



Revised Appeal MDRCOVID19

New Funding requirements: CHF 2.5 billion IFRC-wide of which CHF **550 million** is through the IFRC Emergency Appeal in support of National Societies.

Appeal timeframe: 31 January 2020 - 30 June 2022 / Extended 6 months.

EMERGENCY APPEAL COVID-19 Pandemic

The Federation-wide COVID-19 Appeal is a global effort by the entire membership of the International Federation of Red Cross and Red Crescent Societies to respond to the direct and secondary impacts caused by the pandemic across different sectors.

It combines the needs and collective analysis from National Societies Response Plans and IFRC Secretariat and complements the International Committee of the Red Cross's work and coordinates with the United Nations and international and local humanitarian actors.

The Revised Appeal extends the timeframe until June 2022 to continue supporting National Societies' work across the globe as auxiliaries to their governments to tackle the short-, medium- and long-term impacts of the pandemic. Noting that COVID-19 immunization roll-out will occur at different speeds across regions and countries, we need to **sustain our response across the operational priorities** and transition actions into long-term programming.

National Societies play a crucial role as local actors engaging with communities and coordinating with local authorities and organizations to identify needs, gaps, and synergy areas. **To play this role, we need urgent and sizeable investment.** The Federation-wide funding ask is revised upwards to CHF 2.5 billion based on latest reported data. 1.74 billion Swiss francs have been raised – **85 per cent already spent on lifesaving and life-supporting services**

The IFRC Secretariat appeal requires **CHF 550 million** (integrating the immunization annex) on behalf of National societies. To date 51 percent of this amount (CHF 279 million) has been raised. Many of the planned actions and emerging priorities including addressing socio-economic impact (livelihoods, shelter, migration and protection, gender and inclusion), immunization roll-out, supporting mental health and psychosocial support, and NS financial sustainability, are left with limited resources hindering the ability to provide the support needed.



March 2021, Lithuania. Volunteers from the Lithuanian Red Cross are helping older people cope with the vaccination process: helping them navigate the vaccination center, fill out the forms and do all the necessary paperwork needed to get the vaccine. © Lithuanian Red Cross

AT A GLANCE

GLOBAL REACH

The Red Cross and Red Crescent response's global reach is expansive and highlights the collective impact of the IFRC membership. For more information about the National Societies' response to COVID-19 to date, refer to the latest [12-month update](#).



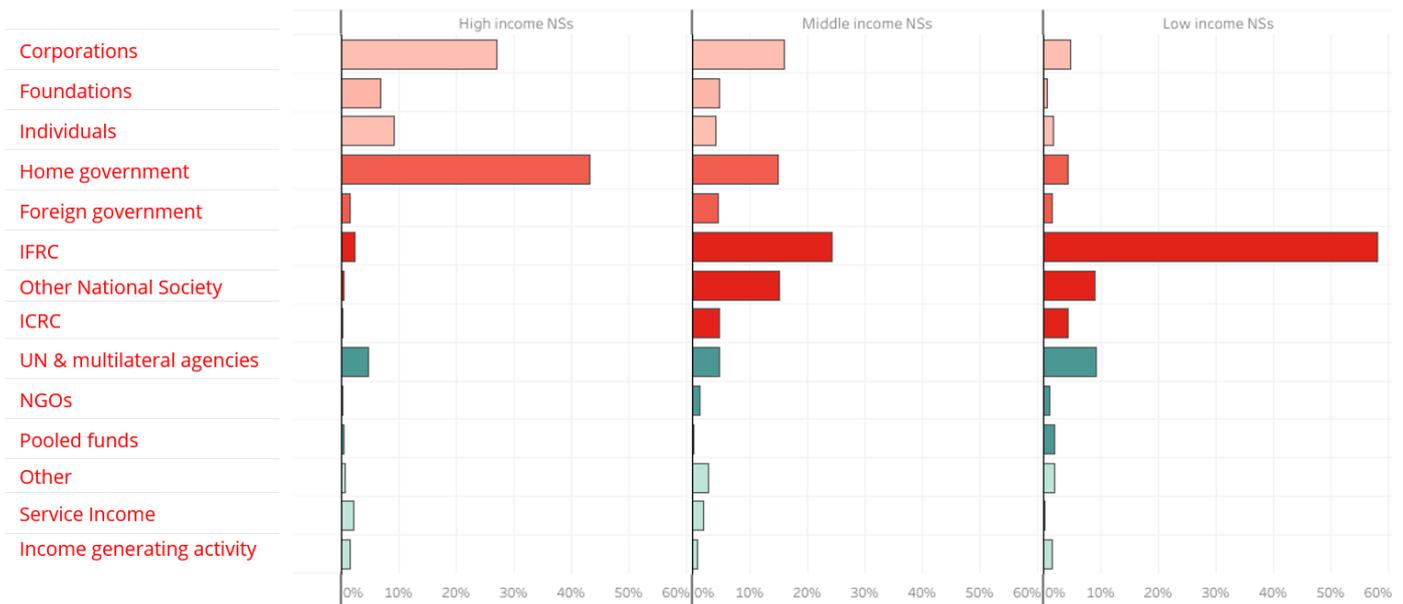
650 million people reached through RCCE for health and hygiene promotion activities
106.2 million people reached with **water, sanitation and hygiene support**
8.7 million people reached with **mental health and psychosocial support**

79.5 million people provided with **food** and other forms of **in-kind assistance**
4.2 million people reached through cash and voucher assistance.
4.2 million people reached through exclusion related programs



73.6 million people covered through pandemic-proof DRR programming
134 NS are included in the government plans

National Societies are uniquely placed to respond to the COVID-19 pandemic and other overlapping emergencies. At least 51.6 million people worldwide are estimated to have been affected by disasters, including floods, droughts, storms, and COVID-19¹.



Over the past 12 months, governments and corporations have significantly supported the Federation-wide response, mainly to high-income National Societies. For middle- and low-income National Societies², **the IFRC secretariat has filled the inequity gap mobilizing resources to support National Societies in these countries**. This collective funding approach allows the IFRC to deliver much needed financial support to National Societies that need it most.

RESPONDING TO NEEDS – PP. 4-9

¹ <https://media.ifrc.org/ifrc/press-release/least-51-6-million-people-doubly-hit-climate-related-disasters-covid-19-new-analysis-ifrc-reveals/>

² The chart classifies National Societies according to their reported Covid19 income with "Low income NSs" if income is equal or lower to CHF 500,000, "Middle income NSs" if income is over CHF 500,000 and equal or lower than CHF 10,000,000, and "High income NSs" if income is over CHF 10,000,000.

Based on current primary and secondary sources and a multi-sectorial analysis, this Revised Appeal presents the main sectors' current situation since the last revision in May 2020. This analysis looks at the main areas of support required in the face of the extensive humanitarian challenges for the remainder of 2021 and the following year.

This Revised Appeal seeks to bring attention to the complexities of the response and cross-cutting issues. This includes sustaining health activities, supporting immunization efforts, addressing the increasing socio-economic impacts and continued support to National Societies. Particular attention is given to the situation of **people on the move, fragile contexts and the compounding needs of other disasters and crisis**, ensuring that protection, gender and inclusion needs, and community engagement and accountability are mainstreamed.

OPERATIONAL PRIORITIES – PP. 12-18

The Revised Appeal maintains three Operational Priorities. Each Operational Priority is supported by specific Pillars that reflect the different work areas National Societies engage in their countries and our technical support to their work. Several enabling actions and support services reinforce this overall framework.

1. Sustaining Health and WASH



2. Addressing Socio-economic Impacts



3. Strengthening National Societies



Our response is guided by the **Fundamental Principles and Values and Strategy 2030**. This Revision considers the shifting context, unmet and emerging needs and the lessons learned from the past year of response.

COORDINATION – PP. 10-11

The IFRC coordinates within the **Red Cross and Red Crescent Movement components**, ensuring country teams can provide all required assistance to the National Society in-country. The IFRC also plays a key role as convenor and knowledge broker across the membership through its Reference Centres and technical teams.

Simultaneously, **IFRC continues to advocate for the needs of the most vulnerable communities and groups affected by the pandemic with governments and in international humanitarian forums**. IFRC also maintains regular coordination with the UN System and other international humanitarian organizations.

REGIONAL OVERVIEW – PP. 19-28

This section presents an overview of the current context, main achievements and lessons learned, priority areas and challenges ahead per each IFRC Region: **Africa – Americas – Asia-Pacific – Europe – Middle East & North Africa**.

ENABLING ACTIONS AND SUPPORT SERVICES – PP. 29-31

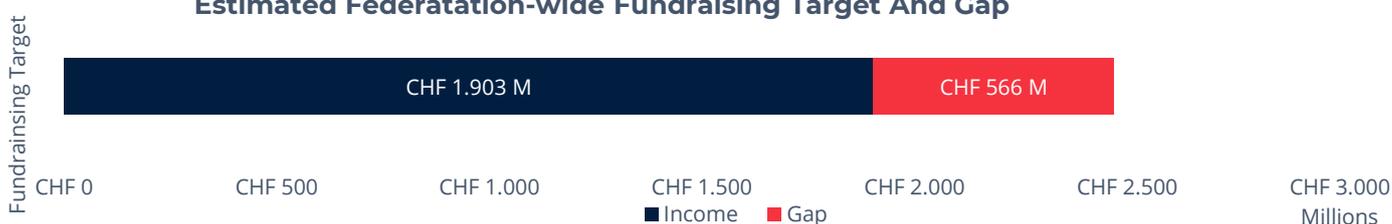
The IFRC Secretariat continues to adapt its processes that underpin the response across different areas. The IFRC's efforts continue cementing the advances made in innovation, digital transformation, and information management through data collection systems and capturing and sharing experiences to make our response more agile and evidence-based.

FUNDING REQUIREMENTS PP. 32-33

CHF **2.5** Billion

The Federation-wide funding requirements is an estimation based on the National Society fundraising target for their domestic activities and the IFRC Secretariat appeal on behalf of the membership. At per the latest data collection round up to January 2021, 178 out of 192 National Societies reported financial data. It is possible that National Societies are still revising their domestic target based on the level of engagement they will have as they plan further actions in the roll-out of COVID-19 immunization support activities.

Estimated Federation-wide Fundraising Target And Gap



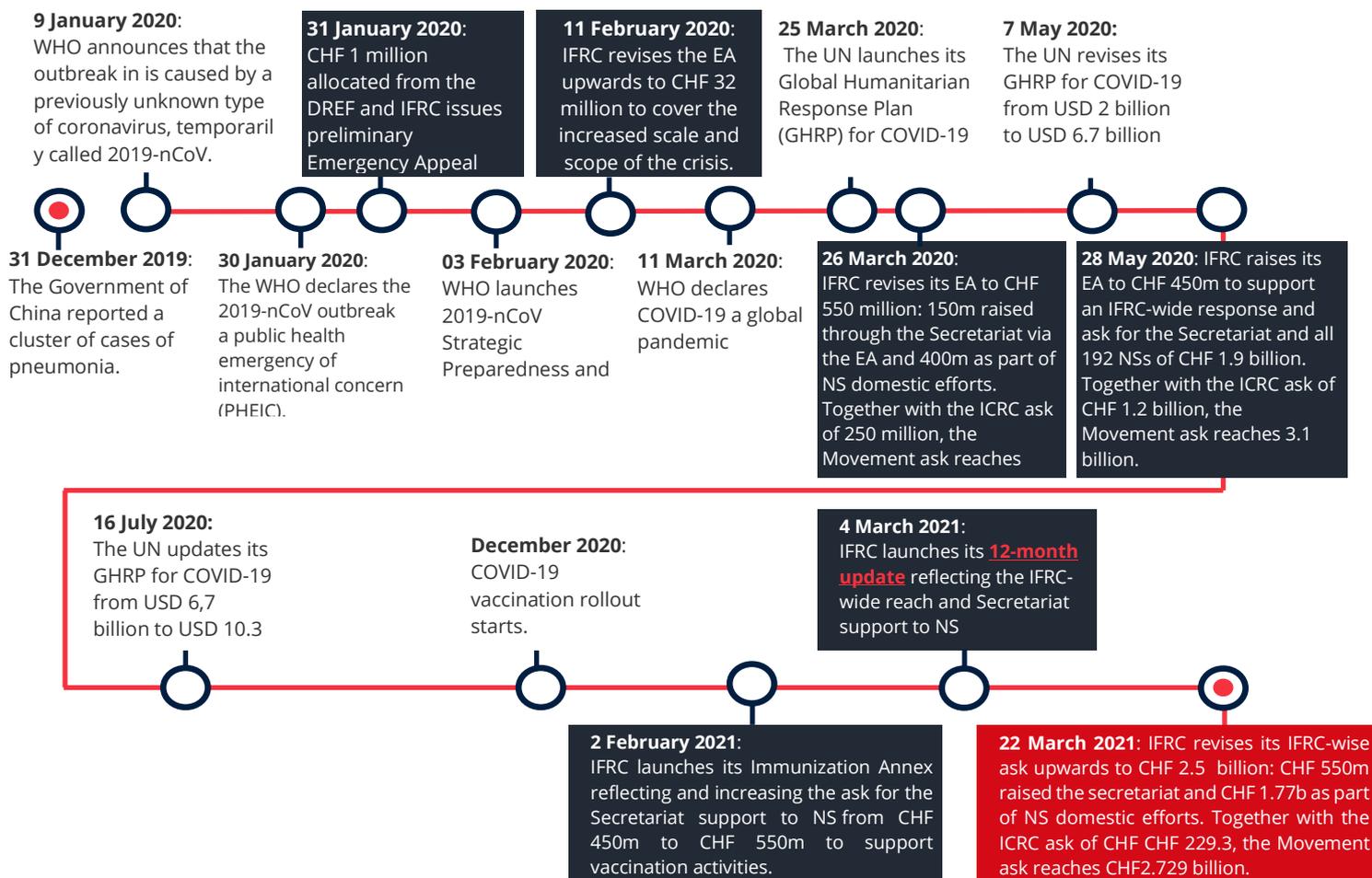
CURRENT SITUATION AND TIMELINE

COVID-19 continues to impact the lives of billions of people around the world, **amplifying inequalities, destabilising communities, increasing vulnerabilities, triggering mental health conditions** or exacerbating existing ones, and jeopardizing progress towards the SDGs. This includes loss of livelihoods, disruptions in education, lack of protection and increased domestic violence. The effects on mental health and wellbeing are undeniable. Nations took various measures to control and suppress virus transmission and mitigate its impact on health systems. However, the massive disruptions to the global economy will have long-lasting socio-economic implications. **Governments are trying to navigate the delicate balance** between preventing large-scale community transmission and protecting national economies to avoid further socioeconomic collapse. The rollout of **COVID-19 vaccines provides a glimpse of hope** for millions of people whose lives have been drastically disrupted. However, ensuring equitable access to vaccines is crucial across the world.

While high- and middle-income nations are placing most of their efforts to rapidly roll-out large scale COVID-19 immunization campaigns, some **estimations point to years until low-income countries reach the needed immunization coverage**. It is essential that the most vulnerable and marginalized populations – refugees, migrants, people with disabilities - can access vaccines across all countries. Vaccine hesitancy and misinformation can delay these efforts. At the global level, the IFRC's work will focus on equitable access to vaccines and promote solidarity among the Red Cross Red Crescent network with the support of their respective governments as a neutral, independent facilitator between and within countries. At the country level IFRC will support National Societies and their Governments in planning and implementing vaccination campaigns in the hardest to reach areas to immunize the most marginalized individuals and 'last mile' communities. With this panorama, we must **not underestimate the continued strain and pressure that vulnerable communities face concerning mental health and livelihoods** throughout 2021 and the following years.

Given the current scenarios and needs globally, the International Federation of Red Cross and Red Crescent Societies (IFRC) will continue to **maintain and sustain its technical and financial support to its members worldwide in response to COVID-19**. Only through a strong network of local actors, coordinating with partners on the ground, including trained and equipped volunteers working alongside the community, can we ensure that the most vulnerable receive the care, resources, information, and support to overcome the impact of this global crisis.

Timeline



RESPONDING TO NEEDS

COVID-19 resulted in more than 122 million cases and over 2.7 million deaths worldwide³. **The toll in terms of lives lost is higher than any other emergency in recent history.** The pandemic's secondary impacts are vast and multi-dimensional. UNDP estimates more than 100 million people have been pushed into the threat of extreme poverty, with millions likely to follow. Worrying trends have been observed in each of the three operational pillars, as outlined below.

Health and WASH	Socio-economic impact	Strengthening National Societies
<p>Adherence to public health and hygiene promotion measures remains critical – surveillance, testing, contact tracing and isolation, prevention measures remain the cornerstone of epidemic control. The secondary impacts of COVID-19 on national health systems and long-term health consequences for individuals and communities will continue to require additional attention, including mental health and psychosocial wellbeing.</p> <p>National Societies have a crucial role in supporting public health measures in collaboration with national authorities.</p> <p>Approvals of COVID-19 vaccines by regulatory authorities worldwide have given hope that an end to the pandemic's acute phase may be within reach. However, insufficient availability and inequitable distribution of vaccines are likely to constrain immunization impact in the containment of COVID-19. Also, the emergence of new variants of the virus may reduce vaccines' effectiveness.</p> <p>To realize the full potential of vaccines, they must be distributed fairly and equitably with the sustained engagement and trust of communities and local actors throughout the process.</p>	<p>Health-related activities have been the focus of most National Societies over the past 12 months. However, there is an increasing need to scale up efforts that address the socio-economic impacts. Certain individuals, groups or communities, face greater marginalization and unequal treatment and more violence than others. Increased inequality and poverty from COVID-19 will have long-term consequences and is creating additional threats and vulnerabilities. The ensuing economic crisis impacted the most vulnerable and marginalized groups' livelihoods, and recovery will be difficult without assistance.</p> <p>National Societies can support governments' national responses in addressing existing inequalities and achieve an equitable response to the pandemic's impact. Addressing these inequalities needs to be an explicit priority and viewed through an immediate, medium, and long-term lens. The approach must ensure inclusion and protection of the most vulnerable within communities (elderly, people with disabilities, women, girls and boys)</p>	<p>The impact of COVID-19 on National Societies combines a significant demand to respond to humanitarian needs and substantial investments to increase frontline workers' capacity to respond to COVID-19 and other emergencies, including evolving political instability and complex and protracted humanitarian crises.</p> <p>Simultaneously, the volume of demands creates high implementation costs for National Societies' activities, combined with increasing staff and volunteers' exhaustion and stress.</p> <p>National Societies have continued to expand the scope and geographic reach of services for both COVID and non-COVID programs to meet the growing needs and gaps and at the request of various health, social, and education authorities. Red Cross and Red Crescent branches require further support as they embody the <i>last-mile</i> localization approach.</p>

The following section highlights the current needs across operational areas:

Health and Water Sanitation and Hygiene Promotion (WASH)

Continued emphasis on core public health epidemic preparedness and response measures is needed, including fundamental community health programming (such as immunization, community-based health and first aid, mental health and psychosocial support, epidemic control for volunteers, community-based surveillance) and continued coordination with governments. There is a **need to stay alert as public health and social measures are relaxed** in some regions before a critical mass of vaccination has been achieved within and between countries.

³ WHO data as of 22 March 2021. For the latest figures visit: <https://covid19.who.int/>

Support equitable, safe, and efficient vaccine roll-out in all its different stages: Likewise, the vast disparities in access to vaccines, both within and between countries, is cause for enormous concern, both from a health equity perspective and from an epidemiological perspective, as unequal distribution of doses allows elevated levels of transmission to continue in the most vulnerable populations and those with least access to lifesaving treatment. It creates opportunities for the emergence of further variants that may undermine the impact of vaccination globally. **There is a deadly gap in the global plan to distribute COVID-19 vaccines equitably.** While there is growing recognition of the importance of equitable vaccine access, this has not yet translated into investment in *all* the systems needed to turn this ambition into a reality.

Governments and donors are focusing on international procurement and distribution of vaccines to countries. **Procurement and distribution across countries is important; however, it is not enough.** Equal attention is needed on in-country distribution, including how they reach isolated and marginalized communities within the last mile. While initiatives like COVAX ensure that vaccines will reach the tarmacs of airports in capital cities in participating countries, additional measures are still needed to *guarantee* that those vaccines get off the tarmac and out into the arms of all who need them.

Prepare and support increased needs from long-term health impacts of COVID-19 due to both “long COVID” and the effects of delayed care and treatment during the COVID-19 pandemic (including MHPSS, HIV and TB testing and treatment, and regular immunization). Researchers are still learning about the **long-term health implications of COVID-19 disease** and the full impact it has had—and may have for years to come—in disrupting health systems globally. While the roll-out of COVID-19 vaccines is vital, we must not forget that support for **basic prevention and hygiene promotion measures are still essential to reduce virus transmission.**

Continued advocacy, investment and coordinated strategies are still needed to support the scale-up of communities' efforts to increase public trust in vaccine effectiveness and safety: The COVID-19 pandemic has been paralleled and fuelled by a global pandemic of distrust. While the introduction of vaccines in many countries is cause for celebration, we have learned that biomedical solutions can only go so far without the support and acceptance of people and, more broadly, the communities they live in. Unequal distribution of vaccines and slow reach in many regions means populations will continue to suffer the pandemic's consequences through 2021 and beyond.

Address low-risk perception and work with communities to maintain preventative measures at the same time as vaccines rolled out starts: Without the sustained engagement of communities and local actors, efforts to put lifesaving tools, **services and information in place can be undermined by misinformation, confusion, and mistrust** that can prevent people from accessing life-saving interventions, and lead to ineffectiveness. Community feedback collected across regions also shows that pandemic fatigue affects people's perception of risk and that communities want to recover a sense of control and agency. There is little evidence suggesting that people feel that they can influence decision-making about the responses to COVID-19, which has fuelled mistrust and fatigue.

Effective coordination of risk communication, community engagement and accountability are essential to foster community trust, social cohesion and public solidarity. These pave the way for emerging lifesaving COVID-19 biomedical measures (diagnostics, treatments and vaccines) and address the decline in demand for essential health services, a secondary impact of the pandemic.

There's a need to pivot from short-term hand hygiene to sustainable WASH access to provide more efficient services to combat epidemics, promote community acceptance and reduce the underlying risk factors that increase their impact. The pandemic has also directly affected resourcing for other ongoing WASH programs and development objectives, specifically concerning WASH services and provision for at-risk groups, such as juvenile females, disabled people and the elderly.

Socio-Economic Impacts

The pandemic continues to have massive and wide-ranging **secondary impacts that affect the livelihoods and economic security of already vulnerable and marginalized populations worldwide**. This leads to people becoming even more susceptible and ignored in these contexts as formal and informal protection mechanisms deteriorate. The pandemic disrupted work, incomes, labour markets and economies almost everywhere. The impact on employment has been significant, with the equivalent of 255 million full-time jobs lost in 2020⁴. Those working in the informal economy, particularly in urban areas, are even harder hit, although this is more difficult to measure. Estimates in 2020 indicated that 1.6 billion of the world's two billion informal workers suffered a significant drop in their income.⁵ A sharp increase in food insecurity has been seen, and this has continued to rise⁶. Poverty, and the associated inequality, is growing.⁷ The disproportionate impact that the crisis has on child poverty, and poverty rates for women and girls, has been well highlighted.⁸

More evident now is how existing vulnerabilities have been exacerbated, while the impact differs across regions and sub-regions, with many communities now facing compounding risks. COVID-19 stigma and discrimination affect many, especially the most vulnerable, leading people to adopt more risky behaviours and affect social cohesion. Rising inequality will magnify the secondary impacts of COVID-19, meaning poor and marginalized groups may be worse off and slow the wider society's overall recovery. The latest ACAPS analysis on gender and livelihoods found women are more affected by job loss because of their overrepresentation in the services sector. Female domestic workers face higher risks of exploitation, and the salary gap highly affects women (even though they represent more than 70% of health workers).

Workers in the informal sector are more affected due to a lack of access to any social safety net and quality health care. Movement restrictions and social distancing have also affected livelihood activities. Migrant workers are a highly vulnerable group, and in some contexts, they have been both unable to work and unable to return home. Many families are indirectly affected by the collapse in remittances sent home by overseas migrant workers.

For the **urban poor, covering rent and utility costs, and facing eviction, is a constant challenge**. Loss of jobs and income causes the loss of affordable housing, which exposes people to higher protection and health-related risks, and psycho-social care issues. The need to ensure lifesaving information and risk communication to reduce protection risks (e.g. domestic violence, trafficking and sexual and gender-based violence) becomes paramount. In contexts where people were already highly vulnerable, having been subject to multiple shocks, whether conflict, displacement, climate change, or still recovering from other crises, the effect of COVID-19 on their household economy has been overwhelming. In some contexts, people may be forced to choose between following public health and social measures and making enough money to survive.

The various levels of restrictions and the severe impacts on people's access to livelihoods, education or protection, have **increased the occurrence and risk of violence**, particularly domestic violence, child abuse and neglect and exploitation. Even as restrictions ease in some countries, vulnerable families have depleted their coping mechanisms, having used their savings, sold productive assets, and taken on debt. These families will find it difficult to recover their livelihoods without support. Often, adverse coping mechanisms lead to additional protection risks related to child protection, trafficking in persons and gender-based violence. In many situations, despite remote learning policies and the necessary technology at home, children may be unable to learn due to skill gaps among their teachers or lack of parental support. Even short disruptions in schooling can have long-lasting negative impacts due to the lack of structured programmes for catching up. It should also be noted that in the past, school closures have led to an increase in child marriage and child labour which often prevent children

⁴ ILO calculated that in 2020, 9% of working hours were lost globally, equating to [255 million full-time equivalent jobs](#).

⁵ Up to [1.6 billion informal workers](#) negatively impacted.

⁶ [WFP reported in November 2020](#) that 272 million people are acutely food insecure or at risk, in the 79 countries where WFP operates, due to the compounding effects of COVID-19. This is an increase from the 121 million reported in June 2020.

⁷ In December 2020, [UNDP](#) estimated that the pandemic's long-term effects could push 207 million people more into extreme poverty on top of the current trajectory, bringing the total to over 1 billion by 2030.

⁸ [UNICEF](#) and [UN-WOMEN](#) highlighted the disproportionate impact that the crisis is having on child poverty, and poverty rates for women and girls.

from continuing their education. While Government assistance has ramped up in most countries and progress on scaling up social protection systems, it is insufficient to meet the needs and reach the most vulnerable.

National Society strengthening

The reach and scale of the COVID-19 pandemic and the unprecedented global recession **required National Societies to adapt, innovate and scale-up their services and programmes rapidly**. Movement restrictions have highlighted the importance of the **Red Cross and Red Crescent (RCRC) volunteers and branches as strong local actors who can respond to communities' needs and expectations**. The risks of disasters and crises aggravating existing vulnerability conditions require National Societies that are ready and engaged with local and national authorities to reinforce complementarity.

Data show that **40% of National Societies have indicated decreased unrestricted income due to the pandemic. Financial sustainability remains a priority** for the next period alongside the expansion of full insurance coverage of volunteers– both preconditions for the success of the sustained response to the pandemic, continued contributions to community resilience and capacity to respond to other disasters and crises. Simultaneously, complex financial sustainability issues were at the heart of National Societies' request to access the ongoing **pro-bono Action Learning coaching** (global agreement with the World Institute of Action Learning, WIAL)¹⁰. Scenario development and linked predictive financial risk management will be critical to equip National Societies to weather the economic recession's aftershocks.

The duty of care to staff and volunteers remains critical and ongoing efforts must ensure that this duty is fulfilled. Volunteers at the frontline continue to play a vital role. They need ongoing support to connect better and learn from one another and support their communities while being covered by appropriate insurance and PPE. There is a continuing need to ensure psychosocial support to RCRC volunteers who are also experiencing the long-term effects of the pandemic while they continue to carry out their duties.

COVID-19 is providing an opportunity for a growing number of National Societies to **rediscuss and strengthen their auxiliary role with the government**, in particular, to respond to epidemics and pandemics. As first responders, National Societies have demonstrated their role in engaging communities as full-fledged partners to effectively prevent, detect and respond to significant infectious disease threats and minimize their effects.

National Societies also **need to further invest in their operational capacity and coordination with other actors** to respond to the pandemic and multiple disasters and crises taking place simultaneously. **Risk analysis, in particular, has been identified as a gap** that needs to be addressed and is vital for both contingency planning and business continuity planning. The effective management of Emergency Operation Centres is another priority that requires further investment.

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¹⁰ Action learning is a facilitated process to tackle complex issues and problems, facilitate the identification of feasible solutions and test them out, while continuously learning from the process. The global partnership with WIAL makes available certified coaches for National Societies to accompany the process, in their own language, for free. For a practical example of the power of Action Learning, please access the following video: https://youtu.be/qs_RCAs12Bw

RISKS AND CROSS-CUTTING ISSUES

The risk to People on the move

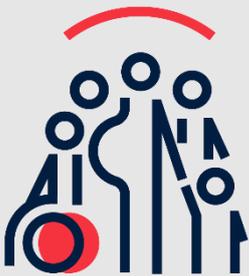


Migrant, refugees and displaced populations are often at high risk of contracting COVID-19 while lacking access protection mechanisms. [Recent research conducted by the Migration Lab](#), as part of a Movement initiative, on migrant access to essential services and migrant inclusion in COVID-19 national response plans has highlighted this reality. Migrant and displaced populations may live in more crowded conditions, with limited social distancing opportunities, and be more reliant on public transportation. Even before COVID-19, there were significant barriers for irregular migrants to access health care and other essential services, and this reality has become even more striking in the face of COVID-19.

While some countries have made progressive steps to include migrants, refugees, and displaced persons in health-care services in the face of COVID-19, in practice, significant barriers remain stemming from lack of identification, language barriers, lack of awareness and more. Often excluded from national response plans, migrants lack access to protections and support that others receive during these difficult times, particularly regarding livelihoods and healthcare, and face an uncertain future for how they will be included in vaccination roll-out. Settled migrant populations also face exclusion or de-prioritisation due to their lack of legal status, social stigma, and xenophobia.

Situations of established migratory routes, protracted displacement, or large numbers of new arrivals require a well-resourced, sustained, and long-term response plan alongside humanitarian diplomacy investment.

Risks to Fragile Contexts



National Societies in fragile and complex contexts may have more significant needs for strengthening interventions. Fragile countries are characterized by having weak infrastructure and systems, poor governance, environmental degradation, mistrusted political leadership, systemic corruption, frequent disasters or protracted crises. These factors impede the functioning and development (and sustainability) of essential public services and systems and robust legal mechanisms. Pre-COVID-19, many fragile states experienced underdevelopment and lack of ability to provide the most basic services within urban and rural settings. The past 12 months have amplified the fragility and risk exposure of large population segments and exposed others (middle class) to new realities by further eroding pre-COVID availability of goods and services.

Risk of Compounding Needs of Other Disasters and Crises



Responding to other emergencies while the pandemic continues has been particularly challenging. Compounding crises accelerate vulnerability and increase needs, while state resources and infrastructure have been severely limited. With our local presence, we are being **called upon to do more with less and fill the gaps.**

Mobilizing resources: It has been challenging to raise funds for non-COVID emergencies, with less funding available and less flexibility from donors in many situations. Funding predictability has been difficult, resulting in a funding shortfall across many operations and programs.

Mobilizing human resources: COVID19 has presented challenges in deploying international staff, border closures and transport constraints, highlighting the importance of strong local staff and volunteers. Simultaneously, the local actors are stretched and exhausted, pulled between multiple humanitarian needs, with many battling Covid-19 either themselves or in their families.



Other challenges include adapting to the new way of working in a digital environment, balancing a need to deliver humanitarian services, ensuring duty of care to volunteers and staff, and ensuring integrity, transparency, and accountability while operating in a restrictive environment caused by the pandemic. Despite these difficulties, we have redoubled our efforts to respond to humanitarian crises and longer-term development and resilience-building activities in communities. From the Beirut port explosion to hurricanes in the Americas, locust infestation in Africa to floods in Asia, and cyclones in the Pacific and the Indian Ocean.

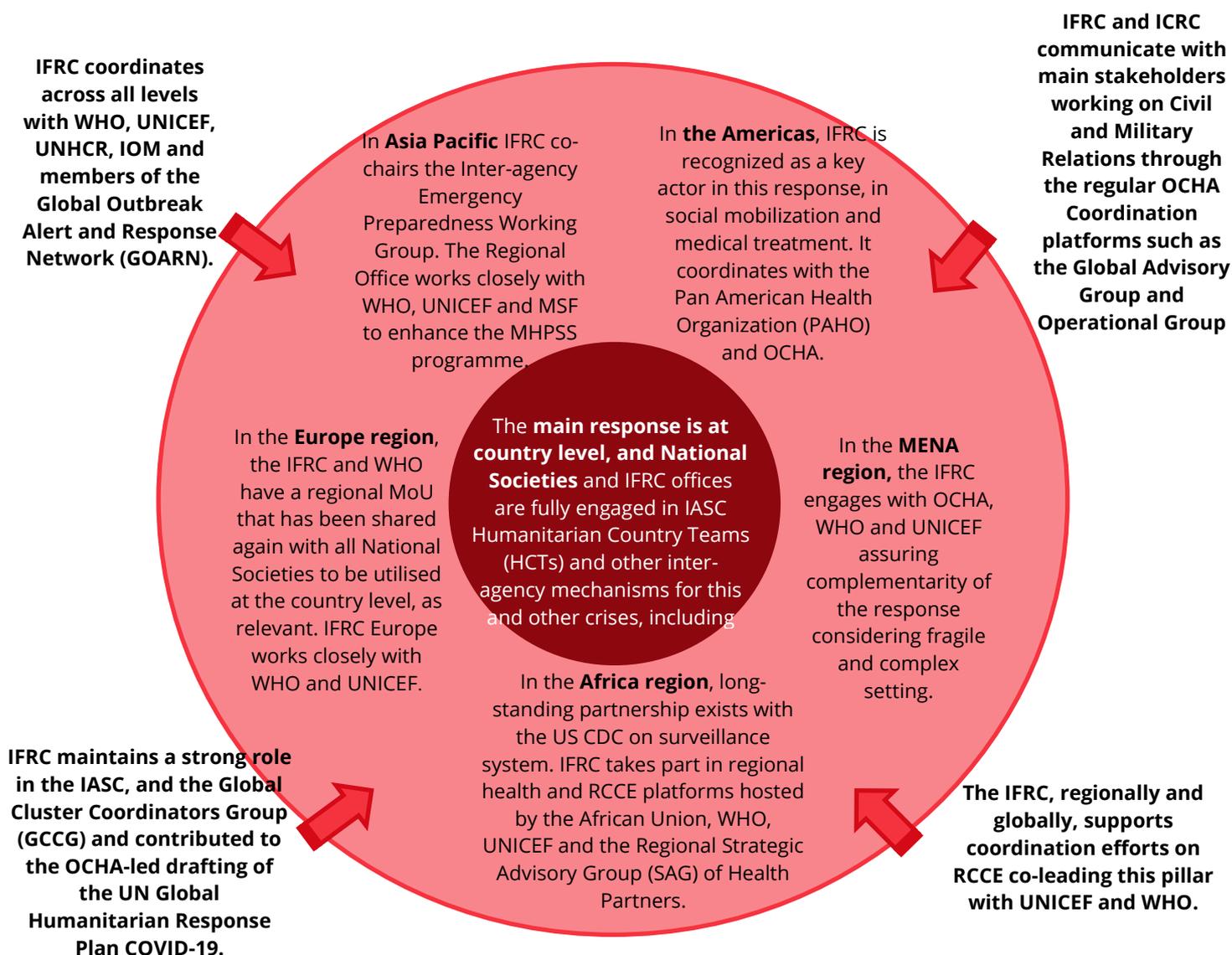
COORDINATION

Coordination with external actors

As auxiliaries to the public authorities and partners of choice for their governments, National Societies have been involved in coordination, planning and response mechanisms convened by Ministries of Health (MoH) and broader governmental structures and national and local coordination with government and other organizations at country level. Some National Societies continue to work with governments' national and sub-national emergency operations centres (EOCs) and Humanitarian Country Teams (HCTs).

The IFRC continues to co-lead the Risk Communication and Community Engagement Collective Service. The Collective Service is a partnership between the IFRC, UNICEF and WHO, which leverages active support from the Global Outbreak Alert and Response Network (GOARN), and key stakeholders from the public health and humanitarian sectors. The Collective Service brings together a wide range of organizations engaged in policy, practice, and research for RCCE to ensure expert-driven, collaborative, consistent and localized RCCE support reaches governments and partners involved in the national COVID-19 response and beyond.

IFRC is also part of the UN Network on Migration, which provides global direction for the COVID-19 response concerning migration. The network also coordinates with the World Food Programme (WFP) on logistics and supply chain and is part of the IASC Information Management, Assessment and Analysis Cell and INFORM index. IFRC has supported the development of the COVAX Humanitarian Buffer and collaborates with technical and strategic health partners through the Global Outbreak Alert and Response Network (GOARN).



Membership and Movement Coordination

Membership coordination: Under its mandate, the IFRC secretariat has prioritized effective membership coordination since the start of the COVID-19 response. This coordination has occurred at the strategic and operational levels and in thematic areas. At the strategic level, coordination takes place through regular leadership discussions with National Societies, through a National Society Advisory Group. Issues are discussed bi-weekly between the IFRC and a group of National Societies', regional consultations with National Society leadership, and co-creation of the response's strategic direction.

At the operational level, the IFRC secretariat has been instrumental in creating and implementing the Federation-wide approach to the operation described above, including the associated planning and reporting frameworks. The response to COVID-19 has also mobilized the collective resources of the IFRC network, sharing leadership among the IFRC Secretariat and its National Societies. This comprises both thematic support through various co-creation groups and geographical support. **Thematic support is being provided by adapting or producing innovative COVID-19 tools and guidance of global applicability.** This includes an online help desk for NS Business Continuity Planning hosted by the Global Disaster Preparedness Centre, a Health Help Desk, Service Desks for Livelihoods and Cash Transfer programming support through the Livelihoods Resource Centre and Cash Hub, an Urban Pandemic Technical Support Service to support urban preparedness and response, a global exchange platform for volunteers (SOKONI) to provide information and space for volunteers, guidance on National Society financial sustainability, and regional guidelines on the inclusion of migrants in the COVID-19 response.

The Federation-wide approach to COVID-19 has also involved peer support between National Societies through **country support teams'** deployment to assist in their domestic response. Partner National Societies with presence and capacities in a country have supported particular aspects of a National Society's COVID-19 domestic response plans. Partner National Societies also contribute to domestic responses in other countries, through bilateral partnerships, including cash, in-kind support, and personnel. There is also ongoing work to share and re-purpose human resources from across the network so that human resources can be transferred to enable people to help where they are most needed.

Movement Coordination: Across all levels, the IFRC is strengthening collaboration within the International Red Cross and Red Crescent Movement to streamline its response to the pandemic and Movement cooperation structures and modalities in line with the Strengthening Movement Coordination and Cooperation (SMCC) process. The IFRC and ICRC have worked closely issuing coordinated appeals and coordinating the response to the pandemic.

The revision of this Appeal has been a process of engaging with all IFRC and Movement partners to deliver a unified approach across the International Red Cross and Red Crescent Movement. The Revised Appeal is presented in coordination with the revision of the ICRC appeal, which carries out actions in response to COVID-19 and provides additional support to National Societies in conflict-affected areas. This is part of broader coordination with the ICRC and presents an ambitious Movement-wide footprint.

Humanitarian Diplomacy and Representation: The IFRC network **assists National Societies in undertaking humanitarian diplomacy** in common areas of concern relating to COVID-19 by collecting and sharing information on challenges and good practice and providing clear messaging and evidence across all levels. This includes advocacy for: a) equitable and effective dissemination of COVID vaccines, b) safeguarding marginalized groups (such as migrants and refugees) are not left behind, c) ensuring that critical areas of needs are not overlooked, including responding to the mental health impacts of the pandemic and d) continuing to manage other ongoing disasters and crises. At a global level, the IFRC supports operationalizing localisation commitments and advocates for international policy decisions to ensure COVID-19 programming effectively supports local actors' capacity and leadership. At the regional and country-level, IFRC works on similar issues, in particular, the regulatory and policy environment for IFRC health and humanitarian service delivery (see the [Disaster Law Programme](#)), the auxiliary role of National Societies in the health sector, promoting equitable protection for the recovery of vulnerable groups; protecting humanitarian space and sustainability.

OUR ADDED VALUE TO THE GLOBAL RESPONSE

The section below provides an overview of the National Societies and the IFRC Secretariat's critical contributions to the pandemic's global humanitarian response based on their local positioning and convening and coordination role, respectively. **The IFRC Secretariat enables National Societies' work to promote an environment to prevent further inequalities and support marginalized communities.** The Red Cross and Red Crescent response is based on our **Fundamental Principles**, and the **do no harm approach**.

Sustaining Health and WASH	Addressing Socio-economic impact	Strengthening National Societies
<p>Outbreaks begin and end in communities – thus, the RCRC National Societies' position within the community they serve is critical. They have shown to be immensely important to the COVID-19 response, especially when international and even local travel restrictions were in place.</p> <p>The capacity to provide evidence-based health interventions, building on cornerstone activities (including Community-based Health and First Aid, Epidemic Control for Volunteers, risk communication, community engagement and accountability and community health services) with the trust and understanding developed through years of living and working within local communities has highlighted National Societies' strength compared to other actors when it comes to responding to local and global health risks including COVID-19. NS' auxiliary role with governments allows us to work within and strengthen existing systems rather than create parallel solutions.</p> <p>As vaccines come to be delivered, the IFRC supports National Societies in ensuring that community entities continue to play a vital role in reaching and engaging the 'last mile': helping to enhance people-centred design for context-appropriateness and equity, preparing communities for the roll-out of immunization efforts, and prioritizing the underserved communities and make sure we put the 'last mile' first.</p>	<p>National Societies have the advantage that they are already engaged with the most marginalized populations and are well placed to identify which groups are hit worst in terms of household economic security by the compounding impact of COVID-19. National Societies already have community-based networks from existing programmes, which they leverage to reach the most vulnerable, especially those who are excluded from whatever assistance may be available in the form of social safety nets.</p> <p>National Societies are able to draw upon the resources of the Movement on the Cash and vouchers assistance (CVA) preparedness process, delivery modality, community engagement, feedback and monitoring. CVA has been vital during the response when other methods of in-kind became less popular due to the need for face-to-face interactions. The delivery of cash, especially digital cash, has allowed National Societies to continue supporting vulnerable households safely and securely.</p> <p>The Livelihoods Resource Centre and the Cash Hub have extensive experience and the capacity to provide the technical back-up that many National Societies need, scale-up their recovery support, and particularly for livelihoods.</p> <p>In shelter and urban settlements, the leadership position of the IFRC in the sector as the co-lead of the Global Shelter Cluster allows the work of the National Societies to be informed by good practices elsewhere and influencing the work of other shelter agencies.</p> <p>With IFRC's support, National Societies have been collecting and analyzing community feedback since the onset of the pandemic. As the crisis has evolved, so too has their collection methods, transitioning from face-to-face methods to online perception surveys and phone-assisted interviews. COVID-19 fatigue is an increasing concern for communities. CEA and PGI are at the forefront of building and maintaining communities' trust by ensuring messages on COVID-19 are inclusive and accessible to different groups in communities, including the visually impaired, deaf and isolated persons.</p>	<p>The IFRC network has unique expertise in the area of disaster law. IFRC has developed recommendations to support national authorities in strengthening their legal framework for the effective and efficient management of public health emergencies and better legally prepare for such events in the future.</p> <p>The localization agenda requires adequate resourcing to ensure local actors can strengthen their capacity and continue to respond to communities' needs and expectations. IFRC will continue to advocate for sustained investment in community organizations through financing and meaningful engagement in agenda-setting. In many countries, National Societies work closely with ministries of health for their regular programming and emergency preparedness. The COVID19 pandemic has been an opportunity for many National Societies to play a crucial role in public health and position themselves as a key local actor in epidemic risk management. It is critical that this engagement continues and that National Societies' essential responses to COVID are extended to broader work to support public health security.</p>

FEDERATION-WIDE RESPONSE PLAN

More information on the pillars under each of the three priorities above and the reprioritization and contextualization at the regional level is available through the IFRC's Emergency Plans of Action (EPoAs). Some National Societies are in the process of revising their National Society Domestic Response Plans (existing NSRP are available on the IFRC GO Platform).

Operational Priority 1: Curb the pandemic – Sustaining Health and WASH

Despite efforts to work in partnership with communities, governments and civil society groups have generally still defaulted to directive and one-way communications rather than developing collaborative approaches and contributing to enabling communities to take their own actions. While initial efforts were focused on raising knowledge and awareness about COVID-19, it requires a consistent shift towards community engagement and participatory approaches. The IFRC will continue to invest and scale up support to community-led responses by improving the quality and consistency of community health programming and community engagement approach, with focused investment on leveraging evidence about community context, capacities, feedback, perceptions, and behaviours to improve programming.

Recognising the fundamental role of communities and local realities is a critical first step to prepare for upcoming emergencies. However, this must go together with proper investment in preparedness at the community level and local actors' empowerment. The COVID-19 pandemic has led many National Societies to take a more active role in public health. IFRC will continue to support them as they further discuss their auxiliary role in epidemic risk management and the implementation of the resolution "Time to act: Tackling epidemics and pandemics together" adopted at the 33rd International Conference of the Red Cross and Red Crescent in December 2019.

Vaccination campaigns and the vaccination of vulnerable people will shift to the strategy's forefront as vaccines become more accessible. Globally, this includes advocacy for vaccine equity between and within countries, and at the local level, planning and implementation of vaccination campaigns with a focus on ensuring people made vulnerable by discrimination, crisis, or other factors are included in vaccinations.

In the short and medium time frame, health activities will continue to **promote best practices, including community-based non-pharmaceutical interventions** (including training on risk communication and community engagement, community health and WASH actions), **surveillance efforts and clinical support**. Additionally, the RCRC strategy will pivot to support the safe, equitable and efficient roll-out vaccines, with particular consideration to support National Societies working with populations made more vulnerable, including migrant and refugee communities. **As the pandemic continues into its second year**, impacting the health, lives and well-being of billions worldwide, the IFRC will prioritize **the short, medium and long-term effects it has had on mental health**, linking existing National Societies activities with MHPSS.

The importance of RCRC's auxiliary role in responding to COVID-19 has only become more apparent. Therefore, while continuing to respond to the immediate needs and recovery from COVID-19, National Societies will be encouraged in the medium and long term to strengthen the links between the National Societies and government health authorities (as well as other government and non-government counterparts) to improve relationships and agreements as well as capacity to prepare and respond to the continued needs from COVID-19 as well as prepare to respond to future health risks and emergencies.

Support for COVID-19 immunization

Vaccination campaigns and, more specifically, the vaccination of vulnerable people will shift to the forefront of the strategy as vaccines become more accessible. Globally, this includes advocacy for equitable distribution of vaccines between and within countries, and at the local level, planning and implementing vaccination campaigns to ensure people made vulnerable by discrimination, crisis, or other factors have equitable access to vaccinations.

Priorities in the short and medium-term will be centred in better preparing and supporting National Societies for the roll-out of COVID-19 vaccines, ensuring they are equipped to listen, respond and act on community concerns by providing tailored capacity building, rapid training, adaptable guidance and tools.

The IFRC immunization plan is purposefully designed to close the gap identified across the different vaccine roll-out stages. This plan, integrated within this Revised Appeal, complements efforts like COVAX that focus on procuring and distributing vaccines between countries by focusing on measures to ensure equitable distribution *within* countries. These include measures to counter vaccine hesitancy by listening, responding and adapting to people's concern and ensuring that people are informed about when and how they can access vaccines. It also covers efforts to identify high-risk individuals who might be 'invisible' to authorities for cultural, linguistic or other reasons. Our plan will include the provision of equipment for vaccination facilities in many last-mile settings. It will support our trained health personnel to administer vaccines to people who might otherwise go without them directly. Generating more peer-to-peer and thematic coaching to National Societies to identify and address community beliefs, fears, rumours, questions and feedback about COVID-19 and vaccines will be crucial. Expanding and promoting existing community feedback tools at the local level will enable sustained interpretation of common trends and better inform the global response.



ADVOCATE for equitable access to COVID-19 vaccines



TRUST: build community trust and acceptance of COVID-19 vaccines and help manage expectations



HEALTH: support the delivery of COVID-19 vaccines in health facilities and during outreach activities



REACH underserved communities



MAINTAIN other immunisation services

Strengthening effective coordination of risk communication and community engagement and accountability at the global, regional and local levels through the Risk Communication and Community Engagement Collective Service and relevant working groups is key to ensure that the unique expertise and experience of each respective agency is leveraged and coordinated to reduce duplication, streamline efficiencies and ultimately ensure ample support to effective localized responses driven by local organisations such as the Red Cross Red Crescent. See also the [IFRC Immunization Annex](#).

Greece, 2021. Kara Tepe refugee camp, Lesvos. A Congolese artist volunteering for the Red Cross is creating paintings and posters to raise awareness on hygiene good practices.

© Hellenic Red Cross.



Operational Priority 2: Tackle poverty and exclusion – Addressing Socio-economic Impact

National Societies have already provided significant assistance to alleviate immediate needs and support food security, particularly with cash and voucher assistance (CVA) and in-kind support. Some have also offered rental and utility costs assistance to meet shelter and accommodation needs. 75 National Societies have used cash transfers as a tool to meet basic needs as part of their COVID-19 responses, while 30 have implemented specific livelihoods interventions. However, much more can be done to help the most affected recover their incomes and livelihoods.

The importance of the socio-economic impacts of COVID-19 has been highlighted in all regions, and **there must be renewed emphasis and significant scale up on this theme**. There is interest and motivation from many National Societies to do more in this area, as there is an expectation that in some countries, the socio-economic impacts of the pandemic will continue long after the health crisis has abated. National Societies have both the community reach and pre-existing knowledge and engagement with specific vulnerable groups to leverage to support recovery from COVID-19.

Some National Societies have already supported their Governments with the implementation of social safety net assistance or have linked their cash or in-kind assistance to existing social protection systems. However, there is potential to explore this critical theme further and build further evidence.

As an over-arching theme linked to recovery from the pandemic, mainstreaming Protection, Gender and Inclusion ensures programming is focused on individual and group agency within every community, supporting recovery of livelihoods and mitigating and preventing additional risks, as well as safe and recovery from the increase of violence, exploitation and abuse the pandemic has brought across the world. It will also be necessary for National Societies to ensure their interventions support environmental sustainability (or *green*) outcomes wherever possible and ensure that their support builds resilience at the community level.

The **scale-up of livelihoods and recovery assistance** from National Societies will focus on supporting vulnerable and marginalised populations to restart, diversify, income generating activities, and facilitate access to employment. In some cases, this will include adapting existing livelihoods practices to the “new normal” that the pandemic has created. Specific groups such as women, migrants, and informal workers will be targeted to address inequalities, as much research has shown they are disproportionately affected by the socio-economic impacts. Enhancing protection mechanisms to ensure that income-generating activities are gender-sensitive and do not create increased pressures related to gender roles and target legal working age persons is also an essential part of the approach. Where possible, livelihoods interventions can be integrated with other sectors, such as health, such as promoting income generating activities that produce PPEs or supporting people while in quarantine, or addressing the risks of climate change with *climate-smart* livelihoods programming.

Evidence and learning already exist from pilot livelihoods initiatives in 2020 that supported micro-enterprises affected by the crisis to restart their activities, such as those in Peru, Ecuador and El Salvador, using innovations like the [ATLAS](#) business preparedness mobile application¹¹. These innovative pilots can be adapted, replicated and scaled-up. Some National Societies have engaged in the livelihoods sector for the first time through their COVID-19 response, and there are opportunities for them to continue to respond and build their capacities.

We have witnessed an expansion in Social Protection mechanisms globally as a direct response to the COVID-19 pandemic. In line with this increase, we support National Societies to explore and strengthen, where appropriate, linkages between humanitarian cash programmes and social safety nets and social protection systems. This could be aligning approaches with national systems already in place or, in the absence of social protection infrastructure, advocating for greater inclusion of vulnerable and marginalised populations in developing social safety nets. As this is a new area for many National Societies, IFRC is well placed to support cash-based interventions but with full recognition that Social Protection goes beyond cash.

¹¹ The ATLAS application was previously developed by the Global Disaster Preparedness Center, hosted by American Red Cross.

The **technical assistance to support National Societies to scale up their work addressing the pandemic's socio-economic impacts** is already in place, with the [Livelihoods Help Desk](#) of the IFRC [Livelihoods Resource Centre](#). However, additional funding must be mobilised to support National Societies to implement more livelihoods programming. Any livelihoods and recovery initiatives started under this COVID-19 EA framework should be linked to National Societies long-term programming. Where possible, they should transition to other funding and implementation modalities beyond the limited period of this EA.

CVA remains one of the preferred modality of assistance, and IFRC will continue providing the necessary CVA technical support to National Societies through a well-tested cash preparedness methodology and implementation. The COVID-19 response has been an opportunity to advance our global cash scale-up, with almost half of the IFRC membership now using cash in their COVID response. We will see National Society cash approaches evolve with a move away from cash for basic needs to more sustainable cash for livelihoods and recovery in the coming months. **The level of demand for cash approaches from National Societies has highlighted areas for strengthening with regard to IFRC systems.** One opportunity has been a review of procurement for Financial Service Providers, which has provided an analysis of areas for improvement concerning the logistics of establishing cash programmes. The IFRC has developed a fast-tracked approach to cash preparedness to support National Societies to put in place the minimum requirements for the delivery of rapid, accountable cash assistance. The [Cash Hub](#), hosted by the British Red Cross Society, is the repository of technical guidance for the whole Movement. The [Cash Help Desk](#) will continue to serve National Societies with their specific requests on implementing timely and quality cash assistance.

The main focus of the **shelter and urban settlements interventions** is to alleviate the socio-economic impact of COVID-19 through targeted support for rental assistance and utility costs. In order to meet this objective, National Societies with CVA experience will be supported to build their capacities in rental assistance programs, focusing on vulnerable groups such as migrants, displaced people, and women, who may be exposed to increased risk of eviction. Another area of activity that will merit focus in the longer-term will be advocacy around evictions due to the pandemic's socio-economic impact. National Societies can advocate with their governments and other stakeholders on this crucial topic.

In relation to **migration**, two research projects were completed: 1) [Least Protected, Most affected](#) - looking at migrant access to essential services in the face of COVID-19, 2) [Locked down and left out](#) - looking at migrant inclusion in COVID-19 National Response plans. The Movement has gained a much better understanding relating to migrant access to services in the face of COVID-19 and the importance of ensuring migrants are included in economic support, public health response, and vaccination roll-outs.

Community Engagement and Accountability approaches can allow different groups in communities – particularly those who are economically vulnerable – to identify and implement locally-appropriate solutions to mitigate COVID-19 risks and impacts that also reflect their economic and social contexts. Ensuring a better understanding of communities' changing concerns, feedback, questions and suggestions and adapting responses according to localized needs will increase the impact of all programming and guarantee communities are at the centre of the response. Tools such as the *Community Engagement and Accountability for CVA during COVID-19 Toolkit* will be leveraged to ensure CVA assistance effectiveness through community participation and engagement during planning, distribution, and monitoring of the service.

Fundamental to combatting the secondary impacts of COVID-19 is to **adopt a “whole society” approach, with highly context-specific knowledge of social dynamics to ensure an intersectional approach.** PGI is fundamental to support other sectors' work by addressing underlying issues of violence, discrimination, and exclusion. Ongoing work is being done to synthesize and disseminate lessons learned from NS response to date (such as access to employment for migrants). National Societies will continue to find technical support as demonstrated in the [technical help desk](#) providing prompt support. The Action for Trafficked persons Network (ATN) and guidance in utilizing Sex-Age-Disaggregated Data jointly with gender and diversity analysis will help inform decision-making and support PGI mainstreaming together with advocacy materials to respond to increasing levels of discrimination and stigma. Coordinated efforts will ensure National Societies tap into best practices, tools, policies and guidance to minimize barriers to safeguarding dignity, access, participation and

safety. Mainstreaming PGI will provide regular and rapid support and coaching for those National Societies. That need to strengthen their technical capacities in addressing other sectors by addressing vulnerabilities and protection risks and enhancing a protection mainstreaming approach. As part of the protection efforts, it will be necessary for National Societies to monitor evictions linked to the pandemic's socio-economic impacts and work with their governments and networks to alleviate the impact and advocate against evictions and foreclosures.

Access to education will remain a challenge for the upcoming year. National Societies, in their auxiliary role, will have to support local authorities to carry-on a long-term re-opening of education centres and support youth populations affected by the closure of educational centres.

Operational Priority 3: Strengthening National Societies

The priority, Strengthening National Societies, focuses on the importance of RCRC volunteers and branches as strong local actors who will continue responding to the needs and expectations of communities affected by the pandemic. It reflects our work to support our member National Societies to continue adapting to the changing environment generated by the pandemic, to continue being relevant to their own communities, maintain readiness and preparedness for COVID-19 and other emerging disasters or crises while being able to maintain their financial sustainability and weather the global recession.

IFRC will support National Societies to engage in a strategic dialogue with their authorities to **strengthen their auxiliary role** at a time when they further develop their health and care programmes and services, particularly in community health (including immunization, sustainable WASH access, home-based care) and epidemic preparedness. National Societies will be supported to engage and coordinate with their public authorities, regional and inter-governmental coordination mechanisms, in line with the resolution "[Time to act: Tackling epidemics and pandemics together](#)", adopted at the 33rd International Conference of the Red Cross and Red Crescent in December 2019, supporting authorities as relevant in the implementation of the International Health Regulations and complement IASC's [preparedness guidance](#) primarily to support the readiness of local communities and actors for the immunization campaign.

IFRC will **continue to strengthen risk analysis**^[1] and provide technical guidance and support to National Societies engaging in revising their early action protocols, [contingency plans](#), and business continuity plans promoting the [Business Continuity Help Desk](#). The Preparedness for Effective Response (PER) approach will continue to guide **National Societies to include actions targeted to strengthening their capacity** for this particular type of hazard in their preparedness plans. The operational capacity of National Societies for cash preparedness requires further attention for the RCRC to continue supporting populations most affected by the socio-economic crisis. Other priorities include strengthening Emergency Operation Centers, training National Society Response teams, and collecting lessons learned about the contribution of National Society preparedness to the COVID-19 operation, populating the [NS Preparedness Resources](#) section. IFRC will support **National Societies to continue their disaster and climate risk reduction activities safely and effectively** in the current COVID-19 pandemic context, as guided by the [Climate Smart Disaster Risk Management Programming during the COVID-19 Pandemic](#).

The IFRC will increase its support to **National Society Financial Sustainability**, which remains a priority for the next period alongside the expansion of full **insurance coverage of volunteers**– both crucial preconditions for the sustained response to the pandemic well as PSS for RCRC volunteers and staff.

While the capacity of National Societies to adapt to the situation has been outstanding, including developing innovative solutions to continue granting commercial workplace first aid training to companies and institutions, one year after the beginning of the pandemic and the restrictions in income generation activities, data show that, out of 154 respondent National Societies, **50.65 % do not have more than three months of unrestricted financial reserves**, a key indicator to detect difficulties in financial sustainability. Of those, 31 NSs are in *upper-middle-income countries*, 40 in the *lower-middle-income countries*, while 15 are in the *lower-income group*. Simultaneously, complex financial sustainability issues have primed in the requests for National Society access to

the ongoing **pro-bono Action Learning coaching** (global agreement with the World Institute of Action Learning, WIAL^[2]).

To better support National Societies to improve financial risk management, anticipate financial risks and take early action, the IFRC will make **predictive scenario modelling** available for National Societies. With support by academia, the IFRC will develop a series of potential scenarios based on existing predictions of possible evolutions of the recession for National Societies to consider, identify which scenario(s) are more relevant to their context, and be supported to take action on related identified financial risks, also contributing to the development of a culture of organisational risk management.

At the same time, the IFRC will further improve and increase its capacity to **monitor and analyse** key aspects of the evolving situation of National Societies financial sustainability. The newly developed and much more detailed **Financial Sustainability dashboard** will gradually be rolled out to National Societies accompanied by professional support to equip National Societies further and increase the analysis level.

The IFRC network has a unique presence of 14 million trained volunteers in over 165,000 local units. This allows for unparalleled hands-on knowledge of local needs and response through local action while granting inputs for global and local humanitarian diplomacy. The IFRC will expand its support to National Societies to develop **local mechanisms** to ensure **insurance coverage** for **volunteer** beyond the National Societies prioritized so far. Lessons learned will be gathered, and best practices will help shape future models for National Societies global insurance coverage. The refurbished version 2.0 of the SOKONI platform, recently launched, will continue playing a pivotal role in granting access to the compendium of official IFRC documents and guidance on all aspects of the pandemic and connect volunteers on COVID-19 related matters. A professional community manager will manage the SOKONI platform.

The 'Unstoppable: Youth' campaign aims to provide youth with seed funding and professional development, and networking opportunities to help young people realize innovative projects in their local communities to address the impacts of COVID-19. IFRC aims to engage at least 2,500 young innovators worldwide and support 300-400 youth innovation projects. The project also has a vital communications component that aims to counter negative stereotypes of young people concerning COVID-19 and instead position them as solution finders and innovators to help their peers and communities.

2020. Ecuadorian Red Cross volunteers deliver food kits in rural areas of the country. The volunteers mobilize hours to reach families that are isolated and in a vulnerable situation at the height of the COVID-19 pandemic.
© IFRC



REGIONAL OVERVIEW

AFRICA



Federation-wide: 204 million CHF
IFRC appeal fundraising ask: 101 million CHF

Evolving Context

As of 22 March, the cumulative total of cases has reached 3,78 million and over 76,200 deaths. New COVID-19 cases and deaths in the region continue to grow faster than in other regions. Still, they have been trending steadily downwards since late January 2021, indicating that more countries in Africa Region are recovering from their second wave of cases. But several countries in the Africa Region reported the presence of new variants, which pose new concern due to their rapid transmissibility.

Thirty-five low-income African countries are now eligible for free vaccines from the COVAX facility, which will target to distribute 600 million doses across the African continent. As of 3 March 2021, nine countries in Africa Region reported having received or started administering COVID-19 vaccination doses, including three from the COVAX facility. Despite these efforts, Africa is far behind in securing access to vaccines in 2021. Therefore, COVID-19 will continue to pose a threat to African populations, especially those most at risk, as well as the chronically ill. Other immunization programmes will continue to be hindered by COVID-19, and health systems in fragile settings will continue to suffer acute shortages.

Due to the above and associated COVID-19 movement restrictions, further economic deterioration is expected. Economic recovery in Africa will be slow in 2021.

Main Achievements and Lessons Learned

Given the context of COVID-19 on top of existing multiple disasters and crisis in the Africa Region, an approach to mainstreaming COVID-19 response and prevention in all emergency responses has been key to making sure people affected by crises are equally protected against COVID-19. As such, the regional health team has ensured all emergency plans of action (EPoAs) include measures to protect people from COVID-19.

A satisfaction survey's results conducted at the end of 2020 to understand how helpful the IFRC RCCE resources have been for African National Societies showed that 84% of respondents found the resources to be very useful to their work, especially the IFRC community feedback reports (74%), the RCCE webinars (71%), and the RCCE training packages (67%). Whilst significant progress has been made in integrating RCCE activities into national and regional response plans, the dynamic and constantly evolving nature of the COVID-19 pandemic means that work will need to continue at pace to ensure communities are not left behind.

Support for livelihoods and food security has been scaled up by adapting and developing new programmes to address the pandemic's economic fall-out. This has included both in-kind (food) and CVA support (multipurpose cash to address basic needs), to assist the most vulnerable communities, as well as developing longer-term approaches, complementing or advocating for vulnerable communities' inclusion to existing safety nets in the medium term, and supporting early recovery and adaptation to the pandemic threat.

Capacity building of National Societies to sustain essential health services during the past year has included immunization services, MHPSS, ambulance services, blood collection services, and health facilities management. Support has also been provided to strengthen National Societies' preparedness and response capacity through its extensive network of volunteers and capabilities in governance and financial sustainability for effective and successful operations.

Priorities and key areas of needed support

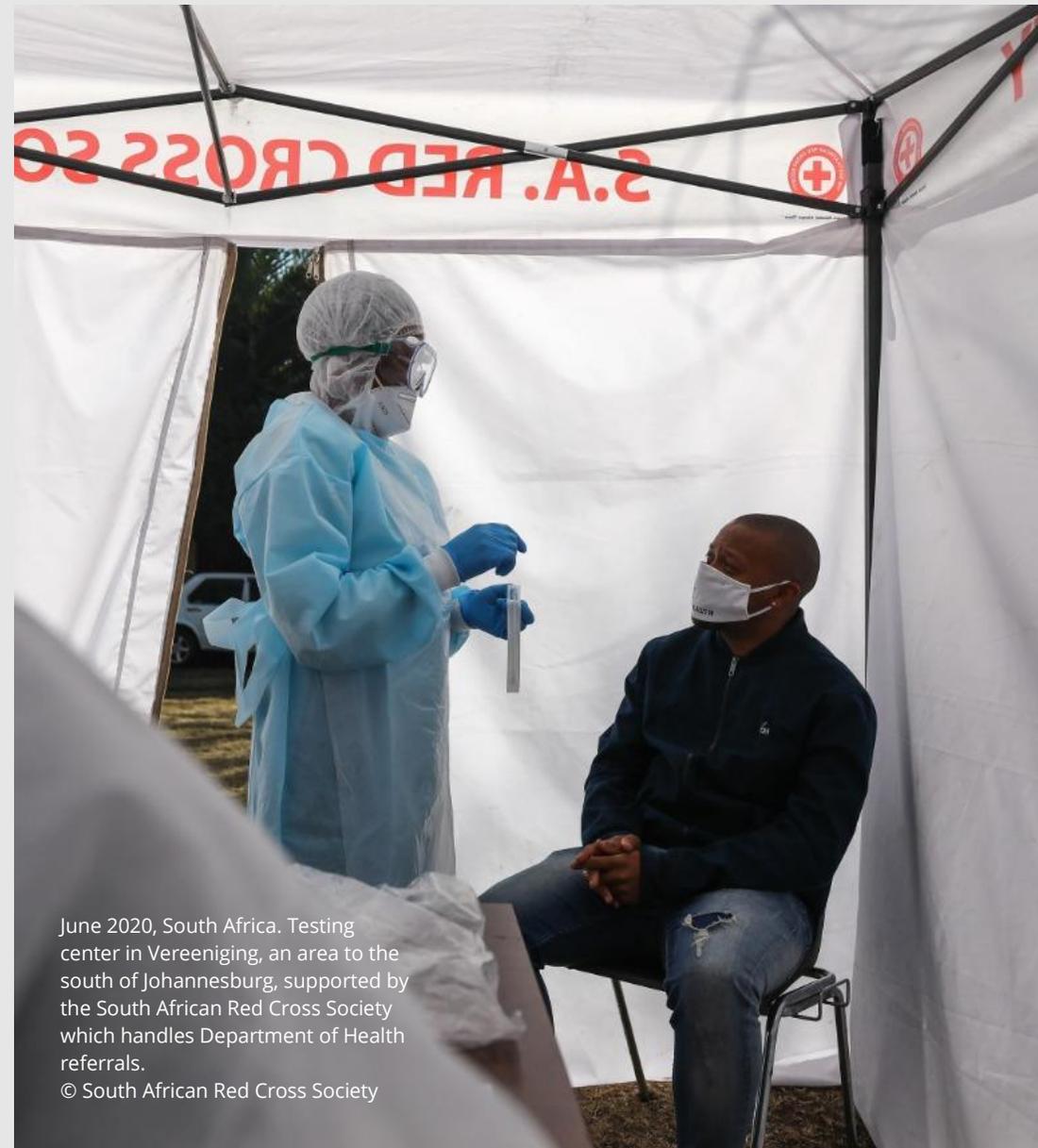
- So far, 42 National Societies, out of 48 surveyed, expressed participation in at least one activity to support **vaccine rollout**, and three are discussing their level of involvement. National societies have also been briefed on the [IFRC five areas of work in support of immunization efforts](#). Country-specific and regional support plans are being discussed and developed in coordination with National Societies closely collaborating and coordinating with their specific health authorities.
- To maintain and increase the level of trust that has been established over the past months between African National Societies and communities, the **RCCE team has developed a new revised strategy that will guide the next six**

months of RCCE activities in Africa. This was informed by the volunteer perception survey carried out. The new strategy is aligned to three strategic objectives to 1) strengthen community-led solutions to the COVID-19 pandemic, 2) use disaggregated feedback data to inform decisions, and 3) reinforce capacities to localized and culturally sensitive responses. Also, a review of the RCCE resources already shared with National Societies is in progress to ensure all are up to date on Africa's latest pandemic trends.

Challenges ahead

- **Proper sanitation and hygiene measures have been scaled up. Still, more is needed** in areas of conflict, migration, locust infestation, food insecurity, floods, and other health outbreaks, including cholera and Ebola. This needs to be supported by water supply interventions and development projects or investigations into water alternatives (where water scarcity is a defining issue) to promote and allow for improved hygiene practices within communities and regions affected by COVID-19.
- **Routine immunization programmes have been disrupted**, making children vulnerable to many vaccine-preventable diseases and potentially contributing to more infectious diseases in the community. Besides, timely referrals for emergency care of noncommunicable diseases (NCDs) have been hampered.
- The need for MHPSS remains high among the population and frontline responders. Yet, there is generally **low uptake of specialized MHPSS services in most countries due to lack of capacity and funding**. As such, there are limited referral points for cases of mental illness and access to treatment, which will require sustained advocacy to governments for more funding to care for and treat an increased number of people with secondary mental health impacts due to COVID-19. In addition, children, adolescents and youth were significantly affected by the delay in re-opening schools and other social services. There is a need to focus on MHPSS interventions for students and teachers to promote their safety and hope.
- **The economic recovery in most African countries will not occur before the end of the year or 2022.** The situation of the most vulnerable people will continue to deteriorate, especially those dependent on informal markets to meet the minimum daily needs. Support for this population will need to be maintained.

- **Africa has been left behind in the roll-out of the COVID-19 vaccines.** The RCRC will continue to advocate for equal distribution and access to the vaccine, alongside partners of the COVAX facility. At country level, RCRC will ensure that those most at risk (including front-line workers and volunteers) are protected first and will continue to advocate for the inclusion of all groups, regardless of status.



June 2020, South Africa. Testing center in Vereeniging, an area to the south of Johannesburg, supported by the South African Red Cross Society which handles Department of Health referrals.

© South African Red Cross Society

AMERICAS



Federation-wide: 484 million CHF
IFRC appeal fundraising ask: 95 million CHF

Evolving Context

As of 21 March 2021, the Americas region accumulated over 53 million reported cases of COVID-19 and 1.3 million officially declared deaths. This represents approximately 45% of the cases worldwide and about 50% of the total official deaths. Unlike the rest of the world's regions, the transmission and incidence level has remained stable and high practically without rest in the Americas region.

In addition to the morbidity and mortality directly due to COVID-19 in the region, the pandemic has also affected the provision of healthcare services, healthcare-seeking behaviours, resources, and outbreak response capacity. Regarding Mental Health and Psychosocial Support (MHPSS), research worldwide demonstrates the devastating effects that COVID-19 have caused on people's mental health at this point of the pandemic. Some Americas Countries are facing an 80% reduction in mental health care services.

As the number of COVID-19 cases continues to fluctuate, overwhelming health systems and increasing the negative impact on the population's socio-economic activities, the region already experienced one of the highest unemployment rates ever seen. Population Movement continues despite border closures and substantial restrictions, particularly in Northern Triangle countries, Venezuela, and Haitian migratory routes.

The negative socio-economic impact will increase the poverty rate by 7% in 2020, reaching 37.2%. Extreme poverty will increase by 4.5%, reaching 15.5% in the region; 118 million women and girls will be in poverty to the pandemic. It is estimated that close to three million children will not return to formal education.

Main Achievements and Lessons Learned

Red Cross continues to work and serve the most vulnerable populations by providing Health and WASH services, psychosocial and mental health support, economic

recovery, humanitarian diplomacy, advocacy and strengthening National Societies to respond. While the plans for vaccination advance at different rates throughout the region, with unequal access to immunization information, the limited access to vaccine remains a significant concern. The dialogue between National Societies and governments for the vaccine roll-out has already started in some countries to identify priority areas of work and engagement.

Equally, several National Societies have implemented important programs to alleviate the impact on the loss of income and livelihoods through food security and livelihoods interventions.

Priorities and key areas of needed support

- With the revision of the Regional Emergency Plan of Action, National Societies will continue working in the short-term, coordinating and supporting national authorities concerning vaccine rollout. This will become a key aspect of the work ahead and likely be their top priority for most of them.
- While addressing that current priority above, National Societies will continue to provide pre-hospital and clinical care services, conduct health and hygiene promotion, distribute PPEs and support MHPSS focusing on vulnerable populations and RCRC volunteers and staff. Besides, they will continue addressing the most vulnerable needs while developing longer-term approaches and gaining experience in building strategies for livelihoods recovery.
- Together with the process of vaccination, a risk communication strategy to ensure equitable access to vaccines (accompanied with capacity building for National Societies) and mitigate myths around them (including information related to protection risks heightened) is needed. This strategy should have a gender and diversity approach, making sure adaptation to different formats (such as child-friendly messaging). Finally, for those countries whose children's populations are returning to schools, an approach to health (MHPSS and WASH), PGI and DRR is needed, linked to their informational needs, including children, parents/caregivers, and teachers.
- In the medium-term, National Societies will prioritize maintaining access to essential health services (community health) as well as strengthening epidemic control through capacity building of their volunteers and implementing solid and sustainable community-based surveillance (CBS) programs, particularly in

countries affected by multiple crises, and strengthening community resilience and empowerment.

- National Societies will maintain activities to support the most vulnerable livelihood groups, giving way to recovery activities. This could include specific populations such as survivors of gender-based violence, CVA, support for children living in the streets (or support their inclusion to school-based initiatives) and migrant populations.
- In the long-term, National Societies will prioritize hygiene promotion and pandemic proofing of the response while gradually returning to in-person activities. National Societies will continue working on BCPs and income diversification to promote their positioning among governments at the national level. National Societies will also play a vital role in the full recovery of the health systems concerning the coming back to the provision of health services, especially among vulnerable groups for which this pandemic may have increased their risk of being socially excluded with specific focused like routine immunization coverage.
- Finally, the reactivation and recovery of the livelihoods of people who have lost their jobs or income during the pandemic are one of the most critical needs, both immediate and longer-term, to be prioritized and addressed with a gender approach. National Societies will continue building programs to train volunteers and keep them even after the program is completed.
- Additionally, they will include lessons-learned from the COVID operation to integrate them into future programming to improve the cooperation of activities at all levels by National Societies Development and Preparedness for effective response approaches. It will include better preparation for virtualization, remote support and duty of care, etc.

Challenges ahead

- The Americas region will face some challenges, such as an increase in COVID-19 cases combined with political instability and the deterioration of the current humanitarian situation.



Salta 2020, Argentina. The Argentine Red Cross is working in different parts of the country to promote food security in the communities most affected by the COVID-19 pandemic. © Argentine Red Cross

- It is expected that, with the relaxation of restrictions in the different countries of the region, the migratory influx will return to previous levels, increasing the vulnerability of the migrants due to its exposure to unsanitary conditions along the migratory routes.

Asia Pacific



Federation-wide ask: CHF 771 million
IFRC appeal funding requirements: CHF 95 million

Evolving Context

The Asia Pacific region was the first epicentre of the COVID-19 outbreak. Across the region, the pandemic ranged from widespread community transmission to countries believed to have zero cases. The situation is changing rapidly with recent new waves of infections and new strains of the virus. Seropositivity studies also indicate substantial under-reporting of both cases and deaths in many countries in the region. A year into the outbreak, pandemic fatigue is posing challenges to current infection prevention and control measures.

COVID-19 vaccination has brought hope to the deepening crisis. Building on the work since the start of the pandemic, 26 National Societies in the region have indicated their involvement in COVID-19 vaccine roll-out, and nine are discussing their engagement to support the country's immunisation efforts.

This crisis's socioeconomic impacts are being felt among the most vulnerable, including migrants and communities dependent upon remittances. Resources to support long-term recovery efforts beyond the immediate humanitarian needs are crucial, moving forward.

Main Achievements and Lessons Learnt

Since the pandemic's onset, all 38 National Societies in the region have supported their public health authorities to flatten the epidemic curve. National Societies have mobilized over 75,000 volunteers to roll out public health measures, including testing, contact tracing, isolation/quarantine, risk communication and community engagement, reaching more than 155 million people.

More than 19 National Societies in the region have completed COVID-19 vaccine readiness self-assessment and are working with the governments on COVID-19 vaccination plan to focus on the underserved population. The Asia Pacific Regional

Delegation has developed a dashboard to better support National Societies on COVID-19 vaccine roll-out.

Various initiatives have been launched to address the enormous socio-economic impact, such as providing immediate in-kind assistance and cash and voucher assistance (CVA) with consideration of longer-term recovery support.

Twenty-two - out of 34 National Societies supported by the EA - plan to include migrants and displaced people in their response through RCCE, health, humanitarian diplomacy, livelihoods and cash, and in-kind distributions.

Based on lessons learnt from the pandemic heavily impacting other emergency operations activities, the Asia Pacific region developed **guidance to support National Societies on best practices for COVID-safe programming**.

Priorities and key areas of needed support

- Support Universal Health Coverage ensuring National Society maintains essential health services. Support equitable access to vaccines and promote vaccine uptake in communities by implementing five pillars: **advocate, trust, health, reach and maintain** (routine and supplementary immunization).
- Address the prolonged impact, including pandemic fatigue, by rolling out mental health and psychosocial support services (MHPSS) to affected and at-risk communities and RCRC staff and volunteers.
- Maintain and scale-up WASH programming with COVID-19 safe measures in place.
- Increased partnerships and investments to support medium to long-term household economic security programming, including CVA at the community level.
- Strengthen communities and National Societies' capacity to prevent, detect, and respond to infectious disease threats by implementing the whole of society approach, mainstreaming community engagement and accountability into all epidemic and pandemic preparedness.
- Continue mainstreaming Community Engagement and Accountability throughout the operation to strengthen and increase trust and ensure community participation.

Nepal, 2021. Vaccination roll-out operations in various districts in Nepal targeting senior citizens. The Nepal Red Cross Society is supporting senior citizens in this process by mobilizing, registering, accompanying and monitoring the persons throughout the process.

© Nepal Red Cross Society

- Strengthen the recovery of communities from COVID, including coping mechanisms for compounding crises through National Society preparedness and community resilience programming through a risk-informed approach, updated risk assessments, and targeted activities to ensure actions at various levels are informed continuous analysis of changing contexts and risks.
- Strengthen the duty of care by mitigating risk to staff, volunteers and the community through COVID-safe programming.
- Develop and formalize relationships with stakeholders to strengthen pandemic preparedness, capitalize on synergies for recovery and leverage resources.
- Strengthen the financial sustainability of National Societies by developing the capacity for fundraising and advocacy.
- Support preparedness and response capacity (include COVID-19-safe measures) in anticipation of large-scale population movements

Challenges ahead

- Support longer-term programming and support to National Societies beyond COVID-19 operation timeline.
- Reprioritize activities in countries where funding is limited and ensure reprioritization is not at the expense of other planned activities (e.g. pressure to support vaccination activities leading to sacrificing livelihoods assistance).
- Tackle pandemic fatigue and availability of vaccination, which constrains the implementation of preventive measures and delay recovery.
- Ensure equitable access to the COVID-19 vaccine to high-risk populations, including non-citizens and hard to reach groups, in low and lower-middle-income countries.
- Mobilize resources to ensure National Societies can implement COVID-19 vaccine roll-out and other programming as auxiliary to the government.
- Addressing misinformation and disinformation on vaccines that may impact vaccine update and continued protective behaviour.



Europe



Federation-wide ask: CHF 655 million
IFRC appeal funding requirements: CHF 89 million

Evolving Context

Despite rising vaccination rates across the region, early signs of the next wave are visible. Increased infection rates and subsequent lockdowns are observed in many countries or expected in many other countries in Q2 2021. The Europe region still accounts for the second largest proportion of new weekly cases worldwide and accounts for 34% of global COVID-19 positive cases.¹² A concerning trend of case incidence and deaths rising in older age groups was observed during the last months of 2020 and the beginning of 2021.

The new variants of SARS-CoV-2 have raised concerns and put more pressure on effective and fast vaccine rollout. While EU countries and Russia began to mass vaccination of the priority groups, several countries¹³ in the region requested support from the COVAX facility. They will start receiving the minimal number of vaccines in the period of April-May 2021. Criticism has arisen, claiming that vaccination progresses too slowly due to limited vaccine availability.

Movement restrictions and government-enforced lockdowns have led to significant disruptions of socio-economic development and self-reliance for vulnerable groups. GDP¹⁴ declined across the region in 2020, ranging between -2.2% to -12.4%. Across the EU, unemployment rates rose by approx. 1% over the period since the pandemic outbreak. Youth unemployment increased by as much as 2.6% and stands at 17.5% by the end of Q3 2020¹⁵.

Main Achievements and Lessons Learned

National Societies significantly built their capacities in various fields through region-wide programs: CBHFA, RMCB, EOC, DBDM, FTCP¹⁶, thereby increasing their knowledge and capacity on the various thematic areas.

National Societies strengthened their auxiliary role to national health authorities, enhanced collaboration with national and international stakeholders by better positioning themselves in epidemic and pandemic preparedness and response.

Since December 2020, National Societies in the region are assisting their respective authorities with vaccine rollout. Currently, 23 (43%), out of 54 National Societies, confirmed their involvement in vaccination, and 13 National Societies (23%) are discussing their role in the national vaccination plan.

National Societies reached close to **100 million people with correct information about COVID-19**, prevention measures and vaccination-related topics. They played a critical role in understanding community needs to tailor engagement and response to these needs.

Many basic needs were addressed through (one-off) cash payment or voucher assistance activity. The pandemic's protracted nature prolonged and increased the basic needs gap of the most vulnerable population. CVA capacities in National Societies were significantly built up or improved and will be further emphasized as the crisis evolves.

Priorities and key areas of needed support

- RCRC National Societies continue strengthening health and hygiene promotion, water, sanitation, and epidemic control measures coupled with strong RCCE/A so that people continue accessing life-saving information.
- **Mental Health and PSS is a key element in the COVID-19 response in Europe.** National Societies should prioritize the delivery of mental health care services in their programs. National Societies are also encouraged to ensure that staff and volunteers have the relevant, appropriate, and updated MHPSS trainings.

¹² [WHO.int](https://www.who.int), 3/Mar/2021

¹³ Balkan countries, Ukraine, Moldova, South Caucasus, Central Asia

¹⁴ <https://www.statista.com/>

¹⁵ <https://ec.europa.eu/eurostat/>

¹⁶ Community Based Health and First Aid; Resource Mobilisation Capacity Building; Emergency Operations Centres; Do Better Do More (RCCE); Fast Track Cash Preparedness.

- A care system for staff and volunteers is in place to monitor their well-being, ensure that they are always supported and informed of the COVID-19 situation and its effects on their wellbeing.
- Supporting vulnerable groups: National Societies will continue supporting people with pre-existing chronic conditions, older people, migrants, displaced people, and people with disabilities. The main aim is to minimize the infection and spread of COVID-19 among vulnerable groups.
- COVID-19 vaccine rollout-related actions: National Societies of the region will focus on Immunization Annexes' actions, **focusing on extensive community engagement & mobilization activities**. Including engaging communities to address concerns about the safety, efficacy, and necessity of vaccination and sharing information about the vaccination logistics. Moreover, advocacy and humanitarian diplomacy must support the fair and equitable rollout of vaccines.
- As the pandemic's socio-economic impact is significantly increasing, **livelihoods programming will grow to be one of the priority areas**. National Societies will be encouraged to transform their basic needs support more into improving and expanding livelihoods programming and using CVA as a modality when applicable.
- Continue to support the **development and strengthening institutional capacity needs of National Societies** through the ongoing efforts on RMCB, EOC, DBDM and FTCP¹⁷, as well as on volunteer- and financial management, digitalization and disaster management & preparedness and training of staff and volunteers (NDRTs, BDRTs) for COVID-19 response and other crises.
- Jointly prepare for transitioning into longer-term programming to ensure extended support to the National Societies beyond COVID-19 response.

Challenges ahead

- Growing “vaccine diplomacy” poses a threat to the Movement’s neutrality and impartiality. Vaccine passports will likely further marginalize people who cannot access approved vaccines, exacerbating pre-existing vulnerabilities and inequalities. Vaccine inequality between and within countries and difficulty and delays to access vaccines, causing increased disadvantage, discrimination, stigma, and socio-economic hardship.
- Continued mistrust in the reasons for physical distancing, lockdowns, and vaccination among the population, fuelled by myths and misinformation, lack of community awareness about the importance of vaccination, testing and distancing.
- MHPSS needs of staff and volunteers working under difficult and stressful conditions, putting their own health at risk.
- Low access of migrants and displaced communities to health services including vaccination and basic services due to COVID-19 measures.
- High demand to support National Societies in sustaining core DM & health and care activities to avoid the deterioration of essential services and needs analysis knowledge & capacity.
- Need to institutionalize CVA tools and procedures and build up cash preparedness, including systematizing FSP procurement.
- Lack of possibility for field visits for the purpose of support, advice, consultation, monitoring and quality control of National Societies.
- The perceived donor fatigue and increasing levels of earmarking (geographically, timewise, activity, etc).

¹⁷ Resource Mobilisation Capacity Building; Emergency Operations Centres; Do Better Do More (RCCE); Fast Track Cash Preparedness.

Middle East and North Africa



Federation-wide: 274 million CHF
IFRC appeal fundraising ask: 89 million CHF

Evolving Context

A region with over 400 million people, with longest/worst protracted crises, insecurity and access challenges. The onset of COVID-19 has been added further escalation to economic declining and the increased displacement in MENA. COVID-19 has proven to be much more than just a health crisis, with its impact felt globally in sectors beyond health, this was proven globally and in MENA, with the impact on MHPSS, economy, protection and gender-based violence, migration, education and preparedness for emergencies beyond COVID-19. COVID-19 has created additional challenges to the healthcare system around MENA, with an increased risk of morbidity and mortality from preventable causes, including disease outbreaks, with vulnerable women and children the most at risk.

As of 1 March 2021, WHO reported more than 5.6 million cases of COVID-19, and more than 128,000 deaths, with a significant number not being accounted for due to the lack of testing and reporting across many countries. This approach extends further the horizon for curbing the pandemic in the region, compared to other geographical areas.

Many countries are rolling out of the COVID-19 vaccination as a tool to end the acute phase of the pandemic, with more than 10 million doses having been administered mainly in Gulf countries. However, middle- and low-income countries have to rely on international cooperation and support from global vaccine programs to undertake this task, which provides for limitations in quantities and timelines.

Main Achievements and Lessons Learned

National Societies have ensured access even in conflict affected areas, extended their reach, expanded programmes and raised up to the requests of their authorities often overwhelmed by the health situation.

In their interventions, MENA National Societies embody the concept of localization through their large community-based network of volunteers throughout territories that might be out of reach of authorities, building the trust of the communities – host and migrants alike, and promoting healthy behavior and adherence to the public health recommendations.

Eight National Societies reached more than 64 million people through health promotion, hygiene education and RCCE messages. MENA National Societies were engaged in: Ambulance services (4 National Societies), Community Surveillances (3 National Societies), Epidemic control measure (5 National Societies), IPC and WASH in communities and in health facilities (6 National Societies), Isolation and clinical case management (5 National Societies), maintaining access to essential health services (clinical and paramedical) (5 National Societies) and MHPSS (6 National Societies).

Priorities and key areas of needed support

- MENA National Societies will continue to support authorities to respond to the COVID-19 pandemic across the region addressing the direct and indirect impact of the pandemic with the aim of integrating the COVID-19 response within their regular/ ongoing programs. National Societies employ efforts to reduce risks for staff and volunteers engaged in the response.
- National Societies will play a critical role in the COVID-19 vaccines deployment aiming towards fair and equitable access, building on their engagement in the pandemic so far, their access and trust of communities => MENA National Societies need funding for vaccination support activities according to their newly established roles.
- 12 National Societies out of 17 National Societies are already involved in COVID-19 vaccines rollout and liaising with their respective authorities to further define their most efficient role and contributions to the local efforts. Beyond the COVID-19 response, MENA National Societies will also have to re-negotiate their role domestically on health hazard preparedness and response, including pandemics and epidemics and international health regulation (IHR) but at the same time

ensuring their suitability as local actors => MENA National Societies need legislative advocacy support to enable them to continue their valuable work and protect their principled humanitarian action.

- Restoring livelihoods and addressing the socio-economic impact of the pandemic will be crucial given that several countries have started to relax their lockdown measures => MENA National Societies need funding free from domestic restrictive measures, to enable support for social protection and livelihoods programming.
- In view of the global economic contraction, National Societies need support in building more diverse, flexible & sustainable funding, including public-private partnerships, with a longer-term view bridging humanitarian and development spheres, working towards humanitarian resilience.

Challenges ahead

- The further resurgence of COVID-19 outbreaks or delayed vaccination rollout are significant risks, especially with COVID-19 new variants been identified in several countries in MENA, could push health systems to the edge of collapse.
- The socio-economic consequences of the pandemic and compounded losses in fragile economies, including rising joblessness, food insecurity, increased inequality and poverty may give further raise social unrest.
- Diminished or strictly earmarked funding which poses difficulties in implementation of programming, adapted and adaptable to fluid situations in the MENA region.
- The stigma related to COVID-19 can amplify protection, gender equity and GBV issues existing in the MENA region.
- Vaccination equity and ensure access to vaccination for all including the most vulnerable groups (people on the move & stateless)



2020. Jordan Red Crescent distributes medicines to patients at their own home to minimize the risk of patients when they go outside their homes. © Jordan Red Crescent

Enabling Actions and Support Services

The IFRC Secretariat also plays a role in operations coordination, mobilizing human, financial, technical, and in-kind resources across the network and supporting allocations by analysing National Societies' needs and context.

Logistics and Supply Chain

Logistics and supply chain management remains a key enabling action to support the three operational priorities. Logistics, Procurement and Supply Chain Management (LPSCM) services are critical to this response, with 214 metric tonnes of supplies delivered to National Societies to date, through a consolidated Global Demand Plan (CHF 11.5 million worth of PPE). Joint tenders with the ICRC and MSF, WHO and UNICEF, and bulk purchasing help manage challenges in supply chain and global supply. The LPSCM team's reinforcement is supporting at-scale, global procurement of supplies and the quality control of in-kind donations. The logistics team ensures global transportation, through a framework agreement with providers, the free use of WFPs cargo services (saving over CHF 1 million) and through ECHO's airbridge for cargo transport in repatriation flights. In parallel, LPSCM supports National Societies to scale-up pre-positioning and local procurement of requested items where possible and ensuring quality control and capacity building activities to address logistic operational bottlenecks. IFRC guidance ("Directive for Simplified Procurement Management for the COVID-19 Response") helps National Societies fast-track their local procurement while maintaining minimum quality standards. To support this, dedicated COVID-19 "supply chain coordinators" have been put in place in each region to follow-up on supply and quality for national responses. All logistics guidance and technical specifications are shared on the GO platform, and all Movement partners are working together to optimize support to National Societies.

Business Continuity

2020 tested the limits and boundaries of organizational resilience like never before. At the outset of the COVID-19 pandemic, the IFRC Secretariat prepared, updated and activated a COVID-19 specific business continuity plans (BCP) across the organization (i.e. headquarters, regional offices, country cluster support team offices, country offices, as well as response operations). All the plans were based scenario planning and aligned with the existing critical incident management structure and business continuity framework. In the second year of global pandemic, IFRC Secretariat will continue to ensure business continuity and increase organizational resilience across the world. The IFRC coordinates all business continuity measures with National Societies, partner Societies in-country and the ICRC through regular information sharing and also supports NS to develop their own business continuity plan.

Security

To ensure the security of our Red Cross Red Crescent staff and volunteers, the IFRC's offices and security personnel are working closely with National Societies to monitor and collect data to feed into global situational risk analyses. Minimum Security Requirements and additional security plans are developed in response to changing situations on the ground. Security Risk Assessments will be conducted in specific contexts as necessary and viable, to identify additional risk mitigation measure. The IFRC also supports National Societies to develop their own security planning and to monitor threats against the Red Cross Red Crescent with CEA teams.

Risk Management

Risk management continues to be an important enabler in the extended appeal. In further developing the risk management culture in the IFRC Secretariat and for the National Societies, we will continue to improve our risk management systems. This includes regularly updating the risk registers at the country office, cluster, regional, and global levels, to ensure that information to manage better risks is available for timely decision making. The Secretariat will regularly involve partners and donors in discussions on critical risks to facilitate a risk-sharing approach. Also, we will strengthen the Secretariat's internal capacities in risk management by providing regular training to staff at all levels. We will improve our information management systems for identifying, mitigating, and reporting on risk. This work will form a foundation for the updated risk management strategy for the Secretariat for 2021-2025, including strengthening our capacities for future operations and enabling us to better support National Societies in risk management matters.

Partnerships and Resource Mobilisation

To date, there has been an enormous resource mobilisation effort to cover this Appeal and work to support National Societies to increase their own international and domestic funding capacities and build their sustainability. This work is part of the support to ensure National Societies financial sustainability outlined under Priority Three. Funding channelled through the IFRC Secretariat Appeal mainly goes to support the work of National Societies, as shown by allocations of CHF 217 million to over 162 Societies¹⁸ worldwide to date. By allocating more than 50 per cent of all funds raised by the IFRC to National Societies for their direct implementation, the IFRC has **ensured more cost-effective and community-centred programming**. Allocations have been based on the level of COVID-19 spread in each country, the capacity and plans of the National Society, their mandated role in their country, the quality of their plans and the link to longer-term services. Allocations have followed the principle of equity across our membership and may include National Societies from higher income contexts with needs emanating from large responses to COVID-19, while still focusing on those in low-middle income countries and in complex contexts, based on their mandate and capacity to respond. The remaining funding supports the IFRC Secretariat to provide technical and management support and coordination. Financial systems have also been revised to speed up the cash transfer of funding allocations to National Societies, based on their plans, and this is linked to reinforced risk management modalities to agree and reach an acceptable level of risk.

Evidence-based programming, communications and advocacy

The IFRC is a **network of local actors in every part of the world, with volunteers and National Societies directly engaged in their communities** to deliver the COVID-19 response. National Societies have a unique mandate to support their public authorities in developing and implementing effective policy and regulatory frameworks for crises. As States are increasingly looking to domestic actors, they are well-positioned to advocate for effective and humane policy relating to COVID-19. Communications is also a key component of the COVID-19 operation, ensuring that the IFRC response is professionally communicated and supported by internal and external stakeholders. Timely and accurate public information supports our humanitarian diplomacy and resource mobilization efforts and mitigates reputational risks. This is enhanced through community engagement that informs, captures and feeds back to change our response and our humanitarian diplomacy work that shares global analyses of challenges and advocates on key issues of concerns around the COVID-19 context. The IFRC's "local global" network is **ready to be a voice for evidence-based response at all levels across the world**.

Community Engagement and Accountability

Federation-wide communication with affected and at-risk communities is a unique comparative advantage of the IFRC network. The collection and analysis of community insights, feedback, and perceptions are being scaled up as the situation evolves. The information provided is used to guide decisions, better support communities, and adapt operational strategies. Community ownership, actions and solutions through participatory approaches are priority, as part of decision-making processes for response and recovery. The IFRC, regionally and globally, supports coordination efforts on RCCE / CEA in its co-leadership of the pillar with UNICEF and WHO and will roll out a collective service to support capacity within the health and humanitarian sector and strengthen the quality, accountability and effectiveness of the country-level response.

Communications

Communications is a key component of the COVID-19 response. The principal aim is to ensure that the IFRC and the Red Cross Red Crescent humanitarian response are professionally communicated, understood, and supported by internal and external stakeholders. Maintaining a steady flow of timely and accurate public information focused on the humanitarian needs and the Red Cross Red Crescent response is essential to supporting humanitarian diplomacy and effective resource mobilization efforts, establishing trust and gaining access, enhancing collaboration with key partners and stakeholders and mitigating reputational risks.

Communications support to this operation ensures that the work of the Red Cross Red Crescent is well profiled through proactive public communications activities that are well-coordinated, and they integrate National Societies and IFRC's media relations activities, audio-visual production, social media engagement, as well the use

¹⁸ Data as of 22 February 2021.

of online platforms, to maximize the network's collective impact and public influence. Primary target audiences include national, regional and international media, National Red Cross and Red Crescent Societies, peer organizations, as well as donors and the wider public.

As each country still face different phases of the pandemic, the IFRC will continue to scale-up its ongoing communications efforts and pivot to support where it's needed most, including:

- developing relevant and accurate content and templates to relay prevention and risk communication messages
- continuing our advocacy for global vaccine equity in general and investment in the IFRC's vaccine plan in particular
- providing guidance to National Societies in their public communications effort and linking with ongoing risk communication work as applicable
- media profiling and managing of media requests
- managing reputational risk issues and messaging

Innovation, Info Management, and Digital Transformation

Given the centrality of National Societies in the domestic COVID-19 response, a **Federation-wide planning and reporting framework** has been developed to align the collective footprint of all the actions and partnerships in response to this pandemic. The framework is based around National Societies Response Plans and Federation-wide support to these local priorities. The **GO platform** continues to adapt features to COVID-19 needs and to ensure a bottom-up data collection process and space for National Society visibility-a specific COVID-19 field report, a financial tracking sheet and a 3W report are used by National Societies to inform Federation-wide reporting.

The IFRC network plays an essential role in translating information into trusted early actions for communities or into data to inform our preparedness and response work. We need to continue building on local capacity in analysis and information management. The ability to collect, analyse, use, and protect data and access digital technology and skills across local and global levels is essential to the COVID-19 response and to the IFRC's ability to engage and assist vulnerable communities. To respond to the distancing and control measures and the new forms of collaboration needed to fight COVID-19, National Societies and the IFRC are relying on innovative digital services to connect with staff, volunteers and communities, including hotlines, text messaging services, peer learning forums such as Solferino Academy's Leadership Innovation Think Tanks, explorations on health innovations, and the Climate: Red Summit. Solferino Academy is continuing this effort with youth innovation in COVID-19 response, and virtual tours/special events.

These lessons have also informed the new IFRC Digital Transformation strategy, recognizing that many National Societies still need further support and investment in developing digital services and in acquiring equipment and skills.

Learning

The IFRC is looking to strengthen its learning system and capture of lessons from the Federation-wide COVID-19 response. A Learning Strategy has been proposed and work is underway between the Special Representative's team and the wider Secretariat learning teams, to build a more coordinated, decentralized and user-friendly learning system and to reinforce learning tools and approaches to inform the future COVID-19 response and other responses¹⁹.

¹⁹ IFRC Learning Strategy

FUNDING REQUIREMENTS

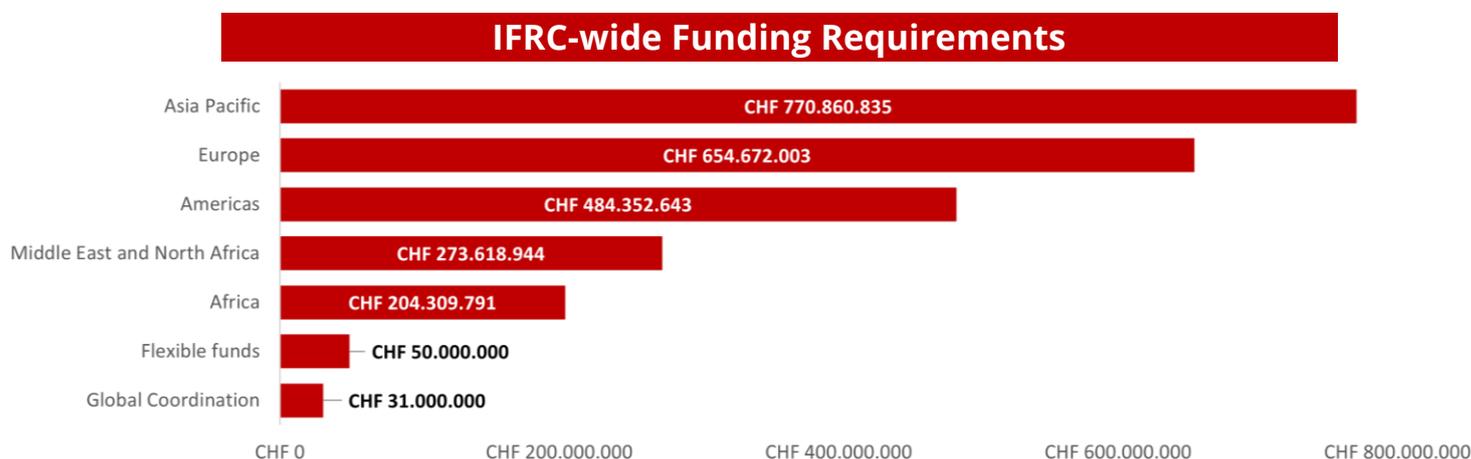
Federation-wide Funding Requirements

International Federation of Red Cross and Red Crescent Societies (IFRC) is unified in its efforts against COVID-19. The IFRC is seeking, on behalf of its network of 192 National Societies and the IFRC Secretariat, **CHF 2.5 billion for our global work across three operational priorities**. Out of this total, this Emergency Appeal specifically seeks **CHF 550 million for multi-lateral assistance** provided through the IFRC Secretariat to our National Societies and for our Secretariat services and functions.

**CHF 2.5
Billion**

**IFRC-wide
Requirements**

**CHF 550
Million**
**Emergency Appeal
Requirements**



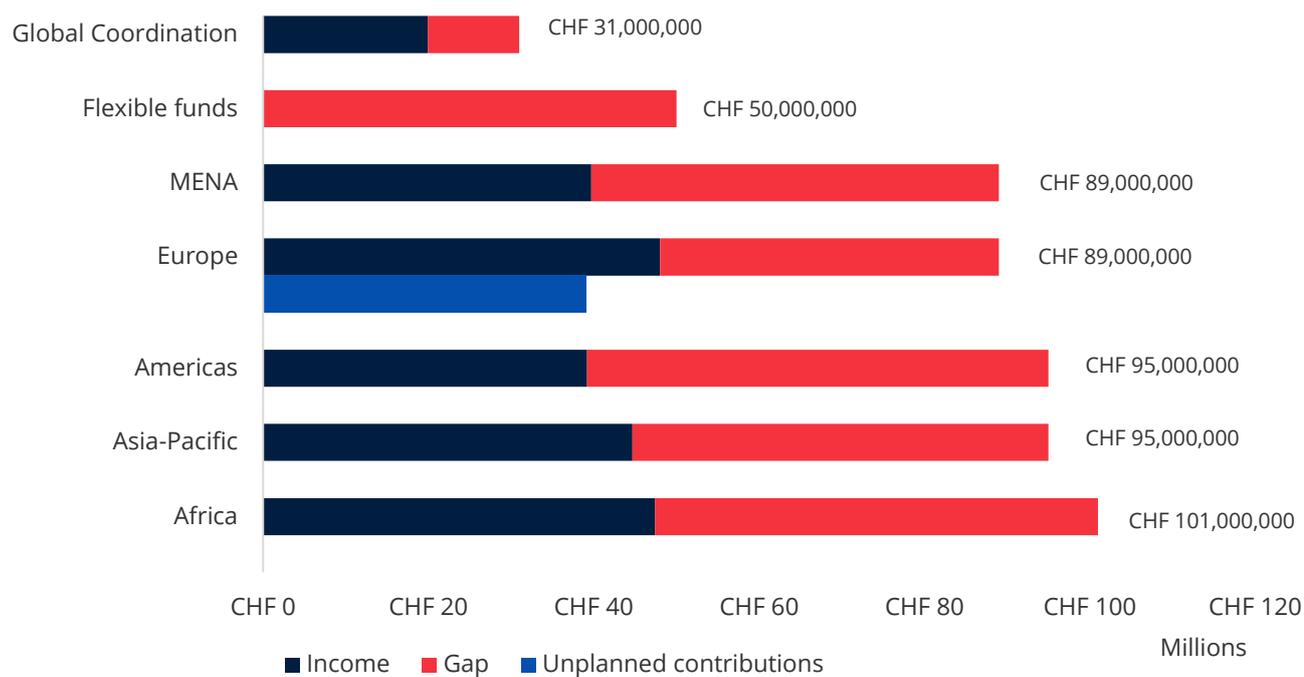
The Federation-wide fundraising ask is an estimation based on the data reported by National Societies through the global Federation-wide financial overview form and the IFRC Appeal.

IFRC Appeal Funding Requirements

The IFRC is grateful for the generous support that it has received from its partners to date, which has enabled it to support National Societies to make a significant impact in the lives of millions of people around the world. Despite these contributions to cover the IFRC emergency appeal, **a significant funding gap of CHF 271 million or 49% remains to be funded**. To continue supporting National Societies around the world to play their key role in curbing the pandemic, the IFRC calls for partners to renew their commitment to accompanying the IFRC network in its responses by further contributing to the IFRC appeal.

The funding going via this revised Emergency Appeal covers both allocations to our member National Societies and funding to support the work of the IFRC Secretariat. It includes allocations to the five regions and to the Geneva Secretariat, as well as CHF 50 million to be managed as flexible funding to respond to the changing nature and focus of the pandemic. This will enable the IFRC network to be able to respond to developing hotspots, second waves and deepening social and economic impacts, that affect the lives and dignity of people and communities in specific countries or localities worldwide and will give the IFRC the capacity to anticipate and mitigate loss of life, livelihoods and dignity.

IFRC Appeal Funding Requirements



Note: The graph above presents a difference of CHF 3 million with the [Donor Response](#) total due to a bilateral contribution to the Appeal. Approx. CHF 39 million represent contributions received for the Europe Region for activities originally not included in the IFRC Appeal.

Official Signature

Jagan Chapagain
Secretary General

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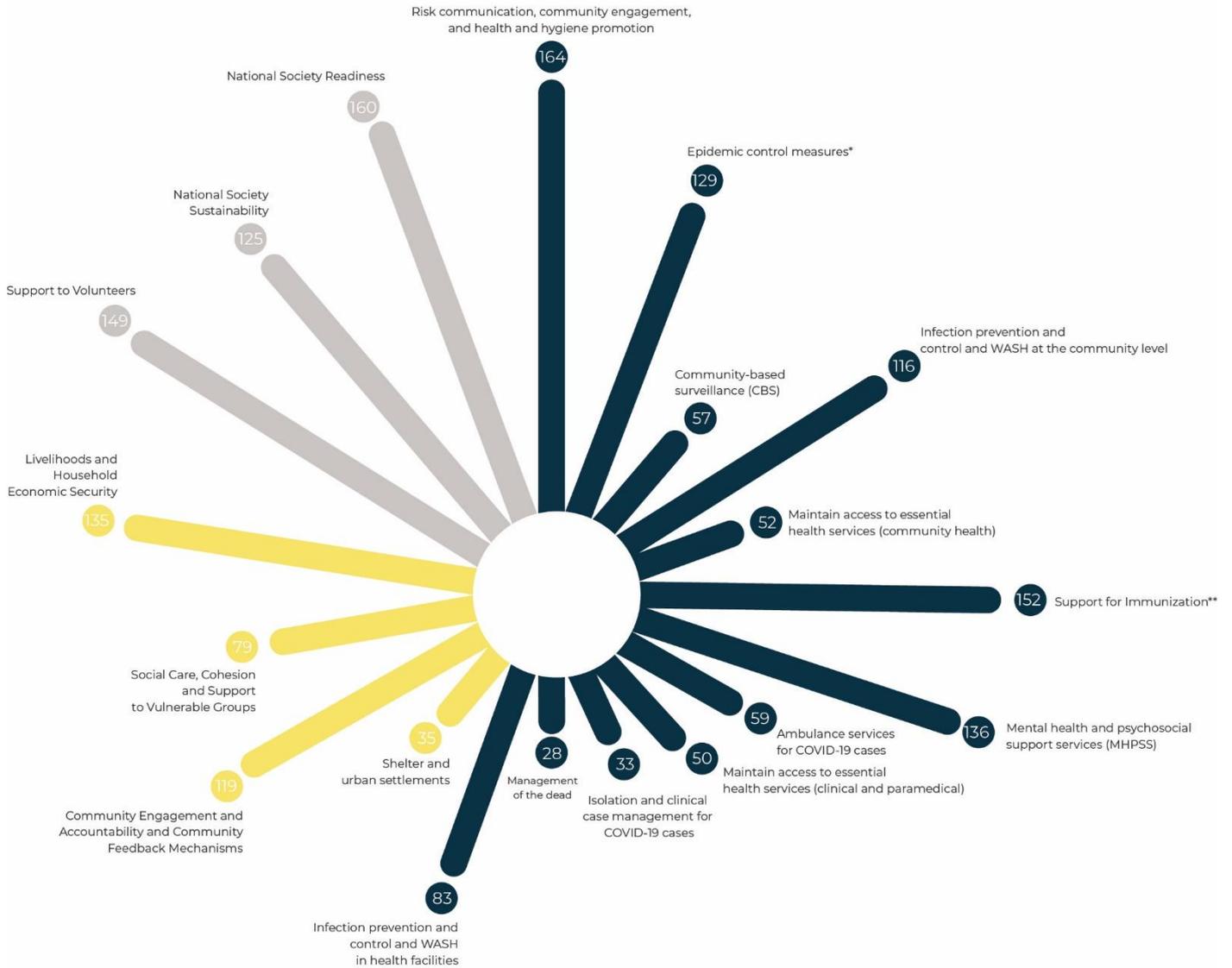
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ANNEX A:

Overview of National Societies responding to COVID-19 per pillar



How to read this diagram

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



Health and WASH



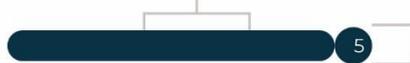
Socio-Economic impacts



National Society Strengthening

The colours in the diagram correspond to the three Operational Priorities in the REA

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



The number within the circle is the total number of National Societies operating in that specific pillar

Data sources: NS reporting through the Federation-wide Indicator monitoring form and global vaccination mapping.

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

** Number of NS that have reported being involved in at least 1 vaccination-related activity through the global vaccination mapping.

ANNEX B: KEY LESSONS LEARNED PER OPERATIONAL PRIORITY

OP1 – Sustaining Health and WASH

- From Ebola to COVID-19, the [evidence](#) is clear: **communities play a key role in preventing and controlling epidemics**. They need to be involved in co-designing solutions from the start and want to be [listened](#) to until the end. The COVID pandemic will not end without sustained and proactive investments into community engagement and accountability solutions.
- **Understanding and acting on local knowledge and community feedback** is key to ensuring this trust is maintained and our response is constantly adapted and course corrected to respond to changing concerns, questions and suggestions from communities
- **Demand and trust in public health solutions cannot be taken for granted**. Vaccine hesitancy and the mass production of disinformation during the past year have shown the importance of community engagement and accountability through open two-way communication on evidence-informed public health measures and the importance of MHPSS and vaccination.
- **Preparedness activities strengthen capacities to scale up and respond to public health emergencies**. National Societies who had a volunteer base trained in epidemic control for volunteers, community-based surveillance, community-based health and first aid and community-based water and sanitation programming were able to quickly pivot to incorporate COVID-19 health risks and community actions to respond.

OP1 – Addressing socio-economic impacts

- There has been a significant scale-up in the usage of CVA, with 75 National Societies having delivered some form of cash assistance. The IFRC FSP procurement process has been streamlined so that National Societies can deliver more timely cash assistance; and cash preparedness has been fast-tracked for those National Societies who have no or little CVA capacity. Both of these new initiatives will continue to strengthen the use of cash assistance in the future. The importance of digitalization and cash has also been highlighted as a means of continuing to deliver support without the need for face-to-face interaction. IFRC will continue to build upon its innovative methods of supporting cash programmes whilst ensuring that issues of data management and data protection continue to be prioritized.
- A number of National Societies have implemented livelihoods interventions for first time, and some innovations have been tested. There are opportunities to replicate these pilots, and to scale some of them up. However, the pilots showed how important technical support is for some National Societies, and that many need to start small and generate learning.
- A functioning model of remote technical support has been developed and adapted, through the Livelihoods Help Desk and Cash Help Desk.
- An emphasis on Sex, Age, and Disability disaggregated analysis reinforces dignity and access for women, children, and persons with disabilities, and helps in the identification of the most impacted or at risk.

- A number of National Societies started using CVA to support rental and utility costs. Additional approaches that prevent and limit forced evictions and urban displacement and migration are also relevant, like legal assistance and advocacy, to compliment this financial support. However, National Societies need further technical support and access to materials and learning opportunities in this area of work. Also, some gaps have been identified in the capacity of National Societies to operate in collective accommodation settings in the pandemic context.
- The pandemic highlighted the critical importance of safe and accessible health, water and sanitation services in urban areas, particularly in informal urban settlements. Some National Societies have worked with local governments and city health service providers while responding to COVID in urban areas. The lessons from this experience can be promoted across our network to encourage this kind of collaborative action, not only to prepare for future pandemics, but also for long term disaster risk reduction, and climate change adaptation programs in urban areas.

OP3 – Strengthening National Societies

- The level of innovation and capacity of National Societies to quickly adapt to the new normal is extremely high. As an example, a growing number of National Societies has developed procedures to hold online statutory events like General assemblies and national elections. In terms of Financial Sustainability, a high number of National Societies has been developing innovative solutions to continue granting commercial workplace first aid training to companies and institutions. On the other hand, not all National Societies have benefitted from the same level of adaptability.
- The capacity of the network to work together in co-creating innovative solutions has exceeded expectations, confirming the appropriateness of the seven transformations of S2030.
- The preliminary findings of a study looking at the impact of National Societies preparedness investments on the COVID-19 response indicate that well-prepared National Societies have responded faster and more effectively, in close coordination with government authorities. They quickly developed their COVID-19 response plans, trained response teams, worked on community engagement and risk communication, used their information management capacity to plan and monitor their operations. National Societies who had already invested in developing cash and voucher modalities were able to quickly use them to respond to socio-economic impacts generated by the pandemic.
- It is critical to secure freedom of movement to access communities and support domestic authorities in the response to the pandemic. At the onset of the pandemic, very few National Societies were explicitly mentioned in the emergency decrees enacted in response to COVID-19. This, unfortunately, had a significant impact on humanitarian operations during the COVID-19 Pandemic. At the domestic level, National Societies and other humanitarian organisations were significantly affected by the imposition of restrictions on movement and other lockdown rules. Such restrictions meant, for example, that the IFRC Network did not have access to its warehouses and pre-positioned stock in some countries.
- It is important for IFRC and National Societies to review the existing guidelines and tools in light of the COVID-19 pandemic and adapt them to support RCRC activities to cope with compounding disasters and crises.

[1] Using and sharing information from IASC Early Warning Early Action Risk Analysis (EWEAR), INFORM, GO Platform, Risk Watch, National Risk Assessments and existing National RCRC Early Action Protocol, IFRC contingency planning and business continuity planning guidance.

[2] Based on the successful first eight National Societies that have completed an Action Learning coaching journey, the partnership with the World Institute of Action Learning will continue at least through June 2021 expanding to at least some 50 more National Societies that have made a request in this sense.