IRCS

NEW DELHI | JUNE 2020

COVID-19 RED CROSS RESPONSE
TO CHALLENGES ON THE FRONTLINES

The world has drastically changed since the last issue of this bulletin and the year 2020 will be recounted as one that transformed human society in infinite ways. As COVID-19 becomes the single biggest priority of our times, a glimpse of hope remains as the collective support to those suffering has been overwhelming. The ICRC, along with its Red Cross Movement partners, has remained on the frontlines, providing humanitarian aid while grappling with the reality of working remotely, navigating the several restrictions, disruptions of the supply chain and difficulties in staff rotation. In many places, hundreds of colleagues are stranded, some of them away from their loved ones. In the regions that the ICRC operates, the outbreak of the COVID-19 pandemic has meant an overlap of a global pandemic with the pre-existing realities of climate vulnerability, displacement and other emergencies – inducing additional suffering. Where we believed things could not get worse, they have worsened.

As this crisis unfolds, the regional delegation in New Delhi is working closely with the staff and volunteers of the National Red Cross and Red Crescent Societies of India, Nepal, Bhutan and the Maldives – an integral part of the disaster mitigation mechanism of their countries. We supported our partners in their efforts to first uphold duty of care towards staff and volunteers, and then provided them with personal protective equipment (PPE), technical guidance on safety measures for persons with disabilities and for places of detention as well as advice to frontline workers on the management of the dead. A total of 231,271 units of PPE have been distributed to the Indian Red Cross Society (27,500) and various government-run institutions (203,771) until now. The aim is to work together with government agencies and humanitarian organisations so as to not duplicate relief efforts and at the same time, reach as many people as we can. Our expertise in forensics, economic security, disability and healthcare allows us to adapt to the current concerns and respond effectively to the crisis.

Whether it is connecting people to their families, sharing best practices on prison management in times of epidemics, or working with persons with disabilities – all our efforts are directed towards safeguarding human dignity. Jointly with the Indian Red Cross Society, we are readying plans to help those affected by the unintended consequences of the lockdown through cash transfers.

Despite immense suffering within its own borders, India has treated the various requests of other countries with much humanity and we applaud this stand. At the same time, the ICRC calls upon all government and non-government agencies to continue putting people first without discrimination, bias and remain proactive. The response to the pandemic in South Asia, which houses a quarter of the world's population, will determine the future of the world's health and economy. Any stigmatisation of those who suffer from the disease or those on the frontlines can and will negatively impact a large population.

Frontline actors, including humanitarian workers, have displayed exceptional compassion and kindness during these trying times. I congratulate them and echo Peter Maurer, President of the ICRC, in calling on the world's governments to take immediate and decisive action to prevent and stop attacks, physical and cyber, that target healthcare institutions providing critical care and guidance during the ongoing pandemic. This pandemic will not be the last health emergency we confront, and safeguarding institutions and persons who protect us is needed more than ever.

Yahia Alibi
Head of the Regional Delegation
ICRC New Delhi

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A. Bhatia/ICRC

COVID-19: SAFEGUARDING COMMUNITIES IN INDIA

The regional delegation's continuous endeavour to establish meaningful and effective partnerships in emergency response and first aid has proved vital during the COVID-19 crisis. Its growing pool of trainers has successfully disseminated vital life-saving information to health practitioners, first responders and volunteers across the country.

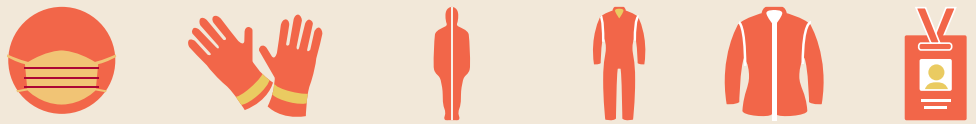
Through their effective partnership, the ICRC and its primary partner, the Indian Red Cross Society (IRCS), have been working to support and safeguard affected communities in India. More than 40,000 Red Cross volunteers continue to tirelessly carry out relief work across more than 550 districts of the country – delivering health and sanitary resources, and essential food items. The ICRC has provided IRCS personal protective equipment (PPE) and hygiene material, along with technical support, to boost the response.

With the Indian subcontinent prone to natural disasters, the ICRC and IRCS have worked towards elevating and fortifying existing capacities of the Red Cross state branches across India. This has allowed for a focused humanitarian approach during planning and response.

To mitigate the possible risk of further infection from those who are confirmed/believed to have died due to COVID-19, the ICRC has developed and shared guidelines with government authorities and the IRCS on dignified management of the dead and the best ways to adapt last rites. This is in addition to providing 2000 body bags to the IRCS to ensure the safety of healthcare workers on the frontlines and the dignity of the deceased and their families.

The pandemic has reinforced the need to support IRCS's family reunification services. The ICRC contributed by providing expert guidelines and recommendations for fortifying this area of response. Responding to requests for support from other partners, hygiene supplies and protective equipment — including masks, gloves, aprons, face shields and non-contact thermometers — have been distributed to embassies, government hospitals, and the paramilitary forces in India. The regional delegation has also shared guidelines on activities related to its physical rehabilitation programme with the ICRC-supported centres in Tamil Nadu, Chhattisgarh, Assam and Jammu & Kashmir.

PROTECTIVE EQUIPMENT PROVIDED TO THE NATIONAL HEADQUARTERS OF THE INDIAN RED CROSS SOCIETY:



9,500	10,500	2,000	2,000	1,500	2,000
Masks	Pairs of gloves	Body bags	Coveralls	Jackets	ID tags & cable ties

CRISIS WITHIN A CRISIS — RESPONSE TO CYCLONE AMPHAN

Parts of West Bengal and Orissa were severely hit by Amphan, which left thousands of people homeless amidst the pandemic. The heavy rain that followed triggered floods in the neighbouring state of Assam. Responding to the immediate needs of the people arising out of this drastic situation, the ICRC provided tarpaulins for 8,000 cyclone-affected families through the West Bengal state branch of the Indian Red Cross Society. In Assam, the ICRC provided tarpaulins for 100 flood-affected families through the Assam state branch.

STEPPING UP RESPONSE IN NEPAL, BHUTAN AND THE MALDIVES

The slow but steady spread of COVID-19 has continued in Bhutan, Nepal and the Maldives. The ICRC is working with their respective Red Cross and Red Crescent Societies to strengthen the response to the pandemic and has provided support in the form of guidelines on management of COVID-19 deaths, family reunification services and setting up of preventive measures in places of detention. The ICRC regional delegation has donated medical supplies and protective equipment to hospitals and government authorities of these countries.

In Bhutan, the ICRC has provided the Bhutan Red Cross Society and government authorities with guidelines and SOPs on management of deaths caused by or believed to have been caused by the disease, along with financial support to buy PPE for volunteers. The regional delegation's support to the Maldivian Red Crescent has focused on providing support and guidance for identifying family reunification needs among the migrant community, which is among the most vulnerable sections.

In Nepal, the ICRC has shared technical advice in the form of SOPs, guidelines, and training sessions on prevention of COVID-19 in places of detention and carried out distribution of hygiene supplies in partnership with the Nepal Red Cross Society in all its district prisons.

IMPACT OF ICRC TRAINING ON CRITICAL AREAS OF RESPONSE

A pandemic of the scale we find ourselves in today tends to cripple existing infrastructure and facilities. Frontline workers are braving a harsh reality and stepping out of their homes every day to keep the lifelines running. Those of them in key positions have a unique opportunity to contribute to decision-making and inform critical areas of the response. Since March 2020, many former participants of the annual ICRC regional HELP Course who work in varied sectors, have been leading India's COVID-19 response from the front. From contact tracing and rapid response to surveillance and promotion of preventive measures, they are involved in key activities. All of them credit the two-week multi-disciplinary specialised training programme for equipping them with the tools and best practices that have kept them in good stead during this unprecedented situation.

Dr Jaivir Singh, CMO SG, National Disaster Response Force, says, "The ICRC course helped all of us in understanding epidemiology of disease and in planning various operations during a pandemic." Dr Singh has also trained rescuers in safe handling of suspected COVID-19 patients and their relatives during transportation in addition to training the rescuers in biomedical waste management and dignified management of the dead.

Dr Shashank Gupta, District Epidemiologist, National Health Mission, Madhya Pradesh, says, "Due to my work, it became possible to identify suspected cases of COVID-19 in high-risk and in low-risk categories. The ethics taught at the course have also enabled my decision-making, especially in relation to contact line listing."

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The course, held in Delhi, on Health Emergencies in Large Populations uses the public health approach to train participants on prevention and control of infectious diseases, practical epidemiology in the field, international humanitarian law, security and stress of professionals, among other topics.

A. Bhatia/ICRC

"The ICRC's regional HELP course helped all of us in understanding epidemiology of disease and in planning various operations during a pandemic."

Dr Jaivir Singh, CMO SG,
National Disaster Response Force

GLOBAL RESPONSE TO THE PANDEMIC

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In countries affected by armed conflict, COVID-19 represents a dramatic threat to life. Health systems are already strained and millions do not have access to basic healthcare. Given the high rates of congestion in detention facilities, the ICRC is supporting authorities in many countries to formulate policies and implement practical measures in order to prevent and limit the spread of COVID-19 among detainees and detention staff.

In Afghanistan, the ICRC is part of the COVID-19 taskforce led by Ministry of Public Health, along with the World Health Organization, the Afghan Red Crescent, the IFRC and others. The ICRC's operational response focuses on prevention and infection control in places of detention and supporting the health facilities.

In Bangladesh, the ICRC is working to enhance the preparedness of 68 prisons across the country in the face of a possible outbreak. Work is underway to implement infection-control and prevention measures in these detention facilities. In addition to this, the ICRC continues to support more than 3,000 displaced people from Rakhine who are living in the camp of Konarpara and depend entirely on humanitarian aid for their survival.

In Myanmar and Philippines, the ICRC's work in prisons and in support of health systems is focusing on COVID-19 preparedness, detection, and preventive procedures. In Iraq, it has donated soap and disinfectant, protective equipment like gloves, goggles and gowns and thermometers to 13 places of detention housing 22,000 detainees. In Gaza, the ICRC has donated 500 mattresses and 1,000 blankets upon a request from the authorities to help accommodate people in quarantine.

In Sri Lanka, the ICRC and Sri Lankan Red Cross have provided food rations and cash vouchers to the most vulnerable families affected by COVID-19 across 24 districts of the country.

RED CROSS AND RED CRESCENT MOVEMENT APPEALS FOR USD 3.19 BILLION

To urgently scale up its global response to curb COVID-19's rapid spread and assist the world's most vulnerable people amid the pandemic, the International Red Cross and Red Crescent Movement has appealed for 3.1 billion Swiss francs (3.19 billion US dollars). This coordinated appeal builds on the previous one launched on 26 March 2020 and aims to increase life-saving services and support to address both the immediate impacts of the pandemic and its long-lasting social and economic repercussions. Nearly six months since it began, the pandemic has threatened every aspect of peoples' lives, amplifying inequalities, destabilising communities and reversing development gains made in the past decade.

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INTERVIEW

BIGGEST RESPONSE IN THE HISTORY OF THE INDIAN RED CROSS SOCIETY

R K Jain, Secretary General of the Indian Red Cross Society (IRCS), National Headquarters, shares insights about the COVID-19 response of the IRCS, along with its partners — which has impacted the lives of more than 40 million people across 575 districts of the country.

What has been the Indian Red Cross Society's response to the COVID-19 pandemic in India?

I am told by the veterans of the Indian Red Cross Society that the response to COVID-19 has been one of the biggest in the history of the Society. The way the Indian Red Cross Society is responding to this crisis, it has surpassed its earlier response during 1971 Indo-Pak war – that resulted in the liberation of Bangladesh – and the earthquake in 2001 in Bhuj, Gujarat. The reason is that this time our activities are pan India, with branches mobilising most of the resources locally and more than 40,000 volunteers in nearly 575 district and sub-district branches participating at the grassroots level. Our staff and volunteers have been working alongside the government agencies and support from the corporates has been spontaneous.

None of these would have been possible without the collaboration and unconditional support offered by every state/UT Red Cross branch, staff, volunteer, and the invaluable contribution from the National Managing Body members and our movement partners – IFRC and the ICRC. I am proud to share that our cumulative efforts have helped us impact the lives of more than 40 million people in need through a myriad of humanitarian activities on ground in a short span of time.

How have Indian Red Cross Society branches across the country adapted to this new way of working?

Across the country, Red Cross branches have adapted very well to the changing scenario. They have accepted the challenge of providing online leadership to local units and volunteers as well as conducting induction and training to all concerned through both actual and virtual platforms. Initially, it was new for some of us, but now everyone has adopted new technology and started appreciating it as well.

What are the main concerns of the IRCS regarding the fallout foreseen on the communities we work with?

The war against coronavirus infection is likely to be a long one with the palpable threat of its return. Also, the regular disasters – such as floods, earthquakes and cyclones – are tormenting us from all around. We need more community preparedness and stronger coping mechanism than ever before to combat these challenges even as the migrant labourers' return to their villages shall adversely impact the economy.

A. Bhatia/ICRC

Could you throw light on current challenges regarding voluntary blood donation and how the IRCS is addressing these?

The responsibility bestowed upon us has been responded to very well by all Red Cross blood banks. At the National Headquarters we also have a helpline desk-cum-control room that runs round the clock. The collections have been very encouraging, especially as the lockdown restrictions were in place – skeletal staff was on duty; offices, schools and colleges were shut. There is still fear in everyone's minds while getting out of the house. Our staff and blood donors have shown courage and determination to make sure the blood demands are met. I wish to thank our regular registered blood donors for coming out and donating blood and for their voluntary services in such difficult times.

Red Cross response to Cyclone Amphan amidst the pandemic was comprehensive and timely. What are the plans for rebuilding activities in affected areas?

The branches at the district level are providing all possible support to those in need. A total of 8,000 pieces of tarpaulin, dry ration, bottled water and emergency food were provided to the affected people in close coordination with the local administration. There are plans to assist the needy through livelihood support measures and local resource management mechanisms.

COVID-19: LET US NOT TURN FEAR INTO STIGMA

COVID-19 has thrown up numerous challenges over the past few months. From social distancing to working from home to the unfolding socio-economic impact across regions — the list keeps growing. As we wait for things to turn around, we are dependent on critical lifelines and essential services to get through the pandemic. Frontline workers have been stepping out of their homes daily to keep the healthcare systems and other vital services running and to ensure those who fall sick get the necessary treatment and support. However, the rising cases of stigma, discrimination and harassment have made their work progressively more challenging.

The functioning of healthcare systems has been adversely affected by the growing stigma and discrimination — and in many cases violence — against not only those who are affected by the disease, but also those treating them. One of the main reasons behind this is the anxiety and fear people are currently experiencing in the face of an unknown and unforeseen situation. This propels them to link the disease with specific communities or groups of people, fueling harmful stereotypes — ultimately hampering the response to the crisis. Speaking at the recent United Nations Security Council Open debate, Peter Maurer, President, ICRC, said, "At a time when they are most needed, helpers are under attack. Health systems are targeted, health workers are abused. Since March this year, the ICRC has recorded 208 COVID-19-related attacks against healthcare in more than 13 countries."

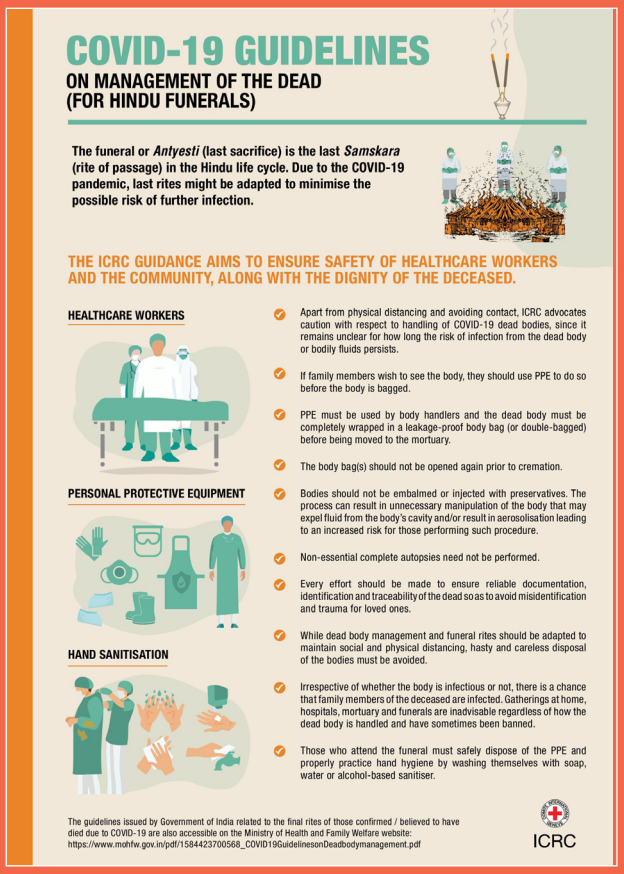
Often, as a result of the stigma, people experiencing symptoms feel discouraged from seeking timely help and support. This, in turn, makes diagnosing and containing the disease even more difficult. All of us have an important role to play to stop stigmatisation of COVID-19 patients, frontline workers as well as their families. A key step towards this is understanding the crisis as one that requires solidarity and cooperation. No one is safe until we are all safe.

CLICK TO OPEN

COVID-19: ICRC GUIDANCE FOR DIGNIFIED MANAGEMENT OF THE DEAD

During any calamity or a pandemic such as the COVID-19 outbreak, there are concerns regarding the management of the dead across the world. Who is supposed to handle the bodies, how can authorities ensure the safety of those handling the bodies and how should people carry out last rites of the deceased without risking further contamination — these are issues which need as much attention as the containment of the disease itself. With proper preparation and planning, authorities can ensure the safety of healthcare workers on the frontline of the response as well as the dignity of the deceased confirmed or believed to have died due to COVID-19. Based on its experience from the management of the dead in emergencies, the ICRC has prepared a set of recommendations which have been shared with its partners, authorities and forensic institutions for the dignified management of the dead during COVID-19.

CLICK TO OPEN



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