Annex 2 – **Summary of Context, Needs and ACT Capacity in Selected Countries***
(as of 25 March 2020)

**This exercise was initiated by the ACT Secretariat to understand the situation in certain countries of interest, and is by no means exhaustive nor indicative of country prioritization in the Appeal. This is meant to inform the development of the Global Appeal, scope the available capacities and resources in certain Forums, and anticipate opportunities and challenges that could help define programme design and operations.*

1. AFRICA

Since this is the first time a pandemic of the scale and nature of COVID-19 is affecting people in Africa, the general population lacks a lot of information in terms of its nature, effects, symptoms and means of prevention. People are therefore very much at risk and more awareness needs to be raised. It has been noted that the ability of the various health centres in this continent is very limited. Locally, in many villages in Africa, there are no isolation centres where patients can be observed and treated. Moreover, materials and personal protective equipment that are needed to operate, as well as quarantine and isolation centres, are generally not available.

Liberia: Liberia has declared a state of public health emergency following the confirmation of a third case of the coronavirus. This come as health workers are struggling to identify and quarantine people the patients may have interacted with. Liberia President George Weah leads the fight against Covid-19 through song in what is perhaps a novel way to educate Liberian citizens.

Liberia has experienced similar health emergencies for example in 2014, when the first cases of Ebola were confirmed in Liberia. Ebola spread quickly in Liberia and after four months thousands had been infected and hundreds were dead. Through its church missionaries and 48 congregations nation-wide, one of ACT members, the Lutheran Development Services (LDS), the development arm of the Lutheran Church in Liberia, supported Ebola survivors and their households by supporting the quarantined with food and nutrition and provided psychosocial support to Ebola survivors and assistance to Ebola orphans.
The Church responded through:

1. An emergency phase of conducting awareness on symptoms and basic infection prevention methods for the general public, contact tracing and providing infected with education, food items, Non-food items such as sanitation materials and flash thermometers and risk benefits/incentives to volunteers and health workers. LDS, though its partners, also provided urgently needed medications and PPEs to hospitals.

2. A Post Ebola Recovery Program targeting single parents, orphans, affected households with livelihood and psychosocial support.

They targeted remote populations with messages appropriately designed and disseminated in local languages that are easy to understand. It is expected that the lessons from Ebola and the experience gained by members in Liberia and in neighbouring Sierra Leone would prove quite crucial in designing the response for COVID-19.

Tanzania: Tanzania is located in East Africa Region with a population of 55 million people from more than 120 Ethnic groups. The Government of Tanzania has instituted additional travel measures to limit the spread of the virus to the general public as of 23rd March 2020. Currently there are 13 confirmed cases of CoVID-19 in Tanzania, with numbers continuously growing by the day.

ACT Tanzania Forum members have recently developed a forum Emergency Preparedness and Response Plan and plan to work next as a forum on their contingency plan to include CoVID-19 in their contingency plan. In Tanzania the ACT Members include (local Members) ELCT, TCRS, CCT and NCA,

CoS, CWS, LWR (as international members), and the members selected ELCT to represent the ACT Forum Tanzania in this response based on their vast experience in provision of health care services and their strong infrastructure for health services delivery.

The current transmission classification for Tanzania is Level 3 (High Risk of Imported Cases). ELCT – the organisation which take a key role in the COVID-19 response is a faith-based organization (FBO) established in 1963 with its headquarters in Arusha-Tanzania and their operations are spread across Tanzania through dioceses, Diakonia missions, health and education institutions. The Health Department of the Evangelical Lutheran Church in Tanzania's (ELCT) has a large network of Church owned hospitals and lower health facilities which can be used for the primary response to COVID-19. These include 24 hospitals and 148 Lower Health Facilities including Dispensaries and Health centers which are located throughout Tanzania (Mainland and Zanzibar).

The above-mentioned ELCT heath facilities contribute 15% of all hospital services provided in Tanzania, and for many years, ELCT has attained a vast experience providing health care services for the less privileged and marginalized communities like palliative care services, with ELCT running the largest hospice and palliative care services in Tanzania. ELCT also provides other primary, general and specialized health care services to pregnant women, under-fives and elderly, surgical, mental health and other related services in the arrangement of zonal referral hospitals, referral hospital at the regional level (RHRL), Council designated hospitals (CDHs) and Voluntary agencies (VAs).

South Sudan. The cumulative effects of years of prolonged conflict, chronic vulnerabilities and weak essential services have left 7.5 million people more than two thirds of the population in need of humanitarian assistance (SSHRP 2020). To date, nearly 4 million people remain displaced with 1.5 million internally and 2.2 million as refugees in neighbouring countries. Limited availability and a lack of access to health services have largely contributed to one of the highest under-five mortality rates (90.7 deaths per 1,000 live births) and maternal mortality rates (789 deaths per 100,000 live births). The country remains in a critical period of unprecedented severe food insecurity with 6.4 million people considered food insecure, and with malnutrition rates of 16 per cent – surpassing the global emergency threshold. (SSHRP 2020)

Even though **South Sudan** has not yet reported a COVID-19 case (to date), it has been rated as one of the level-2 countries globally with very low Preparedness, Prevention and Response Mechanism-(WHO-19th March 2020). South Sudan is among countries with weak health systems with significant gaps in preparedness capacity for technical and operational implementation. The current status of reported cases in Kenya, Uganda, Egypt, Ethiopia, Sudan and DRC exposes South Sudan to high potential risks of imported cases. ACT South Sudan Forum is huge with 14 members, with members in operation since 1980s in the sectors of Shelter/NFIs, Food Security, WASH, Health/Nutrition, Protection/Psychosocial support, Early Recovery, education and CASH Programming. The forum members have been working in coordination with UNOCHA, South Sudan Ministry of Humanitarian affairs and Disaster Management, and works closely with relevant sector stakeholders, UN agencies, Government ministries, NGOs, faith communities and civil society organizations.

Uganda: The government initiated a complete shutdown of people's movement, vehicles are not allowed to move and people are confined in their homes. All NGOs including faith-based organizations have closed and staff have been encouraged to work from home for the next 14 days at least.F aith-based institutions are using their radios to sensitize people about the coronavirus but little material support is being given to refugees. This is grossly affecting the livelihood of refugees especially the urban refugees who rely on hawking simple items like necklaces for survival. There has not been any special arrangement for NGOs working in settlements to support their staff to continue providing services to the refugees. Shortfall in services provided in the settlements will

compel the refugees to move out and this may increase their chances of acquiring COVID-19. Inadequate access to health services and inputs such as sanitizers in the settlements increases the chances of refugees getting the disease.

2. ASIA AND THE PACIFIC

CNN reported that fear is growing in Asia of the possibility that there will be a second wave of infections from imported cases. China, South Korea, Japan, and Singapore have stabilized the situation as they implemented aggressive containment and social distancing measures. Several countries have issued lockdowns and stricter border controls and travel restrictions. Singapore has introduced a 14-day self-quarantine for new visitors from several East Asian countries, Switzerland and UK.

These countries are identified as high risk and recommended for a possible humanitarian action based on these criteria:

- Health Systems where we see that the health system will be overwhelmed if there is a significant number of people affected by the virus
- Impact on vulnerable people – people in informal urban settlements, mega-camps, and people on the move
- Presence and capacities of ACT members

Afghanistan. Afghanistan is a fragile state that has reported 40 confirmed cases of infection. Reports however, have indicated that Afghanistan's weak health system will be overwhelmed by Afghans returning to their country. Around 70,000 Afghans have recently returned from Iran recently which has one of the highest number of cases reported. Afghanistan is a fragile state and still in conflict where 54.5% of its people are living below the national poverty line[1]. Almost 30% of its mortality is attributed to Cardiovascular Disease, Cancer, Diabetes, or Chronic Respiratory Disease. As WHO reported Coronavirus deaths are often caused by a pre-existing conditions of other health diseases.

We have several international organisations members present in the country but no national forum. Most of them will have expertise working on the different aspects of humanitarian response that will be able to support the vulnerable communities that will experience significant multi-dimensional impact of this pandemic.

Recommended response will be on communicating the impact of the virus to the communities, hygiene promotion, and information management.

Bangladesh. The country still has a low number of cases reported however, infection in the Rohingya camps can spread very quickly if this will not be managed well. The Bangladesh government has already restricted the movement of its population where they are encouraged to stay at home. Government offices have declared a holiday until 31st March. Most ACT Forum members are now working from home with only essential activities allowed at the Rohingya camps.

Our members are already coordinating with the different coordination mechanisms as part of their Rohingya crisis response and can easily find an entry point for interventions that will address the impact of coronavirus. The Forum Convenor has also called a meeting to discuss their contingency plan. NCA has indicated that they have local partners who are working on health and WASH in the camps. Recommended entry for response will be on communicating with communities and hygiene promotion to the Rohingya camps and the host communities. These can be complemented with already existing programmes.

[1] Source: ADB

Indonesia. Jakarta has already declared a State of Emergency. Indonesia is one of most populous countries in the world at population of 270 million with 10.6 million in Jakarta. Aljazeera has reported that there are fears that Bali can become a hotspot of infection after authorities have allowed a Hindu new year celebration where they are expecting thousands of people attending. Testing has also been slow. Indonesia also has the highest death ratio in Asia and the Pacific at 9.3%.

ACT Members have an ongoing response for the Central Sulawesi Earthquake and Jakarta floods, led by national members YEU and PELKESI, respectively. The recommended COVID-19 response would be support to urban poor people whose livelihoods have been affected by the government declared lockdown as a new intervention. Social protection should be an important component in our response. Additional activities to the current response on communicating with communities on the impact of the virus. PELKESI and YEU will be able to utilise the resources of their member hospitals, clinics, and medical staff across the country.

Pakistan. In Pakistan there are 1.5 million registered refugees, with majority of them living in camps. The living conditions in camps are very poor and making them vulnerable to COVID-19. The major concern is loss of livelihood resulting in food insecurity. Majority of refugees are daily wagers who have not had any work in the past 10 days. The Government of Pakistan has announced a relief package which does not include assistance for refugees, while UNHCR has not yet provided any support. People are in need of immediate food/cash support. Pakistan's health system will potentially be overwhelmed if trends continue. Our two members present in the country, CWSA and NCA, will be able to provide the support. There are existing community structures such as Shuras, parents/teachers committees, Community volunteer services that would be able to enhance the response capacity of ACT members.

We will also be monitoring **Cambodia and Myanmar** as their health system will be overwhelmed if the number of cases will significantly increase. These countries have national ACT forums where members are mostly international organisations. In the case of Myanmar, we have gathered anecdotal stories that testing kits are limited with little technical capacity for testing. There are suspicions that the government report is not accurate and people are bracing for an outbreak.

India and Philippines have some indications that the health systems might be able to manage, however, these countries will also be monitored because of their large populations and highly urbanized contexts. In both countries we have active forum members that we will be in regular contact. We have two members in the Philippines, NCCP and World Renew, currently implementing a humanitarian response for the multiple disasters in the last quarter of 2019. They will be able to add the interventions relating to the pandemic to their activities especially communicating with the communities on the impact of coronavirus. NCCP has also been coordinating with the other humanitarian actors on giving information to their member churches about coronavirus to mitigate false information.

3. EUROPE

In Europe, COVID-19 has put most countries in a state of crisis. The growth rate of the infected persons is considered to be an unprecedented percentage increase, which inevitably poses a crisis in the health system's capacity to respond. We have also seen a rapid escalation in social distancing measures, like closing schools, factories, losing jobs, and cancelling many livelihood activities. But we have not seen an urgent enough escalation in testing which is the backbone of the response.

Countries such as Armenia, Ukraine and Greece are in need of medical equipment, uniforms for doctors and other urgent items to assist healthcare ministries to prevent the spread of COVID-19.

There is a crucial lack of such important items in drug-stores such as masks, alcohol, disinfectants, etc. for ensuring safety of population and putting more lives at risk. Soup kitchens are being closed and the most vulnerable ones are in need for food. Vast majority of farmers and small business owners are forced to stop their livelihood activities.

On top of the extremely dire economic situation, **Greece** is facing the management of the refugee crisis and the consequences of the additional volume to the public health system. The refugee population in Greece exceeds 69,000, of whom 48,000 are on the mainland and 21,000 on the islands of Lesvos, Chios, Kos, Samos and Leros.

Besides the COVID-19 outbreak, the humanitarian situation in **Eastern Ukraine** remains difficult. Currently there are still 1,446,920 internally displaced persons in Ukraine. The conflict related number of casualties also remains high. In 2019 nearly one thousand people lost their lives (200 civilian) in the ongoing conflict. In Serbia, there are currently app. 8,000 refugees and migrants, sheltered in 17 Reception Centers. They do not have permission to go out due to the state of emergency.

ACT members and implementing partners in these countries of concern have long-term experience in implementing humanitarian and development programmes. ACT Alliance members and partners have been responding to the different natural and man-made disasters in the following sectors: WASH, Food Security, Livelihoods, Protection (including psychosocial support), Shelter and NFI. Apart from that, different members have specific expertise in running medical and welfare structures, as well as providing cash assistance.

4. LATIN AMERICA AND THE CARIBBEAN

The LAC Region in general has very weak health systems and with fragile economies that are highly contributing to impoverish the most vulnerable sectors such as families in extreme poverty, the elderly, youth, HIV, single parents, indigenous peoples and migrants. As ACT forums we are asking the governments of the region to guarantee the food and economic security of these populations, as well as to preserve social rights, especially labor rights, to avoid any economic crisis that would only be deepened by the pandemic. This could drive affected populations to extreme poverty and exacerbate structural inequalities.

Most of the ACT Forums are connected with the regional CoPs on Psychosocial Support and Gender Justice to facilitate regional support and exchanges based on good practices. The regional Psychosocial CoP is willing to mobilize its membership of around 100 staff across 14 ACT forums to provide support to different groups like migrants, vulnerable communities, church congregations, and staff of ACT members and partners. The Gender Justice CoP is ready to support in gender programming, including SRHR and SGBV, and work with religious leaders to protect sexual and reproductive rights of vulnerable populations, especially youth and women

Some forums like **Cuba** are providing information on COVID-19 with the doctors among their staff. The Forum has links to a doctors' network to provide assistance and awareness raising in communities, providing protective gear for health workers, food distribution for elderly people, and water distribution with purification systems. Guidance can potentially be made available by epidemiologists/experts to support the COVID-19 response in the **Caribbean (Haiti and others)** and Central America, especially to countries with weaker public health systems such as **Honduras** and **Guatemala**.

In **Colombia and Venezuela**, HEKS through its local partners and in collaboration with UNICEF (UNICEF provides coordination and access to the hospitals) has planned to provide personal protective clothing to prioritized hospitals and medical staff throughout Venezuela, and provide

hygiene products to health centers for general use and distribution to patients and families (specific covid-19 hygiene kits). DKH also has an ongoing ACT response (Appeal) inside Venezuela and in Colombia, while other members such as LWF, CWS, ELCA, etc. are managing their own humanitarian response to the crisis as well.

Central America and Caribbean forums, except Haiti are participating or coordinating with the country humanitarian teams providing information or carried out some activities (food distribution and WASH kits to women with children in prison in Guatemala, food distribution in prison in El Salvador, food distribution in communities in Honduras and Dominican Republic, food support to migrants in Guatemala-Mexico border, cash for food in El Salvador to workers in the informal sector).

5. MIDDLE EAST AND NORTH AFRICA

COVID-19 continues to spread across the MENA region an over 3500 confirmed cases confirmed in Arab countries and over 4600 cases in Israel. Several countries in the MENA region have overstretched fragile health care systems and infrastructures, weak disease surveillance, poor response capacities and a suboptimal level of public health preparedness, some of which have also been considerably weakened by years occupation such as the occupied Palestinian territories (oPt), and others as a result armed conflict mainly in Iraq, Syria, Yemen and Lebanon. These factors combined with the fact that most countries in the MENA region hosting Refugees or IDPs already have stressed infrastructure, are likely to increase the emergence and rapid transmission of high-threat Covid 19 and increase the economic vulnerability of those most in need.

While some countries in the region have reported few cases, challenges remain in their capacity to test, detect, provide care, and enforce emergency responses to the pandemic, especially since travel is already considered dangerous in these countries. This may slow the spread of the virus to areas under siege, but the potential fallout from an outbreak in these areas would be devastating, noting the weak link in preventing the epidemic from spreading in highly populated area and refugees' camps.

MENA affected countries in a measure to address the pandemic and limit the spread of the virus, have halted international air and sea travel, closed borders, restricted public gatherings and enacted curfews. Many countries in the region banned prayers in mosques and churches. This also have its negative consequences on the ability of the vulnerable groups to cope putting additional economic burdens on an already strained economic situation, with many losing their livelihoods, the impact will mean that the most vulnerable will be unable to meet their basic needs in terms of health care, shelter, food and WASH.

For MENA region as elsewhere, the most vulnerable groups, who may require intensive medical care, are the elderly and those suffering from chronic diseases. People living in overcrowded conditions, particularly in refugee camps in Jordan, Iraq, Lebanon, and Palestine; and densely populated areas such as in Gaza in oPt and in Egypt, face a higher risk of contagion due to the poor WASH infrastructure.

The most urgent items currently needed are personal protective equipment kits and other essential supplies for infection prevention and control. Hospitals in general have shortages of specialized staff to deal with covid 19. The closure of schools, limitations on access to workplaces, and the imposition of quarantine and curfew, particularly in overcrowded households, alongside general uncertainty, are expected to increase mental and psychosocial distress, particularly among children, as well gender-based violence. The economic impact of the crisis has so far affected the daily workers who have lost their income, as well as some businesses, which were forced to shut down. Due to these tightened

restrictions imposed, the urgent humanitarian interventions needed are, health care, Psychosocial support and protection, food, protection, WASH, NFI's, education and Cash.

The ACT Alliance forums and members in MENA region and their local members have a wide range experience in the local contexts that they are operating in. The members have the capacity, capability and sectoral expertise to react to a variety of needs in the following sectors: WASH, Health, Livelihoods (including cash), Protection, Shelter/NFI, Food Security, Mine Action, Education and Social cohesion. Inside Syria for example, HEKS through its local partner Syrian Arab Red Crescent (SARC) is supporting the provision of testing kits and free testing; personal protective clothing to medical staff and workers in health centers and for their mobile medical teams; hygiene products for health centers; and support for mass public awareness campaigns through multi-media outlets.

ACT members and their partners are active and valued participants of the relevant sector coordination bodies and regularly share their experiences with each other through lessons learned and professional workshops. ACT Alliance members have been responding to the crisis in the region since 2009 and will continue to do so as long as the needs remain.