

Revised Appeal MDRCOVID19

New funding requirements: CHF 2.8 billion IFRC-wide of which **CHF 670 million** is channelled through the IFRC Emergency Appeal in support of National Societies

Appeal timeframe: 31 January 2020 – **31 December 2022** / Extended 6 months.



Supporting the national vaccination campaign against COVID-19 of the Health Ministry of Peru for indigenous communities, in 2021 the Peruvian Red Cross together with the IFRC and the ICRC is implementing the project "Facilitation of community dialogue and logistic support to the COVID-19 vaccination for hard-to-reach communities". © Peruvian Red Cross

The Federation-wide COVID-19 Appeal is a global effort by the membership of the International Federation of Red Cross and Red Crescent Societies to address the immediate, medium, and long-term impacts caused by the pandemic.

This revision extends the timeframe until December 2022 to support National Societies' work as auxiliaries to their governments to tackle the continued effects of the pandemic, support the integration of COVID-19 into regular programming and remain flexible in responding to new **variants of concern, hotspots and new waves**. COVID-19 immunization continues advancing globally, but considerable **gaps in equity and access to vaccines remain** for the most vulnerable population. For example, only 5.4% of the people of low-income countries have received COVID-19 vaccines. Our work must continue to tackle these very present challenges and work to prepare for future pandemics. Equally, the RCRC membership is sustaining and scaling up efforts to **address socioeconomic impacts** as the effects of the pandemic continue to affect the lives of most vulnerable people. These actions will also be incorporated into long-term strategies on livelihoods, food security, CVA, protection, gender and inclusion, and migration.

In 2022, National Societies will continue performing a crucial role as local actors engaging and supporting communities and coordinating with authorities and partners. **To maintain this level of support, we need sustained and sizeable investment.** Therefore, the Federation-wide funding ask is revised upwards to **CHF 2.8 billion**.

The IFRC Secretariat appeal requires **CHF 670 million** on behalf of National societies. The current coverage stands at 58.3 per cent (CHF 390 million). While generous contributions are allowing National Societies to sustain some key activities, earmarking has increased in 2021, particularly at the geographical level, which hinders the ability to have a more flexible response.

AT A GLANCE

OVERVIEW – Pg. 4-6

The evolving pandemic context, new variants and ongoing multi-sectoral analysis show that **governments, organizations, and communities cannot let their guard down**. Despite global vaccination efforts, COVID-19 cases continue to increase across multiple countries and regions. Moreover, its negative repercussions have vast ripple effects across many areas of the life of the most vulnerable communities. These must be mitigated rapidly to prevent increased vulnerabilities.

This Revised Appeal analyses the situation since the last revision in March 2021, looking at the main areas of support required in the face of the extensive challenges for 2022, and taking into consideration the **strategy to transition** COVID-19 actions into long-term programming.

HOW IS IFRC RESPONDING – Pg. 7-17

The operation maintains three operational priorities and pillars. These **priorities should be seen as complementary as they respond to interconnected needs** on the ground.



The **Agenda for Renewal's** flagships, the **Fundamental Principles and Values and Strategy 2030**, and the **Health & Care framework** guide our response. This Revision considers the shifting context, unmet and emerging needs and the best practices from the past [20 months of response](#).

This Revised Appeal calls attention to focused interventions across the three Operational Priorities. In addition, the RCRC membership reinforces its attention to the situation of the most vulnerable people, including women, people living with disabilities, children and migrants, and urban populations. The focus is on **mainstreaming protection, gender and inclusion and community engagement and accountability** to address the impact of pre-existing social and cultural dynamics that may marginalize or exploit certain persons. See the latest Operations Update for details.

COORDINATION – Pg. 18-19

The IFRC coordinates within the **Red Cross and Red Crescent Membership**. 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 cooperation with the ICRC for greater Movement impact and also coordination with the UN System and other international humanitarian organizations.

REGIONAL OVERVIEW – Pg. 20-29

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

ENABLING ACTIONS AND SUPPORT SERVICES – PP. 30-31

The IFRC Secretariat continues operating based on a strategy focused on business continuity, **duty of care and risk management**. Also, the IFRC's efforts continue cementing the progress 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 Pg. 32-33

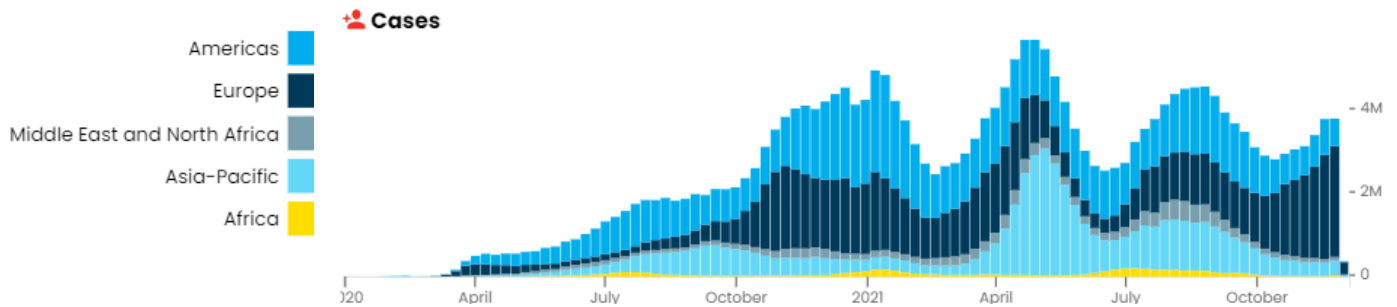
CHF **2.8**
Billion

The **Federation-wide funding requirements** is estimated based on the National Societies' domestic fundraising target and the IFRC Secretariat appeal on behalf of the membership. 92 per cent of National Societies reported financial data in the latest round.



OVERVIEW

Despite intense efforts by governments to roll-out the COVID-19 vaccine, vaccine hesitancy, unequal access and delivery of vaccines, lack of adherence to public health measures, and variants of concern continue to thwart the road to recovery from the pandemic.



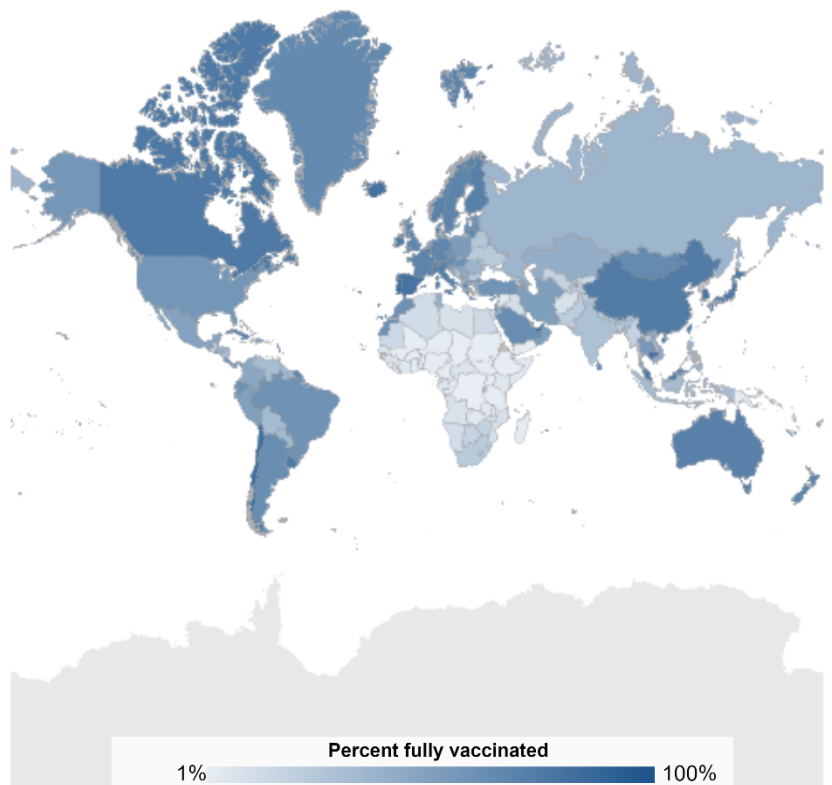
The global health impact of the pandemic

In the past six months, the Delta Variant of Concern has become the dominant variant of COVID-19 worldwide. Recently, the new Variant of Concern, Omicron, has created rapid surges of cases in some regions even as others report declining trends. This constantly shifting scenarios **call for our action to be flexible and agile to respond to new hotspots**. Based on factors such as the inequitable roll-out and access to COVID-19 vaccines, continued high incidence of COVID-19 globally, and reports of reduced access to health services (including regular screenings, medications and vaccination campaigns), it is clear that **the global community will continue to struggle with COVID-19 and health systems' capacity throughout 2022**.

To date, of the nearly 8.5 billion COVID-19 vaccination doses that have been administered globally, **only 7.2% have been administered in low-income countries**¹. Worldwide demand for vaccines is in the billions of doses, but supply continues to be inequitably distributed. While many high-income countries are currently administering booster doses to their populations, people living in low-and-middle income countries have yet to receive their first dose, including people with a combination of characteristics that make them increasingly vulnerable in their contexts. Furthermore, **not all populations within countries have equal access to COVID-19 vaccination** - ethnic minorities, indigenous populations, refugees, migrants, people with disabilities, people affected by humanitarian crises and remote communities report compromised access to vaccination.

While the international community is working to mobilize vaccine supply through the COVAX Facility to work towards equity in access, COVAX's initial vaccine distribution is **only designed to protect 20% of the population in low-and-middle income countries**. All countries will therefore need to supplement COVAX allotments with other alternatives to cover the vaccination needs of the remaining 80% of the population, either through donations, procuring vaccine doses from manufacturers or from those countries who have remaining stocks or ordered surplus vaccines, sharing vaccine doses with those countries who are facing shortages. **However, it is vaccination - not just vaccines - that saves lives.**

Low-and-middle income countries must be provided with the operational, technical, financial, and community engagement support needed to absorb vaccine supply and ensure that vaccine delivery. Furthermore, while routine immunization services



Map 1. Percentage of the population fully vaccinated per country.

This map does not imply the expression or any opinion on the part of the IFRC or National Societies concerning the legal status of a territory or of its authorities.

¹ Our World in Data, Dec. 14th, 2021: <https://ourworldindata.org/covid-vaccinations>

have started to recover from disruptions caused by COVID-19, millions of children remain vulnerable. The pandemic has resulted in the decline in immunization coverage globally. In 2020, **23 million children missed out on routine immunization services**, the highest number since 2009 and 3.7 million more than in 2019². Most of these children, up to 17 million, did not receive a single vaccine in 2020.

In the current environment of pandemic fatigue, dramatically unequal distribution of vaccines, testing, and other life-saving interventions; declining adherence to public health and social measures; and substantial decrease in vaccine acceptance rates, it is clear that 'business-as-usual' health and development practices are insufficient. **Maintaining preventive public health measures and reinforcing their importance is crucial** to mitigate new waves and hotspots. The pandemic has also had an impact on people's mental health. During the first year of the pandemic, a WHO survey found that it had disrupted or halted critical mental health services in 93 per cent of countries worldwide while the **demand for mental health support increased** (WHO 2020). The duration of the pandemic and the uncertainty brought about by new waves, the slow return to regular economic activity, and disruption of routine social activities continue to put stress on communities, a fact that should not be underestimated.

Addressing issues of mistrust, access to appropriate resources, and preparedness for multiple hazards during the COVID-19 response (including natural hazards, other disease outbreaks such as cholera or flu, etc.) should **remain part of health and WASH priorities**. In addition to the regular health, WASH and Community Engagement and Accountability measures to slow the transmission of COVID-19, prioritization will be on ensuring those who face the most difficulties related to WASH needs can access services safely and that we "do no harm" in the process, through PGI approaches.

Today, most evaluations highlight a COVID-19 response that can over-centralize command and control measures, sometimes militarized, with some level of consultations and mostly passive involvement of communities. A change in approach is needed. To achieve a meaningful community engagement, more efforts are needed to shift from more passive to active involvement, from unidirectional information sharing to conducting regular consultations with communities to shape actions to co-designing interventions and responses.



Amram Ismail, a 24-year-old pregnant mother of 5, washes her hands as part of the COVID-19 protocols, prior to receiving antenatal care at the Allaybaday Clinic. The IFRC is supporting the Somali Red Crescent in the implementation of: (1) Integrated health care programme (flagship programme)—which includes mobile clinics and nutrition programmes; (2) COVID-19 response, whose key pillars include infection prevention and control; community engagement and community-based surveillance—and (3) Drought and food insecurity. Photo: Somali Red Crescent.

² <https://www.unicef.org/press-releases/covid-19-pandemic-leads-major-backsliding-childhood-vaccinations-new-who-unicef-data>

The socio-economic impact of the pandemic

The socioeconomic consequences of the COVID-19 pandemic include reduced employment and loss of income; increased food insecurity; negative coping mechanisms, fewer protections against violence; and exacerbated mental health issues. COVID-19 has amplified inequalities, destabilized communities and reversed development gains made in the past decades. Many countries are navigating surges in transmission alongside large-scale disasters and other complex humanitarian crises.

The pandemic has **significantly impacted many types of livelihoods** worldwide due to the drastic measures needed to tackle its spread. It has led to job and income losses; reduced working hours; and difficulty obtaining livelihood production inputs such as seeds and farming materials, due to disruptions of supply chains or price increases. It has led to severe and widespread increases in **global food insecurity**, affecting vulnerable households in almost every country. The effects of the pandemic are expected to continue into 2022 and beyond.

The widespread lack of social protection systems, especially among the world's two billion informal sector workers, means that the pandemic-related **work disruptions have had catastrophic consequences for household incomes and livelihoods**. The urban poor, women, and economic migrants have been the hardest hit, as identified in IFRC's special report on the socioeconomic consequences of the pandemic *'Drowning Just Below the Surface'*. Due to climate change, economic crises, and conflict, these households are vulnerable to other increasingly recurrent and concurrent shocks in many countries. **Recovering from the socioeconomic impact of the pandemic will be difficult without assistance**, as these households have depleted their coping mechanisms. Added to this is the fact that the vaccine rollout is weakest in the countries of most concern.

The pandemic **exacerbates the long-term concentration of poverty in middle-income, fragile, and conflict-affected countries**. Global poverty headcounts are not expected to fall below 2019 levels until 2023. According to ILO, the labour market crisis created by the COVID-19 pandemic is far from over, and employment growth will be insufficient to make up for the losses suffered until at least 2023. This is especially true in the manufacturing, service, and commerce sectors and for informal sector workers.

National Red Cross and Red Crescent Societies have been engaged in **collecting and analysing community feedback** since the onset of the COVID-19 pandemic. As the crisis has evolved, their collection methods have changed, transitioning from household visits and in-person focus groups to online perception surveys and phone-assisted interviews. In the long term, and in a rapidly evolving COVID-19 environment, these feedback systems and the messaging will continue to be adapted to changing local needs and capacities. **Peer to peer training and knowledge** will be essential to absorb and **integrate all digitalization and remote ways of working** and, gradually go back to traditional interpersonal approaches.

The shifting landscape of COVID-19-related measures, restrictions, and vaccine access have led to changes in local conditions that stress individual and community resilience and well-being. Globally, the consequences of this stress are disproportionately felt by **those who have experienced discrimination, violence, and exclusion**. Red Cross and Red Crescent National Societies have continued their protection, gender and inclusion (PGI) work to address the needs of people living with disabilities, older persons, and children, while others have begun ensuring that the PGI approach is included in their response to community needs to address violence, discrimination, and exclusion. However, there is still a great **need to support National Societies to assess more in depth the impact of pre-existing and new inequalities** driven by intersectionality- impacting people's ability to respond to the socioeconomic challenges of COVID-19 within their contexts. Vaccine inequity issues should also be looked at from a community-based perspective: inequity at the community level stem from differing levels of literacy, trust in instructions, experiences of marginalization, discrimination, violence and exclusion make it harder for individuals to access vaccines. The IFRC will continue to support National Societies identifying and responding to people at higher risk of violence, exploitation, and abuse because of COVID-19.

In addition, the pandemic continues to be **uniquely threatening to migrants, internally displaced people and refugees**. Many were already vulnerable, often with precarious livelihoods and little or no state support. The pandemic exacerbated these problems (Global Migration Lab 2021). Refugees and migrants were among the most affected by the socioeconomic effects of the pandemic, according to National Societies (ACAPS/IFRC survey). The main impact was on employment. Other reported effects were movement restrictions, which prevented people from accessing services, left them stranded, forced them to attempt to return to places of origin, and/or led to an increase in negative coping mechanisms.

According to National Red Cross and Red Crescent Societies, **having a migrant background was the second biggest vulnerability factor in terms of the socioeconomic impacts, after being homeless**. Living in slums or informal settlements also significantly increased people's risk (ACAPS/IFRC survey). People who are homeless or living in insecure housing, as well as migrants who often have limited access to support systems and basic services in destination countries, are more likely to have been economically vulnerable prior to the pandemic - increasing the risk of being disproportionately affected by the pandemic's socioeconomic impacts.



October 2021, France. French Red Cross staff and volunteers in Paris have been supporting lonely and vulnerable older people for years. Since the COVID-19 pandemic started, local teams' have stepped up their assistance. Now, the service includes a helpline and home visit to support those who are physically or socially isolated, among other activities. Photo: Jean-Lionel Dias, French Red Cross.

The pandemic's impact on Red Cross and Red Crescent National Societies

Since the beginning of the outbreak, National Societies have quickly adapted their way of working to their new contexts, building on local solutions, and leveraging their auxiliary role³ as a unique area of comparative strength in the humanitarian ecosystem. They have also been facing **growing demands from their government authorities to significantly scale up their support**, while lacking any substantive investment by those authorities in capacity development. National Societies have been striving to meet the growing demands of local communities facing the social and economic consequences of the pandemic, increasing, and compounding local vulnerabilities caused by climate-related hazards and crises around the world. The response has also highlighted the key role of National Societies' strategic leadership, who have tackled the increasing complexity of the challenges and explored innovative manners to act and adapt to the new normal.

Adding to these challenges, most National Societies have had to increase their support and services for pandemic response, while losing a significant part of their unrestricted income. The **vast majority of funds received for the response to the pandemic has been earmarked**, which reduces the ability of National Societies to invest into their transformations, further adapt, better sustain local volunteers to engage with other local actors and better and more efficiently prepare and respond to existing and future emergencies.

In the next period the IFRC will continue strengthening the ability of National Societies to be more financially sustainable, better equipped with multi-hazard response systems that integrate pandemic preparedness and response, able to leverage the engagement of the vast numbers of new volunteers while properly protecting them, while enhancing further their ability to support one another and share learning and innovative approaches.

For most National Societies, there is a very difficult equation ahead: do more, do better, with less available resources. The **profound transformations they collectively committed to for the next decade in the IFRC Strategy 2030 have been dramatically accelerated – and confirmed – by the pandemic**. The IFRC accompaniment to National Societies to continue their evolution to be better able to respond to the pandemic and its consequences – while continuing to deliver pre-existing services to communities and responding to other emergencies - requires additional investment to ensure such changes are effective and sustained in time. At the same time, the great amount and quality of learning that is generated has the potential to support the development of transformational National Societies leaders at local level.

Most National Societies do not have sufficient resources (human and financial) to support both the COVID-19 response and other disasters related to natural hazards, public health emergencies, and technological hazards, that have not stopped. **The capacities of frontline Red Cross Red Crescent volunteers and branches** to respond to the health and socioeconomic needs and expectations of communities affected by the pandemic **are under strain**, whereby several National Societies have limited operational capacities to support immunization processes.

³ To learn more about the auxiliary role please look here: [The auxiliary role | IFRC](#)

HOW IS IFRC RESPONDING

Our global reach

The Red Cross and Red Crescent response's global reach is extensive 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 [20-month update](#).

Since the last revision, vaccination support efforts have increased across the membership, with over 241,000 volunteers and staff trained on COVID-19 vaccine introduction and 167 National Societies are involved in vaccination support activities in their countries.



886 million people reached through RCCE for health and hygiene promotion activities
79.3 million people reached with **National Society support for COVID-19 vaccination**
12.3 million people reached with **mental health and psychosocial support**



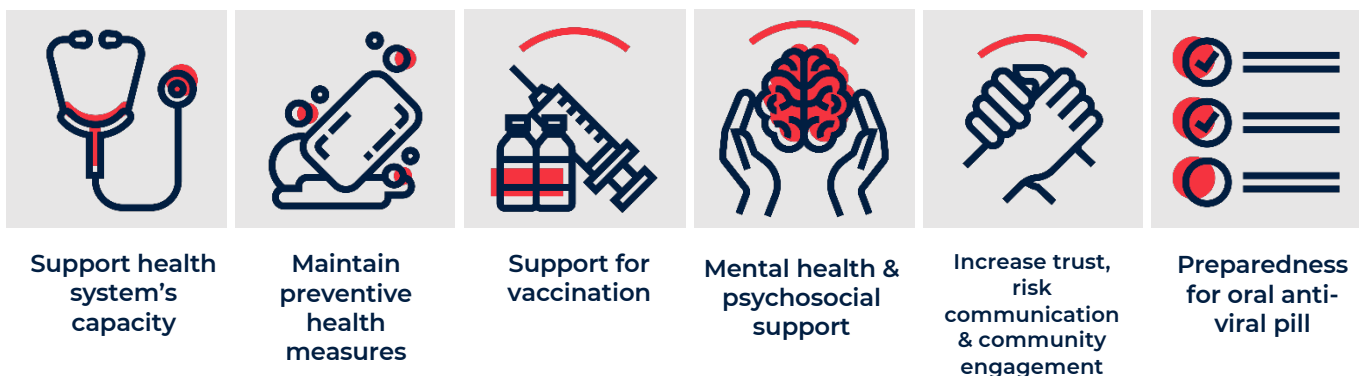
84.1 million people provided with **food** and other forms of **in-kind assistance**
5.6 million people reached through **cash and voucher assistance**.
6.2 million people reached through exclusion related programmes



139 million people covered through pandemic -proof DRR programming
140 National Societies have adapted their contingency plans

Operational Priority 1: Sustaining Health and WASH

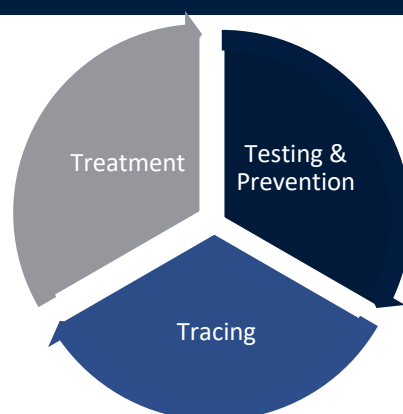
Key Issues



COVID-19 has highlighted the key role that the Red Cross and Red Crescent membership can play to prepare and respond to epidemics and pandemics, and we will use this opportunity to:

- Strengthen the **integration of a 'One Health' approach into health and WASH programming**, including essential activities to remain sustainable.
- **Build on the lessons learned** (most impactful interventions) and develop ways that enable National Societies to grow those activities specifically and be prepared to implement them during COVID-19 surges or responses to new outbreaks.
- **Integrate best practices into National Society contingency planning and community health**

The response will follow a three-pronged approach that includes all the existing pillars but focuses on **Testing & Prevention - Tracing - Treatment**



programming and in the rollout of vaccination to ensure long-term management of COVID-19 waves and future outbreaks.

- **Increase flexibility and agility** to scale up and pivot support to specific National Societies' needs responding to hotspots and COVID-19 waves.
- Facilitate **knowledge and skills exchange between National Societies experienced in immunization and those that are new to the vaccination space** and build on lessons learned during the rollout of COVID-19 vaccination.
- **Provide technical and coordination support for National Societies engaged in COVID-19 vaccination campaigns** and build on the experience gained during the rollout of COVID-19 vaccines to enhance the role National Societies play in increasing routine immunization coverage.
- **Facilitate and advocate for the provision of COVID-19 vaccines** between countries or between private sector manufacturers and countries and request to the COVAX Humanitarian Buffer vaccine doses to ensure people living in last mile settings can **access COVID-19 vaccination**.
- **Support National Societies in providing technical support and accurate information** as new potential treatments are researched (such as oral antiviral pills) to prevent disinformation and promote health interventions aligned with the latest evidence-based research.
- **Position the RCRC as the backbone of effective community systems.** Community health systems, are key elements of a strong community-led and community-based responses which, coordinating to the evidence, is key to an effective preparedness and response approach.
- **Ensure that what has been built is not lost:** maximize investments in community engagement and risk communication approaches, especially related to vaccines and biomedical tools for the COVID-19 response. This requires maintaining systems and partnerships for future pandemics and health emergencies. We need to seize this opportunity to transform how the public health and humanitarian sectors coordinate, implement, monitor and resource collaborative approaches to RCCE.
- Work consistently on **cross-sectional community engagement and accountability with other programmes** and units considering long-term response.
- **Maintain, prioritize and fund capacity building of RCRC volunteers and staff on community engagement and accountability** to ensure that availability of community data leads on informing decision- making at every step of the response and beyond.
- Continue **investing on organizational transformation** to mainstream the capacities to quickly adapt to extreme challenges and multi-hazards.
- Sustain support to the IFRC Psychosocial Support Centre and Global Advisory Panel. They provide **essential, high-quality services to the membership within MHPSS and quality assurance and risk management for blood services**, respectively. They will be prioritizing the following efforts in 2022:
 - **IFRC Psychosocial Support (PS) Centre:** The centre will be particularly targeting two groups - youth and RCRC staff and volunteers. This will include the development of focused materials to support coping with the stressors of living through an extended corona pandemic. In addition, it will also create new avenues and resources (on social media, podcasts, etc.) to enable volunteers to support young people's mental health in and out of schools, youth clubs and Red Cross Red Crescent activities. The PS Centre will also maintain its regular support to National Societies via trainings and technical support, and promotion of peer to peer learning.
 - The Global Advisory Panel will provide support on its regular lines of work, and in addition will ensure guidance on policy and procedural support for COVID-19 related aspects of blood programmes. This includes voluntary blood donor eligibility and management, staff management and safety integrated current measures, among others.

For 2022, the IFRC's Secretariat health and care unit will also be looking at how to mainstream COVID-19 activities into National Societies regular programming. A longer-term strategy will need to look at COVID-19 through different lenses than that of an emergency response, promoting community-based health interventions and continuous engagement with local health authorities, to ensure ownership and sustainability of interventions. This transition strategy will be developed further in 2022 but it aims to **maintain access to health services for all through the three-pronged approach of Testing - Tracing - Treatment:**

Maintain access to health services for all

People have the knowledge and power to reduce their risk:

- Risk communication, community engagement
- Health and hygiene promotion
- Mental health and psychosocial support

People ill with COVID have access to lifesaving health services

- Ambulance services
- COVID isolation and clinical treatment
- Auxiliary support to hospitals and clinics providing COVID care
- Home care for cases not requiring hospitalisation
- Mental health and psychosocial support



People have the tools and resources to reduce their risk :

- WASH in communities
- COVID vaccination
- Supply of masks

People have access to services to stop transmission

- Testing
- Contact tracing
- Support people in quarantine
- Community-based and disease surveillance
- IPC in health facilities

Iran, September 2021. The volunteers of the Iranian Red Crescent Society (IRCS) are sparing no effort to support the people affected by the pandemic with medical care, awareness-raising as well as vaccinating people and supporting in other tasks in the vaccination centers. The Iranian Red Crescent has mobilized thousands of volunteers for the coronavirus response and managed to secure the import of more than 35 million COVID-19 vaccine shots to Iran. The Red Crescent is the only humanitarian organization in the country granted permission to facilitate the coronavirus vaccine imports. Photo: Iranian Red Crescent



Best practices



- National Societies with previous experience in epidemic control activities such as community-based surveillance (CBS) were able to rapidly adjust their activities to include COVID-19 as a health risk they report on, and incorporate public health measures into their existing One Health community committees. Examples include Somalia Red Crescent Society's success in reporting the [first COVID-19 case confirmed in Somaliland](#) through their existing CBS system, and Indonesia's ability to [scale-up engagement in CBS and other epidemic and pandemic preparedness activities](#) throughout COVID-19, eventually placing the Indonesia Red Cross (PMI) as one of the leaders in a plan to roll-out CBS initiatives nationally.
- IFRC worked with American Red Cross and the Global Disaster Preparedness Centre (GDPC) to develop the [Health Help Desk](#), which provided up-to-date guidance throughout COVID-19, on evidence-based public health interventions as well as up-to-date emerging evidence and risk assessments.
- Philippines Red Cross was successful in setting up a molecular laboratory network out of their previous capacity which included the first RT-PCR molecular testing laboratory in the Philippines. Currently, the network holds a total of 14 laboratories with testing capacity of 60,000 tests per day and contributing to more than 22% of the country's testing output.
- 167 out of 192 National Red Cross and Red Crescent Societies, or 86% of the IFRC membership, are supporting at least one COVID-19 vaccination activity. This support includes advocating for countries with surplus supplies to share doses, facilitating vaccine donation, helping people reach vaccination centres, administering vaccines, supporting with logistics, monitoring individuals after vaccination for adverse effects, providing psychosocial support post vaccination, providing accurate information to the population on common questions, identifying hard-to-reach populations and advocating for equitable access to vaccines, leaving no one behind, and bringing hope.
- National Societies' previous experiences on risk communication, community engagement and accountability approaches were leveraged to [capture and build on community feedback](#), track misinformation, and provide trusted, relevant and up-to-date information to those in need. As of the third quarter 3 2021, 82 National Societies reported collecting over 1.4 million community feedback comments. To date, trained Red Cross and Red Crescent volunteers and community health workers and leaders, have played a critical role in reaching otherwise inaccessible and disenfranchised populations, and in listening to and responding to their concerns.
- Some examples of adapting traditional community engagement approaches into remote and digital feedback systems are the development and use of chatbots in [Kazakhstan](#), which enabled the scaling up the collection and analysis of community feedback, also strengthening rooted approaches such as local radios in [Cameroon](#), or strategies to understanding migrants' perceptions in [Trinidad and Tobago](#). Also, the first-ever region-wide volunteer perception survey was conducted in Africa in March 2021. Findings from the second round of the survey were released in October 2021. In addition, an actions tracker will be established to monitor the implementation of agreed recommendations.
- IFRC provided thought-leadership in this area by launching together WHO and UNICEF, the [Risk Communication and Community Engagement \(RCCE\) Collective Service data portal](#), to deliver the mechanisms, knowledge, measurement approaches and timely technical support required for a coordinated community-centred approach embedded across public health, humanitarian, and development response efforts. The IFRC, on behalf of the partnership, has led the development and launch of the first ever [socio-behavioural data dashboard](#) which compiles, structures and measures socio-behavioural data and evidence from almost 250 data sources across 200 countries. This critical evidence ensures people's voices and needs informs policymakers, funders, implementers response actions. It also helps bring resources and focus to the most pressing needs, such as [vaccines acceptance and uptake](#).
- COVID-19 has demonstrated that countries with pre-existing community health systems, structures, and investments, with strong ties between health teams and communities, could thoroughly and meaningfully embed stronger and innovative community engagement actions into national response plans earlier on. Local actors such as Red Cross and Red Crescent around the world and volunteers have played a critical role in enabling consistent engagement and empowerment of communities, understanding and acting on local knowledge and community feedback, and ultimately helping to deliver an effective response.

Operational Priority 2: Addressing socioeconomic Impacts

Key issues



COVID-19 has eroded safety nets and pushed many people into situations of economic vulnerability, food insecurity and poverty. In addition, information gaps about COVID-19 have led to misconceptions, rumours, mistrust, and uncertainty within communities. In response, **National Societies stepped in to bridge the gaps and support people to receive the services they needed.** Many National Societies reported adapting or increasing activities to reach migrants during the pandemic. One of the most common ways that National Societies adapted their response was to provide trustworthy information about the virus and how to seek support, in a more accessible way – for example by translating materials into various languages. This was usually coupled with other support, such as food parcels or cash support.

Critical to the continuation of the provision of socioeconomic support by National Societies, addressing poverty and exclusion, is to **maintain support to Red Cross and Red Crescents to target and prioritize those who are most-at-risk**, targeting the most in need based on vulnerability and capacity, gender, disability, and diversity lens and respond to the needs of these people by:

- **Continue to support the protection of consumption and livelihoods** assets of marginalized and poor groups of the populations: with the widespread loss of livelihoods, a lack of employment opportunities, and increasing disasters in the near and medium-term future, new targeted interventions will be planned to support National Societies.
- Support provided could take the form of **multipurpose cash transfers coupled with complementary activities to improve food security and livelihoods (FSL) skills and practices**; and/or access to FSL enhancing goods, services, and systems. Where possible, support should transition to or overlap with medium to longer-term approaches to help households recover, adapt, and diversify their livelihood assets and strategies, and to build resilience to future shocks and stresses. This recognizes the longer timeframe required to improve household economic security, and, where relevant, for National Societies to build partnerships with other local organizations specializing in various aspects of FSL programming, for example vocational training, small-scale entrepreneurialism, labour market or value chain analysis. This longer-term approach reflects the fact that the lingering socioeconomic impacts of COVID-19 will become an entrenched, chronic vulnerability in many countries. Interventions by National Societies within the mechanism of this Emergency Appeal will need to transition to longer-term programming under other funding mechanisms.
- There is a need to institutionalize CVA (Cash or Voucher Assistance) tools and procedures and build up cash-based preparedness, including systematizing FSP (Financial Service Providers) procurement
- Building on the current global trends in social protection, and the experience in providing cash assistance that many National Societies have built up, there may be opportunities to **support cash-based safety nets** to be put in place, scaled up, or extended to those who are hardest to reach. Priority groups to be reached for many National Societies will be the urban poor, especially informal workers, women, children and migrants.
- The concept of Green Recovery highlights that pandemic-linked assistance and post-COVID-19 investment from governments can also be designed to address the climate and environmental crises. IFRC will promote with National Societies **interventions that support economic recovery from the pandemic while also help vulnerable households to adapt to climate change, reduce pollution, or mitigate carbon emissions.** The widespread problem with improper waste management of used PPE presents a huge challenge but also an opportunity to be explored, as

recycling PPE could give an untapped income-generating activity, through a sustainability approach. The IFRC will conduct a research project on recycling PPE to support more evidence on this.

- The technical assistance provided by the Livelihoods Resource Centre (hosted by Spanish RC) will continue, but it will shift to **capturing best practices and case studies**, and **building an evidence base to support the longer-term approaches** to support recovery and adaptation of livelihoods.
- To strengthen the recovery approach, livelihoods interventions could be integrated with other sectors such as health, for example, promoting income generating activities that produce PPEs, or supporting people while in quarantine.
- Vaccine perceptions and rumour tracking are already embedded into IFRC's global feedback mechanism toolkit for COVID-19, and more than 20 National Societies are involved in specialised surveys with globally standardised questions related to vaccine hesitancy and trust.
- To ensure IFRC and National Societies are making a valuable use of their community data, a **Community Engagement data visualization, storytelling and impact tracker platform** is currently under development. This platform aims at monitoring operationalization of data to inform the response and influence decision makers.
- As part of its long-term strategy, the IFRC, together with National Societies will develop a **Trust Index project**. This initiative that will be first piloted in limited National Societies in humanitarian context building on the Red Cross Red Crescent's track record of innovation for social inclusion by measuring trust in providers of aid in specific contexts across the world. It aims to improve real-time information based on trust that could be used to collectively respond to feedback and create opportunities to respond to a myriad of social, health, and climate threats affecting migrants, refugees, and host communities across the world.
- Invest further in sustaining and strengthening National Society gains in RC/CEA-related activities, skills, tools and systems, to reinforce and consolidate capacities in the long-term run.
- Support and ramp up efforts to ensure National Societies are **embedding safeguarding mechanisms and bolstering capacity to address PGI issues**. This means ensuring protection risks are identified and appropriately addressed.
- Further support to ensure National Societies are able to transform their institutions into capable vehicles that include older people, persons living with disabilities, persons living in poverty or vulnerable situations, persons in marginalized and vulnerable neighbourhoods/territories, homeless persons and persons deprived of liberty (particularly women), single-parent and female-headed households and LGTBQIA+ through mainstreaming PGI and where relevant including specialised PGI activities.



Afghanistan, -- Responding to the COVID-19 pandemic, Afghan Red Crescent provided cash support to the country's most vulnerable communities. In addition to the health challenges, the socioeconomic impact of COVID-19 is devastating in country where 54.5 percent of the population – or some 20 million people – are living below the poverty line. Photo: ARC.

Best practices

- The COVID-19 pandemic has accelerated National Societies' experience globally in the **agile use of cash transfers**. This has been an opportunity to facilitate the access of affected households in rural and urban areas to food and other essential goods and services on the market. Cash transfers have also been used to prevent the depletion of key livelihood assets.
- **The use of the cash transfer modality is the foundation for more cost-effective and flexible FSL programming** – an important aspect of the humanitarian-development nexus. Where appropriate and feasible, IFRC can build on these experiences and expertise to **pilot and incrementally expand multipurpose cash transfers within food security and livelihood interventions**. Enhancing the design elements of a FSL intervention using the cash transfer modality can help to simultaneously meet short-term emergency needs and contribute to recovery (including through stimulating local market recovery) and longer-term development.
- The use of the **cash transfer modality** has shown to be the foundation for **more cost-effective and flexible food security and livelihoods programming** – an important aspect of the humanitarian-development nexus.
- The help desk service and related tools and materials from the Livelihoods Resource Centre (LRC) have been instrumental in **boosting the technical capacity of National Societies in Food Security and Livelihoods**. The LRC will continue to play a role in the COVID-19 response.
- Case studies from Botswana, Guatemala, Ivory Coast, and Panama have demonstrated the key role National Societies play in ensuring a protection, gender and inclusion approach is applied to all activities, this is evident particularly in working with persons living with disabilities and the older persons ensuring safe, dignified access to services and in addressing the consequences of violence and stigmatization.
- **Digitization and the translation of capacity building tools have created opportunities for remote learning, increasing access** for different audiences globally. Guided by a thorough review of learning pathways, new tools and learning materials are being developed to strengthen core competencies in PGI.
- **Multisectoral training and guidance** with WASH, CEA remain an important priority to contribute to mainstreaming protection, gender and inclusion processes in other sectors.
- **Support to migrants:** Colombia hosts some 1.7 million people originating from Venezuela. The Colombian government closed its Venezuelan border in March 2020, as part of its containment measures, and only began reopening the border in June 2021. Venezuelan refugees and migrants were particularly vulnerable, as the majority were in precarious working conditions, without protection like unemployment benefits. In response, the Colombian Red Cross Society (CRCS) created a special helpline for Venezuelan migrants and refugees, to provide them with information and health support. People with migration backgrounds have also experienced mental health impacts. A survey of over 3,100 Venezuelan refugees and migrants showed that 41 per cent said that at least one household member had experienced symptoms indicating mental health concerns, such as anxiety and sleeping problems. The CRCS adapted its services and set up a hotline for remote assistance, processing some 5,200 calls. It provided remote mental health assistance and advice about how to manage cases of COVID-19 in the community. People with a migration background (including IDPs and refugees) were among the population groups most reached with mental health and psychosocial support (MHPSS) activities.



Operational Priority 3: Strengthening National Societies

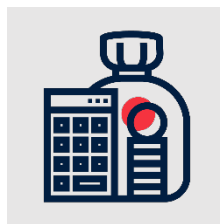
Key issues



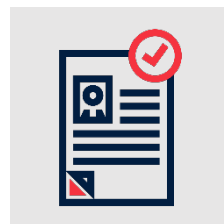
Duty of Care -
Support &
training for
volunteers



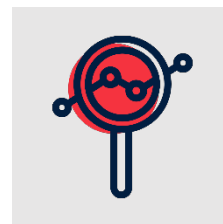
Peer to peer
learning



Financial
sustainability



National
Society
Preparedness
and Business



Sustaining &
promoting
digitalization &
innovation gains

The pandemic has confirmed the relevance and focus of the IFRC Strategy 2030; in terms of National Society Development, the pandemic has accelerated S2030's seven transformations. COVID-19 clearly underlined the crucial role of Red Cross Red Crescent volunteers as key actors at local level, in many cases even as convenors of other actors. It has shown the relevance of digitalisation as an enabler for better impact; underpinned beyond any doubt the importance of working in a distributed network of strong local actors, the 165,000 local units across the globe. To date, 134 National Societies are included in the government plans, 149 National Societies have worked on Contingency Planning, 129 National Societies have engaged in Business Continuity Planning (BPC) for COVID-19. **Strong National Societies are the foundation of the global COVID-19 response** as they add the unique and critical value by working with communities of which they are part of and building trust in a context of misinformation and confusion.

The activities planned for the continuation of the IFRC appeal in National Society Development naturally link to the IFRC long-term strategy to enhance the full potential of the IFRC network, which include improving evidence-based decision-making, investing on transformational leadership, accelerating peer-to-peer structured support around areas of interest (communities of practice), and facilitating co-design and learning for volunteers.

In particular, the IFRC will:

- Support the **establishment of a dedicated Community of Practice for National Societies involved in immunization**. This will include access to case studies, documents, lessons learned, evaluations; as well as a dedicated space to request support and facilitate the matching between need and offer.
- Support National Societies in the **analysis of their auxiliary role in relation to new demands by their authorities after COVID-19**, and in their engagement with their national authorities where appropriate. Facilitate exchange, lessons learned and case studies.
- **Enhance support to local Red Cross Red Crescent branches** to reach to the hardest to reach areas and ensure staff and volunteers have the needed resources to continue their response efforts.
- **Ensure full insurance coverage for volunteers** for those National Societies that have yet not done so, building on success and lessons from phase one of such approach, providing seed funds for the establishment of locally-designed and sustainable 'solidarity mechanisms' (pooled funds) where insurance policies do not cover COVID-19 risks. Expand such coverage to National Society staff to ensure full duty of care for first liners in the response to the pandemic.
- **Increase National Society Financial Sustainability** focusing on recovering and improving **income generation through services (e.g. commercial first aid, health services) and improved asset management**: the technical assistance in these areas will be underpinned by additional measures to support National Societies to better monitor their financial health (National Society Financial Sustainability dashboard, scenario-based Predictive Modelling approach for improved financial risk management) and the establishment and launch of dedicated communities of practice to support Peer learning (on financial management, on asset management etc).
- **Increase support to the local branches of National Societies to enable them to reach out to hardest hit areas**, providing a dedicated community of practice for branch leaders to exchange ideas, challenges and learning, and to provide seed funding whenever necessary.
- **Expand the number of National Societies that have access to pro bono coaching** (action learning) to accelerate problem solving related to the management of the pandemic; establish action learning certified coaches from within the IFRC in all regions.

- **Expand the peer-to-peer support and group conversations** among leaders of National Societies; further develop opportunities for volunteers to use the new IFRC global V-Community platform to exchange ideas and experiences around local practice around COVID.
- **Enhance data management capacities of National Societies, bridging the digital divide** for those National Societies that need support to meet minimum standards; **analysis across datasets** to provide increased ability to leaders to take decisions based on evidence.
- Promote the **use of Preparedness for Effective Response (PER) common approach** to enable additional National Societies to strengthen local response capacities to crises and disasters (sudden onset, slow-onset, time-bound and protracted), considering the needs of people affected by multiple hazards.
- **Promote and use the learnings from the COVID-19 operation** to improve National Society Preparedness, in mid to long term programmes and other response operations.
- Ensure the appropriate level of awareness and **training is available for successfully embedding of a Business Continuity planning (BCP) culture** within National Societies. Also, provide technical support to continue enhancing Business Continuity, Contingency Plans and Emergency Operation Centre capacity, through tailored activities based on operational and country contexts. This will enable continuity of services at community-level in face of multiple disasters.
- Collaborate to **collect and integrate National Societies' experience in epidemic and pandemic preparedness** (Community Epidemic Preparedness programme (CP3), COVID19 National Societies readiness lessons and other health emergencies) to National Society preparedness programmes and future health in emergency operation.



- **Multi-hazard Business Continuity Plans (BCP)** La Lima Branch, in the Honduras Red Cross: The La Lima branch was heavily impacted during hurricanes Eta and Iota in November 2020. Heavy rains and floods left the branch basically unable to respond. Before the hurricane, they were developing their Business Continuity Plan as part of the COVID-19 response, coordinating with other warehouses for storage, as well as reinforcing their response planning. This preparedness processes allowed volunteers to respond to the new emergency. Read the case study here in [English: Being prepared: Responding to two powerful hurricanes in the midst of a pandemic.](#)
- Throughout the pandemic, the IFRC, with support from the GDPC, developed the first [BCP resources help desk](#). The evidence between 2015 and 2019 showed that the component least prioritized by National Societies was BCP, scoring 1.61 in the global top lowest rated component of the PER Mechanism. Due to the COVID-19 pandemic, 140 National Societies to date have reported having their Business Continuity Plans. It should be noted that BCP is not only relevant for the COVID-19 response, but also for overall National Society response plans and preparedness actions.
- **Emergency Operations Centres:** Through this response the IFRC supported 20 National Societies in establishing and equipping Emergency Operations Centres. But in addition to equipment, new coordination mechanisms and operational procedures were reviewed to facilitate greater coordination during the response to COVID-19 and other hazards. Additionally, online courses were developed for National Societies, so that, from the [Red Cross campus](#), they can have access to online training on this subject (<https://www.campuscruzroja.org/enrol/index.php?id=72>) – the course is available in Spanish, English, French and, soon, Portuguese).
- Globally, a practical guide for the establishment of Emergency Operations Centres is being developed. To date, a pilot workshop was held in the Bahamas, including volunteers and members of the National Society governing board, where important feedback was obtained to improve the use of this tool and the establishment of the EOC in Bahamas Red Cross.
- **Investment in preparedness efforts pays off during times of crises:** Before the start of the pandemic, the Red Cross of North Macedonia had improved its EOC capacity. This newly developed capacity was utilized and coordinated with Government efforts during Covid-19 response. This was done through the government platform which provides the public with real-time information on the status of the pandemic in their area as well as information on who to contact for items such as food and medicine (RC branches). Also, all the work with RC branches and National disaster management authorities in building interoperability with new EOC through NICS new project started around creating facilities for cross border relief stock sharing as part of the regional preparedness.
- Twenty-seven National Societies established a **local solidarity mechanism or accessed local insurance to cover their volunteers for the entirety of the response operation to COVID-19**. The targeted National Societies were amongst a larger group of 52 National Societies: while the funding available did not allow for the support to all National Societies in need, it is expected that the next period will see the expansion to all those Societies that need support. The Solidarity Mechanism is a self-administered small fund that can be activated whenever necessary (whenever a volunteer has an accident, falls sick, or passes away). This solution is particularly appropriate whenever local or global insurance companies refuse to insure volunteers, or the cost to do so is prohibitive, or do not cover specific situations (as was the case with COVID-19).
- Several National Societies have successfully run a **market analysis after COVID-19 to identify opportunities for diversification of their income-generating activities**. More than 120 National Societies have been revising their Commercial First Aid programmes to include online modalities along in-person ones. A 153 national Societies have taken part to the rounds of reporting on Financial Sustainability, allowing for better tailoring of support. For example, several National Societies in the MENA, after completing their fundraising market studies, have revised or drafted fundraising strategies to guide and focus their efforts for the coming years. These National Societies have adjusted to the complex context of the pandemic by increasing domestic fundraising and expanding partnerships with the corporate sector, and several have expanded their funding base through individual giving.
- Twenty-two National Societies have embarked in Action Learning support by professional coaches to solve complex problems related to the pandemic. This support has proven quite successful.
- In the Asia Pacific region, the **COVID-safe Best Practice Guide** was developed as a tool on how to minimize risk to personnel and affected populations for Red Cross Red Crescent humanitarian programmes. It has been used across different projects and operations in the region.

PRIORITIZING VULNERABLE GROUPS

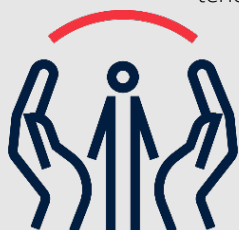


Marginalized, at-risk and vulnerable people

Throughout the pandemic, there have been severe gaps and disruptions in and of protection mechanisms; in institutional, social, and community-based capacities. Systemic discrimination and structural socioeconomic inequality in the context of COVID-19 is erasing the layer of protection mechanisms for Indigenous peoples, women, children, men, people with disabilities and ethnic and religious minorities. The effects of violence, exclusion and discrimination for these groups are context-specific, manifesting in multiple and intersecting forms: people living in rural or urban areas, persons deprived of their liberty, displaced and migrant populations, trafficking in persons or situations of exploitation and coercion, those in conflict zones, and those at risk of the impacts of climate change.⁴ The more protracted the COVID-19 situation and its effects become, the harder it will be for individuals and their communities to recover. In all activities, we aim to ensure effective safeguarding mechanisms to protect adults and children from sexual exploitation and abuse and violence and strengthen our capacity to respond to all forms of violence.

Women and children

Women, girls and sexual-gender minorities face heightened job insecurity, reduced work hours and reduced income. Women tend to have professions that are more impacted during outbreaks, which can lead to loss of financial independence, putting them more at risk to sexual and gender-based violence brought by the socioeconomic consequences of the COVID-19 pandemic. Significant levels of lockdown-related disruption over 6 months could leave 47 million women in low- and middle-income countries unable to use modern contraceptives, six months of lockdowns could result in an additional 31 million cases of sexual and gender-based violence. 2 million additional cases of female genital mutilation could take place over the next decade that otherwise would have been averted.⁵



Children faced several protection risks, during the pandemic, even though they are at relatively low risk of severe illness or death from COVID-19 compared to adults. Due to school closures, worsening socioeconomic conditions of family members, child protection risks such as child marriage, forced labour have been on a significant rise. This significantly reduced children's access to education: even if online learning was offered as an alternative, not all children were able to access it or engage with it. Evidence from other crises shows that children are less likely to return to school the longer they are out of school: they may have lost touch with education or taken up negative coping mechanisms.⁶

People with Disabilities

15% of the world's population lives with a disability, yet lack of access to services, misinformation, and lack of reliable data exemplify the omission of people with disabilities in most responses. Older persons are at increased risk of discrimination based on age and have additional barriers to accessing services. Furthermore, in situations of severe pressure on health systems, persons with disabilities, including children, are at risk of being deprioritised or denied service.

Displaced and migrant populations

Migrants and displaced communities have been uniquely threatened during all phases of the pandemic.

Health: Migrants and displaced people have been at the highest risk of being infected by COVID-19. This has been demonstrated in a series of reports and analyses by the IFRC, including a recent report by the Global RCRC Migration Lave entitled: Locked down and left out? Why access to basic services for migrants is critical to our COVID-19 response and recovery. These healthcare risks are connected to the conditions in which migrants and displaced communities live, including both camp and non-camp settings, the conditions of work, the methods of travel in and in some cases differences in health seeking behaviours. This is connected to exclusion in policy from healthcare support, especially for those migrants with irregular status. This is also connected to exclusion in practice, whereby healthcare is not provided for migrants in an accessible or appropriate way, due to language, culture or other factors. There may also be barriers where migrants are unwilling or fearful to access healthcare due to a fear of arrest, detention and deportation.

⁴ <https://reliefweb.int/report/world/magnitude-and-scope-inequalities-created-and-exacerbated-covid-19-truly-shocking-high>

⁵ <https://www.unfpa.org/news/millions-more-cases-violence-child-marriage-female-genital-mutilation-unintended-pregnancies>

⁶ (UNICEF 04/2020).

Vaccines: There are also specific concerns for migrants and refugees being excluded from vaccination campaigns. Research conducted by the Red Cross Red Crescent Global Migration Lab across more than 50 countries revealed that refugees and migrants continue to face serious obstacles in accessing COVID-19 vaccines. Despite some progress made in policy, the equitable inclusion of refugees and migrants in vaccination strategies and plans is far from universal. In practice, some groups, particularly undocumented migrants, are still left out. Across the global survey, National Red Cross and Red Crescent Societies identified the following main barriers to migrants' access to COVID-19 vaccines:

- 90% of respondents pointed to limited information about where and how to get the vaccine
- 80% to vaccine hesitancy due to fears of side effects
- 67% to language
- 60% to lack of required documentation
- 50% to fears of arrest, detention or deportation
- 50% to limited vaccine supply; and
- 33% to complex registration processes.

To beat COVID-19, we will need to focus both on the 'hardware' and the 'software' of successful vaccination. The hardware is about getting vaccines to every country and every community. The software is ensuring that everyone, including refugees and migrants, is informed, and included.

Socio-economic: Migrants, refugees and IDPs have been amongst the hardest hit by the socioeconomic impacts of COVID-19. People on the move were more likely to lose jobs, and among the last to receive social protection and assistance. In some cases, the pandemic's impacts on migrants in one country triggered cascading impacts elsewhere in the world, due to a decline in remittances sent to home countries and communities.

National Societies continue to step in to bridge gaps and support people on the move to receive the services they need. Two thirds of National Societies included in new IFRC research on the socioeconomic impacts have increased or adapted humanitarian services to reach migrants during the Pandemic. National Societies

The pandemic was uniquely threatening to migrants, internally displaced people and refugees. Many were already vulnerable, often with precarious livelihoods and little or no state support.

The main impact was on employment - migrants and internally displaced people were more likely to lose jobs or to have their hours cut.

Migrants have consistently faced an 'invisible wall' when it comes to accessing basic services. Including exclusion based on legal status; inaccessible information - both in language and channels of dissemination; insufficient or unavailable services; financial barriers; inconsistent application of relevant laws and policy; fear, health and safety concerns.

Migrants and displaced people also faced increased mental health difficulties. In a WHO survey, most respondents reported having a worse mental state due to COVID-19.

If the challenges facing migrants in accessing basic services, including COVID-19 vaccines, are not addressed, recovery efforts will be hampered, and COVID-19 will continue to spread.

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.

COORDINATION

Coordination with external actors

At the country level, National Societies coordinate with Ministries of Health (MoH) and broader governmental structures and other organizations in line with their **auxiliary role**.



By virtue of the Geneva Conventions, later statutory texts, and their individual constitutions, **National Red Cross and Red Crescent Societies function as auxiliaries to their public authorities** in the humanitarian sector, including during Public Health Emergencies. This latter function in particular was further **defined and agreed by State Parties to the Geneva Conventions in 2019, in IC33 Resolution 3 "Time to act: Tackling epidemics and pandemics together"**.

The auxiliary role is designed specifically for National Societies. It provides the legal facilities they need to provide rapid and effective relief to people affected by emergencies, including the regulation of:

- 1) their access to communities in need;
- 2) movement of people and transport of goods between and within countries;
- 3) their protection as they go about their activities.

Yet this role is frequently misunderstood or not applied, particularly in health. On all three counts referred to above, National Society activities have been hampered by a lack of application or respect of their auxiliary status.



As a result of this issue, the **IFRC will increase its support to National Societies in 2022 and beyond** to ensure they understand the auxiliary role and **can effectively advocate for its application and enforcement in emergencies**, with particular attention to its application in the area of health. Activities should include:

- 1) a more in-depth **mapping of the obstacles encountered** by National Societies related to the application and respect for the auxiliary role;
- 2) the elaboration of a **guidance document** to explain the forms that the auxiliary role can take;
- 3) **investment with National Societies** on how to advocate for the application and respect of this role;
- 4) in-depth support to a number of National Societies requiring **more technical and advocacy support**.



The **IFRC co-leads the Risk Communication and Community Engagement Collective Service**. The Collective Service is a partnership between the IFRC, UNICEF and WHO. The Collective Service brings together 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 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, participates in the IASC Working Group for the Humanitarian Buffer as well as the IASC Buffer decision group and collaborates with technical and strategic health partners through the Global Outbreak Alert and Response Network (GOARN).

Membership and Movement Coordination

Membership coordination: The IFRC Secretariat continues to prioritize effective membership coordination in the COVID-19 response. The strategic coordination occurs with National Societies at the global leadership level, through the bi-weekly engagement of the National Society Advisory Group in which issues are discussed and the ongoing strategic direction of the response is agreed. Similar discussions at the regional level occur regularly with National Society leadership. The Federation-wide approach to the operation continues, with solid coordination including on vaccine roll-out. National Societies continue to assist others through shared leadership initiatives on the ground, and the thematic support is provided Federation-wide through the various Covid-19 related helpdesks, which can be accessed through the COVID-19 resource compendium: <https://covid.ifrc.org/>.

Movement Coordination: The IFRC is cooperating also with the ICRC to streamline its response to the pandemic in line with the Strengthening Movement Coordination and Cooperation (SMCC) process, including through issuing coordinated appeals to ensure overall coherence of the Movement-wide response 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 sustainable and inclusive post-Covid-19-response and recovery**, as well as for stronger community and **legal preparedness for future health threats**. This includes advocacy on questions related to:

- a) dose-sharing, vaccine production and national delivery systems for Covid-19-related medical countermeasures,
- b) the long-term effects of Covid-19 on the most vulnerable, marginalized or at-risk groups (such as migrants and refugees, women, people living in humanitarian contexts, the elderly and the disabled),
- c) the strengthening of outbreak preparedness and response capacities globally (including community preparedness and legal preparedness to better respond to emergencies at all levels, especially the national level-see IFRC Disaster Law),
- d) the need to integrate RCCE approaches in all pandemic preparedness, response and recovery activities.
- e) the need to continue addressing other ongoing disasters and crises in a holistic manner.

IFRC has produced its flagship "World Disasters Report" (WDR) annually since 1993. The WDR has gained a positive reputation over the years – for framing important issues related to disaster risk management, highlighting good practices and challenges, and providing policy and practice recommendations. The next WDR plans to focus on **Lessons learned from COVID-19 for future pandemics and other disasters** highlighting what we need to do to ensure we are prepared and ready to respond to future pandemics and other crises, exploring the importance of community-based approaches, engagement, and systems.

At a global level, the IFRC supports operationalizing localization commitments and advocates for international policy decisions to ensure COVID-19 programming effectively supports local actors' capacity and leadership. Further, IFRC supports the discussions of the WHA on a future pandemic framework convention or other legal instrument and promotes the importance of legal preparedness to Public Health Emergencies. 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, the auxiliary role of National Societies in the health sector, promoting equitable protection mechanisms for the recovery of vulnerable and at-risk groups; protecting humanitarian space; and sustainable, inclusive epidemic and pandemic preparedness, response and recovery frameworks and policies.

Jamaica Red Cross staff member, Kimmoy Tulloch explains how to use a cash card to a shrimp vendor who lost her income due to COVID-19. Due to travel restrictions in Jamaica which led to fewer tourist arrivals, shrimp vendors who depend on tourism were unable to sustain their livelihood during the pandemic. Credit: Jamaica Red Cross.



REGIONAL OVERVIEW



AFRICA



Federation-wide: CHF 76.492.223 million
IFRC appeal fundraising ask: CHF 146 million

Evolving Context

Africa accounts for 2% of the global administered vaccines. Only **ten countries in Sub-Saharan Africa have vaccinated over 20%** with at least one dose, and the majority (21 countries) are below 10%. In addition, only 1 in 4 health workers have been fully vaccinated across the region compared to over 80% in high income countries.

Due to this low vaccination coverage, emerging variants and limited health system capacities of most African countries, it is expected that new waves of COVID-19 infections and a resurgence of high morbidity and mortality rates will be observed during the remaining of 2021 and in 2022.

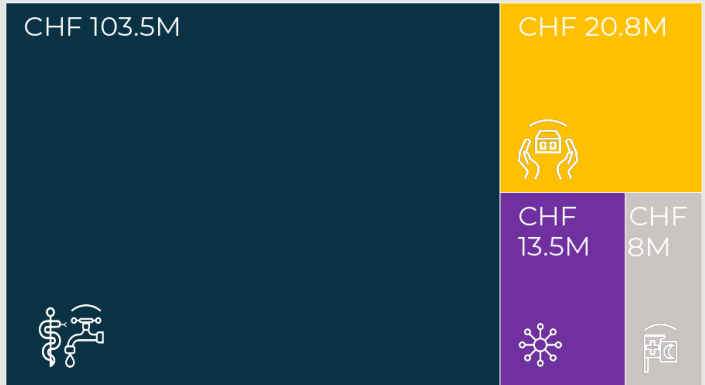
The detrimental impact of COVID-19 on the health systems, on access to critical preventative health services across all age groups, and the reorientation of the limited resources towards COVID-19 response has reduced the health gains accumulated in the past years and increased health systems vulnerabilities to epidemic outbreaks and other health crises. In addition, the **frequency and impact of outbreaks**, including zoonotic diseases, beyond COVID-19, such as Avian Influenza, SARS, MERS, and Ebola **have continued unabated during this past 20 months**, adding a further and immense strain to health systems.

COVID-19 has had a harmful impact across the African continent, particularly on people's livelihoods and food security. The pandemic came in addition to multiple and growing shocks, with conflict, insecurity, and social unrest, deepening climate crisis and socioeconomic instability. The **rise in prevalence of food insecurity in Africa in 2020 was equal to the five preceding years combined**. 66% of the sub-Saharan population (or 724 million people) face moderate to severe food insecurity. This is double the percentage as compared to 2014.

Priorities and key areas of needed support

OP1 -Sustaining Health & WASH:

- **Immunization uptake**, with particular focus on hard-to-reach people with accessibility issues.
- **Integrating COVID-19 services within existing health structures**. This may be achieved by facilitating the inclusion of COVID-19 vaccination among the vaccines provided by National Societies



- Sustaining Health and WASH
- Addressing Socio-Economic Impacts
- Strengthening National Societies
- International coordination and Enabling Actions

vaccination teams, especially those dedicated to the most marginalized populations

- **Strengthening services dedicated to the most at-risk individuals**, including non-communicable diseases (NCD) clinics, services for the elderly at PHC level, identifying and reinforcing referral to COVID-19 vaccination, and monitoring risk factors for higher education COVID-19 morbidity and mortality and providing appropriate preventative advice for both COVID-19 and comorbidities. Involve volunteers in PHCs services to facilitate access to patients, reduce and address ageism and stigmatization of most vulnerable individuals, task shift at PHC level
- **Reinforcing home-based care and community health services by RCRC volunteers**, strengthening health and nutrition promotion across the life course, referral to preventative services and community-based cascade of messages and social behavioural change, through the engagement of community health workers and volunteers with existing and scaled up community structures and groups
- **Increasing availability of COVID-19 testing at community level**, facilitating, when possible, access to rapid testing and strengthening support for individuals in quarantine at community level.
- Facilitating the **training and utilization by RCRC of ICT technology for epidemic surveillance**, for collection of data on COVID-19 testing and for referral follow up at community level of individuals accessing POHC services.
- Capacity to respond to upsurge (crisis modifier) of COVID-19 cases following emergence of new variants.



South Africa: Bloemfontein, 02 April 2020. Red Cross volunteers at a call centre in South Africa, assisting with screening, contact tracing, and psychosocial support related to COVID-19. South African Red Cross Society COVID-19 activities in Bloemfontein, Free State, range from different initiatives like, the mobile kitchens, social grants, screening and testing, tracing, mall awareness raising and a call centre to name a few. In Bochabelo the Bloemfontein branch and the Department of Health in the Free State have set up a call centre focusing on consulting, assessing symptoms and tracing. Picture: Moeletsi Mabe / IFRC

- The [COVID-19 RCCE strategy for Africa](#) outlines 3 core priorities: 1.) Strengthen the quality of community engagement approaches to ensure the COVID-19 response is community-led; 2.) Collect, analyse, and act on community feedback data to inform decision making; 3.) Build capacity to drive a localized response.
- The systematic **roll out and adoption of qualitative community feedback tools** by National Societies in Africa has enabled feedback data to be analysed, visualised and disseminated in engaging formats (such as the [dashboard](#) and monthly [feedback reports](#)). A satisfaction survey conducted with stakeholders in Africa showed that the reports were extremely or very useful for their work.
- Innovative and engaging methods for online capacity building and learning events have enabled the adoption and scale-up of RCCE approaches. However, a recent survey of technical support needs highlighted a **high demand for more training** to be conducted.
- Donor support needs to deliver these priorities includes funding for: updating and revision of guidance notes, training materials and key resources; piloting innovative approaches to RCCE (i.e. 2-way SMS messaging, chatbots, use of AI for predictive coding of feedback data etc.); development of case studies to show case best practice in RCCE; critical staff funding gaps in the Sahel; inter-agency collective work on RCCE at regional and country level.

OP 2 - Addressing socioeconomic impacts

- **Cash or Voucher Assistance (CVA) or safety nets for the most vulnerable** (families that lost heads of households or most livelihoods, etc.) should be maintained throughout the implementation of the response and during the transition to recovery.
- Multiple instalments of **cash grants for livelihoods activities designed with a recovery approach** – ensuring that people have resources at the right time and

incentivizing investments in their preferred livelihoods activities.

- Engage in complementary activities such as **financial management training**, linkages and referrals to health activities, nutritional awareness and others.

OP3 - Strengthening National Societies

- To ensure continuity of operations in the context of emerging risks and hazards, IFRC will support National Societies to conduct a business impact analysis to develop **holistic and tailored business continuity plans** that go beyond COVID-19 and are based on the initial business impact analysis outcome. The tailored solution will be implemented according to the National Societies' needs and align with the pandemic regulations in-country.
- Embedding the business continuity culture in the National Societies and IFRC offices through process and integration of business continuity into the planning and operations
- Implementation of a risk management strategy both at the regional office and country cluster delegation level to guide in **pro-active assessment, monitoring, reporting of critical risks** and implementation of preventive mitigations, including capacity building on risk management.
- Tailored preventive mitigation in areas of improvement that are sustainable and scalable to other operations to help address critical risks and enhance operational and delivery capacities.
- Support African National Societies to review and employ their risk management strategies for this operation and other future programmes.
- Continued support in the **prioritization and implementation of learnings** and additional preventive mitigations identified towards addressing cross-cutting risk factors around National Society operational, delivery and reporting capacities to enhance sustainable risk mitigation into the future.
- Prioritize volunteer recruitment and upskilling through training, enabling adequate human resource capacity in all operations. Orientation of volunteers in the RCRC Fundamental Principles and Values will be continued and facilitated at the branch level for sustainability as they will remain rooted and engaged in the communities they serve. An **investment in Volunteer Data Management systems** as a digital solution **for enhanced duty of care** to volunteers will keep volunteers supported, tracked, and motivated to their task of contributing to local actions with Global impact.

Supporting National Societies to transition COVID-19 into long-term programmes:

The focus will be on **health system strengthening** promoting the integration of COVID-19 services into operations and programmes, such as:

- Harnessing the targeting of older persons, individuals with NCDs and other vulnerable individuals targeted for COVID-19 vaccination to provide appropriate health services tailored towards their needs (NCDs clinics, geriatric services, etc)
- Strengthen the volunteer capacity to cascade RCCE and SBCC messages to build the community's health and wellbeing.
- Advocate and provide technical support towards a community health reform that may facilitate volunteers and community health workers task shifting. This will strengthen linkages between public health centres and communities and help to provide other communities health services, reducing pressure on the health systems and ensuring prompt reactivity in other emergencies.

Economic recovery will be transitioned through **livelihoods generation focusing on youth and women, integrated into the Africa Region - Zero Hunger Pan-African initiative**, across its three outcomes:

- To protect, recover and grow livelihoods through timely and scalable safety nets and social assistance
- Meet and enhance the food consumption and nutritional standards of urban and rural households vulnerable to food insecurity
- Socially and economically disadvantaged rural and urban households have diversified and resilient on/off the farm and non-agricultural livelihood strategies, prioritizing women's and young people's economic inclusion.



AMERICAS



Federation-wide: CHF 545 million
IFRC appeal fundraising ask: CHF 114 million

Evolving Context

Countries have continued to deal with the direct and indirect impacts of COVID-19 in migration, displacement, and livelihoods. Nations in the Americas are in various stages of response in terms of immunization rates and health policies. According to the Pan American Health Organization (PAHO), as of September 2021, **three-fourths of people in the region have not been vaccinated against COVID-19**. Although some countries, like Chile, are already promoting the application of booster's dose, in others, like Haiti and Venezuela, their fragile health systems and political challenges have further delayed immunizations.

The population's increased fatigue regarding the pandemic leads to a "relaxation" of essential preventive measures. For example, some countries have extended restrictions regarding public gatherings that will extend until 2022, while others restart, reopen, and promote the safe return to schools from the beginning of 2022.

ECLAC has identified that the socioeconomic crisis caused by COVID-19 has generated an increase in poverty in the Latin American and Caribbean region, **setting the region back between 12 and 16 years in the fight against poverty**. According to ECLAC data, poverty will reach 33.7% of people in Latin America and the Caribbean, and extreme poverty will reach 12.5%, percentages like those of 2008 and 2000, respectively.

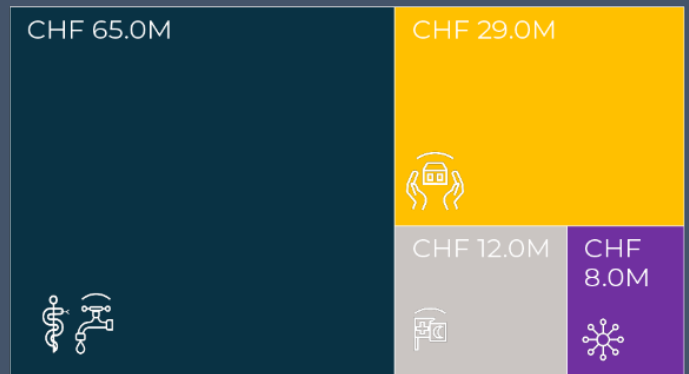
These impacts also have gendered differences. Since the effect is even more significant on women, it is estimated that 118 million women and girls will be in poverty due to the pandemic. With these data, by the end of 2021, there will be 118 women in poverty for every 100 men. In addition, there is an **increase in the prevalence of moderate or severe food insecurity**, which in 2019 in Latin America reached 32.4% in women and 25.7% in men.

The crisis has also led to an economic contraction of 6.8% during 2020 and generated **rising unemployment, poverty, and inequality, widening structural gaps**. Moreover, growth is expected to be sluggish in the coming years, complicating efforts to reverse these increases.

Priorities and key areas of needed support

OP1 - Sustaining Health & WASH:

- Promote investment in longer-term strategies and actions on MHPSS and hygiene promotion at the community level.
-



- Sustaining Health and WASH
- Addressing Socio-Economic Impacts
- Strengthening National Societies
- International coordination and Enabling Actions

- Continue supporting immunization efforts at the national level, including the participation of volunteers, community engagement, sensibilization campaigns, among others.
- Support the safe return to school with a multisectoral approach (hygiene promotion through handwashing stations, reinforcing biosecurity through campaigns, MHPSS).

OP 2 - Addressing socioeconomic impacts

- **Strengthen National Societies' multipurpose CVA programmes** and development of recovery and livelihood diversification projects that will allow a sustainable recovery of the communities.
- Prioritize women, youth, migrants, and informal workers, who are the most affected by the loss of income and jobs, in addition to being the slowest to recover their pre-crisis conditions. Priority countries should be those with the greatest negative effects of the crisis on the most vulnerable groups.

OP3 - Strengthening National Societies

- Support volunteers affected by the pandemic through: solidarity fund, PPE provision, including them in CVA programmes as part of the affected communities, visibility for safer access).
- Train Red Cross and Red Crescent staff and volunteers to support the government in implementing mobile vaccination units to get to people in isolated communities.
- Safeguard that National Societies have a high acceptance in their communities to provide dependable and valid information discrimination for RCCE actions.

- Increase the National Societies' capacity to help carry out community-based health interventions.
- Continue supporting National Society Development actions and scaling up, mainly regarding financial sustainability, digital transformation, volunteer and youth mobilization, motivation and engagement, National Society preparedness, pandemic proofing the response in other operations, volunteer support.

Supporting National Societies to transition COVID-19 into long-term programmes:

- Strengthen response capacities for future pandemics through specialized training and resources for National Societies. For example, diagnosing pandemic response capacities with through the PER approach, developing toolbox on COVID-19, providing training of trainers in Psychosocial First Aid during COVID-19 and for vaccination hesitancy, training on financial sustainability and business models (HQ and branches), branch development, and implementing pilot initiatives, training on BCPs and contingency planning, improving cash preparedness, strengthening PMER systems, leadership training etc.

- Promote spaces and platform to exchange experiences and peer-to-peer learning.
- Strengthen the auxiliary role of National Societies for Pandemic and Epidemic actions and their capacities on humanitarian diplomacy.
- Strengthen capacities for Strategic Planning and Partnerships development.
- Implement the Volunteering Development Framework in all National Societies for long-term impact
- COVID-19 prevention actions as a transversal axis of all other areas, for example, linking the actions that the National Societies already carry out on COVID-19 and migration.
- Sustainability of the actions. The mobilization of new resources represents a key priority for the Country Cluster Delegations to ensure the continuity of the response.

Brazil: The Brazilian Red Cross is responding to the COVID-19 emergency by delivering humanitarian assistance to vulnerable populations, carrying out psychosocial support and hygiene promotion tasks. Picture: Brazilian Red Cross





Asia Pacific



Federation-wide ask: CHF 666 million
IFRC appeal funding requirements: CHF 130 million

Evolving Context

COVID-19 vaccination has brought hope to the deepening crisis. While the Asia Pacific region initially struggled to get COVID-19 vaccination off the ground, vaccination has been ramping up in many countries over the past several weeks including Singapore, South Korea and Japan. However, COVID-19 vaccination rates differ significantly among countries in the region and access to COVID-19 vaccination remains unequal. Several countries still have less than 10 per cent of the population fully vaccinated.

Rapidly changing situation including potential new waves of infections and new strains of the virus. Pandemic fatigue poses challenges to infection prevention and control measures.

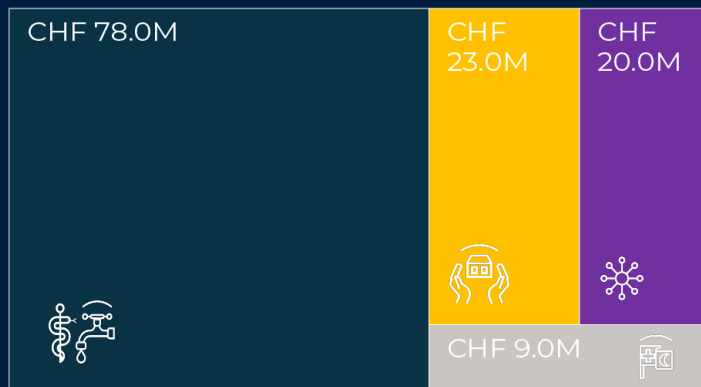
Impacts of COVID-19 on socioeconomic life are posing enormous challenges to communities. The coronavirus pandemic may have pushed as many as 80 million people in developing Asia into extreme poverty last year, threatening to derail progress on global goals to tackle poverty and hunger by 2030, according to the Asian Development Bank (ADB). As unemployment rates increased the region also lost about 8% of work hours, affecting poorer households and workers in the informal sector.

The impact is severe especially among the most vulnerable including migrant workers and communities dependent upon remittances, those engaged in informal sectors and smallholders. Resources to support long-term recovery efforts beyond the immediate humanitarian needs are crucial moving forward.

Priorities and key areas of needed support

OP 1 - Sustaining Health and WASH

- Advocate for **equitable access to vaccines** and promote vaccine uptake in communities through five areas of work: 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 Red Cross Red Crescent staff and volunteers.
- Scale up **WASH programming** with COVID-19 safe measures in place.
- Support **Universal Health Coverage** ensuring National Society maintains essential health services.



- Sustaining Health and WASH
- Addressing Socio-Economic Impacts
- Strengthening National Societies
- International coordination and Enabling Actions

- Reinforce the capacity of communities and National Societies to **prevent, detect and respond to infectious disease threats** through the implementation of the whole of society approach, mainstreaming **community engagement and accountability** into all epidemic and pandemic preparedness.

OP 2 - Addressing Socioeconomic Impacts of COVID-19

- Assist medium to long-term **household economic security programming**, including co-creating and strengthening social protection system at community level through CVA, leveraging on and aligning to existing social protection system.
- **Support longer-term socioeconomic and recovery needs** through initiating income generation and enterprise programmes, investing in smallholders value chains, supporting market access for small producers, promoting improved and climate-smart practices and off-farm livelihood programming.

OP 3 - Strengthening National Societies

- Improve the recovery of communities from COVID-19, including coping mechanism 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 by continuous analysis of changing contexts and risks.

- Strengthen **duty of care** approach by mitigating risk to staff, volunteers and community through COVID-safe programming.
- Develop and formalize **relationships with stakeholders** to strengthen pandemic preparedness, capitalize on synergies for recovery and leverage resources.
- Boost **financial sustainability of National Societies** by developing the capacity for fundraising and advocacy.
- Facilitate regional and sub-regional lessons learnt and long-term planning workshops with country Delegations/Country Cluster Delegations and National Societies.
- Engage with donors and partners using the experience and impact of the response to position National Societies and the IFRC as uniquely placed humanitarian partners of choice for achieving vaccine equity and working with communities to contain COVID-19 as well as investing in pandemic and epidemic preparedness in the long-term.

Supporting National Societies to transition COVID-19 into long-term programs:

- Map out and analyse the needs of National Societies and gaps in resources for transitioning into long-term programmes.

Nepal: Close to 4,000 Nepal Red Cross Society volunteers are working closely with government agencies and partners to support COVID-19 response and prevention activities and is now supporting the vaccination campaign. Volunteers are spreading safety messages to help ensure more people are taking action to prevent the spread of the virus and promoting trust and confidence in the vaccines. In particular, the Nepal Red Cross Society is working closely with local authorities at border points, particularly in the southern districts that border India, to step up prevention messaging, installing water and sanitation facilities such as hand washing stations and toilets, and helping to manage quarantine centres. Photo: Nepal Red Cross Society.

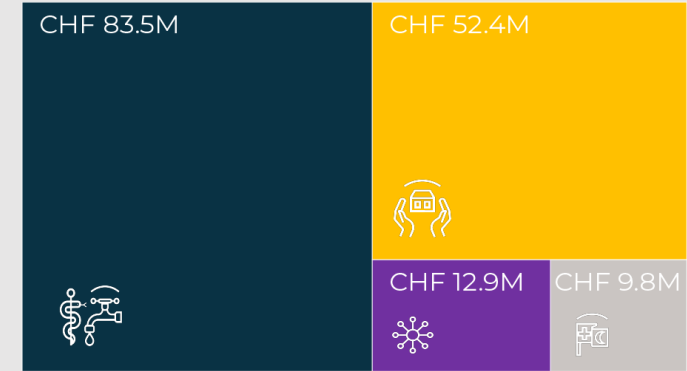




Europe



Federation-wide ask: CHF 662 million
IFRC appeal funding requirements: CHF 158 million



- Sustaining Health and WASH
- Addressing Socio-Economic Impacts
- Strengthening National Societies
- International coordination and Enabling Actions

Evolving Context

The region has seen several peaks in the pandemic, both in incidence and death rates. A steady increase is observed again since June 2021 which is a major concern in light of the overworked health systems.

COVID-19 vaccination rates have plateaued since August and September 2021 leaving 27% of people above 60 years uncovered and 44% of people between 18 to 60 years uncovered. Tackling vaccine hesitancy, myths and disinformation continues to be a challenge and calls for continued priority engagement with communities and influencers at all levels.

National Societies' engagement towards employability and access to the labour market remains the priority addressing the socioeconomic impact.

Evidence proves mental health needs have seriously increased. Youth, Migrant and other vulnerable groups are particularly affected. Thus, aiming to continue advocating for the importance of Mental Health, as well as increasing it's the literacy within the Movement.

The longer terms (financial) sustainability of National Societies remains a priority to address through Resource Mobilisation Capacity Building (RMCB).

The Regional Europe Office continues to advocate with vaccine manufactures (in Russia and China) for dose sharing to less privileged countries. Applications by National Societies to the Humanitarian Buffer stock of COVAX facility continues to be promoted to address the last-mile vaccine requirements of migrants, refugees, or people in prolonged conflict areas.

Priorities and key areas of needed support

OP 1 - Sustaining Health and WASH

- Continue supporting **immunization efforts** across the region
- Organize, in cooperation with the Psychosocial Support Reference Centre, trainings and training of trainers on **mental health and psychosocial support in emergencies**.

This will enable to equip and provide Red Cross and Red Crescent staff and volunteers with the necessary knowledge and skills to provide MHPSS, including Psychological First Aid, to the affected individuals.

OP 2 - Addressing Socioeconomic Impacts of COVID-19

- Implement the **employability pilot project with the Ukraine Red Cross** building on experience from the Turkish Red Crescent. The pilot will address the socioeconomic impact through employability promotion.

The pilot aims to provide a modality by skills development for who lost their jobs during the pandemic, engaging them in the labour market and to produce a good practice for other National Societies in the region and engage with ministries and other (corporate) partners.

- **Establish and strengthen feedback mechanisms.** This includes carrying out of perceptions surveys on COVID-19 will continue to be a priority into 2022.
- **Ensure measures are taken to regularly listen to and consult people and communities** through their trusted and preferred channels about issues that concern them and use this data to inform programme and vaccination activities.

Supporting National Societies to transition COVID-19 into long-term programmes:

- Invest in RMCB, since COVID-19 has highlighted the need for financial sustainability through income diversification. The IFRC will continue to support National Societies in the region aiming to increase the selected National Societies' income by 20 per cent.



In August 2021, Georgia Red Cross opened mass immunization center at the Mtskheta-Mtianeti regional sports complex with the support of the Ministry of Health and local partners. Red Cross volunteers are working at the site, ensuring safe and effective vaccination process for everyone. Photo: Georgia Red Cross.

- National Societies' operational response capacities continue to be strengthened, especially surge resources affected with prolonged impact of COVID-19 and higher demand for activations.
- Support efforts aiming at scaling up National Response Teams' capacity.

Moreover, support will be extended to implementation of the PER Plans of Actions, and for enhancing further EOC interoperability with respective disaster management authorities at national level.

- Improving health emergencies response capacity & preparedness of National Societies and local communities will be a priority in next period. The COVID-19 pandemic has proven the need for strengthened cooperation and better cross-sectoral coordination on national level.
- Invest further in sustaining and strengthening National Societies' gains in RC/CEA-related activities, skills, tools and systems and reinforcing and consolidating them into normal ways of working is needed. This includes appropriate feedback mechanisms, engage with people online and help counter (COVID-19) misinformation.



Middle East and North Africa



Federation-wide: CHF 174 million
IFRC appeal fundraising ask: CHF 89 m

Evolving Context

Nearing the end of the second year of the pandemic, the number of COVID-19 cases in MENA has surpassed 15 million, with more than 290,000 attributed deaths of September 2021. These numbers represent 6.7% and 6% of the global burden of cases and deaths, respectively. Among the five regions, MENA has the fourth-highest number of COVID-19 cases and associated deaths. Out of the countries mostly hit in the region since the start of the pandemic was Iran, which is still among the top 10 countries globally, with the highest number in cumulative COVID-19 cases recorded, followed by Iraq and Morocco.

Many MENA countries including Libya, Morocco, Lebanon, and Tunisia, started to exhibit signs of a possible “fourth wave” of COVID-19 throughout July and August 2021. The surge in cases was recorded following the Eid Al-Adha holiday, when large gatherings were held across the region, and which coincided with the spread of the newly recorded Delta variant globally and regionally. Now, with the new Omicron variant countries are increasing their alert levels.

Currently, the countries experiencing the greatest increase in cases are those with low vaccination rates and healthcare systems that were already fragile even before the pandemic hit. Since December 2020, more than 232 million doses of COVID-19 vaccines have been administered in the region. Kuwait and Bahrain were the first GCC countries to launch national COVID-19 vaccination campaigns, with other countries following suit throughout the first and second quarters of 2021.

Regardless of this fact, access to vaccines and the inequality in distribution still constitutes one of the major challenges faced in the region. COVID-19 third booster shots are receiving authorization in some countries, while others such as Syria and Yemen are still struggling to vaccinate their most vulnerable populations.

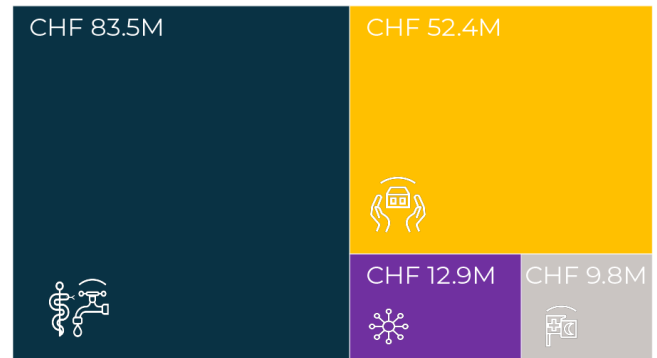
Priorities and key areas of needed support

OP 1 - Sustaining Health and WASH

- Support **equitable access to vaccine** and immunization including related **RCCE activities**.

OP 2 - Addressing Socioeconomic Impacts of COVID-19

- Provide for the household economic security in protracted contexts using **cash and vouchers assistance and livelihoods interventions**



- Sustaining Health and WASH
- Addressing Socio-Economic Impacts
- Strengthening National Societies
- International coordination and Enabling Actions

OP 3 - Strengthening National Societies

- National Society strengthening including **financial sustainability**.
- Support the recovery efforts and enhanced preparedness for future pandemics.

Supporting National Societies to transition COVID-19 into long-term programmes:

- Supporting the National Societies to undertake a more strategic analysis of their external operating environments to support them in becoming more agile and developing adaptive capacity as they articulate their future ambitions. This requires the collection of data on emerging trends to ensure evidence-based programming.
- Provide support to National Societies in transitioning from response to recovery programming in certain contexts, to include long-term planning, system and capacity development, and securing more predictable and flexible funding.
- Ensure that tools, processes, and approaches are better coordinated, aligned, and harmonized to leverage the support that the Movement and any external actors (where appropriate) can provide during these transitions and changes processes.
- Integrate enhanced WASH, community health, and RCCE related activities beyond the scope of COVID-19 response, as a mainstreamed activity.

- Integrating support and capacity building on public health in emergencies for National Societies staff and volunteer.
- Integrating CVA and livelihoods activities as part of the response options of National Societies and support them to develop the required technical capacity to implement such interventions.
- Integrating a risk management matrix and updating it regularly at the country/cluster/regional levels, and mainstreaming risk assessment into working modalities and daily practices.
- Engaging with donors and disseminating the need for COVID-19 to be integrated into regular operations and developmental support rather than emergency funding.

Mahdia, Tunisia: Tunisian Red Crescent activities at a COVID-19 quarantine facility. Photo: Tunisian Red Crescent.



Enabling Actions and Support Services

All the work carried out across operational priorities and pillars are supported by different functions and services across the IFRC Secretariat, allowing the work to be carried out in an **effective, efficient and accountable manner**, making the best use of **digital innovation, evidence-based insights, organizational-wide learning and data analysis**. Enabling actions and support services include a variety of units including business continuity, security, logistics and supply chain management, human resources, partnerships and resource development, communications, learning, planning, monitoring, evaluation and reporting, information management, rapid response, finance and risk management, Particular attention is placed for the next year in the following services:

Business Continuity

2020-2021 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 National Societies to develop their own business continuity plan.

Risk Management

Risk management and accountability is an unwavering priority across the appeal and within our Secretariat. The Secretariat maintains a global risk register for the response, complemented by information from risk registers in the regional offices and at the country level. For the next 12 months, there will be an **increased focus on capacity building and training of staff in continuing to implement systematic risk management for the appeal, and for supporting the increased risk maturity of the Secretariat**.

We will maintain our promotion of a risk-sharing approach with partners and donors, and **further develop our systems for risk management**. From the regional level, we are supporting National Societies in establishing and updating risk management frameworks to improve **their risk management capacity and we will continue to do this towards the end of the appeal and beyond**.

Innovation, Information Management, and Digital Transformation

Adoption of data and digital services has accelerated tremendously in the COVID-19 response. Data collection and analysis, risk modelling, digital engagement with communities, and virtual collaboration are all now essential components of humanitarian services everywhere.

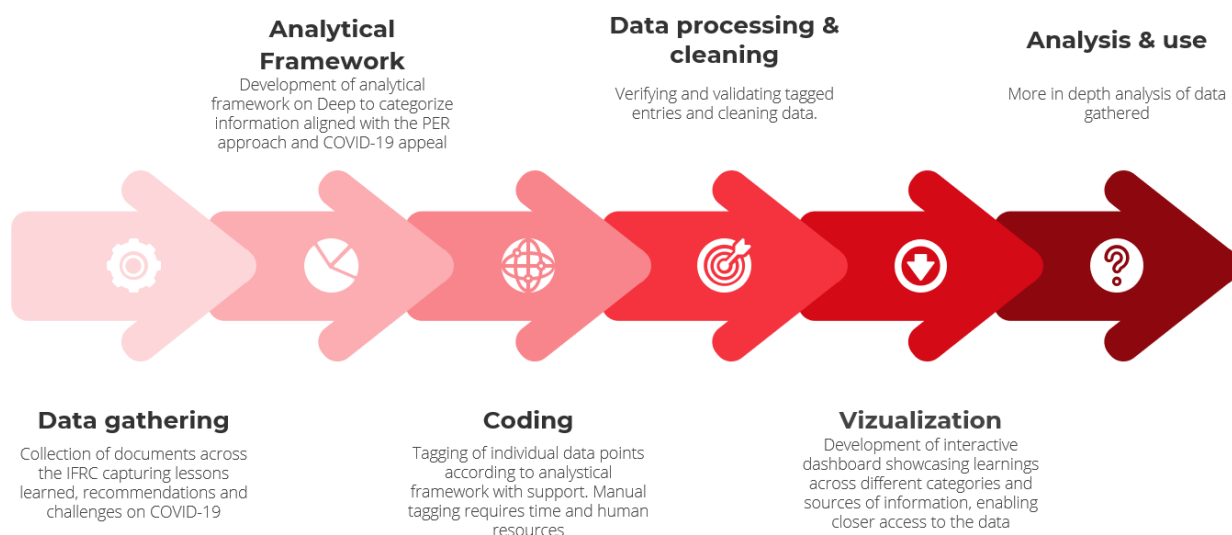
Given the centrality of National Societies in the domestic COVID-19 response, a **Federation-wide planning and reporting framework** has been developed to align the collective footprint of all the actions and partnerships in response to this pandemic. The framework is based around National Societies 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.

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. As National Societies continue to extend their services in support of COVID-19 preparedness, vaccination, and recovery, we need to continue building on local capacity in analysis and information management in support of effective response decision-making and community engagement. 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, rumour tracking and feedback mechanisms, and peer learning forums such as Solferino Academy's Leadership Innovation Think Tanks, explorations on health innovations, and the Planet:RED and Network:RED summits. 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 continues strengthening its learning system and capture of lessons from the Federation-wide COVID-19 response. A COVID-19 Learning Strategy aims to build a more coordinated, decentralized and user-friendly learning system and to reinforce learning tools and approaches to act and better manage the future COVID-19 response and other responses⁷. 2021 saw the start of a data gathering process to collect, code, verify and visualize lessons learned across multiple documents prepared by the membership:



Also, a **Pandemic and Crises Playbook** will be developed as an institutional tool, based on the learnings from COVID-19, focused on how to manage future pandemics and crises. This tool will be an active, innovative, living and flexible tool that allows different levels of the IFRC to respond increasingly better to the challenges and opportunities that a major pandemic or crisis generates.

In addition, different key research projects are planned to dive deeper into the learning generated during the response and how the membership can integrate these for future programming, and advocacy with governments and partners. Some of these key pieces include: the **Everyone Counts Report** and the **World Disaster Report**.

⁷ IFRC Learning Strategy

FUNDING REQUIREMENTS

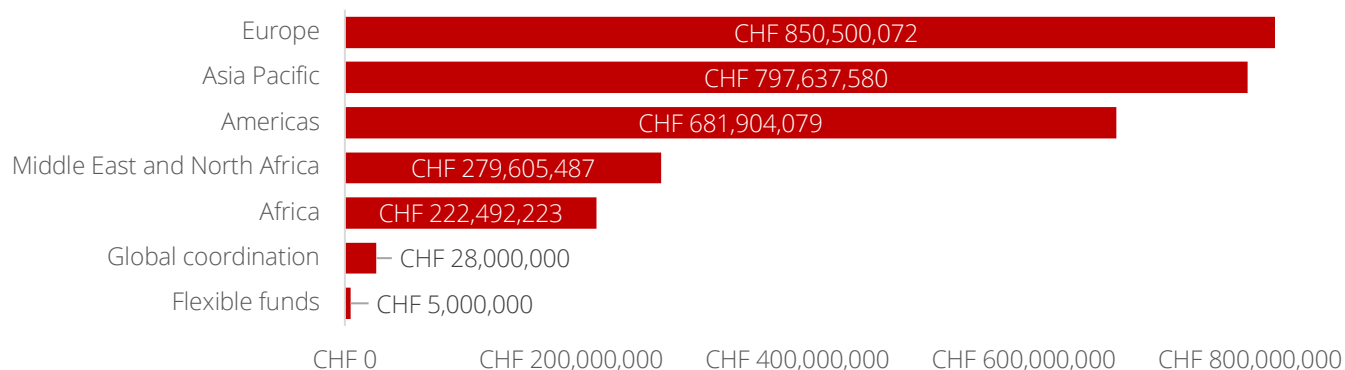
Federation-wide Funding Requirements

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 2.8 billion for our global work across three operational priorities**. Out of this total, this Emergency Appeal specifically seeks **CHF 670 million for multi-lateral assistance** provided through the IFRC Secretariat to our National Societies and for our Secretariat services and functions.

**CHF 2.8
Billion**
IFRC-wide
Requirements

**CHF 670
Million**
Emergency Appeal
Requirements

IFRC-wide Funding 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.

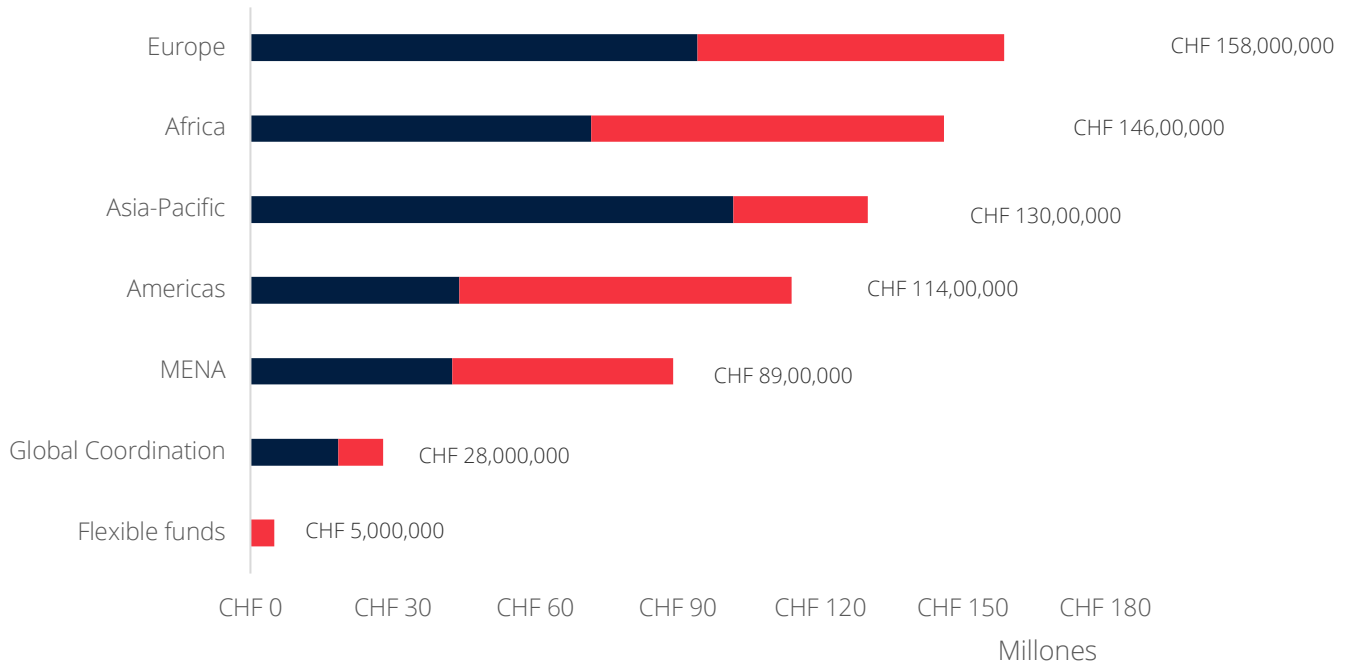
IFRC Appeal Funding Requirements

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 279 million or 41.7 % 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.

*Based on the donor response as of 16 December 2021. See the latest coverage [online](#).

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. The CHF 50 million previously appealed for flexible funding has now been integrated into the funding requirements across the regions. CHF 5 million are still appealed for as flexible funding to respond to developing hotspots, waves and crises modifiers, 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



Official Signature

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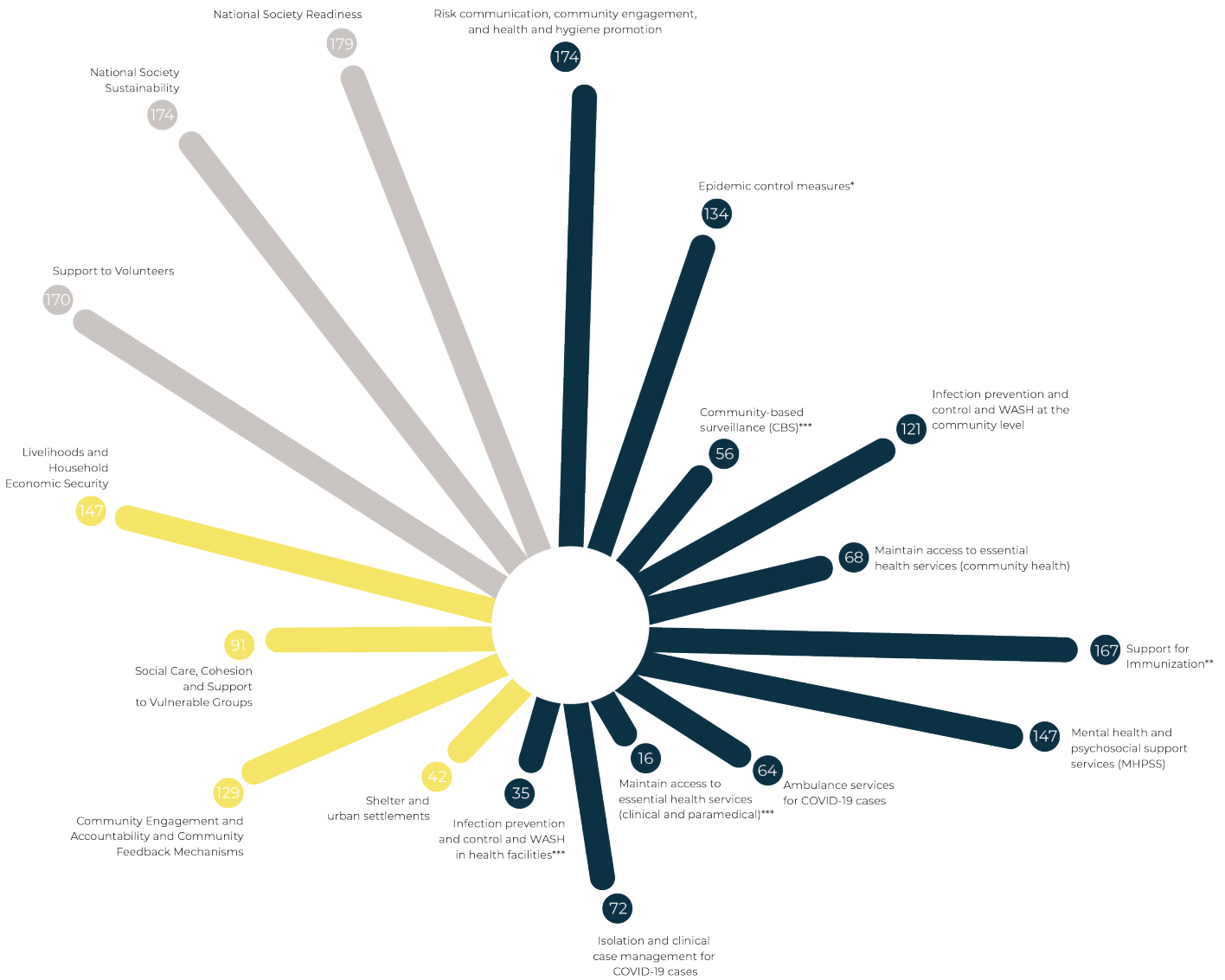
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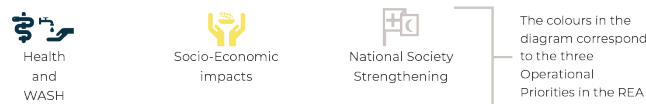
ANNEX A:

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.



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



Data 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.

*** Indicators under these pillars have been re-defined due to change in operational needs.