Revised Emergency Plan of Action
COVID-19 Pandemic
Africa Region

Global Appeal MDRCOVID19	**Regional Appeal Code:** MDR60004
Appeal launched: 31 January 2020	**Funding requirements:** CHF 101 million
Revision no. 4 issued on 26 April 2021	**Appeal ends:** 30/06/2022 / Extended 6 months
Operating National Societies:	https://ifrcgo.org/africa/covid19.html
Partners supporting the operation:	COVID-19 Operation Donor Response
Partners providing surge support:	https://ifrcgo.org/africa/covid19.html

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.

#	Operational Priorities and Enabling Actions	May-20	Mar-21	Variance
OP1	Sustaining Health and WASH	41.156.000	58.500.000	17.344.000
OP2	Addressing Socio-Economic Impacts	20.511.000	20.761.000	250.000
OP3	Strengthening National Societies	7.525.000	8.239.000	714.000
	International coordination and Enabling Actions	10.808.000	13.500.000	2.692.000
		80.000.000	101.000.000	21.000.000

Summary of revisions: After a year responding to the COVID-19 pandemic in Africa, the context in which National Societies operate has become even more complex. While the number of infections continues to grow putting additional strains to fragile health systems and disrupting routine health services, imposed restrictions continue to affect household economic security and threaten people´s coping capacity, including psychological wellbeing. On top of these, compounding crises, including protracted crises, epidemics of Ebola Virus, Cholera, and vaccine-preventable diseases, and other disasters increase vulnerability and exposure to COVID-19.

Approvals of COVID-19 vaccines have given hope that an end to the acute phase of the pandemic is within reach. Unfortunately, in Africa, vaccination programmes are facing myriad constraints, from availability of and access to vaccines, to weak supply chains, to information gaps amidst the populations,

As the COVID19 vaccination campaign is currently ongoing in Seychelles, volunteers from the Seychelles Red Cross Society are supporting in registration of people in preparedness for the vaccination. © Seychelles

all of which are hindering the pace of the response. Furthermore, to realize the full potential of the

immunization programme, vaccines must be distributed in a fair and equitable manner, which prioritizes high risk groups, regardless of where they are, as well as health care and front-line volunteers, including Red Cross and Red Crescent volunteers.

The revision of the EPoA considers all issues mentioned above, namely:

1) the pandemic evolution and health context in fragile settings,
2) the economic impact and poverty increase, especially for those disproportionately affected,
3) support to African nations in rolling out their immunization programmes, in safety and with equity at the centre.

Current priorities in the revision includes:

1) **Support the COVID-19 vaccine roll-out with special focus on reaching vulnerable and marginalized groups,**
2) **Maintaining of ongoing support to ensure continuation of immunization service or other vaccine preventable disease,**
3) **Strengthening ongoing support on the prevention and control of the spread of the virus through Infection Prevention Control (IPC), Community Based Surveillance (CBS), ambulatory services etc.**
4) **Maintaining support (as per the original operational strategy) to address the worsening socio-economic impacts of the pandemic; as well as strengthen National Societies capacity to respond, and financial sustainability.**

While doing so, the Red Cross Red Crescent (RCRC) response in Africa will have to be forward looking, planning a sustained transition strategy that will consider strengthened localisation, and auxiliary role, capacity to deliver services, domestic financial sustainability of African National Societies.

SITUATION ANALYSIS

Description of the crisis

On 25 February 2020, a case of COVID-19 was recorded in Lagos, Nigeria. This was the first case on the Africa continent. The World Health Organization (WHO) warned that the impact of COVID-19 could be expected to be especially severe in Africa, given the weakness of public health systems and vulnerable populations already facing huge and complex risks in fragile settings.

COVID-19 Cases
As of February 2021
- 0 - 1,000
- 1,000 - 10,000
- 10,000 - 100,000
- 100,000 - 1,000,000
- 1,000,000+

As of 28 February 2021, the cumulative total number of tested and reported COVID-19 cases in Africa Region has reached over 2.7 million with over 71,000 deaths[1]. South Africa continues to report the highest number of new and cumulative cases and deaths. Most countries in the Africa Region continue to report community transmission, and limited testing capacity in many contexts restricts the understanding of the true scope of the pandemic in the region. A total of seven countries in Africa Region have reported the presence of the variant 501Y.V1 (B.1.1.7 lineage), while the presence of the 501Y.V2 variant (B.1.351)[2] has been reported in ten countries[3] . New COVID-19 cases and deaths in Africa Region have been trending steadily downwards since late January 2021, indicating that

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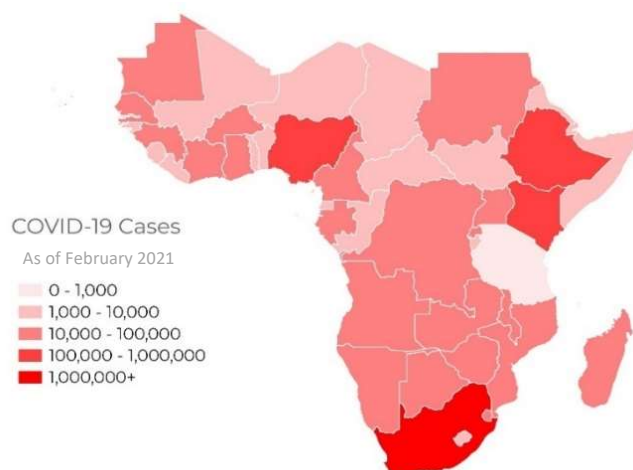
[1] Africa CDC dashboard, 28 February 2021

[2] Click here to read more about the virus variants

[3] Africa CDC Outbreak Brief #59: COVID-19 Pandemic, 2 March 2021

more countries in Africa Region are recovering from their second wave of cases, which peaked in early January 2021.

The COVID-19 pandemic is both a public health emergency and a humanitarian crisis that is greatly impacting the lives, health and livelihoods of people around the world. The Sustainable Development Goals 2020 progress report[4], highlights that the COVID-19 pandemic has unleashed an unprecedented crisis causing further disruption to SDG progress with the poorest and most vulnerable most affected.

The impact of the pandemic continues to be particularly harsh in Africa, considerably affecting public health, but also as a socio-economic issue, with people's livelihoods affected to the extent that they are unable to meet their basic needs, increasing the risk of resorting to negative coping strategies. Concurrently, COVID-19 has compounded other disasters being experienced across the region, such as conflict, drought, floods, food insecurity, locust infestation, population movement, weather shocks; as well as other epidemics such as Ebola Virus Diseases (EVD). This has stretched the coping mechanisms of populations across Africa, as well as exerting pressure on Governments and partner organizations such as the RCRC Movement to respond. The pandemic may "super-charge" existing ethnic, religious, and other divides, with some vulnerable communities already being targeted. Such fear and stigma can hamper an effective response at all levels.

Thirty-five low-income African countries are now eligible for free vaccines from the COVAX facility, which will target to deliver 600 million doses to the African continent. Nine countries in Africa Region reported having received and/or started administering COVID-19 vaccination doses, including three from the COVAX facility. Africa Region is far behind in securing access to vaccines in 2021, and distribution of available vaccines beyond capital cities remains an enormous challenge. Therefore, COVID-19 will continue to pose a threat to African populations, especially those most at risk. Other immunization programmes will continue to be hindered by COVID-19. Due to the above and associated COVID-19 movement restrictions, further economic deterioration is expected. Economic recovery in Africa will likely be slow or even nothing in 2021.

The pandemic has caused unprecedented disruptions to the provision of routine health services in Africa, many of them critical, such as immunization, maternal and child health (including sexual and reproductive health services), nutrition, and care for non-communicable diseases and vector borne diseases. In addition, compounding epidemics in Africa, such as the Ebola Virus Disease (EVD) epidemics in Guinea and Democratic Republic of Congo, cause extreme challenges in managing the pandemic, and the RCRC response to them.

While the COVID-19 pandemic has affected people's health, and disrupted access to basic health services as governments have pivoted resources to the response; other secondary impacts have become increasingly pronounced. This includes a loss of income and livelihoods, food insecurity and the risk of a debt crisis. These impacts are especially concerning in a context as complex as Africa; and could undermine the political and security situation across the region. There remains a continuing need to provide immediate assistance to support people meet their basic needs, as well as in the medium to longer term rebuilding and recovery of livelihoods.

IFRC-WIDE RESPONSE
Summary of the current response
From the onset of the COVID-19 pandemic, IFRC and its member Red Cross and Red Crescent National Societies have demonstrated solidarity with the people and communities affected by what is an unprecedented situation in recent history. Combining expertise as health and humanitarian actors that work in their own communities, the IFRC and its members have provided a global outlook and tools, combined with a local presence and domestic response in all regions of the world. While in their mandates as auxiliaries to their public authorities, member National Societies have been well placed to respond to the COVID-19 pandemic and have worked continuously to support actions taken by their respective governments. National Societies have been able to ensure support for the most affected communities and particularly the most vulnerable who have been affected by COVID-19.

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[4] https://unstats.un.org/sdgs/report/2020/

On 31 January 2020, the IFRC secretariat launched a Global COVID-19 Emergency Appeal to respond to the pandemic worldwide, which was accompanied by regional Emergency Plans of Action (EPoA). The IFRC Africa Regional Office (AfRO) based in Nairobi, Kenya initiated immediate actions to support its 49-member National Societies across the continent. The IFRC AfRO released rounds of funding support to enable African National Societies to meet their obligations as auxiliaries to the public authorities for preparedness and response interventions. Forty-eight National Societies have received support. This was supported by country Operational Plans and Budgets covering up to the end of 2020/early 2021. As of 28 February 2021, CHF 15.2 million had been provided to National Societies; and an additional CHF 15.9 million incurred by the IFRC AfRO on behalf of National Societies through the procurement of fleet (ambulances), personal protective equipment (PPE) and other priority items required to support the response.

IFRC Africa Region is supporting National Societies to respond effectively with quality programming by facilitating a coordinated approach with international support in surge personnel, communications, information management and logistics while ensuring accountability by National Societies in community engagement and inclusion of people most at risk. IFRC support from the multilateral Emergency Appeal is being channelled through distributed networks and capacities to reinforce coordination and ensure accountability. To support this response, IFRC also provides an oversight function to reduce risk and ensure that assistance under the three priorities is provided effectively, is communicated to the relevant partners, and has the impact that is needed. IFRC AfRO is supporting National Societies to set up or revise Business Continuity Plans (BCPs), to integrate COVID-19 related considerations and risks, to ensure interoperability with in-country stakeholders, and to secure ongoing essential service delivery. Security risk registers and mitigating measures have been implemented, and updated security plans are in place across the region.
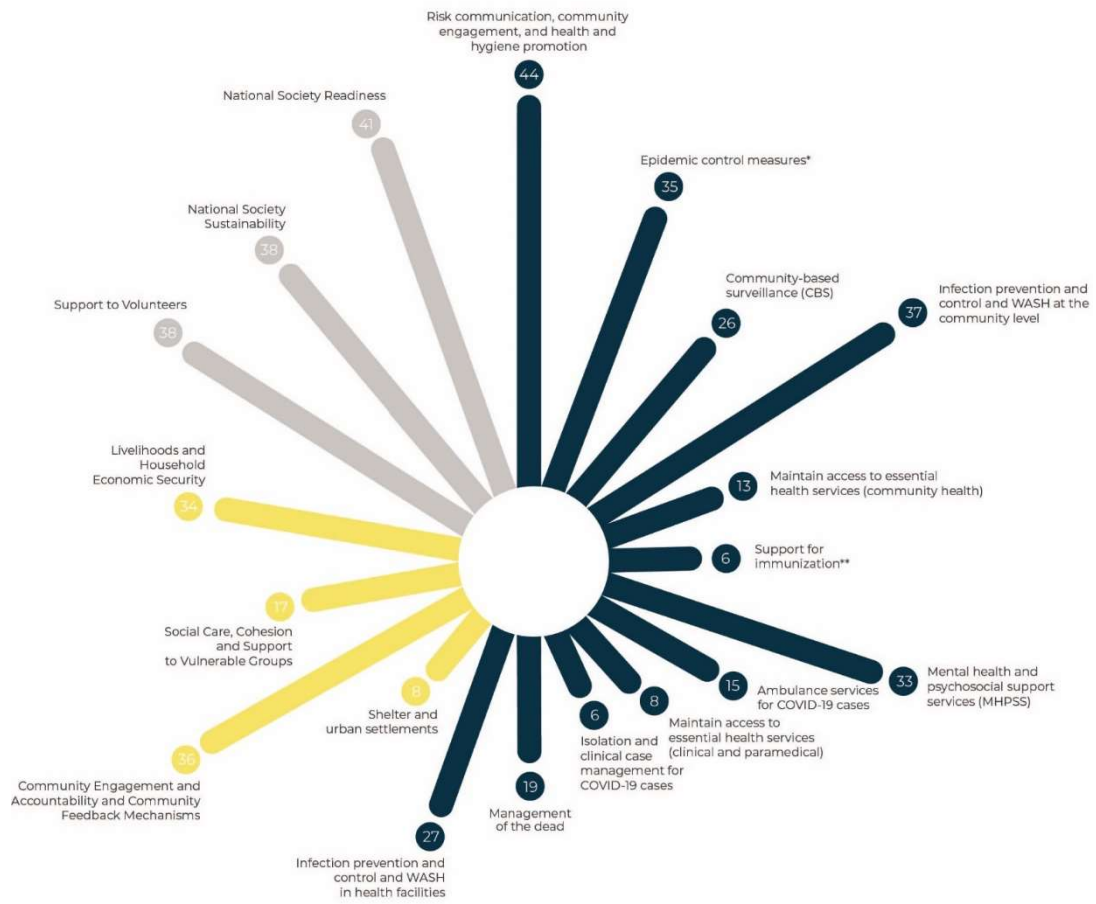
As part of the IFRC-wide approach, IFRC AfRO has been working through a decentralised structure of Country Cluster Delegations (CCD) and Country Delegations (CD) to support National Societies with the implementation of their COVID-19 responses. This has also been done in collaboration with the International Committee of the Red Cross (ICRC) and participating National Societies operating in specific countries to ensure complementarity of resources, as well as maximum leverage of relational and technical advantages for the response to COVID-19. National Societies have been engaging with the IFRC Go Platform[5] to report on the progress and results achieved with support received from all partners to promote a IFRC-wide operational footprint.

As part of the IFRC-wide approach, more than 310 million people across the Africa Region [6]– equating to almost 1 in 4 people – have been reached by African National Societies responding to the COVID-19 pandemic through 21 different types of activities. For more detailed information on progress and achievements of African National Societies, please refer to the 12-month update, and main facts and figures below:

The below graph shows the number of African National Societies implementing the different COVID-19 related response activities

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[5] https://go.ifrc.org/emergencies/3972#actions
[6] https://go.ifrc.org/emergencies/3972#actions

4

Risk communication, community engagement, and health and hygiene promotion
44

National Society Readiness
41

National Society Sustainability
38

Support to Volunteers
38

Livelihoods and Household Economic Security
34

Social Care, Cohesion and Support to Vulnerable Groups
17

Community Engagement and Accountability and Community Feedback Mechanisms
36

Shelter and urban settlements
8

Infection prevention and control and WASH in health facilities
27

Management of the dead
19

Isolation and clinical case management for COVID-19 cases
6

Maintain access to essential health services (clinical and paramedical)
8

Ambulance services for COVID-19 cases
15

Mental health and psychosocial support services (MHPSS)
33

Support for immunization**
6

Maintain access to essential health services (community health)
13

Infection prevention and control and WASH at the community level
37

Community-based surveillance (CBS)
26

Epidemic control measures*
35

5

Priority 1: Sustaining Health and WASH

1,516 deaths of suspected or confirmed COVID-19 cases managed by NS staff and volunteers

275,479 cases in cohort/home isolation receiving material support from NS

271,574 new contacts identified and/or followed

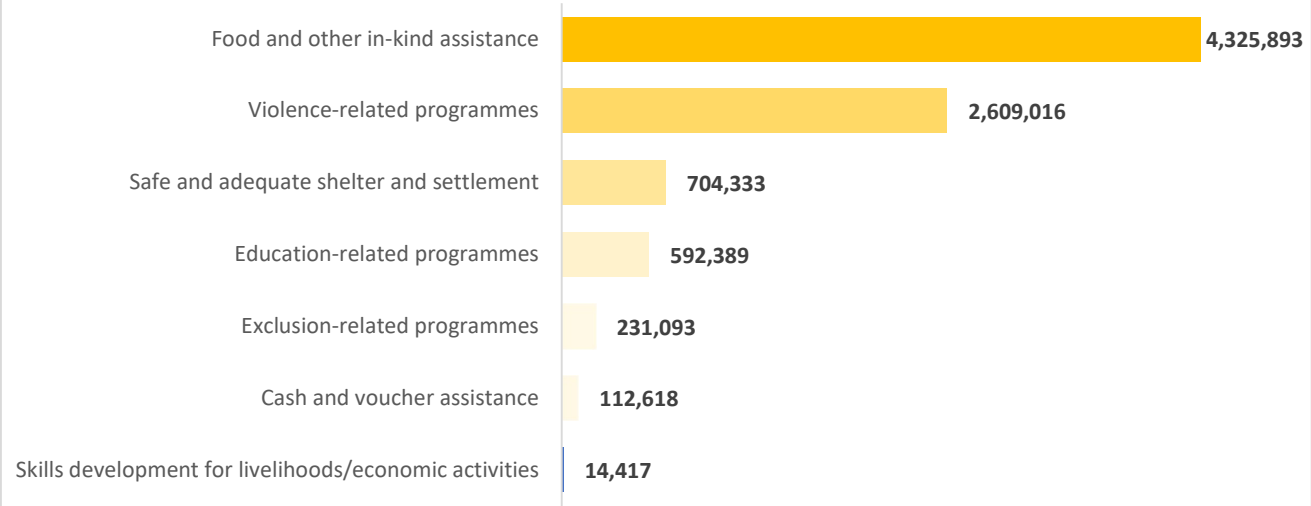**78,354** COVID-19 cases (confirmed or suspected) who received ambulance transport

57,925 people tested by NS to diagnose COVID-19

- **16,941** staff and volunteers are actively engaged in CBS for COVID-19

- **26,119** staff and volunteers are supporting screening

Priority 2: Addressing Socio-economic impact

People reached by:

Category	People reached
Food and other in-kind assistance	4,325,893
Violence-related programmes	2,609,016
Safe and adequate shelter and settlement	704,333
Education-related programmes	592,389
Exclusion-related programmes	231,093
Cash and voucher assistance	112,618
Skills development for livelihoods/economic activities	14,417

- **40** NS have adapted their BCP for COVID-19 or developed a new one

- **40** NS have developed contingency plans for COVID-19 response and other concomitant emergencies

- **38** NS providing volunteers with access to PPE

- **31** NS providing volunteers with insurance
- **23,285,730** people reached through pandemic-proof community preparedness

As the pandemic continues to evolve across Africa, and countries adapt to the realities of COVID-19; the assistance being provided by National Societies to communities most affected by the pandemic must be adjusted based on the changing situation. They must also be prepared to support the public authorities with the COVID-19 vaccine rollout and re-vamping of other health and immunization efforts which have been disrupted by the pandemic.

IFRC AfRO convened a webinar to brief National Societies on a global survey on their involvement in the COVID-19 vaccine rollout, and a self-assessment tool for vaccine readiness. To date, a total of 44 National Societies (out of 49) have participated in the survey, with 37 expressing interest in a vaccine roll out, 4 discussing their level of involvement, and 3 not expecting to be involved at all. IFRC Country Cluster Delegations (CCD) and Country Delegations (CD) have also briefed National Societies on the IFRC Pillar Vaccine Rollout Plan. Regional and Country-specific vaccine readiness and immunization support plans are being discussed and developed in coordination with National Societies that are closely collaborating with their respective Ministries of Health (MoH).

The revision of the COVID-19 EPoA accommodates the roles and responsibilities that National Societies will have in the COVID-19 vaccine rollout in the Africa Region as well as other priorities and needs which they have identified. For African National Societies this will include:

- Advocating for fair and equitable vaccine access despite of geographical location or wealth,
- Overcoming vaccine hesitancy and improving vaccine uptake,
- Community mobilization, pre-registration, crowd control and direct vaccine administration if mandated and requested by MOH,
- Reaching hard-to-reach communities: IDPs, urban slums, disenfranchised communities, pastoralists etc.
- Maintaining access to other immunization services with focus on communities with zero dose children.

The revision of the COVID-19 EPoA increases the African Region funding requirement to CHF 101 million, equating to an increase of CHF 21 million. This will support National Societies meet their roles and responsibilities in the COVID-19 vaccine rollout under Priority 1: Sustaining Health and WASH. It results in an increase in funding requirement across areas of intervention including: Protection Gender, and Inclusion (PGI) and National Society Strengthening to ensure National Societies have the necessary capacity to provide equitable and accessible services in relation to the COVID-19 vaccine rollout.

The COVID-19 EPoA is also intended to support National Societies address other socio-economic needs that continue to impact the population as the pandemic has evolved across Africa, or has become increasingly pronounced. It will also help position them to respond to other emerging priorities – including concurrent disasters – as they occur. Based on consultations conducted by AfRO with CCD/CDs and National Societies, the implementation strategies articulated under Priority 2: Addressing socio-economic impacts, and Priority 3: Strengthening National Societies remain appropriate to address these needs; and therefore, they are unchanged from the 3rd revision of the EPoA.

Needs Analysis

The section below outlines the needs according to the three Priorities of the IFRC Operational Response Framework. It provides a summary (by the three Priorities) of the needs and priorities of National

Societies drawn from their respective COVID-19 Operational Plans for 2021; as well as consultations between National Societies and counterparts in IFRC AfRO, CCD and CDs.

<div align="center">

Priority 1: Sustaining Health and WASH

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Immunization

Immunization is one of the essential services that is affected by the pandemic resulting in up to 50% reduction vaccination coverage and increased number of zero dose children. Although the effects of this cutback in immunization service is yet to be seen, measles outbreaks that were happening on top of the ongoing pandemic are believed to be effects of the reduction or partial closure of routine and campaign immunization services. COVID-19 vaccine rollout, if not well integrated and well –funded, might undermine the ability to maintain existing immunization services.

African governments have signed up for the COVAX facility, which will provide access to free COVID-19 vaccines for some countries when vaccines are available/approved. However, there remains an enormous gap in capacity to get vaccines delivered to the country into the arms of vulnerable people, and there is a concern that the existing public health infrastructures will not be able to effectively deliver a population-wide COVID-19 vaccine rollout. Ensuring fair and equitable access to the COVID-19 vaccine for the most vulnerable groups, particularly migrants and displaced persons, who may not be included in government plans, is also a challenge. The IFRC, in coordination with National Societies, will advocate for and operationally support equal distribution and access to the vaccine, alongside partners of the COVAX facility.

Risk Communication and Community Engagement

To date, 45 of the 49 African National Societies volunteers have systematically collected, analysed and acted on community feedback to strengthen and adapt their own COVID-19 activities, which can be found in regional dashboard. It has been noted that there is a "pandemic fatigue", resulting in lapses in the application of measures to prevent the transmission of COVID-19. Issues of mistrust, stigma and miscommunication are limiting response efforts across many countries, particularly in situations where stringent movement-restriction measures have been introduced.

Since December 2020 the trends of feedbacks have shifted to questions about the impacts of the new variants of the virus, the safety and efficacy of vaccines. As vaccination campaigns are beginning to be rolled out, it will be critical to further strengthen the mutual dialogue with communities to better understand why people may feel hesitant to be vaccinated for COVID-19 and address their concerns and questions based on the latest developing scientific evidence.

National Societies have integrated Risk Communication and Community Engagement (RCCE) into their Operational Plans as well as engaged with IFRC RCCE resources to support their interventions. According to a satisfaction survey conducted in 2020 by IFRC Community Engagement and Accountability (CEA), 84% of the respondents from National Societies found the IFRC resources useful. While progress has been made, efforts to build trust with communities, address their concerns and understand the secondary drivers such as the socio-economic impacts of preventive measures will need to be continually reinforced.

Mental Health and Psychosocial Support

Amid the COVID-19 pandemic, there is an ongoing need for Mental Health and Psychosocial Support (MHPSS) services especially for survivors of gender-based violence as well as frontline health workers, staff and volunteers. As such, systems and approaches to support the delivery of quality and sustainable MHPSS services will need to be prioritized.

Community Health Services

Due to the burden of COVID-19, public health services in many countries have been underfunded, resulting in partial or complete closure of some of the services. This has had an impact on reproductive, maternal, new-born and child health and immunization services leaving many children prone to vaccine-preventable disease.

Chronic and acute food insecurity has been exacerbated by the socio-economic impacts of the COVID-19 pandemic on livelihoods resulting in suboptimal nutritional intake and leading to stunting, especially among mothers and children. Undernutrition has proven to bring about a vicious circle of children exposure to gastro-intestinal diseases and acute malnutrition if left unaddressed in a timely manner. Community health programming, health and hygiene promotion with focus on household level, as well as nutritional support for children will be critical to address these issues.

Water, Sanitation and Hygiene Promotion
There has also been a reduced focus on medium-longer term water, sanitation, and hygiene (WASH) services. Limited accessibility to hygiene products has affected vulnerable groups, such as juvenile and school-aged females. In addition, community feedback through RCCE mechanisms have indicated a need for alternative means to water for handwashing where scarcity is a defining issue, as well as other hygiene materials and equipment (hand sanitizers, masks, soap etc.).

Lockdowns have resulted in increased teenage pregnancy, sexual and gender-based violence, child marriage and child labour in many communities.

Governments across the region begun to decentralize the case management responsibility (isolation and quarantine) but to focus on the home-based treatment of both symptomatic and asymptomatic patients. There is a need to ensure that these patients have the support at home such as food and household items.

Priority 2: Addressing Socio-economic impact

The secondary impacts of COVID-19 are especially severe in Africa; and being compounded by other disasters. According to the African Development Bank[7], while in Africa the health impact of the COVID-19 pandemic has not been as severe as in Asia, Europe or the Americas - the economic consequences have been considerable. Over the last 12 months, the continent has lost all the benefits of the economic progress made over the past five years. The COVID-19 pandemic has caused a triple economic, social and financial shock on the region: with recession, falling investment, supply chain failures and job losses as the main consequences.

For many vulnerable people in Africa, especially those living in urban areas, COVID-19 is made worse by the threat of forced eviction. These impact many vulnerable communities particularly Displacement Affected Communities (DACs) whom are particularly at risk. Even without the wide-ranging impacts of COVID-19, forced evictions undermine efforts to help marginalised and vulnerable people escape poverty and secure durable solutions to their displacement. As such, forced evictions can be both a cause and a multiplier of displacement across the region.[8]

The general economic slowdown / recession, combined with the measures put in place by governments to cope with the pandemic, have plunged vulnerable households (a high percentage of whom are dependent on the informal and subsistence economy) into economic hardship, and in need of livelihoods support.

Food Insecurity and Livelihoods
Acute food insecurity in Africa has increased by over 60% in 2020[9] and threatens to widen further as the effects of COVID-19 impact malnutrition, as well as exacerbate other drivers such as conflict and displacement and weather shocks.

In Sub-Saharan Africa, more than 80% of workers find their livelihoods in the informal sector, which itself is an unstable source of income. According to the World Bank[10], informal workers are suffering a reduction of income due to COVID-19. Informal workers (mainly in the urban environment), in addition to being impacted by market

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[7] https://www.afdb.org/en/news-and-events/press-releases/forum-dassouan-ii-exploiter-les-nouvelles-opportunites-pour-reconstruire-en-mieux-et-reussir-la-reprise-economique-post-covid-19-en-afrique-42487

[9] https://africacenter.org/spotlight/food-insecurity-crisis-mounting-africa/
[10] The World Bank. https://openknowledge.worldbank.org/bitstream/handle/10986/34582/A-Tale-of-Africa-Today-Balancing-the-Lives-and-Livelihoods-of-Informal-Workers-During-the-COVID-19-Pandemic.pdf?sequence=1&isAllowed=y

closures, curfews and other measures to mitigate the spread of COVID-19, are suffering from the direct impact of economic recession, either through the reduction of labour needs (in the case of day labourers), or the loss of purchasing power of population (street vendors, informal services, etc.). This sector also often lacks savings and most importantly lacks skills and experience for alternative livelihoods, or any access to social protection.

Informal enterprises, which account for about 90% of all enterprises in Sub-Saharan Africa, share many of the same vulnerabilities as individual informal workers. These are mainly unregistered small-scale units and are usually excluded from any sort of financial assistance programme, and they would often opt to keep operating despite physical distancing requirements.

While agriculture has been impacted by the COVID-19 pandemic, the effect is less pronounced compared to other sectors[11]. At the beginning of the pandemic, agriculture (including livestock) was seriously impacted mostly due to the prevention measures, however, these impacts seem to have reduced in subsequent months, mostly due to the easing of lockdown restrictions in many countries. Nevertheless, it is necessary to continue supporting the most vulnerable households (smallholders, agricultural labour), to maintain production (access to inputs), and to improve their conditions of access to markets, marketing and conservation or processing of primary products.

Community feedback and behavioural data gathered from National Societies across Africa has also shown that, due to the fear of losing their jobs during lockdowns and being forced to make the decision to prioritise their livelihoods over their health, people are failing to comply with the advice of health professionals to follow preventative measures that will keep them safe. Sustainable livelihood opportunities, and adaptation of livelihoods to pandemic conditions, are therefore needed to protect vulnerable people from being forced to make risky decisions.

Emphasis should also be placed on the urban context, which has been especially impacted by the COVID-19 pandemic and the restrictions imposed. People living in urban areas work outside the formal economy, engaged in day labour and other unstable income sources, with little in the way of savings. Any reduction of income affects peoples' ability to pay for housing or purchase basic items including water, food, soap, and medication. For those who can maintain employment, there is no 'working from home', and they often commute on public transit making physical distancing impossible. Most families in informal settlements live in small homes which make physical distancing impossible.

The main needs for National Societies to address COVID-19, at the level of food security and livelihoods, focus on supporting the most vulnerable groups (informal workers, small informal micro-enterprises, daily workers, etc.) to recover and strengthen their livelihoods through income-generating activities. These livelihood recovery activities should be carried out through cash and voucher assistance (CVA) or in-kind food distribution. Rental assistance will be critical and should be conducted in coordination with government-supported moratoriums on eviction.

Protection, Gender and Inclusion

Groups that are not included in government programmes and/or protection systems – such as migrants and the displaced - need to be supported. Special attention will be paid to the needs of women, girls, persons with disabilities, children, and the elderly. Unequal power dynamics and lockdowns increase the likelihood of child labour, sexual exploitation and abuse, domestic servitude and domestic violence for migrant workers trapped in employer's homes. People with pre-existing condition such as HIV have been affected to the extent of limited access to prescription medicines and are disproportionately affected in accessing better health care in fear of contracting the virus in health care settings.

The Sustainable Development Goals 2020 Report[12] highlights that "Goal 5" on gender equality is probably even more distant than before since women and girls are being hit hard by the COVID-19 pandemic. The socio-economic consequences of COVID-19 have resulted in reduced economic growth, widespread loss of income, particularly

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[11] World Bank. https://blogs.worldbank.org/opendata/agriculture-buffer-covid-19-crisis-evidence-five-sub-saharan-african-countries
[12] https://unstats.un.org/sdgs/report/2020/

for women and underpaid workers, and an overall increase in inequality levels and marginalization of the poor. This increases the risk of human trafficking, sexual exploitation and abuse, engaging in unsafe sex work, child labour, forced and child marriage especially for women and children who are migrants or undocumented. The pandemic is creating circumstances that have already contributed to a surge in reports of sexual and gender-based violence (SGBV) cases such as intimate partner violence, child abuse cases of female genital mutilation, child marriages, teenage pregnancies while creating a real tension on service provision for survivors of SGBV.

Persons with disabilities are also among the hardest hit by COVID-19. Even under normal circumstances, one billion persons with disabilities worldwide are less likely to access health care, education, employment and more likely to live in poverty and experience violence.

Education has been affected by COVID-19 with an increase in inequality in children's access to schooling. It has also impacted informal educational/learning opportunities (for example, technical and vocational education and training, apprenticeship) which often benefit adolescents and young adults. This increases the likelihood of youth resorting to negative coping strategies (including violence, substance abuse, exploitation, etc.) – including due to their subsequent (future) unemployability. Disruptions of education, limited access social support, economic burdens, and other stressors on parents and caregivers make children more vulnerable to violence, abuse, exploitation, and psychosocial distress.

Priority 3: Strengthening National Societies

As all other community support mechanisms suffered the impacts of movement restrictions and health-related protocols associated with COVID-19, National Societies, through their unique role as an auxiliary to the public authorities, have been the primary partner to their respective Governments across the region. They have been at the forefront in reaching the most vulnerable groups with much needed support, working around the clock, responding to other disasters and crisis including situations of political instability, complex and protracted humanitarian crises, climate crisis and poverty.

National Society Readiness
A continuous technical support to National Societies must be maintained to ensure Preparedness for Effective Response (PER) to disasters, including the delivery of services for the pandemic. This is particularly important at the Branch levels as the first line of response, close to communities.

National Societies are involved in developing Contingency Planning, as well as Pandemic Preparedness activities to ensure they are readied for any emerging or concurrent disasters. They have also expanded their national preparedness for response through the establishment of dedicated Emergency Operations Centres (EOC) – such as in Djibouti and Tanzania. IFRC continues to support National Societies across the Africa Region to develop Contingency Plans, establishing EOC, as well as strengthening other areas of their response mechanisms to ensure they can respond to emerging needs and disasters.

Capacities to deliver services
It is important to further foster a culture of risk management and establish processes and protocols that reduce institutional risk and protect integrity as well as accountability. It is also important to ensure the implementation of Fraud and Corruption instruments as well as Prevention of Sexual Exploitation and Abuse.

Financial Sustainability
While National Societies have been expanding the scope and geographic reach to meet the growing needs and gaps, the volume of demands creates high implementation costs, and consequently increased fatigue of staff and volunteers. This impacts the National Societies' ability to respond to these compounding needs.

Against this increased demand, National Societies have suffered a drastic reduction of income from their governments' contributions and provision, their national and local membership fees, and domestic fundraising and business income-generating activities, while donor funding has been diverted to the COVID-19 operation or

reduced considerably. Twenty-eight National Societies in Africa are at high risk and need support for their financial sustainability.

Governance and Policy

National Societies and IFRC's role in the COVID-19 operation continues to be instrumental in influencing factors on institutional capacity such as strengthening good governance, policy instruments in volunteer management and engagement with overarching responsibility on duty of care, risk management while effective partnership with local authorities leveraged by the auxiliary role, and humanitarian diplomacy continue to present enabling space for dialogue with governments and stakeholders.

Volunteer Duty of Care

The duty of care to staff and volunteers remains critical. This duty is fulfilled by incorporating; Child Safeguarding policies and training, protection from sexual exploitation and abuse (PSEA) policies and procedures, applying and monitoring the IFRC minimum standards for PGI in Emergencies, and in adherence with the IFRC Staff Code of Conduct. Ensuring staff and volunteers have access to safety-related elements such as PPE and adequate insurance is crucial.

Nonetheless, the pandemic has also threatened the sustainability of National Societies and their volunteer base. Movement restrictions and other protocols have had an impact on their traditional ways of working in communities. New modalities are required for ensuring business continuity with securing the safety of volunteers.

Targeting

The INFORM Risk Index[13] shows that the African region comprises countries with a range of vulnerabilities, and which are at risk of disasters that could overwhelm their governments' capacity to respond. This includes,

- Countries affected by conflict and other situations of violence,
- Small developing island states and countries with high dependence on tourism and goods exportations,
- Countries host to large numbers of migrants, refugees and displaced people,
- Countries with high rates of food insecurity and malnutrition,
- Countries with large populations.

The aims of IFRC AfRO, CCDs and CDs through this EPoA is to support all African National Societies with their COVID-19 operation – while prioritizing countries that have the most pressing humanitarian needs.

As such, the release of funding to National Societies by IFRC will be informed by evidence-based decision making using a range of variables which consider the humanitarian imperative, risk management and the resources and capacities available to National Societies as well as consideration on the level of involvement in the COVID-19 vaccine rollout in their respective countries.

It should be noted that prioritized target groups under this EPoA are in accordance with National Societies' individual COVID-19 Operational Plans.

Scenario planning

Operational Plans and Budgets being implemented by National Societies with support from IFRC vary depending on the status of the pandemic in their respective countries, the capacities and resources that are available, as well as the expectations, agreed with the public authorities. However, as the COVID-19 pandemic in the region evolves, the National Societies will need to remain agile so that they can continue to provide support to communities and their governments, based on the possible scenarios which are detailed below.

It should be noted that these scenarios may continue to be revised as the situation, needs and priorities evolve. The scenarios below are based on the status of the pandemic in African countries and do not reflect the in-depth situation and secondary impacts in Africa. All scenarios will require that IFRC AfRO, CCD, CD and partners promote

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[13] https://data.humdata.org/dataset

and strengthen pandemic preparedness as part of an all-hazard, whole-of-society approach to localize hazard risk analysis, contingency planning and business continuity actions to ensure readiness to provide the interventions required. It should be noted that the scenarios and evolving risk will be monitored regularly; with reference to other secondary data sources as necessary such as the ACAPS COVID-19 Scenarios[14].

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[14] [ACAPS COVID-19 Scenarios](#)

Scenario	Humanitarian Consequence	National Society Action
Scenario 1 (most likely scenario in Africa): High community transmission with multiple COVID-19 variants/mutations in-country, across multiple regions/ counties/ states and, the situation is worsened by other disasters, crises and shocks and stress with slow deployment and delivery of approved COVID-19 vaccines.	**MODERATE** Increased morbidity and mortality rates with higher impact on community care system. Increased burden on health systems in specific regions and containment measures including quarantine in these regions are applied. Health care workers are vaccinated. Genomic surveillance puts additional burden on the health care system and spread of new variants may change the evolution of the pandemic requiring more stringent Social and public health measures. Additional resources are required for countries to boost National Society branches capacity to support in vaccine roll out.	Heightened preparedness and targeted response will be implemented with the following actions: ▪ Train key staff and volunteers on CEA/PGI community-centred COVID-19 vaccine rollout. ▪ Continue to coordinate with main actors in COVID-19 operation and gather timely information, understand the evolving trend and build evidence to inform the programme. ▪ Develop a region-wide five-pillar COVID-19 vaccine deployment programme and create a peer-to-peer exchange platform for a quality vaccine/immunization programme with a wide and equitable reach to the vulnerable and affected population. ▪ As required, profile National Societies to be trusted partners and implementers of essential services such as reproductive, maternal, new born and child health (RMNCH) and immunization, which are the services that are most affected by the pandemic, through the 5-pillar vaccine roll out and immunization plan. ▪ Continue the use of trusted mass communication channels to share critical information about the safety of the vaccine, who will be targeted, possible side effects and how people can access vaccination services. ▪ Identify options for remote risk communication and feedback collection if physical access continues to be restricted, such as using 2-way SMS messaging, interactive radio programmes, chatbots, social media and TV spots. ▪ Scale-up/increase the frequency of community feedback collection to monitor fears, rumours, questions and suggestions about COVID-19 and the vaccine, using the qualitative feedback tools developed in 2020. Develop country feedback reports to share internally and externally in order to guide decision making. ▪ Work with trusted community leaders and influencers to provide consistent, clear, and factually correct information from trusted sources. ▪ Engage with the media to ensure responsible reporting before and during the rollout of the vaccine. ▪ Systematically listen to the views and opinions of volunteers and ensure that their suggestions (if appropriate) are integrated into the design and implementation of COVID-19 operation activities ▪ Continue to identify ways to ensure the participation of community members in decision making and promote the identification of community-led solutions to keeping the rate of community transmission under control ▪ Develop and update an RCCE strategy, using the IFRC Africa guidance ▪ Mainstream COVID-19 related response and preparation into other ongoing programmes or initiatives. ▪ Community level promotion of self-isolation and physical distancing depending on context. ▪ Redefine key messages based on community feedback. ▪ Strengthen collaboration with MoH at sub-national level in affected areas. ▪ Continue promotion of improved handwashing and hygiene practises, within health facilities, and communal institutions such as schools, universities and religious congregations. ▪ Provide improved hands-free handwashing with soap facilities and health facilities. This should also include standardization of units and materials that may be provided in suitable settings. ▪ Review WASH specific projects and proposals covered within the region, so as to adapt and reflect additional requirements of COVID-19. ▪ Review requirements for gender and inclusion as part of WASH project developments so as to provide for greater integration of hygiene and WASH intervention promotion. ▪ Reducing the risk of transmission in epicentres by following up contacts by telephone and home visits

		▪ Depending on National Societies context and MoH requests, contact tracing, screening activities and support to quarantine services may also be added. ▪ National Societies that run health care structures or ambulance services to be part of their National Deployment and Vaccination plan (NDVPs) trained on IPC, to identify vaccine administration requirements and position themselves in the vaccine delivery programme and repurpose their services to immunization. ▪ Support to scale up existing integrated community case management (iCCM) and CBS systems in community health programs to reduce additional burden of other childhood Provide basic Psychosocial support; mainly Psychological First Aid to people in distress including safe referrals when needed ▪ Ensure mainstreaming of PGI in all activities to tailor approaches to those most at risk of violence, discrimination and exclusion, ensure no-one is left behind and to develop targeted measures to reduce protection and inclusion risks and impacts ▪ National Societies leverage the resources and make holistic response efforts ▪ National Society support to ensure access to essential services including health care (and vaccine access) for all individuals including migrants regardless of status
Scenario 2 (likely scenario in Africa): Community transmission stabilized, with predictable trend and occurrence of new variants crossing country and regional boundaries; Vaccines procured and deployed to African countries with 20% of at-risk population vaccinated by end of 2021	**HIGH** High morbidity and mortality rate from COVID-19, with limited number of patients having access to already stressed health services. High indirect morbidity and mortality due to disruption of regular health services. Widespread disruption of livelihoods, which may force people to migrate, further spreading the disease. Volunteers providing support are exposed to the virus and may be infected.	In addition to activities in the Optimistic Scenario (3), the National Societies will focus on a wide response, which includes the following ▪ Train staff and volunteers on maintaining social and public health measures for COVID-19 prevention in all the interventions ▪ Strengthen community-based surveillance and early identification and isolation of COVID-19 cases. ▪ Support National Societies to develop contingency plans and maintain emergency stock for COVID-19 and other multiple outbreaks ▪ Train volunteers in Epidemic Preparedness and Response Package and adopt a multi hazard approach to the response to COVID-19 ▪ Use available information management tools to develop evidence and maintain agility of response activities to the changing environment and change in trends in the disease transmission and occurrence of new variants. ▪ Support National Societies develop a five pillar COVID-19 vaccine roll out plan ▪ Develop a guidance document and training package or guidance on the design, implementation and monitoring of COVID-19 vaccination and immunization in coordination with Movement and non-Movement partners and main actors in the field. ▪ Train key staff and volunteers on CEA/PGI community centered COVID-19 vaccine roll out, especially on how to manage expectations of possible delays and build confidence for vaccines. ▪ Scale up the use of National Society social media platforms as a means of collecting feedback from the population on current fears, rumours, questions and suggestions. Use this information to plan and improve health and RCCE approaches, especially on vaccine-related strategies. Ensure that feedback systems in place for emergency responses to other disasters on the continent are aligned in capturing questions, suggestions, requests and opinions on COVID-19, particularly related to vaccines, and feed this data back to inform their respective ongoing action plans. ▪ Identify and support community-led local solutions for bringing the epidemic under control, working with community leaders, groups and networks. ▪ Expand the use of trusted mass media channels to reach more people faster with key information about the new variants that includes explanations of the nature, behaviour, potential consequences and monitoring their possible impact on community perceptions of vaccine effectiveness.

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Support National Societies to strengthen trainings for volunteers on building trust within the local communities to accept and trust vaccines.
Update RCCE strategies, using the IFRC Africa guidance
Increase contact tracing, screening and active case finding activities as needed
Increase support to quarantine services as feasible, support to specific vulnerable communities (migrants, refugees, IDPs, homeless, in camp settings or informal settlements, fragile and humanitarian settings) to allow for self-isolation and temporary cohort isolation solutions.
Ensure access to essential services and inclusion of vulnerable groups into national response plans and health care systems, including migrant populations regardless of status. Where this is not possible, provide direct services in case of gaps
Increased provision of targeted direct-action WASH interventions, focused on providing WASH services and supplies for severely affected areas and National Societies. This should include the supply of suitable consumable materials to support improved hygiene practises
Intensive promotion and awareness drives for WASH provision and hygiene awareness
Reducing the risk of contamination in epicentres by following up contacts by telephone and home visits
Refresher trainings on IPC and PPE for clinical and pre-hospital services provided by National Societies
Provision of PPE for National Societies as needed
Scale-up existing integrated community case management (iCCM) and CBS systems.
Social science research on priority topics
Work with MoH to feed into existing reporting structures
The IFRC augment the response capacities to support National Societies and undertake holistic response approach
Scale-up National Society protection and duty of care for volunteers and staff (including provision of appropriate PPE)

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Scenario 3 (optimistic scenario): The spread of the disease is maintained to a low level localized transmission with clusters of cases quickly detected and isolated' contact tracing and quarantine in place and timely, schools opened safely, vaccine roll out reaching at least

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LOW

Transmission is maintained to a low and manageable number, immediate risk among at risk community and health care workers overcome and countries can manage the cases with support from National Societies on RCCE and public health control measures.

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National Societies will focus resources on heightened preparedness and early response with the following actions:

Develop business continuity plans.
Agree with MoH on essential gaps in government preparedness and response to be addressed by National Societies.
Develop and update an RCCE strategy, using the IFRC Africa guidance.
Prepare and/or adapt COVID-19 RCCE training package, materials and tools for local context and languages, including on how to scale up vaccine acceptance within communities.
Establish simple feedback mechanisms with staff/volunteers (and communities if feasible) to understand the main beliefs, fears and questions in communities, especially for vaccine hesitancy.
Use of mass communication channels (social media, radio, TV) in partnership with health professionals or influential people who have been vaccinated to encourage people to get vaccinated and respond rapidly to rumours and misinformation, especially around vaccines.
Targeted and safe social mobilization in public places in areas of active transmission, to share information and gather community feedback
Strengthen National Society capacity and position in the implementation of COVID-19 vaccine roll out and general immunization programmes
Depending on National Society context and MoH requests, contact tracing and screening activities may also be added
National Societies that run health care structures or ambulance services to maintain their services be given refresher training on IPC and to identify appropriate PPE

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| 20% of the population including health care workers, the elderly and people with co-morbidity. | | Support National Societies involved in health care service delivery settings to task direct vaccine delivery activities. Continuation of infection prevention and control activities at community level through training on health, WASH and set up of community committees Community based volunteers are capacitated and continue to support their communities with Health and WASH issues and link with relevant authorities National Society support to ensure access to essential services including health care (including vaccine access) for all individuals including migrants regardless of status |

Operation Risk Assessment and Management

The scale and nature of the COVID-19 pandemic has led to several risks to National Societies, as well as to the success of operations, particularly in countries with existing and compounding disasters, such as conflict, drought, floods, food insecurity, locust infestation, population movement, weather shocks as well as other epidemics such as EVD.

To ensure pro-active risk management, a risk management approach has been defined and will be followed throughout the COVID-19 operation to guide in the pro-active identification, assessment, monitoring and reporting on key risks identified at the AfRO, CCD and CD level. Continuous capacity building on the risk management approach will be prioritized at all levels to ensure enhancement of skills and expertise on executing the risk management approach.

IFRC AFRO Operational Risk Mitigation Framework		
No	**Risk title**	**Additional control(s)**
1	Fraud and corruption	1.Mandatory annual training for National Society staff/volunteers on basic corruption prevention training (all staff) and managers (corruption prevention for managers)
		2. Support National Society in conducting gap analysis of existing policies and procedures for critical processes prone to fraud/integrity issues such as procurement and logistics, finance, human resources (HR), etc., and, updating to align to leading practices/provide guidance on developing procedures
		3. Spot checks
		4. Secure and up-skill internal expertise in high-risk processes such as procurement and logistics, finance and HR
		5. Risk-based audits/evaluations
		6. Ring-fencing resources for activities designed to improve governance, leadership, transparency and accountability at all levels
		7. Termination of projects with National Society
		8. Develop and implement cash voucher assistance (CVA) feedback mechanism
		9. Capacity building on cash transfer processes
		10. Develop and implement/roll out where non-existent, information management (IM) tools for beneficiaries management - beneficiaries management system, defined beneficiaries selection processes
2	Financial sustainability risk	1. Mapping out National Societies in terms of gaps in **skills/tools/systems in the domestic resource mobilization process**, define an implementation plan with key actions to help address gaps identified
		2. Develop and help in rolling out framework/guidelines to aid National Societies in fulfilling **grants compliance requirements**
		3. Strengthen Partnerships and Resource Development (PRD) support to National Societies in-country
		4. Recruitment of PRD in National Societies
		5. Capacity building on **concept notes development** to domestic donors
3	Human resources capacity constraints (number and skills)	1. Support to National Societies on BCP to guide on aspects such as succession planning on critical positions
		2. Support National Society in carrying out human resources mapping, identification of skill gaps to provide for targeted learning and development programmes
		3. Budgetary allocation/targeted funding efforts on staff capacity building/filling vacant yet critical positions identified
		4. Formalized escalation process and disciplinary measures on non-compliance
		5. Creation of institutional memory through use of technology
		6. Systemize proper handover planning
		7. Succession planning supported by individual development plans for vital positions and back up positions
		8. Review of the short contract system and consider longer-term hiring of staff
4		1. Continued BCP reinforcement

	Low/no compliance to COVID-19 mitigation measures by staff and volunteers resulting in increased infections	2. Provision of adequate PPEs to staff and volunteers
		3. Translation of available guidance into other languages including French and Portuguese
		4. Formalized escalation process and disciplinary measures on non-compliance
5	Weak institutional capacities of National Societies	1. Prioritize the automation of the workflow system and strategy developed in maintenance of the digital infrastructure at National Societies level
		2. Ring-fencing resources for activities designed to improve governance, leadership, transparency and accountability at all levels
		3. Deploy/hire in-country National Society Development (NSD) staff
6	Funding risk	1. Enhanced processes and tools on donor communication engagement strategies
		2. Proactive donor intelligence to inform targeted donor engagement/re-prioritization
		3. Re-prioritization of countries
		4. Country/technical teams engage with National Societies on activities prioritization and inclusion of secondary impacts on country plans
7	Increased staff exposure to security-related risks	1. HEAT Training (can target personnel in high-risk areas) including National Society security focal points.
		2. Two security delegates for high-risk clusters (one delegate for Sahel and West Coast) and another for Cameroon
		3. 100% review of the operating environment in the mapped out high-risk areas to identify gaps and implement security review regulations
		4. Insurance cover for National Society volunteers
		5. Disciplinary measures enacted for staff failing to abide by laid down security regulations
		6. Revision of outdated Minimum Security Standards (MSRs)
		7. Revision of BCPs according to country risk levels
8	No/low/poor implementation of underperforming National Society PoAs	1. PER/capacity assessment
		2. Regional/remote implementation
		3. Reallocation of funds based on performance (formalized in project agreements)
		4. Evaluations/auditing
		5. Surge deployments to underperforming National Societies
		6. CD/CCD co-ordination with National Societies on funding levels and implementation prioritization or de-prioritization
9	Inaccurate data and reporting	1. In-country spot checks on data collection system and validation
		2. Formalize monthly tracking and submission of EPoA indicators at the National Society level and validation by CCD/CD Planning, Monitoring, Evaluation and Reporting (PMER) focal points
		3. Continued training sessions and timely piloting of tools
		4. Requesting surge support for other operation
		5. Work with in-country Participating National Society to support National Society to report
		6. Hiring additional PMER staff at CCD level to support the operation.
		7. Capacity building on data collection and management
10	Weak/ineffective technical oversight of implementation, monitoring, evaluation and reporting	1. Identification of additional technical M&E experts within the teams (CD/CCD) and provide continuous capacity building.
		2. Ensure monitoring visits take place regularly, whenever possible. The regularity and frequency of monitoring visits can often be related to the frequency of information needs,
		3. Re-enforcement of the technical relevance of PoAs submitted by the NSs
		4. Increased funding for in-country evaluations of technical capacity/skills

IFRC AfRO has also gained traction with supporting National Societies strengthen and institutionalize early warning systems that address integrity concerns as part of risk management. This includes undertaking General Assemblies for overall financial oversight. In addition, and as part of risk management, asset management as a critical part of investment of the National Societies has regained value and prioritized. National Societies continue

to receive necessary support with establishing internal audit and investigation mechanisms. This will enable National Societies to undertake consolidated audits and create an enabling environment for leadership that is transparent and accountable backed by fraud and anticorruption policy frameworks.

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

National Society staff and volunteers' wellbeing and the creation of enabling work environments will be prioritized. Inadequate safety and security measures for staff and volunteers risks the lives and well-being of National Society front-line workers as well as the effectiveness of our response. As such, a strong risk management architecture is vital to ensure the ability of staff and volunteers to maintain services and engagement with communities. It is also critical to protect them from the virus. The targeted quarterly analysis from the SOP on volunteer data collection and insurance tracking tool by National Societies will inform appropriate risk mitigation strategies to be developed and implemented for enhanced safety and security of volunteers in the COVID-19 operation. Advocacy with National Societies will be scaled up for RCRC volunteers to be prioritized as part of countries' frontline workers in the COVID-19 vaccine rollout. COVID-19 volunteer perception surveys

Disruptions to service delivery and business continuity

The response to COVID-19 requires National Societies to adjust ongoing working modalities 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. National Societies will streamline processes to improve responsiveness and flexibility to deal with emerging needs and avoid interrupted service delivery to the most affected. A BCP @helpdesk has been established by the IFRC secretariat in collaboration with the American Red Cross where National Societies can access appropriate BCP support: https://preparecenter.org/toolkit/business-continuity-planning-help-desk/

Despite deconfinement measures adopted in several countries, the COVID-19 pandemic continues to expand worldwide, with numerous countries witnessing widespread sustained transmission, particularly in countries where IFRC is present and operational. This continues to have significant repercussions on the day-to-day life of staff and their families, and operational and institutional continuity. For this reason, IFRC has created a dedicated FedNet page[15] where all relevant material on business continuity has been uploaded and constantly updated; and has been applied in all offices across Africa to ensure duty of care towards all staff. IFRC will continue to proactively address emerging challenges and extend support as required to ensure operations can continue without disruption.

Business continuity planning, after one year of the pandemic, is still a priority for the IFRC in all countries in Africa. The main objective of
 business continuity planning is to ensure critical functions of IFRC do not stop and the support provided to the National Societies is on time and tailored to the preventive measure in place. Identification of the risks to business continuity and mitigation measures for the identified risks will put in place to ensure continuity of our offices. New working modalities has been established, tailored to the measures required by the various governments. To the date South Africa CCD, Sahel CCD, Niger CD, Mozambique CD and Ethiopia operational office gained permission to re-adjust working modality.

IFR has also prepared a "Guidance on gradual readjustment of working arrangements in IFRC offices during the COVID sustain and suppress phase" which is available here. Situation monitoring is carried out constantly, and information sharing meetings held with all the National Societies who have Integration agreement and deployed rapid response staff in the different ongoing operations in Africa.

Restrictions to the movement of personnel

Travel restrictions have greatly improved with most countries opening up for international flights with varied COVID-19 test requirements. The following routes are still operated by WFP: Madagascar (from Johannesburg) and to Asmara (from Addis Ababa) where international flights have not resumed fully.

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[15] https://fednet.ifrc.org/en/support/finance1/business-continuity-planning-/

Other risks identified

Staff Health and Security Support: The COVID-19 pandemic has dramatically changed working and social conditions globally, including in the African context. Even outside of the COVID-19 pandemic, the African context remains one of the most epidemiologically fertile regions globally. Indeed, at the time of this EPoA, Africa region is currently experiencing EVD outbreaks in Democratic Republic of Congo and Guinea, and leads lists of diseases such as Malaria, Bubonic Plague, Yellow Fever, Polio, among others. This presents - in terms of infections, epidemics and hygiene - a diverse range of medical challenges.

Currently, more than 600 international and national staff are operating within the Sub-Saharan Africa under the responsibility of IFRC AfRO. Maintaining IFRC duty of care principles has been identified as one of the priorities to enable staff to perform and deliver in complex operating environment where they can be faced with direct exposure to numerous tropical epidemics and pandemic vectors.

In these complex situations, the primary task of IFRC is to strengthen measures related to staff health, risk management and security support services. Therefore, the positions of Staff Health must be seen as a critical pillar of the IFRC duty of care, along with positions such as Security, Business Continuity and Risk Management.

The Regional Security Unit (RSU) will continue its active support to all established permanent missions, operating duty stations and single delegates and staff/Surge deployed in the front lines.

Security Assessment Missions will be triggered as necessary form operational perspectives.

The IFRC security plans will apply to all IFRC staff throughout. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk 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.

MSR process has been evolving and planned to be completed at earliest.

The RSU will continue information sharing on security matters, regular contacts and extend security advisories and alerts to staff working in exposed areas, locations and forth posts.

Risk Management, Fraud and Corruption: Internal controls and risk management processes will be implemented. Key lessons from previous operations, including the EVD response, will be applied in this response. As such, the operation has prioritized augmenting the existing structure across the region to mitigate the risk of fraud and corruption throughout the implementation of the response. As is standard practice, a risk register has been created at the IFRC AfRO level, which is informed by country-level risk registers with assertive mitigation measures to oversee the implementation of the COVID-19 operation.

Key risks identified including the risk of fraud and corruption are being closely monitored and additional mitigations where necessary identified for implementation. Similarly, a fraud prevention and response plan will be created to govern IFRC's response to potential instances of fraud if they are discovered during the operational timeframe. A clawback mechanism/re-allocation of funds to performing National Societies has been introduced as part of project agreements with National Societies to ensure IFRC recourse if funds are not being used in a timely manner or as intended.

A Risk Management manager is now in place, complemented by a Finance Coordinator and Grants Management and Donor Relations Coordinator, who are responsible for overseeing the risk management responsibilities of the COVID-19 operation. The Regional Director, Deputy Regional Director, Head of DCC, Regional Operations Manager (Appeal Manager) and Head of Regional Finance Unit and other concerned Heads of Units will ensure close operational oversight and monitoring. Other risk mitigation measures that IFRC has in place to manage risks include:
   1.   Recruitment of additional financial surge support,

2. Multiple layers of checks and balances at both regional and cluster levels,
3. Stringent financial procedures with multiple checks and verifications,
4. Systems and plans for monitoring and evaluation that take travel restrictions into account.

In addition, as soon as travel restrictions are lifted, IFRC intends to ensure monitoring and verification procedures take place as soon as possible.

Operational logistics, procurement and supply chain management: The IFRC AfRO Operational Logistics, Procurement and Supply Chain Management (OLPSCM) unit has been supporting National Societies in the region on their logistical, procurement and supply chain management needs, ensuring quality control. LPSCM procurement guidance issued specifically for this operation ("Directive for Simplified Procurement Management for the COVID-19 operation") has been helping National Societies to fast-track their local procurement while maintaining minimum quality standards. The OLPSCM unit will continue providing support to National Societies on procurement and logistics activities as well as regarding technical specifications of any requested medical supplies/consumables/equipment to be purchased for this operation. IFRC encourages all National Societies to continue coordinating with OLPSCM regarding their PPE needs and related procurement activities. OLPSCM will continue coordinating all regional needs with LPSCM Geneva who are managing the global demand plan which covers the global needs/demands from individual National Societies and IFRC offices worldwide. OLPSCM will also continue supporting National Societies to build local procurement opportunities and capacities, according to the priorities for the operation and available budgets, while still respecting quality requirements and IFRC standards.

Increased Needs with Limited Funding: Given that COVID-19 is a global crisis, many countries from which traditional back-donors for Africa are dealing with their own domestic response, and this may lead to financial resources remaining in their country of origin. The situation could result in low funding coverage of the COVID-19 Emergency Appeal for Africa, with negative impacts such as the reduction in the number of people to be supported and reduced scope of interventions. Some donors have re-allocated long-term funds into the COVID-19 operation, which also affects the impact of the office's activities and programmes. With the available resources, more and more donors are increasing earmarking conditions making it difficult to allocate proportionately to other needy countries.

Coordination

Membership and Movement coordination

The IFRC AfRO is coordinating with RCRC Movement partners to ensure harmonization, information sharing, and technical coordination through a number of channels. The primary platform for Movement coordination at regional level is through the Movement Operations Group, which coordinates actions to ensure that support from IFRC, ICRC and Participating National Societies is harmonized within the COVID-19 response; and avoids duplication. This group also identifies and operationalizes Movement assets across the continent to maximize efficiencies in human and technical resources and leverages existing Movement programmes to further support National Societies in their response.

RCRC Movement partners are working together under the leadership and coordination of IFRC at country level to ensure that the response capacities of African National Societies can be strengthened as needed to implement their COVID-19 responses. IFRC has emphasised bringing Movement components together under a common operational strategy and providing the necessary tools and data—information management—to plan jointly and execute COVID-19 responses.

The IFRC AfRO also coordinates with IFRC reference and resource centres as a means of ensuring operational quality across the areas of intervention included in the EPoA; as well as promoting these resources to National Society members across the region. For example, the IFRC centre on Psychosocial Support has assisted with the development and roll out of context relevant materials and tools to be used by African National Societies when providing MHPSS services.

Other actors and Inter-agency coordination

IFRC is actively coordinating with key agencies, as summarized in the table below, and is a member of the Regional Humanitarian Partners Team (RHPT), positioning IFRC and African National Societies in their special roles under the localization agenda and auxiliary roles for COVID-19 response. The RCCE collective service -co-led by IFRC, UNICEF and WHO- has two hubs in the African region (Dakar, Nairobi) and is supporting different countries on RCCE coordination and strategy. At country level, African National Societies and IFRC are actively participating in government-led coordination structures, and are observers too, and participate in meetings of Humanitarian Country Teams (HCTs) and Inter-Cluster Coordination mechanisms, held during disasters and non-emergency situations.

Summary of Coordination Platforms for COVID-19 in Africa Region

Name of Platform	IFRC Role	Host Agency
Emergency Preparedness Working Group	Co-Convener	OCHA, ICVA, IFRC
RCCE Technical Working Group East and Southern Africa	Co-Chair	IFRC & UNICEF
Regional Community Feedback Sub-Working Group for East and Southern Africa	Chair	IFRC
Regional Community Feedback Sub-Working Group for West and Central Africa	Co-Chair	IFRC & MSF
Regional Health Partners Meeting	Represent IFRC	WHO
Regional WiE Coordination Group	Co-Chair	UNICEF
Regional Technical Working Group for Surveillance, Lab and PoE	WG Member	WHO
Regional Sub-Working Group on Civil-Military Coordination	Represent IFRC and ICRC	OCHA
Regional Technical Working Group on FbF/EWEA	Chair	FAO, WFP, UNICEF, GRC/IFRC
Regional Thematic Working Group on COVID-19, Refugees & Migrants	WG Member	IOM
Logistics Meeting (EPWG)	Represent IFRC	OCHA
Global Shelter Cluster	Co-Lead	IFRC & UNHCR
IFRC Regional Coordinators Working Group	Participant	IFRC
Cash Peer Working Group	Participant	American RC, British RC
Regional GBV Working Group	WG Member	UNFPA, IRC
Regional WASH Technical Working Group (East Africa)	Member	UNICEF
Africa Partners Coordination Forum: Covid-19 Vaccines Country Readiness & Roll-Out	Member	WHO
Africa Task Force for Novel Corona Virus (Africa)	Member	ACDC
Regional Immunisation Technical Advisory Group	Member	WHO
East and Southern Africa Sub-Region COVID-19 Vaccine Readiness and Delivery Working Group	Member	WHO

OPERATIONAL STRATEGY

The overall objective of the COVID-19 operation in Africa is to reduce mortality and morbidity resulting directly and indirectly from the COVID-19 pandemic while protecting the health, safety, wellbeing, dignity and livelihoods of the most vulnerable. This will be achieved by supporting efforts to contain, slow or suppress transmission of the virus by helping communities to understand and adopt infection prevention practices, supporting public health control measures, supporting COVID-19 vaccine rollout, maintaining immunization services, helping communities, including migrants and displaced persons, maintain access to essential healthcare services beyond COVID-19 care, and strengthening gender-sensitive efforts, including protection, and social safety nets to address the secondary impacts of the crisis.

The IFRC strategy in Africa has evolved from a focus on helping National Societies to prepare for COVID-19 to supporting emergency response and strengthening preparedness, where necessary, in coordination with public authorities. It will also lay the foundation for a COVID-19 recovery approach, while National Societies continue with the core Health and WASH epidemic control measures throughout the length of the operation. National Societies will continue to improve their readiness to respond to future waves of the COVID-19 pandemic, and also to future epidemics, both at the institutional level and in affected and at-risk communities. In addition, IFRC will leverage resources, create synergies and make holistic approaches to respond to COVID-19 and other compounding disasters in Africa. Guiding documents that will support the overall implementation of the COVID-19 operation in Africa include:

- IFRC AfRO Pan-African Initiatives 2021 – 2030, namely:
  - From Hunger to Zero Hunger Food Security and Livelihoods Initiative
  - Pan-African Tree Planting and Care Initiative
  - Africa Red Ready Initiative
  - Africa National Society Development
- IFRC AfRO Food Security and Livelihoods Strategic Framework
- IFRC COVID-19 Recovery Concept Approach
- IFRC Five Pillar COVID-19 Vaccine Strategy

Overall Operational Objective and Regional/Global Framework

The overall objective remains unchanged as National Societies in Africa continue to have a critical role as auxiliary to the public authorities in supporting the response to COVID-19. They are indigenous to their respective countries and have unparalleled credibility, acceptance and access at all levels making them uniquely placed to act as an interlocutor between governments and the communities that are affected by the COVID-19 pandemic. In addition, their membership of the IFRC and support from other RCRC Movement partners enables National Societies to activate international assistance as is appropriate and required. The IFRC AfRO through its CCD and CDs ensures that this assistance can be mobilized as efficiently as possible while respecting the dictum that the response should be as local as possible, and as international as necessary.

As explained (refer to "Summary of Current Response section), consultations by AfRO with CCSD/CDs and National Societies have indicated that their priorities throughout 2021 into 2022 will be support the public authorities with the COVID-19 vaccine rollout; while sustaining other activities in relation to addressing emerging socio-economic impacts and ensuring their have the institutional capacity and integrity to respond. Therefore, the operational strategy, with exception of the inclusion of interventions related to the COVID-19 vaccine rollout, remains appropriate to the priorities, needs and challenges being experienced by National Societies across the Africa Region. It is remains unchanged; and will continue to focus on holistic programming that integrates multiple sectors such as Health, WASH, RCCE, Livelihoods and Basic Needs, PGI, Migration and Displacement, Shelter and Settlements, National Society Development, and Disaster Risk Reduction, and leverages plans across global and local levels.

However, despite the constants, Africa Region remains complex, and there is a recognition that IFRC AfRO, CCD/CDs and National Societies will need to remain agile to emerging needs as they occur, while also placing emphasis on exit strategy and transition from the COVID-19 EPoA to medium to longer term programming.

All support provided by IFRC AfRO and CCD/CDs is informed by National Societies; and based on their individual Operational Plans and Budgets to ensure an appropriate and context-specific response as auxiliary to governments and MoH, while maintaining a top-down overview to ensure a coherent and agile response. As such, the IFRC AfRO decentralized approach is designed to support its CCD and CD to make the decisions that are most relevant in their contexts and engrain flexibility and adaptability in the coordination architecture. Technically, the COVID-19 operation supports National Societies through a prioritized approach, focusing on reducing the spread of the disease by delivering and sustaining essential services in Health and WASH, addressing Socio-economic impacts, and Strengthening National Societies. The three priority areas and associated pillars are outlined below.

Priority 1: Sustaining Health and WASH

In the African Region, the strategic lines of response for Sustaining Health and WASH are focused on supporting National Societies to engage across the following activities:

Support for COVID-19 immunization: support the roll-out of vaccines and work with health care professionals to promote vaccine uptake in communities, through the implementation of the Five areas of work: 1. Advocate; 2. Trust, 3. Health; 4. Reach and 5. Maintain.

- Support National Societies in identifying gaps in the implementation of NDVPs in their countries and develop their vaccine readiness and roll-out plan according to the 5-pillar plan
- In coordination with main actors in immunization, develop implementation guides and technical briefs as required to support mass immunization and a COVID-19 vaccine roll out support programme
- Organize and/sponsor training of immunization staff or focal points on selected immunization service training
- Create a platform to facilitate peer-to-peer exchange and learning among National Societies that are implementing the 5-pillar vaccine roll out and immunization plan
- Provide or source additional support for National Societies who are interested in profiling their National Societies in immunization services in care settings or as part of their community health programmes
- Continue to coordinate with main actors in immunization and vaccination services and profile IFRC as a trusted and reliable partner in immunization activities.
- Conduct training needs assessment and organize training and capacity building sessions either through the IFRC immunization task force or at regional level in coordination with the global team.

Support to essential health Services: prevention of disease outbreaks, limiting the spread of COVID-19, minimizing the impact of COVID-19 on the continuation of essential health services and maintaining essential preventive care services such as immunization, RMNCH and basic primary health care. The following are the main priorities:

- Re-designing ongoing community health programs to streamline COVID-19 preventive and promotive messages to limit the spread of the disease and ensure a safe and protective implementation environment
- Training of volunteers and staff in the IFRC community health strategy
- Promoting Community Based Health and First Aid (CBHFA) and community health programs which have proven to fill gaps created due to cut back of essential services due to the burden the pandemic
- Promote new initiatives of National Societies involvement in immunisation services and RMNCH interventions and ensure such initiatives are designed to be appropriate in the context of the current pandemic
- Document and share good practices in the implementation and adaptation of approaches that are impactful and responsive to multiple disease outbreaks
- Continue to identify gaps in RMNCH and support initiatives and advocate for additional resources to maintain services at acceptable level without disruption.

RCCE: continue to support National Societies to reduce the spread of infection and the number of deaths across the continent. Mainstreamed and coordinated with health, WASH and PSS activities, the priority of RCCE approaches will be to:

- Understand the beliefs, fears, rumours, questions and suggestions circulating in communities about the COVID-19, including the vaccine, and use this to inform the response;
- Reduce community fear, stigma and misinformation, including on the vaccine;
- Build trust in the response and the health advice shared, including on the vaccine;
- Share timely, accurate information about COVID-19, and the vaccine, through the most trusted channels, to support people to adopt safe health practices, accept the vaccine and reduce the risk of the spread of infection;
- Identify and support community-led solutions for preventing the spread of infection and bringing the outbreak under control, ensuring people's active participation in the response.

All of the above approaches will ensure the most vulnerable groups are included and their needs, feedback and preferred and trusted communication channels considered.

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 via the use of RCRC tools such as ECV, eCBHFA and iCCM where possible

Integration with and access to WASH: support integration of COVID-19 responses within short and medium-term WASH activities, including a focus on school WASH and hygiene promotion. This should also include the development of improved standardization in handwashing technologies. Follow up opportunities to provide a transition for emergency/rapid relief interventions to progress to permanent WASH access, with a particular focus on access to hand hygiene, water security (for consumption, sanitation and hygiene), to key health facilities and high-risk communities using the One WASH approach.

IPC at Health Care Facility and Community Level: provision of high-level IPC for health facilities based on WHO guidance and accessible handwashing facilities in key community areas emphasising 'no hands' technologies and physical distancing

Complement the Response of Health Authorities: specific clinical and pre-clinical tasks for COVID-19 to alleviate congestion in health services while also supporting the continuation of essential health services, such as vaccination, MNCH, SRH, primary healthcare, and transport of non-COVID patients if the National Society has pre-existing experience and capacities

Surveillance: support to extend government surveillance initiatives through screening, contact tracing, active case finding, and community-based surveillance activities as requested

Burials: support community-level burials, so that communities can safely bury those who have died of COVID-19 using safe, culturally-acceptable and appropriate methods.

Mental health and psychosocial support : provide community based psychosocial support to populations in distress through Psychological First aid, psychoeducation on coping with stress due to COVID-19, integrate psychosocial skills in COVID-19 vaccine roll out and referral. Special focus will be paid to supporting students and teachers in schools as they reopen whilst promoting safety and hope. In order to protect the mental health of frontline staff and volunteers, National Societies will be supported to roll out context relevant caring for staff and volunteers' activities.

Support Quarantine and/or Isolation: through adaptation of promotion of prevention messages and healthy practices, including support to migrants in isolation centres. Also, support to people with mild or asymptomatic COVID-19 through volunteer-led home-based care support. This is intended to reduce the burden of the pandemic on healthcare systems and ensure essential healthcare services for healthcare needs in addition to COVID-19 are maintained.

Voluntary, Non-remunerated Blood donation: including donation campaigns, blood banks and delivery of blood products.

Ensure Access to Essential Services and inclusion in national response plans for all populations, including migrants regardless of status.

Priority 2: Addressing Socio-economic impact

IFRC AfRO is prioritizing its response to the socio-economic impact of COVID-19, supporting National Societies across the Africa Region to strengthen their capacities, resources, standards and delivery across the four Pillars outlined below.

Livelihoods and Household Economic Security

Africa National Societies have so far focused mainly on supporting basic needs, notably through CVA (cash and vouchers assistance) or food distribution. This remains a priority as cases increase in specific countries, and socio-economic impacts become increasingly pronounced - however, National Societies will increasingly focus as they can on the re-establishment and recovery of livelihoods and income sources while continuing to support access to basic needs for the most vulnerable households. Some National Societies in the Africa Region, particularly in the Sahel (Mauritania, Burkina Faso, Senegal) have begun livelihood recovery activities, in rural and urban settings, for whom these actions remain a priority.

To achieve the livelihoods & basic needs objectives set by National Societies in the region, specific support has been put in place by IFRC and RC/RC partners. In this regard, the technical support facilitated by service desks for Livelihoods and Cash Transfer programming through the Livelihoods Reference Centre (LRC) and Cash Hub, together with the deployment of CVA surges, is facilitating the response in livelihoods & basic needs. So far, 22 National Societies in the Africa region have used (or are using) CVA, of which 18 through FSPs (financial service providers), with whom they have established agreements of up to 2 years. This improvement in National Society readiness, together with the technical support put in place, allows them to respond to livelihoods and basic needs in an appropriate and timely manner.

Basic Needs Support: the rapid assessment of local and strategic markets; provision of unconditional/multipurpose cash distributions or in-kind (e.g. delivery of food parcels, hot meals, etc.) or any other support to assist people with access to cover basic needs and reach their survival and livelihoods protection threshold.

Support to Agricultural Livelihoods: support primary producers (farmers, herders, fishermen, etc.) to restore/protect their livelihoods activities affected by COVID-19, including those affected by reduced agricultural labour opportunities, inability to procure farm inputs due to loss of income, and the need for inputs (seeds, fodder, etc.). The support could be provided in-kind or through CVA, and accompanied with technical support as recommended by field assessment findings.
- Provide conditional/restricted cash grants or inputs (e.g., seeds, livestock, boats, etc.) to support vulnerable rural households to restart their livelihoods activities.
- Improve small producers and/or cooperatives (e.g., agriculture, livestock, fisheries) market linkages and value chain activities and processes (e.g., marketing, supply, etc.) and their conservation and processing capacities.

Support to Urban and Peri-Urban Livelihoods: activities will prioritize:
- Income-generating activities: provision of conditional and/or restricted cash grants and market-based support,
- Support for people (focusing on youth and women) to access technical and vocational trainings to gain new professional skills adjusted to the new labour market demands and **linkages with the labour market**.
- Support vulnerable household and in food production and conservation (urban gardens)
- Support **livelihoods diversification** and increase employability adapted to the current context.

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- In both rural and urban settings, **facilitate access to individual loans** (including the promotion of saving groups) and/or microcredit and microfinance systems.

Technical support to small business and/or cooperatives to adapt their livelihoods activities to the COVID-19 context and improve their capacities. **Support them to innovate in order** to reach their customers, capacity building to adopt improved marketing techniques and, new and more sophisticated payment mechanism.

Advocacy for **new social protection schemes**; and contribute to the implementation of new schemes, increasing the availability and access of programme assistance in remote areas/not covered areas and/or for those left behind. National Societies' CVA response in some countries have been aligned with the National Social Protection mechanism, selecting as a target, households registered in the Unified Social Register.

In some countries, the contribution of the National Societies to the Social Protection mechanism goes further – such as acting as a Government technical consultant for including CVA in their social protection systems used for the COVID-19 response.

Ensure Access to Essential Services and inclusion in national response plans including job and economic support for all populations, including migrants regardless of status.

Bridging humanitarian actions with longer-term programming through the Pan-Africa Food Security and Livelihood (FSL) Strategic Framework designed to be focussed, scalable and have high impact with concrete actions that build on the IFRC's network added value and position, and expected to contribute towards the ultimate Zero Hunger Goal by 2030 through:
- **Investing in Small Holder Farmers** to accelerate food production and balanced nutrition in urban and rural settings and supporting community and households to grow healthy food and a diversified diet
- **Scaling-Up Cash Modalities in the design and delivery of** multipurpose cash and providing cash for livelihoods protection, including cash for work activities, and micro and small businesses development
- **Fostering Entrepreneurship** for financial stability of livelihoods by supporting access to micro-financing for entrepreneurial seeding and launching of local businesses, with an emphasis on youth development, business education and inclusion.

Shelter and Urban Settlements

The physical and social conditions under which people live can have a clear impact on the containment of the virus and how effectively people can protect themselves. COVID-19 has a particular impact in densely-packed, informal urban settlements and displacement sites, including camps and collective centres. These settlements host populations living in poverty who are exposed to increased vulnerabilities and have few options or little support. There are also protection risks of sexual and gender-based violence, and mental health and psychosocial well-being risks in these settlements. Technical guidance will be given to supporting returnees in isolation centres at border points, as well as to stranded migrants. Areas of support through National Societies or direct assistance to the affected population might include: **providing household items (HHIs)** (beds, mattresses, tents, etc.) to quarantine and isolation centres where National Societies are jointly implementing activities with public authorities; **replenishing National Societies' stocks**; and **providing CVA assistance to vulnerable communities** with limited access to income or savings to cover payments related to rent, utilities, and other debts to maintain accommodation and avoid eviction.

In its capacity as Global Shelter Cluster Co-Lead, **IFRC will provide country-level (as applicable) coordination platforms** to facilitate coherent and effective shelter and settlements preparedness and response activities by shelter agencies. Actions will contribute to the development and dissemination of guidance across the sector, but also for advocacy with authorities for safe shelters in specific vulnerable environments.

Community Engagement and Accountability

Aligned with the updated RCCE Strategy for COVID-19 in the Africa region and the Building Trust for the uptake of COVID-19 vaccines document, the community engagement and accountability approach will focus on three

main objectives 1.) strengthening community-led approaches to improve the quality of community engagement activities; 2.) using disaggregated feedback data to drive decision making; and 3.) building capacity to ensure localised and culturally sensitive responses. As vaccination plans are progressing on the continent, building and maintaining trust with communities will be a key focus of the RCCE work, which will facilitate tools and technical support for sectors and National Societies to maintain a consistent dialogue with affected populations to ensure that interventions are relevant, appropriate and co-owned by communities.

The IFRC AfRO RCCE CEA team in collaboration with CCD / CD counterparts will:

- In close coordination with the Health and PGI sectors, facilitate a **regional online training** for African National Societies' technical staff and volunteers on ensuring an inclusive and community-centred COVID-19 vaccine rollout;
- Identify and support National Societies to adopt innovative approaches to RCCE within the COVID-19 operation, for example, the volunteer perception survey and integrating chatbots/SMS platforms to create digital engaging dialogues with communities;
- Map National Society capacity in RCCE and address gaps, such as to how to **collect and analyse community feedback** and perception data;
- Develop, and regularly update, a **regional strategy** for RCCE for COVID-19 in coordination with National Societies
- Produce and share monthly with National Societies **community feedback reports** to inform operational decision making
- Produce and share monthly with National Societies **factsheets and videos** to support the response to key questions and issues raised in community feedback
- **Develop technical guidance** to support National Societies address key issues as they arise, for example, guidance on how National Societies can address persistent mistrust and denial, or how to work with vaccine hesitancy;
- Capture and **share best practices of National Societies and support peer learning between National Societies** through webinars and case studies on thematic areas, for example, community led-solutions, mistrust and denial and vaccine campaigns;
- Coordinate approaches to RCCE activities for COVID-19 and share information with National Societies, IFRC, ICRC and Participating National Societies.

Social Care, Cohesion and Support to Vulnerable Groups

- **Protection, Gender and Inclusion (PGI) team will work closely with other sectors including livelihoods, WASH, Health to support National Societies in ensuring that PGI is** mainstreamed across all sectors of the response taking into considerations the PGI minimum standards in emergencies.
- Technical support will be provided to National Societies in developing revised COVID-19 plans that are PGI inclusive.
- In collaboration with the CEA and Health teams, a **regional online training** for National Societies' technical staff and volunteers will be provided to ensure an inclusive and community-centred COVID-19 vaccine rollout.
- Technical guidance will be developed to support National Societies to ensure prioritization of at-risk groups in National Response Plans, as well as rollout of COVID-19 vaccines
- National Societies will be supported to consider how different groups have been affected by COVID-19 to ensure the prioritizations of at-risk groups and **understand different needs, capacities and risks based on gender and diversity** And to ensure sector responses are inclusive and protection concerns are addressed.
- The IFRC PGI team will provide remote technical support to National Societies to ensure the "do no harm principle" by all National Societies to avoid exposing communities to additional risks through our response to COVID-19
- Continued capacity strengthening will be provided to National Societies on prevention and response to SGBV, including establishing safe referral pathways in coordination with other relevant actors and participation in GBV sub clusters at country level.

- Continued remote support will be provided to National Societies and PGI focal points in PGI trainings for staff and volunteers
- Support will be provided to National Societies to strengthen partnerships with organizations of **persons with disabilities and organizations working on child protection to enhance protective and inclusive programming**.
- Technical support in assessments to include gender and diversity related questions and analyses.
- Support will be provided to National Societies 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.
- Technical support, capacity building and documenting best practices and lessons learned on PGI in COVID-19 will be coordinated.
- Technical support will be provided to National Societies to develop relevant policies including gender and diversity policy, policy on protection from sexual exploitation and abuse (PSEA) and child protection policy.
- IFRC will continue to collect and analyse data (sex, age and disability disaggregated as possible) on the impact of COVID-19 on access to education in communities and will explore operational mechanisms and partnerships to support National Societies in prioritizing responses to address the identified, unmet education-related needs in accordance with the IFRC Strategic Framework on Education.
- Including **Migrants** and displaced persons in COVID-19 national response plans is essential. These populations while at high risk, often have little access to essential services including health care and are rarely considered in COVID-19 national response plans. IFRC and National Societies have an essential role to play in advocating for access to essential services, for inclusion of migrants in national response plans including vaccine rollouts and to facilitate support where gaps may exist.
- **Migration** is cross-cutting and the needs of migrants and displaced persons are reflected across all areas of the COVID-19 interventions. 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, 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. IFRC will develop a regional guidance and conduct research on COVID-19 impact on migration and displacement trends and protection needs in the region. This will include targeted humanitarian diplomacy measures in favour of vulnerable migrants, refugees and IDPs.

Priority 3: Strengthening National Society

IFRC AfRO is prioritizing its response to National Society strengthening based on needs that have been identified in National Society Development Plans, which were developed with "virtual support"; and in accordance with conceptual frameworks such as the Branch Organizational Capacity Assessment (BOCA), Preparedness of Effective Response (PER), and Organizational Capacity Assessment and Certification (OCAC). Based on this, National Societies will be supported to strengthen their capacities across the four pillars outlined below.

National Society Readiness

National Society preparedness and capacity strengthening and support to community preparedness

The COVID-19 pandemic increases the need for National Societies and communities to be self-reliant in the face of compounding disasters. A major lesson learned from the initial 12 months of implementation of the COVID-19 operation is that National Societies have different levels of preparedness for effective response, with some not even able to manage small to medium operations (such as through the Disaster Relief Emergency Fund (DREF)). National Societies need support to strengthen their ability to implement the COVID-19 operation, but also their overall preparedness and response capacity to fulfil their auxiliary role with the public authorities.

Red Ready Initiative, which is part of the **IFRC AfRO Pan-African Initiatives 2021 – 2030,** is aimed at supporting National Societies to be 'ready' as "last mile", cost-effective and innovative leaders, before, during and after disaster situations. While a total of 19 National Societies are currently engaged in Preparedness for Effective Response (PER) activities (that fit under the Red Ready Initiative concept), many others that are interested in participating are without the means to do so. Expanding support to National Societies through the Red Ready

initiative will need to be prioritized – so that they can respond effectively to COVID-19 but at the same time are ready to respond to other crises that can be expected to arise.

The PER mechanism will serve as a conceptual framework for the Red Ready initiative and guide National Societies as they review their local preparedness and response capacity, engage in risk analysis and scenario planning with key stakeholders, develop contingency plans, ensure staff and volunteers are equipped with the necessary skills, revise SOPs and establish EOC. In close coordination with GDPC, CADRIM, CREPD, COVID-19 Help Desks, participating National Societies, and ICRC, IFRC will also provide opportunities for institutional learning through e-learning, peer-to-peer knowledge sharing, and regional forums.

Support to Cash Preparedness Efforts: support the National Societies fast-track cash preparedness and access to COVID-19 specific resources, tools and webinars, and procurement of financial service providers and vendors for CVA. Promote coordination and engagement in common delivery systems, e.g., through partnerships with actors at regional and country levels.

Digital Transformation: teleconferencing has now become the norm for hosting meetings and for convening trainings. However, most National Societies do not have the equipment necessary for this. Making sure that National Societies have teleconferencing equipment and digital connectivity has become a priority, so-as-to, bridge the "Digital Divide" and promote more efficient and effective service delivery. This will in effect also help to hasten the localization agenda owing to National Societies joining the journey of digital fundraising and diversification of revenue streams on digital platforms and shifting membership recruitments to digital platforms, which translates to scale-up of statutory contributions.

Technical Capacity Strengthening: training of staff and volunteers for the COVID-19 operation will be prioritized. This will include supporting their role in the COVID-19 response roll-out and other immunization support, provision of home-based care for people recovering from COVID-19; as well as MHPSS service delivery. Additional trainings on livelihood programming, CVA, socio-economic targeting, rapid assessments of markets, labour market assessments, employability, and intermediation with employers, etc. will also be considered as required. Capturing (capitalization and systematization) and disseminating of lessons learned and good practice in livelihoods activities under the COVID-19 operation to promote their replication to other National Societies through a peer-to-peer approach will also be promoted where possible. The different capacity strengthening efforts for volunteers and staff need to be further aligned and harmonized.

Business Continuity Planning: through this revised EPoA, further 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 auxiliary role and mandate

IFRC AfRO will accompany National Societies to enhance their auxiliary role function vis-a-vis their national authorities, based on the evolving crisis and needs identified. In some contexts, National Societies may need to revisit their humanitarian mandate to clarify and strengthen their role as a key local actor. This will include auditing of policies and government decisions related to COVID-19, reinforcing involvement in local, national, and regional coordination mechanisms with other actors (e.g., training and capacity development). IFRC AfRO will work through the Disaster Law Programme to support National Societies to strengthen their role and access in this emergency and to facilitate international assistance. The IFRC will provide technical advice and training to enhance National Societies' advocacy skills in engaging with governments for the most vulnerable.

The Disaster Law Programme will develop advocacy, sensitization and educational materials for National Societies to engage with their governments and other relevant disaster-related stakeholders on identified legislative advocacy issues. This will include online courses, auxiliary role mappings, trainings on Disaster Law and advocacy, the update of the Auxiliary Role Guide for Africa, and case studies. This engagement will allow National Societies securing access to communities and necessary facilities to fulfil their humanitarian mandate.

National Society Sustainability

IFRC AfRO will continue to 'work for and with' Movement partners to ensure stronger, relevant, and sustainable National Societies. This will involve support to strategic outputs, including reviewing and developing strategic plans, Red Cross laws, auxiliary role texts, financial sustainability, humanitarian diplomacy, youth and volunteering, governance and leadership. This will see engaged, accountable, and trusted National Societies. These initiatives will strengthen the foundations of National Societies and promote good governance by cultivated leadership at both branches and Headquarters' level. The priority will be given to support branches as centres of resilience. IFRC AfRO will support National Societies to review and develop their long-term organizational positioning, business models and structures so that their branches can response to the needs of communities swiftly. Support to BCP will also continue to be provided to National Societies as they request it, to ensure they can continue delivering their services despite the impact of the COVID-19 pandemic.

Many global and regional initiatives on NSD are ongoing thorough such as financial development network of practitioners, digital fundraising platforms, branch development framework, revision of the Movement induction course modules and OCAC/BOCA platforms. Those NSD initiatives aim to bolster National Societies in becoming more robust, relevant and effective in their operations. IFRC AfRO will support National Societies to strengthen their financial sustainability for having capacities and abilities to deliver sustained services.

Support to Volunteers

Protection and duty of care for volunteers is a priority to enable National Societies to meet the obligations from communities and their governments. IFRC AfRO will leverage on the IFRC Volunteering Minimum Standards document to strengthen capacities of volunteers and volunteer management systems, including policies, procedures, tools, and training to enhance its duty of care for volunteers. While National Societies have scaled up volunteer insurance provision by local insurance companies, scaling up on volunteer solidarity funding mechanisms will be explored further as they are a more sustainable approach for support for volunteer against COVID-19 related risks and any others.

Access to information and guidance by volunteers will continue to be promoted through IFRC global platform for volunteers (SOKONI) which provide updated information, resources and tools that enable volunteers to reflect and learn from their experiences and provide a sense of solidarity.

Standard Operating Procedures (SOP) on volunteer data collection by National Societies will be prioritized to facilitate a comprehensive and evidence-based safety and security management of volunteers in the COVID-19 operation. The current reviewing process of the IFRC Volunteering Policy will also help provide National Societies with references to contextualize their Volunteer Policy, Volunteer Charter and Code of Conduct because the IFRC is committed to creating safe environments free of harm or threat to the dignity of the volunteers, staff and the people served. Despite the unprecedented challenges caused by COVID-19, IFRC AfRO will engage National Societies to foster measures that promote equality, diversity and inclusion. This will also entail National Societies to limit the time investment of each volunteer to a few days a week to ensure a volunteering balance with family life. The time committed by volunteers tend to increase in a disaster and emergency, but the conditions can be risky and stressful for volunteers. The SOP on volunteer data collection will be prioritized to provide statistics on volunteer engagement in the COVID-19 operation.

Enabling Actions

International Support and Resourcing – IFRC AfRO, CCD and CD will engage with partners and donors through continued dialogue, conference calls and proposals to generate support and resources for the Emergency Appeal. Partners who have already contributed will continue to receive high-quality stewardship and evidence of impact of their support. New sources of funding will be sought and 'non-traditional donors' approached to ensure a pipeline of resources.

Evidence-based Insights, Communications and Advocacy – IFRC AfRO will maintain sharing timely and accurate public information and communication materials, with a focus on the humanitarian needs, challenges and

Movement's response. This approach will help facilitating transparency, supporting effective advocacy and resource mobilization efforts, enhancing collaboration with key partners and stakeholders, and mitigating reputational risks.

Public communications and media engagement will support National Societies in strengthening their communication capacities in their local context. IFRC will deliver a series of targeted training opportunities for National Societies, focusing on two main streams: digital communications, including social media (and AV) for communication departments and media training for leadership and spokespeople. Training will be completed online, followed by continued mentorship by CCD/CD and AfRO communication leads. Where necessary and appropriate, IFRC will also provide basic equipment to facilitate development of communication products, specifically audio-visual materials.

IFRC AfRO will support National Societies to collect consistent data and information to guide decision making and allocation of resources at National Society, CCD/CD and Regional levels. The collected information will be also used for external communications (including media engagement), partnerships and resource development. IFRC AfRO will liaise with Global PMER to cascade the various tools and process to ensure Africa Region contributes to the Federation-wide reporting.

Coordination for Quality Programming: due to the unprecedented scale of the response, the IFRC coordination structure for COVID-19 is based on a principle of decentralized command. The CCD and CD, which are closer to operations and communities, seek action in line with the overarching strategy of the COVID-19 operation. This principle has ultimately engrained speed and adaptability into operational decision-making.

To support regional oversight, a COVID-19 Core Management Group was established, and COVID-19 technical representatives and CCD/CD COVID-19 focal points assigned. A monthly COVID-19 management report is shared with the Regional Director, Head of Units and other members of the AfRO, CCD/CD Senior Management Team.

Security: the Africa Region is facing considerable challenges including but not limited to socioeconomic, political, environmental, development and security issues. Given the mounting pressures on the economy posed by the COVID-19-related restrictions, criminality, including petty theft, robberies, looting and violent extremism remain a concern. IFRC operations across Africa have been maintaining active and sustained community engagement to maintain trust of local communities.

All AfRO, CCD/CD have been in the process of major revision of the security rules and regulation including the contingency plans for the duty stations. The Minimum-Security Requirements (MSR) process has been progressing well with subsequent reviews of the entire security filing system of IFRC duty stations across Africa. As of the 2021 MSR review, CCD and CD integrating delegates within a National Society context will use new security forms that are more practical and systematized than the previous versions.

The IFRC Regional Security Unit (RSU) for Africa closely supported by the Global Security Unit (GSU) has adjusted to the new challenges while providing direct security support to the operating CCD and CD deployed across Africa. In order to continue to respond to the humanitarian imperative whilst protecting personnel and assets, appropriate security risk management systems must be in place. RSU will continue to actively support in:
- Carrying out security analyses to enable offices to implement risk management measures considering the evolving situation.
- Monitoring the security environment and providing technical advice to heads of Country Delegations and Cluster Delegations and sharing security advisories with IFRC personnel.
- Ensuring any internal/external security-related incident or emergency is immediately and adequately reporting to the Security Coordinator, Security Unit and Regional Director. Additionally, IFRC security incidents will be recorded and evaluated to support in identifying incident/threat/risk patterns or trends that may have an impact on IFRC operations, staff and assets. IFRC Africa RSU will monitor and collect data with the support of National Society of reported incidents in their area of operations and the deterioration

of the security situation, including hostilities toward RC/RC personnel. Additionally, IFRC personnel should continue to support National Societies with response plans focusing on sensitization of communities.

- Limiting and closely tracking staff movement. Any field missions undertaken by IFRC personnel will be in accordance with the current IFRC travel approval process and following up-to-date health advisories. Access across borders may however remain a challenge in particular if a second wave leads to renewed border closures.
- 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 participating National Societies deployed to the area, the existing IFRC country 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.
- Gender-based security incidents do occur and continue to highlight the importance of gender sensitivity, responsiveness and inclusion in organizational and humanitarian security risk management in all environments in which the IFRC works. IFRC RSU will ensure to include specific briefings pertaining to gender-based risks in certain contexts to IFRC personnel in the security briefing.
- Area-specific Security Risk Assessments 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. Additionally, Heads of Delegations and security personnel are to update the local Security Risk Register, closely monitor the situation, and adjust any security regulations and guidelines to mitigate new security risks, making sure all contingency plans (e.g., medical evacuation and relocation plans) are updated and take into account the current security situation.
- 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 RSU will support Country Delegations and National Society Security Managers and focal points through information gathering/sharing, providing security guidelines, and security coordination and cooperation within the Movement, as well as with external partners and the humanitarian community.
- BCP restrictive-distancing measures remain and will be remaining in force largely for the duty stations/offices, single operations and programmes at large. 100% compliance in terms of BCP modality of distance working based on detailed plans contribute and support the institutional duty of care obligations. Several Country Delegations based on the set criteria managed to adjust the working modality and entered a rotational active phase of operating on team A and B base.

TRANSITION STRATEGY

IFRC AfRO has been engaged in a consultation process with National Societies to take stock of their needs, priorities, and challenges; to inform their transition strategy from the COVID-19 response.

Through this EPoA; and in accordance with the "African National Society Development and Sustainability Initiative" (part of the Pan-African Initiative 2021 – 2030), IFRC AfRO, CCD/CD will support the building of sustainable- credible and well-functioning National Societies across the Africa Region. This will include, providing support in the following areas:

- Technical assistance and investment in good governance, management and leadership
- Promotion of localization through increased support to branch structures
- Building financial sustainability including through domestic fundraising programmes
- Promoting digitalization and data literacy.
- Strengthening youth volunteerism.

The launch of the Africa Red Ready Initiative and support to other PER related activities under this EPoA, will also support National Societies strengthen their national preparedness and response mechanisms to ensure they remain well placed to respond to other disasters as they occur. Approaches such as COVID-19 safe-programming

approach will be considered in other programmes/operations such as DREF, Emergency Appeals and Country Plans as a "Business as Usual".

As National Societies develop their individual 2021/22 operational response plans and budgets; they will be encouraged to consider principles contained in the IFRC COVID-19 Recovery Concept Approach – especially in relation to addressing the secondary socio-economic impacts; and move from addressing immediate basic needs to more sustainable interventions.

It is expected that the impacts of the COVID-19 pandemic across Africa Region will be become ever more pronounced; National Societies will continue to need support from the IFRC. To ensure that the necessary operational and technical assistance is available to National Societies; there will be a review of the IFRC COVID-19 Human Resources workforce plans, and a prioritization of the positions needed to sustain support until the end of the Emergency Appeal timeframe (30 June 2022). In accordance with the concepts of the localisation emphasis will be placed on moving drawing from domestic talent pools as much as possible to fill these priority position

IFRC REGIONAL DETAILED PLAN

Priority 1: Curbing the Pandemic – Sustaining Health and WASH Requirements (CHF): 58,500,000

Objective: to support National Society contributions to reducing 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 and building community trust in the response to ensure acceptance and compliance with public health measures and interventions, such as testing, treatment and vaccination. 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 key focus is to support National Societies in their role in "preventing, detecting, isolating, testing, and treating" cases – this includes roles in community surveillance, contact tracing, IPC in health facilities, immunization and COVID-19 vaccine roll out, RCCE including health and hygiene promotion, support for community-level burials, quarantine services, isolation centres, and government testing services etc. On top of COVID-19 specific health activities, National Societies are also supporting Ministries of Health to ensure continued access to essential health services outside of COVID-19, this includes the provision of MNCH, vaccination services, primary health services and other routine services offered by RCRC-supported community health programming, health facilities, and ambulance services. At community level, this includes National Society and community preparedness for mitigating and preventing the transmission of COVID-19 and other secondary health impacts. 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" in Strategy 2030.

The 12 Health Pillars	Related Global Indicators
Pillar 1 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 staff and volunteers supporting screening [c] # contacts identified and/or followed disaggregated by age/sex [d] # of COVID-19 cases in cohort/home isolation and/or contacts under quarantine receiving material support from NS
Pillar 2 Risk communication, community engagement, and health and hygiene promotion	# of people reached through risk communication and community engagement for health and hygiene promotion activities
Pillar 3 Community-based surveillance (CBS)	# staff and volunteers actively engaged in CBS for COVID-19
Pillar 4 Infection prevention and control and WASH (health facility)	# of health facilities supported with IPC and WASH activities
Pillar 5 Infection prevention and control and WASH (community)	# of people supported through community WASH activities that reduce the risk of COVID-19 transmission
Pillar 6 Mental health and psychosocial support services (MHPSS)	# of people reached with MHPSS services for COVID-19 operation

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		# of frontline staff and volunteers reached with MHPSS services
Pillar 7	Isolation and clinical case management for COVID-19 cases	# of health facilities treating COVID-19 cases supported
Pillar 8	Ambulance services for COVID-19 cases	# of COVID-19 cases (confirmed or suspected) who received ambulance transport
Pillar 9	Maintain access to essential health services (community health)	# of people reached with essential community health services adapted or scaled to respond to needs created by COVID-19
Pillar 10	Maintain access to essential health services (clinical and paramedical)	# of NS supported HFs maintaining services to pre-COVID levels
Pillar 11	Management of the dead	# of deaths of suspected or confirmed COVID-19 cases buried or cremated directly or supervised by NS staff or volunteers
Pillar 12	Support for immunization ([a] routine and supplementary immunization, [b] COVID-19 vaccination, [c] vaccine hesitancy, [d] hard-to-reach)	[a] # of staff and volunteers participating in routine immunization and supplementary immunization activities [b] # of staff and volunteers trained on COVID-19 vaccine introduction [c] # of people reached by the NS to address vaccine hesitancy [d] # of hard-to-reach persons helped by the NS to receive the COVID-19 vaccine.
Other Key Regional Considerations		**Related Regional Indicators**
Pillar 10: Maintain access to essential health services (clinical and paramedical)		# of NS with services to identify and reduce health risks related to MNCH promotion and prevention
Cross-cutting: Monitoring and analysis of migration and displacement trends, needs, and gaps		# of refugees, IDPs, migrants, and host communities that receive COVID-19 direct and collateral assistance

AP Code	Action Line	#of NS Involved
Health Pillar 1	**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)**	**38**
AP021	Support National Societies on adapting community-based health tools used to prevent spread of the disease, positive behaviour changes, and community health promotion (CBHFA, ECV, CEA etc)	
AP021	Support National Societies to roll out surveillance activities including screening, contact tracing and active case finding, including the development of tools, quality assurance measures and sharing across National Societies	
AP021	Support National Societies to roll out testing services for COVID-19 where applicable	
AP022	Adapt global guidance to regional context for National Societies supporting home care and quarantine services.	
Health Pillar 2	**Risk communication, community engagement, and health and hygiene promotion**	**43**
AP084	Adapt and roll out the online regional CEA/PGI rapid training on community-centered COVID-19 Vaccine Roll out to National Societies, IFRC and Participating National Societies	
AP084	Promote the '10 steps to vaccine readiness' to guide African NS to design and implement RCCE activities for the roll-out of the vaccine	
AP084	Regularly update and revise the RCCE COVID-19 strategy for Africa based on changing context and needs	

Internal

AP084	Adapt health information and activities based on feedback collected from communities and share information through creative and innovative approaches and channels (e.g., 2-way SMS, interactive radio with health experts, TV broadcasts, messaging apps,	
AP084	Provide tools and guidance to establish feedback mechanisms to monitor community beliefs, rumours, questions and suggestions about COVID-19 and response, and to use this data to inform operational decisions and health interventions and messaging	
AP084	Implement periodic reviews to update community feedback tools and community engagement strategies and activities to ensure they are up to date with COVID-19 operation developments.	
AP084	Develop and roll out a specialist in-depth training module for National Societies on monitoring, analysing and using community feedback and perceptions in epidemics	
AP084	Provide tools and guidance to National Societies to carry out rapid knowledge, attitudes, practices and perception surveys on COVID-19	
AP084	Increase proliferation of hands-free handwashing technologies, within schools and health institutions, including the review and analysis of market provision of universal materials that may be used for handwashing station manufacture.	
AP084/AP 030/AP01 1/AP	Support National Societies to scale up RCCE, health and hygiene promotion activities using CEA, CBHFA and ECV tools and methodologies. Support National Societies to collect feedback from community volunteers and monitor their perceptions of the response (for example through WhatsApp groups and partnership with Ground Truth Solutions to carry out volunteer phone-based perception surveys)	
AP084	Provide resources and technical guidance to National Societies to set up and implement social mobilization for health and hygiene promotion on COVID-19 prevention and control, and to address fears, rumours and stigma	
AP084	Provide guidance and trainings to National Societies to use mass media for COVID-19 prevention and response (social media, radio etc)	
AP084	Provide guidance and support to National Societies to work with representative community groups to identify and support local, practical solutions to preventing the spread of infection and gaining acceptance for the vaccine.	
AP084	Collate and analyse examples of RCCE best practices and tools to enable National Societies to document and understand key learnings for upcoming epidemic and other humanitarian responses, for example, Ebola response	
Health Pillar 3	**Community-based surveillance (CBS)**	**34**
AP021	Support National Societies to scale up, activate and/or establish community-based surveillance for COVID-19	
Health Pillar 4	**Infection prevention and control and WASH (health facility)**	**38**
AP022	Provide technical guidance to National Societies on IPC hardware and software assistance for health care workers and patients, in hospitals or clinics. Revise training and technical guidance as new evidence emerges.	
AP022	Support health facilities (NS or MoH) to implement IPC, including IPC training and installation of WASH facilities	
AP022	Provide technical support to the procurement of PPE for NS health facilities	
Health Pillar 5	**Infection prevention and control and WASH (community)**	**40**
AP026	Support National Societies in scaling-up WASH provision in vulnerable communities, such as camps, collective accommodation, informal settlements, and urban slums	
AP026	Provide technical guidance to National Societies on IPC procedures to work with affected communities	

AP026	Technical support to 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.	
AP026	Make provision for sustainable access and continued increase in availability of WASH services and supplies with programming aligned to the One WASH approach, so as to allow for improved readiness to respond to future waves of the COVID-19 pandemic, and also to future epidemics, both at institutional level and in affected and at-risk communities. This will further contribute to addressing secondary health impacts and the rebuilding of stronger and more resilient health systems	
AP026	Support physical distancing and one-way flows in markets and other crowded areas	
Health Pillar 6	**Mental health and psychosocial support services (MHPSS)**	**32**
AP023	Provide technical support to National Societies to provide quality and sustainable mental health and psychosocial services through integrated PSS call centre services.	
AP023	Support National Societies in rolling out psychosocial support (PSS) and psychological first aid (PFA), closely linked and coordinated with risk communication, PGI and community engagement approaches.	
AP023	Support National Societies to provide PSS and PFA for affected people (medical teams, first responders, patients, relatives, bereaved families, people under lockdown\ isolation\ quarantine) through different modalities: physically or remotely	
AP023	Support National Societies to roll out MHPSS services in target schools and institutions	
AP023	Support National Societies to strengthen systems and services targeting frontline staff and volunteers responding to COVID-19	
Health Pillar 7	**Isolation and clinical case management for COVID-19 cases**	**19**
AP022	Support National Societies supporting health facilities (MoH or NS with existing high-acuity clinical capacity) to provide clinical care for COVID-19 cases	
AP022	Support cohort isolation of mild and moderate COVID-19 cases	
AP022	Technical support to logistics teams prepositioning of strategic stock such as PPE and disinfectant solution	
Health Pillar 8	**Ambulance services for COVID-19 cases**	**12**
AP022	Support National Societies to adapt ambulance services to meet COVID-19 needs	
AP022	Provide technical support to National Societies with ambulance transport for suspect and confirmed COVID-19 cases	
Health Pillar 9	**Maintain access to essential health services (community health)**	**30**
AP013	Support National Societies to provide communities with services to identify and reduce health risks related to reproductive, maternal, new-born and child health promotion and prevention.	
AP029	Technical support to National Societies to promote positive behavioural change in personal and community hygiene among targeted communities through PHAST and other hygiene promotion interventions, to prevent increases in non-COVID-19 diseases.	
AP030	Support National Societies to provide communities with knowledge and best practice to improve community-based management of water and sanitation facilities, to prevent COVID-19-related deceases in WASH outcomes.	
AP011	Support National Societies to rollout CBHFA and other health promotion interventions to prevent increases in non-COVID-19 diseases.	

AP024	Support National Societies to advocate for and participate in community-level vaccination activities, including routine immunization and support to vaccination campaigns, demand creation, PIRIs, identification of patients failing to follow-up and other measures to counter decreases in immunization coverage related to COVID-19 impact	
AP026	Support National Societies to provide communities with improved access to safe water, to counter decreases related to COVID-19 impacts.	
AP021	Technical support to National Societies to effectively detect and respond to other infectious disease outbreaks at community level	
Health Pillar 10	**Maintain access to essential health services (clinical and paramedical)**	**20**
AP022	Support National Societies to continue healthcare provision and adaptation to ensure communities have continued access to essential health services unrelated to COVID-19.	
AP022	Support National Societies to continue ambulance service provision and adaptation to ensure communities maintain access to paramedical services unrelated to COVID-19.	
Health Pillar 11	**Management of the dead**	**20**
AP022	Support National Societies with training or equipment for management of dead bodies in support of national authorities	
Health Pillar 12	**Support for COVID-19 immunization activities**	
AP024	Develop guidance and training package on immunization and COVID-19 vaccine roll out	
AP024	Organize online or in person training on immunization and COVID-19 vaccine roll out	
AP024	Identify best practices in immunization and vaccine roll out from within the region and organize peer to peer exchange opportunities	
AP024	Organize or source tailored training sessions for National Societies based on pillar selection	
AP024	Set up internal information sharing and coordination mechanism on immunization and create document repository for best practices	
AP084	Adapt accessible and comprehensive tools to support African National Societies' volunteers to advocate for vaccine uptake internally and at community level	
AP024	Identify potential case studies that may be of use to other National Societies in the African region, portraying lessons learned, existing barriers and solutions as well as good practices for COVID-19 immunization activities	
AP024	Integrate the Behavioural and Social Drivers (BeSD) vaccine questions into perception surveys, FGDs and planned assessments to understand levels of acceptance towards the vaccines and reasons for vaccine hesitancy, in order to inform RCCE activities and messages	
AP024	Translate and adapt vaccine guidance on tackling misinformation and designing and implementing vaccine demand creation activities to ensure approaches are relevant and localized	
AP024	Strengthen existing feedback collection systems to understand community concerns, doubts, mistrust and other barriers that prevent vaccines uptake	
AP084	Use lessons learned from vaccine roll out in other health epidemics, such as Ebola and Polio, as well as global vaccine misinformation guidance to inform the development of RCCE approaches within national immunization plans	

Priority 2: Tackling Socio-Economic Impacts

Requirements (CHF): 20,761,000

Objective: **To respond to the severe 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, migration status, safe shelter, and access to services, facilities, social care, and inclusion. In addressing this pillar, the IFRC is committed to focusing on the overwhelming need of the vulnerable groups, including migrants and displaced persons, informal workers, and individuals most affected by the worst socio-economic impacts and at risk of discrimination, exclusion, harmful coping strategies and violence. One of the greatest challenges that this pandemic is posing on the humanitarian response is how broad the scope of the affected population is from this crisis. Vulnerable groups range now from one extreme to the other, they are in rural contexts, urban, peri-urban and informal settlements. This pandemic is affecting women running from war, rise in sexual and gender-based violence cases with girls now more at risk of female genital mutilation (FGM) and early marriage, malnourished children, farmers coping with drought and locusts, bus drivers moving across different countries in the world, small business owners who are not allowed anymore to open their doors to costumers and that are left to deal with pay checks and rent, cleaning personnel, healthcare workers, public transportation drivers, etc.

Considering the fact that the affected population comes from various backgrounds and have many different needs, priority will be given to modalities of response that allow the targeted population to meet their various needs in the most fitting way possible. Additionally, considering the negative economic impact that this crisis poses to the region, further strengthens the rationale to use cash and vouchers as a tool to deliver programmatic objectives of the different food security & livelihood programs of African National Societies, aiming to bring a positive multiplier effect of the injection of capital to the local economies, and to empower the targeted population in their path to economic security and sustainability.

It is vital to ensure we are **communicating and engaging effectively with communities to ensure that their voices are heard**, both in our work and in our advocacy with others. 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 aligned across the different pillars and with other interventions to deliver integrated, multi-sectoral actions that enhance resilience at personal, household and community levels. 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
Pillar 1 Livelihoods and Household Economic Security	[a] # of people made vulnerable by COVID-19 reached with food and other in-kind assistance
	[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 to restore, adapt or diversify their livelihoods/economic activities through cash grants, in-kind distribution or skills development

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Pillar 2 Shelter and Urban settlements	[a] # number of people reached with safe and adequate shelter and settlements under the circumstances of COVID-19.
Pillar 3 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 in community engagement and accountability
Pillar 4 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

Other Key Regional Considerations	Related Regional Indicators
Pillar 1: Livelihoods and Household Economic Security	[a] # of NS with a Service Provider/Financial Service Provider (based on IFRC standards) [b] # of people / households / MSME supported to recover / adapt / improve their livelihoods activities
Monitoring and analysis of migration and displacement trends, needs and gaps, including needs assessment	# of refugees, IDP, migrants and host communities that receive COVID19 direct and collateral assistance
Pillar 3 Community Engagement and Accountability, and Community Feedback Mechanisms	# of refugees, IDP, migrants and host communities that receive adequate risk information / express satisfaction on access to services, rights and information (also through hotlines to ensure access to reliable information)
Co-lead RCCE interagency coordination for including establishing neutral coordination structures in ESA and WCA	# of interagency community feedback reports produced and shared

AP Code	Action Line	#of NS Involved
SI Pillar 1	**Livelihoods and Household Economic Security**	**34**
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 where possible, together with the Livelihoods Resource Center (LRC)	
AP009	Provide technical guidance for National Societies to develop projects that provide context-relevant livelihoods restoration/diversification for recovery or for longer term development together with the LRC	
AP009	Provide technical support to National Societies on how to Improve small producers and/or cooperatives, food production techniques, market linkages and value chain activities and processes and their conservation and processing capacities together with the LRC	
AP009	Provide technical support to National Societies in conducting labour market assessments adapted to COVID-19 together with the LRC	
AP008	Provide technical support in conducting needs assessment for agriculture-based livelihoods together with the LRC	
AP009	Provide technical support to National Societies in restart/reinforce small business in both rural and urban settings together with the LRC	
AP009	Provide technical guidance for National Societies on how to adapt small business and/or cooperatives livelihoods´ activities to the COVID-19 context and to improve their capacities together with LRC	
AP009	Provide technical guidance to National Societies, on how to support vulnerable household in food production and conservation (urban gardens)	

AP009	Provide technical guidance to National Societies on savings groups/ mother's club approach implementation together with LRC	
AP058	Provide guidance to National Societies to targeting process (remote or not) in rural or urban settings together with LRC	
AP081	Develop, share and disseminate CVA learning and knowledge across the regions, with webinars, case studies, videos, etc. in close collaboration with the Cash Hub, CPWG and when relevant, with external stakeholders CaLP, ODI, Cash Cap, etc.	
AP007	Provide support and guidance to National Societies in capturing lessons learnt and good practice on market-based intervention under a pandemic crisis together with LRC	
AP081	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)	
AP081	Cash data management system: IFRC to promote and provide Information Management guidance on cash data management system (e.g., Red Rose)	
AP081	Provide technical support to National Societies to fast-track cash preparedness	
AP081	Develop guidance, tools, learning and provide technical support for FSP mapping in coordination with the Logistics Unit, Cash Hub and CPWG	
AP081	Provide technical support for FSP procurement, in coordination with the relevant Regional Logistics Unit, Cash Hub and CPWG, promoting, when appropriate, the use of RCRCM FSP agreements and common delivery platforms or external platforms at national level	
AP081	Promote, when relevant, the harmonization of data management and tools between all IFRC members supporting National Societies	
SI Pillar 2	**Shelter and Urban settlements**	**14**
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	
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	
AP005	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).	
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)	
AP006	Localized shelter technical guidance: technical support, capacity building and provision of guidance and awareness to National Societies on organising, managing and providing COVD-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	
AP006	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.)	
SI Pillar 3	**Community Engagement and Accountability, and Community Feedback Mechanisms**	**39**
AP084	CEA technical staff are in place at the regional and cluster level to support and coordinate National Society RCCE and CEA activities	
AP084	Provide technical support to all sectors (shelter, livelihoods, migration etc) to build a CEA approach into programme design (information sharing, participatory approaches and feedback and complaints, including sensitive complaints)	
AP084	Deliver online and face to face CEA trainings to National Societies, IFRC and Participating National Society staff (3-day CEA training, branch level training etc)	

AP084	Community feedback is collated and analysed at the regional level and shared widely with the Movement through weekly Africa feedback reports to support operational decision-making	
AP084	Factsheets and videos are produced to support National Societies to respond to key questions and issues raised in community feedback about COVID-19 and the broader response	
AP084	Develop technical guidance and resources to address gaps and challenges in National Society responses, such as how to address denial and mistrust and how to design community-led solutions in refugee and IDP camps and informal urban settlements	
AP084	Capture and share best practices and support peer learning between National Societies through webinars and case studies, for example on tackling mistrust and denial and establishing feedback mechanisms to track COVID-19 perceptions and feedback	
AP084	Work with communications to deliver regional media webinars to brief journalists on key issues in community feedback and find ways the media can help address these	
AP084	Establish regional partnerships with external organizations to support National Societies to strengthen remote feedback collection and participation (e.g., Translators without Borders chat bots, Africa's Voices Foundation feedback through SMS, Ground Truth Solutions perception monitoring)	
AP084	Co-Chair the interagency RCCE technical working group for East and Southern Africa (ESA) and the community feedback sub-working groups (ESA and West and Central Africa-WCA) positioning IFRC as a leader in this sector within the wider response and with partners	
AP084	Conduct regular monitoring of the RCCE activities in order to measure the level of community trust in the response and satisfaction levels of community participation	
AP084	Continue to maintain and strengthen the RCCE coordination structure/collective service for ESA and WCA, as part of the global Bill and Melinda Gates Foundation project to scale up RCCE coordination for the COVID-19 operation	
SI Pillar 4	**Social Care, Cohesion and Support to Vulnerable Groups**	**33**
AP031	PGI online support: Developing online support and through guidance, follow up and ad hoc training for staff and volunteers on basic PGI issues and communication and setting up an online support-service for National Societies and IFRC offices to provide guidance	
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 access to services including PSEA, access/safety, violence prevention, safe-guarding and self-protection	
AP031	Mainstream PGI in response: Supporting National Societies in mainstreaming PGI measures in the response	
APO31	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 and issues of exploitation and trafficking	
APO35	Digitalization and online accessibility and delivery: Venture into digitalization and online accessibility and delivery of IFRC and National Societies educational resources, activities and messages	
APO35	PGI harmonized key messages: Providing technical support and guidance to National Societies for the dissemination and implementation of globally harmonised key messages and actions to prevent and control COVID-19 in school institutions	
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	
AP036	Monitoring and analysis of migration and displacement trends and risks: Including ongoing monitoring and analysis at the regional level, and guidance and support for National Societies to undertake monitoring and analysis, including targeted needs assessments at the national and community levels	
AP036	Peer-to-peer support: IFRC will support regional and cross-regional National Society dialogue and knowledge sharing on address the needs of migrants and displaced communities, including through mapping and documenting best practices from across the region, hosting webinars, tele-conferences and	

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	in-person support and face-to-face meetings where possible. This will include support for National Society engagement through cluster networks and migration focal points at National Society level	
AP036	Regional Representation and Advocacy: IFRC will support effective regional representation and engagement at the inter-agency and inter-governmental levels, including promoting the voices and experiences of National Societies and communities from across the region	
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	
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	
AP036	Targeted capacity strengthening on migration and displacement: IFRC will scale-up its programme of capacity strengthening of National Societies on migration and displacement; including at national level through support for national level dialogues/roundtables on the strategic role of National Societies in migration and displacement; and contextualized and targeted training for staff and volunteer	
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	

Priority 3: National Societies Strengthening
Requirements (CHF): CHF 8,239,000

Objective: 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, as well as to support them with domestic resource mobilisation.

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 leadership by facilitating activities aimed at strengthening their governance, skills development and Risk Management by having audited accounts and to have capacity to produce financial statements and further have abilities to deliver against their auxiliary and Humanitarian Diplomacy role on behalf of their governments and while aligned with the IFRC frameworks on National Society Preparedness and National Society Development.

Challenges presenting with the COVID-19 notwithstanding; National Societies as the last mile humanitarian service providers continues to be supported in developing effective partnership with partners, local authorities leveraged by their auxiliary role and humanitarian diplomacy to create an enabling space for collaboration and dialogue with governments and stakeholders.

Focus remains on Strengthening governance and financial sustainability as the cornerstones to realizing a fit for purpose National Society. Ongoing support to National Societies continues with efforts to integrate Values and Ethics defined in National Societies bylaws through review of the Red Cross Acts, auxiliary role texts and Humanitarian Diplomacy guidelines. SWOT analysis of National Societies capacity at both HQ and Branches through OCAC and BOCA assessments remains a priority.

For effective and successful emergency operations, the ongoing high-level engagements and convening with the National Society leadership on the basis of shared leadership will continue to be prioritized. Strengthening of National Societies and their capacities through the lens of financial sustainability pillars on digital transformation, support to leadership, Resource mobilization and volunteer engagement will continue to be resourced by sustaining momentum of collaboration and coordination with the NSD units in the Region and Geneva. National Societies will continue to get support and guidance to include NSD elements in their operational plans. Primarily, collaborative efforts will continue in ensuring Country level appeals budgets considers NSD activities that may be geared towards strengthening pre-disaster assessments using global assessment tools like OCAC and BOCA while Institutionalizing early warning systems on integrity concerns and feedback mechanism as part of mobilization of response mechanism and support pre-disaster development of risk management. Support to improving staff and volunteers' skills in monitoring, evaluation and reporting with credible evidence-based research and data analysis while anchoring on structures that support innovation and digital

transformation that drives integration of appeal and National Society development programs will be supported through collaboration with global and regional research centres and Federation-wide Databank and Reporting System (FDRS) units.

The 3 Pillars to Strengthening National Societies	Related Global Indicators
Pillar 1 National Society readiness	[a] # of people reached through pandemic-proof community preparedness, response and DRR measures [b] # of NS with developed contingency or business continuity plans for COVID-19 and other emergencies [c] # of NS whose role and activities are expressly included in the national government's main plan(s) for COVID response/recovery
Pillar 2 National Society sustainability	[a] Proportion (%) of core organisational budget that is funded [b] # of NS with unrestricted financial reserves for more than 3 months, Number of NS with digital platforms for resource mobilization, Number of NS with online membership recruitment Platforms [c] # of new streams for unrestricted income [d] # of NS that have adapted their business continuity plan (BCP) for COVID-19 or developed a new one.
Pillar 3 Support to volunteers	[a] # of NS whose volunteers are 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] % of NS COVID-19 volunteers with access to the Personal Protection Equipment (PPE) necessary to safely fulfil their duty
Other Key Regional Considerations	Related Regional Indicators
Support National Societies in strengthening mainstreaming of migration and displacement at programme and strategic levels	# of National Societies who have included migration and displacement in COVID-19 contingency and business continuity plans
Pillars 1 and 2: National Society readiness and National Society sustainability	# of National Societies and country offices supported to secure access to communities and necessary exemptions from restrictions (such as movement restrictions) that can hamper humanitarian work during COVID-19 # of National Societies that have strengthened their cooperation and formalized their auxiliary role with relevant authorities during COVID-19

APCode	Action Line	#of NS Involved
NS Pillar 1	**National Society Readiness**	**41**
AP001	Support National Societies and communities to develop/revise and implement multi-hazard preparedness plans and contingency plans which consider COVID-19 and integrate feedback mechanisms	
AP001	Support the implementation of existing PER work plans to ensure NS readiness to respond effectively. In addition, equip National Societies in need with teleconferencing equipment to facilitate working and interactions in the context of COVID-19.	

AP001	Support development/adaptation and rolling out of enhanced CEWS guidance, localized together with health experts including for monitoring of double/compounding vulnerabilities and improved risk communication in the context of the pandemic, and support National Societies to actively use the guidance, as well as implement risk perception studies		
AP001	Develop or adapt guidance for National Societies to implement FbF, including the relevant Early Action Protocols, under COVID-19 (or future pandemic/large-scale disaster) restrictions, and support National Societies to actively use the guidance to identify or modify FbF early actions to ensure they are actionable under COVID-19 restrictions (and capture evidence and learning)		
AP001	Capture evidence and document the lessons learned and best practices of communities' preparedness, early action and response for COVID-19 and disseminate them widely		
AP001	Support update/revising of PAPE messages and: support National Societies to actively use PAPE messaging for COVID-19, seasonal and non-seasonal hazards and related community preparedness and risk reduction awareness and action (and capture evidence and learning)		
AP002	Provide contextualized technical support to regional offices, partners and National Societies to strengthen their preparedness for response actions (use of helpdesks, peer to peer knowledge sharing, resources from existing initiatives such as the Community Epidemic and Pandemic Preparedness Program) (NDP, health, GDPC, CADRIM, CREPD)		
AP002	Monitor challenges and conduct Operational PER Assessment using the epidemic considerations (mid-way to inform revised plans) and/or Post-operational PER Assessment (see DREF lessons learning guidance) (NSP, health, CADRIM, CREPD) Support the implementation of workplans deriving from such assessments		
AP002	Support collecting and sharing of good practice and case studies and peer to peer knowledge sharing (NSP, health, GDPC, CADRIM, CREPD)		
AP004	Coordinate and support development and dissemination of 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 National Societies to actively use guidance and messaging (and capture evidence and learning)		
AP021	Support National Societies in the implementation country-level contingency plans in support of national and local authorities		
AP007	Provide capacity building (face to face or online) in livelihoods, markets, (together with LRC)		
AP081	Provide CVA capacity building (remote and face) to staff and volunteers in the National Societies in collaboration with the Cash Hub and CPWG		
AP058	Support National Societies in livelihoods programming preparedness		
AP058	Technical guidance: IFRC where necessary to provide technical guidance to National Societies' staff and volunteers on livelihoods training (at least livelihoods programming course)		
NS Pillar 2	**National Society Sustainability**		**33**
AP002	Support and guide CO/CCSTs and National Societies in strengthening the resource mobilization mechanism and system, in aligning with localization agenda and enhancing financial sustainability. This includes supporting establishment of reliable financial mechanisms and sustainable long-term domestic fundraising bases, strategies, plans and their execution, handhold NS leadership with application of auxiliary role and Humanitarian Diplomacy		
AP002	Support development and updating of contingency and business continuity planning (BCP) and SOPs, to ensure sustainable preparedness, response and recovery in relation to COVID-19 and other emergencies		
AP002	Support establishment and implementation of effective risk management systems and practices to ensure appropriate oversight (support NS consolidated audit and production of financial statements) and accountability across the National Societies from the branches to the national coordination office		

AP053	Support National Societies communications and collaboration capacity by enhancing their ICT facilities at branches and national office to Provide capacity for collaboration but also effective online stakeholder engagement (support NS establish digital fundraising platforms, financial development equipped with necessary hardware and software and online membership recruitment platforms)		
NS Pillar 3	**Support to Volunteers**		**41**
AP022	IFRC to support National Societies to strengthen capacities of volunteers and volunteer management systems, including policies, procedures, tools, and training. This will include increasing the number of multi-lingual online/virtual health trainings are available to increase number and capacity of volunteers and staff at National Society level. NS to ensure they have updated their NS Volunteer Policies and Code of Conduct to include Protection of Sexual Exploitation and Abuse (PSEA) and Child Protection measures		
AP040	Learning: Study humanitarian ecosystem approach on international vs national staff and volunteers; liaise with and get best practices from other organisations who have successfully navigated uncertain times, how they operate under isolated/conflict settings, etc. IFRC will also set up mechanisms to ensure volunteers are provided with a forum for the new global platform for volunteers (SOKONI) to facilitate peer communication, share experiences, and access tools and information between National Societies		
AP040	Solidarity mechanism for volunteers: Support establishment and enhancement of insurance facilities for volunteers that 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). NS will be expected to report quarterly on the status of and support provided to volunteers using the SOP-Data Collection for Volunteers tool		

International Coordination and Enabling Actions
Requirements (CHF): 13,500,000

Objective: **Enable National Societies to respond effectively with quality programming by facilitating a coordinated approach with international support in surge personnel, communications, information management and logistics, while ensuring accountability by National Societies in community engagement and inclusion of people the most at risk**

To support this response, the IFRC Secretariat maintains **Coordination, Evidence-based Programming, Communications and Advocacy, and International Support and Resourcing,** 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
International Coordination		
International Coordination	AP046	In coordination with Geneva Surge Desk and surge focal points in other regions, design and deliver the Induction to IFRC Operations online training for National Society members
Evidence-based programming, communications and advocacy		
PMER/MEAL	AP059	Provide support to National Societies to submit the various information needed for federation-wide reporting

PMER/MEAL	AP055	Conduct lesson learned workshops in five National Societies.

International Support and Resourcing		
Communications	AP053	Communication strategy for preparedness and response: IFRC to support National Societies in proactive engagement in public information activities (integrate the use of IFRC online platform, media relations activities, audio-visual productions and social media engagement)
Communications	AP053	Teams of communications specialists will work to generate high quality photos, video clips, and news stories for use across IFRC and National Societies cross media platforms
Communication	AP053	Communications action for the National Societies of the region is supported by the IFRC country offices and CCST, aimed at supporting the development and promotion of National Society-developed content.
Communication	AP053	IFRC communications team support National Societies will 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, including through development of key messages, facts and figures press statements, op-eds, etc.
Communication	AP053	Support the positioning of the National Societies of the region as a credible and leading humanitarian responder with a strong network of volunteers and expertise in disaster management. Includes ongoing targeted media pitching aimed at raising coverage of the Red Cross and Red Crescent response and overall regional challenges and issues.
Communication	AP053	Gathering and production of content, including high quality and value audio-visual materials on behalf of National Societies to support digital communications, including through hiring photographers/videographers.
Communication	AP053	Ongoing media monitoring and engagement through licensed access to global media database, in collaboration with global communications team.
Communication	AP053	Delivery of online skills training for National Societies on digital communications and AV production; and, spokesperson training (including leadership), coupled with mentorship of identified staff and leadership.
Communication	AP053	Monitoring and training missions to support CCSTs aimed at enhancing two-way learning and improved media and communications objectives.
Communication	AP053	Longer-term communications support to the National Societies in the region to ensure long-lasting impact and implement the communications strategy for preparedness and response.
HD / Disaster Law	AP057	Conduct trainings and develop advocacy, sensitization and educational materials for National Societies, government and policy makers, and other relevant disaster-related stakeholders on identified legislative advocacy issues
Logistics and Supply Chain	AP050	Regional OLPSCM to support CO/CCSTs and National Societies in supply chain management
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 Plan of Action

MDR60004 – COVID-19 OUTBREAK

Area of Intervention	Needs in CHF
DISASTER RISK REDUCTION	358,000
SHELTER	5,253,000
LIVELIHOODS AND BASIC NEEDS	12,508,000
HEALTH	55,000,000
WATER, SANITATION AND HYGIENE	3,500,000
PROTECTION, GENDER AND INCLUSION	1,750,000
MIGRATION	1,250,000
STRENGTHEN NATIONAL SOCIETIES	7,881,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	4,500,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	3,000,000
ENSURE A STRONG IFRC	6,000,000
TOTAL FUNDING REQUIREMENTS	**101,00,000**

Funding requirements by COVID-19 priorities	Needs in CHF
Priority 1: Curb the Pandemic – Sustaining Health and WASH	58,500,000
Priority 2: Tackle Poverty and Exclusion - Addressing Socio-Economic Impacts	20,761,000
Priority 3: Strengthening National Societies*	8,239,000
International Coordination and Enabling Actions	13,500,000
TOTAL FUNDING REQUIREMENTS	**101,000,000**

*Operational Priority 3 – Strengthening National Societies: includes Strengthen National Societies and DRR components.

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