria, Ethiopia, India, Lebanon, Libya, Mali, Nepal, Timor-Leste, Pakistan, Philippines, Rwanda, Sri Lanka, Syria, Tunisia, Venezuela, Yemen
MATERIAL SUPPORT	
Donating body bags, masks and other supplies and/or protective equipment masks for the personnel of health ministries, National Societies, morgues and other organizations or institutions	Afghanistan, Armenia, Azerbaijan, Bosnia-Herzegovina, Bangladesh, Burundi, Cameroon, CAR, Colombia, Djibouti, Ecuador, El Salvador, Ethiopia, Georgia, Greece, Guatemala, Honduras, India, Indonesia, Iraq, Libya, Lebanon, Kenya, Kosovo, Mali, Mexico, Morocco, Nepal, Nicaragua, Nigeria, Pakistan, Peru, Philippines, South Sudan, Sri Lanka, Syria, Tanzania, Timor-Leste, Tunisia, Ukraine, Venezuela, Yemen

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- The ICRC, in coordination with the International Federation, has published [guidelines, posters and videos](#) on managing the remains of people who died because of COVID-19. These materials are available in multiple languages, and have been adapted in line with customary, cultural and religious practices, including those from Buddhism, Islam, and Hinduism. These guidelines complement the field manual on human remains management after disasters that the ICRC developed together with the WHO and the International Federation in 2017, which tackles, among other topics, handling the remains of people who died from an infectious disease. Moreover, two online consultations were organized, bringing together experts in Islamic law and in forensics to address questions on the handling of the dead; this resulted in the issuance of a *fatwa* (a legal opinion from an Islamic authority) on the subject.



- At the invitation of key forensic networks in the **Americas, Asia, the Middle East and North Africa**, the ICRC presented its recommendations and guidance resources through virtual sessions, including an online conference on COVID-19 organized by a forensic professionals' association in Morocco, which drew some 3,000 participants from Arabic-speaking countries in the Middle East and Africa, and another conference on the holistic management of human remains, organized by the Ibero-American Network of Forensic and Forensic Sciences, which drew participants

from 18 Latin American countries.

- The ICRC has shared technical advice with National Societies in many contexts (for example, in **Lebanon, Syria and Yemen**) that were approached by authorities to assist in handling the remains of people who contracted COVID-19. In **Syria**, it also conducted two workshops with the authorities, with a view to helping them incorporate ICRC recommendations into national guidelines. In addition to promoting and supporting the development of plans for mass-casualty situations at the national level, the ICRC is carrying out similar work at the

municipal/community level, for instance, in **Libya, Nigeria and Tunisia**.

- In **Libya**, the ICRC provided technical guidance to weapon bearers on managing the remains of COVID-19 fatalities. It gave them a digital version of a manual on human remains management during disasters.
- In **Tunisia**, the ICRC has contributed technical input to a manual on handling the remains of people who died after contracting COVID-19, and provided the supplies with body bags, personal protective equipment and other supplies.

- In **Ecuador**, the ICRC deployed an expert to provide guidance to the Ecuadorean authorities on managing the remains of people who had died from COVID-19. It also supplied 1,000 body bags, 800 biosafety suits and 1,500 N95 masks to the forensic authorities, the armed and police forces and other public agencies in Guayaquil, which reportedly had the highest death toll in the country, and nearby areas.
- In **Indonesia**, the ICRC conducted online training and information sessions to prepare police, National Society personnel and other responders for their role in managing the remains of people who died from COVID-19; it also distributed personal protective equipment and body bags.
- The ICRC's delegation in **Georgia** donated protective equipment and body bags to mortuaries in Abkhazia, and provided information materials on COVID-19 prevention to Abkhazia's *de facto* forensic authorities.
- In **Ukraine**, the ICRC provided recommendations and personal protective equipment and body bags to the authorities, including forensic personnel. The ICRC has also been providing technical support to offices in charge of forensic work in areas in eastern Ukraine that are not under government control.



In **Mali**, the ICRC organized a videoconference to train Mali Red Cross volunteers in managing the remains of people who died after contracting COVID-19. It also donated body bags, gloves and masks to hospital personnel involved in such work.



In **Bangladesh**, the ICRC is supporting the health ministry, and two NGOs assisting it, in the management of human remains; for instance, it has shared its technical recommendations and donated 600 body bags and burial cloths.



In **Honduras**, the ICRC trained army personnel – who have been tasked with assisting in human remains management – in internationally recognized standards for forensics; at the military's request, it also trained their psychologists in the provision of psychosocial support to those involved in managing human remains.



PROMOTING THE PROTECTION OF PEOPLE AT RISK AND FACILITATING THEIR ACCESS TO AID DURING THE PANDEMIC

The ICRC is monitoring the impact of COVID-19 and the authorities' response to it on people and communities already suffering the effects of armed conflicts and other situations of violence, with a view to ensuring that the rights of people and the protection afforded to them by IHL and other applicable norms continue to be respected while enforcing exceptional measures for disease prevention. The ICRC is bringing emphasis to the protection of health-care workers and services and to avoiding stigmatization of those infected and the people treating them.

Where specific protection needs have emerged or have been compounded by the pandemic, especially those concerning such vulnerable groups as IDPs, migrants, including refugees, children and unaccompanied minors in particular, victims of sexual violence, people with disabilities, communities affected by mines and other remnants of war (ERW) and older people, the ICRC is working to address those needs. It is strengthening

its engagement with authorities, weapon bearers, community and religious leaders and others of influence to draw attention to these protection concerns.

Through bilateral dialogue with the authorities, the ICRC seeks to help them mitigate the consequences of movement restrictions and other public health measures while ensuring that people and communities have equal access to preventive measures, health-care and other essential services, and humanitarian assistance. The ICRC is offering advice to governments and armed and security forces on taking into account humanitarian considerations and people's rights in the discharge of their duties during the pandemic. With exceptional measures employed by States and armed groups hampering the flow of people and goods, the ICRC continues to urge actors of influence to preserve the humanitarian space, facilitate the unimpeded delivery of aid and support the work of the Movement.



In **Venezuela**, the ICRC, in cooperation with the Venezuelan health ministry, the International Federation and the Venezuelan Red Cross, launched a nationwide awareness-raising campaign on COVID-19. This involved the wide dissemination of print and digital informational material on handwashing, social distancing and other related topics.

ACTIVITY (PLANNED/ONGOING)	CONTEXT
SAFEGUARDS FOR VULNERABLE POPULATIONS AND HUMANITARIAN ACTION	
Engaging in dialogue with authorities, weapon bearers, and others of influence on mitigating the consequences of exceptional measures on IDPs, migrants, including refugees, and other vulnerable populations	Armenia, Azerbaijan, Brussels, Chad, Colombia, Greece, Kuwait (regional), Lao People's Democratic Republic, Libya, London (regional), Mali, Mexico City (regional), Paris (regional), Peru, Pretoria (regional), Somalia, South Sudan, Ukraine, United States, Viet Nam, Yemen
Advocating for the sustained respect for IHL and other international bodies of law in the midst of the pandemic; calling on States to ensure access to asylum and to respect the principle of <i>non-refoulement</i> even in these exceptional circumstances	14 delegations
Persuading authorities to include, in their national and local responses to the pandemic, the needs of IDPs and migrants, including refugees, especially those living in crowded camps and densely-populated urban slums, taking into account their vulnerability to infection and the economic repercussions of restrictions, and the risk of triggering secondary displacements and forced or premature returns	14 delegations
Engaging in dialogue with authorities and communities to tackle COVID-related stigmatization or violence against IDPs and migrants, including refugees, and other marginalized populations	14 delegations
Protecting patients and health workers and services responding to the pandemic from stigmatization and violence, through multidisciplinary programming involving communication campaigns, capacity-building for health-care workers and interventions with weapon bearers	Afghanistan, Bangladesh, Brazil, Colombia, DRC, Iraq, Mexico, Nigeria, Philippines, Pakistan
Urging actors of influence to facilitate humanitarian access and action through such measures as providing exemptions from movement restrictions to humanitarian workers and transport	Brussels, Colombia, Ethiopia, ILOT, Kuwait (regional), Mexico City (regional), Nigeria, Mozambique, South Sudan, Ukraine, Yemen
Sharing the Movement's insights on and response to COVID-19 in regular communications, policy discussions and various forums, at local level and with the UN Secretariat and other multinational bodies, to strengthen coordination with them and gain support for the Movement's work	Beijing (regional), Brussels, Canada, Jakarta (ASEAN), Kuwait (regional), London (regional), New York (UN), United States
Broadening acceptance for the Movement's COVID-19 response by communicating with the public and actors of influence on its activities or supporting National Societies' campaigns	Armenia, Azerbaijan, Balkans (regional), Brussels, Cambodia, DRC, ILOT, Japan, Kuwait (regional), Lao PDR, Libya, London (regional), Somalia, Thailand, Uganda, Ukraine, Viet Nam
Integrating information on COVID-19 in risk-education sessions or public communication for populations affected by mines and ERW	Colombia, ILOT, Islamic Republic of Iran, Myanmar, Pakistan, Tajikistan, Ukraine
SUPPORT TO AUTHORITIES, WEAPON BEARERS AND OTHER ACTORS OF INFLUENCE	
Sharing messages with authorities and armed actors on fostering respect for international law and internationally recognized standards when enforcing exceptional measures, and advocating with them for the establishment of mitigating measures and the special protection of vulnerable groups	All delegations
Engaging authorities in a bilateral dialogue on the implementation of exceptional measures, and related abuses, discriminatory practices, stigmatization, disproportionate use of force and breaches of data protection policies affecting patients, and quarantined individuals and their families	Several delegations
Providing recommendations to assist the authorities, community and religious leaders and other actors of influence in implementing infection prevention measures	Afghanistan, Brazil, Colombia, Djibouti, Kenya, Nigeria, Philippines, Tanzania, Viet Nam, Yemen
Giving technical advice and/or conducting training (including through virtual means) to authorities and armed and security forces on taking precautionary health measures and adhering to international standards in the use of force while carrying out their duties in response to the pandemic	Afghanistan, Argentina, Bolivia, Brazil, Burundi, Cameroon, CAR, Chile, Colombia, DRC, Ecuador, Ethiopia, Iraq, ILOT, Jordan, Myanmar, Nigeria, Paraguay, Peru, Tashkent (regional), Uruguay, Venezuela, Zimbabwe
Sharing e-learning and other materials on IHL and the safeguards provided by IHL during pandemics, with academics and other actors of influence	Argentina, Brazil, Chile, Mali, Paraguay, Uruguay
Often in cooperation with local authorities and National Societies, educating the public on COVID-19, by integrating information campaigns in assistance activities such as relief distributions, and through publications, traditional and social media and other platforms	Abidjan (regional), Afghanistan, Armenia, Azerbaijan, Bangkok (regional), Brazil, Burkina Faso, Burundi, Cambodia, Cameroon, CAR, Chad, Colombia, DRC, Egypt, Ethiopia, Georgia, Guinea-Bissau, Iraq, ILOT, Kuwait (regional), Lao PDR, Libya, Mali, Mauritania, Niger, Nigeria, Pakistan, Philippines, Rwanda, Senegal, Somalia, South Sudan, Thailand, Venezuela, Viet Nam, Yemen

HIGHLIGHTS

January–May 2020



SAFEGUARDS FOR VULNERABLE POPULATIONS AND HUMANITARIAN ACTION

- In **Colombia**, the ICRC's dialogue with the government contributed to the issuance of a decree recognizing the freedom of movement of international humanitarian organizations, strengthening the ICRC's legal basis to operate in the country during the pandemic.
- In early April, the **Ukraine** government sent a plane to transport humanitarian cargo – consisting of 14 metric tonnes of medical items, such as disinfectant fluids and syringes – from Switzerland to Ukraine. The joint effort to facilitate the delivery of urgent supplies to communities affected by conflict and COVID-19 was the result of dialogue between the presidents of Ukraine and of the ICRC.
- In **South Sudan**, the ICRC is monitoring the effects of quarantine measures on the incidence of sexual violence and is updating referral pathways for victims/survivors, with a view to spreading awareness of the services still available to them.
- In **Yemen**, the ICRC released COVID-prevention videos in sign language, to ensure inclusive access to information.
- In **Philippines, Pakistan** and **Iraq**, public communication campaigns have been launched to promote respect for health-care workers amid the pandemic.
- In **Mali**, the ICRC is carrying out a public-communication campaign, on radio and social media platforms, to raise awareness of fake news and other



The ICRC continues to engage authorities and other actors of influence in dialogue to ensure that humanitarian workers and the transport of humanitarian aid, such as this shipment of medical materials for **Yemen**, remains unimpeded.



In the **DRC**, information sessions on the ICRC and its programmes are carried out while respecting COVID-19 prevention measures. The dialogue with the community continues while maintaining physical distance.

misinformation around COVID-19 and prevent the spread of the virus.

- In the **DRC**, where stigmatization against responders has been an issue, a major radio campaign is under way to raise awareness of the Movement's work, particularly its role in the response to the

pandemic. Messages on such topics as the protection due to people seeking or providing health care, and the red cross emblem, are being broadcast in 22 towns with a potential audience of 5 million people.



SUPPORT TO AUTHORITIES, WEAPON BEARERS AND OTHER ACTORS OF INFLUENCE

- In the **Middle East**, renowned Muslim scholars from Egypt, Iraq and Yemen and the occupied Palestinian territory recorded video messages advocating the prevention of COVID-19 through physical distancing and hygiene practices and providing advice on the management of human remains, among other topics. The video was viewed over 428,000 times in the first six days of its release. In the **Sahel**, a *fatwa* addressing issues related to COVID-19 was adopted by Muslim scholars gathered virtually by the ICRC.
- In **Iraq**, weapon bearers involved in transporting patients to hospitals received training on COVID-19 and preventive measures at an ICRC-facilitated information session.
- In **Kyrgyzstan**, the ICRC is in dialogue with armed and security forces involved in maintaining public order during the state of emergency imposed in the country because of COVID-19. The ICRC provided personal protective equipment to help armed forces and police personnel avoid contracting COVID-19 while patrolling checkpoints within and outside cities and at border areas.
- The ICRC has financially supported the National Societies in **Gambia** and **Senegal** to purchase disinfectants and handwashing kits, to be distributed to vulnerable communities. It has trained Senegalese National Society volunteers in carrying out awareness campaigns on COVID-19 prevention.
- As part of the Movement's response in **South Sudan**, the ICRC has provided logistical and material assistance to the South Sudan Red Cross, enabling 1,700 National Society volunteers to reach more than 1 million people across the country with information on how to prevent the spread of COVID-19.
- Armed and security officials from **Colombia, Ecuador, El Salvador** and **Mexico** joined their peers from over 20 countries in an ICRC-organized virtual meeting which had, among its topics, the importance of compliance with internationally recognized standards on the use of force while enforcing disease-containment measures.

COVID-19: RECOMMENDATIONS FOR STATE ARMED FORCES

PREVENTION AND RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE IN COVID-19 QUARANTINE CENTRES

Recommendations and best practices

SEXUAL AND GENDER-BASED VIOLENCE IN COVID-19 QUARANTINE CENTRES

Governments around the world are quickly implementing measures to contain the spread of COVID-19 and protect their citizens. Many governments are setting up quarantine centres and their armed forces are often being mobilized to manage them. Some countries are building emergency camps on islands, while others are using existing infrastructure, such as military bases, hotels and schools.

Without a doubt, isolating people is crucial to contain the virus, but this can also expose quarantined people to other risks. Sexual and gender-based violence (SGBV) is one such risk, and we know from other crises that restricted movement and confinement in a camp with limited resources exacerbate the risk and prevalence of violence.

The ICRC is already involved in discussions with State armed forces and this existing communication channel offers an opportunity to mitigate the risks in quarantine centres. The recommendations below are based on international standards, good practice and lessons learned from ICRC operations, such as the Ebola response. The recommendations can help the people in charge of COVID-19 quarantine centres manage them effectively without increasing the risks and consequences of sexual and gender-based violence.

COVID-19: INCLUSIVE PROGRAMMING

COVID-19: INCLUSIVE PROGRAMMING – ENSURING ASSISTANCE AND PROTECTION ADDRESSES THE NEEDS OF MARGINALIZED AND AT-RISK PEOPLE

This paper brings together guidance and messages from the ICRC's Operations Diversity Inclusion, Sexual Violence and Protection from Sexual Exploitation and Abuse teams, in collaboration with the Global Adviser on Children. Its purpose is to support the ICRC's delegations and partners in their response to COVID-19. The guidance focuses on the initial phases of the response, including contingency planning, adapting and possibly scaling back current activities and strengthening and establishing new activities and partnerships to respond to the virus in the humanitarian contexts in which it works.

INCLUSIVE PROGRAMMING – WHY?

In emergencies, already marginalized people are often excluded from humanitarian assistance. COVID-19 is no different. It will have disproportionate effects on vulnerable groups in society, its consequences and needs will be uneven. We must be careful of this in our response and strive to identify and respond to the needs of everyone: the visible and vocal and the less visible and silent. In this way, we can support marginalized and at-risk populations, by offering them priority assistance and engaging them in decision-making processes around the response, resilience building and risk reduction.

INCLUSIVE PROGRAMMING – WHO?

In most crises, in general, women, older people, children, adolescents and young people, persons with disabilities, internally displaced persons (IDPs), people from minority groups and persons dependent on their family caregivers, in different degrees, are more vulnerable to COVID-19. When faced with one of these factors intersect in combination with others (e.g. an adolescent girl from a minority group with a disability in a young gay town in Guatemala), the degree of vulnerability increases.

During the COVID-19 health emergency, the individuals and groups most at risk include those who have underlying health conditions or are receiving treatment, those who are in closed settings,

The ICRC has produced guidance documents on practices for addressing the protection needs and concerns of people with specific vulnerabilities who are impacted by the COVID-19 pandemic.



COOPERATION WITH RED CROSS AND RED CRESCENT MOVEMENT PARTNERS

Owing to its global network and local presence in many contexts, the International Red Cross and Red Crescent Movement is in a unique position to contribute to the response to the COVID-19 pandemic. Together, Movement components are leveraging their collective capacities and expertise, extensive reach and unparalleled presence to ensure that people, including those most vulnerable and at-risk, receive adequate help and information. In implementing its activities in contexts affected by armed conflict or other violence, the ICRC works jointly or in coordination with National Societies and the International Federation to ensure complementarity. It is adapting and/or reinforcing its comprehensive support for National Societies, which have been at the forefront of local responses, to ensure that they can carry out their work efficiently and in safety (see above).

The ICRC's support to National Societies includes:

- Material assistance, such as medical supplies, protective equipment, disinfecting materials, and fuel for carrying out medical evacuations
- Financial support for contact-tracing activities and cleaning campaigns, and to fund staff salaries, volunteer incentives, insurance coverage and the purchase of materials for disinfecting ambulances
- Advice on or training in conducting sessions on good hygiene practices, the proper use of protective equipment and ways to help people cope with the psychosocial effects of the pandemic
- Technical and other assistance for carrying out public-communication activities (e.g. radio spots or messages on mobile messaging applications) on ways to avoid getting infected with COVID-19 and preventing its spread
- Logistical assistance for transporting staff, volunteers and goods

HIGHLIGHTS

January–May 2020



In **South Sudan**, the ICRC, the International Federation and the South Sudan Red Cross have established a “solidarity fund”, which will be tapped to assist National Society volunteers who contract COVID-19.

- The ICRC has been working with the International Federation to support National Societies and ensure their financial sustainability during and after the COVID-19 crisis.
- In more than a dozen contexts, the ICRC has supported National Societies to reinforce their human-resources and technical capacities to respond to the pandemic.
- Movement partners in **Afghanistan** have worked together to create a plan that addresses priority humanitarian issues generated by the pandemic. The ICRC's contribution to the plan has included supporting the Afghan Red Crescent in carrying out its duty of care for its staff

and volunteers by reinforcing virtual connections. The ICRC has also helped develop guidelines for infection and prevention control in National Society premises and procedures for handling and transferring infected human remains. Similarly, in the **Central African Republic**, the ICRC has supported the development of a Movement response plan to the COVID-19 crisis, led by the Central African Red Cross Society.

- In **Colombia**, continuous coordination has allowed Movement partners to maintain their regular operations and support the Colombian Red Cross's COVID-19 response throughout the country.

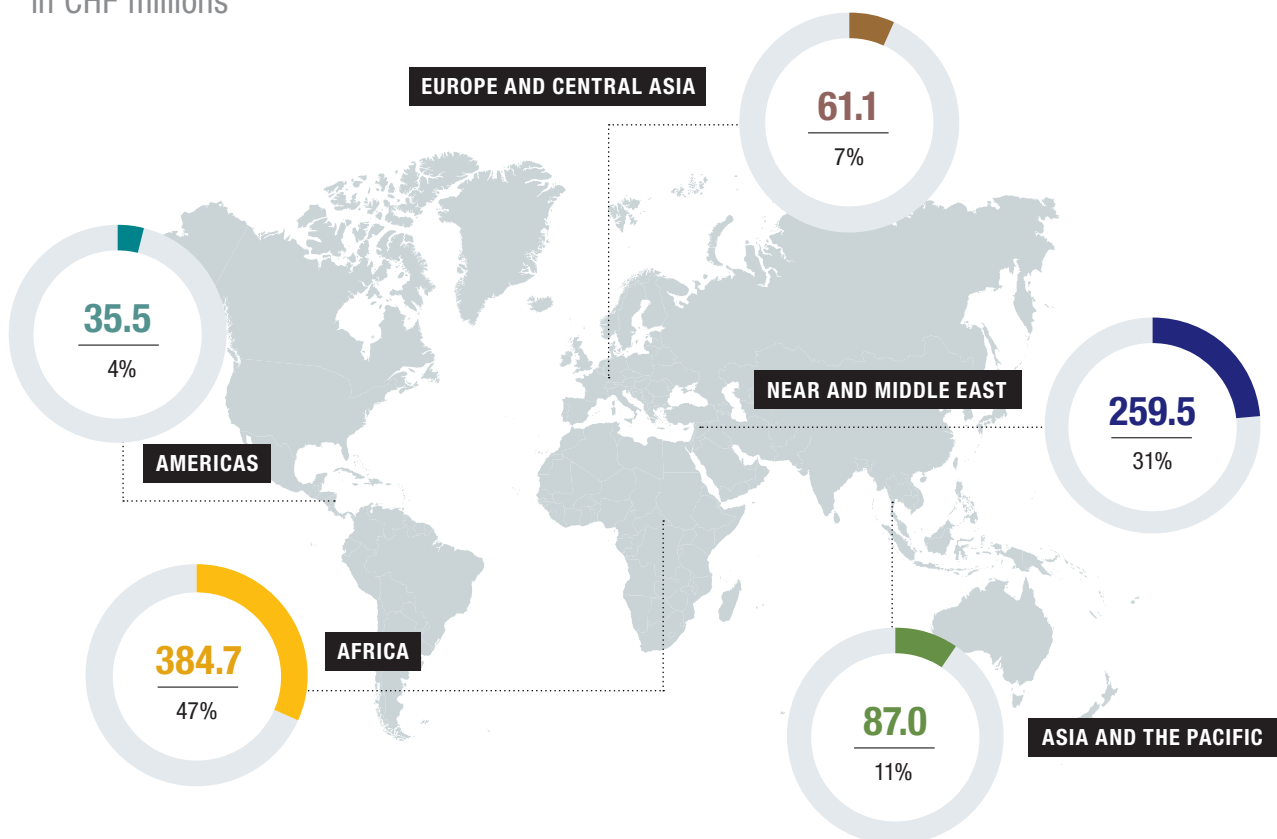
SECTION 2:

ACTION TO ADDRESS THE BROADER IMPACT OF COVID-19 ON COMMUNITIES AND ON THE PROVISION OF ESSENTIAL SERVICES

► BUDGET: CHF 828 million

BUDGET BREAKDOWN BY GEOGRAPHICAL REGION

in CHF millions





DRC. With financial assistance from the ICRC, this woman, a mother of nine children, has started a small business through which she supports her family. Her achievement is a testament to her strength and resilience

COVID-19 has significantly disrupted daily life around the world. In many countries, the COVID-19 crisis has exposed the structural weaknesses of social systems. Quarantine and other measures taken by States to prevent the spread of the virus are threatening the livelihoods of millions of people. The secondary socio-economic and tertiary protection impact of the pandemic is likely to be highly disruptive for already-marginalized groups: women at risk of increased incidence of sexual and gender-based violence; children out of school; workers in the informal sector unemployed and falling further below poverty lines; and other basic needs going unanswered, crowded out by a narrow focus on the pandemic. The World Bank estimates that COVID-19 will push 40–60 million people into extreme poverty.

Through its services, the ICRC provides a lifeline to people affected by conflict and violence, including in areas reached by few or no other actors. At a time when the world's attention is on battling the pandemic and its massive impact across all sectors of society, the ICRC's role becomes all the more vital in making sure that those who were already marginalized before the crisis are not left further behind.

The broad palette of activities that the ICRC has been running for decades will be essential in the long-term, global response to the socio-economic fallout of the pandemic and its knock-on effects on food security, livelihoods and the provision of basic services. Core programmes in the fields of economic security, water and habitat, health and humanitarian protection – made possible by the ICRC's time-tested approach, access and acceptance on the ground – play a key role in meeting the needs of millions of people and building

The ICRC's core activities are critical to supporting communities and propping up essential service systems, enabling them to weather the COVID-19 crisis and to recover and emerge from its impact.

on their resilience in the long run. These activities now have a dual purpose: on top of their initial intent, they also contribute to addressing the secondary and tertiary effects of the ongoing pandemic.

Thus, alongside its efforts to address the immediate effects of COVID-19, the ICRC will maintain its activities aimed at sustaining access to basic goods and services and protecting people's livelihoods, food security and dignity, which are crucial to the survival and well-being of vulnerable communities. These activities, which are included in the plans of action set out in the Appeals 2020, have been adapted according to the specific needs of the people affected and the "new reality" ushered in by COVID-19, and will be conducted in line with WHO guidelines and national infection prevention and control measures.



HELPING VULNERABLE HOUSEHOLDS GET BACK ON THEIR FEET

For people whose livelihoods and food security have been weakened by years of conflict or violence, the socio-economic impact of the pandemic hits especially hard. Many economic activities have slowed down, and the combination of factors such as limited access to markets and supplies, reduction in customers and sales, and price volatility of staple goods have resulted in detrimental losses for households dependent on small-scale agricultural activities or trade. In Iraq, a survey of households benefiting from the ICRC's microeconomic initiative programme found that 98% of their businesses had been affected by COVID-19. In the Gaza Strip, small livestock projects supported by the ICRC have witnessed a decrease in demand (e.g. owing to restaurant closures)

and an increase in costs (of importing animal feed, for instance).

The ICRC will do everything it can to maintain its economic security activities, to help people protect and diversify their food supply and sources of income, and support them towards self-sufficiency. It has already adapted these activities to integrate hygiene and social distancing measures, where possible replacing in-kind distributions with cash assistance. These efforts will be critical to keeping market capacity alive, making sure people have enough to cover their daily needs, minimizing the risk of resorting to harmful coping mechanisms, and giving people and local economies a better chance of rebounding after COVID-19.

OPERATIONAL EXAMPLES

- Microeconomic initiatives, livestock vaccination campaigns and/or training for community animal-health workers are going on as planned in **Burkina Faso**. Ongoing livestock vaccination campaigns in **Chad**, **Ethiopia** and **Mali** have helped protect animals belonging to thousands of families from various diseases.
 - Vulnerable communities have been given agricultural supplies to help boost their food production, including returnees in **Ethiopia**; violence-affected communities in **Kenya**, who received cassava cuttings or support for ploughing their farmland; and IDPs, returnees and residents in **South Sudan**, who received seed,
- farming tools and fishing kits from the South Sudan Red Cross and the ICRC. In **Ukraine**, the ICRC has distributed material aid or vouchers for people to buy items to help them produce their own food. It has also provided cash grants and vocational training for people to maintain or increase their income.



Ethiopia, Oromia region, East Hararge zone. Together with local partners, the ICRC conducts a vaccination campaign to help protect the livestock of violence-affected people against common diseases.

- In **Azerbaijan**, the ICRC has set up a hotline, and is developing an e-learning module, to provide technical assistance to beekeepers supported by the ICRC's livelihood programme for front-line communities. It is distributing seed and farming implements to enable front-line communities to boost food production, and helping them establish market links so that they can sell their produce.
- In **Somalia**, the ICRC has been providing multipurpose cash grants to people affected by the combined effects of conflict, violence, climate change, natural hazards and poor conditions in areas not accessible to other humanitarian actors. It is doing the same for people in **Nigeria** and for people with disabilities in the **Philippines**, to help them meet their basic needs.
- The ICRC is exploring further the use of e-commerce, mobile and other platforms to deliver assistance remotely or to persons with difficulties in mobility. In **Libya**, a local e-commerce organization and the ICRC piloted an online delivery programme that enabled over 30 IDP families at two collective shelters to receive food and hygiene items. In **Myanmar**, a contract to provide cash assistance in Kachin and Shan states through a mobile platform is being finalized. In some instances in **Yemen**, the ICRC has shifted from in-kind assistance to cash distributions or transfers, particularly in places where markets are functioning.
- The ICRC has put in place infection prevention measures for its distributions of food and essential household items, including during assistance activities for people newly displaced or otherwise affected by fighting in **Cameroon**, **Mali** and **Mozambique**.



At the Al-Hol camp in Syria, the Syrian Arab Red Crescent and the ICRC have been providing 50,000 meals per week through a collective kitchen, which now delivers meals directly to camp residents' tents rather than having them queue, to reduce risks.



Chad. White stones set at fixed distances on the ground mark the spots at which the next person stands to queue during an ICRC relief distribution activity.



SUSTAINING ACCESS TO ESSENTIAL SERVICES

In conflict and violence-affected settings, the provision of essential public services is often strained even in the best of times. With violence- and poverty-stricken economies at the risk of collapse because of the pandemic, these services are under further threat as precautionary measures impede servicing and maintenance of facilities, and heightened demand gives way to increased pressure. In the Sahel region of Africa, water resources were already insufficient even before the pandemic, in some cases becoming a source of tension between communities. In Syria and Yemen, urban water and sanitation systems have suffered from years of protracted fighting. The ICRC works to ensure

that violence-affected people, including those living in areas under the control of armed groups, benefit from a minimum of access to basic public services. Its projects aim to provide communities with reliable access to clean water, adequate shelter and improved community infrastructure; it also supports capacity-building in relation to these activities to promote sustainability, resilience and local ownership. With national capacities struggling to cope or unable to reach the most needy, these efforts contribute to strengthening the systems that are fundamental to the fight against COVID-19, and that enable people to maintain dignified living conditions in the longer term.

OPERATIONAL EXAMPLES

- The ICRC has actively participated in various initiatives with other international organizations, national and local authorities, academics and others of influence to advocate the protection of the water, sanitation and hygiene (WASH) sector. For instance, it worked with UNICEF, the Global WASH Cluster, and Sanitation for All to prepare key messages and a document on mitigating the socio-economic impacts of the pandemic on the WASH sector.
- In **Afghanistan**, the ICRC has continued to provide spare parts for hand pumps. In **Myanmar**, **Syria** and **Yemen**, the ICRC is improving infrastructure, supporting local water authorities, improving health facilities, and/or trucking water to benefit people living in camps and IDP centres and their surrounding communities. In the **DRC**, it is working with the water boards of Beni and Bunia – cities in some of the most violence-affected areas of the country – to reinforce the water-supply systems in these dense urban areas.



Myanmar, Sittwe. An ICRC staff member prepares a water filtration kit for displaced families housed at the Damarama monastery.



Syria, Eastern Ghouta. On a daily basis, the Syrian Arab Red Crescent and the ICRC fill and sterilize one of 225 water tanks providing drinking water to some 200,000 people.

- In **Brazil**, the ICRC is building or repairing water-supply systems and sanitation facilities in schools, community centres and other communal structures used by migrants and their host communities in Roraima.
- In **Azerbaijan**, the ICRC has helped schools near front-line areas prepare for their eventual reopening by donating cleaning materials and installing handwashing facilities. It has been monitoring water projects completed in the past, and facilitating repairs, if needed, to ensure their continued functioning.



Brazil, Roraima. A woman and a young girl wash their hands at a water source. The ICRC installed a solar-powered water pump to ensure a continuous source of water for migrants and the local population hosting them in Roraima.



ICRC construction projects cover shared community structures, too. For example, livestock breeders in Mauritania have benefited from ICRC-built cattle pens, which are a big help during animal-vaccination campaigns.



Nigeria, Gubio camp. The ICRC is supporting the construction of shelters for newly displaced people.



FACILITATING ACCESS TO QUALITY HEALTH CARE

People are still dying, getting injured or experiencing trauma as a result of ongoing hostilities. Hospitals continue to receive scores of weapon-wounded people, for instance, in north-eastern Nigeria, South Sudan, the DRC and Yemen. Access to health care remains precarious for those living in volatile areas, and many health facilities struggle to keep up with the demand for services. The ICRC will continue its health programmes, encompassing primary health care, first aid, pre-hospital and hospital services, mental health and psychosocial support, health care in detention and physical rehabilitation for patients for whom the suspension of services mean painful life-

long physical disabilities (e.g. club foot). In many places, the ICRC helps restore services that have been severely debilitated by years of fighting or lack of resources and capacities, providing comprehensive support to keep them running on a daily basis. The assistance it provides not only enables health systems to absorb the additional strain brought on by COVID-19, but ensures that services – including routine vaccinations, mother-and-child care, weapon-wound surgeries and treatment for chronic or other diseases – are not overshadowed by COVID-19 and can continue long after the pandemic.

OPERATIONAL EXAMPLES

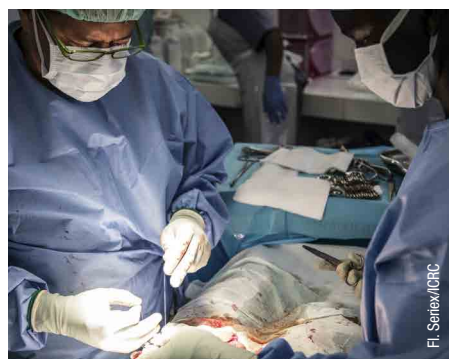
- The ICRC continues to support the provision of primary-health care at National Society-run clinics in **Afghanistan**. In **Burkina Faso**, it is helping local health authorities to vaccinate more than 32,000 children aged 9 months to 10 years old against measles.
- In **Pakistan**, the ICRC continues to support health facilities that prevent and treat diabetes and non-communicable diseases, while helping ensure that their services have been adapted to the COVID-19 crisis.
- In **Ukraine**, the ICRC is transporting, across the line of contact, medicines and other supplies to health centres diagnosing and treating HIV/AIDS and TB in areas not controlled by the government.



Bangladesh. With the Bangladesh Red Crescent Society, the ICRC deploys mobile medical teams to bring primary health care to displaced communities and local residents who cannot access clinics. The teams attended to some 390 patients in the first half of April.



Nigeria. With the Nigerian authorities and a Swiss institute, the ICRC supports the use of the ALMANACH (Algorithm for the Management of Acute Childhood Illnesses) – an application that helps enhance care for children under the age of five in primary-health-care facilities in Adamawa.



South Sudan. ICRC surgical teams continue to treat patients with life-threatening injuries. From January to April, more than 320 weapon-wounded patients were admitted and treated at ICRC-supported hospitals.



ENSURING THE PROTECTION OF PEOPLE AFFECTED BY CONFLICT AND ARMED VIOLENCE

Hostilities and armed violence have not stopped; people continue to be in need of humanitarian protection, whether in front-line or tension-prone areas, in camps for displaced people or along migration routes. Through its dialogue with State and non-State actors and its vast network of contacts from all sides, the ICRC will continue to promote respect for IHL or other rules protecting the civilian population during situations of conflict or violence, and working to increase their resilience. It will continue to emphasize their protection against abuses, including sexual violence, and attacks, including those targeting health facilities and personnel; safe and unhindered access to essential services; and the prevention of family separation, which could expose people to further risks.

In places of detention, the ICRC will continue to ensure that people are being held in conditions that comply with applicable norms and respect their rights and dignity. Despite various constraints resulting from the pandemic, it is in contact with the detaining authorities, and its visits to places of detention will continue, albeit with special precautions to protect the detainee population. Its efforts to support the authorities in making improvements at the structural level will likewise continue, with a view to strengthening local capacities to contain the spread of COVID-19 and other infectious diseases in the longer term.

OPERATIONAL EXAMPLES

- In **Yemen**, the ICRC is engaging all parties to the conflicts in dialogue on the protection of conflict-affected Yemenis, their access to essential services and humanitarian aid, respect for health services, and enabling the delivery of humanitarian aid. In **Afghanistan**, the ICRC continues to document IHL violations and passes these on to parties to conflict via letters or phone calls.
- In parts of Central America, Africa, Europe, the Middle East and the Pacific Islands, the ICRC monitors the situation of migrants, including refugees and asylum seekers, and documents their protection and other concerns. Where possible, it engages the pertinent authorities in dialogue and urges them to address migrants' needs.
- Despite numerous constraints, the ICRC has managed to maintain its capacity to act as neutral intermediary, notably for the release of people being held in **Afghanistan**, **Colombia** and **Ukraine**. In **Georgia**,



Yemen. Ongoing fighting has caused large-scale destruction and led thousands of people to flee their homes.



In Armenia and Azerbaijan, the ICRC is supporting the authorities' efforts to facilitate continued access to education, including through distance learning and the provision of tablets and wi-fi routers for children, including those living in front-line communities.

it is acting as a neutral intermediary to facilitate the passage of people across the administrative boundary line between Georgia proper and South Ossetia to obtain medical treatment.



STRENGTHENING THE CAPACITIES OF NATIONAL SOCIETIES

The vast network of National Red Cross and Red Crescent Societies is a key element of the ICRC's operations, enabling it to stay close to the communities it serves. National Societies are often first responders, working at the forefront of various crises; their operational effectiveness is vital to the delivery of humanitarian responses, whether during emergencies or in peacetime. In coordination with the International Federation and other components of the Movement, the ICRC supports the development of their organizational and operational development so they can effectively and safely carry out their activities. It provides National Societies with various forms of support, including financial, technical, logistical and material assistance. It also seeks to better mobilize and reinforce expertise within and outside the Movement in favour of each National Society's long-term development. This type of capacity-building comes on top of the support the ICRC provides to National Societies for the implementation of joint activities (see above).

The COVID-19 crisis unfolding globally highlights the importance of strong National Societies as crucial local humanitarian responders. Although the full impact of the coronavirus pandemic is yet to be seen, the effects of the crisis will not be short-lived and will place severe stress on the resilience of many National Societies. With National Societies being requested by their governments to contribute to the response to COVID-19, in coordination with other Movement partners, the ICRC has provided many of them with additional technical support in different operational areas, donated protective equipment and made financial contributions for their staff and volunteer insurance. It has also reallocated some of its funding support to help National Societies increase their response capacities, maintain their core activities and ensure business continuity in the current context and beyond.



Syria, Damascus. An ICRC and Syrian Arab Red Crescent team surveys the damage.

FACTS AND FIGURES¹

HEALTH SERVICES



179 hospitals, including 81 hospitals monitored directly by ICRC staff, have received ICRC support



394 health centres have received ICRC support



Over 148,000 people have attended ICRC information sessions on COVID-19

DETENTION



Over 400 places of detention, holding more than **400,000 detainees**, have received support for improving detainees' living conditions and containing the spread of COVID-19



Nearly 100 health facilities in places of detention have received ICRC assistance globally



Detaining authorities in 61 countries have been assisted in strengthening health-care systems in places of detention

WATER AND HABITAT



The ICRC is keeping up its activities to ensure that people have a sufficient and reliable supply of water and live in decent and hygienic conditions. **Over 25 million people** stand to benefit from these projects by the end of the year.

ECONOMIC SECURITY

The ICRC is continuing to provide assistance in meeting people's daily needs and restore or protect their livelihoods. In 2020, it aims to provide such aid to approximately:



2.9 million people to ensure adequate food consumption



3 million people to improve their living conditions



5.5 million people to bolster their food production



208,000 people to help them build their capacities



929,000 people to enable them to augment their incomes

¹. All figures are based on available data from the field and are subject to further validation. Achieved figures cover January to April 2020 only.

ANNEX

THE ICRC'S OPERATIONAL RESPONSE TO COVID-19 AND ITS BROADER IMPACT ON COMMUNITIES

Budget breakdown by region and delegation

	IN CHF
AFRICA	
Abidjan (regional) ²	6,714,239
Algeria	1,183,997
Burkina Faso	12,928,256
Burundi	8,587,553
Central African Republic	30,700,018
Chad	8,216,000
Congo, Democratic Republic of the ³	53,921,999
Dakar (regional) ⁴	4,724,026
Eritrea	594,690
Ethiopia	18,719,992
Libya	51,157,973
Mali	34,554,732
Mauritania	2,920,414
Morocco	481,163
Nairobi (regional) ⁵	6,611,779
Niger	29,930,573
Nigeria	77,966,302
Pretoria (regional) ⁶	9,662,434
Rwanda	3,022,994
Somalia	52,776,871
South Sudan	85,182,930
Sudan	14,916,801
Tunis (regional) ⁷	3,170,032
Uganda	2,970,089
Yaoundé (regional) ⁸	19,729,263
TOTAL: AFRICA	541,345,121
AMERICAS	
Brasilia (regional) ⁹	4,835,073
Caracas (regional) ¹⁰	20,746,379
Colombia	24,588,561
Lima (regional) ¹¹	2,859,221
Mexico City (regional) ¹²	16,394,742
New York	228,611
Panama City (regional) ¹³	1,728,892
Washington (regional) ¹⁴	2,393,442
TOTAL: AMERICAS	73,774,920

2. Covering Benin, Côte d'Ivoire, Ghana, Guinea, Liberia, Sierra Leone and Togo

3. Covering Congo-Brazzaville and the Democratic Republic of the Congo

4. Covering Cabo Verde, Gambia, Guinea-Bissau, Senegal

5. Covering Djibouti, Kenya, United Republic of Tanzania

6. Covering Angola, Botswana, eSwatini (formerly Swaziland), Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe

7. Covering Tunisia, Western Sahara

8. Covering Cameroon, Equatorial Guinea, Gabon, São Tomé and Príncipe

9. Covering Argentina, Brazil, Chile, Paraguay, Uruguay

10. Covering Bolivarian Republic of Venezuela, Trinidad and Tobago, Aruba, Bonaire, Curaçao

11. Covering Plurinational State of Bolivia, Ecuador, Peru

12. Covering Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua

13. Covering Antigua and Barbuda, Bahamas, Barbados, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Panama, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname

14. Covering Canada, United States of America, Organization of American States (OAS)

	IN CHF
ASIA AND THE PACIFIC	
Afghanistan	19,576,517
Bangkok (regional) ¹⁵	5,505,328
Bangladesh	21,176,027
Beijing (regional) ¹⁶	5,036,922
Jakarta (regional) ¹⁷	2,123,537
Kuala Lumpur (regional) ¹⁸	3,555,081
Myanmar	47,790,508
New Delhi (regional) ¹⁹	4,764,776
Pakistan	4,781,762
Philippines	14,145,458
Sri Lanka	4,174,937
Suva (regional) ²⁰	7,551,422
TOTAL: ASIA AND THE PACIFIC	140,182,276
EUROPE AND CENTRAL ASIA	
Armenia	2,452,362
Azerbaijan	7,217,115
Balkans (regional) ²¹	3,272,517
Brussels ²²	1,623,691
Georgia	2,833,176
Greece	2,145,481
London (regional) ²³	3,021,238
Moscow (regional) ²⁴	2,600,868
Paris (regional) ²⁵	2,300,344
Tashkent (regional) ²⁶	3,817,375
Ukraine	56,251,189
TOTAL: EUROPE AND CENTRAL ASIA	87,535,358
NEAR AND MIDDLE EAST	
Egypt ²⁷	3,578,032
Iran, Islamic Republic of	2,415,886
Iraq	64,110,994
Israel and the occupied territories	26,364,451
Jordan	11,026,058
Kuwait (regional) ²⁸	5,000,020
Lebanon	12,021,342
Syrian Arab Republic	141,124,570
Yemen	85,788,842
TOTAL: NEAR AND MIDDLE EAST	351,430,195
TOTAL REVISED APPEAL	1,194,267,871

15. Covering Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam

16. Covering China, Democratic People's Republic of Korea, Mongolia, Republic of Korea

17. Covering Indonesia, Timor-Leste, Association of Southeast Asian Nations (ASEAN)

18. Covering Brunei Darussalam, Japan, Malaysia, Singapore

19. Covering Bhutan, India, Maldives, Nepal

20. Covering Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific

21. Covering Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Hungary, Montenegro, Republic of North Macedonia, Romania, Serbia, Slovenia, Kosovo (UN Security Council Resolution 1244)

22. Covering Institutions of the European Union, NATO, Belgium

23. Covering Ireland, United Kingdom of Great Britain and Northern Ireland

24. Covering Belarus, Republic of Moldova, Russian Federation

25. Covering Andorra, Cyprus, France, the Holy See, Italy, Malta, Monaco, Portugal, San Marino and Spain (with specialized services for other countries)

26. Covering Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan

27. Covering Egypt, League of Arab States

28. Covering the member States of the Gulf Cooperation Council, namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates



ICRC

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