

Responding to COVID-19 In Urban Environments

Learning from Local Responders to Guide
Future Epidemic & Pandemic Responses in
Urban Areas

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Abbreviations

CBHFA	Community Based Health and First Aid
CBOs	Community Based Organisation
CBT	Cash Based Transfer
CIC	Community Inclusion Currencies
CP3	Community Epidemic and Pandemic Preparedness Programme
ERC	Egyptian Red Cross
GBV	Gender-Based Violence
H2P	Humanitarian Pandemic Preparedness
IFRC	International Federation of Red Cross and Red Crescent
KII	Key Informant Interviews
NGO	Non-Governmental Organisation
PHAST	Participatory Hygiene and Sanitation Transformation
RC/RC	Red Cross/Red Crescent Societies
UN	United Nations

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Executive Summary

This study on Responding to COVID-19 in Urban Environments was commissioned by the German Red Cross through funding from the German Federal Foreign Office. This report forms the final of two outputs produced for the study. The first was a literature review on Learning from Epidemic and Pandemic Disease Outbreak Response in Urban Environments. This report focuses on the second output of the study which examined the local response to COVID-19 in urban areas and draws lessons for future response.

The study used three main data collection methods. These included (i) document review (ii) a comprehensive online survey and (iii) key informant interviews. An analytical framework was used to answer the main questions for this part of the study. The questions were:

1. How did **National Societies position themselves** in the response to COVID-19 in urban settings?
2. What **capacities did National Societies deploy** in response to COVID-19 in urban settings and were these effective?
3. What were the **gaps and opportunities** that presented themselves during the response to COVID-19 in urban contexts?
4. What does this mean for National Societies and humanitarian organisations more broadly?

In order to answer these questions, the study explored both the strategic and programmatic positioning of National Societies and the different actors and their roles in urban environments. In addition, National Society capacities, preparedness and response to COVID-19 in urban areas were explored. The overall findings were:

Positioning

National Societies auxiliary role often gave them a seat at Government-led COVID-19 response coordination meetings. The fact that National Societies had branches in urban locations was also important because they had volunteers from the same urban neighbourhoods, which meant they were known in the areas they would respond in; this engendered trust and enabled access to areas where others couldn't go, for example where conflict or insecurity was prevalent. National Society presence in urban areas also meant that they had existing programmes, such as Disaster Risk Reduction programmes which could be adapted to respond to the pandemic.

Recommendations on Positioning. National Societies should:

1. Ensure that they have an auxiliary role enshrined in law that gives them access to Government led emergency coordination structures and that they have a clear mandate for emergency response based on their capacity for emergency response.
2. Build branch presence in urban areas, particularly in areas identified through vulnerability analysis as having greater vulnerability. This could include urban areas where informal settlements and slums have formed.
3. Continue to target and advocate for and work with marginal and vulnerable groups in urban settings such as people living in informal settlements and migrants.
4. As a trusted member of civil society, combat misinformation about the response. Identify trusted sources of information, use diverse mechanisms trusted by vulnerable communities, as well as traditional media and social media to reach the large populations present in urban areas.

Other Actors and Roles

National Societies recognized the key role that Governments would play in response to COVID-19 as “duty bearers” in responding to the humanitarian needs of their populations. However, it was equally important for National Societies to engage with local government as well as community structures present in neighbourhoods and at street level in order to understand needs and respond appropriately.

National Societies viewed stakeholder mapping as a critical measure of preparedness in enabling a coordinated response, preventing duplication and ensuring coverage of response in urban areas.

Recommendations on Other Actors and Roles. National Societies should:

5. Build on and strengthen existing national, municipal and district level government partnerships as key interlocutors for urban response. Specifically identifying what contributions can be made to coordination and response. This could include the development of specific Memorandum of Understanding to better define roles.
6. Through stakeholder mapping invest in identifying and partnering with other actors including traditional local leadership at community level to facilitate and coordinate response in urban areas. This could include groups or networks that form as a result of a crisis.
7. Explore whether partnerships with other actors may have been useful in the urban context. For example, with media (TV, radio) and social media in disseminating risk messaging. Having pre-agreements with media outlets for collaboration may improve the efficiency and effectiveness of risk messaging dissemination.
8. Consider whether partnering with the private sector may be advantageous in the provision of resources, technical expertise and other capacities that may be lacking in their urban response.

Preparedness

National Societies had multi-hazard preparedness plans, however fewer had specific epidemic or pandemic preparedness plans in place. No differences were noted in terms of preparedness plans for rural or urban settings with the exception of a greater emphasis on the mapping of infrastructure and services in urban areas, potentially highlighting the greater availability of services in urban settings.

National Societies also reported that critical elements of preparedness for urban areas included stakeholder mapping and the mapping of internal and external capacities in order to facilitate response coordination.

Recommendations on preparedness. National Societies should:

9. Incorporate the multi-sector impact of epidemics and pandemics into preparedness and response plans. Going beyond the health impacts of epidemics, consideration should be given to the socio-economic consequences of all epidemics/pandemics, particularly when the impact of outbreaks involves lockdowns over extended periods of time.
10. Review existing preparedness plans to incorporate lessons from the COVID-19 response, specifically focusing on regular mapping of stakeholders, internal and external capacity, services, and assessing vulnerability and identifying the most vulnerable in urban areas.
11. Review the current balance of programming to ensure adequate programme presence in urban areas, and whether the existing activities need to be adapted or expanded to include key activities such as disaster risk reduction programmes as well as Participatory Hygiene and Sanitation Transformation (PHAST) and Community-based Health and First Aid (CBHFA) for delivering key risk messages associated with epidemic and pandemic diseases.

12. Ensure that preparedness measures for undertaking Cash-based Transfer (CBT) activities are in place prior to emergencies and specifically the modality for distribution of the cash transfer, including financial service provider agreements are chosen.
13. Ensure that preparedness plans incorporate adequate “digital preparedness” enabling both programmes to continue to be delivered as well as business continuity. This may require investment in training and the purchase of software and hardware. For example, a digital database for volunteer management.

Response

Undertaking needs assessment proved challenging for National Societies because of the restrictions imposed as COVID-19 control measures, but also because they lacked staff and volunteers with the necessary experience in conducting urban assessments and the challenges of the sheer numbers and geographical spread of people in urban settings. To address this National Societies often relied on government social protection mechanism lists to identify the most vulnerable, or in some cases lists that they had from ongoing or previous programmes in urban areas.

National Society response was diverse in nature reflecting individual National Society mandates and capacities. However, community engagement was highlighted as critical aspect of their response, ensuring that the public was (i) informed (ii) received risk messages and could (iii) provide feedback through diverse means, in urban areas.

Recommendations on Response. National Societies should:

14. Ensure that their response addresses the multi-sectoral needs arising from epidemics/pandemics in urban settings.
15. Engage with communities to be the provider of trusted information through different channels such as volunteers, media (including social media), and written materials. This information can be risk messaging as well as accurate information to counter the spread of misinformation.
16. Recognise the challenges of doing assessments in urban contexts. Use preparedness opportunities to have a stronger analysis of urban vulnerability in their context to aid the identification and targeting of the most vulnerable. This could be done in partnership with community and neighbourhood leaders as well as more formal social protection mechanisms. The latter could be facilitated through agreements between National Societies and Government Social Protection on sharing vulnerability information.

Capacities

Funding staff and volunteers, as well as materials was a key challenge for National Societies. For some National Societies, the pandemic stopped regular National Society income which impacted the core costs of organisations. For other National Societies it was unclear how existing programme funding could be re-programmed to address pandemic needs.

Staff and volunteers often did not have the relevant skills, experience, or training to work in epidemic response. As with most organisations, National Societies, with some exceptions, did not have stocks of Personal Protective Equipment and this took time to source.

While National Societies experienced increased volunteer demand, many were not prepared to manage such a surge. In some cases, they lacked digital volunteer information management systems, struggled to provide onboarding for volunteers, including training within the context of restrictions.

In general, National Societies were not prepared for a move to digital working which in some contexts proved difficult because home working did not guarantee access to the internet or even electricity. In some cases, having access to the necessary hardware was a challenge. However, National Societies adapted and switched to digital working often “learning by doing” to maintain business continuity.

Lastly, partnerships were critical to National Society response in urban areas. Whether with national government, municipalities, NGO’s, UN, private sector, or urban community structures. Partnerships were vital in providing funding, facilitating the response, sharing the workload, and coordinating the response to cover the needs of large urban populations spread across cities.

Recommendations on Capacities. National Societies should:

17. Incorporate the risk of decreased funding, resulting from suspension of income generating activities into National Society Business Continuity Plans. These plans should ensure that this considers appropriate prioritisation of National Society functions and programmes. In addition, consider diversifying income generating opportunities of National Societies to reduce the impact of income loss.
18. Review their specific approach used to manage volunteer surges and onboarding including training with the aim of identifying lessons to be better prepared for future volunteer surges during crises. Having a digital volunteer management data base should be a minimum requirement.
19. Take measures to ensure volunteer and staff wellbeing during pandemics (and other crises). These measures should include physical and psychological wellbeing.
20. Ensure that required relief materials are available either through stocks or supplier agreements. These supplies should also consider stocks of PPE which may be required for specific disease outbreaks. However, the risks associated with prolonged storage of PPE equipment should be factored into stock management.
21. Build on the digital transition already made in response to COVID-19 where appropriate through learning across National Societies and considering integration of these additional digital tools and ways of working within existing National Society systems.

1.0 Introduction

Currently 56% of the world's population live in urban areas, with this set to rise to 60% by 2030¹. Approximately 20% (1.6 billion people) of the world population live in inadequate housing including 1 billion people that reside in slums and informal settlements².

Urban poor and slum communities are characterised by poor and over-crowded housing conditions at household and neighbourhood levels, poor sanitation (toilets, drainage) and limited access to clean water. These characteristics often provide conditions for the fast spread of epidemic diseases. People residing in such conditions face not only the challenges of chronically poor residential environments, the acute effects of an epidemic, but also the direct and indirect impacts of the preventive measures that follow.

This document is part of a study commissioned by the German Red Cross, implemented in close collaboration with IFRC and funded by the German Federal Foreign Office. The Terms of Reference for the study can be found in Annex 1. An analytical framework (Annex 2) was used as the basis for the study.

The first output³ of the study gathered learning from previous epidemic/pandemic response and examined impacts on governance (communication, information, and misinformation; public trust and compliance with epidemic control measures; violence and insecurity), social (mental health, GBV and domestic violence; education), economic (macro and micro (household) economic impacts) and health impacts (health systems; health-care workers; immunization), in urban areas.

This part of the study collected and analysed information to address the following questions:

1. How did **National Societies position themselves** in the response to COVID-19 in urban settings?
2. What **capacities did National Societies deploy** in response to COVID-19 in urban settings and were these effective?
3. What were the **gaps and opportunities** that presented themselves during the response to COVID-19 in urban contexts?
4. What does this mean for National Societies and humanitarian organisations more broadly?

2.0 Methodology

The study primarily used three main methods for data collection. These were:

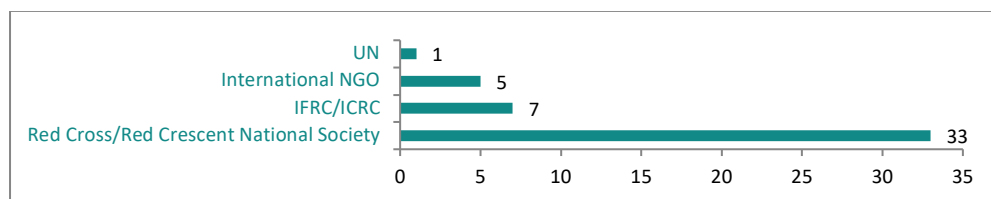
1. Documentary analysis: the documents reviewed included those collated by the evaluation team from searches, or from interviewees who were interviewed as key informants. These documents often acted as the basis for the boxes developed in the reports as examples of National Society responses to COVID-19 in urban contexts.
2. Online Survey: a comprehensive online survey was developed to address the study questions. The survey questionnaire can be found in Annex 3 of this document. Figure 1 below details the breakdown by organisation type of the 46 respondents to the survey.
3. Key Informant Interviews (KIIs): a total of 20 key informants were interviewed for the study. These included National Society, IFRC, ICRC and 1 NGO. The semi-structured questionnaire for the interviews can be found in Annex 4. The list of people interviewed can be found in Annex 5.

¹ UN Habitat, 2020, World Cities Report 2020: Key Findings and Messages

² Ibid.

³ 2020, A Review of Literature: Learning from Epidemic and Pandemic Disease Outbreak Response in Urban Environments

Figure 1. Breakdown of the online survey respondents by organization type.



The online survey respondents and key informants to the study were from National Societies from Latin America and the Caribbean, Africa, the Middle East and North Africa, and Asia Pacific, as well as Europe.

The Study also benefitted from inputs from a Reference Group that was set up at the start of the project. The group consisted of German Red Cross representatives, IFRC representatives from headquarters, the Federations Secretariat and Regional offices. The group provided feedback on the tools used for the study, the study design as well as providing key informants to interview. Finally the Reference group gave valuable feedback to the report.

Limitations

The study was limited by the number of key informants interviewed. Despite efforts only 20 key informants were interviewed. This was partially mitigated by the comprehensive online survey, which aimed to gather both qualitative data from respondents rather than purely quantitative data. However, Key Informants from National Societies working in conflict were not available for interview.

It was also rare to find documentation that distinguished National Society response in urban areas from response in rural areas. Efforts to make this distinction were made during KIIs and the comprehensive online survey.

3.0 Findings

The findings section of the report builds on the four study questions noted in the introduction and the analytical framework developed for the study (Annex 3) and is structured into five sections as follows:

3.1 Positioning of National Societies	This section provides an analysis of the National Society auxiliary role and mandates during the COVID-19 pandemic response, including any changes to mandates. This section also explores the importance of pre-existing urban presence to the response to COVID-19.
3.2 Actors and Roles in COVID-19 response in urban areas	This section identifies the actors National Societies recognised as key to urban response and the role National Societies played with these actors.
3.3 National Society Preparedness and COVID-19 in urban areas	This section describes the preparedness levels of National Societies and the challenges faced in being prepared for COVID-19.
3.4 National Society response to COVID-19 in urban areas	This section details National Society response in urban areas. As well as highlighting challenges it identifies key response activities that National Societies can play an important role in.
3.5 National Society Capacity in COVID-19 in urban areas	This section addresses capacity issues National Societies faced in responding to COVID-19 in urban areas. It explores capacity issues as they relate to funding, materials, and volunteering. In addition, it describes the challenges faced by National Societies in moving to work through digital platforms.

Each section comprises an analysis of what National Societies did, the challenges they faced. Wherever, possible National Society efforts to address the challenges are shared. Examples of work carried out by National Societies in responding to COVID-19 in urban areas are presented in case study boxes. Lastly, each section contains recommendations which emerge from the analysis to guide future National Society action in urban response.

3.1 Positioning of National Societies

1. ***The auxiliary role of National Societies provided them with a clearly defined role that was relevant and could be adapted to respond to COVID-19 in urban areas.*** Having a recognised auxiliary role meant National Societies were immediately part of national response planning and coordination mechanisms for COVID-19. In some cases, e.g. the Argentinian Red Cross the COVID-19 response enabled the National Society to have its role enshrined in law while for others the lack of legislation defining the mandate of the Red Cross or Red Crescent meant the National Society had to apply for “essential service” permissions to be able to provide services such as meals on wheels or support to refugees during the pandemic.
2. ***In general, National Societies were able to maintain their roles, however some of them reported changes as a result of the necessity to adapt to the needs of the affected populations and requests by Government and UN organisations.*** In some cases, National Societies started to be recognised more for activities they had been doing but were not necessarily recognised for prior to COVID-19, e.g. the Philippines Red Cross Society was well known for blood service activities but had not been well-known for its socio-economic work. Others reported undertaking additional activities such as deliveries of food, clothing, and medication to vulnerable isolated individuals.
3. ***Political sensitivities largely did not prevent National Societies from working in urban areas and with marginalised groups that are often found in urban areas such as slums, informal settlements and with refugees.*** However, COVID-19 lockdown and control measures were a critical factor in determining where National Societies could work. Adaptations in responses and the mechanisms by which marginal groups were reached, were necessary in order to continue to reach the same groups. Box 1 below demonstrates how the Egyptian Red Crescent Society adapted existing Migrant Programmes to meet COVID-19 pandemic needs.

Box 1. Adapting to Working with Migrants in Urban Areas During COVID-19

A Route-based Approach (AMiRA) programme of the Egyptian Red Crescent Society (ERC) provided humanitarian assistance to migrants along migratory routes, by providing support on: protection, basic services (food, non-food items and cash), basic health services, psychosocial support, information, social cohesion and livelihood, thus making migration safer.

The main adaptations to the project happened in response to the COVID-19 lockdown and not to changes in the migratory context, to provide: PSS kits, hygiene kits, food vouchers/boxes and rent assistance.

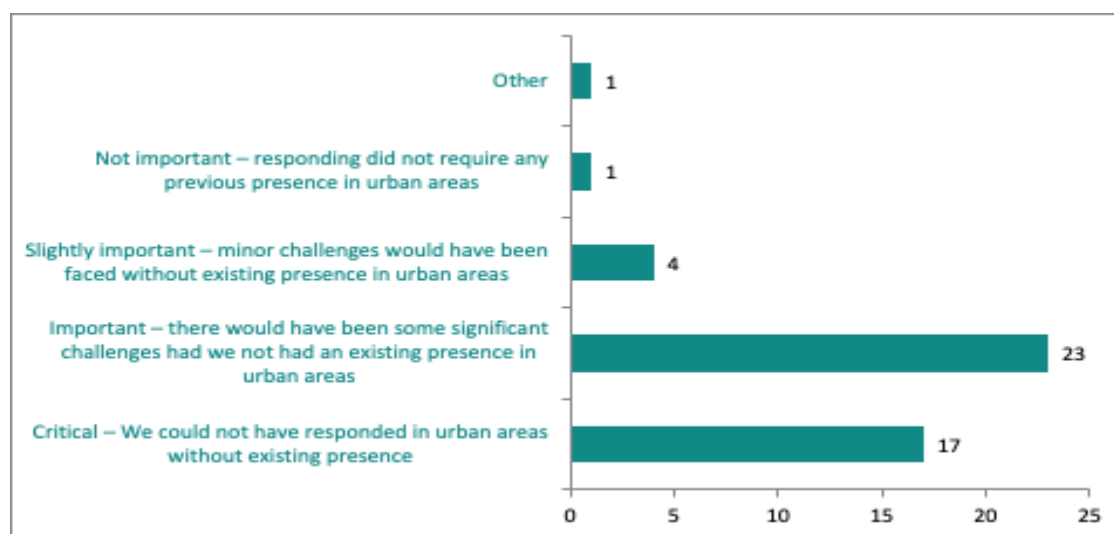
ERC also adapted their outreach by opening an emergency hotline to facilitate the access of beneficiaries to the project's services due to the restriction of movements during the lockdown. ERC created health awareness videos broadcast online through social media outlets in six different dialects representing the main languages spoken by the beneficiaries, which are Oromo, Tigrine, Somali, English, French and Dinka. They also created posters to hang in community centres, WhatsApp groups for beneficiaries on medical awareness and to follow up on COVID-19 patients via SMS messages.

4. ***Issues that impacted where National Societies could respond included misinformation and denial of COVID-19. The importance of communication during epidemics/pandemics in urban areas cannot be overemphasised.*** In some situations National Societies reported that misinformation had led to a breakdown of trust with communities, which in turn meant that some areas became too risky or insecure for volunteers to work in. The plethora of communication channels in urban environments can be positive and negative. The presence of diverse communication channels (TV, radio, social media) in urban environments allows information to be disseminated en masse, but can also be the same route for the spread of misinformation.

The spread of misinformation that has led to the denial of COVID-19 in some situations impacted where some NS could work because it raised the threat of insecurity. In general, there is a greater manifestation of distrust of government by communities in urban environments, with a natural fear of government authorities by groups such as migrants and refugees (that are more concentrated in urban areas). This makes urban areas fertile ground for the spread of misinformation.

5. ***There was a very strong agreement among National Societies and humanitarian organisations on the crucial importance of existing geographic presence in urban areas to enable National Societies to respond to COVID-19 in urban areas.*** Figure 2 below details the importance survey respondents placed on having existing relevant urban programming.

Figure 2. Importance of Geographic presence in being able to respond to COVID-19 in urban areas.



Existing presence engendered trust and acceptance from different communities, which is often difficult in urban areas. Where conflict and insecurity were prevalent, National Societies were able to access areas other organisations could not. Having staff and volunteers from the same area was also of use as being known to local NGO's and CBO's as well as the private sector facilitated National Society response. Having a presence in urban areas enabled National Societies to:

- gain trust and communicate with communities,
- more easily and rapidly get permission to respond from local authorities despite COVID-19 restrictions for others,
- be familiar with other local responders and their role,
- carry out needs assessments,
- have a better understanding of vulnerability of different community groups and identify more easily the most

Recommendations for National Societies in their Positioning in Urban Areas

National Societies should:

1. Ensure that they have an auxiliary role enshrined in law that gives them access to Government led emergency coordination structures and that they have a clear mandate for emergency response based on their capacity for emergency response.
2. Build branch presence in urban areas, particularly in areas identified through vulnerability analysis as having greater vulnerability. This could include urban areas where informal settlements have formed.

3. Continue to target and advocate for and work with marginal and vulnerable groups in urban settings such as people living in informal settlements and migrants.
4. As a trusted member of civil society, combat misinformation about the response. Identify trusted sources of information, use diverse mechanisms trusted by vulnerable communities, as well as traditional media and social media to reach the large populations present in urban areas.

3.2 Actors and roles in COVID-19 response

6. **National Societies identified key actors responding to COVID-19 in urban contexts, in descending order as:**

- (i) *National governments*
- (ii) *Municipalities*
- (iii) *Community leaders*
- (iv) *INGO's*
- (v) *Media outlets*

In doing so National Societies noted the responsibility of National governments as **duty bearers** to respond to humanitarian needs of their populations. They also set national policies and are best placed to gather and analyse information on the epidemic/pandemic. Amongst other responsibilities, national governments also provide National Societies with a mandate and enable access.

7. **Municipal authorities are key actors because they oversee implementation and coordination of response at a more local level. In responding to COVID-19 Municipal authorities carried out their traditional roles.** Often having responsibilities for services to the elderly, people with disability, childcare, schooling as well as environmental health. Municipalities were also where local coordination efforts took place. Pandemic response was generally based on needs analysis undertaken by municipalities, however they often also operated with limited resources.

8. **National Society support to municipal authorities in their coordination role included:**

- (i) *Technical (sector) support*
- (ii) *Warehousing and distribution of relief materials including Personal Protective Equipment*
- (iii) *Other skilled human resources*

To a lesser extent National Societies supported municipal coordination efforts through

- (iv) *Funding support*
- (v) *Information management*
- (vi) *Providing office space for coordination*
- (vii) *The provision of unskilled human resources*

9. **Community⁴ leadership was seen as key to facilitate access to communities, and the acceptance and uptake of services.** Community leaders, such as religious leaders, neighbourhood or street leaders were key to response efforts because they guided and mobilized communities and could identify those who required additional support. These community leadership structures are often unique in different contexts requiring effective stakeholder analysis to identify them. In addition to these leadership structures, National Societies noted the formation of networks as important. One such example was the establishment of a task force by students of the Lebanese University with students of different technical background that could support official and community based structures.

⁴ 'Community' here is defined as the different groups that maybe represented within a population geographically located in the same area. This may include, gender, age, ethnicity, language. Whereas 'Neighbourhood' here is being used as a representation of a geographical area.

10. **National Societies played an active role in urban coordination mechanisms.** Coordination structures varied from country to country, but National Societies participated both at national and municipal level. It was highlighted that coordination followed traditional structures but intensified in nature and in some cases unusual participants took place, such as the Ministry of Transport. The latter point highlighted the multi-faceted impact of COVID-19 on all aspects of life.
11. **National Societies reported that they would probably play a more active role in coordination should future similar epidemic/pandemic response be required** and noted that having existing presence or programming in urban areas was an important factor in the coordination role they played. Box 2 provides different examples of how National Societies were involved in coordinating the response.

Box 2. National and Sub-National Coordination Mechanisms Varied

In Sierra Leone the National Corona Virus Emergency Operation Centre took the lead on COVID-19 coordination at the national level and at the district level District Corona Virus Emergency Operation Centres took lead on coordination.

In New Zealand municipal and district administrative coordination structures are referred to as regional. Multi-sector emergency management groups coordinated the response and neighbourhood coordination structures varied from place to place.

In Lebanon, the National Society engaged with coordination structures at both national and municipal level. However, they also found it important to engage and coordinate efforts at neighbourhood or street level. They did this through engaging with religious leaders or in some cases family elders as extended families tended to live in the same urban areas.

12. **National Societies found it vital to have a comprehensive overview of actors to be able to implement a response in urban environments.** Many National Societies reported that they had a sufficiently comprehensive understanding of relevant actors to implement the COVID-19 response in urban areas; this understanding was based predominantly on having existing urban programming or rapid stakeholder mapping that took place at the start of the crisis.
13. **Having a continually updated mapping of key actors as part of preparedness for urban disasters and crises was viewed as critical/important.** National Societies highlighted that it was difficult to get a comprehensive overview of actors during an emergency and that having a baseline is important and takes time and requires updating as the emergency evolves. Where spontaneous community groups formed, the presence of Red Cross and Red Crescent branches throughout the country and volunteers working in high-risk communities enabled rapid engagement with these groups and in some cases awareness of the Red Cross and Red Crescent led these groups to naturally seek National Society support.

Recommendations for National Societies on other actors and roles in responding to COVID-19

National Societies should:

1. Build on and strengthen existing national and municipal and district level government partnerships as key interlocutors for urban response. Specifically identifying what contributions can be made to coordination and response. This could include the development of specific Memorandum of Understanding to better define roles.
2. Through stakeholder mapping invest in identifying and partnering with other actors including traditional local leadership at community level to facilitate and coordinate response in urban areas. This could include groups or networks that form as a result of a crisis.
3. Explore what partnerships with other actors may have been useful in the urban context. For example with media (TV, radio) and social media in disseminating risk messaging. Having pre-agreements with media outlets for collaboration may improve the efficiency and effectiveness of risk messaging dissemination.

4. Consider whether partnering with the private sector may have been advantageous in the provision of resources, technical expertise and other capacities that may have been lacking in their urban response.

3.3 National Society Preparedness and COVID-19 in urban areas

14. **National Societies generally had multi-hazard preparedness in place with fewer, although a surprising high number, reported having had specific epidemic or pandemic preparedness.** Some National Societies did not think their preparedness was relevant to the COVID-19 response, while others suggested that their preparedness activities were not in the areas where COVID-19 response took place or were too weak for such a pandemic.
15. **National Societies that already had experience of outbreaks such as Malaria, Dengue or Ebola were better prepared to respond to the pandemic.** This was because these National Societies had staff and volunteers that had experienced epidemics in the past. In addition, in some cases National Societies had supplies such as Personal Protective Equipment (PPE) in stock from previous preparedness efforts for epidemics such as Ebola. In the case of the Colombian Red Cross, investments had been made in undertaking epidemiological studies on epidemic risk and trained staff and volunteers were integrated into branches as part of the National Societies readiness measures.
16. **National Societies with activities addressing Disaster Risk Reduction such as Participatory Hygiene and Sanitation Transformation (PHAST) and Community Based Health and First Aid (CBHFA) were also better prepared to more easily integrate COVID-19 specific activities.** Where PHAST and CBHFA methodologies had already been practiced by National Societies, these community-based approaches were easily adapted to address Information, Education and Communication (IEC) needs for COVID-19 prevention.
17. **The preparedness activities that were identified as critical/important to ensure an effective National Society response in urban environments included mapping of:**
 - (i) urban stakeholders, existing capacities (internal and external to the RC/RC) and available services and facilities
 - (ii) vulnerable groups and existing social protection mechanisms

Additional preparedness measures indicated as critical/important by National Societies included:

- (i) Undertaking scenario planning and developing Internal response plans
 - (ii) having stocks of relief materials and/or supplier agreements
 - (iii) agreed coordination mechanisms with municipal authorities and service providers
 - (iv) agreed risk communication messages tailored for diverse communities e.g. migrants who speak different languages
 - (v) mechanisms to manage new volunteers and keep them engaged over time so they are available and prepared for future responses.
 - (vi) Having existing disaster risk reduction programmes located in urban areas where the COVID-19 response took place was also important
18. **National Societies reported that similar preparedness activities were carried out whether in rural or urban areas.** However, National Societies reported greater efforts at mapping services and infrastructure in urban environments when compared to rural areas. This most likely reflects the greater availability of infrastructure and services in urban areas. The mapping of services ensured that response was well coordinated with available local services and that vulnerable people could be directed to make use of the services. Importantly, a significant number of National Societies had not mapped infrastructure or services at all.
 19. **Cash Based transfers (CBT) have been a feature of response to the COVID-19 pandemic but National Societies were not always prepared to deliver assistance through this transfer modality.** For example the Colombian Red Cross provided rent assistance thereby reducing the threat of eviction for people who could

not continue to pay housing rent during the pandemic.⁵ However, an important number of National Societies reported that they did not have adequate preparedness for CBT. This was specifically the case when measured by financial service provider agreements that National Societies had in place prior to the pandemic. Negotiating these agreements can take time and is best done prior to emergencies.

- 20. Institutional memory among National Societies of a previous Federation pandemic preparedness initiative for H1N1 called Humanitarian Pandemic Preparedness (H2P) was limited.** A large specific pandemic preparedness programme had previously been implemented through IFRC, though institutional memory of it or its tools seems limited. Epidemic/pandemic preparedness needs to be a continuous process and integrated into National Society activities, for such knowledge and application to be sustained. Box 3 below describes an ongoing epidemic and pandemic preparedness programme, CP3, which is coordinated by the Federation's Secretariat.

Box 3. The Community Epidemic and Pandemic Preparedness Programme (CP3, funded by USAID)

The programme aimed to strengthen the ability of communities, National Societies and other partners in 8 target countries (Indonesia, Uganda, Kenya, Mali, Guinea, Cameroon, Democratic Republic of Congo, and Sierra Leone) to prevent, detect and respond to disease threats and play a significant role in preparing for future risks. It aimed to do so by preparing communities to detect and prevent the spread of disease, the training of first responders and engaging with society and the private sector in preparing to respond to epidemics and pandemics.

- 21. The majority of National Societies indicated that they used digital tools in their response much more than prior to the COVID-19 response.** Digital tools used included information platforms and hotlines, including call centres, for doing needs assessments and analysis, digital cash transfers and psychological support amongst others. National Societies also adapted to the remote working necessities of COVID-19. In some cases National Societies were not prepared for this with staff untrained on using digital communication platforms, not having equipment to use at home and being impacted by relatively poor home internet connectivity. Important numbers of National Societies highlighted the need for digital tools to support volunteer management in order to improve the effectiveness of response.

Recommendations for National Society Preparedness in response to COVID-19 in urban areas

National Societies should:

1. Incorporate into preparedness and response plans, the multi-sector impact of epidemics and pandemics. Beyond the health impacts of epidemics, consideration should be given to **socio-economic consequences of all epidemics/pandemics** particularly when the impact of outbreaks are felt over extended periods of time.
2. Review existing preparedness plans to incorporate lessons from the COVID-19 response, specifically focusing on regular mapping of stakeholders, internal and external capacity, services, and vulnerability in urban areas.
3. Review the current balance of programming to ensure adequate programme presence in urban areas, and whether the existing activities need to be adapted or expanded to include key activities such as disaster risk reduction programmes as well as PHAST and CBHFA for delivering key risk messages associated with epidemic and pandemic diseases.
4. Ensure that preparedness measures for undertaking CBT activities are in place prior to emergencies and specifically the modality for distribution of the cash transfer, including financial service provider agreements should this be the chosen modality.
5. Ensure that preparedness plans incorporate adequate "digital preparedness" enabling both programmes to continue to be delivered as well as business continuity. This may require investment in training and the purchase of software and hardware. For example a digital data base for volunteer management.

⁵ IFRC 2021, COVID-19: The International Red Cross and Red Crescent Movements Action and Appeals

3.4 National Society Response to COVID-19 in Urban Areas

22. **Evidence clearly indicates that ALL epidemics/pandemics have a significant macro and micro-economic impact.**⁶ Poor urban areas are particularly vulnerable given their high dependence on the informal sector for their livelihoods. Women are disproportionately affected due to much higher rates of reliance on the informal sector, but also the types of livelihood activities they tend to be involved in. However, initial appeals and strategies by the Federation were mainly health focused⁷ and made little differentiation of the vulnerability of poor urban areas.
23. **There were a more limited range of activities and sectors in the initial response plan to COVID-19 by National Societies. This focused mainly on direct health-related activities until revisions in March of 2020. However, evidence⁸ suggests epidemics and pandemics have a wide range of impacts. Epidemics can have impacts on:**
- (i) **Governance** – communication, information/misinformation; trust and compliance with epidemic control measures; violence/insecurity
 - (ii) **Social Impacts** – mental health, GBV and domestic violence; education
 - (iii) **Economic Impacts** – macro-economic impacts; micro (household) economic impacts
 - (iv) **Health Impacts** – health systems; health-care workers; immunisation
24. **Despite this National Societies eventually engaged in a diverse range of activities but retained a focus on health activities including ambulance services, risk communication, community engagement and health and hygiene promotion, mental health and psychosocial support among others. National Societies also reported that they engaged in new response activities as a result of COVID-19.** These included:
- (i) epidemic control measures
 - (ii) infection prevention and control including WASH
 - (iii) isolation and clinical case management for COVID-19 cases and
 - (iv) livelihoods cash support and food aid/food security.

The main reasons National Societies modified their response activities in urban areas were:

- (i) the availability of funding for specific activities
- (ii) the lack of a detailed overview of needs at the beginning of the pandemic (or perhaps a limited understanding of pandemic impacts) and the targeting of different geographic areas which had different needs.

Box 4 below describes the use of innovative Community Inclusion Currencies in the context of COVID-19.

Box 4. Innovative methods of Cash Based Transfers through the use of Community Inclusion Currencies (CIC) during COVID-19

The Danish Red Cross, together with Grassroots Economics, Kenya Red Cross, Norwegian Red Cross, Doen Foundation and Innovation Norway, are developing an open-source, blockchain-based response and recovery relief platform that allows aid organisations and fragile communities to digitally create and receive payments, and trade digital tokens (CICs), and access risk communications.

Even in the poorest communities people have goods and services to offer each other – yet lack the money to trade with during crises. By opening up the door to credit creation, communities have a medium of exchange. Kenya Red Cross used such a mechanism in Mukuru, an urban neighbourhood of Nairobi Kenya where community health workers received incentives through CIC to deliver risk communication messages for COVID-19 and community members received a small investment into a community fund that provided credit for the use of CICs. This resulted in a multiplication of the initial donor investment of 2,780 USD to a value of CICs traded of 95,600 USD, that is 34 times the initial investment value. For more information on CIC's go to <https://bit.ly/3333333>

associated with the COVID-19 pandemic.

⁸ See related output of this work, A Review of Literature: Learning from Epidemic and Pandemic Disease Outbreak Response in Urban Environments

25. **National Societies reported that targeted urban populations found a number of activities critical for the response to COVID-19 in urban areas.** These included, ambulance services, epidemic control measures, community engagement and accountability including complaints and feedback mechanisms, livelihoods, cash support and food aid/ food security. These reflect the evidence that communication, socio-economic and health factors are key determinants of successful epidemic/pandemic response⁹. National Society readiness/preparedness sustainability and support to volunteers was also reported as critical for the response.
26. **Community engagement in urban areas was an important activity in response to the COVID-19 pandemic.** National Societies used different ways to communicate in urban areas. These included more traditional methods such as mobilisation of volunteers in communities but also included methods such as the increased use of the media outlets such as radio and TV, social media, and phone hotlines. In addition, National Societies used brochures, billboards and letterbox drops to reach affected populations in urban areas.
27. **National Societies found needs assessments difficult to do in the urban context.** A number of factors made needs assessment difficult such as:
- (i) restrictions imposed by governments as pandemic control measures, such as social distancing
 - (ii) lack of experience and trained personnel to carry out assessments in urban pandemics
 - (iii) denial and mistrust in the response to the pandemic
 - (iv) lack of openness of people living in urban areas when compared with those living in rural areas
 - (v) lack of capacity to undertake assessments in many different areas in an urban context given the lack of geographical focus of the pandemic.
28. **National Societies reported that they largely used existing vulnerability analysis to identify and target the most vulnerable** such as Government and local authority social protection vulnerability lists. National Society vulnerability analysis also relied on community (social/ethnic grouping) or neighbourhood (geographical) leaders. In some cases National Societies could use their own lists from pre-existing or previous programmes implemented in urban areas. Using the lists from neighbourhood leaders or those that National Societies had from previous programmes in urban environments were reportedly the most effective in identifying the most vulnerable. These were closely followed by lists from governments and local authority social protection as well as those sourced from community leaders.
29. **A number of challenges in identifying the most vulnerable in urban environments were reported.** These included the large populations that live in urban settings and the sheer number of people in need and vulnerable as a result of the pandemic. The continuous evolution of the pandemic also meant that increasing numbers of people became socio-economically vulnerable. Lastly National Societies reported the need to be cognisant of potential biases or vested interests including those of community leaders involved in identifying and targeting the most vulnerable.

Recommendations for National Society Response to COVID-19 in urban areas

National Societies should:

1. Ensure that their response addresses the multi-sectoral needs arising from epidemics/pandemics in urban settings.
2. Engage with communities on a regular basis to provide trusted information through different channels such as volunteers, media (including social media), and written materials. This information can be risk messaging as well as accurate information to counter the spread of misinformation.

⁹ ibid

3. Recognise the challenges of doing assessments in urban contexts. Use preparedness opportunities to have a stronger analysis of urban vulnerability in their context to aid the identification and targeting of the most vulnerable. This could be done in partnership with community and neighbourhood leaders as well as more formal social protection mechanisms. The latter could be facilitated through agreements between National Societies and Government Social Protection on sharing vulnerability information.

3.5 National Society Capacities in COVID-19 Urban Response

30. A number of capacity issues were challenges to National Society response to COVID-19 in urban settings.

These included:

- (i) **Funding:** National Societies reported that their **own income generating activities were significantly impacted**. For example first aid training for businesses, or money received from people playing the national lottery, were no longer available. This posed significant **challenges to the viability of some National Societies** by reducing the funds available for operational costs. In addition, National Societies were not always sure they could shift funding from existing programmes to respond to the COVID-19 pandemic, since this required back donor approval.
- (ii) **Staff and Volunteers:** Many National Societies reported **surges in volunteering requests from the general public** (regardless of whether they made a call for new volunteers). A number of challenges were faced by National Societies in managing this surge in volunteering. This included (i) the slow processes for on-boarding of volunteers (ii) the lack of digital systems in place for processing volunteers and (iii) the skill sets of additional volunteers did not match with the skills needed for the response. Other issues of concern in managing the volunteers was their protection and insurance in a pandemic. Box 5 below describes the Lebanese Red Cross efforts at ensuring the wellbeing of staff and volunteers.

Box 5. Staff and volunteer well-being is important!

The Lebanese Red Cross was responding to many emergencies at the same time. The country's economic situation resulted in protests with large gathers happening across cities, the explosion at the Beirut port that killed a large number of people and destroyed or damaged homes as well as the COVID-19 pandemic required a sustained emergency response.

The Lebanese Red Cross activated a peer support programme for staff and volunteers, to address psychosocial needs that it had used during the protests. This had a great impact on participants self-care strategies. A lesson learned was the importance of including programmes such as Peer Support Programmes in Response Preparedness plans to ensure the continued wellbeing of staff and volunteers in any extended humanitarian response.

- (iii) **Trained Volunteers:** National Societies also reported **a lack of sufficiently trained volunteers** and in some instances reported that their volunteers were of an elderly disposition and therefore among the at risk group from the pandemic. National Societies also lacked volunteers with experience in epidemic/pandemic response in urban settings and those that were available were naturally fearful of the pandemic. Staff were also absent from work as a result of the need to quarantine due to case contact or infection with COVID-19. **Some ways of addressing these challenges included:**

- a more robust recruitment mechanism that encourages female and youth volunteers
- an electronic database for volunteer management that incorporates the skills of volunteers
- Leadership training for current volunteers to support the management of large groups of new volunteers
- a buddy system to pair experienced and inexperienced volunteers
- online training and briefing

- Risk Communication and Community Engagement, Psychosocial Support and Protection Gender and Inclusion trainings for new volunteers and refreshers for the older ones

Box 6 below describes how the Philippine Red Cross rejuvenated their volunteer force to respond the COVID-19 and highlights that need to maintain the interest and activities for volunteers outside of times of crisis.

Box 6. Having volunteers is not enough, keeping them active and involved in their communities between crises is critical

The Philippine Red Cross established the 'Red Cross 143' community based volunteering programme, prior to COVID-19.

Each Chapter or Branch would have 1 Volunteer leader and a minimum 43 volunteers. These volunteers were to predict risk, plan, prepare and practice for effective community based disaster risk reduction. Lack of activities meant that when COVID-19 struck many of the volunteers were not easy to mobilise because in some branches there were no activities to engage these volunteers on a longer term basis.

The emergence of the pandemic rejuvenated and remobilised this volunteer cadre at branch level by engaging them in Red Cross activities, but also provided the lesson that Chapters or Branches need to keep volunteers occupied and active. One such activity, requiring limited funding which makes it sustainable is training and engaging volunteers

- (iv) **Materials and equipment:** National Societies also reported lack of materials to be able to operate at the start of the pandemic such as Personal Preventive Equipment and hygiene items. In some cases, such as the Turkish Red Crescent, **they used existing programmes to address gaps in supply, by producing their own masks**. Box 7. below describes the Turkish Red Crescent experience.

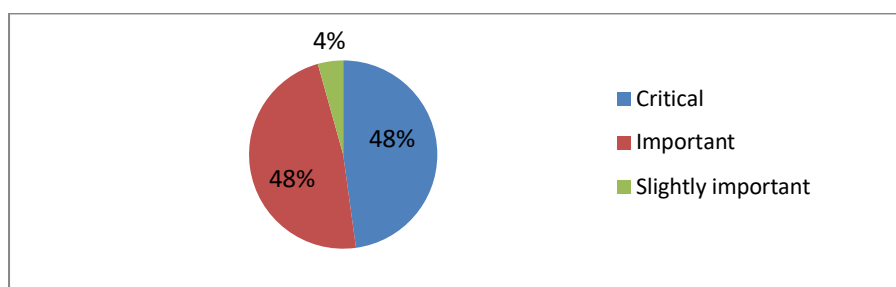
Box 7. Using existing programmes to solve capacity issues

Syrian refugees and Turkish people came together to help tackle the COVID-19 pandemic in Turkey and around the world. Since the pandemic began, over 120 volunteers and community members across Turkey have mobilized to produce more than 1.2 million masks to help people protect themselves from COVID-19.

Since 2015, Turkish Red Crescent, has been playing a crucial role in bringing Turkish and Syrian people together through its 16 community centres of which 15 are financed by the European Union. These centres are increasing livelihood opportunities, providing community-based health and first aid, giving psychosocial support.

31. **Partnerships were identified as vital to National Society response to COVID-19 in urban areas.** National Societies formed different partnerships, with many traditional in nature - with Red Cross and Red Crescent Movement members, others were with Governments, Civil Defence Emergency Management Groups, UN and NGO's as well as the private sector. Figure 3. Describes how important National Societies viewed partnership.

Figure 3. National Society perception of the importance of Partnership



These partnerships while useful in providing funding, coordination of implementation, avoiding duplication and spreading the work among partners which was needed due to the scale of needs, were **mainly limited**

to 'coordination'. Little was shared in developing new or innovative partnerships to increase effectiveness in delivering their own programmes. In looking forward many National Societies reported that future partnerships to support urban response to similar epidemics would be needed to tackle these issues.

32. **National Societies reported a rapid digitalisation process in order to support business continuity.** National Societies also reported that initially business continuity was a challenge since home working arrangements (internet, computers and other digital equipment) were not always suitable for staff. In some cases staff and volunteers were not used to using new communication tools. The necessity for remote work sped up the process of digitalisation in virtually all aspects of National Society work. Digital instruments were used in all facets of National Society work including community engagement, needs assessment and analysis, monitoring and training. It was also used in programming for psychosocial support, as well as health and risk communication. Box 8 below demonstrates how the Palestinian Red Crescent Society maintained contact with members of the social inclusion programme through social media. The use of digital tools has exposed National Societies to their potential use beyond the pandemic for engaging with communities, doing assessments, delivering assistance as well as for business continuity.

Box 8. Adapting social inclusion programmes using digital technology

As soon as the lockdown was ordered in the Gaza Strip, the Palestinian Red Crescent Society's Rehabilitation Department created Facebook pages and WhatsApp groups and telephone lines targeting children, both with and without disabilities, as well as their parents, in order to monitor their needs as the lockdown continued. Reaching the largest possible number of beneficiaries and merging them into the WhatsApp group the National Society disseminated training materials (cognitive-kinesthetic-self-care) to help parents train their children on activities at home. In addition, guidelines on prevention of COVID-19 were disseminated to parents.

Information and exercises covering all aspects of the rehabilitation process including education, training, therapy, guidance and behaviour management were communicated to parents. Information was also provided on the risks posed by the lockdown on children with disabilities as well as on the spread and prevention of COVID-19. Publications and information issued by PRCS and WHO were promoted while extracurricular activities were provided to children to develop their skills and fill their time with meaningful activities.

Recommendations for National Society Capacities in COVID-19 Urban Response

National Societies should:

1. Incorporate the risk of decreased funding, resulting from suspension of income generating activities into National Society Business Continuity Plans. These plans should ensure that this considers appropriate prioritisation of National Society functions and programmes. In addition, diversifying income generating opportunities may reduce the impact of losses.
2. Review their specific approach used to manage volunteer surges and onboarding including training with the aim of identifying lessons to be better prepared for future volunteer surges during crises. Having a volunteer management data base should be a minimum requirement.
3. Take measures to ensure volunteer and staff wellbeing during pandemics (and other crises). These measures should include physical and psychological wellbeing.
4. Ensure that required relief materials are available either through stocks or supplier agreements. These supplies should also consider stocks of PPE which may be required for specific disease outbreaks.
5. Build on the digital transition already made in response to COVID-19 where appropriate by integrating digital tools and ways of working within existing National Society systems.

4.0 Conclusions

33. National Societies were in general well placed to respond to COVID-19 in urban areas. Key factors that contributed to this were the auxiliary role and their presence in urban areas. National societies response was affected by control measures that governments put in place which restricted movement and access to vulnerable populations. The context of mis-information and COVID-19 denial also placed National Societies in a difficult position and in some cases resulted in too insecure an environment for National Societies to operate.
34. National Societies identified and worked with National Governments as well as municipal authorities as key partners in urban response and often engaged in coordination mechanisms at National and Municipal level. National Societies also acknowledged the important role community leaders and neighbourhood leaders played in guiding and mobilizing communities in responding to COVID-19 in urban areas. Their understanding of key players was often based on pre-COVID-19 stakeholder analysis and where this was lacking a rapid analysis was done. This highlighted the importance of stakeholder mapping for preparedness for response to COVID-19 in urban areas. In addition to stakeholder mapping, the mapping of existing capacities and services as well as vulnerability and social protection mechanisms were viewed as important components of preparedness.
35. Institutional memory of past pandemic preparedness initiatives was limited, however National Societies that had experienced other epidemic outbreaks were better prepared to respond to COVID-19. Those National Societies that were carrying out activities such as CBHFA and PHAST were also better placed to respond given the risk and communication focus of the approaches.
36. The use of digital tools by National Societies both for response and for business continuity expanded dramatically during the response to COVID-19. This highlighted weaknesses in National Society digital preparedness which requires further investment to ensure continued updating as well as to ensure that important measures are in place such as a volunteer management system.
37. National Societies struggled to do assessments in urban areas because of the expanse of area to cover and the number of people living there. This posed challenges to identifying the most vulnerable. However engaging with social protection mechanisms enabled them to draw on pre-existing list of vulnerable people to target their response.
38. The initial appeal by the Federation had three focus areas, namely health, protection, gender and inclusion as well as migration. Evidence from previous epidemics/pandemics suggests a wider impact on governance, social systems and economies as well as health. Revisions to the original appeal resulted in the formulation of a plan with three pillars which addressed Health and socio-economic impacts as well as National Society strengthening. The study found that while all three pillars of support were important, National Societies emphasized the importance of addressing socio-economic impacts and the need for National Society strengthening.
39. The diversity of National Society response meant that they could address the needs of targeted urban populations. Community engagement, livelihoods support, food aid/food security and cash support as well as health were highlighted as important responses by targeted urban populations.
40. Funding, Staff, Volunteers and materials and equipment all raised capacity concerns for National Societies. The loss of income generation streams for National Societies placed them in precarious financial situations. A surge in volunteering was unmatched by capacity to absorb and retain volunteers and concerns about staff and volunteer wellbeing needed to be addressed given the nature of the pandemic. The was not always easy to do given the initial difficulties experienced in accessing sufficient materials such as PPE.

5.0 Learning and Recommendations from the Response to COVID-19 in Urban Areas

1. These summary learnings highlight the need for a suite of tools that are adapted to provide a **comprehensive contextual analysis** in complex urban environments, that support information management on:
 - vulnerability analysis
 - who the key stakeholders are from National through to neighbourhood or street level;
 - who key partners are and what capacities they have
 - the availability of services and infrastructure
 - and what capacities a National Society has to offer in any given urban area.

To do this National Societies need to have access to **Stakeholder Mapping Tools, Service and Infrastructure Mapping tools including GIS and Partner Capacity Assessment tools**. Undertaking such analysis prior to a crisis and maintaining it over time as part of preparedness measures should provide National Societies with a good basis for future response in urban areas. In addition, once partners have been identified for their complementary capacities, National Societies should consider the **use of Memoranda of Understanding** to formally seal partnerships when desirable.

2. Weaknesses identified by National Societies in needs assessment point to difficulties in reaching large urban populations that are spread over large cities. National Societies overcame this by using pre-existing lists from their existing programming or partnered with government Social Protection programmes to identify the most vulnerable. The use of Social Protection lists for targeting is potentially most relevant in urban areas where the coverage of social protection is likely to be more prevalent. **Pre-agreements with relevant Ministries** on the use of Social Protection lists may improve the efficiency of targeting in future urban response.
3. National Society positioning provided opportunities to coordinate efforts with government but also places the National Society in a position to advocate for the needs of marginalized groups present in urban contexts such as migrants. The presence of National Societies in urban areas played a key role in facilitating the COVID-19 response. The availability of a comprehensive contextual analysis should help National Societies in prioritizing its presence based on vulnerability analysis.
4. The trust that National Societies engender through their presence among urban communities placed them in a strong position to combat misinformation. This coupled with available **tools for risk communication such as the PHAST and CBHFA** provides National Societies with a strong basis for community mobilization and disease prevention in urban areas.
5. National Society response was diverse in nature and built on existing mandates and experience. Those National Societies that had experience of epidemic and pandemic diseases were reportedly better prepared to respond because they had some, although limited, supplies of PPE and had trained volunteers and staff. Some capacity challenges faced by National Societies included:
 - Lack of business continuity plans that incorporated remote working scenarios and loss of National Society income
 - Lack of digital preparedness, both in terms of trained staff and volunteers and hardware
 - Lack of adequate volunteer management systems- for on boarding, training and follow-up

These challenges point **to the need for business continuity tools to be reviewed** for remote working scenarios and diversity of income earning opportunities, particularly where National Society income generation is threatened by crises.

Specific recommendations emerging from the study include:

Recommendations on positioning. National Societies should:

1. Ensure that they have an auxiliary role enshrined in law that gives them access to Government led emergency coordination structures and that they have a clear mandate for emergency response based on their capacity for emergency response.
2. Build branch presence in urban areas, particularly in areas identified through vulnerability analysis as having greater vulnerability. This could include urban areas where informal settlements have formed.
3. Continue to target and advocate for and work with marginal and vulnerable groups in urban settings such as people living in informal settlements and migrants.
4. As a trusted member of civil society, combat misinformation about the response. Identify trusted sources of information, use diverse mechanisms trusted by vulnerable communities, as well as traditional media and social media in order reach the large populations present in urban areas.

Recommendations on Other Actors and Roles. National Societies should:

1. Build on and strengthen existing national and municipal and district level government partnerships as key interlocutors for urban response. Specifically identifying what contributions can be made to coordination and response. This could include the development of specific Memorandum of Understanding to better define roles.
2. Through stakeholder mapping invest in identifying and partnering with other actors including traditional local leadership at community level to facilitate and coordinate response in urban areas. This could include groups or networks that form as a result of a crisis, but are engaged throughout the year to ensure the group remains relevant.
3. Explore whether partnerships with other actors may have been useful in the urban context. For example with media (TV, radio) and social media in disseminating risk messaging. Having pre-agreements with media outlets for collaboration may improve the efficiency and effectiveness of risk messaging dissemination.
4. Consider whether partnering with the private sector may have been advantageous in the provision of resources, technical expertise and other capacities that may have been lacking in their urban response.

Recommendations on Preparedness. National Societies should:

1. Incorporate into preparedness and response plans the multi-sector impact of epidemics and pandemics. Beyond the health impacts of epidemics, consideration should be given to socio-economic consequences of epidemics/pandemics particularly when the impact of outbreaks are felt over extended periods of time.
2. Review existing preparedness plans to incorporate lessons from the COVID-19 response, specifically focusing on regular mapping of stakeholders, internal and external capacity, services, and vulnerability in urban areas.
3. Review the current balance of programming to ensure adequate programme presence in urban areas, and whether the existing activities need to be adapted or expanded to include key activities such as disaster risk reduction programmes as well as PHAST and CBHFA for delivering key risk messages associated with epidemic and pandemic diseases.
4. Ensure that preparedness measures for undertaking CBT activities are in place prior to emergencies and specifically the modality for distribution of the cash transfer, including financial service provider agreements should this be the chosen modality.

5. Ensure that preparedness plans incorporate adequate “digital preparedness” enabling both programmes to continue to be delivered as well as business continuity. This may require investment in training and the purchase of software and hardware. For example a digital data base for volunteer management.

Recommendations on Response. National Societies should:

1. Ensure that their response addresses the multi-sectoral needs arising from epidemics/pandemics in urban settings.
2. Engage with communities on a regular basis to provide trusted information through different channels such as volunteers, media (including social media), and written materials. This information can be risk messaging as well as accurate information to counter the spread of misinformation.
3. Recognise the challenges of doing assessments in urban contexts. Use preparedness opportunities to have a stronger analysis of urban vulnerability in their context to aid the identification and targeting of the most vulnerable. This could be done in partnership with community and neighbourhood leaders as well as more formal social protection mechanisms. The latter could be facilitated through agreements between National Societies and Government Social Protection on sharing vulnerability information.

Recommendations on Capacities. National Societies should:

1. Incorporate the risk of decreased funding, resulting from suspension of income generating activities into National Society Business Continuity Plans. These plans should ensure that this considers appropriate prioritisation of National Society functions and programmes. In addition, diversifying income generating opportunities of National Societies may reduce the impact of income loss.
2. Review their specific approach used to manage volunteer surges and onboarding including training with the aim of identifying lessons to be better prepared for future volunteer surges during crises. Having a volunteer management data base should be a minimum requirement.
3. Take measures to ensure volunteer and staff wellbeing during pandemics (and other crises). These measures should include physical and psychological wellbeing.
4. Ensure that required relief materials are available either through stocks or supplier agreements. These supplies should also consider stocks of PPE which may be required for specific disease outbreaks. However, the risks associated with prolonged storage of PPE equipment should be factored into stock management.
5. Build on the digital transition already made in response to COVID-19 where appropriate by integrating digital tools and ways of working within existing National Society systems.

6.0 Further Research

This study covered a diverse range of topics associated with the COVID-19 pandemic response in urban areas. The breadth of the study limited the depth that issues could be explored. A number of areas were identified for further research. These areas of research are more broadly associated with urban response rather than being specific to COVID-19 or pandemic response in urban areas. These include:

-Conflict: The study collected very little information on the pandemic response in urban conflict areas. What is clear is that issues of access due to insecurity are likely to have considerable impact on National Society response, in addition the likely damage to basic infrastructure is likely to impact on the availability of health and social services as well as impacting on peoples livelihoods. Specific research on urban response in conflict settings is therefore required.

-Skills of volunteers and staff: National societies specifically noted the need for skills to work in urban areas. However these were not specifically identified. Some work on this has started through the Urban Collaboration Platform held in 2020. This work could be expanded to identify the required competencies, specific skills and knowledge required, as well as whether particular expertise to build different volunteer and staff profiles for urban response is required.

-Assessment: National Societies identified assessment as a specific challenge in urban contexts. This coupled with targeting in urban areas is a challenge due to the number of people and their geographical spread. Studying how best to do assessments in urban areas is required. Such a study should identify what tools are appropriate to do urban assessments. This study should also, given the importance of vulnerability analysis explore existing geospatial techniques and methods for doing assessments and vulnerability analysis and how best they can be applied in the Red Cross and Red Crescent Movement context.

-Preparedness: Preparedness was a key aspect that differentiated how effectively National Society responded to the COVID-19 pandemic in urban areas. A study to determine the key considerations for preparedness plans for urban response should be undertaken. Key factors to be considered by the research include what types of Disaster Risk Reduction programmes are important in urban contexts, what practical steps can be taken by National Societies in an urban context, such as building networks at street or neighbourhood level.

Terms of Reference

Study on Humanitarian response to Covid-19 in urban areas

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Abbreviations

FFO	German Federal Foreign Office
GRC	German Red Cross
GP	Global Project
FbF	Forecast based Financing
DRR	Disaster Risk Reduction
ToR	Terms of Reference
NS	National Red Cross/Red Crescent Society

1. Background

The Covid pandemic is fueled by people living and working closely together which is the very definition of urban life. 'City/Regional lockdowns' across the globe are vital for saving lives and slowing the spread of the virus, impact every aspect of life, from jobs and incomes to wellbeing, social cohesion and security. The pandemic has yet to run its course, the economic, social, and political effects will be felt for years to come.

What does working in a city mean for us as humanitarians in situations of epidemics? To approach this issue the study should review responses to covid-19 from a global and - more importantly - local perspective. Taking the experiences of local humanitarian actors and urban authorities (focusing on RCRC societies) as a starting point.

The study is complemented by a review of recent studies on pandemic responses in urban contexts building on existing and new studies and reviews from local actors and urban authorities.

2. Objectives of the Scoping Study

Funded by the German Federal Foreign Office (FFO) German Red Cross (GRC) is implementing two interlinked global projects (GP 1 and GP 2) from 01.07.2019 until 31.12.2022.

While GP 1 is focussing on delivering humanitarian relief, GP 2 is a thematic cooperation aiming to strengthen and improve international humanitarian aid and the international humanitarian system. Within GP 2 GRC is currently focussing on four thematic areas: "Anticipation and FbF", "Humanitarian Disaster Risk Reduction", Health and "Humanitarian action in urban areas".

Within the thematic area "humanitarian action in urban areas" the planned study should answer the following **Key Question**:

- How did local humanitarian actors (focusing on Red Cross and Red Crescent societies) respond to covid-19 in cities, camps and slums?
- How were they prepared to respond and how did they position themselves in the urban system within other non-state and state actors?
- What were the specific challenges?
- What were the specific chances?
- What are the lessons learned?

3. Scope

- Urban context
 - Vulnerabilities by urban communities and the characteristics of physical environment
 - Methodologies to identify target groups and how to reach to each group (with focus on how to get and use relevant data)
 - Activities categorized by the impact intended (health, WASH, recovery, livelihoods, communications, social care, business continuity etc.). For each one an analysis of modalities, coverage and successes/failures should be provided
- Positioning of local actors
 - Intersections between these activities (Health & WASH, recovery and livelihoods etc.)
 - Partnerships in delivering these activities.

- Influence/visibility of NS during the pandemic (what is new? What changed?)
- Lessons learned
 - Impacts of these activities on NSD, operations and long-term programming (Preparedness, DRR, M&E logistics, communications, digital transformation etc.)

The study should be implemented in 3 phases Phase 1

Scoping:

- Previous studies on epidemics in urban areas (Ebola etc.)
- Existing studies, material, reviews, articles, lessons learned on Covid-19
- Extract preliminary findings and show cases Mapping of

Covid-19 response in urban areas, including:

- Defining humanitarian actors relevant to this study (e.g. Red Cross and Red Crescent societies, INGOs)
- Mapping of (local) humanitarian response to covid-19 in cities (focusing on Red Cross and Red Crescent societies)

Joint review of the ToR for Phase 2 and 3

Phase 2

- Present preliminary findings in a workshop second half of December with representatives of humanitarian organizations
- Implement a feedback loop
- Identify Interview partners for Phase 3

Phase 3

Using focus group interviews the study should help to gain better understanding of urban working practices in times of epidemics.

Identifying tools and approaches currently used by humanitarian organisations working in urban areas focussing on NS on RCRC national societies.

Conduction and evaluation of Interviews focusing on the following questions (non-exhaustive):

- How did selected humanitarian actors position themselves in the urban system within the other actors?
- specific challenges? Specific chances – reoccurring or specific?
- Systematic comparison across single cases (Does a pattern emerge?)
- lessons learned? Practices that prove to be especially effective, across the (local) responses? For a specific set-up
- Thinking outside the box: new innovative approaches (single cases), which are promising and deserve attention

Expected outputs

Based on the results of the first phase mapping, the key informant interviews and the focus group inputs, the study should produce following outputs within the final report:

- Summary of the needs, gaps and barriers for humanitarian organizations to work efficiently and effectively in urban areas.
- Mapping of needs of interviewed (NS) with regard to tools and methodologies
- Proposed action points and recommendations for improving the approaches, systems and tools in response to the needs, gaps and barriers identified
- Proposed action points and recommendations to ensure that humanitarian action in urban areas are linked to and support longer term sustainable and inclusive development for vulnerable urban communities.
- Guideline (not more than 10 pages): How to respond to epidemics in urban contexts

4. Users of the study

The findings and the recommendations of the study should form the basis for future evidence-based planning and recommendations. The expected users will be humanitarian actors, academia, urban decision makers, etc.

5. Implementation and Methodology

Process & Methodology

- Desk top research
- Interviews with local actors working in urban areas
- Online workshop in December

Amendments to the Processes & Methodologies will be discussed during Phase 1

Proposed timeline:

Start	16.11.2020 (t.b.c.)
- Phase 1	approx. 10 working days
- Phase 2 Online workshop	approx. 10 working days
- Phase 3	17.12.2020 (t.b.c.)
	approx. 20 working days
Final Report	15.02.2021

Total approx. 40 working days

6. Responsibilities and duties

GRC

- Travel costs are currently not foreseen. Should the need for travel be mutually identified GRC will cover travel costs related to the assignment.
- GRC will make sure the consultant has access to GRC thematic network for GPII and support the consultant to make contact with interview partners.
- GRC will facilitate a Kickoff meeting (online, 2 hours) to support:
 - Setting the focus of the study
 - Selection of evaluation tools and methodologies
- Share available information on previous research conducted by GRC and other partners.

Consultant

The consultant is responsible for the elaboration of the methodology, the timeframe and all organisational issues related to the implementation of the scoping study, which he/she will coordinate with GRC.

The consultant is responsible for producing the final report covering all of the expected outputs and presentation of results to GRC. He /she has the responsibility to revise the final report, based on the comments from GRC.

For the Joint review of the ToR (Phase 1) the consultant should outline the study steps and the methodology used including a proposal for a final timeframe. The joint review shall be used to clarify open questions and to come to a common understanding about the tasks for phase 2 and 3.

The consultant is expected to produce a written summary of the results of the joint review.

The consultant is expected to present the preliminary findings of the study at an online-workshop second half of **December 2020** and to consolidate and integrate feedback received during the workshop.

The consultant is expected to finalize the study report by **February 15, 2020**.

The consultant is expected to work in close coordination with the project team at GRC HQ which will conduct complementary research parallel to this study.

7. Reporting

Final report

The final report will be approved by GRC. The final report should, as a minimum, include the following elements:

- Executive summary describing the key findings and recommendations (max 3 pages)
- Background
- Objective of the study

- Study design and methodology
- Implementation
(Description of the process, area, timeframe, difficulties and limitations of the data gathering, possible missing information.)
- Report on the expected outputs identified in this TOR.
- Annexes
(The database – transferred into Excel, the ToR, list (including contacts/email) of consulted persons/organizations, consulted data from the project, etc.)

This report content can be extended by the consultant by additional points if necessary.

The data, key-findings and recommendations shall be presented in a clear and transparent way, and the database should be applicable for GRC.

GRC will analyse the final report, especially the utility of the gathered data and information. The consultant will receive feedback from GRC before the final payment of the consultant contract is approved. It is expected that the consultant corrects invalid data in case of major flaws.

8. Quality and ethical standards

The consultant should take all reasonable steps to ensure that the study is designed and conducted to adhere to recognized scientific standards, and to ensure that the study is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner. Therefore, the study should be implemented adhering to standards of the IFRC, who are used in evaluations but apply equally to all other types of studies (see footnote¹). The collected data has to be safeguarded, respecting existing data security rules, to protect the rights of the individual.

¹ Utility (usefulness and used); Feasibility (realistic and cost efficient); Ethics and legality; Impartiality and independence (unbiased, taking into account all stakeholder views); Transparency; Accuracy (appropriate methods used for correct data collection and analysis); Participation (meaningful involvement of stakeholders if appropriate / feasible); Collaboration (with key stakeholders to improve ownership, legitimacy and utility).

Annex 2. Analytical Framework for the study

Question	Sub-Question	Information Required	Data Source
Q2. How did national societies position themselves in the response to COVID-19 in urban settings?	SQ2.1 Were national society mandates, including the auxiliary role relevant in response to COVID-19 in urban settings?	2.1.1 Did national society mandates/auxiliary role provide them with a clearly defined role in response to COVID-19 in urban settings? If not why not?	Key Informant Interviews (RC/RC) Online survey (some components)
		2.1.2 Were national society roles (strategy, plans, expertise, programme activities) respected by governments/ internally/other actors? If not, why and how not?	Key Informant Interviews (RC/RC) Online survey (some components)
		2.1.3. How was national society positioning influenced/determined by political consideration/sensitivities? (eg ability to work in slums, unplanned settlements, refugees)	Key Informant Interviews (RC/RC)
	SQ2.2 Was national society presence (geographical) effective in addressing the needs of the most vulnerable in response to COVID-19 in urban settings?	2.2.1 Were national society branches well positioned geographically in urban settings (from existing programme) to respond to COVID-19 (branches, staffing, volunteers in the right place)?	Key Informant Interviews (RC/RC) Online survey (some components)
		2.2.2 How did NS decide on geographic positioning for COVID-19 response ? What, if any, adaptations were necessary to national society presence? How were these decisions made and were they timely?	Key Informant Interviews (RC/RC) Online survey (some components)
	SQ2.3 What preparedness (to include DRR, Mitigation and Resilience) measures were in place by national societies, and to what extent were these effective in responding to the pandemic in urban settings?	2.3.1 What pandemic/epidemic preparedness for response was in place within NS for urban/rural environments? How relevant/effective was this preparedness in responding to COVID-19? What were key gaps?	Key Informant Interviews (RC/RC) Online survey (some components)
		2.3.2 Were existing NS programmes (including DRR, resilience and mitigation programmes) well positioned geographically to respond to COVID-19 in urban settings (right programmes in the right places)? If not, why not? If yes, was this strategic presence in urban to enable such responses?	Key Informant Interviews (RC/RC) Online survey (some components)
		2.3.3 Were NS preparedness measures/activities (including DRR, resilience and mitigation activities) of national societies effective in supporting response/resilience to the COVID-19 pandemic in urban settings? In what way were they effective in supporting response/resilience?	survey
	SQ2.4 What mechanisms, processes or coordination mechanisms did national societies participate in for the COVID-19 urban response (State, non-state;	2.4.1 Who were the key actors in responding to COVID-19 in urban contexts (coordination/response)? What different roles did local/municipal authorities play? What surprises were found in terms of actors/roles?	Key Informant Interviews (RC/RC; some external) Online survey (some components)

Question	Sub-Question	Information Required	Data Source
	humanitarian/ development)? How effective were these and were they different to previous national society coordination efforts?		Some Document Review
		2.4.2 What (urban) coordination mechanisms did national societies participate in to respond to COVID-19? How important was an existing urban or relevant programme in this?	Key Informant Interviews (RC/RC) Online survey (some components)
		2.4.3 Were these the traditional humanitarian response coordination mechanisms that national societies participated in? If not, what drove the new coordination mechanisms and how effective were they? Is an existing urban or relevant programme a factor in this?	Key Informant Interviews (RC/RC) Interpretation of results of 2.4.2
		2.4.4 What role did local/municipal authorities play in coordination in response to COVID-19 in urban environment. Was this different from their role for other urban responses? What, if any, support role to government authorities did national societies play?	Key Informant Interviews (RC/RC; some external) Online survey (some components) Some Document Review
		2.4.5 Looking forward, would they (national societies) play the same or different role in coordination? Is an existing urban or relevant programme a factor in this?	Key Informant Interviews (RC/RC) Online survey (some components)
		2.4.6 What understanding did national societies have of the relevant actors (state/non-state) within the urban environments in which they were operating? Did this or would this understanding of relevant actors as a component of urban profiling) have assisted in implementing their role? How important were local groups that spontaneously set up for the COVID-19 response versus existing actors?	Online survey (some components) Key Informant Interviews (RC/RC)
Q3. What capacities did national societies deploy in response to COVID-19 in urban settings and were these effective?	SQ3.1 What role or activities did national societies choose to undertake in response to COVID-19 in urban settings? Why and how was this different to previous responses in urban areas?	3.1.1 What sectors/activities/roles do national societies normally engage in. What sectors/activities/roles did national societies engage in to respond to COVID-19?	Mainly Online survey Some Key Informant Interviews (RC/RC) Document Review (likely internal to RC)
		3.1.2 Why did they expand (or not) their role/activities?	Online survey (some components) Key Informant Interviews (RC/RC)

Question	Sub-Question	Information Required	Data Source
		3.1.3 Which activities were deemed most appropriate in meeting needs in the urban environment and why? What were the enabling factors?	Key Informant Interviews (RC/RC)
		3.1.4 Which activities were deemed most effective in meeting needs in the urban environment and why? What were the enabling factors?	Online survey (potentially some components)
		3.1.5 How were needs assessments and targeting of responses carried out? Were effective existing systems in place? What if any were the new partnerships developed to identify/deliver to the most vulnerable?	Key Informant Interviews (RC/RC) Online survey (potentially some components)
		3.1.6 When were the (multi-sector) nature of needs apparent in what may have first been seen as a health emergency? Could this have been foreseen/Was this understood by national societies/others at the beginning of the outbreak?	Key Informant Interviews (RC/RC) Document Review (internal/external)
		3.1.7 What role did new partnerships play for national societies in implementing their role/activities?	Key Informant Interviews (RC/RC) Online survey (potentially some components) Limited document review
		3.1.8 Looking forward, what would national societies do differently?	Key Informant Interviews (RC/RC) Online survey (potentially some components)
	SQ3.2 Were there gaps in national society capacity that reduced the effectiveness of their response to COVID-19 in urban settings? What were these gaps and how were they mitigated?	3.2.1 What were some of the internal capacity challenges (e.g. lack of/too many volunteers, lack of staff with urban response experience etc.) or barriers to delivering assistance in response to COVID-19 in urban contexts?	Key Informant Interviews (RC/RC) Online survey (some components)
		3.2.2 What measures did national societies undertake to overcome these internal capacity challenges and barriers?	Key Informant Interviews (RC/RC) Online survey (some components)
Q4. What were the gaps and opportunities that presented themselves during the response to COVID-19 in urban contexts?	SQ4.1 Were there gaps in the COVID-19 humanitarian response and how were these addressed?	4.1.1 What gaps (sectoral, coordination, community engagement etc.) existed in the humanitarian response to COVID-19 in urban settings and why?	Key Informant Interviews (RC/RC and some external) (Document Review (likely internal documents))

Question	Sub-Question	Information Required	Data Source
	SQ4.2 What have been the opportunities in the COVID-19 humanitarian response and how were these addressed?	4.2.1 What opportunities presented themselves during the response to COVID-19 in urban settings and why?	Key Informant Interviews (RC/RC and some external) Online survey (some components) Document Review
		4.2.2 Were national societies well positioned to take advantage of these opportunities? Why? Are there benefits of those opportunities sustainable/beyond the COVID-19 response?	Key Informant Interviews (RC/RC) Online survey (some components)
		4.2.3 What innovative approaches grew out of need or were able to be deployed in the COVID-19 responses eg communications, technical responses, digitalisation	Key Informant Interviews (RC/RC and some external) Online survey (some components) Document Review

Annex 3. Link to Survey Questionnaire

Annex 4. Key Informant Questionnaire.

Key informant Questionnaire (For non RC/RC the questionnaire will refer to their own organisations experience)

Introduction:

Positioning

SQ2.1 Were national society mandates, including the auxiliary role relevant in response to COVID-19 in urban settings? *(clearly defined role, role respected by Government, political influence/interference?)*

SQ2.2 Was national society presence (geographical) effective in addressing the needs of the most vulnerable in response to COVID-19 in urban settings? *(branches, staffing, volunteers in the right place)*

SQ2.3 What preparedness (to include DRR, Mitigation and Resilience) measures were in place by national societies, and to what extent were these effective in responding to the pandemic in urban settings? *(what preparedness for epidemics/pandemics was in place, what gaps existed, how were NS preparedness activities effective in supporting response/resilience to Covid-19 in urban areas)*

SQ2.4 What mechanisms, processes or coordination mechanisms did national societies participate in for the COVID-19 urban response (State, non-state; humanitarian/ development)? How effective were these and were they different to previous national society coordination efforts? *(who were the key actors, what enabled NS to participate in Urban response coordination, were they traditional coordination mechanisms, what support role to Govt. did NS play, what understanding did NS have of relevant actors within the urban context they were responding in)*

Capacities

SQ3.1 What role or activities did national societies choose to undertake in response to COVID-19 in urban settings? Why and how was this different to previous responses in urban areas? *(which of these was most appropriate in meeting needs in urban environment, what were the enabling factors, what new partnerships came up and how did these help NS, How were needs assessment and targeting undertaken)*

SQ3.2 Were there gaps in national society capacity that reduced the effectiveness of their response to COVID-19 in urban settings? What were these gaps and how were they mitigated? *(what were internal capacity challenges or barriers to delivering assistance in the urban context, what was done to overcome/mitigate these challenges)*

Gaps and Opportunities

SQ4.1 Were there gaps in the COVID-19 humanitarian response and how were these addressed? What gaps (sectoral, coordination, community engagement etc.) existed in the humanitarian response to COVID-19 in urban settings and why?

SQ4.2 What have been the opportunities in the COVID-19 humanitarian response and how were these addressed? Were national societies well positioned to take advantage of these opportunities? Why? Are there benefits of those opportunities sustainable/beyond the COVID-19 response? What innovations came out of the need for Covid-19 response in urban environments.

Annex 5. Key Informants

Region	National Society	Contact/Email
GDPC		Gavin White
Livelihoods Centre		Adriana Estrada Wilke
Asia Pacific	Philippines RC	Jessilou Moringo, Head of the Disaster Recovery Unit
MENA	Lebanese Red Cross	Dr. Shawky Amine Eddine LRC COVID-19 Response Coordinator
AFRICA	Manager of the Covid-19 operations for Africa	Rui Oliveira
LAC	Colombian Red Cross Society	Fabian Arellano Pena, Head Disaster Risk Mgmt Adriana Correa Benjamin Moreno
	Jamaica Red Cross Society	Kevin Douglas, Disaster Risk Management Unit
Europe (for IFRC), MENA (for GRC)	Turkish Red Crescent Society	Ceyda Dumlupınar Güntay
MENA	ICRC	Jose Delgado, Regional Movement Advisor MENA
MENA	GRC	GRC Project Delegate Gaza: Annette Kohlmeier
	PRCS	Abd Alaziz Abu Aesha
IFRC Secretariat	IFRC	Marjorie Sotofranco:
IFRC Secretariat	IFRC	Maya Scharaerer
IFRC Secretariat	IFRC	Krystell Santamaria
Global	Oxfam	Michelle Farrington Gabriella Luz-Meillet
Global	Danish RC	Adam Bornstein
Global	Consultant	Melissa Allemant