



**Appeal MDRCOVID19**  
**Funding requirements: CHF 450 million**  
**Regional Appeal Code: MDR42006**  
**Regional allocation: CHF 75 million**  
**Appeal launched: 31 January 2020**  
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**Appeal ends: 31/12/2021 / Extended 9 months**

**Revised Emergency  
 Plan of Action  
 COVID-19 Pandemic  
 Americas Region**

<b>Host National Societies:</b>	This multi-country Emergency Plan of Action focuses on preparedness, containment, mitigation, and recovery actions for <b>33 National Societies</b> responding to the ongoing COVID-19 outbreak in the Americas region, in coordination with their national health authorities and other humanitarian actors.
<b>Partners supporting the operation:</b>	<a href="#">Global Donor Response</a>
<b>Partners providing surge support:</b>	<a href="#">Link to the Americas GO Platform</a> <i>*A GO account is needed to access this information.</i>

The COVID-19 operation is a unique response for the IFRC. **Our IFRC-wide approach (the IFRC Secretariat and our 192-member National Societies) reflects both the local and global nature of this operation.** The response is primarily a local response, with our National Societies responding to the local needs of those affected by COVID-19 in their own countries, based on their National Society Response Plans. At the regional level, a needs analysis in the Americas has been carried out, and the response plans and activities have been revised with an emphasis on the recovery phase of the operation. The Americas EPoA has been increased to **75 million CHF** to scale the operation and address other regional impacts of COVID-19 that will enable the NSs to define multisectoral mid- and long-term actions that address the most important humanitarian needs with a **recovery perspective**.

## Situation analysis

### Description of the disaster

Latin America is now described as the epicentre of Covid-19 with confirmed cases and deaths with four countries from the region included in the list of hotspot countries: United States, Brazil, Peru, and Chile. Latin America has reached 5 million of confirmed cases and exceeded 250,000 deaths. The United States of America accounts for 51 per cent of all cases, and 53 per cent of all deaths for the Americas region and Brazil accounts for 25 per cent of all cases and 23 per cent of all deaths. Combined, these two countries account for 76 per cent of all cases and 76 per cent of all deaths currently reported in the Region.

Since mid-March, the Americas region has seen an increase in the number of cases and deaths. Added to this is a problem of inadequate epidemiological surveillance that could be causing under-reporting of both cases and deaths, making it difficult to anticipate the speed of transmission as well as the impact on health systems, which already have extensive structural deficiencies.

Regarding health infrastructure, Latin American and Caribbean countries average approximately two beds per 1,000 people in comparison to Belgium that has six. Belgium is used as a point of



comparison as it registers the highest number of COVID-19 deaths per capita in Europe (837)<sup>1</sup>. Of all the countries in the region, only Costa Rica and Uruguay meet the WHO recommendation that medium and medium-high income countries invest six percent of their gross domestic product (GDP) on healthcare, leaving Haiti and Venezuela far behind with 0.8 percent of their GDP invested into their public health systems<sup>2</sup>. This infrastructural weakness is compounded when mental health is included in the calculation.

The virtual rapid assessment of service delivery for noncommunicable diseases (NCDs) during the COVID-19 pandemic in the Americas, completed by 28 member states of PAHO, during a four-week period in May, confirmed that the pandemic has had a wide impact and that the disruption of routine health services poses a threat to the health of people living with noncommunicable chronic diseases. Outpatient services were partially interrupted in 18 surveyed countries (64%), two countries (7%) closed some of their NCD services completely (urgent dental care, rehabilitation services and palliative care services), and in seven countries (25%) they have remained open. These disruptions have affected all types of care for people with NCDs, but more so for diabetes, hypertension, dental care, and rehabilitation services. The main reasons cited for disruption of NCD services include cancellation of elective care services (58%, 14/24), clinical staff being reassigned to COVID response (50%, 12/24), and patients not presenting (50%, 12/24).<sup>3</sup> The COVID-19 pandemic is an evolving global crisis and there is much that is still emerging in term of the psychosocial and mental health consequences for the diverse populations affected by this emergency.

## IFRC-wide Response

### Summary of the current response

From the onset of the COVID-19 emergency, the Americas Region has been actively coordinating both with host National Societies, PNS', and the ICRC. One-hour weekly coordination calls take place in Spanish and in English to disseminate critical information to the network of 35 National Societies. Additionally, the IFRC Emergency Operations Centre (EOC) remains activated with participation from key PNS' and ICRC. Additional bilateral support from partner national societies to NS' in the region is ongoing with various technical focal points. The IFRC regional office has set up a coordination team, with staff from the Disaster and Crisis Team, Health and WASH, Logistics, Finance, Partnership and Resource Department, and Communications. Weekly meetings and teleconferences in Spanish and English take place for information sharing with National Societies and IFRC clusters. The IFRC health unit maintains updated information on global and regional cases and is in constant communication with colleagues in the region. As an auxiliary to the public authorities in the humanitarian field, 33 NS in the region are responding to pandemics through 18 different types of activities as indicated in the graph below.

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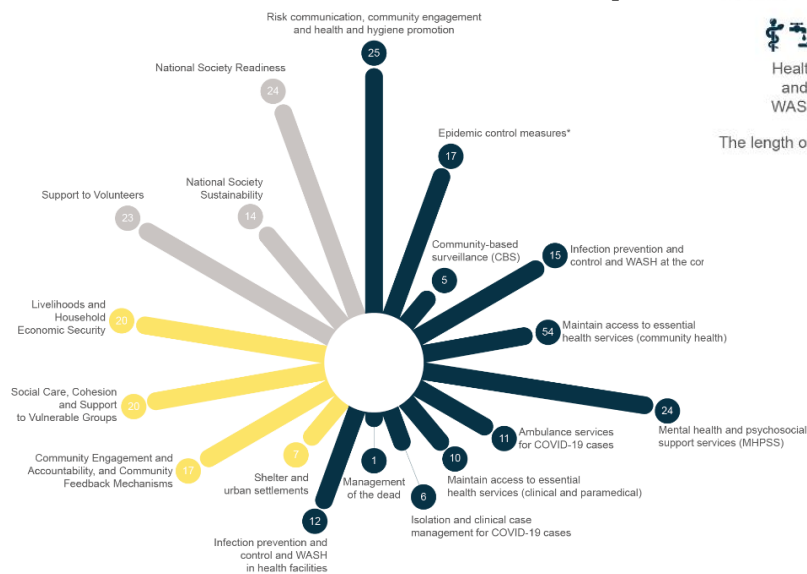
<sup>1</sup> [World Bank data indicators of interest to the Covid-19 outbreak.](#)

<sup>2</sup> Malamud, C. & Nunez, R. 'COVID-19 in Latin America: political challenges, trials for health systems and economic uncertainty' in Elcano Royal Institute, pp. 1-12, 6 April 2020.

<sup>3</sup> [PAHO. COVID-19 has impacted the operation of health services for noncommunicable diseases in the Americas. 17 June 2020.](#)

# Overview of National Society

## involvement in each thematic pillar



## How to read this diagram

The regional reporting trends are a visual representation of the breakdown by IFRC Regions of the National Societies engagement in the pillars. The lines for each region correspond to the same lines in the main diagram.



The length of each section in the bar, gives you an overview of the number of National Societies that have reported operating in that specific pillar



**Data source(s):** NS reporting through both GO Field Reports and other COVID-19 activity monitoring systems. Data updated on 29 June 2020. For questions and comments, please contact [im@ifrc.org](mailto:im@ifrc.org).

\*testing, point of entry/point of control screening, contact tracing, support for quarantine of contacts/high-risk individuals and isolation of COVID-19 cases not requiring clinical treatment.

National Societies are scaling up their actions, including pre-hospital services and leveraging the strong network of National Influenza Centres (NICs) to intensify surveillance of influenza and other respiratory illnesses, following the experience with H1N1 and severe acute respiratory infections. National Societies in many countries are working closely with government agencies and state officials to identify additional support needed where the highest emergency level has been declared. This includes mobilizing rapid response personnel for national deployments.

National Societies of the Americas are working as front-line responders supporting their governments with emergency medical services, psychosocial support, and several services focused to social services for vulnerable people in quarantine or movement-restricted communities.

Red Cross and Red Crescent staff and volunteers are providing essential services such as:

- Screening contact tracing and risk education.
- Delivering community health and hygiene promotion activities and resources.
- Providing medical consumables, testing kits and Personal Protective Equipment (PPE).
- Providing psychosocial support to the self-isolated, caregivers and other vulnerable groups.
- Supporting quarantined communities with education, care, shelter, food kits and hot meals.
- Promoting personal hygiene and prevention measures, distributing resources for cleaning and disinfection, and installing washing stations.
- Coordinating with authorities for the distribution of resources and implementing activities to strengthen the livelihoods of their communities
- Providing services to marginalised communities – irrespective of their legal status – including migrants, refugees, and internally displaced people.

The IFRC has worked in coordination and communication with all partners, such as Ministries of Health, the Regional Customs Committee, the National Civil Protection Systems of the countries and the World Bank. Coordination meetings took place with humanitarian networks to support food distributions, health systems support, and information exchanges. The IFRC and UNHCR are the Global Shelter Cluster Lead Agencies. In Latin America and the Caribbean, IFRC leads the Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC) Shelter

group, conveyed by OCHA. IFRC Americas is also coordinating a multi-agency shelter strategy to provide basic needs and safe shelter and space for distancing / quarantine measure to respond to the pandemic.

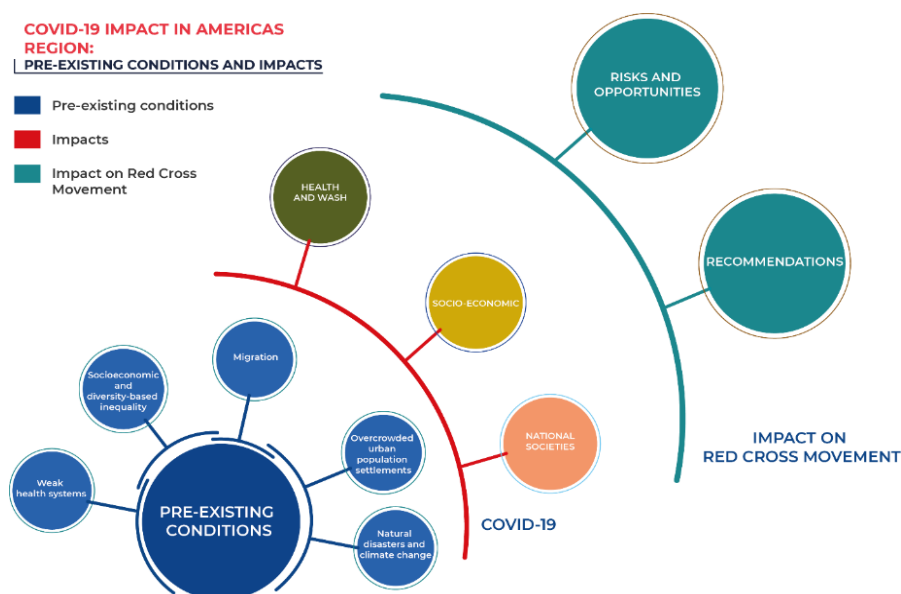
A weekly report with details of each National Society's actions is produced by the Americas Regional Office (ARO) on the [GO Platform for COVID-19](#). For more information, see the [latest edition of the Regional Update](#).

## Needs Analysis

Chronic health inequities in the Americas have an impact on access to health care for a significant percentage of the population. The overload of health systems due to the pandemic has disrupted the provision of essential services and preparedness capacity for other diseases or seasonal weather events. Measures taken by the governments to try to contain the pandemic are negatively impacting vulnerable groups.

The context of COVID-19 emergency and the containment measures can enhance gender inequalities. The emergence of new factors of stress such as loss of income, social contact limitations, or an increased load of care duties (housework and caring for dependents, including children and elderly adults) put more pressure on women and can enhance the tension and led to violence in the home. Women and girls are exposed at higher risk and danger of suffering physical, emotional, and sexual violence because they are isolated with their abuser, and the possibility to leave the house and access services are more challenging. Surveys of women from a number low- and middle- income countries show high reported rates of physical, emotional, or sexual abuse during the COVID-19 crisis. The risks of violence are also accentuated by the slowdown of legal services, disruption of gender-based violence (GBV) referral pathways and reduced presence of humanitarian actors. Also, measures such as physical distancing may exacerbate situations of exclusion and limit support to address the unique needs of children, LGBTQ community members, people with disabilities, and indigenous communities during the first response and the recovery process. Migrants, IDPs, and returnees are being affected by the worsening situation, with over 5 million people displaced by the crisis in Venezuela and flow in Central America and struggling to access essential services, make contact with family, or access reliable information about the pandemic or the wider situation from their position in transit and host countries. Community trust is key to containing and suppressing the pandemic, yet feedback and surveys show that there is increasing mistrust of responders, governments, and health interventions, including physical distancing, testing, community isolation and vaccination. Without community trust and effective suppression and control measures in all areas with active outbreaks, the pandemic can be expected to continue to grow over the months to come.

The Americas Operation formed a Needs Assessment team to describe the underlying factors and contextual features



that underpin the COVID-19 pandemic impact in the Americas; analyse the primary and secondary impacts of the virus on Health, Socio-Economic issues and National Society operations; and highlight the risks, opportunities, and recommendations for action that can best support the needs of National Societies (NS) throughout the region. Findings on the needs and recommendations have been included in the plan below.

The section below outlines the needs according to the three Priorities of the IFRC Operational Response Framework.

## Priority 1: Curb the Pandemic - Sustaining Health and WASH

The direct impacts of the COVID-19 pandemic are the high rates of morbidity and mortality among the population of the Americas. The health system capacity to respond to the outbreak and the efficiency of the measures taken by the governments to contain the pandemic play a significant role in the incidence of indirect impacts such as reduced access to health services, increased mental health disorders and psychological distress and reduced access to water, sanitation and hygiene. The extent to which health services are disrupted is unknown, as well as the level of unaddressed psychological distress and mental health needs.

Epidemiological data shows an exponential curve of deaths by age, with relatively low case fatality rates<sup>4</sup> for those aged below 50 and growing fatality rates for the older people. Older people are more vulnerable to COVID-19, therefore the impact of the epidemic may be less severe in developing countries because many of them have age structures with younger populations<sup>5</sup>. In 2019, 12 percent of the Americas' population were people above the age of 65 years old, with the most youthful population living in Central America<sup>6</sup>. However, other studies point out that the probability of death from COVID-19 grows with increasing poverty<sup>7</sup>. It is widely known from a public health perspective that pandemics disproportionately affect the poor and disadvantaged and that many social determinants of health can have a considerable effect on COVID-19 outcomes<sup>8</sup>.

Based on studies that link the virus and pre-existing health issues, people living with non-communicable diseases (NCDs) are more vulnerable to becoming severely ill or dying from COVID-19<sup>9</sup>. People with diabetes, severe obesity, heart conditions, chronic lung disease, liver disease, haemoglobin disorders, asthma and chronic kidney disease treated by dialysis are at higher risk for severe illness from COVID-19<sup>10</sup>.

Regardless of the different probable factors that can determine severity and lethality, in which there is a general consensus is that transmission can only be stopped through efficient strategies for case identification and contact tracing; this is only possible with a testing policy that ensures broad coverage at the national and sub-national levels. The WHO currently agrees that a national test strategy is appropriate when the positivity rate is between 3 per cent and 12 per cent<sup>11</sup>. Unfortunately, most countries in the region report much higher positivity rates, some with rates of up to 70 per cent, fuelling the logical suspicion that the real situation could be much worse than that established by the reported figures.

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<sup>4</sup> [Our World in Data Case fatality rate of ongoing COVID-19 pandemic](#). 2020.

<sup>5</sup> [ACAPS. Vulnerability to COVID-19 containment measures: key factors which will shape the impact of the crisis. ACAPS Thematic Report, 21 April 2020.](#)

<sup>6</sup> [PAHO. Core Indicators 2019: Health Trends in the Americas. PAHO, Washington D.C., 2019.](#)

<sup>7</sup> [Winskill, P., Whittaker, C., Walker, P. et al. Equity in response to the COVID-19 pandemic: an assessment of the direct and indirect impacts on disadvantaged and vulnerable populations in low- and lower middle-income countries. Imperial College London, 12 May 2020.](#)

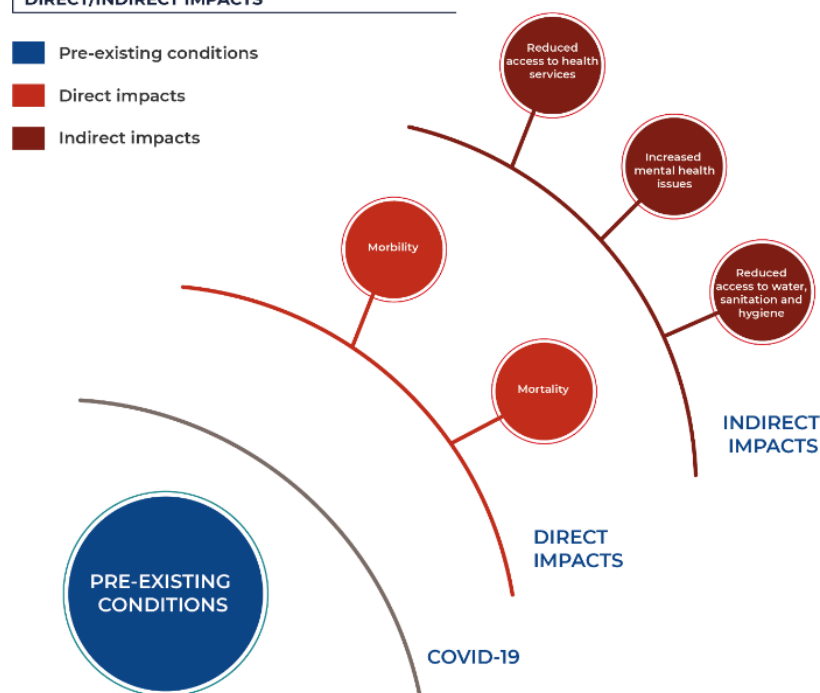
<sup>8</sup> [ACAPS. Vulnerability to COVID-19 containment measures: key factors which will shape the impact of the crisis. ACAPS Thematic Report, 21 April 2020.](#)

<sup>9</sup> [WHO. Analysing Disrupted Health Sectors: A Modular Manual. WHO. Department of Recovery and Transition Programmes Health Action in Crisis, Geneva, 2009.](#)

<sup>10</sup> [CDC. People of Any Age with Underlying Medical Conditions. Coronavirus Disease 2019 \(COVID-19\).](#)

<sup>11</sup> [WHO. COVID-19 - virtual press conference - 30 March 2020.](#)

**COVID-19 IMPACT IN AMERICAS REGION:  
HEALTH AND WASH: PRE-EXISTING CONDITIONS,  
DIRECT/INDIRECT IMPACTS**



## Priority 2: Tackle Poverty and Exclusion - Addressing Socio-economic impacts

Although the most immediate and visible effects of the COVID-19 crisis are those related to public health, the impact on the economies of the region, and consequently on food security and livelihoods because of the massive loss of jobs as the primary cause, is evident. With mitigation measures that included restrictions on mobilization (obligatory social isolation, closed borders, curfews, and quarantines), nearly all sectors of the economy were affected. The pandemic and related measures disproportionately affect the population that was living in situations of vulnerability prior to the outbreak, as well as others who became vulnerable as a result<sup>12</sup>.

In terms of how the socio-economic impacts of COVID have had a specific effect on the most vulnerable populations, in many impoverished communities, it has not been able to adhere to obligatory social isolation out of economic necessity fully.

Therefore, COVID-19 poses a severe threat to women's participation in economic activities. According to a rapid assessment on Gender and Diversity by CARE and UN Women, only 67% of women in Latin America and the Caribbean participate in the formal labour sector, compared to 93% of men, and over 126 million of them work in the informal sector. Most of them are concentrated in the care and service sectors. This means that, because of COVID-19-related layoffs, women and girls are more likely to lose their income-generating potential than their male counterparts. Additionally, they face more barriers in accessing remote work options and/or generating income by working from home, meaning that they face a higher risk of losing their income as a result of COVID-19. Domestic workers are particularly vulnerable, as they face greater exposure to risks in their employers' households, as well as higher care burdens. All these situations, lead-in some cases- to protection risks lead by coping mechanisms affected by the stress of not having economic resources, for migrant women and girls it has been identified an increase of survival sex and engagement in exploitation.

In some countries, extended lockdowns, the brutality of the forces of order (police and armed forces) responsible for enforcing the measures, added to socio-economic concerns have fuelled resentment and non-compliance with COVID-19-related restrictions. These will likely trigger more localised protests that can turn violent during and after the relaxing of social restrictions. In addition, some measures have affected LGBTQ+ populations due to restrictions of movement only related with the variable "sex".

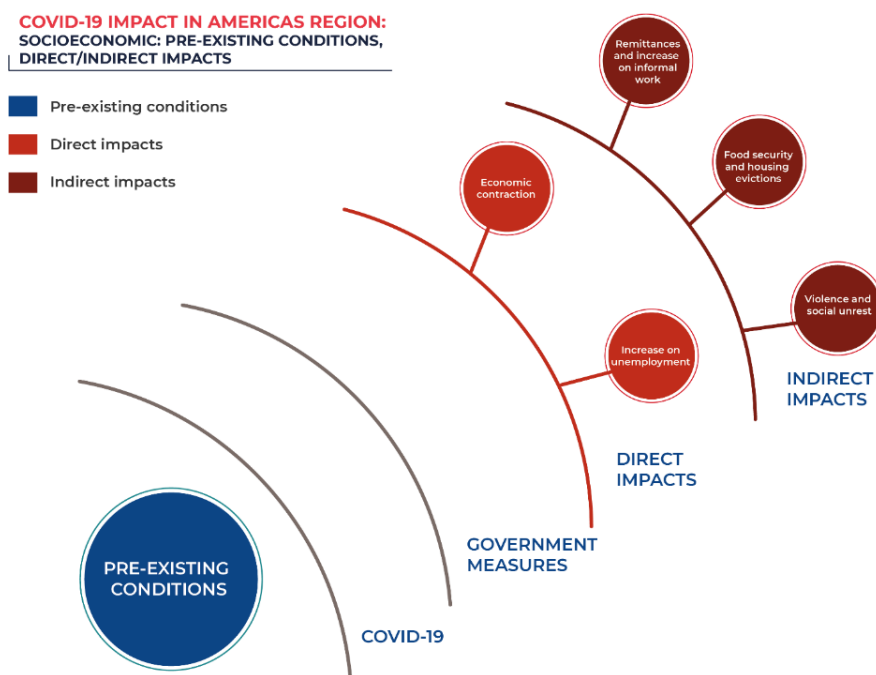
<sup>12</sup> LIVELIHOODS RESOURCE CENTRE, IFRC, SPANISH RED CROSS. Pandemia COVID-19, más allá de un problema sanitario a nivel de Latinoamérica y Caribe (LAC). Un documento para la discusión y búsqueda colectiva de alternativas de acción en medios de vida. 2020.

The repercussions of the pandemic have led to the biggest contraction in economic activity in the history of the region. Projections indicate that unemployment will rise by 10 per cent and that this year there will be a 5.3 per cent drop in the combined regional GDP -4.6 per cent drop according to other sources<sup>13</sup>. Consequently, poverty in the region will skyrocket from 185 million to 220 million people while augmenting the number of people living in extreme poverty from 67.4 million to 90 million<sup>14</sup> (more than 13% of the total population). Some economic enterprises in the region have been able to resist the hiatus generated by containment measures. However, with the extension of quarantine measures in many countries, micro and small businesses that often did not access State-run support have been devastated.

People already living in poverty and even some sectors of the middle-income groups, have been the most affected by these consequences. Within the poorest and the most impoverished populations, women and girls, people with disabilities, migrants, families dependant on remittances, informal and underemployed workers, unemployed youth and older adults, minority groups are facing ever higher risks, have been the most affected by these consequences. People already living in poverty, and even some sectors of the middle-income groups, have been the most affected by these consequences. Food security has been put at risk to challenges related to food production and transport, as well as the obliteration of income sources<sup>15</sup>. Forced and "voluntary" returns to countries or regions of origin have increased, generating a dramatic fall in remittances (internationally and from one region to another in the same country). The impact of COVID-19 will put additional pressure on countries of the region, which had social systems that were insufficient before the crisis and now jeopardize social spending<sup>16</sup>.

This crisis has increased the number of people who lack shelter, either due to the inability to pay the rent or an extension of pre-existing situations of vulnerability. Even as some countries have issued measures to respond to this need, gaps exist and will probably continue to emerge regionally. This impact is compounded in urban informal settlements characterized by the lack of regular and affordable access to other basic services (water, electricity, etc.).

The upswing in stigmatization with episodes of discrimination, xenophobia, and harassment against migrants could worsen during and after the containment measures, which are linked to the socio-economic crisis. Given the significant state expenditures currently assigned to the health sector, there is a high risk that other sectors and some population groups might be left behind.



<sup>13</sup> [World Bank. Latin America and Caribbean Overview. 2020.](#)

<sup>14</sup> IFRC. COVID-19: Socio-Economic Impacts. SOCIO-ECONOMIC IMPACTS. 2020.

<sup>15</sup> [FAO-CEPAL. Cómo evitar que la crisis del COVID-19 se transforme en una crisis alimentaria. Acciones urgentes contra el hambre en América Latina y el Caribe. 16 June 2020.](#)

<sup>16</sup> LIVELIHOODS RESOURCE CENTRE, IFRC, SPANISH RED CROSS. Pandemia COVID-19, más allá de un problema sanitario a nivel de Latinoamérica y Caribe (LAC). Un documento para la discusión y búsqueda colectiva de alternativas de acción en medios de vida. 2020.

### Priority 3: Strengthening National Societies

The unprecedented impact of COVID-19 has significantly affected the functioning of the National Societies in the Americas. It has reduced their capacity to respond optimally to the effects of this emergency and put the continuity and sustainability of regular operations and services, income-generating activities, and volunteering development at risk. At the same time, COVID-19 has created opportunities to develop new programmes and services and implement new management and coordination models using innovation and increased investment in localisation approaches. Many National Societies have paused the provision of key services that were traditionally their primary income-generation activities. The financial and socio-economic consequences of the pandemic have forced the reduction of institutional costs (operational and administrative), which could lead to challenges for the continuity of operations and the response itself. As a result, there needs to be an investment in financial sustainability and institutional resilience.

The NS Strengthening priority combines the work to both strengthen the member NSs as well as local organizations relevant within their communities and to support NSs to maintain readiness and prepare for COVID-19 and other emerging disasters or crises, including the increase of the resilience and preparedness of the last mile communities.

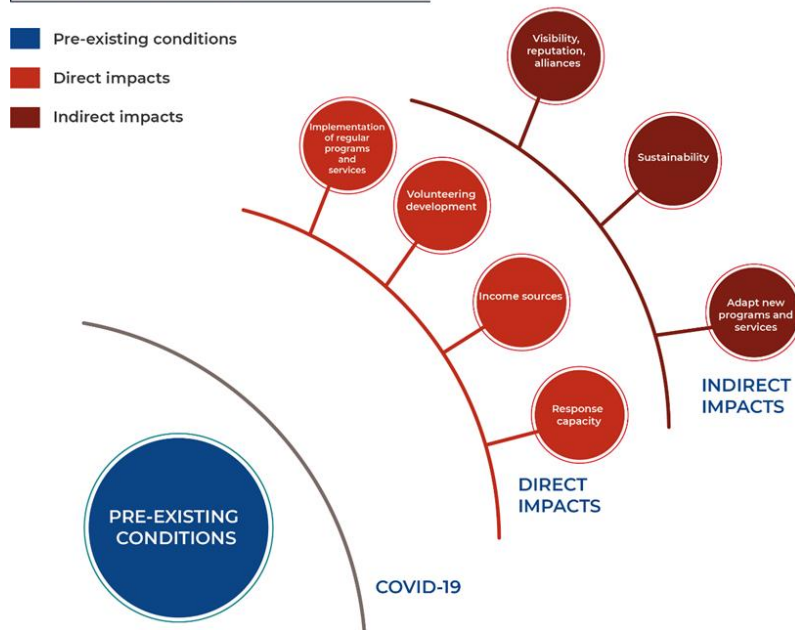
The design, creation, and establishment of safe and secure spaces for the volunteers and staff on the front line are essential areas of concern. In spite of the IFRC support to the provision of personal protection equipment to 20 National Societies in the Americas, volunteers in many countries are challenged to continue their volunteer service since their safety and health, as well as of those with whom they live, is at risk. Approximately 75 percent of the National Societies do not have comprehensive insurance for volunteers and thus, have been unable to provide safe and secure spaces for their activities. Health services, including MHPSS, must be available for volunteers. Stigma, discrimination, stress and a sense of false security will be issues once mobility restrictions are lifted. Auspiciously, most National Societies in the region have implemented psychosocial support activities for communities, as well as volunteers and staff. As volunteers are not free from the socioeconomic impacts of this pandemic, operational actions should identify and encompass volunteers and their families in situations of vulnerability and who require support.

The pandemic highlighted the scarce understanding of the unique role of the Red Cross as an auxiliary in humanitarian issues to State authorities. In most countries in the Americas, they are recognized as relevant humanitarian actors and/or are part of Emergency Response Systems. In many cases, the Red Cross is also an integral part of national health systems. However, without the required legal framework that enshrines the auxiliary role, the Red Cross, including Secretariat staff, is limited to short-term safe conducts or diplomatic passes to implement activities. To date, there are several National Societies who have not mobilized volunteers due to the above limitations.

National Society leadership play a critical role in creating an enabling environment to support their National Society adapt their programmes and services to the current and evolving context whilst ensuring duty of care for their staff and volunteers.



**COVID-19 IMPACT IN AMERICAS REGION:  
NATIONAL SOCIETIES: PRE-EXISTING CONDITIONS,  
DIRECT/INDIRECT IMPACTS**



## Targeting

The IFRC ARO will set priorities to ensure that relevant technical, financial, and operational support is provided to the National Societies most in need. Prioritization will be based on the following criteria:

- Pandemic phase (i.e. preparedness/no cases, sporadic or clusters of cases, or sustained community transmission).
- Humanitarian context, including migrants and displaced populations, conflicts, fragile states and affected populations.
- Epidemiological risk factors (potential severity of disease in each population of high-risk groups).
- Responsiveness and capacity of National Health Systems to detect, isolate and treat cases while maintaining essential health services for the general population.
- The mandate of the National Society and its auxiliary role (especially when the National Society is the only, or an important, care provider within the community).
- National Society response capacity considering vulnerability and risk factors.
- Secondary socio-economic impact: low income countries could suffer serious economic impact without having necessary a bad COVID19 outbreak. These are the most relevant secondary socio-economic criteria in Americas:
  - Underemployed that consider gender, age, ethnicity/culture (indigenous and afro-descendant people)
  - Unemployed youth
  - Domestic workers and female caregivers
  - Migrant persons
  - Households that depend on remittances from family members who have emigrated
  - People already living in poverty
  - Middle to older adults unemployed
  - People on the losing side of the digital divide
  - People who are not users of the formal banking system

National Societies are committed - individually and collectively - through their branch and volunteer networks to work in partnership with:

- Communities
- The public authorities
- Humanitarian Organizations aiding governments and population

- Other organizations such as businesses, academic / research institutions, professional networks, community groups and service providers in informal settlements.

With that purpose, a regional index has been developed as a recommendation based on current conditions in country and National Society capacity to respond to COVID-19 pandemic. The IFRC Americas National Society Capacity Index intends to provide a systematic, structured, and based-on-evidence approach.

The Americas National Society Capacity Index is composed on three main pillars. Complementary pillars (pillars 2 and 3) are focused on National Societies response capacity and current structure:

- *Country-Level Context.* It provides country-level information and is extracted from the IFRC Country Impact Index, developed by IFRC Geneva. IFRC Country Impact Index is composed of 14 indicators related to diseases, health systems capacity, country preparedness, human development, poverty rates and government measures.
- *NS Response Capacity.* It is composed by a group of indicators related to response planning, additional resources for COVID-19 in National Societies and in-country Movement presence.
- *NS Structure.* A group of indicators related to capacity within National Societies, health-related services, institutional capacity, integrity matters, safe access to communities and financial risks.

### Disaggregated data

Studies show that initial epidemiological characteristics pointed towards a higher risk amongst older people and those with underlying health conditions. Studies from China clearly show that age determined susceptibility and severity of illness and treatment / recovery outcomes. Other factors include behaviors associated with age, cultural practices, sedentary lifestyles, virus load exposure, underlying health issues that can affect immunity, ability to exercise, mental health and wellbeing, gender, and risk-taking behaviors. Specific data related to target populations is included in country plans and our data needs to be disaggregated at least by sex, age and disability and other context-specific variables, where possible, to provide understanding of and access to the most marginalized.

### Scenario planning

IFRC ARO carried out a scenarios and contingency measures exercise early March 2020 to analyze, plan and prepare for possible scenarios that could arise due to the spread of the COVID-19 virus, a current global pandemic. While the initial March scenarios provided a bases for which to start the operation in the Americas, Scenario three continues to play out more significantly than anticipated. Operational plans have been adjusted as the rapid spread of the virus has greatly impacted the region.

#### Scenario 1 Containment of cases and mitigation actions are being carried out - Situation under control



##### Potential Humanitarian Consequences

- Vulnerable families are affected the most.
- Humanitarian community has to ensure proper information management, communications and preparedness.



##### Operational Constraints

- Travel restrictions for personnel.
- Limited resources to support preparedness actions.



#### Scenario 2 Continued spread of the virus - Health Systems under stress



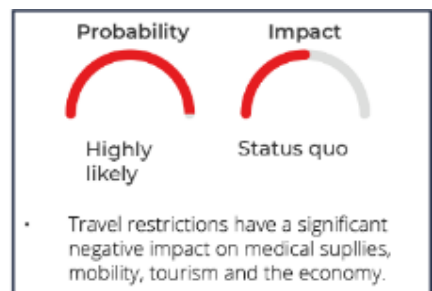
##### Potential Humanitarian Consequences

- Countries with low capacity to respond require assistance.
- Travel restrictions affect deployment capacity.



##### Operational Constraints

- Global supply chain continues to be a major issue.
- Financial resources are limited.



### Scenario 3 Rapid spread of the virus and collapse in Health systems in Americas region countries



#### Potential Humanitarian Consequences

- Several countries require humanitarian response.
- Migration becomes more critical due to migrants' lack of access to basic health services.
- Limited humanitarian response due to travel restrictions.



#### Operational Constraints

- High demand in most countries causing severe issues in global logistics.
- Travel policies are applied, limiting humanitarian workers.
- National Societies have exhausted their financial resources.



In addition, this Plan of Action keeps a live scenario planning document, adapted from external sources such as the [ACAPS COVID-19 Scenarios: Possible global humanitarian developments over the next six months](#), published April 2020.

## Operation Risk Assessment

The scale and nature of the COVID-19 pandemic has led to several risks to Red Cross and Red Crescent National Societies and ARO, as well as the success of operations.

### Exposure of Red Cross and Red Crescent personnel to COVID-19

Although all 35 National Societies in the region have responded to the emergency in coordination with National Authorities and mainly by supporting National Health Systems, the continuity of operations and sustainability of National Societies are at risk.

The continuity of National Societies' programmes, projects and activities, particularly those involving direct work with communities, is fragile and has declined and in some cases even ceased, mainly because of the combination of government measures taken at country level to stop the spread of the virus affected the response capacity of National Societies and their branch and volunteer networks.

Many National Societies have stopped providing services that are the basis of their income-generating activities such as education services in first aid, and pre-hospital care, blood bank services and other commercial activities. In many cases, National Societies depend on a single source of income and international cooperation has always been limited, intermittent, or absent. In the current context, National Societies have received resources, but these are mostly limited to the response actions of COVID-19. The financial and economic consequences of the pandemic have forced a reduction in institutional costs, which could pose challenges for the continuity of operations and the response itself, as well as for the sustainability of the National Societies.

Given the restrictions on free mobility, most National Societies have difficulties in implementing remote activities that take advantage of the capacities of volunteers and staff. The socio-economic context, which also affects volunteers, has reduced the time available for volunteering, as volunteers' priority is to seek income-generating activities for their survival.

Therefore, the economic impact of COVID-19 presents a difficult picture for communities, staff and volunteers, providers and users, and external partners. In the coming months, National Societies are likely to be further destabilized. They will experience moments of great pressure due to lack of income (cash flow), which may lead them to devise survival strategies that put the National Society at risk (closing down services, selling assets, resorting to high interest rate loans, reducing staff, lack of funds for statutory contributions or, most importantly, not taking out insurance for volunteers).

In the likely event of a complex disaster, the lack of legal frameworks for Red Cross action could severely constrained response actions of staff and volunteers. With the expansion of some National Societies' activities in response to COVID-19, there is an opportunity to consolidate agreements with governments that legally enshrine the auxiliary role of National Societies in each country.

The Red Cross has been forced to make adjustments in its BCPs, contingency and response plans and even in its strategic plans, and an interesting opportunity has arisen to review its management models and, in accordance with its continuous improvement processes, to prioritize the services and mission programmes that National Societies can offer to communities (do no harm) based on their auxiliary role and the humanitarian needs of the people in the highest conditions of vulnerability.

### **Disruptions to service delivery and Business Continuity**

The response to COVID-19 requires the National Societies to adjust ongoing working modalities to help them to prepare for the continuation of services in a systematic way. Business Continuity Plans (BCP), though not new to National Societies, require more attention during this crisis, to address the movement and resourcing restrictions due to COVID-19. Through the revised EPoA, support will be offered to National Societies to set up or revise existing BCPs, to integrate COVID-19 related considerations and risks, to ensure interoperability with in-country stakeholders and to secure ongoing essential service delivery. Support will also target National Societies without BCPs and will support resource allocations to action BCPs once produced. National Societies will streamline processes to improve responsiveness and flexibility to deal with emerging needs and avoid interrupted service delivery to the most affected. If a sudden onset emergency occurs simultaneous to the COVID-19 outbreak (hurricane, earthquake, floods, landslide, technological), capacity of governments and humanitarian stakeholders could be stretched. To this end, contingency plans have been prepared so that the teams can deal with several emergencies at once and can continue with business continuity. This also implies an increase in human capital if needed.

Despite deconfinement measures adopted in several countries, the COVID-19 pandemic continues to expand worldwide, with numerous countries witnessing widespread, sustained transmission, in particular those where the IFRC is present and operational. This continues to have significant repercussions on the day-to-day life of our staff and their families, and our operational and institutional continuity. For this reason, IFRC has created a dedicated [FedNet page](#) where all relevant material on business continuity has been uploaded, is constantly updated and being applied in all the offices across the Americas to ensure the duty of care towards our staff.

### **Restrictions to the movement of personnel**

COVID-19 mitigation and suppression measures from the government result in restricted movement of people, curfews, closure of businesses, loss of jobs, and/or include actions to restrict people from exit their homes. The RCRC Movement's localised nature is a great asset. National Societies personnel and branches are situated within affected communities and can more easily work locally and engage with their own communities. Current BC is also looking at ways to reinforce this support to maintain business continuity for National Societies and the IFRC, through increased local recruitment and training, stronger use of remote support modalities from within the regional network and through Regional / Global Help Desks, investment in digital initiatives, affected communities, shared leadership between RCRC Movement partners, and through advocacy to governments for exemptions for National Society and IFRC personnel performing essential humanitarian functions. Some IFRC offices have required very exceptional movement of personnel to guarantee minimum of business continuity, particularly in aspects as administration, finance, logistics and security, but these movement is and should be controlled by HCCST and people in charge (for example administration and security). Within IFRC a philosophy of working remotely is been shared to avoid as possible movement of personnel. Within Offices back to office plans that are been developed, (when returning to the office), these consider alternative ways of transportation to avoid congested transportation and reduce risks while moving from a place to another.

To maintain a minimum capacity for travelling, the IFRC has signed a contract with WFP, which has established an Aviation Service for Passengers and Cargo, to support a wide range of organizations, including NGOs, UN agencies, and Diplomatic/Donor community, by providing air transport services for passengers within a network of strategically located hubs. IFRC has received authorization to book for IFRC staff as well as RC/RC National Societies, as WFP wishes to have a minimum of direct requests bearing in mind the sheer volume of requests across the UN agencies as well as other UN partner organizations. To comply with all the requirements of WFP as well as IFRC, a [set of documents](#) have been established that either serve to provide information or require adherence. In the Americas Region BCP coordinator is the humanitarian diplomacy focal point with WFP for their air passenger service and there is an administration focal point to guarantee booking when needed. This is part as well of the regional initiative called "Humanitarian Wing" that

seeks to coordinate the missions mentioned above where staff need humanitarian flights and now contributing with the regional coordination with World Food Program Air Passenger Service.

### Operational logistics, procurement, and supply chain

International multimodal logistics remains functional and both humanitarian and commercial markets, can move throughout the region with few restrictions by air, land and sea. The Americas OLPSM team has been working closely with the National Societies, for the changing import laws and exonerations related to COVID-19. The main supply chain strategy continues to be through the consolidation of PPE items at the Panama hub, for redistribution to the National Societies.

Due to the specificities of the medical supplies / consumables / equipment requested in the context of this operation and the limited availability of In-Kind Donations, the operation has not launched a mobilization table.

### Inter-agency coordination

In the Americas, the IFRC has worked in coordination and communication with all partners, such as Ministries of Health, the Regional Customs Committee, the National Civil Protection Systems of the countries and the World Bank. Coordination meetings took place with humanitarian networks to support food distributions, health systems support, and information exchanges. The IFRC and UNHCR are the Global Shelter Cluster Lead Agencies. In Latin America and the Caribbean, IFRC leads the Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC) Shelter group, conveyed by OCHA. It is coordinating a multi-agency shelter strategy to address pressing needs and incorporate COVID-19 considerations in shelter preparedness. The successful implementation of this strategy will rely on IFRC-wide coordination support, and could likewise, help to strengthen partner National Society's shelter coordination capacity.

**Table: Summary of Coordination Platforms for COVID-19**

Name of platform	IFRC role	Host agency
Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC)	Participant	UNOCHA
Organisation of Eastern Caribbean States (OECS)	Participant	OECS
Caribbean Disaster Emergency Management Agency (CDEMA)	Participant	CDEMA
Centro de Coordinación para la Prevención de los Desastres Naturales en América Central (CEPREDENAC)	Participant	CEPREDENAC
Nutrition Cluster Americas Region	Participant	UNICEF-WHO-WFP
MHPSS Net. Group: COVID-19 en Latinoamérica-Respuesta de SMAPS	Participant	PAHO-IOM-ICRC
Regional Inter-Agency Coordination Platform (Response for Venezuelans-R4V)	Participant	UNCHR-IOM
REDLAC Risk Comms and Community Engagement working group	Participant	UNOCHA / PAHO
REDLAC Gender Working Group	Participant	UN Women
Food Security Cluster Americas Region	Participant	WFP - FAO
Regional Education Group	Participant	UNICEF – Save The Children
REDLAC WASH Group	Participant	UNICEF PAHO
REDLAC Health Group	Participant	UNOCHA-PAHO
REDLAC-OCHA Network	Participant	UNOCHA
REDLAC Shelter Sector	Lead	IFRC
REDLAC CCCM Group	Participant	IOM
REDLAC Protection Group	Participant	UNOCHA

# Operational Strategy

## Overall Operational Objective and Regional Framework

***The overall objective of the COVID-19 operation is to contribute to Red Cross and Red Crescent National Society efforts in reducing loss of life, while protecting the safety, wellbeing and livelihoods of the most vulnerable people for the duration of the COVID-19.***

The context in the Region is complex and the pandemic requires an innovative and streamlined approach to ensure an at-scale response. The planned activities will be mainstreamed and coordinated under ongoing responses and programmes, which are already impacted by the outbreak, and which can be redirected towards the pandemic response. The emergence of COVID-19 has characteristics that require the adoption of new lines of action, different from those usually implemented in the case of epidemics or natural disasters. These challenges specifically inherent to COVID-19 are related to the almost absolute impossibility of providing external support through the mobilization of resources between countries and/or regions due to prohibitions and restrictions on the movement of people and goods; and the global impact of the crisis, which requires and determines that practically each and every one of the institutions with response capacity are involved in domestic intervention, with little or no capacity to support external actions.

Targeted National Societies will be supported to enhance their roles and to deliver new and expanded services, to help National Societies adapt to the new reality and allow maximum repurposing of existing capacities and resources. This will follow the three priority areas outlined below.

### **Priority 1: Curb the Pandemic - Sustaining Health and WASH**

There is a strong focus on the immediate response to address the most pressing and urgent health and WASH and humanitarian impacts of COVID-19. At the same time, there is an increasing consideration with regards to the promotion and inclusion of early recovery elements to minimize the suffering of the most affected populations and communities that will struggle to recover from aftermaths of the COVID-19 (as vulnerable families, women and children, migrant and refugee population that find their access to health services difficult, either due to lack of availability or lack of accessibility: economic or social barriers) and communities that will struggle to recover from aftermaths of the COVID-19.

IFRC's Health and WASH intervention for the Americas will be focused on supporting the Region's National Societies in increasing their capacity to respond effectively to the evolution of the COVID-19 epidemic in all phases of the epidemic, especially focusing on strengthening all those health, psychosocial support and hygiene promotion actions during the mitigation and early recovery phase that contribute to reducing morbidity and mortality and the psychological-social impact on the general population, advocating especially for the attention of the most vulnerable groups. Similarly, NSs play a key role in community epidemic control strategies, especially through key interventions such as community identification of suspected cases and contact tracing.

Continuity of essential non-covid-19 health services is a key line of intervention to minimize the secondary impact of the epidemic on saturated health systems. As the epidemiological situation continues to get worse across Regions, the strategic lines of response for health and WASH in each Region are focused on supporting National Societies to engage across the following activities:

- **Risk Communication, Community Engagement and Accountability (RC/CEA):** will build trust in the response and reduce spread of infection by providing lifesaving information based on community data and strengthening community engagement approaches to sustain healthy practices and adhere to public health and social measures. This engagement will be via preferred languages and channels accessible to all vulnerable

populations. **Community and primary health:** provision of community emergency services and basic primary health services, with special attention to the detection and isolation of cases and follow-up of contacts.

- (Where possible) **Complement the response of health authorities:** specific clinical tasks for COVID-19, to alleviate congestion in health services, if the NS has pre-existing experience and capacities.
- **Mental Health and Psychosocial Support (MHPSS): involve multisectoral actions such as** community mobilization, Psychological First aid and other psychological interventions by non-specialist health care workers or trained volunteers, and transition to post crisis conditions by adapting and guaranteeing adequate services, and a referral pathway for the affected and infected people, with psychosocial needs or facing exclusion<sup>17</sup>
- **Emergency social services:** provided, especially, for the most vulnerable groups.
- **Prehospital Services:** in support of the mobilization of COVID-19 patients.
- **Support quarantine:** through adaptation of centres and promotion of prevention messages and healthy practices
- **Voluntary, Non-remunerated Blood:** including donation campaigns, blood banks and guaranteeing the continuity of safe delivery of routine blood products.
- **Provision of sustainable access to WASH** in areas of high risk of COVID-19.
- **Support to IPC and waste management in health centres.**

## Priority 2: Tackle Poverty and Exclusion - Addressing Socio-economic impact

The IFRC Americas Regional Office is prioritising its response to the socio-economic impact of COVID-19, supporting National Societies across the Region to strengthen their capacities, resources, standards, and delivery across the four Pillars outlined below.

### Livelihoods and Household Economic Security

The intervention will focus first on supporting target population to cover food needs and other basic needs, which in turns also protect essential livelihoods assets. Different modalities are considered since some target households might not be able or allowed to leave their homes due to strict isolation or to avoid being exposed to transmission or the markets they rely on being non-functional, and therefore in-kind assistance delivered through the safe network of Red Cross volunteers will be preferable. For remaining target households, cash and vouchers assistance, and within its multipurpose cash grants could also be a preferable option to address a variety of needs and to support reactivation of local markets. It is recommended to support a smaller group of households for an extended period, rather than to larger group of households with a single pay-off assistance. Proper coordination with other sectors such as shelter, health, WASH, etc. will be key to assure efficiency to the intervention and avoid duplication. When feasible and appropriate the intervention will try to relate itself and complement with existing national social protection programmes. Coordination with governmental social programs will also be required.

Cross-cutting to the entire effort to support people, families, markets and communities to face with the crisis and address their livelihoods and basic needs, the intervention will apply a gender, protection and inclusive approach addressing the needs of specific target groups such as women, youth, migrants, elderly, as much as a strong CEA approach, putting people at the centre. Specifically, synergies with educational activities (see PGI component) will be sought to contribute to children's well-being and educational continuity while lessening the burden on women. Recovery efforts: in rural contexts, the interventions will focus on protecting main productive assets, and support restoration of livelihoods, which in these contexts also contributes to increase food security. Actions will improve access to essential productive assets, increase the ability to carry out the current or coming production season/cycle. In cities, the interventions will concentrate on employment protection (self-employment and paid jobs) and support restoration of livelihoods activities

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<sup>17</sup> Sphere handbook 2018 page 241-242 ("MHPSS in the transition to post crisis is tasked with developing, demonstration projects, with short term emergency founding and development proof of concept to attract support and funds- page 342 ") This guidance is supported by resolution 33 approved by the Movement December 2019.

and income generating activities (IGAs). In both contexts, rural and urban, when needed, actions aimed at restoring access to markets and market's functionality will be considered.

Specially for the early recovery and recovery components, coordinating and collaborating with private sector, public institutions as well as other national and local actor of the civil society, will be key to assure nexus with development and sustainability of the intervention. To the extent possible, Red Cross interventions shall try to procure its goods and services in local markets to reactivate local economies and livelihoods activates and avoid doing harm to the medium and small enterprises present at the areas of intervention.

### **Shelter and Urban Settlements**

IFRC will collaborate with different organizations to align efforts and develop Shelter Guidelines on the adaptation of Collective Settings to fulfil the specific spatial and functional requirements of dealing with COVID-19. IFRC will support the NS to complement the Government requests for the expansion or upgrading of shelters and homes to reduce overcrowding or to improve the adequacy of the living environment to facilitate self-isolation. Additionally, household items will be distributed to support the emergency efforts mainly to mitigate the spread of COVID -19 in Pandemic Shelters, Reception Centres, and Hotels to assist internally displaced people, migrants, and host communities. For the recovery efforts, further needs analysis are required to support displaced families with a midterm housing solution until they recover their main income activities. The REDLAC-Shelter group, conveyed by IFRC as the Global Shelter Cluster lead agency, will develop guidance and advocacy material for COVID-19, in support of ongoing operations and preparedness.

### **Community Engagement and Accountability**

Understanding of this virus is rapidly evolving. Information gaps have led to the uncertainty that is currently partially filled by speculation in scientific and public communities. This requires scaled up community engagement and accountability approaches to meaningfully engage communities across all priorities and pillars of this response. CEA plays a critical role to ensure community action and enhanced social responsibility, while grounding the response on community ownership. Communities are supported to develop their own solutions based on the local context, capacities and needs. Strengthening National Societies' capacities to institutionalize commitments and minimum actions for CEA will be at the core of the preparedness and response efforts to ensure a community-driven and people-centred approach. The IFRC's support to National Societies will include perception surveys to gather community insights as well as feedback mechanisms using multiple channels' (some use Facebook messenger some do face-to-face collection or hotlines) to hear community input. There is a risk that rumours about the severity of the virus, and inadequacy of the response can cause panic and possibly disrupt access to health care and lead to underreporting of the disease. Social media tracking is recommended to address misconceptions before they can spread.

Work in each country should be informed by a thorough gender and diversity analysis, which includes critical CEA questions such as on trusted channels to receive information and preferences on how to share feedback. Many vulnerable people, including the elderly, may not access social media – which is a key tool for reaching large audiences, addressing rumours, concerns, and feedback, and encouraging behaviour change. Therefore, it is key to ensure we reach out to people and communities through safe community engagement multi-channel approaches including T It is essential to not solely focus on messaging but create opportunities to have a dialogue on currently available facts, risks, and concerns so that rumours can be openly addressed and responded to.

In addition, COVID-19 is creating fear - a key ingredient for stigmatization, racism and xenophobia. This requires an early and culturally appropriate response which includes community transparency and participation ensuring that:

- Communities understand the role of Red Cross Red Crescent, the services offered and how to access them
- Listens to people's feedback and complaints about the response and uses these to make improvements
- Uses participatory approaches to design interventions so they meet the needs of affected people and are community-owned.

### **Social Care, Cohesion and Support to Vulnerable Groups**

To respond to emergency outbreaks and prevent new cases, there is an increased demand of establishing mechanisms for immediate reporting. The mechanisms must include enough sex, age, and disability (if possible) disaggregated data since these characteristics may confer advantages-or disadvantages- either to males or females depending on the



infectious agent. The identification of specific vulnerable groups in communities will ensure interventions are focused on addressing information and humanitarian gaps oriented to those who are most at risk. Also, all the health and hygiene promotion activities will include a diversity approach by adapting IEC materials, communication campaigns and even mechanisms of distribution of protection items according to characteristics of sex, age, and other diversity factors such as disability and presence of migrants (especially to be adapted to the language landscape, if different in the community).

The intervention will focus on:

- **Support National Society in connecting with vulnerable people**, including through coordinated cash responses linked to government social protection mechanisms and safety nets, strengthening (when possible) social protection schemes and social cohesion (e.g. home visits to provide support for vulnerable people such as older people), and collaboration to expand social protection support.
- **Protection, Gender and Inclusion** to focus on the most vulnerable individuals and groups, including to support National Societies to contribute to reducing the stigma and discrimination associated with COVID-19 at the community level (through the identification, promotion and dissemination of practices intended to strengthen social cohesion), to increase protection services including for domestic, gender based violence and other protection concerns ( such as violence against children) through services (which can include community awareness, tele assistance support for victims and survivors, and establishment of safe referrals) , and seeking durable solutions for the recovery of vulnerable groups. National Societies will also develop, according to their context, key messages to influence politics of isolation and quarantine that affect directly specific populations putting them in risks of protection concerns and/or discriminative actions.
- To accomplish the above mentioned, National Societies will conduct capacity building, awareness sessions and specific training oriented to their staff and volunteers regarding gender, child protection, gender-based violence,
- This area will also focus on working together with the operational priorities and its correspondent AoF in order to mainstream PGI actions in order to comply with the PGI Minimum Standard Commitments; regular guidance for National Societies and capacity building spaces will also be developed together with the Global PGI Team .
- **Migration** is cross cutting and is the needs of migrants is reflected across all areas of our work and priorities. IFRC will provide regional leadership and tailored technical support for National Societies to assess and address the needs of the most vulnerable migrants, refugees and IDPs across the region, at the national and community levels and will also be prioritised. IFRC will support National Societies to: conduct strong migration and displacement monitoring, analysis and assessment of needs and risks, target measures to address the needs of migrants (and returnees), refugees and IDPs, including access to essential services, appropriate information, livelihoods support (including CVA), and support for social cohesion, including a focus on addressing stigma and MHPSS needs and fostering CEA mechanisms. This will include targeted humanitarian diplomacy measures in favour of vulnerable migrants, refugees and IDPs.
- Support National Societies' efforts to jointly address **child protection and education-related needs** through multi-sectoral interventions and approaches, including through capacity-building activities and strengthened partnerships with relevant stakeholders in this field.

## Strengthening National Societies

### National Society Readiness

#### **National Society preparedness, capacity strengthening and support to community preparedness**

National Societies are recognized as relevant humanitarian actors within their national Emergency Response Systems, and in many cases, are an integral part of National Health Systems. In the current pandemic, it is essential to support the National Societies to review where they are at, concerning the current and future scenarios, enhance their coordination with the authorities and relevant humanitarian actors in country, and refine the necessary organizational systems. Adequate Contingency plans need to be put in place and be reviewed to ensure that the impact from COVID-19 pandemic on other disaster and crisis scenarios are well taken into account and develop revised contingency plans for these other disaster and crisis situations.

National Societies will be supported to scale up the capacities of community volunteers to lead community preparedness for the pandemic and other hazards. This links to our work on **DRR**, which supports National Societies to adapt their risk-reduction measures to reduce the secondary impacts of COVID-19 and move towards more risk-informed COVID-19 approaches at local levels. This includes carrying out risk assessments, developing community preparedness and contingency plans with high-risk communities, and anticipating and managing compounded risks from other disasters and crises through disaster risk financing and modifying FbF early actions. Integrated preparedness and readiness planning are critical to minimize pressure on strained resources at the country level and ensure coherence across sectors and levels. IFRC will provide guidance and support for this through the **Preparedness for Effective Response (PER)** mechanism's epidemic criteria. Nearly half of the National Societies in the Americas are engaged in the Preparedness for Effective Response (PER) and will use this opportunity to continue enhancing their response mechanism in response to the COVID-19 and other emergencies. Operational and post operational capacity assessments will be used to identify main lessons, challenges and adjust planning, preparedness/readiness measures and response strategies. This will be done in coordination with other NS capacity Strengthening processes (OCAC, logistics capacity development). Support will also be provided to set up functioning EOCs and coordination, map needs, and pre-position stocks (e.g. PPE).

In response to COVID-19, Cash Peer Working Group has developed fast-track NS cash preparedness with minimum requirements guidance and tools, to support NSs for accountable, efficient, and timely delivery of CVA at scale.

Subject to CVA feasibility, IFRC will ensure remote support to national societies to carry out Fast Track Cash Preparedness for any cash and/or voucher interventions. This includes supporting the NSs in setting up critical cash preparedness systems to ensure CVA implementation with speed at scale.

The IFRC will provide technical guidance and coordination on CVA and market-based interventions across sectors through Regional Office and/or IFRC Remote Desk for CVA.

#### ***Disaster Risk Reduction and Building Back Better - (Resilience Recovery)***

National Societies (NS) are key stakeholders in developing long term community resilience at local level, bringing back communities to pre-pandemic level or beyond and to strengthening preparedness for future events. As IFRC our role is to continue fostering NS activities aimed at an integral recovery and building back better, while promoting a green transformation and climate change adaptability. They also play a relevant role at enabling community cohesion and long-term recovery to COVID-19.

The IFRC will focus on transferring knowledge, promoting the exchange of information among National Societies as well as disseminating good practices widely (through webinars, virtual events, Climate Summit) that will guide our region towards a better prepared, more sustainable and environmentally friendly recovery. In collaboration with key partners (example, the Clinton Foundation), we will consolidate and promote our COVID-19 Recovery Plan and highlight those activities that may have an influence on Climate Change and the creation of community resilience in the long term, developing a "Green Response to COVID-19" plan. The IFRC will also focus on supporting a holistic approach from all stakeholders, internal and external: promoting partnerships with the Climate Centre, Academia and other Humanitarian Stakeholders (UN System, International and National Organizations); as well as supporting innovative collaborations with key partners for the development of resilience tools at different levels, such as the integration of micro-business content with the Global Disaster Preparedness Centre and Livelihood Reference Centres. Initial piloting activities will target a few urban areas to expand/scale regionally.

The Regional Office will provide guidance and technical support to NS' activities that foster community cohesion and organization (CDRTs), reinforce inclusivity, and consider aspects such as climate change, gender/ social inclusion, in coordination with relevant units CEA, PGI, Health and Wash. The aim is to strengthen existing community structures and to support the implementation of Early Warning, Early Actions systems, as well as to integrate preparedness elements into existing programmes and networks. In collaboration with Health and Wash, the objective is to use the momentum generated by the phasing out of quarantine measures, and the re-entry to schools to strengthen our Health and family preparedness topics in School Programmes for children and youth at the school level. Adapt existing DRR / resilience guidelines, tools and materials on households and community preparedness for disaster and crisis to COVID-19 context and disseminate widely among practitioners (e.g. Sesame street collaboration on CC & DRR). Simplify and expand the way we communicate key messages, and ensure our key messages are inclusive including the Long-term vision to

improve community resilience. Support NS and Volunteer capacity building through the ongoing formation and the development of a DRR curriculum and practitioner's library (ACE, Global Learning Group, CADRIM, CREPD).

### ***National Societies auxiliary role and mandate***

The IFRC will accompany National Societies to reinforce or adapt their role as auxiliaries to their public / national authorities, based on the evolving crisis and scenarios / needs identified. In some contexts, Societies may need to revisit auxiliary roles and mandates, to strengthen their role as a key local actor, in line with Grand Bargain commitments. This will include reinforcing involvement in local, national, and regional coordination mechanisms with other actors (e.g. training and capacity development). The IFRC will work through the Disaster Law Programme to support National Societies to strengthen their role and access international assistance, including their role advocating for the most vulnerable. The IFRC will provide legal advice and training for engagement with governments.

### **National Society Sustainability**

IFRC must continue with promotion, prevention and preparedness actions and build learning spaces that allows to collect experiences at all levels and then systematize and generate knowledge about epidemics and pandemics and the lessons learned that the Red Cross collects after working in the region to prevent, mitigate or respond to events like this.

The response to the emergency in the region led to the implementation of actions that allow National Societies in the short term to continue with their programmes and services despite the fact that their branches, employees and volunteers and their very structure were affected by the effects of the COVID19. In the region, more than 50% of the National Societies reported a decrease in income from the provision of services, so in addition to proposing actions to ensure continuity in the short term, medium- and long-term actions were also proposed to ensure the sustainability of the National Society. Therefore, despite the fact that work is being carried out within the framework of emergency response, sustainability plans must be built in line with National Societies' strategic plans, and these, in turn, must be linked to the Buenos Aires commitment and Strategy 2030.

Considering the results of the Organizational and Capacity Assessment Certification (OCAC) processes in the Americas, many National Societies are reliable, stable and have made significant progress in terms of their organizational development, which was evident when responding to the emergency caused by the COVID-19. National Societies that were concerned about improving the implementation of their institutional strengthening and organizational development actions prior to the current emergency have higher levels of performance and impact in the response actions in favour of the populations affected by this pandemic.

The sustainability of the National Society will also be guaranteed by the care and protection of the organization's most valuable asset, the volunteers, and staff. Activities related to mental health, psychosocial support, health and livelihoods, will promote attention to the basic and/or specific needs of human talent. Human resources and volunteer management teams have several challenges to address human talent management. It will also be important to take the opportunity to identify and design new modalities of collaboration, as well as to ensure their training, coaching and equipment

The levels of development, the auxiliary role assumed and agreed upon, the services provided throughout the territory, the close work with populations in situations of vulnerability and the scope of coordination with national and local authorities have allowed National Societies to play an active role in each country in the framework of the response to the effects of COVID 19.

The leaders and their teams in the National Societies of the region have had to revise their procedures and management models in a very short time and have had to adapt to the local, national, regional and global context, in order to continue with their traditional activities and emergency response in the short term, and project themselves in the long term with activities and strategies that keep volunteers motivated and protected to continue to build trust, credibility, ensure the sustainability of services and programmes and of course impact on communities.

Taking advantage of the capacities and experience of the leaders and teams of the National Societies in the region, it is important to generate processes of accompaniment, collective construction of knowledge, learning, exchange of experiences and peer support, among the governing and management bodies of the National Societies of the Americas.

National Societies will be supported to deal with the socio-economic consequences of the global crisis, identifying the risks to their short, medium and long term sustainability, including revising their structure, policies, working modalities, core functions and costs and strengthening their accountability and risk management. The *Guidance and Toolkit for NS Financial Sustainability* will ensure support for Societies to establish reliable financial mechanisms and sustainable long-term, domestic fundraising bases for the future. This will also include strengthening innovation, knowledge transfer, peer-to-peer support, and partnerships between NSs and others. New alliances with the public and private sector, academic institutions and others will be promoted.

Among the strategies, priority will be given to those aimed at offering financial sustainability, institutional risk management, and related activities with potential partners and allies. Coordinated work with others through alliances will be promoted, and administrative processes will be improved. Another aspect considered will be the establishment of methodologies that promote accountability at all levels, as well as the management of communication with others.

COVID-19 creates substantial barriers to the Red Cross and Red Crescent's traditional ways of working and new working modalities have been established, tailored to the measures required by the various governments. Whereas the Business continuity plan (BCP) allows the National Societies to operate their essential services during the crisis, the Contingency plan builds on estimates what is going to happen in order to plan the organisation's response (strategies, resources, procedures). Both are critical for effective implementation of the emergency plan of action, but in general for all ongoing operations in the region. The IFRC will continue providing specific contributions on NS financial and operational sustainability in the development and revision of BCP supported through a dedicated [BCP Helpdesk](#). This shall ensure that NSs clearly identify the potential or actual consequences of the crisis impact on their own systems and activities, when considering the continuity and viability of their essential humanitarian services and programmes

Steps to enhance effectiveness include:

- IFRC and National Societies invest in whole-of-organisation business continuity planning and activation of the different plans of action.
- Focus on the health, safety and wellbeing of staff and volunteers.
- Analyse scenarios, risks, capacities related to COVID and other potential shocks, and identify steps and resources required to address them. Strengthen disaster preparedness measures at community and institutional level.
- Support NSs as auxiliaries and in collaboration with their national and local authorities to review / develop plans and ensure services can be delivered aligned to the NS mandate, capacities, and available resources
- Streamline and simplify processes, to improve agility and flexibility.
- Utilise cost savings from travel and face-to-face training and workshops to support national societies to bridge the 'digital divide' and promote flexible remote working processes including e-learning and remote monitoring using platforms created by the Americas Regional Office for National Societies such as [campuscruzroja.org](#), [volunteeringredcross.org](#) (VODPLA) and others.
- Promote innovation and adaptation, to ensure relevance and effectiveness of Red Cross and Red Crescent activities in a milieu of social distancing and movement control.
- Review the impact from COVID-19 operations on other scenarios and develop revised contingency plans for other crises situations.
- Support to NSs in conducting assessments that would provide evidence for the development of recovery plans utilising the approach that has been developed by the Caribbean Disaster Risk Management Cell of Excellence (CADRIM).

### Support to Volunteers

The IFRC will leverage national volunteer managers in each NS and regional volunteering networks to strengthen capacities of volunteers and volunteer management systems, including policies, procedures, tools and training. The IFRC is committed to its Duty of Care for volunteers and will focus on the safety, security, protection, and well-being of volunteers through the provision of PPE, training and MHPSS to ensure volunteers' can work effectively. Building on its *"Guidance and toolkit for coverage of uninsured volunteers"*, the IFRC will offer different options for Societies to cover uninsured volunteers for COVID-19 related risks, including via new or existing local mechanisms, through support from national authorities, setting up specific fundraising mechanisms, or injecting additional funds. Insurance will cover medical

expenses for volunteers who fall ill or support for families if they lose their lives (through the French Fund Maurice de Madre). The IFRC will also set up mechanisms to ensure volunteers are provided with a space to interact and receive first-hand information, participate in forums and add their projects and initiatives within the new global platform for volunteer (SOKONI), to facilitate peer communication, share experiences and access tools and information between Societies.

Volunteer Development will be focused mainly on ensuring the safety, security, protection, recognition, motivation, and well-being of volunteers through the implementation of the Volunteering Development Framework (VODFRA) and the services of the Interamerican Centre for Volunteering Development (ICVD). In coordination with National Societies, mechanisms will be established to ensure that volunteers are regularly provided information about the pandemic and its possible effects in volunteers that are working during the emergency, they will also receive tools to manage stress, specialized training and permanent motivation and recognition; standards will be set for the creation of safe and secure spaces for volunteers, volunteers are expected to have PPE for each action they will carry out on behalf of the National Society, work will be done in each country to identify better insurance alternatives for volunteers. Spaces for the exchange of virtual and face-to-face experiences will be created and promoted.

## Enabling Actions

### □ **International Support and Resourcing:**

#### Logistics, Procurement and Supply Chain:

The Operational Logistics, Procurement, and supply Chain Management (OLPSCM) unit in Americas will continue providing support to the National societies in the region as needed, in order to ensure the right level of logistics response and quality control. National Societies will continue to be supported on the procurement and logistics activities as well as regarding technical specifications of any intended medical supplies / consumables / equipment to be purchased for this operation. IFRC encourages all National Societies to continue close coordination with OLPSCM their PPE needs and related procurement activities.

The coordination for the dispatch of internationally procured PPE items to the NSs will continue, subject to green light for importation for individual consignments. The fleet unit has updated and shared information with NS's for 18 units of ambulances dispatched to South America, Central America, and Hispaniola. OLPSCM continuously supports DCPRR team to secure the flow of the logistics tools in the region, upcoming requests, and specialized procurement support to the National Societies.

#### Surge:

Rapid response personnel have been requested to support the regional efforts: Two Risk communications/CEA expert, one Pandemic preparedness expert, five Information management officer (remotely), and two PMER rapid response personnel (remote and on site). The impossibility of mobilizing personnel physically to the different countries has forced us to develop remote support mechanisms that allow us to advise National Societies in the first instance on issues such as Health in Emergencies, Psychosocial Support, Water, Sanitation and Hygiene Promotion, Management of Basic Health Units, Field Hospitals, Protection, Gender and Inclusion, Migration, Livelihoods and Communication in Emergencies, among others. The high demand for health professionals at all levels has led the IFRC to rethink the support mechanism. It is envisaged the formation of specialized teams of advisors that, through clusters can guide and advise the focal points of National Societies in the different thematic lines of action, allowing us to serve more National Societies with fewer staff resources.

As part of the response to the operation, a multisectoral assessment team has been formed, consisting mainly of one Emergency Need Assessment and Planning coordinator, one Information management Analyst, Public Health in Emergency and one Livelihood specialist and with the support of all technical focal points of the Americas Regional Office carry out a general assessment in order to identify the regional impacts of COVID-19 that will enable the IFRC Americas Regional Office to define mid- and long-term actions that address the most important humanitarian needs with a recovery perspective.

Currently, the surge team continues to make efforts to support all the technical units and country clusters office providing remote support options for one hundred percent of the deployments, until it is possible to travel to the

respective countries where rapid response personnel support is required. We expect once the borders are opened, and the arrival of international flights to the countries is allowed, the demand of surge capacity personnel will increase suddenly because of the activities carried out by the National Societies of the region.

#### Human Resources

The long-term HR structure strategy for the Americas Regional Office and the CCST Has been developed as follows:

- The total number of centralised positions at regional office level is 34 and 44 more positions at CCST/CO.
- Out of the 78 positions 60 are National Staff in the whole region.
- Out of 60 National staff positions, 26 are based in the regional office and 34 are located at CCST/CO level.
- 18 international Delegate positions in the whole region, 9 based in ARO and 8 are located at CCST/CO Level.

The need for regional staff to support the operation has been confirmed and advertised: Operations Manager, PMER, IM, Risk Management, Finance, Livelihoods and Health.

#### □ **Evidence-based Insights, Communications and Advocacy**

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

PMER support from country to global levels are being put in place to ensure consistent monitoring and information collection to guide informed decision making and allocation of resources where needed. PMER team in the Americas is working closely with IM team to make sure the information is collected and channelled through appropriate platforms such as the [IFRC GO platform](#), internal and external communications and media relations, partnerships and resource development on behalf of IFRC's membership and the Secretariat itself where appropriate.

##### Information Management:

During the epidemic response, Information Management (IM) support will be primarily based on supporting National Societies to collect, analyse and share key data related to COVID-19 response at both regional- and country-levels, in close coordination and alignment of tools of the global IM team. IFRC's GO Platform will be a key asset for National Societies to host preparedness and operational information products (dashboards, maps, etc.). Field reports on the GO Platform are being used by National Societies as a centralized reporting format, enabling National Societies information sharing in terms of preparedness and response actions.

The IM team in the Americas region has been working on collecting, analysing, and visualizing funding data allocated by Movement Partners (IFRC, ICRC and PNS), displayed on a Red Cross Movement dashboard found [here](#). Dashboard is updated daily, or as soon as new funding data from Movement Partners is received, in close coordination with Regional Partnerships, Resources and Development (PRD) Department. Dashboard and funding data collection mechanisms will be aligned with GO's new 3W feature to be launched in the coming weeks. A Rapid Response IM team has been designated to support regional IM team in data visualization products. IM team members of National Societies from Argentina, Chile and El Salvador are currently providing remote support in coordination with the regional IM team.

National Societies have started managing their own COVID-19 GO emergency pages, supported by the regional IM team and full ownership from National Societies' IM teams. Core IM support to National Societies is primarily focused on:

- Develop COVID-19 specific emergency pages on GO, bringing key operational information together in an accessible and discoverable platform.
- Support National Societies on IM practices for developing and managing their own information products.
- Reinforce regional IM network to support National Societies and the IFRC in Americas region, aligned with Surge Information Management Support (SIMS) network, IM processes and best practices.

##### Communications:

Coordinated, consistent and timely communications on the COVID-19 crisis across the region and that is aligned globally is essential to position IFRC and National Red Cross and Red Crescent Societies as leading humanitarian actors engaged in preparedness, prevention and response to the outbreak through its presence in the region. The overall

communications strategy for the COVID-19 response in the Americas is to highlight the efforts of National Societies and their unique relevance as first responders who are there before, during and after a crisis.

The IFRC Communications team supports National Societies in their communications efforts, including social media activities, media relations, reputational risk management and donor recognition. The communications team in the IFRC Americas office also helps to amplify National Society communications activities by regularly sharing relevant content on IFRC regional and global communications channels to reach a broader audience.

Key messages will be frequently updated according to the situation in order to have strong proactive and targeted media outreach, with the overall objective to highlight the efforts of National Societies. Advocacy campaigns will be developed around key thematic areas, such as the impacts of COVID-19 on migrant workers, gender-based violence, etc. Extra resourcing is needed to support adequate media relations, ensuring aligned messaging across the Red Cross Red Crescent global network and working with CEA to continue to develop communications materials that can be translated and adapted into different languages. To support this work, COVID-19 communications focal point will be recruited to replace the surge and staff-on-loan positions that have been in place.

In addition, an internal communication strategy was developed to ensure that all members of the IFRC network, both in the Secretariat and in the National Societies, have access to key information and documents, and can contribute to increasing the visibility of the needs of affected populations and Red Cross actions to meeting these needs.

#### □ **Coordination for Quality Programming:**

##### Security and Safety:

The Regional Security Unit has contributed to the coordination of BCP during the COVID-19 by ensuring synergy between the different units/areas and to promote the duty of care. The Regional Security Unit has created several infographics for use and adaptation by other offices on the correct use of the emblem, communication with security bodies, a guide to protection in the event of suspected cases of COVID-19, organizational charts of the BCP and the Crisis Mitigation Committee, among others. A [security dashboard](#), updated daily, has been developed for COVID-19 in coordination with the IT department to reflect regional travel restrictions and internal measures adopted by governments.

The Regional Security Unit is working to facilitate the process of compliance with duty of care with more systematic and virtual tools. Work is underway to have an [additional component of the dashboard](#), with public and restricted tabs, that brings together fundamental aspects of security as the reporting of security incidents, Minimum Security Requirements, among others. Monitoring is done on a regional basis and guidance has been provided to cluster and office heads on specific security situations presented during COVID-19, such as insecurity and risks in the Darién region in Panama, monitoring with the Head of Cluster the ongoing insecurity situation in Haiti, and support has been provided for the evacuation of personnel from Venezuela who were present on a humanitarian mission, guidance is being provided for offices to gradually update their Minimum Security Requirements (MSRs), among others, always working to comply with the Duty of Care.

National Societies' security frameworks will be applied throughout the duration of the operation to protect staff and volunteers. In cases where IFRC can deploy personnel under IFRC security's responsibility, including surge support and integrated PNS Partner National Societies deployed to the area, the existing IFRC country's security plan, including security regulations, contingency plans for medical emergencies, relocation and critical incident management will be applied. A full security briefing covering identified risks and mitigation measures will be provided on arrival.

Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; Safety and security risks are identified in the IFRC risk assessment for every country and mitigation measures will be identified and implemented.

All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training.

The Regional Security Unit will support Country Offices and as well as National Society Security Managers and focal points through information gathering/sharing, providing security guidelines, security coordination and cooperation within the Movement as well as with external partners and the humanitarian community.

Greater support is needed to obtain funding for positions that can support both the development of a mapping of how National Societies are addressing operational security and a mapping of the NSs to support them in the development of a road map on the proper approach and application of Civil - Military Relations (CMR), understanding that in the context of COVID-19, many military bodies are involved in the humanitarian response and continuity of past efforts should continue to guarantee better coordination, alliances, development and continuity of CMR networks, involvement of operational security of personnel and volunteers in the field, among others. It is suggested to be able to fund with a 1% of the budget plan, tests and needs in terms of duty of care for IFRC Staff.

Business Continuity Planning and Security within IFRC Secretariat:

Despite deconfinement measures adopted in several countries, the COVID-19 pandemic continues to expand worldwide, with numerous countries witnessing widespread sustained transmission, those where the IFRC is present and operational. This continues to have significant repercussion on the day-to-day life of our staff and their families, and our operational and institutional continuity. For this reason, IFRC having created a dedicate FedNet page where all relevant material on business continuity material has been upload and constantly update and has been apply in all the offices across the world. Those measures and decisions have been taken considering the need to ensure both the health and well-being of our workforce (duty of care) as well as the need to support affected people (operational continuity and response). A guideline followed by the Americas to provide clear criteria under which the IFRC Secretary General could consider moving to a gradual readjustment of working arrangements in IFRC offices during the sustain and suppress phase has been produced. It is anticipated that these criteria will be applicable for decision making related to any IFRC office in the world. In all analysis and decision making the principles below should be adhered to:



The Business Continuity Plan (BCP) team in ARO developed the continuity plan for the ARO, serving as a model for the rest of the offices in the region to adapt to their contexts and measures taken during COVID-19, particularly assessing continuity of operations and programmes and measures for staff. All offices are developing their back to office Plan that should have procedures for progressive phases when returning to the offices. Guidance has been given considering that the validation procedure needs to comply with the duty of care and guarantee staff protection. All offices must comply with some documentation, highlighting the importance of office readiness checklist that includes personal hygiene, social distancing, cleaning and disinfection, vulnerable staff, health procedures, among others. The documentation will be finally approved for each office individually when complying all the procedures and when the country has passed three weeks after the epidemiological peak of the curve.

The Regional Security Coordinator (who is as well the Regional BCP Coordinator and CMR Coordinator) has been coordinating with units as administration and HCCST/HoCO to follow up individual cases where staff are not in their country of origin and need to return as soon as possible or have other needs of movement. Some missions have been done to guarantee this return. In May, a mission was conducted to evacuate two people who were in Panama and



needed to go back to Venezuela and in that mission been able to bring back 2 staff that were on mission in Venezuela and had to return to Panama and Costa Rica. This mission also implied the coordination to transport one staff by land and both returned safe home. (while humanitarian cargo was being brought into Venezuela). HCCST for Central America has supported as well other missions by land to coordinate with the NSs and been able to return their staff. IFRC Finance staff returned in a humanitarian flight to Panama, among others, and duly humanitarian diplomacy has been done to guarantee a spot in humanitarian flights.

The regional office's Business Continuity Plan (BCP) team meets weekly to monitor the situation. In the past months, in addition to the plans, guidelines have been provided on issues to be followed for human resources, personal protection equipment, infographics on the use of the emblem, among others. The BCP Coordinator maintains constant coordination with the Business Continuity Plan Team in Geneva for alignment and to ensure that the guidelines are followed.

IT:

Technology and Digital Platforms are the key component that enables the IFRC to deliver service and value to National Societies and communities. Being competent with teleworking has enabled the continuity of Americas Region operations through:

- Ensuring IT department and all staff has an adequate digital teleworking environment to guarantee availability, reliability, timeliness, and accuracy of IT services for everyone anywhere.
- Regional Office stock to quickly response to damaged users' equipment and digital tools.
- Duplicated efforts on Service Desk to remotely support the high demand of requests due to teleworking.
- Maintenance of the of the satellite network of 14 active terminals within the region.
- Partners and suppliers' relationships are maintained to anticipate changes and mitigate risks in case their commercial activities are suspended.
- Face to Face virtual trainings to increase digital literacy by building up staff skills on the use of Microsoft collaboration to increase productivity and information security.
- Procurement of equipment for emergency preparedness.

Greater efforts are needed to support National Societies on Digital Transformation by enhancing their collaboration culture through digital tools, migrating to cloud infrastructure services, increase digital literacy and optimize information management.

# IFRC Regional Detailed Plan

## Priority 1: Curb the Pandemic – Sustaining Health and WASH

Requirements (CHF): 32,000,000

**Objective:** To support National Societies to reduce illness and loss of life, while protecting the health, safety and wellbeing of the most vulnerable people, by supporting efforts to contain, slow or suppress transmission of the virus, treating cases, and helping affected communities maintain access to essential health and social services.

National Societies play a key role in developing and maintaining strong and resilient health systems". As countries move through scale-up to easing lockdown restrictions, it is important that the IFRC network plays its role in managing and reducing transmission. The focus is to support National Societies in their role in "detecting, isolating, testing and treating" cases – this includes roles in community surveillance, contact tracing, Infection Prevention and Control (IPC) in health facilities etc. At a community level this includes National Society and community preparedness for mitigating and preventing the transmission of the response. National Societies carry out a key role in educating and engaging with communities, counter-acting rumours, and misinformation, listening to local ideas and solutions, and adapting programmes accordingly. The work on COVID-19 is in line with IFRC's future commitment to address "growing gaps in health" as stated in Strategy 2030.

The 11 Health Pillars	Related Global Indicators	# of NS Involved
<b>Pillar 1</b> Epidemic control measures ([a]testing, [b]point of entry/point of control screening, [c] contact tracing, [d] support for quarantine and isolation of COVID-19 cases not requiring clinical treatment)	[a] # of people tested by NS to diagnose COVID-19 [b] # of volunteers supporting screening [c] # new contacts identified and/or followed disaggregated by age/sex [d] # of cases in cohort/home isolation receiving material support from NS	26
<b>Pillar 2</b> Risk communication, community engagement, and health and hygiene promotion	# of people reached through risk communication and community engagement for health and hygiene promotion activities	14
<b>Pillar 3</b> Community-based surveillance (CBS)	# of active CBS volunteers trained on COVID-19 related health risks	10
<b>Pillar 4</b> Infection prevention and control and WASH (health facility)	# of health facilities supported	24
<b>Pillar 5</b> Infection prevention and control and WASH (community)	# of people supported through community WASH activities	26
<b>Pillar 6</b> Mental health and psychosocial support services (PSS)	# of people reached with MHPSS services	32
<b>Pillar 7</b> Isolation and clinical case management for COVID-19 cases	# of health facilities treating COVID-19 supported	10
<b>Pillar 8</b> Ambulance services for COVID-19 cases	# of COVID-19 cases (confirmed or suspected) who received ambulance transport	15

<b>Pillar 9</b> Maintain access to essential health services (community health)	# of people reached with essential community health services	12
<b>Pillar 10</b> Maintain access to essential health services (clinical and paramedical)	# of NS supported HFs maintaining services to pre-covid levels	17
<b>Pillar 11</b> Management of the dead	# of community burials of suspected or confirmed COVID-19 cases facilitated or directly carried out by NS volunteers	4
<b>Other Key Regional Considerations</b>	<b>Related Regional Indicators</b>	
<b>Pillar 2</b> Risk communication, community engagement, and health and hygiene promotion	# and types of different channels used by NS for risk communication and community engagement activities	TBD

Pillar	APCode	Action Line	#of NS Involved
<b>Health Pillar 1</b>	AP021	IFRC to support National Societies on adapting and reactivate community-based health tools used to prevent spread of the disease, positive behaviour changes, and community health promotion (CBHFA, PHAST, ECV, CEA etc)	7
<b>Health Pillar 1</b>	AP021	Support point of entry/point of control screening, contact tracing, active surveillance, or other activities to assist in case detection and outbreak prevention, in support of respective governments' surveillance and contact tracing activities	19
<b>Health Pillar 1</b>	AP021	Support enhancing understanding and acceptance of key containment actions (i.e. IPC, community-based surveillance, quarantine, point of control screening, isolation, and treatment)	12
<b>Health Pillar 1</b>	AP022	Home care services and support for individual wellbeing and dignity (either for people in home quarantine, or those in high-risk groups unable to seek care)	10
<b>Health Pillar 2</b>	AP084	RCCE review: collating and analysing RCCE activities such as e-learning, coordination and tools, their effectiveness, gaps and best practices to enable National Societies to document and understand key learnings for upcoming epidemic and other humanitarian responses	3
<b>Health Pillar 2</b>	AP084	RCCE: Scale up RCCE to document and respond to community questions, concerns and rumours and address critical risks and misinformation stigma and mistrust (including all outreach through IEC; social media, radio, Hotlines, phone or internet calls, social media support, etc.)	28
<b>Health Pillar 2</b>	AP084	Volunteer training: Train volunteers (including online training) to encourage dialogue, capture community insights and use to inform the response	15
<b>Health Pillar 2</b>	AP084	Preposition, update and translation of the community engagement and communication material for rapid use by volunteers in at risk/affected areas (i.e. FAQ documents)	2
<b>Health Pillar 2</b>	AP084	Support the development of a comprehensive risk communication and community engagement plan for response phases which clearly indicates the Red Cross Red Crescent support to the Government-led preparedness and response plan (with focus on vulnerable groups: the elderly, women, migrants, persons with disability)	9
<b>Health Pillar 2</b>	AP084	Provide trainings on risk communication and community engagement, including on feedback mechanisms and community-led planning (expectation management, how to clearly communication, how to address rumours etc.)	6
<b>Health Pillar 3</b>	AP021	Where there is existing Red Cross Red Crescent CBS capacity, passive surveillance systems will be switched to active mode and acute respiratory infections included in volunteers' reporting	9
<b>Health Pillar 3</b>	AP022	Provide training on FA, Rapid Response IPC and epidemic control	5
<b>Health Pillar 4</b>	AP022	Provide technical guidance to National Societies on IPC hardware and software assistance for health care workers and patients, in hospitals or clinics	3

<b>Health Pillar 4</b>	AP022	Support National Societies in contributing to good quality and consistent WASH services in health facilities, communities, public places (e.g. high traffic areas) and health care facilities is essential to prevent human-to-human transmission of the virus	2
<b>Health Pillar 5</b>	AP022	Procure, preposition and distribute essential hygiene items (including appropriate menstrual hygiene materials)	20
<b>Health Pillar 5</b>	AP022	Provide technical guidance to National Societies on IPC procedures to work with affected communities	24
<b>Health Pillar 5</b>	AP026	Support access to hand hygiene through establishment and maintenance of handwashing stations at public buildings, transport hubs and other high traffic areas in line with WHO guidance on universal access to hand hygiene.	12
<b>Health Pillar 5</b>	AP026	Support availability and access to safe water services e.g. water and hand-washing stations in areas lacking services (IDP camps, refugee camps, informal settlements etc.)	4
<b>Health Pillar 5</b>	AP026	Support National Societies in scaling-up WASH provision in vulnerable communities, such as camps, collective accommodation, informal settlements, and urban slum	1
<b>Health Pillar 6</b>	AP023	Hotline: National Societies started hotline services to provide psychosocial services and basic health information.	6
<b>Health Pillar 6</b>	AP023	MHPSS pathways: Contextualized referral MHPSS pathways available and communicated to volunteers, staff and/or the public	14
<b>Health Pillar 6</b>	AP023	Share the available and relevant MHPSS resources	8
<b>Health Pillar 6</b>	AP023	Ensure MHPSS is integrated and mainstreamed across services provided by NS	2
<b>Health Pillar 6</b>	AP023	Facilitate relevant MHPSS trainings (PFA, helpline services etc) to NSs volunteers and staff by different modalities: online, video. (aligned with the IFRC PS Centre guidelines)	5
<b>Health Pillar 6</b>	AP023	Ensure NSs include MHPSS for responders, including RCRC volunteers and staff	28
<b>Health Pillar 6</b>	AP023	Enable NS to provide PFA for affected people (medical teams, first responders, patients, relatives, people who lose their jobs, people who under lockdown\isolation\quarantine) through different modalities: physically, online, mobile.	24
<b>Health Pillar 6</b>	AP023	PSS/PFA for COVID-19: Support the roll out psychosocial support and psychological first aid (PSS/PFA),	16
<b>Health Pillar 6</b>	AP033	Support NS in rolling out psychosocial support (PSS) and psychological first aid (PFA), closely linked and coordinated with risk communication, PGI and community engagement approaches	3
<b>Health Pillar 7</b>	AP022	Support triage, isolation and clinical surge to health systems and/or scale up of PHC capacities in support of MoH	7
<b>Health Pillar 7</b>	AP022	Identification of isolated offices for evaluation of suspicious patients and referral to sentinel hospitals	3
<b>Health Pillar 7</b>	AP022	Training of health personnel and volunteers in protocols for the care of suspicious patients COVID-19	2
<b>Health Pillar 7</b>	AP022	Follow up cases in home isolation or quarantine centers and provide post-hospital care.	3
<b>Health Pillar 8</b>	AP022	PHiE: Support National societies to scale up national response team capacity by ensuring training and equipment to the first responders.	8
<b>Health Pillar 8</b>	AP022	Support and guidance for continuation, scaling up and/adapting pre-existing ambulance service	11
<b>Health Pillar 9</b>	AP021	Conduct national- and branch-level readiness checks to prepare to activate CBHFA, ECV and other community-based volunteers to respond in the event of an outbreak	1
<b>Health Pillar 9</b>	AP021	Localise, contextualise, and/or translate COVID-19 materials and tools for community-level use	7
<b>Health Pillar 9</b>	AP084	Support to conduct rapid assessments to identify most at risk, barriers to healthy behaviours and gather insights on cultural and contextual factors (local cultures and languages, customs, concerns and risky behaviours and practices of communities, preferred/trusted channels of engagement) that could help or hinder an effective response	11
<b>Health Pillar 10</b>	AP021	Support National Societies to scale up blood services to keep up the demand on blood	14
<b>Health Pillar 10</b>	AP021	Supporting National Societies where necessary in hospital care (maintain, adapt, set up and sustain secondary-level clinical activities), Scale-up primary health care treatment capacity to support Ministries of Health.	1

<b>Health Pillar 10</b>	AP022	Prepositioning of the strategic stock such as PPE, disinfectant solution	1
<b>Health Pillar 10</b>	AP022	Support health and social service maintenance (e.g. support to scale up services required, direct service provision as appropriate)	14
<b>Health Pillar 11</b>	AP022	Support National Societies with training or equipment for management of dead bodies in support of national authorities	5

## Priority 2: Tackle Poverty and Exclusion - Addressing Socio-Economic Impacts

**Requirements (CHF): 22,000,000**

**Objective:** To support National Societies to reduce suffering, protect livelihoods, strengthen safety, well-being and longer-term recovery of most affected groups according to their vulnerabilities through covering basic needs and supporting their restoration capacities, using participatory approach and collecting feedbacks from the communities to improve the impact of our actions.

To respond to the immense socio-economic impact of COVID-19, the IFRC network is scaling-up its existing livelihoods and food security support and adapting or developing new programmes to address the fall-out from the pandemic across the world. This includes providing both **immediate in-kind (food aid) and cash / vouchers support, where viable, to assist the most vulnerable communities**, as well as developing longer-term approaches and programmes **to sustain safety nets** for the months to come and to support early recovery and adaptation to the pandemic threat. The socio-economic impact has a wider effect on the needs of extremely vulnerable communities, in relation to their economic security, safe shelter and access to services, facilities, social care and inclusion. In addressing this pillar, the IFRC is committed to focusing on the needs of vulnerable groups and individuals most affected by the socio-economic impacts and at risk of discrimination, exclusion, and violence. It is vital to count with focused assessments, and ensure we are **communicating and engaging effectively with them to ensure that their voices are heard**, both in our work and in our advocacy to others. National Societies need to increase their capacities in targeting the most affected groups by this unprecedented crisis. Livelihoods-focused vulnerability and Capacity Assessments (CVA) including the use of vulnerability scores are recommended. National Societies shall analyse, support and work with markets, leverage new technologies and communication tools and manage knowledge to share experiences, integrate best practices and increase knowledge and skills. It is also vital that National Societies take a clear role in building bridges between groups in our society at this critical time, and support investments in recovery, inclusion and resilience across systems and communities. This priority is comprised of four pillars that cover the range of work and work is aligned across the different pillars and with other interventions to deliver integrated, multi-sectoral actions that enhance resilience at personal, household and community level. This is done in **close cooperation with local governments and other partners to ensure the scalability and sustainability of the interventions**.

The 4 Pillars to Tackle Socio-economic Impact	Related Global Indicators	# of NS Involved
Livelihoods and Household Economic Security	[a] # of people made vulnerable by COVID-19 reached with food and other in-kind assistance	17

	[b] # of people made vulnerable by COVID-19 reached with conditional and unconditional cash and voucher assistance	
	[c] # of people made vulnerable by COVID-19 supported with skills development for livelihoods/economic activities	
Shelter and Urban settlements	[a] # number of people reached with safe and adequate shelter and settlements under the circumstances of COVID-19.	17
Community Engagement and Accountability, and Community Feedback Mechanisms	[a] # of community feedback comments collected [b] # of community feedback reports produced [c] # of NS staff, and volunteers trained on community engagement and accountability	22
Social Cohesion and Support to Vulnerable Groups	[a] # of branches who include an analysis of the specific needs of marginalised groups in their assessments [b] # of people reached by programmes addressing exclusion [c] # of people reached by programmes addressing violence [d] # people reached by programmes addressing education-related needs	27
<b>Other Key Regional Considerations</b>	<b>Related Regional Indicators</b>	
Capacity building	# of people reached by livelihoods and cash and vouchers training courses	TBD
Information and knowledge	# of assessments or technical studies carried out	TBD
Social Cohesion and Support to Vulnerable Groups	# of NS actions for migrants under their response	TBD

<b>Pillar</b>	<b>APCode</b>	<b>Action Line</b>	<b>#of NS Involved</b>
<b>Livelihoods and Household Economic Security</b>			
<b>SI Pillar 1</b>	AP007	Productive assets replacement, business start-up (regardless of the modality in-kind, voucher and cash, Skills development, Financial inclusion (e.g. saving and loan schemes).	TBD
<b>SI Pillar 1</b>	AP010	Cash and Voucher Assistance: Staff and volunteers trained in Cash and Voucher Assistance (Livelihoods Resource Centre, CaLP, or similar)	8
<b>SI Pillar 1</b>	AP008	Food security: IFRC where necessary to provide technical guidance in program design and delivery of basic livelihoods and food distribution (parcels, hot meals, or any other support) in a form of cash or voucher assistance.	26
<b>SI Pillar 1</b>	AP009	Cash data management system: IFRC to promote and provide guidance on cash data management system (e.g.: RedRose).	1
<b>SI Pillar 1</b>	AP009	Coordination with the government and local actors.	2
<b>SI Pillar 1</b>	AP009	Digital cash assistance or electronic payments: IFRC to promote and provide guidance to National Societies on the use of digital cash assistance or electronic payments for cash support (e.g.: mobile money or prepaid cards).	4
<b>SI Pillar 1</b>	AP009	Guide National Societies in monitoring/reporting/capturing evidence-based/ good practice of innovative/diversified livelihoods restoration and recovery programme for lesson learnt and donor compliance.	1
<b>SI Pillar 1</b>	AP058	Monitoring (include PDM)/evaluation/ capturing lessons learned for learning/ reporting.	13
<b>SI Pillar 1</b>	AP009	Provide farm inputs (seeds/fertilizer/tools etc) /restocking of livestock through cash transfer/ voucher assistance.	6
<b>SI Pillar 1</b>	AP009	Train beneficiaries in agriculture/food production/livestock/poultry and other income generating activities.	6

<b>SI Pillar 1</b>	AP010	Mapping/Assessment/Coordination: IFRC to province guidance to National Societies on remote mapping/assessment in partnership with Government and Local Actors including risk assessment/MOU signing with Financial Service Provider (FSP).	18
<b>SI Pillar 1</b>	AP010	Provide technical guidance for National Societies to develop projects that provide context-relevant livelihoods restoration/diversification for recovery or for longer term development.	17
<b>SI Pillar 1</b>	AP010	Targeting and verification of beneficiaries: IFRC to Provide guidance to National Societies on remote targeting/verification of Beneficiaries (referrals from local communities/health centres/self-targeting, etc).	18
<b>SI Pillar 1</b>	AP010	Technical guidance: IFRC where necessary to provide technical guidance to National Societies' staff and volunteers on livelihoods training (at least Livelihoods Programming Course).	5
<b>SI Pillar 1</b>	AP010	Train staff and volunteers on integrated and innovative livelihoods programming	5
	AP010	National Societies exercise their humanitarian diplomacy role for the inclusion of marginalized groups in social protection system	TBD
	AP010	Coordination with Authorities implementing social protection services	TBD
<b>SI Pillar 1</b>	AP081	Unconditional/ Multipurpose cash distributions based on MEB and SPHERE standard or in-kind (e.g. delivery of food parcels, hot meals) or any other support to people living in displacement camps (e.g. migrants/IDP's) or people with underlying health conditions/ living in quarantine/ isolation collective shelters or urban hot spots to include renters etc.	20
<b>Shelter and Urban settlements</b>			
<b>SI Pillar 2</b>	AP005	Assessment: IFRC where necessary to provide technical guidance to National Societies to assess immediate and ongoing shelter needs, capacities, gaps and mid-term shelter solutions in relation to COVID 19.	8
<b>SI Pillar 2</b>	AP005	Cash and Voucher assistance: IFRC to support National Societies to design and implement required cash and voucher assistance to meet shelter needs of the affected population (e.g. for hotels, apartment rental).	6
<b>SI Pillar 2</b>	AP005	Coordinated planning: coordination with relevant sectors (Migration and Displacement, PGI, CEA, Health, WASH, MHPSS & Livelihoods) along with government and other stakeholders to develop integrated, context specific planning to address ongoing and emerging shelter and settlements needs and mitigate spread of COVID-19.	11
<b>SI Pillar 2</b>	AP005	Government relation on adequate shelter: IFRC to promote and provide guidance to National Societies in advocating with authorities to plan and provide for increased shelter support in specific vulnerable environments (identify isolation measures, adapt facilities/ collective centres, provide rental options etc.).	10
<b>SI Pillar 2</b>	AP006	Localized shelter technical guidance: technical support, capacity building and provision of guidance and awareness to National Societies on organising, managing and providing COVID-19 assistance in ongoing programmes and new shelter contexts (e.g.: informal urban settlements, camps, collective centres, etc.) This will include coordinating National Societies' peer-to-peer dialogue, capitalisation of good practice and knowledge sharing	12
<b>SI Pillar 2</b>	AP006	Monitoring and Evaluation: Monitoring and evaluation of the shelter and settlements support and guidance provided.	3
<b>SI Pillar 2</b>	AP049	Provide leadership and coordination of the humanitarian shelter and settlements sector through existing shelter clusters or other existing sectorial coordination mechanisms <sup>18</sup> .	TBD
<b>SI Pillar 2</b>	AP058	Procurement and distribution: IFRC to provide support National Societies in procurement and appropriate distribution of emergency shelter and household items as required (tarps, blankets, kitchen sets, mattresses, tents) particularly in complex shelter contexts (e.g. collective centres, camps, urban hot spots) through in-kind or CVA as the context allows (cash feasibility study).	11

<sup>18</sup> The Shelter Cluster is coordinating inter-agency support to countries in the identification and adaptation of temporary accommodation spaces. In the Americas, the organizations participating are Habitat for Humanity, United Nations High Commissioner for Refugees (UNHCR), Norwegian Refugee Council (NRC), SBP, Catholic Relief Services (CRS), EIGHT, Save the Children, Global Shelter Cluster - IFRC, Techo, International Organization for Migration (IOM), UNHCR - Shelter Cluster. The shelter cluster is available in case there is a need to support the coordination with NS.

### Community Engagement and Accountability, and Community Feedback Mechanisms

<b>SI Pillar 3</b>	AP084	CEA activities/Setting Up Feedback Mechanism during Beneficiary targeting/whole cycle of the Programme to promote transparency and document and address questions, concerns, and suggestions.	1
<b>SI Pillar 3</b>	AP084	Develop e-learning modules to enable National Societies to continue mainstreaming CEA even during physical distancing and movement restrictions.	10
<b>SI Pillar 3</b>	AP084	IFRC to support National Societies to set up, scale up, adapt and run feedback mechanisms to capture community questions, concerns and suggestions (including through piloting innovative approaches such as chatbots, setting up local text/hotlines) collating feedback data on a regional level to use for operational decision making and evidence-based advocacy.	14
<b>SI Pillar 3</b>	AP084	Implement trainings (on and if possible offline) to build CEA capacity of National Societies. Represent and support participation of National Societies in regional coordination mechanism and ensure their work is highlighted in the regional RCCE group.	9
<b>SI Pillar 3</b>	AP084	Mainstreaming CEA: supporting integration of CEA throughout response operation.	18
<b>SI Pillar 3</b>	AP084	CEA activities to support the design of PGI strategies.	12

### Social Cohesion and Support to Vulnerable Groups

<b>SI Pillar 4</b>	AP031	Guidance on the risk of violence, exclusion and discrimination: Providing technical support, guidance and key messages (adapted from existing global guidance) on the risk of violence, exclusion and discrimination, and lack of equitable and safe access to services including PSEA, education, violence prevention, safe-guarding and self-protection.	24
<b>SI Pillar 4</b>	AP033	IFRC to coordinate and ensure targeted and specific action is taken regionally and in country to prevent, mitigate and respond to the increased risk of violence, and exploitation posed by the impacts of COVID-19 including PSEA, safe-guarding and self-protection.	19
<b>SI Pillar 4</b>	AP031	Mainstream PGI in response: Supporting National Societies in mainstreaming Protection, Gender, and Inclusion measures in the response.	23
<b>SI Pillar 4</b>	AP083	Restoring Family Links: IFRC to support National Societies on restoring family link services for migrants and displaced populations, including those separated through border closures.	14
<b>SI Pillar 4</b>	AP031	Safe and inclusive recovery: Scaling up PGI programmes related to the longer-term socio-economic impacts, working closely with cash, livelihoods and migration on social welfare, social inclusion, (access to) education and issues of exploitation and trafficking.	4
<b>SI Pillar 4</b>	AP036	Supporting migrants and displaced populations in all relevant National Societies' activities: IFRC will support National Societies to work across sectors to ensure that at risk migrants, refugees and IDPs - irrespective of their legal status - are included in all relevant National Societies' activities.	14
<b>SI Pillar 4</b>	AP036	Tailored guidance and support for National Societies: IFRC will provide tailored support to National Societies at the national and community level, with needs assessments, analysis, cooperation and coordination and best practices on how to address the needs of specific groups of migrants, refugees and IDPs.	14
<b>SI Pillar 4</b>	AP036	Targeted initiatives to address the needs of migrants and displaced communities: IFRC will work across sectors to develop guidance, tools and support National Societies to take targeted measures to address the needs of migrants and displaced communities, including cash and livelihoods support for migrants; protection for migrants and displaced communities; MHPSS initiatives for migrants; addressing social stigma of migrants and refugees; and social cohesion of migrants and host communities.	14
<b>SI Pillar 4</b>	AP031	Support in conducting assessment of specific needs of the affected population based on criteria selected from the minimum standards for PGI in emergencies.	16
<b>SI Pillar 4</b>	AP036	Supporting National Societies in including migrants, refugees, asylum seekers and IDPs in all response activities.	11
<b>SI Pillar 4</b>	AP003	Coordinate, support development and dissemination of Environmental Sustainability/Green Response guidance and messaging for improving environmental outcomes of humanitarian action, adhering to the principle of 'do no harm' and the concept of 'build back better', and support NS to actively use guidance and messaging (and capture evidence and learning).	1



# Priority 3: Strengthening National Societies

Requirements (CHF): 13,000,000

**Objective:** The National Society Strengthening priority combines our work to both prepare and develop our member National Societies to meet the challenges of this pandemic. This involves strengthening them as local organisations able to rapidly develop, adapt, scale-up and maintain readiness and prepare for emergency operations, including those for COVID-19 and for other emerging disasters or crises. It also involves supporting them to become well-functioning local organizations, relevant within their own communities, with sustainable operational, organisational, and financial structures and safe, well managed staff and volunteers. This includes supporting National Societies to deliver against their auxiliary role on behalf of their governments and is aligned with the IFRC frameworks on National Society Preparedness and National Society Development.

The 4 Pillars to Tackle Socio-economic Impact	Related Global Indicators	#of NS Involved
National Society readiness	[a] # of people reached through pandemic-proof community preparedness, response and DRR measures [b] The NS has developed contingency plans for COVID-19 response and other concomitant emergencies [c] The role and activities of the NS are expressly included in the national government's main plan(s) for COVID response/recovery	28
National Society sustainability	[a] Proportion (%) of core organisational budget that is funded [b] Unrestricted financial reserves for more than 3 months [c] # of new streams for unrestricted income [d] The NS has adapted its business continuity plan (BCP) for COVID-19 or developed a new one.	24
Support to volunteers	[a] # volunteers provided with insurance that covers accidents, illness, or death benefits to their families, including private, organizational (e.g. solidarity funds) or public coverage from authorities. [b] # volunteers that have access to the Personal Protection Equipment (PPE) necessary to safely fulfil their duty	29

Pillar	APCode	Action Line	#of NS Involved
<b>National Society Readiness</b>			
NS Pillar 1	AP002	Country-level contingency plan: IFRC to support National Societies in the implementation country-level contingency plans in support of national and local authorities.	8
NS Pillar 1	AP002	Preparedness for Effective Response (PER): Reinforce PER approach through development/adaptation and contextualization of guidance for integrated preparedness planning, and hold remote sessions with prioritized National Societies (including most-at risk branches) to build capacity and conduct rapid institutional readiness assessment, using the adapted 'critical' PER standards and epidemic considerations.	14

<b>NS Pillar 1</b>	AP002	Development, updating and support NS' PER action plans in line with humanitarian needs using the adapted 'critical' PER standards and epidemic considerations through remote sessions, including most at risk branches to build capacity and conduct rapid institutional readiness assessment.	14
<b>NS Pillar 1</b>	AP002	Review the impact from COVID-19 pandemic on other disaster and crisis scenarios and develop revised contingency plans for these other disaster and crisis situations.	22
<b>NS Pillar 1</b>	AP002	IFRC to support NS operational readiness for implementation of CVA by carrying out fast track CVA i.e. clarifying roles and responsibilities, market assessment, signing of MoU/agreement with Financial Services Providers, trainings, and development of tools.	TBD
<b>NS Pillar 1</b>	AP002	Support any relevant knowledge hubs for pandemic preparedness hosted by National Societies.	2
<b>NS Pillar 1</b>	AP002	Through CO/CCST, support National Societies to develop Preparedness Plans and replicate with high-risk branches and support implement key COVID-related preparedness activities connecting National Societies to appropriate remote technical assistance.	19
<b>NS Pillar 1</b>	AP002	Multilingual online/virtual trainings for NS staff and volunteers.	1
<b>NS Pillar 1</b>	AP002	Support NS in identifying their role within the national plan in term of transportation of suspected and confirmed case of COVID 19.	1
<b>NS Pillar 1</b>	AP002	Map resources and positive practices at the community level to support locally driven actions for preparedness, containment and response are helpful and empowering preparedness activities.	1
<b>NS Pillar 1</b>	AP001	Disseminate COVID-19 messages through the "Public Awareness and Public Education (PAPE): DRR key messages" and other online DRR platforms and school-based DRR education activities	TBD
<b>NS Pillar 1</b>	AP001	Through NSs, support communities to mitigate the negative consequences of COVID-19 and strengthen their resilience, through enhanced community organization, social cohesion, connectedness, etc.	TBD
<b>NS Pillar 1</b>	AP001	Document the lessons learned and best practices of communities' early action, preparedness and response, and Climate Change adaptation for COVID-19, and disseminate them widely.	TBD
<b>NS Pillar 1</b>	AP001	Adapt DRR/resilience guidelines, assessment tools, and reference materials to support community based DRR, response and preparedness for large-scale disasters and health emergencies	TBD
<b>NS Pillar 1</b>	AP001	Arrange for the translation of DRR/resilience guidelines, assessment tools and reference materials into different languages and disseminate them through the RCRC network	TBD
<b>NS Pillar 1</b>	AP002	Development of 'live e-book' to capture localised and holistic organisational learnings to facilitate peer-to-peer support, enhance decision making and inform future proposal development	TBD
<b>NS Pillar 1</b>	AP002	Updates to and implementation of mobile data collection tools to improve and expedite preparedness and response actions	TBD
<b>National Society Sustainability</b>			
<b>NS Pillar 2</b>	AP002	Supporting National Societies to actively use the HelpDesks established by the IFRC, such as the Business Continuity Plan (BCP) HelpDesk managed by the Global Disaster Preparedness Centre (GDPC) and supported by the Reference Centre for Institutional Disaster Preparedness (CREPD) to support National Societies elaborate or update their Business Continuity Plan.	9
<b>NS Pillar 2</b>	AP002	Support NSs to build accountable Finance systems and build capacity of staff members	12

<b>NS Pillar 2</b>	AP053	IFRC to support and guide CO/CCSTs and National Societies in strengthening the resource mobilization mechanism and system, in aligning with localisation agenda and enhancing financial sustainability and organisational capacity.	14
<b>NS Pillar 2</b>	AP053	Support NSs to comply with its governance obligations during emergency (including, supporting NSs to shift with virtual Governing Board meetings)	24
<b>NS Pillar 2</b>	AP053	Support and guide CO/CCSTs and National Societies in strengthening the resource mobilization mechanism and system, in aligning with localisation agenda and enhancing financial sustainability.	24
<b>NS Pillar 2</b>	AP053	IFRC Communications team support NS to ensure Red Cross Red Crescent response efforts, challenges, and milestones are effectively communicated amongst its key public audiences and maintain active online media engagement throughout the emergency.	14
<b>NS Pillar 2</b>	AP042	Support NSs to adapt and rollout the NS Financial Sustainability Guidance and toolkit	6
<b>NS Pillar 2</b>	AP042	Support NSs to assess and scope for its Financial Sustainability risk and organisational capacity to respond to it	6
<b>NS Pillar 2</b>	AP042	Provide Action Learning Coaching to NS leadership and practitioners, to define risks and strategies actions for Financial Sustainability	24
<b>NS Pillar 2</b>	AP042	Support NSs to manage and develop business plans for its resources (including assets) to prepare and mitigate possible sustainability risks	6
<b>NS Pillar 2</b>	AP042	Organise meeting/ webinars/workshops / training/ Networking and skillshare events focused on financial sustainability, Resource Mobilisation development and communication. in multiple regional languages	24
<b>NS Pillar 2</b>	AP'42	Support NSs to define its core structure and core-cost, and strategies its plans for sustainability	16
<b>NS Pillar 2</b>	AP042	Support NSs to analysing the situation with the economic crisis, conduct scenario planning and determine the impact on the NS	24
<b>NS Pillar 2</b>	AP059	Work on resource mobilisation/generation for the secretariat Regional Appeal.	13
<b>NS Pillar 2</b>	AP059	Marketing and communications for Resource mobilization.	13
<b>NS Pillar 2</b>	AP059	Guidance and development of capacities to all staff on resource mobilization.	13
<b>Support to Volunteers</b>			
<b>NS Pillar 3</b>	AP022	IFRC to support National Societies to increase the number of multi-lingual online/virtual health trainings are available to increase number and capacity of volunteers and staff at National Society level.	28
<b>NS Pillar 3</b>	AP040	Solidarity mechanism for volunteers: Support National Societies to access to a solidarity mechanisms or other funding solutions for volunteers who need hospitalization or die due to COVID-19.	29
<b>NS Pillar 3</b>	AP040	Staff and volunteer safety: Safety, health and psycho-social well-being of staff and volunteers supported, including the provision of and training in the correct use of PPE, self-care measures and team support.	29
<b>NS Pillar 3</b>	AP040	Support National Societies in online/virtual WASH training to increase number of volunteers and staff at National Society-level. Disseminate key messages related to hygiene promotion and infection prevention.	28
<b>NS Pillar 3</b>	AP040	Volunteer insurance: Regional office through CO/CCSTs to ensure that volunteers working with National Societies have insurance coverage for accidents and death.	29

NS Pillar 3	AP040	Volunteer Development: Support and guide National Societies in the strengthening of their volunteer development policies and strategies. This includes tailored support to implement the Volunteering Development Framework (VODFRA) and the services of the Interamerican Centre for Volunteering Development (ICVD).	29
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## International Coordination and Enabling Actions

Requirements (CHF): 8,000,000

**Objective:** To support this response, the IFRC Secretariat maintains **International Support and Resourcing, Evidence-based Insights, Communications and Advocacy, Coordination and Quality Programming** to ensure the assistance under the three pillars is provided effectively, is communicated to the relevant partners and has the impact that is needed. This section outlines the support of the IFRC system that is channelled through this multilateral Appeal and acknowledges the importance of distributed capacities / networks to deliver the coordination and enabling actions. Within these categories, the three enabling actions of the strategy -**Logistics and Supply Chain Support, Digital Transformation, and Accountability and Inclusion of Vulnerable Groups**- heavily crosscut with other areas of support and strategic services

Category	APCode	Action Line
<b>Coordination for Quality Programming</b>		
International Coordination	AP046	Continuous coordination with health authorities, undertake ongoing assessments to identify constant change of health needs, at risk communities with regards to the COVID-19 pandemic outbreak.
International Coordination	AP046	Coordination: Establish a structure at regional level to support the overall coordination and direction of the response and to ensure coherent technical and operational support for National Societies across AP regions.
International Coordination	AP046	Induction to IFRC operation training. National Societies will be supported with access to a new developed online training with main objective to introduce individuals to the IFRC systems, processes and procedures in order to ensure familiarity and better navigate as an individual responder in an international operation but also as a receiving National Societies member.
International Coordination	AP046	Facilitate and promote remote support to National Societies that require it through the surge capacity mechanism.
<b>Evidence-based insights, communications and advocacy</b>		
Digital Transformation	AP021	Red Cross Red Crescent Health Information Management (RHIS): Support and guide National Societies in enhancing their response via the use of RCHIS piloted for COVID-19.
Digital Transformation	AP052	Data infrastructure: National Societies are supported on adapting GO (go.ifrc.org) to COVID-19 needs, centralised mobile data collection service, applicable secondary data platform for qualitative data analysis, and robust storage and processing system for National Societies and emergency data for mapping and visualisation.
Communications	AP053	Development of content with National Societies for campaigns on key thematic areas

Communications	AP053	Development of COVID-19 templates, resources and toolkits for digital communications (including social media) and fundraising across IFRC and National Societies
Communications	AP053	Establish partnerships with humanitarian organizations such as WHO and UNICEF, public and private institutions to coordinate communications messages and information management for the prevention of the virus, managing rumors, stigma, and discrimination.
Communications	AP053	Support National Societies on the production of lessons learned and best practices and promote peer to peer exchange activities between National Societies, including through remote workshops
Communications	AP053	Graphic design and audiovisual support: production of high quality graphics and audiovisual materials, including video filming and editing, and hiring local content creators on the ground in countries includes support to make pictures, film and edit videos and hiring of local content creators on the ground in countries.
Communications	AP053	Purchase two licences of a global media database for the use of IFRC Americas team that will allow IFRC to provide National Societies with accurate lists of reporters covering COVID-19 to ensure better visibility in domestic and international markets
Communications	AP053	Organize field visits with journalists (when feasible) to provide an overview of Red Cross and Red Crescent response to COVID-19 in the region.
HD / Disaster Law	AP057	Advocate and engage with regional multilateral for a on COVID-19 Policy in regard humanitarian access and protection.
PMER/MEAL	AP055	Evaluation: Support and coordinate lessons learned workshop or real-time lesson learned, mid- and end term evaluations are carried out.
PMER/MEAL	AP055	Learning: Recommendations and learnings from evaluations are shared for improved preparedness for both IFRC and National Societies in epidemic/pandemic responses in the future.
PMER/MEAL	AP055	Remote or on-site monitoring missions (IFRC).
PMER/MEAL	AP059	Federation-Wide Reporting System: National Societies with support from IFRC plans and monitoring progress that reflects multilateral and bilateral cooperation via KPIs and reporting.
<b>International Support and Resourcing</b>		
Civil Military Relations	AP056	Civil and Military Relations: Civil-Military Relations (CMR) engagement is carried out in principled and consistent ways, in line with policy guidance for Movement components based on guidance for potential engagement of military bodies in the current COVID-19 crisis.
Digital Transformation	AP052	Hardware and software: Procure hardware and software to support National Societies to support business continuity and remote working under movement restrictions and social distancing requirements. This may include laptops, software licences, internet connection and skills training
Digital Transformation	AP059	Digital divide: In line with increasing demand of online data collection, regional office to support CO/CCSTs and National Societies in reducing gap of digital divide (working together with IM and IT).
HD / Disaster Law	AP057	Disaster Law: Facilitate peer learning among to National Societies on legislative advocacy and auxiliary roles related to COVID-19.
HD / Disaster Law	AP057	Disaster Law: Undertake legal mapping, analyse best practice and develop recommendations on (i) government medical insurance for volunteers (ii) rights to protection and needs for the most vulnerable in COVID-19 (iii) National Societies' perspectives in longer-term Policy change for pandemic preparedness and response, when the emergency abates in affected countries.
Logistics and Supply Chain	AP050	Regional OLPSCM to support CO/CCSTs and National Societies in supply chain management, including FSP procurement.
Surge Capacity and HR	AP046	Remote support: Coordinate surge remote technical support due to travel restrictions.
Surge Capacity and HR	AP046	Surge support: Coordinating surge support through deployed staff from other National Societies or IFRC Secretariat,

# Funding Requirements

International Federation of Red Cross and Red Crescent Societies

## EMERGENCY APPEAL

### APPEAL CODE: MDR42006– AMERICAS REGION

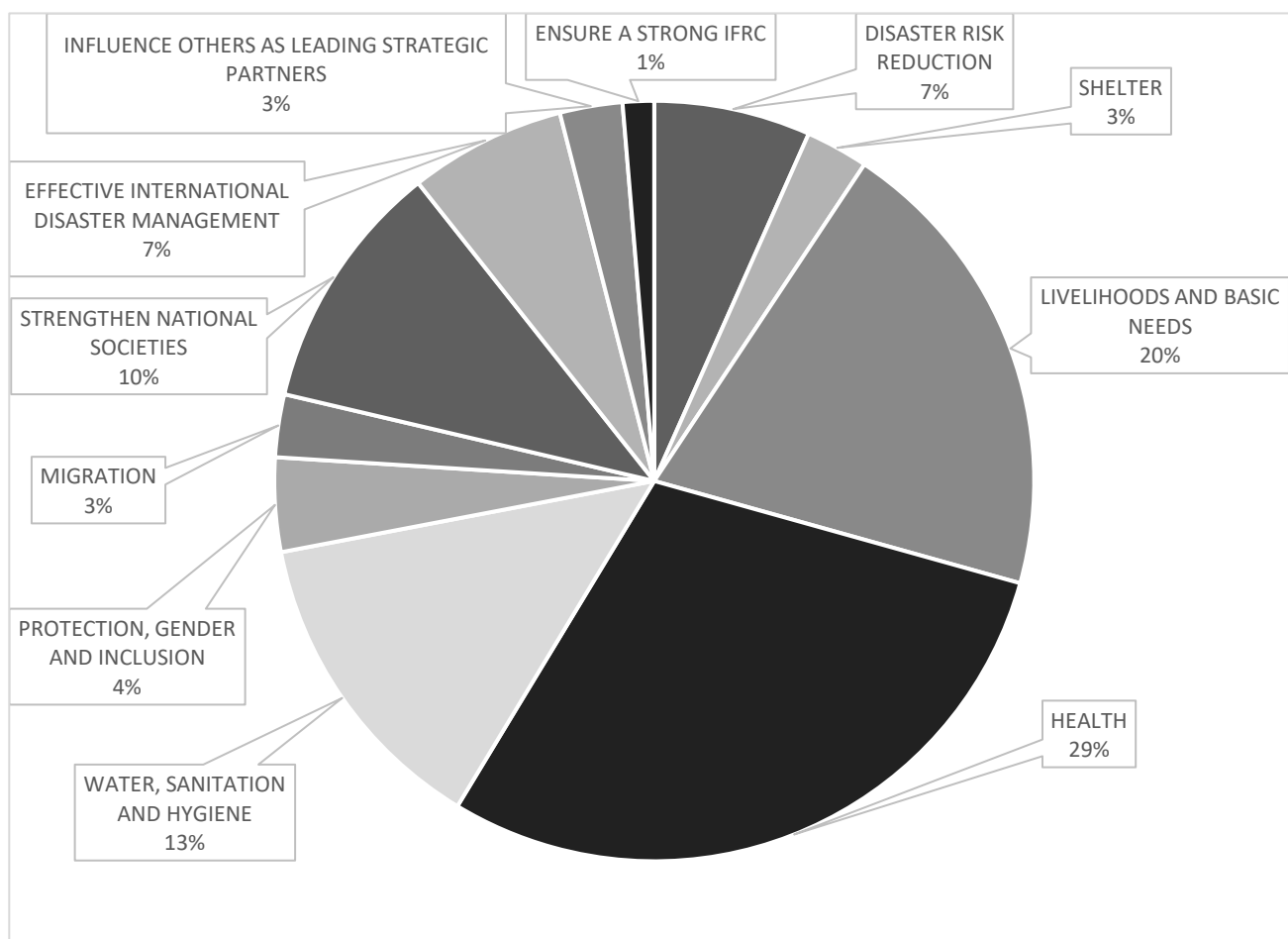
#### Funding requirements - summary

Area of Intervention	Needs in CHF
DISASTER RISK REDUCTION	5,000,000
SHELTER	2,000,000
LIVELIHOODS AND BASIC NEEDS	15,000,000
HEALTH	22,000,000
WATER, SANITATION AND HYGIENE	10,000,000
PROTECTION, GENDER, AND INCLUSION	3,000,000
MIGRATION	2,000,000
STRENGTHEN NATIONAL SOCIETIES	8,000,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	5,000,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	2,000,000
ENSURE A STRONG IFRC	1,000,000

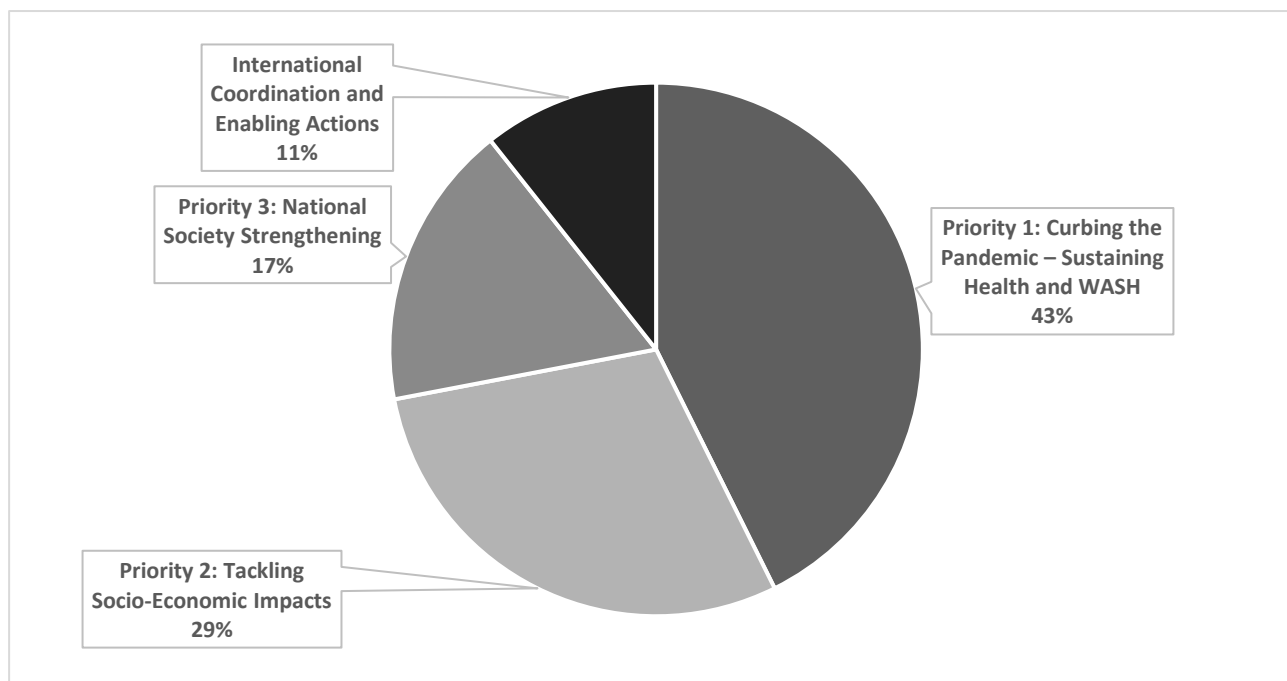
### TOTAL FUNDING REQUIREMENTS

75,000,000

all amounts in Swiss Francs (CHF)



<b>Funding requirements by priorities</b>	<b>Needs in CHF</b>
Priority 1: Curb the Pandemic – Sustaining Health and WASH	32,000,000
Priority 2: Tackle Poverty and Exclusion - Addressing Socio-Economic Impacts	22,000,000
Priority 3: Strengthening National Societies	13,000,000
International Coordination and Enabling Actions	8,000,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>75,000,000</b>



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