

www.ifrc.org  
Saving lives,  
changing minds.

# Revised Emergency Appeal COVID-19 Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

Appeal n° MDR00005

DREF allocated: 1 million Swiss francs

Revised appeal launched: 26 March 2020

Glide n°: [EP-2020-000012-CHN](#)

Funding requirements: 150 million Swiss francs

Appeal ends: 31 March 2021

## Federation-wide introduction

The IFRC is appealing for 550 million Swiss francs (566 million US dollars) to support National Red Cross and Red Crescent Societies in health care, prepositioning of goods, risk communication, lessons learned from global network of local responders, cash grants for families, and mitigating impacts of large outbreaks). Out of the 550 million Swiss francs, 150 million Swiss francs is for IFRC to support National Societies in need, while the remaining 400 million Swiss francs will be raised by National Societies domestically.

The COVID-19 pandemic is unprecedented in recent history. It is both a public health crisis, and a humanitarian crisis that is impacting the lives, health and livelihoods of people around the world. The potential impact of COVID-19 on the world's most vulnerable people already affected by displacement, conflict, natural disasters and climate change makes it the most urgent threat of our times.

The IFRC and its 192-member Red Cross and Red Crescent National Societies stand in solidarity with these people. We are **front-line community responders** to this pandemic worldwide. With more than 160'000 local offices and over 13 million highly trusted volunteers and staff, we are **uniquely placed** to support people and their communities to prepare for and respond to this global emergency. Combining expertise as health and humanitarian actors that work in their own communities, the IFRC and its members offer a **global** outlook and tools, combined with a **local presence and domestic response** in all regions of the world. The data presented below shows the current activities and budgets of the National Societies collected to date.

## National Society Response

122 National Societies are engaged:

<b>57</b>	<b>93</b>	<b>87</b>
in	in	Institutional
Health	RCCE	Readiness

<b>Africa</b>	7,604,493 CHF
<b>Americas</b>	10,674,200 CHF
<b>Asia Pacific</b>	319,179,100 CHF
<b>Europe</b>	25,757,830 CHF
<b>MENA</b>	48,080,744 CHF
	<b>411,296,367 CHF</b>

Working together with the ICRC, which is supporting public health services in contexts affected by **armed conflict and other situations of violence**, the Red Cross and Red Crescent Movement is unified in its efforts against COVID-19. The Red Cross and Red Crescent staff and volunteers are providing essential services such as:

- Providing direct medical services and healthcare to those impacted by COVID-19
- Supporting quarantined communities with education, care, shelter, and feeding

- Delivering psycho-social support to the self-isolated, caregivers and others
- Giving durable and non-durable medical supplies and equipment to those in need, including Personal Protective Equipment, and essential blood and plasma
- Preparing at-risk communities for responding to disasters and shocks during a pandemic including the most vulnerable communities.
- Sustain health care services for ongoing health conditions – (for malaria related-services, immunization, water, sanitation and hygiene) and help avoid the sudden disruption to lifesaving medicines (for epilepsy and NCDs)

The IFRC and its member National Societies are now responding to this pandemic in accordance with our **statutory mandate**. The Red Cross and Red Crescent National Societies are mandated to support the public authorities in the prevention of disease, the promotion of health and the mitigation of human suffering for the benefit of the community. Similarly, the IFRC brings relief to those affected by disasters while encouraging and coordinating the participation of National Societies in activities for safeguarding public health and the promotion of social welfare in cooperation with the national authorities.

At the 33<sup>rd</sup> International Conference of the Red Cross and Red Crescent in December 2019, States together with the Red Cross and Red Crescent uniformly adopted a resolution: **Tackling Epidemics and Pandemics Together**. The resolution invites States to enable and facilitate the Red Cross/ Red Crescent contribution to a predictable and coordinated approach to epidemics and pandemics, it encourages States to include National Societies, as humanitarian auxiliaries, in national disease prevention and control and multisectoral preparedness and response frameworks and, where possible, to provide funding in support of their role.

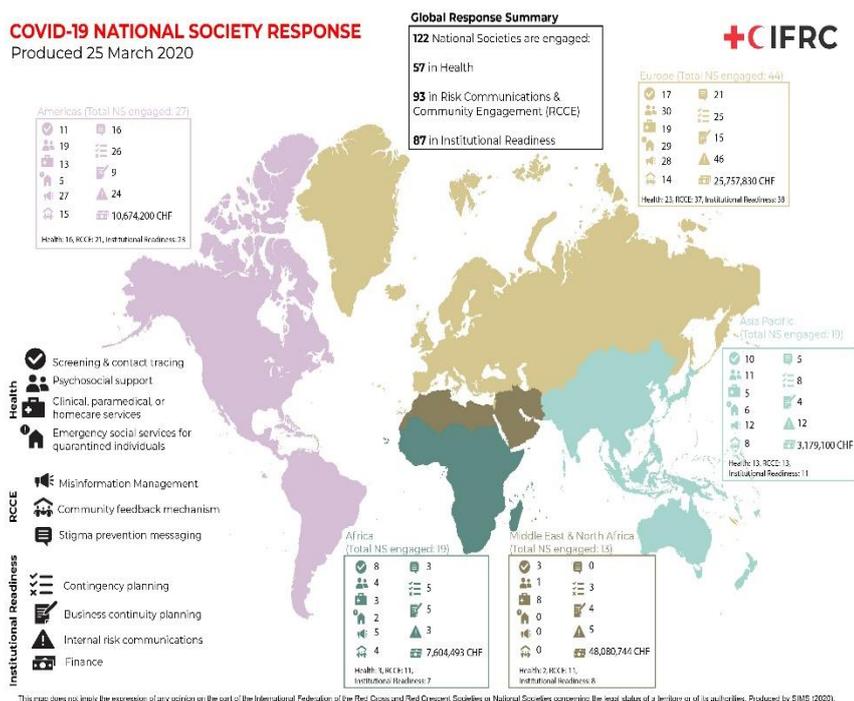
Today and since the beginning of this outbreak, National Red Cross and Red Crescent Societies around the world are engaging with their governments on how to best support the response to COVID 19. They complement governmental action plans and fulfil their **auxiliary function**. National Societies go the last mile, ensuring that affected communities and particularly the most vulnerable, are not left without support. The continuation of essential Red Cross and Red Crescent services, such as ambulance and blood services, is also critical to maintain a rapid response capacity and a safe and adequate global blood.

The IFRC works closely with member National Societies in countries experiencing and preparing for active outbreaks, with an emphasis on those countries and **vulnerable communities most at risk** of experiencing significant impacts from the outbreak. The IFRC funding will **help local healthcare providers and first responders** do their jobs and stay safe. It will enable the provision of **timely and accurate information** from a trusted Red Cross or Red Crescent National Society, which saves lives by combatting widespread misinformation, fear and stigmatization of vulnerable groups. It will **assist in fighting loneliness and depression** through psycho-social support in the face of potential isolation. It will also **assist and protect the most vulnerable** including older persons, migrant communities and other high-risk groups in complex humanitarian settings and disaster-prone areas with preparedness and response measures.

Specifically, this Appeal seeks funding for:

- the provision of pre-hospital care and medical services to affected people,
- community health and care including supporting quarantined communities,
- trustworthy risk communications and community engagement (including tracking and countering misinformation),
- mental health and psychosocial support (MHPSS) to the isolated, caregivers, and other vulnerable communities,
- support for livelihoods and other assistance to address socio-economic impacts
- and support for the National Societies, their staff and volunteers, to effectively prepare and respond.

Our efforts are directed at a sustained global reach over time. As the Red Cross and Red Crescent, present in communities, we are well placed to provide this. A full-scale version of the map opposite is available as an Annex.



The Red Cross and Red Crescent Movement has come together to collectively provide **support and complement government plans** (a second line of defence) to governments and their health authorities and systems. This IFRC revised Emergency Appeal complements both the UN Global Plan and was linked to the previous Strategic Preparedness and Response (SPR) Appeal of the WHO, launched in February to support countries improve prevention and response. The Red Cross/Red Crescent works in close coordination with national governments and the United Nations, whilst maintaining our independence and acting at all times in accordance with the Red Cross and Red Crescent Fundamental Principles.

Within the Federation-wide plan of 550 million Swiss francs, this Emergency Appeal seeks a revised total of **150 million Swiss francs** to enable the **International Federation of Red Cross and Red Crescent Societies (IFRC)** to support its member National Societies (NSs) to deliver **community-based responses to COVID-19**, to assist communities affected by or preparing for the pandemic. The Red Cross and Red Crescent (RCRC) response will focus on **saving lives and livelihoods and improving the wellbeing of people affected by the pandemic. This will be done by providing pre-hospital and medical services, community health and care, risk communication and community engagement, mental health and psychosocial support, ongoing support for health care other critical health conditions, and supporting livelihoods at the community level.** IFRC will work closely with member National Societies in countries experiencing and preparing for active outbreaks, and with the global membership, to strengthen National Society capacity to respond to this pandemic, with an emphasis on those countries and vulnerable communities at risk of being the most impacted, and those affected by ongoing humanitarian crisis or prone to large-scale natural disasters. The planned response reflects the current situation and information available at the time of launching this revised Emergency Appeal and will be adjusted based on further developments and ongoing assessment.

## Background

**31 December 2019:** The Government of China reported a cluster of cases of pneumonia of unknown cause in Wuhan, Hubei Province.

**9 January 2020:** WHO announces that the outbreak in Wuhan is caused by a previously unknown type of coronavirus. The virus is temporarily called 2019-nCoV.

**30 January 2020:** The WHO International Health Regulations Emergency Committee declares the 2019-nCoV outbreak a public health emergency of international concern (PHEIC).

**31 January 2020:** CHF 1 million allocated from the IFRC's Disaster Relief Emergency Fund (DREF); IFRC issues preliminary Emergency Appeal for CHF 3 million.

**03 February 2020:** WHO launches its 2019 Novel Coronavirus (2019-nCoV) Strategic Preparedness and Response Plan

**11 February 2020:** IFRC revises the Emergency Appeal upwards to CHF 32 million to cover the increased scale and scope of the epidemic

**11 March 2020:** WHO declares COVID-19 is a global pandemic

**25 March 2020:** The UN launches its Global Humanitarian Response Plan COVID-19

**26 March 2020:** IFRC launches its revised Emergency Appeal

The global impact of COVID-19 has already been significant, and it represents the most serious global health threat resulting from a respiratory virus since the 1918 influenza pandemic. The COVID-19 pandemic has a high and proven potential to cause catastrophic health system impacts and loss of life, in addition to profound socio-economic impacts, in even the most advanced economies and well-resourced health systems. As most countries and territories in the world now respond to their initial known cases, and others face large community outbreaks, there is significant potential for catastrophic loss of life and livelihoods, particularly in the most vulnerable communities. As a newly emerged virus, the entire human population is at risk of COVID-19, with the elderly and those with underlying health conditions most at risk of severe illness and death. Secondary health systems impacts can be expected to reduce access to healthcare for millions of people, and the socio-economic effects of the pandemic will be felt across all communities, with the most vulnerable people suffering first, most, and longest. Communities living in fragile contexts, such as slums or favelas, or experiencing other humanitarian and protracted crises will likely be hit hardest.

Unless effective suppression and control measures are enacted in all areas with active outbreaks, the pandemic can be expected to grow exponentially for the coming weeks and months. As the numbers are changing so rapidly, we have footnoted the WHO's site and dashboard showing daily numbers of confirmed or diagnosed cases for the most up-to-date global figures (as of the date of launching the revised Appeal, there were more than 462,000 cases and 20,896

deaths reported worldwide<sup>1</sup>). Nearly every country and territory has experienced their first cases, and many already face catastrophic impacts from the pandemic. With the demonstrated potential for exponential growth, many countries with low numbers of cases today can expect to experience system-wide impacts within a matter of weeks if no effective measures are taken early in the outbreak.

The COVID-19 outbreak and response has been accompanied by a massive “infodemic” that makes it hard for people to find trustworthy sources and reliable guidance when they need it - this in turn is increasing panic. Understanding of this virus and the resulting outbreak is rapidly evolving, but information gaps have led to misconceptions, rumours, mistrust and uncertainty that is being filled by scientific and public speculation and contradictory health evidence and information. In extreme cases, this is stopping people from protecting themselves and preventing people from seeking care. As the pandemic evolves and impacts all areas of humanitarian work globally, it is critical to capture and act on the feedback and concerns of different communities, in order to adjust programmes and build long-term trust. It is also vital to monitor and capture learning from our response to this new pandemic and evolve our work accordingly. Overall, it is vital that the IFRC network is able to remain agile and respond to the fast-changing evolution of COVID-19, based on changing data and evidence.

Case fatality rates are variable between countries and contexts but to date range between less than 1% to nearly 10% of known cases. Mortality increases significantly with is affected by patients’ age and with underlying health factors, along with the level of care available and other biological and social vulnerabilities. Mortality can be expected to increase in contexts where limited care is available, or where there are greater underlying health vulnerabilities. To date at least 4,000 health workers have been infected. Based on current understanding of the disease, while 40% of people who contract COVID-19 can expect a mild disease, 40% experience moderate disease that could require inpatient care, 15% suffer a severe disease requiring oxygen therapy, and 5% have a critical illness that requires mechanical ventilation. There is evidence of transmission from infected people not experiencing symptoms, including via health facilities. There is no vaccine or specific treatment.

The COVID-19 outbreak is exacting a heavy toll in terms of mental health and psychosocial wellbeing, including for those who are already in mourning for loved ones and are having to deal with the funeral and grief alone or in isolation. For health care providers, first responders and affected individuals and families the outbreak is causing fear and anxiety about their own health and the health of loved ones. Disruption of daily routines, social isolation and confinement negatively impact social relations and psychosocial wellbeing and heighten protection risks, particularly risks of violence in the home, or destructive behaviours. Additionally, people who already have mental health or substance abuse problems may react strongly to the current ever changing and unpredictable situation.

Lessening the health impact of the pandemic relies on tandem and often overlapping efforts to contain the virus and stop transmission (pandemic suppression), and to reduce the health and health systems impacts by spreading the cases over a longer period, allowing the health system to better accommodate the significant number of people requiring hospitalisation (pandemic mitigation). The disruption to health system over this time period is likely to be profound. Mitigation strategies are still expected to result in significant numbers of deaths and health system impacts. A ‘mitigated’ pandemic can still be expected to overwhelm health systems with many times more cases than can be properly cared for, resulting in many avoidable deaths directly from COVID-19 and widespread secondary deaths and illness due to inability to access care. Primary and higher levels of care will be stretched beyond capacity in the heaviest hit communities, reducing access to ambulances, basic preventative services, safe blood supply, and other critical health services. This is coupled with profound economic losses and social impacts with negative effects on livelihoods and resilience, mental health and psychosocial wellbeing, and protection. These impacts will be magnified in the most vulnerable communities.

As the pandemic spreads and intensifies, countries and communities can expect to face a combination of suppression and mitigation efforts over a period of months, with the associated health, health systems, social and economic impacts. However, as we have learned from past epidemics, epidemic control interventions will only be their most effective when they are relevant, contextually appropriate and co-owned by affected populations, and when two-way trust between care providers and affected populations is established and respected. A sustained and effective response to this pandemic will require the public and communities to adopt critical behaviours and create an enabling environment for social change in relation to physical distancing, quarantine, and other measures. The IFRC will look to innovative and adaptive measures to respond to the changing situation.

There is also a clear socio-economic impact of the pandemic in the affected countries. Physical distancing, self-isolation and quarantine measures; closure of businesses and workplaces; and widescale illness and death will have significant livelihoods impacts, particularly on the poorest and most insecure families. Well-resourced governments have taken measures to make funds available to support businesses, services and workers affected by the outbreak, but these measures may not be available to the most vulnerable people who will be affected by the outbreak. More than one billion

---

<sup>1</sup> Refer to the [WHO Dashboard](#) for the latest figures.

people live in informal settlements in cities in the least developed parts of the world, the impact in these areas may be unprecedented. The loss of livelihoods for vulnerable communities in fragile contexts and who are already facing other humanitarian crises will also be significant.

All this is particularly true in fragile contexts in which trust in state authorities has been eroded, but also in the increasingly complex operational environments of the 21<sup>st</sup> century, characterized by increased migration, rapid and unplanned urbanization and population density, widening societal divisions and inequities, and climate change-related challenges. The pandemic is also expected to have a negative impact on social cohesion, food security, livelihoods and resilience, caused by fear of the pandemic, possible stigmatisation, social exclusion, and market disruption. This has implications for the IFRC and NSs' work in each context, both in relation to the preparedness and response to COVID-19 and to other ongoing or new humanitarian crises that will also continue to occur throughout the timespan of the pandemic.

### **COVID-19 in fragile and complex settings**

Fragile, complex, protracted crises and humanitarian contexts are more likely to have limited capacity to detect, isolate and treat COVID-19 cases, or to carry out public health measures to slow or stop transmission. Pre-existing drivers of humanitarian need such as violence, poverty, inequality, food insecurity, epidemics, recent or ongoing disaster, poor water and sanitation infrastructure and services, low education level, unequal access to information etc. compound the effects of the epidemic on institutions and populations, and may be aggravated by it. Lack of resources (financial, skilled human and infrastructure) often results in insufficient testing and the false impression that the outbreak remains at a relatively low level. This false belief prevents adoption of proper control and mitigation measures which, in turn, leads to further transmission. It is vital that the IFRC can continuously monitor and learn from the evolving situation and needs on the ground and from the work of our National Societies ground.

Due to poor economic conditions in most fragile and humanitarian settings, it is expected that people with symptoms, despite having awareness of the disease, may not look for care in order to avoid isolation that would result in unacceptable income cuts for families. Should a decision be taken to reduce or suspend small businesses (hawkers, small food shops etc.), it could generate high tension, potential riots (including hunger riots) and rise of criminality. Limited digital infrastructure dramatically limits business continuity options and impacts the ability of NS to carry out lifesaving activities in these contexts. Finally, huge gaps in supply chain, especially for personal protection equipment, put first responders at risk and hamper a proper mobilisation to avert the propagation of the outbreak.

In most fragile settings, the existing health care system will provide limited benefit to COVID-19 patients. Access to advanced medical care and ventilation assistance will be limited, potentially drastically increasing mortality. In most fragile states, knowledge and material to prevent transmission in health facilities is limited. Given these conditions, a disproportionate impact on healthcare workers and related secondary health systems impact is expected in these contexts. In many fragile states, older people face considerable barriers accessing health services and support. Generally, high-risk individuals are living within communities and not in segregated long-term living facilities tailored to the needs of older persons. The capacity to implement physical distancing in most fragile settings will be challenging, particularly in urban slums, displaced people's camps, and among nomadic and refugee communities. In rural contexts extended family members often live in the same compound sharing multiple areas of the living space. Intense social mixing also occurs in communities living in close proximity, leading to super-spreading events which might propagate transmission disproportionately.

All these factors can be expected to lead to widescale community-level transmission in the absence of mitigation measures. Inadequate access to water and sanitation is common in most fragile settings and access to clean water and soap for hand washing may limit prevention efforts. Residents are unlikely to have access or capacity to purchase hand sanitizers, gloves, masks and other measures for personal protection to provide homecare, resulting in increased transmission. Finally, communities in fragile settings are likely to experience severe economic hardship in the event of widescale community-level transmission due to job loss, physical distancing measures and health care expenditures. It is unlikely there will be any government programs to support communities for loss of income.

Many countries have implemented measures to prevent importation of COVID-19 through border closures and travel restrictions, while also implementing various physical distancing and quarantine measures. These resource-intensive interventions are unlikely to be possible in fragile states where inadequate surveillance and limited laboratory testing is unlikely to allow early detection and containment of COVID-19. Extreme population-wide physical distancing and travel restrictions over the long term are likely to impact livelihoods beyond people's capacity to cope with the outbreak. Evidence of community transmission has already been detected in several fragile states. Scaling up access and the quality of health services will also be challenging and is unlikely to have impact on evolution of COVID-19 outbreaks. Widescale testing and isolation of infected persons will not be feasible. In many countries there are limited numbers of

qualified personnel and very few hospitals that provide advanced medical care. Support for adherence to infection control practices and protection of the existing health work force is paramount.

The Red Cross Red Crescent Movement has a vital role in addressing the health, protection and socio-economic impacts of this pandemic, with a particular focus on reaching the most vulnerable people, and to continue to prepare and respond to any new emergencies that happen in the coming months, to help prevent extraordinary loss of life as a direct and indirect result of the pandemic. The Red Cross Red Crescent National Societies – as local actors – can and are playing a crucial role in responding to this outbreak, using their local knowledge to understand the local context, needs and ways to engage. The wider IFRC network will continue to share information and adapt its approaches based on community feedback and from data and evidence from field monitoring.

## Red Cross Red Crescent response to date

All 192 National Societies, in their role as auxiliary to their public authorities, are engaging with their governments on how to best support and complement governmental action plans and how to fulfil their mandate. The Red Cross Red Crescent Movement is providing support to national governments, where health systems are insufficient or there are issues of access or acceptance. The unique access of the Red Cross Red Crescent Movement to local communities, enables us to reach out to the last mile and make sure we assist affected areas and populations, that may otherwise be left without support. Over 110 National Societies are already receiving funding from the IFRC for preparedness or response to COVID-19 through this Appeal.

Since the start of the outbreak, the IFRC and its National Societies have been responding or scaling up the preparedness for response to address health and increasingly socio-economic impacts caused by COVID-19. NSs, their local branches and over 14 million volunteers, including large numbers of youth volunteers, are often the first line local responders to all disasters and crises, including epidemics. They have capacity to respond to emergencies with support from IFRC or with other resources (for more information about National Red Cross Red Crescent Societies response to COVID-19 to date please check the detailed weekly [Operations Updates](#)).

**At the regional level**, National Societies have scaled up preparedness and response activities and taken active measures in support of public authorities. Across **Asia Pacific, Europe, Middle East and North Africa (MENA), Africa and the Americas**, National Societies are focusing on supporting the most vulnerable and people affected by humanitarian crises, including those displaced and/or living in camps and slums settings.

In **Asia Pacific, MENA and Europe**, for example, National Societies have been heavily involved in helping the public authorities to provide direct pre-hospital or clinical care and/or facilitate health care provision, transfer of patients by ambulance and direct support to hospitals, as in China, Italy and Iran. Europe is now considered the active epicentre of COVID-19 and National Societies are supporting their governments with emergency medical services, hotline services to inform people timely and address key concerns, as well as psychosocial support, violence prevention and response, and social services for vulnerable people in quarantined or movement-restricted communities. The pandemic is now causing secondary impact on a socio-economic level, with business and employment under serious threat – this is something that the National Societies in **all regions** are already considering in response planning and long-term approaches to mitigate the impact of the pandemic. Many National Societies are already bringing in new approaches to deal with both health and socio-economic impacts and to more effectively reach affected people.

**The Red Cross Society of China (RCSC)** sent medical experts to support prevention and control efforts of the **Islamic Republic of Iran and the Iranian Red Crescent Society** and nine experts were deployed to Italy to support the **Italian Red Cross** COVID-19 response. The team brought 31 tons of medical materials such as intensive care equipment and PPE and RCSC are in discussion about deploying medical personnel to augment local health teams to provide support on intensive care and resuscitation.

In **Asia Pacific** some countries epidemic curve has already peaked with ongoing local transmission. Several countries are showing rapid increase in number of new cases with more than 19 countries in the region having confirmed local transmission. National Societies as auxiliary to the government have worked in preparedness and containment efforts through supporting screening, contact tracing, quarantine facilities, ambulance services, and disseminating health messages. National Societies are working to provide psychological support to cut down the anxiety and fear among the population. They also emphasize support to older population. National Societies are developing targeted strategies to support population of concern like people living in informal settlement, migrants, etc.

**The Red Cross Society of China (RCSC)** has received 1,500 individual donations of convalescent plasma and has provided more than 36,000 counselling sessions for the public medical workers and volunteers. **Japanese Red Cross**

**Society (JRCS)** is supporting more than 30 hospitals actively involved in treating patients and has had successful appeals for blood donors and donations. Thus, enough blood stock levels have been ensured.

In **Europe**, the region has become the epicenter of the outbreak for the time being, with cases rising rapidly and many countries taking aggressive measures to close borders and lockdown their populations. Italy has been the most severely affected to date, possibly due to its elderly population, and Spain is close behind – both now experiencing death tolls above that of China. Many countries are overwhelmed by the number of cases, and National Societies as frontline workers are under severe pressure. In many countries, the National Societies are part of the frontline teams, providing medical care in hospitals and clinics, running ambulance services or blood banks, and providing community care and vital information to millions of people across the continent. The needs in Europe have increased rapidly and are now causing socio-economic impact, which National Societies are stepping up to tackle. There is a MoU between IFRC and WHO to cover health in emergencies, pandemic preparedness and control, which can be used to support country level coordination, preparedness and response actions with WHO and public health authorities.

**Austrian Red Cross** uses its mobile teams to carry out 2,000 COVID-19 tests every day. For this, 13 “drive-in” and fixed screening stations have been established, to deal with the growing number of tests needed. More than 4,500 calls are managed by the NS on the public health telephone helpline on daily basis. Volunteers of the **Netherlands Red Cross** support communities with food (foodbanks and grocery shopping), provide medical support, transport, support health centres, carry out PSS activities (helpline) and organize temporary shelter facilities.

In **MENA**, the region is faced with wider protracted crises and critical humanitarian needs in countries such as Syria, Libyan, Yemen and Iraq. There are serious concerns that the spread of COVID-19 will severely impact those crises, as well as the wider migration and displacement challenges. The impact of the COVID-19 on the livelihoods in different MENA countries is expected to be unprecedented. Fragile and overwhelmed health systems throughout the region have limited capacity to respond to additional needs associated with outbreaks and the economic impact on the region will lead to increased needs for humanitarian support.

**The Iranian Red Crescent Society (IRCS)** is increasing its capacity in Noor Afshar hospital with 200 beds for COVID-19 patients (45 beds are already occupied). Support to medical shelters is ongoing and expected to expand. The IRCS is also supporting fever screening across 32 provinces and disinfection of public places, such as streets and mosques. IRCS has distributed 50,000 food parcels to the most vulnerable families and pregnant women, as well as COVID-19 family hygiene kits (gloves, masks, disinfection, soap). The **Lebanese Red Cross** has transported 327 suspected cases to the designated hospital and is now expanding its Emergency Medical Service capacity - 24 stations are fully equipped for COVID-19 response and transfer cases. Nearly 500 volunteers have been trained as EMS and a further 520 for delivering COVID-19 awareness sessions, with more than 4,000 now volunteers trained and reaching over 36,600 people through COVID-19 awareness sessions.

In **Africa**, National Societies have extensive experience in community surveillance and support the governments with point of entry screening and other services related to surveillance and case detect. Africa Regional Office will capitalize on the experience and learning from the Ebola response and other health emergencies, particularly in Risk Communication (RC) and Community Engagement and Accountability (CEA), Infection Prevention and Control (IPC), Psycho-social support (PSS), volunteer mobilization, and community-based preparedness and response .

**Nigerian Red Cross Society** is carrying out mass awareness activities in the states of Lagos and Ogun, with support from this global Appeal. Local branches use WhatsApp, toll-free lines, and social media to receive feedback. Volunteers observe that people are slow to change behaviours, which indicates the need for further RCCE. **The Red Cross Society of Seychelles** has activated its contingency plan and is using 12 tents to set up clinics around the island to conduct tests and/or for point of entry screening at borders. It is also working with MoH personnel to do contact tracing

In the **Americas**, COVID-19 cases are on the increase across the continent. National Societies are scaling up their actions, including pre-hospital services and leveraging the strong network of National Influenza Centers (NICs) to intensify surveillance of influenza and other respiratory illnesses, following the experience with H1N1 and severe acute respiratory infections. National Societies in many countries are working closely with government agencies and state officials to identify additional support needed where the highest emergency level has been declared. This includes mobilizing rapid response personnel for national deployments.

**Mexican Red Cross** is strengthening its protection measures for doctors, nurses, and emergency medical technicians across medical facilities. Ambulances are being equipped with the necessary equipment to manage isolation or quarantine cases. **Honduran Red Cross** is updating its protocols for diagnosis, management,

surveillance and quarantine of cases. The National Health Committee has been activated and 20 technicians trained in protocols for suspicious cases have been made available to the government for hospital transfers.

Across **Europe, Asia Pacific, Africa, Middle East and North Africa (MENA) and the Americas**, National Societies are focusing on supporting the most vulnerable and people affected by humanitarian crises, including those displaced and/or living in camps and slums settings. MENA Region is faced with wider protracted crises and critical humanitarian needs in countries such as Syria, Libyan, Yemen and Iraq. There are serious concerns that the spread of COVID-19 will severely impact those crises, as well as the wider migration and displacement challenges. The impact of the COVID-19 on the livelihoods in different MENA countries is expected to be unprecedented. Fragile and overwhelmed health systems throughout the region have limited capacity to respond to additional needs associated with outbreaks and the economic impact on the region will lead to increased needs for humanitarian support. In Europe, many countries are overwhelmed by the number of cases and frontline workers are under severe pressure. In many of these countries, the National Societies are part of the frontline teams, providing medical care in hospitals and clinics, running ambulance services or blood banks, and providing community care and information to millions of people across the continent.

National Societies **in all regions** have also ramped up online risk communication strategies and launched communications campaigns to address misinformation and strengthen knowledge, acceptance and motivation around preventive actions. Community engagement approaches are leveraging existing initiatives (i.e Zika, Polio and malaria prevention approaches) in support of community health systems and mobilizing the wider volunteers network to communicate critical risks and strengthen community capacity to accelerate and improve community-led solutions to prevent and control the outbreak, and ultimately build trust in Red Cross Red Crescent and health authorities and promote social solidarity and community cohesion. As more countries are taking stringent measures in relation to movement restrictions, National Societies are working with key stakeholders and governments to ensure people and communities understand and embrace public health measures: they specifically ensure that community insights guide the rolling out of public health measures. This is most vital in fragile settings, where, due to many factors, tensions are expected to rise.

## Coordination and Partnerships

### Membership contributions and coordination

The COVID-19 outbreak has seen the IFRC network respond on many levels and strong contributions from member National Societies through shared or bilateral channels, based on IFRC experience from previous epidemics. This includes leveraging all the expertise available in the network through IFRC many Reference Centres and other shared leadership initiatives, examples of which are outlined below.

- The Global Disaster Preparedness Centre in United States has been contributing by integrating COVID-19 specific guidance into its First Aid app, as well as its Small and Medium Business Preparedness tools, and Multi-hazards App. It will further support IFRC in helping National Societies to develop their Business Continuity Plans. The GDPC is also contributing with expertise on urban preparedness matters
- The IFRC Reference Centre for Psychosocial Support in Denmark is expanding its work and support to the wider IFRC, adapting methodologies and tools to the psychological impacts of COVID-19, including for individuals in lockdown in cities and working from home, and young people who may be lonely and isolated at home. The Centre will explore online guidelines and tools to provide support services for people that may need special attention. Working with the Inter-Agency Standing Committee for MHPSS, the Centre has recently published guidelines on how staff and volunteers can support different target groups and provided information and educational materials for the public, care providers and older people.
- The IFRC Livelihoods Reference Centre in Spain has been fully involved in the drafting of this Appeal and on the approaches to address the socio-economic impact of the pandemic, bringing its expertise together with the Secretariat to develop tools that can be used by National Societies.
- Close coordination is ongoing through the Movement Cash Peer Working Group and the CashHub to provide cash technical and operational support to National Societies, with plans to create a remote desk service to support the scale-up in demand from National Societies. Contacts have been made to expand or build new partnerships or collaborations with others like Cash Cap, CaLP, ODI, to expand the support to National Societies contributing also to global, regional and national research, knowledge management and innovation, etc.
- The Volunteering Alliance, coordinated by the IFRC Secretariat, is acting as a platform to allow National Societies to exchange good practices, lessons and challenges, to improve the joint response and ensure the safety and wellbeing of RCRC volunteers. Activity monitoring shows the global footprint of COVID-19 related activities carried out by National Societies will provide information on the work of volunteers and this will be made available soon.
- The Innovation Kitchen Cabinet, where National Society approaches, experience and learning can be shared.

In past weeks there have been some important examples of bilateral support between partners. China Red Cross and Italian Red Cross organized a high-level online exchange with their respective Ministers of Health and scientific community to share learning. This exchange led to new forms of cooperation between the two countries. China Red Cross has also supported Iran, Iraq and Italy, while Australia and New Zealand Red Cross have already extended support to several Pacific Islands on pandemic preparedness. Singapore Red Cross provided rapid response capacity to IFRC with teams in China and Malaysia, while Canada Red Cross sent a team to support Canadian nationals in Japan. These are just some of the examples of the potential value of the IFRC network: these exchanges will grow in scope and value as the pandemic continues.

### **IFRC coordination**

The IFRC regional offices continue to provide guidance and support to National Societies with regular communication and coordination across all levels, as well as actively supporting in-country actions including clinical interventions, capacity mapping and preparedness measures, as well as trend and situation analysis. Regions have set up platforms to share information and guidance and to map needs and coordinate wider support in preparedness and/or response activities as part of their engagement in their national coordination mechanisms and to enhance National Societies role as auxiliaries to their public authorities, in close coordination and collaboration with Health authorities, WHO, UNICEF and other key stakeholders at country level.

The IFRC headquarters in Geneva develops guidance, standards and tools to be adapted and tailored for regional and country needs and supports the strengthening of National Society operational capacity to respond to COVID-19 and other emergencies. It coordinates with key global stakeholders and mobilizes support across the network. In support of its membership it promotes cooperation between National Societies, to enable the sharing of experience, best practice and lessons in real-time, particularly through the National Societies that have been heavily impacted by the pandemic to date, to promote targeted actions in countries at the early stages of response. This supports the scaling-up of good practice. The IFRC is also developing a 'Red Cross Red Crescent Volunteers solidarity mechanism' to support uninsured Red Cross Red Crescent volunteers that contract COVID-19 and their families.

The headquarters is also spearheading the work to prioritize business continuity planning across all levels (country, regional and global), to identify the potential threat / impact of this pandemic on overall operational capacities and to develop a framework to ensure an effective response, while continuing to maintain services for other disasters and crises and ongoing programs where necessary. This includes increasingly moving to remote working practices and supporting virtual teams working worldwide. It also requires managing with reduced resources, and mapping the minimum structures needed to keep core business going. Additional capacity is being mobilized to support this process, to ensure coherence of plans across the regions and adapt guidance for NS membership. The IFRC regional offices continue to provide guidance and support to National Societies with regular communications and coordination.

### **Movement Coordination and Cooperation**

The anticipated humanitarian impact of the pandemic is immense. More than ever, the power of the Movement is needed, requiring solidarity, support, coordination and cooperation to leverage the respective strengths and to work collectively to support National Societies and those in needs. The two international bodies of the Movement – the IFRC and the ICRC – are both committed to building on the work of the National Societies across the world, to scale up this response as quickly and effectively as possible.

Within the Movement, the IFRC is coordinating this revised appeal, with the ICRC also preparing a separate, but coordinated appeal, covering where ICRC is directly engaged in COVID-19 response activities and providing additional support to National Societies in conflict affected areas (see Movement narrative in annex). Movement Coordination mechanisms are in place at global, regional and national levels, to enable the operation to capitalize on the full capacity of all Movement partners and ensure a coordinated, holistic, and integrated response. It will build on the Movement's presence and power to reach virtually every community throughout the world to deliver services to the most remote areas. The Movement's "Strengthening Movement Coordination and Cooperation" (SMCC) tools allow for stronger coordination at the country level and will be used wherever relevant, for the collective reach of the Red Pillar. In areas where ICRC is not directly engaged in the COVID-19 response activities, the IFRC will work in close coordination with all member Societies, and support coordination with both Host National Societies and Partner National Societies to agree how best to work together and who is best placed to deliver, based on discussions between management and technical teams at the country level.

### **Coordination with External Partners**

#### **Country level**

As auxiliaries to the public authorities in the humanitarian field and partners of choice for their governments, National Societies have been actively participating in preparedness and scenario planning exercises and coordination mechanisms convened by the Ministries of Health (MoH) and wider government structures and are participating in

national and local coordination meetings with the MoHs and other organizations working in health programmes at country levels. Some National Societies have also been engaging with their respective governments' national and sub-national emergency operations centres (EOCs) and with the WHO and UNICEF country offices, to ensure health, risk communication and community engagement and other response activities are coordinated, based on latest guidelines/standards and as part of the overall national epidemic response plan. On logistics and supply chain, there is also close coordination with the World Food Programme (WFP).

The main response is at country level, and National Societies and IFRC offices are fully engaged in UN Humanitarian Country Teams (HCTs) and other inter-agency mechanisms for this and other crises, including those covered by the UN Global Humanitarian Response Plan COVID-19. National Societies and IFRC also participate in the Global Health Security meetings and in coordination around several, multi-country population movement crises affected by COVID-19 and covered in the inter-agency UN Global Humanitarian Response Plan. Finally, the IFRC co-leads the coordination of RCCE strategy and guidance with WHO and UNICEF, relative to country-level implementation.

### **Regional level**

IFRC teams at regional level are supporting regional preparedness measures and engaging in inter-agency coordination mechanisms to streamline information sharing and decision-making around COVID-19. Coordination with regional and sub-regional platforms take place in many areas:

- In Africa, Asia Pacific and Americas, the IFRC is co-leading with UNICEF, WHO and OCHA Risk communication and community engagement platforms. IFRC is actively participating in the regional COVID –19 response coordination forum which have has organized by WHO and OCHA and is working with IOM and UNHCR on ongoing population movement crises and the related challenges of COVID-19.
- In Asia Pacific IFRC is Co-Charing the Inter-agency Emergency Preparedness Working Group. The Regional Office is working closely with WHO, UNICEF and MSF to enhance the mental health and psychosocial support programme in the region.
- In Africa region, there is a long-standing partnership with Africa and US CDC on surveillance system, including contact tracing, screening and community-based surveillance activities. And active participation in regional health and RCCE platforms hosted by the African Union, WHO, UNICEF, and WHO. Coordination calls have also been organized with Movement Partners and the Africa DM Working Group (ADMAG).
- In the Europe region, the IFRC and WHO have a regional MoU that has been shared again with all NSs to be utilised at the country level, as relevant. IFRC Europe and WHO Europe offices keep regular contacts and share information with each other.
- In MENA region, the IFRC is actively engaged with both WHO and UNICEF to assure synergy and complementarity of the preparedness and response taking into consideration fragile and complex setting.
- In the Americas, RCRC is recognized as key actor in this response, especially in social mobilization, medical treatment etc. At regional level, the IFRC has strong links with the Pan American Health Organization (PAHO) and OCHA and connects through the Regional Response platform for Latin-America and the Caribbean (REDLAC), with other UN agencies and response actors in the region.

### **Global level**

Since the onset of the outbreak, the IFRC is coordinating with all major international organizations across all levels, including WHO, UNICEF, IOM and members of the Global Outbreak Alert and Response Network (GOARN), and other institutions and humanitarian partners. This includes posting a liaison person in WHO at the global level, to ensure clear information flow between the two organizations, to position the IFRC in WHO decision-making and to coordinate/collaborate on all aspects of the response, including co-developing critical health guidance, and addressing procurement and supply challenges.

The IFRC is also working closely with the UN to engage in the OCHA-led global plan, which refers to the important role that Red Cross and Red Crescent Societies play at the local level, around the world. IFRC's revised EA is complementary to the UN Global Humanitarian Response Plan COVID-19 and it is linked to the Strategic Preparedness and Response (SPR) Appeal of the WHO, launched early February to support countries improve prevention and response, as well as to the Appeal of the ICRC, as mentioned above. Finally, the IFRC Secretariat participates in Inter-Agency Standing Committee (IASC) meetings and calls, including the WHO-led discussions on the ongoing preparedness, response and logistics. The IFRC has a strong role in the IASC Emergency Directors Group (EDG), and the Global Cluster Coordinators Group (GCCG) and through these channels has contributed to the OCHA-led drafting of the UN Global Humanitarian Response Plan COVID-19. IFRC is also significantly contributing to relevant IASC guidance across several sectors on emergency preparedness and pandemic response.

Building on past experience in epidemics and the wider humanitarian response, IFRC is working to establish a more systematic and collective approach to RCCE to strengthen the quality, accountability and effectiveness of the collective efforts and ensure people have access and can share or act on critical information. The IFRC, regionally and globally, is supporting coordination efforts on RCCE in its co-leadership of the pillar with UNICEF and WHO, to roll out an effective

collective mechanism that supports existing capacity within the health and humanitarian sector and improves system-wide risk communication, community engagement and accountability.

## The operational strategy

The public health crisis caused by the COVID-19 pandemic can be expected to quickly escalate to a large-scale humanitarian crisis in many contexts where there is limited capacity to cope. As auxiliaries to the public authorities and with volunteers in the most vulnerable communities, National Societies are playing a critical role in responding to the outbreak and to its health, social and economic impacts, particularly at the community level. The overall operational objective is to contribute to reducing loss of life, while protecting the safety, wellbeing and livelihoods for the most vulnerable people. This is done by supporting efforts to contain, slow or suppress transmission of the virus and by helping affected communities maintain access to essential services; providing health and care services—such as ambulance, hospital, and community health services—to people affected by the pandemic and those unable to access care because of the health systems impacts it causes; and helping communities most impacted by the socio-economic effects of the pandemic. The pandemic continues to intensify, as do efforts to contain or slow it, with many governments mandating greater physical distancing, isolation and lockdown while attempting to scale up their health service capacity. The IFRC's operational strategy has shifted from a focus on global preparedness and response to localised outbreaks, to a one of large-scale containment and support to health services, social care, and efforts to mitigate the socio-economic impacts of the pandemic.

The strategy and approaches employed by National Societies will vary depending on the status of the outbreak in their country and their mandate and capacity. This pandemic will result in simultaneous or overlapping national emergencies in many countries at the same time and require a sustained global and local response at a time when global support may be limited by movement restrictions and co-occurring emergencies. This requires strong support for local actors, such as the Red Cross and Red Crescent Societies in each country, and the global network is playing a key role in this response - a role that is highlighted in the UN Global Appeal.

At the centre of this strategy is the role of over 13 million volunteers plus staff from across the 192 member Societies and more than 160,000 local branches of the Red Cross Red Crescent, who are on the frontline of this response. Resolution 3 of the 33rd International Conference of the Red Cross and Red Crescent adopted in December 2019<sup>2</sup>, the state parties to the Geneva Conventions recognised the important role of National Societies, as auxiliaries to the public authorities, in the response to pandemics, encouraged states to include them in their preparedness and response frameworks in ways consistent with their capacities, mission and principles, and encourage states to take steps to enable and facilitate their efforts.

The newly adopted IFRC 2030 Strategy highlights the need for a significant investment in epidemic and pandemic preparedness. Many NS are providers of first line medical care and prehospital services to respond to epidemics and pandemics and play a key role in community health and social care, as well as engaging with communities to promote safe behaviour and infection control, reduce risk, and prevent misinformation and panic.

Within all affected countries and across the world, IFRC will help NS to support the most vulnerable people, including both those most at risk of serious illness or death, of violence, neglect and exclusion, and those disproportionately impacted by the health systems and socio-economic failures and gaps caused by the pandemic. However, some contexts, particularly those with pre-existing humanitarian crises, require specific, targeted action to prevent catastrophic impacts. The context of fragility is diverse in different countries, however, there are several high-risk features that need to be considered in supporting a COVID-19 outbreak response.

Much of the burden for mitigating the outbreak will reside on resilient communities and their efforts to protect their high-risk populations. Community-based organizations like the Red Cross Red Crescent can play an important role in assisting communities to develop tailored approaches to respond to the outbreak. The measures outlined below are focused on mitigating the impact of COVID outbreaks in fragile settings and should be tailored to the specific context and needs of communities. These measures are meant to be implemented in parallel in a "layered" manner. The rationale for layering is based on the expectation that combinations of interventions are likely to be more effective than the partial effectiveness of any single measure.

Activities will be based, as much as is possible, on existing National Society programming, capacities and community presence. National Societies will have to strengthen their operational capacity to deal with this unprecedented situation

<sup>2</sup> [Resolution 3, 'Time to act: Tackling epidemics and pandemics together', 33<sup>rd</sup> International Conference of the Red Cross and Red Crescent \(December 2019\).](#)

and be able to adapt programs and services to respond to the outbreak and its consequences. While specific interventions to save lives and livelihoods will be used where necessary, the above strategy will be implemented by using all Red Cross Red Crescent volunteers across various sectors to build and sustain community programming to support communities facing COVID-19 pandemic. As a holistic response, IFRC is strengthening its integrated response and programming, both across sectors and across global to local levels. The strategy of this REA builds alignment between global strategy and local implementation. This delivers bottom up support for National Societies to sustain appropriate and effective lifesaving response, while maintaining a top down overview to ensure we respond to the changing needs of this and other emergencies. The IFRC will monitor the ongoing implementation of the COVID-19 response strategy and adjust activities in response to real-time activity monitoring and learning from implementing National Societies. Activities will be intensified in scale or scope, (re)activated, and/or adapted to maintain their relevance during the evolution of the outbreak.

Much of the burden for mitigating the outbreak will reside on resilient communities and their efforts to protect their high-risk populations. Community-based organizations like the Red Cross and Red Crescent can play an important role in assisting communities to develop tailored approaches to respond to the outbreak. The measures outlined below are focused on mitigating the impact of COVID outbreaks in fragile settings and should be tailored to the specific context and needs of communities. These measures are meant to be implemented in parallel in a "layered" manner. The rationale for layering is based on the expectation that combinations of interventions are likely to be more effective than the partial effectiveness of any single measure.

### **Support efforts to detect, isolate and treat COVID-19 cases in the most affected communities**

Public health measures can have a significant impact on the progression of the outbreak at the local and national level, and early, appropriate and effective action can prevent the largest-scale outbreaks that result in the most catastrophic impacts across all of society. When the systems for recognizing and responding to disease outbreaks are too slow, the result is unnecessary delay, greater disease spread, additional people affected, and more lives lost. However, effective public health measures at the scale and speed necessary to prevent catastrophic outbreaks, require significant human resources at community level, a critical role filled by RCRC personnel in many affected communities. Volunteers can help public health systems to act earlier and at greater scale, before cases begin to impact health systems.

In communities experiencing outbreaks with community transmission, Red Cross Red Crescent volunteers fill critical roles, providing prevention, detection and case management services at the community level: carrying out community-based surveillance and contact tracing; supporting people isolated at home or in quarantine; ensuring at-risk community members have the information and tools they need to protect themselves and reduce transmission; providing mental health and psychosocial services; and supporting clinical case management and ambulance services for COVID-19 patients. These community-level interventions change behaviour to reduce the risk of transmission, reduce the burden on other or existing health services, reduce the mental health and psychosocial impact of the outbreak on vulnerable community members, and extend the reach of government pandemic prevention, detection, and response measures into the most affected communities.

As health systems become increasingly overstretched, community health volunteers and other Red Cross Red Crescent personnel also step into other roles to support the health system, including supporting infection prevention and control (IPC), triage, support for overflowing inpatient services, and other roles. This key workforce for task shifting allows health systems to focus their skilled health workers on the most acute needs requiring the highest level of intervention.

### **Provide community-level health services to maintain access to essential health services and prevent indirect illnesses and deaths resulting from overburdened health systems**

Large-scale outbreaks have both direct and indirect secondary negative impacts on the health and wellbeing of affected communities, and Red Cross Red Crescent activities help to mitigate both. In the immediate and short term, many health systems may be unable to meet regular health needs due to the overwhelming number of patients requiring treatment for COVID-19. In this, surge support to the health system, task shifting, community-level care, and health promotion activities in the community can help to maintain basic levels of non-COVID-19 care for affected communities. Over the longer term, healthcare workers' disproportionate exposure to the virus may result in many deaths among frontline healthcare providers, reducing the level of care that can be provided to the general population, while overtaking events in healthcare facilities and the decrease in the availability of services can result in distrust and fear of healthcare facilities, and decreased use of the care that remains. In other outbreaks with widescale health systems impacts, such as the West Africa Ebola outbreak, reproductive, maternal and new-born healthcare decreased by up to 22% as a result of the epidemic, and the indirect mortality effects of the crisis may have been as important as the direct mortality caused by the outbreak.<sup>3</sup> In these less resilient health systems, Red Cross Red Crescent volunteers play a critical role as health

<sup>3</sup> [https://academic.oup.com/heapol/article/32/suppl\\_3/iii32/4621472](https://academic.oup.com/heapol/article/32/suppl_3/iii32/4621472)

extension workers, health promoters, and provide referrals for critical services, including vaccination, malaria programming and other critical lifesaving preventative and curative programmes.

### **Ensure communities have access to critical, life-saving information and that community needs and perspectives are identified and respected.**

Previous epidemics response experiences have vividly illustrated the need to find ways to build mutual trust, effectively engage in meaningful two-way dialogue and work with local structures and adjust interventions over time based on the feedback and perceptions of affected and at-risk communities. Evidence and experience have shown that approaches that incorporate participatory decision-making and action are more successful, more sustainable, of higher quality and cost-effective over time. Local actors like Red Cross Red Crescent and communities have great agency and ability to act and mobilize critical community actions to ensure communities are at the centre of preparedness and response approaches and promote understanding and uptake of biomedical solutions.

As Governments in all affected countries are progressively adopting stringent movement restrictions or other measures to control transmission, people are increasingly relying on mobile phones, social media and the internet to source information and communicate. IFRC community engagement strategies will capitalize on new forms of media, while acknowledging their challenges, such as the potential for misinformation to circulate rapidly and widely.

This Appeal promotes digital and virtual delivery of services and strengthens National Societies' data and digital literacy, data protection and digital risk management. National Societies, in coordination with relevant stakeholders, will leverage existing social media channels and mobile phone technology (e.g. First Aid app, WhatsApp) to collect community feedback, track misinformation and provide targeted, trustworthy information to affected populations. This will combine with volunteers and communities providing up-to-date, contextually relevant information to those at risk or in need.

Community feedback mechanisms will be scaled up to gather and use contextual information and community feedback to inform response designing, monitoring and adapting the response to best fit local circumstances and needs over time. The IFRC will leverage existing promising experiences across regions and currently in the Democratic Republic of Congo to systematically collect community perception data, including community experiences of response measures, questions they may have about the outbreak and response processes, and suggested solutions. In order to 'close the loop', the IFRC will coordinate with key stakeholders, including media, responses to community concerns and use community insights to inform engagement strategies and operational approaches.

### **Help communities to reduce the social impacts of the pandemic and efforts to contain it**

With social safety and protection mechanisms such as schools, shelters, and community-based protection structures critically compromised or closed, there is a pressing need to strengthen measures to ensure protection from violence, neglect, discrimination and exclusion. IFRC will scale up and develop more and stronger support for NSs to be able to establish specialized and targeted protection measures for vulnerable individuals and groups as well as ensure protection, gender and inclusion considerations are mainstreamed throughout all activities. Isolation, fear, anxiety and violence frequently result from the social disruption caused by large-scale outbreaks. Red Cross Red Crescent volunteers will help to promote social cohesion and a culture of nonviolence within their communities. As public health measures make many traditional approaches more difficult, IFRC activities will focus on digitalization to keep social contact possible and support new ways to deliver services.

### **Preserve livelihoods for the most vulnerable communities affected by economic effects of the pandemic**

An economic crisis is a likely impact of the pandemic in many contexts, with a particularly concerning impact on the most vulnerable, including migrants and undocumented people, daily workers, and single-earner households. National Societies will support the most vulnerable people through cash and livelihoods programming, supporting local economies and limiting the number of people who are driven into absolute poverty, exploitation or dangerous coping, or who cannot meet their most basic needs as a result of the health or system-wide impacts of the pandemic. The IFRC is working closely with the Livelihoods Centre to analyse and prepare appropriate guidance and support.

Within all affected countries and across the world, IFRC will help NS to support the most vulnerable people, including both those most at risk of serious illness or death, of violence, neglect and exclusion, and those disproportionately impacted by the health systems and socio-economic failures and gaps caused by the pandemic. However, some contexts, particularly those with pre-existing humanitarian crises, require specific, targeted action to prevent catastrophic impacts. The context of fragility is diverse in different countries, however, there are several high-risk features that need to be considered in supporting a COVID-19 outbreak response.

## Prioritization of National Society Support

A pandemic is dynamic and country circumstances change quickly requiring rapid shifts from preparedness to response. Due to the nature of the virus, both preparedness and response actions need to be considered throughout the appeal process. The response must also consider primary and secondary impacts of the pandemic, both of which will be experienced most heavily in those countries with long-standing and large-scale outbreaks, as the impact over time weakens resilience and reserves. The potential impact of COVID-19 will also be more severe in countries with vulnerable populations, health risk factors that increase severity of COVID-19, low-capacity health systems, and large populations displaced or living in precarious situations. Contexts with high population density in informal settings, such as urban slums, and complex settings where traditional hygiene and physical distancing methods are challenging or impossible to implement, will require additional consideration. The pandemic will also cause significant challenges to respond to any new emergency, small or large disasters, due to stretched national and international capacities.

WHO is dynamically classifying countries based on their epidemic status:

1. Countries with no cases (No cases);
2. Countries with 1 or more cases, imported or locally detected (Sporadic cases);
3. Countries experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases);
4. Countries experiencing larger outbreaks of local transmission (Community transmission).

However, countries with the weakest health systems or other surveillance gaps are likely to underreport. NSs in countries with lower capacities to help prevent, detect and respond to the outbreak will be prioritized. The IFRC will follow a prioritization process to ensure that the appropriate technical, financial and operational support is provided to those NSs most in need. Prioritization will be based in part on a country impact index considering vulnerability and risk factors including:

- Pandemic phase
- Humanitarian context, including displaced populations, conflict, fragile states, and populations of concern
- Epidemiological risk factors (potential severity of the disease on a population given high-risk groups)
- Health system capacity
- National Society's mandate (especially where the NS is the only, or a significant, provider of care within the community) and capacity to respond.

<b>Prioritization table – criteria for consideration</b>			
<b>Likely Severity of the outbreak</b>	<b>Yellow</b>	<b>Orange</b>	<b>Red</b>
Population demographics such as ageing population, and prevalence of non-communicable diseases			
Level of transmission in the country/ phase within the pandemic			
Severity of socio-economic impact			
Potential for sustained community-level transmission and services not working			
<b>National Health System capacity</b>			
WHO assessment of country preparedness for COVID-19			
Epidemic and pandemic preparedness and capacity to respond based on GHSI			
Special factors including humanitarian setting, fragile state or presence of populations of concern			
Capacity of other actors such as private sector, military medical services etc.			
<b>NS capacity</b>			
Clear NS mandate as auxiliary to Govt and clear role in national and local (city level) epi/pandemic preparedness/response plans			
Existing National Society health programming and services			
NS capacity to respond to the outbreak and readiness to scale up and respond with clear service provision			
A request by Government for NS support and from the NS to IFRC and the nature of the request			
<b>Evidence-informed programming</b>			

Alignment of proposed plan with preparedness, mitigation and response activities based on level of transmission in country			
Potential impact of programming			
Performance indicators (if relevant) from initial response plan			

Assistance to National Societies will be categorized by the above factors to fit into different phases of response, given the current context and programme priorities. As the context changes, National Societies will be able to re-apply for additional support that better matches the situation. Additional support will be determined based on the same principles, as well as performance and delivery of the original EPoA, and the National Society's ability to adapt their response to changing circumstances. A flexible funding model will provide the agility to move resources between countries and between activities according to national and local priorities and to anticipate future needs. Many more countries will be affected than the IFRC can support financially with current resources. National Societies should ensure they are systematically included in public health coordination structures and seek funding from the national government, the United Nations or other relevant global and regional agencies at the country level, as well as from IFRC.

Four categories of support will be considered; (1) technical support without financial support, (2) financial support with or without technical support, (3) increased technical and financial support required, and (4) significant financial and operational support required to scale-up.

<i>Global risk of COVID-19 is very high</i>	<b>Potential Country Impact of COVID-19</b>			
<b>National Capacity</b>	Low Impact	Medium impact	High impact	Extremely high impact
High Capacity	1	1	2	2
Medium capacity	1	2	3	3
Low Capacity	1	2	3	4

## Risk Management

Local and national actors are critical to maintain and reinforce humanitarian operations, particularly within the context of this crisis. IFRC is placing strong focus on working remotely through its National Societies and in turn through their local branches and volunteer responders, who are essential to reinforce operations, deliver essential assistance and services, and support communities. Since the beginning of the crisis IFRC Secretariat has deployed different expert resources to reinforce the existing capacities to guarantee the continuity of the ongoing operations and programmes and to increase the duty of care of all the staff and volunteers worldwide.

The IFRC will take special steps to make sure that their employees are provided with a standard of care that will help protect them against the health impact of COVID-19 and other risks. Since the start of the operation key actions in place include:

- Producing Business Continuity Planning Guidelines, which are translated into IFRC official languages and disseminated worldwide through the RCRC network
- Continuously assessing risk, analysing scenarios and providing advice
- Preparing and activating a BCP for the whole IFRC structure worldwide
- Establishing a peer to peer support to the National Societies providing health services at different levels
- Coordinating the work with different Movement partners on how to respond to possible new disasters and crisis
- Coordinating work with regional offices to guarantee a minimum level of services for on-going operations

## Contingency planning

Based on experiences from previous epidemic and pandemic operations IFRC and its members have stepped up the preparedness actions and contingency plans for pandemic scenarios. Within this scope activities will cover:

- Produce a brief guidance on Contingency planning for NSs in all IFRC official languages
- Support NSs as auxiliaries and in collaboration with their national and local authorities to review / develop plans and ensure services can be delivered aligned to the NS mandate, capacities and available resources
- Collect best practices and share with other NSs, and gather key updates to revise existing guidance materials
- Continuous scenario analysis based on inputs from the global network and partner organisations
- Review the impact from COVID-19 operations on other scenarios and develop revised contingency plans for other crises situations

## Security

IFRC Country and Regional Offices and security personnel monitor and collect data with the support of NSs on security incidents and cases in their areas of operations, which feed into a global analysis of the situation and the risk management. The IFRC supports NSs in their security planning and response plans focusing on monitoring stigma and aggression towards RCRC personnel and other humanitarian workers and provides sensitization messages via our RCCE teams. Aggression and stigmatization will increase in the coming weeks and this is factored into IFRC plans.

As is standard to all IFRC operations, Minimum Security Requirements will apply and this will be enhanced through additional security plans for all IFRC staff linked to the BCP. Specific Security Risk Assessments will be conducted if viable for any operational area, should IFRC personnel deploy and risk mitigation measures will be identified and implemented. Close security coordination with NSs, ICRC and implementing PNS will also be observed through regular information-sharing channels. All IFRC and Red Cross Red Crescent staff and volunteers are encouraged to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training and this may have to updated for epidemic considerations.

## Proposed Areas for intervention



### Health - Epidemic prevention, detection, and response, RCCE and WASH Requirements (CHF): 91,000,000

#### Proposed intervention

##### NS pandemic preparedness, business continuity and contingency planning

- NS will ramp up their preparedness for an effective response to provide critical lifesaving and community-outreach activities and ensure continuity of their critical programmes and services. This will include reducing staff and volunteers' risk of exposure to the virus, while maintaining essential health and humanitarian services
- Develop actions included in country-level contingency plans, in support of health authorities for case management and infection prevention and control.

##### Case detection, surveillance and contact tracing

- Support point of entry/point of control screening, contact tracing, community-based surveillance (CBS) or other activities to assist in case detection and outbreak prevention, in support of respective governments' surveillance and contact tracing activities.
- In communities facing imported or localised cases or early stage/containable outbreaks, where there is existing Red Cross Red Crescent CBS capacity, passive surveillance systems will be switched to active mode and acute respiratory infections included in volunteers' reporting.

##### Clinical and emergency medical services

- Hospital care – Support to maintain, adapt, set up and sustain secondary-level clinical activities to provide high-quality lifesaving clinical services.
- Scale-up primary health care treatment capacity to support Ministries of Health to respond to unusually high patient loads related to COVID-19.
- Support triage, isolation and clinical surge support to health systems overburdened as a result of a sustained and/or concentrated outbreak.
- Support and guidance to pre-existing ambulance services
- Blood services including blood donation drives, blood banking and blood transfusion services including mobile donation units
- Home care services for people who are needing care but are well enough to be cared for at home in order to reduce the burden on hospitals and outpatient clinics
- Increased number of multi-lingual online/virtual health trainings are available to increase number and capacity of volunteers and staff at National Society level.

##### WASH

- Infection prevention and control support to hospitals and clinics
- Ensure that people working and seeking care in these facilities have the information and equipment (including handwashing and IPC) they need to safely carry out their activities.

- Support to handwashing and sanitizing in key locations such as transport hubs and markets.
- Delivery of water and setting up hand washing spots in areas lacking regular water service such as informal settlements and slum areas
- Increased number of multi-lingual online/virtual WASH training are available to increase number of volunteers and staff at NS level. Disseminate key messages related to hygiene promotion and infection prevention

### Health Information Management (RCHIS)

- Red Cross Red Crescent Health Information System development is fast-tracked, and systems are piloted during COVID-19 response to improve National Society, Regional and Global response capacity. Patient medical records, outbreak detection and facility management are enhanced for COVID-19 and future health emergencies.

### Care and support at home

- Emergency social services and support for individual wellbeing and dignity in case of quarantine or other emergency measures
- Care and assistance to those isolated or at home with symptoms or who are in high-risk groups or unable to seek care

### Mental Health and Psychosocial Support (MHPSS) including Psychological First Aid (PFA) and Caring For Staff And Volunteers (CFSV)

In any outbreak/pandemic, it is common for individuals to feel stressed and worried as outbreaks/pandemics tend to be unpredictable posing both physical threats and various psychosocial challenges. The outbreak of COVID-19 has created concern and worry among the general population worldwide. Many are anxious and afraid as they are dealing with lots of uncertainties, and those directly affected in different ways by the virus may be in greater panic, fear and worry. To mitigate the effects of the outbreak on mental health and psychosocial well-being and to minimise the individual and population-based anxiety that may pose a threat to public health and safety it is important to integrate MHPSS in the response. This is to be done by:

- Psychological first aid (PFA) is at the core of all MHPSS interventions. It's a method to calm people in distress and support them to better cope with challenges and assist them to manage their situation and make informed decisions.
- Providing a clear understanding of ways to reduce risk and protect oneself (see RCCE), also including MHPSS self-care measures
- Providing material, tools and guidelines for relevant MHPSS activities
- Establishing online fora facilitating social connectedness and support (hotlines, phone or internet calls, apps and other social media)
- Ensuring that NSs are well placed and ready to provide relevant contextualized quality MHPSS to affected individuals and communities.
- Establishing systems and structures for "caring for staff and volunteers".

### Risk Communication, Community Health, Community Engagement and Psychosocial support

The IFRC will employ a diverse range of channels to engage with at-risk and affected populations. At the core of its approach is the community footprint and its volunteer network. Community health and engagement approaches will include face-to-face interactions, community health forums and house visits by local volunteers, when possible. These community approaches will be combined with mass media and community media such as radio, and newer technologies such as social media, WhatsApp and telephone helplines. Based on the previous experience, it is essential we rapidly communicate with at risk communities to provide critical information, responses to concerns and questions and counteract misinformation.

In particular, the IFRC network will:

- Adapt and (re)activate **community-based health, hygiene and other risk reduction interventions** such as Community-based health and first aid (eCBHFA), epidemic control for volunteers (ECV), and participatory hygiene and sanitation transformation (PHAST) to prevent the spread of disease amongst communities. These programmes will be scaled up to promote appropriate measures to reduce transmission of COVID-19 at community level.
- Train volunteers (including through online learning approaches) to encourage dialogue, capture community insights and answer concerns / questions, which will in turn inform broader preparedness and response strategies. The promotion of sound health and hygiene practices is also vital to strengthen community capacity and community-led solutions.
- Promote the use of the **First Aid App** and other local technology solutions to share trustworthy and time information about COVID-19 across the volunteers' network in all regions.

- Roll out **psychosocial support and psychological first aid (PSS/PHFA)**, closely linked and coordinated with risk communication and community engagement approaches. The psychosocial dimensions of the outbreak need to be addressed to minimize individual and population-based anxiety that may pose a threat to public health and safety. The IFRC membership will also support scale up targeted PSS for first responders facing trauma, stigma and stress.
- **Scale up Risk communication and community engagement** and accountability strategy to communicate critical risks, address misinformation and strengthen community capacity to accelerate and improve community-led solutions to prevent and control the outbreak. The IFRC membership across regions will focus leveraging existing hygiene promotion and behaviour change strategies to reinforce community-based mechanisms (including through innovative platforms) to engage with communities on prevention and response measures, gather community insights to inform the response, monitor public perception, including rumours and misconceptions and address them through providing accurate information and engage people in sustained dialogue. This will include the systematic collection and analysis of qualitative information relating to people's perceptions, beliefs, knowledge and suggestions. Community insights will be triangulated with perceptions data to inform coordinated community engagement approaches and public health measures.

The IFRC will also ensure that National Societies are supported in providing ongoing services for other critical health conditions, such as sustaining services around malaria, measles, and immunization, and will attempt to take steps to support communities where medical care and medications are needed for conditions such as epilepsy and non-communicable diseases (NCDs)



## Protection, Gender and Inclusion Requirements (CHF): 1,000,000

### Proposed intervention

#### PGI

Some groups are more vulnerable to the health effects of the disease, some to increased risks of violence, while others are more vulnerable to the socio-economic and other impacts. Many groups have a combination of vulnerabilities. Continuous collection of information and analysis of who is at risk to this disease, or to neglect, exclusion, violence, exploitation or discrimination related to the impacts of COVID-19 will inform services and programming.

Isolation and distancing compromises social protection mechanisms that all communities around the world depend on to ensure both community-based and institutional prevention and response to violence, exclusion and discrimination. The closing down of vital institutions such as schools, community gathering spaces or safe shelters drastically decreases access to help for those experiencing violence.

#### **Mainstreaming PGI in the response**

Throughout the operation specific measures will be taken to address the barriers different people face with access to services and information, dignity, participation and safety – to ensure that we “do no harm” and that services have appropriate reach and relevance. The IFRC response to Covid-19 will pay attention to the needs of vulnerable groups in need of specific assistance and support. Groups already identified as particularly at risk include older people, people with physical and intellectual disabilities, adult men, people with underlying physical and mental health issues, pregnant women, homeless or displaced people and migrants (especially irregular), children (especially those out of school or without safe care), pregnant women, low income households and those in institutional settings (prison, refugee camp, aged care -facility).

#### **Preventing and responding to increased risk of violence; exclusion and discrimination**

In times of emergency, existing protection mechanisms can be compromised and in contexts where they are already scarce, individuals and communities' access to safety and protection drastically deteriorates. The IFRC will coordinate and ensure targeted and specific action is taken globally, regionally and in country to prevent, mitigate and respond to the increased risk of violence, discrimination, exclusion, and exploitation posed by the impacts of COVID-19, particularly isolation, physical distancing, closing of institutions and loss of livelihoods, as well as unhealthy coping triggered by grief, stress, fear and loss. Of particular concern are risks related to violence in the home, child abuse and neglect, self-harm, identity-based violence, exploitation and human trafficking. Programming will be adapted to existing capacities, priorities, technical support and resources and technical support in each context.

### **Safe and inclusive recovery**

To address the unprecedented negative socio-economic effects of the outbreak on the most vulnerable and marginalised, efforts to reduce inequalities, discrimination, patterns of unhealthy coping and lasting damage to social protection mechanisms and institutions will be developed and adapted. Existing programmes and services in National Societies will be supported in scaling up and adaptation, with good practices shared with the IFRC network.

The types of activities to support National Societies in the three phases above (mainstreaming/preventing & responding/recovery) may include:

- Mainstreaming - Supporting National Societies to ensure all services are accessible, adapted, dignified and safe for all higher-risk groups using adapted existing tools (meeting the minimum standards on PGI).
- Preventing and responding -
  - Providing technical support, guidance and key messages on the risk of violence, exclusion and discrimination, including PSEA, access/safety, violence prevention, safe-guarding and self-protection
  - Supporting NSs to use and adapt the global guidance and materials for high-risk groups including those mentioned above
  - Developing online support and training for staff and volunteers on basic PGI issues and communication and setting up an online support-service for NSs and IFRC offices to provide guidance
  - Establishing a global referral pathway for minimum level of protection services for at risk people, that is available remotely and helping National Societies to access and use it and link it to PSS services
- Safe & inclusive recovery - Scaling up PGI programmes related to socio-economic impacts, working closely with cash, livelihoods and migration on social welfare, social inclusion and issues of exploitation and trafficking

In all activities IFRC will work with other Movement partners and agencies to develop joint approaches and sharing good practices between NSs and partners across all levels

### **EDUCATION**

The IFRC recognizes the impact on education worldwide and will work closely with national and international partners to contribute to supporting educational continuity, particularly through alternative, virtual means. The activities will include:

- Providing technical support and guidance to NSs for the dissemination and implementation of globally harmonised key messages and actions to prevent and control COVID-19 in educational institutions (IFRC, UNICEF and WHO)
- Work with shelter, DRR, Health, WASH and Disaster Law to strengthen the resilience of the education sector in the face of epidemics and multiple crisis, in particular through supporting education authorities and personnel to establish or strengthen safety procedures in educational institutions (e.g., contingency planning, WASH support for good hygiene practices, child protection/safeguarding measures)
- Invest in the digitalisation and online accessibility and delivery of IFRC and NS educational resources, activities and messages (e.g., on good health and hygiene, discrimination, exclusion, violence, stress and emotional management) for educators, parents/caregivers and learners
- Work with partners to ensure equitable access to education, including offering remote educational support for home schooling, as well as providing ICT equipment/technical assistance for access to online courses, platforms and applications and/or distributing learning materials to learners and families in need (especially those hard to reach, disconnected or poorly connected)



## **Migration Requirements (CHF): 500,000**

### **Proposed intervention**

There are two main pillars of needs related to migration. The first relates to migrants who may be at particular risk from COVID-19, including considerations for migrant populations with no access to healthcare in their host communities. The IFRC will focus on the needs of vulnerable migrants, and their host communities, in the ongoing population movement crises globally, seeking to ensure that our work rapidly adjusts to the risks of those situations.

and the most effective ways to provide relevant information and support. The second relates to possible large-scale migration and displacement as an impact of the outbreak, disproportionately affecting migrants living, working, studying, traveling, or transiting countries with the virus.

A variety of factors create particular vulnerability for migrants: language barriers, restrictions on mobility, irregular immigration status, confiscated or lost identity or travel documents, limited social networks, isolation, and discrimination - which hinder their ability to access assistance and reliable information or ensure their own safety and wellbeing. This revised EA seeks to ensure that 'at risk' migrants in countries experiencing COVID-19 are included in preparedness or response, in line with the respective NS's mandate and capacity to respond.

Activities include the following where appropriate in each context:

- Support the National Societies focal point on migration to lead and advise on relevant operational activities and messages, ensuring that vulnerable migrants are targeted.
- Develop guidance on COVID-19 for NSs to better support vulnerable migrants, including outreach programmes and access to health, WASH and protection services
- Support National Societies to scale-up support for migrant populations, either for existing population movement contexts or for new population movement and for stranded migrant workers in line with the NS mandate
- Develop new ways to access and assist migrants and displaced populations through tele-assistance services, especially at border points
- Adapt RFL services for migrants blocked at airports, ports and on borders
- Provide specific, trusted RCCE communications for migrant populations on ways to protect themselves against COVID-19, including digitally
- Support mechanisms to reduce tensions in migrant communities and amongst host communities
- Promote peer to peer dialogue and knowledge sharing between NSs around the impact on migration, the Global Migration Taskforce (GMTF), Asia Pacific Migration Network (APMN) and the Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants (PERCO).



## Livelihoods and basic needs Requirements (CHF): 30,000,000

### Proposed intervention

Border closures, travel and movement restrictions, quarantines and the closure of hotels, businesses and markets have resulted in negative impact in the livelihoods of millions of affected families, resulting in loss of income, formal and informal employment, greater indebtedness and use of negative coping strategies. Stock shortages and price increases are expected especially on those countries with more informal economies. Many migrants and informal workers that lost their only source of income are unable to return to their place or origin.

The IFRC will focus on the specific needs of those impacted by the COVID-19 pandemic and already made vulnerable due to ongoing humanitarian crises or recovering from large-scale natural disasters, and look to adjust and scale up our support to these vulnerable groups in relation to COVID-19.

The IFRC and its member National Societies, as well as the Livelihoods Reference Centre, are well placed to deliver vital livelihoods and basic needs support to the most vulnerable in the affected communities using when possible cash, voucher and market-based assistance to support meeting basic and livelihoods needs and the recovery of markets and local economies. Needs Assessments will determine the objectives of the interventions, and Market Assessments and Feasibility Studies will inform their modalities.

If cash appears to be the most appropriate modality to achieve the objectives, cash feasibility assessments will be undertaken by the National Society to inform the cash responses and most adequate delivery mechanisms; engaging when adequate in common cash delivering platforms, shock-responsive safety nets and social protection systems. If not viable in the short-term, other immediate assistance or emergency measures will be taken (access to food banks, emergency food rations etc.)

Once the basic needs of the target populations are met during the emergency and early recovery, the interventions will focus on recovery by restoring, strengthening, and diversifying livelihoods, relevant to their contexts (urban, peri

urban, rural) and informed by evidence from assessments conducted by the National Societies. Livelihoods and basic needs could be provided to:

- families whose loved ones have died from COVID-19
- families with breadwinners who have contracted the virus and have lost income
- family members with breadwinners in quarantine
- people stranded in areas under lockdown or with stranded in another country
- people that have lost their livelihoods due to economic collapse of business or employment

Once immediate health needs and basic socio-economic needs have been addressed the plan will be revised to include longer-term recovery needs by restoring and diversifying livelihoods relevant to context.

#### **USE OF CASH DATA MANAGEMENT SYSTEM**

Using digital and cash data management systems is key to improving the speed, accountability and efficiency of the National Society cash response. Digitalization of assistance particularly for cash can help minimize social contact and risks to volunteers and staff, financial service provider (FSP) agents, and beneficiaries. By using electronic payments (e.g. mobile money or prepaid cards) and integrating them with a data management solution such as RedRose, where the approval process, sending the list of beneficiaries to FSP's, distributing cash and reconciling cash amounts could be mostly done electronically.

Monitoring of cash programmes and beneficiaries that may not have received their cash assistance yet could also be done remotely and close to real-time provided that there's integration with the FSP's. The IFRC has been using RedRose for some emergencies since 2018 and have piloted direct FSP integration with MPESA in Kenya, which demonstrated speed and scale of assistance as well as accountability and transparency through auditable actions using the system. RedRose can also be used for e-vouchers so beneficiaries reduce unnecessary handling of physical cash but rather with a smartcard that could be topped up remotely. The rollout of the use of RedRose could be prioritized for the countries that have previous experience using the system in Asia Pacific, Africa, and Europe. Training and technical support could be provided remotely. This data management system is also been used by some other Movement partners (Jordan RC, Pakistan RC, ICRC, etc.)

#### **NATIONAL SOCIETY CASH PREPAREDNESS**

The IFRC will ensure remote cash preparedness and on the job/real time learning support to enable NSs in delivery of humanitarian assistance through CVA. The support will focus on critical preparedness measures to be in place for successful cash implementation. This may include mapping of countries with potential CVA interventions, remote cash feasibility, establishing guidelines for cash implementation, nomination of cash focal point, procurement and contracting of financial services providers for CVA, M&E and CEA systems, providing remote technical support, adapting cash toolkit to specific needs of countries, etc. The NSs which are already carrying out cash preparedness initiatives and have some systems in place, the remote support will be ensured to help them implement cash interventions quickly and at scale. This will mainly be based on the cash readiness levels of the NSs and will vary from NS to NS.

#### **USE OF CASH AND MARKET BASED APPROACHES**

Cash and market-based approaches will be used when possible to contribute to the continued provision of basic needs and the ultimate recovery for local markets and economies. It will allow people to meet their basic needs. Integrating when possible, cash and voucher assistance across all relevant sectors, and using a mix of traditional support, remote and other innovative approaches to ensure the National Society can reach out and support the different vulnerable groups.

#### **COLLABORATIONS AND PARTNERSHIPS TO SUPPORT NS TO DELIVER CASH IN A TIMELY, ACCOUNTABLE AND EFFICIENT MANNER**

IFRC is establishing partnership with the Cash Hub and Cash Peer Working Group members, with potential expansion to external cash actors (i.e. Cash CaP, CaLP) to support National Societies to deliver cash in a timely, accountable and efficient manner during this crisis. The Secretariat, with support of partners and regions, will provide remote and potential in-country (when conditions allow it) support, including cash and markets guidance in different languages, remote technical guidance, virtual access to technical advisers, webinars, knowledge and learning exchanges, etc.



## Shelter – Urban Settlements Requirements (CHF): 9,000,000

### Proposed intervention

While the physical structures in which people live or are being sheltered may not be immediately affected by the COVID-19 crisis, the physical and social conditions under which people live can have an effect on the spread or containment of the disease and how effectively people can protect themselves and their families. This will have a particular impact in densely packed urban areas, where populations living in poverty have few options and little support and risk the virus spreading quickly and widely.

The needs in this regard are significant when we consider the housing and neighbourhood conditions in these urban areas, particularly in densely populated slums and informal settlements and urban slums where marginalized groups reside and where health, water and sanitation services are poor. There are also real challenges for those living in camps/camp-like settings and collective accommodations, where displaced populations are often sheltered. In addition to the need to consider the consequences of COVID-19 in ongoing RCRC programmes in these settings, the outbreak may also lead national authorities to place new or renewed mandates on National Societies to support the provision of sheltering services to specific groups (e.g. homeless people, people dismissed from hospitals but who need to quarantine, migrants or displaced people etc).

The IFRC response to COVID-19 will focus on two main areas, namely the adaptation of support to ongoing shelter and settlements programmes, including camps and informal settings for those affected by ongoing population movement crises, and technical support to NSs which may find themselves having to operate with an increased or new mandate in relation to sheltering needs as a result of a specific request from the authorities. Particular attention will be paid to the specific needs of different vulnerable groups, especially those in dense urban settings and slums, where risk of transmission is extremely high and support infrastructure very weak. Actions will include:

- Adapt and disseminate technical guidance relating to COVID-19 and how it relates to informal settlements, camps, collective accommodation, and in particular, densely populated urban contexts and slums etc.
- Provide technical support to NSs to adapt ongoing programming or fulfil new shelter-related mandates as part of the auxiliary role, including those relating to urban environments
- Pre-position and distribute shelter materials and basic HHIs as necessary, particularly for collective shelters, camp settlements and urban hotspots, or to respond sudden new population movement
- Contribute to the development and dissemination of guidance across the sector, including through the Global Shelter cluster and other inter-agency initiatives and coordinate at country to global levels
- Advocate with authorities for safe shelters in specific vulnerable environments and assist to identify solutions for specific temporary isolation measures, such as re-purposing buildings, rental of collective spaces or equipping warehouses.



## Disaster Risk Reduction Requirements (CHF): CHF 1,000,000

### Proposed intervention

The aim of the DRR support risk-informed actions and provide guidance on strengthening community organization and social cohesion during Covid19 response across all levels. This will include adapting DRR / resilience guidelines, tools and material to communities in dealing with the pandemic and promoting holistic, multi-hazard approaches for preparing for the pandemic and other large-scale disasters or crises. This will include:

- Disseminating COVID-19 messaging through Public Awareness and Public Education (PAPE) and other online DRR platforms and school-based DRR education

- Developing specific guidance for working in dense urban areas, including developing specific guidance or tools for COVID-19
- Using DRR and resilience guidelines and tools to support communities to strengthen community organization and cohesion, including for any potential relocation to reduce density or to be part of disinfection teams
- Supporting communities to develop holistic, multi-hazard preparedness plans, including COVID-19
- Supporting communities to identify and support vulnerable groups/ households through government support mechanisms and/or RCRC volunteers
- Translating key materials into local languages and disseminating best community practices

## Strategies for Implementation

The Strategies for Implementation are important as they provide the support to the IFRC and NSs response efforts. The following sections cover a range of interventions that support the Strengthening of NSs including in emergencies, Effective International Disaster Response, International Representation. The effectiveness and accountability are at the centre of these strategies and it is important that they are supported, if the wider response is to be successful. The support throughout this Appeal is complementary to the bilateral support from RCRC Movement and external partners, to support the vital work of our National Societies.

### Strengthen National Societies Requirements (CHF): 10,000,000

#### Strengthening NS capacity on epidemic and pandemic preparedness for effective response (PER) for COVID-19 and other disaster and crises

National Societies are committed – individually and collectively – to work in partnership with communities, public authorities and other organizations to prepare for and respond to this outbreak. Therefore, enhancing NS preparedness for epidemics / pandemics will be prioritized under this operation, including investing in local branches. Strengthening preparedness at global, (sub)regional, national and local levels is critical to saving lives and protecting livelihoods and the IFRC will reinforce its [Preparedness for Effective Response](#) (PER) approach.

Over 50 National Societies are currently engaged in the PER process to ensure timely and effective humanitarian assistance to prevent and alleviate human suffering. Since 2017, the [Community Epidemic and Pandemic Preparedness Program](#) (CP3) has contributed to the further development of the PER approach, and incorporated [epidemic considerations](#) in NS assessments and preparedness action plans.

IFRC developed a guidance note for NS preparedness to COVID-19, carried out a risk analysis and NS operational capacity mapping, and developed a survey to capture NS activities to respond to the outbreak.

Proposed global actions to complement regional and NS capacities on epidemic/ pandemic preparedness for response to COVID-19 and other crisis include:

- Promote a holistic, all-hazard and multi-sectoral NS preparedness and response approach, investing in our unique network of NSs, who are frontline responders and early risk detectors as auxiliary to their governments.
- Develop/update guidance, training and advocacy materials for National Societies on contingency and business continuity planning, epidemic and pandemic preparedness and on their auxiliary role and legal framework to facilitate humanitarian access (freedom of movement) for preparedness and response work on COVID-19.
- Provide remote technical support and back-stopping to National Societies and regional offices on strengthening NS capacity for epidemic and pandemic preparedness for COVID-19 and other crises based on identified needs and gaps.
- Establish and manage Help Desk for National Societies on BCP with the Global Disaster Preparedness Centre (GDPC).
- Support NS implementation of key prioritized preparedness measures to ensure capacity to scale-up response to socio-economic consequences of COVID-19 and prepare to respond to other emergencies, i.e. revise/develop contingency plan, operate EOC, manage information, train and equip National Response Teams, ensure continuity of critical services.

- Strengthen information management for preparedness, including tracking and analysis of PER assessment results, development and update of country profiles linking information available in existing global databases and monitoring of NS activities.
- Capture lessons and best practices from ongoing operations and mainstream them into existing guidance and further develop training tools, including audio-visual and online materials.

NSs should plan to be largely self-sufficient in terms of deployable resources, as it will be increasingly difficult to mobilize rapid response capability. Strengthening NSs capacities to institutionalise community engagement and accountability minimum standards and actions will be at the core of National Societies' efforts order to ensure a community-centred approach.

### **National Society Development in Emergencies (NSDiE)**

The main focus of NSD in this emergency is to support the membership in managing and protecting their volunteers, to enable exchange of experiences and information among National Societies and volunteers about best practices in the response, and to maintain financial sustainability. The IFRC has developed guidance on volunteer management during pandemics and already made this available to all NSs to ensure the safety and wellbeing of volunteers responding to the pandemic. It will need to be adapted to the needs in each context. It includes a checklist for volunteer management in pandemic preparedness.

An existing platform is available to all National Societies volunteers as well as leaders at the global level to access information, post experiences, ask questions, learn from other NSs, and contribute to reducing the risks and improving their ability to perform their community work.

Many National Societies are also facing serious issues in terms of financial sustainability and the economic impact of this outbreak will put them under severe strain. Regular income from service provision for many National Societies has dropped and any service contracts have been stalled, revised, reduced or cancelled in several countries, and grants and international aid to National Societies have been affected. The crisis has heightened the unstable situation of a number of National Societies already dependent on external partners. The IFRC is planning to monitor the impact of the crisis on the capacities of our NSs to perform in their own environments. The proposed global actions include.

#### **Health impact - saving lives**

- Safety, health and psycho-social welfare of our staff and volunteers will be supported through sharing and exchanging regular information and solidarity including the provision of and training in the use of PPE
- A "solidarity mechanism" or other funding solution is being developed to contribute to the coverage of National Societies volunteers who need hospitalization or are killed as a result of COVID-19 and who lack other coverage.
- A virtual platform is being made available to leaders, focal points of volunteers, other staff and to volunteers at large to learn from others, share what has worked and shorten the learning curve in the response. IFRC will organize peer-to-peer support for National Societies leadership on COVID-19 response management issues.
- Strengthen volunteer management systems through an aligned capacity building plan, including training volunteers on COVID-19 Strengthen National Societies capacities in CEA, Risk Communications and Behavioural change communications
- Strengthening NSs' organizational structure, including business continuity plans, especially for branches working with migrant populations

#### **Socio-economic impact – saving livelihoods and building resilience**

- Setting up a financial sustainability 'observatory' to gather information and analysis about the evolving situation of National Societies, to inform National Societies leaders on the rapidly changing environment. This may include research, analysis of trends, identification of opportunities to access local funds, lessons, and examples of adaptation.
- Replenishment and adaptation of the existing Capacity Building Fund (CBF) to focus on financial sustainability as a result of COVID-19. This will not duplicate other mechanisms and will focus on the sustainability measures linked to mandate, services, and strategy in this emergency.
- Inclusion of a NS financial sustainability aspect in the BCP support provided to National Societies by GDPC, to ensure that NSs clearly identify the potential or actual consequences of the crisis and its economic impact when considering the continuity and viability of their programmes.
- Support NSs to build capacity on Digital Fundraising, Individual Giving and Income Generation Activities.

## Effective International Disaster Management Requirements (CHF): 4,000,000

The newly launched Rapid Response guidelines are being used for this response. To date rapid response personnel have been made available at country, regional and global level response as needed. These teams are supporting ongoing work to scale up and coordinate the response and to provide effective technical support and NS preparedness. Funding for this has come from the Australian RC, Danish RC, Finnish RC, New Zealand RC, Singapore RC, and IFRC.

- A Coordination Cell has been established in Geneva to support the overall coordination and direction of the response and to ensure coherent technical and operational support for NSs across all regions. To date, support has been provided for Operations Coordination, Pandemic Preparedness, Health Liaison, Medical Logistics, PMER, IM, Communications, Business Continuity Planning etc.
- Coordination structures have also been established at regional levels and in specific countries such as China, where the outbreak has been most severe and the IFRC has a presence. Similar functions have been deployed to the five Regions to cover similar functions, plus Emergency and Community Health, RCCE and PSS.
- The Surge Information Management Support (SIMS) network has also been activated for this response to support NS activity / preparedness monitoring and secondary data analysis.
- Regional Rapid Response system to ensure timely deployment of rapid response personnel with adequate competencies with ensuring NS to NS support in the region.
- It is important to strengthen the Federation's ability to support NS in their response to COVID-19 and Increase IFRC's readiness and operational capacity and coordination capabilities across the regions

As the crisis worsens, however, it is clear that global rapid response teams and assets will not be able to move or operate internationally and some teams are being reallocated to domestic response. The IFRC Rapid Response teams is monitoring this with partner NSs and is seeking alternative solutions – for the COVID-19 response and for other ongoing of new disasters or crises. The national and regional rapid response system would be able to address certain gaps that have to be augmented further.

The global Operational Logistics, Procurement and Supply Chain Management (OLPSCM) teams are working to scale-up and effectively manage the supply chain, including procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with requirements and IFRC's logistics standards and procedures and adequate specification for medical items and PPE. The regional hubs continue to support the IFRC's membership, supporting the delivery of essential PPE equipment and other goods. IFRC also encourages all NS's to coordinate their PPE needs with OLPSCM). The logistics team at Geneva and regional levels and coordinates closely with WHO and other international organizations on global/regional supply and as per defined standards and trying to minimize any unsolicited donations. Partner NSs providing in-kind donations through bilateral channels are encouraged to coordinate with IFRC OLPSCM for specifications of items.

### Community Engagement and Accountability

Community engagement and ensuring operations are accountable to affected people is a priority and an essential part of all humanitarian responses. The COVID-19 pandemic has been accompanied by an "infodemic", which has created mistrust, stigmatization and increased the spread of misinformation. This will undoubtedly have an impact on humanitarian responses for months to come.

Community engagement approaches are critical to understanding the additional impact of COVID-19 on people that are already vulnerable to the impacts of an existing crisis. It is crucial to make sure that communities have access to trusted and accurate information about the measures and behaviour that mitigate the threat of the virus and WHO, UNICEF and IFRC have worked effectively to develop a common risk communication and community engagement strategy to address this. Current humanitarian operations will be able to capitalise on this strategy and the on-going work on community engagement in the field by UN agencies, international and national NGOs, the Red Cross and Red Crescent and its National Societies.

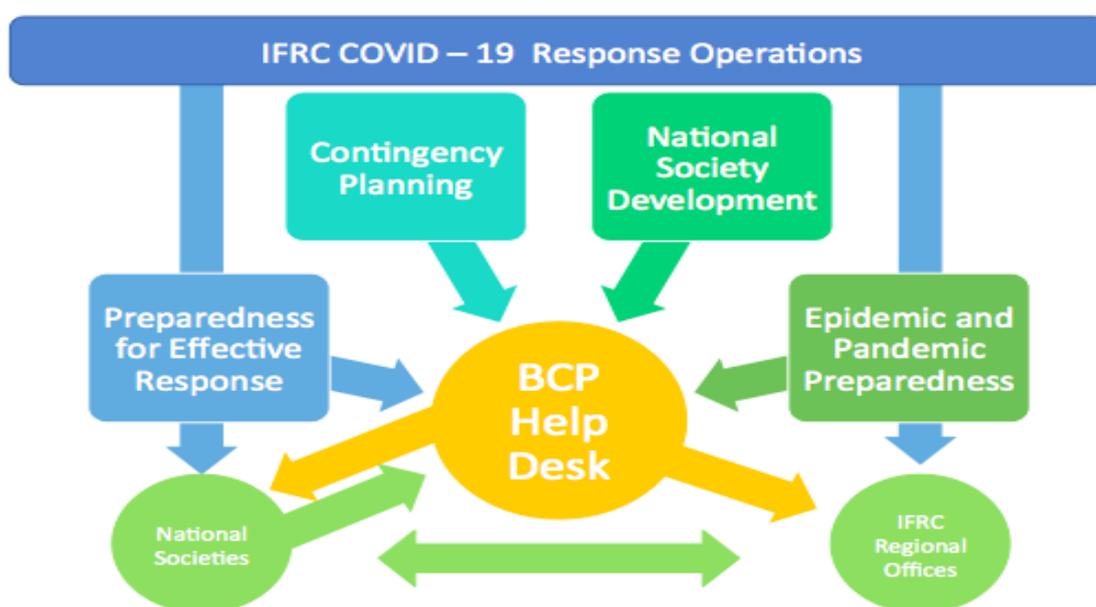
IFRC will continue to support National Societies in setting up, scaling up and adapting feedback mechanisms to capture key community concerns in order to adapt programmes and operations accordingly. This community data will also be shared with key partners in country, at the regional levels and globally where appropriate in order to influence strategic decision-making processes. During recovery, participatory approaches will also be integrated into planning and programmes to ensure community ownership and resilience.

### Business Continuity planning

Many National Societies are currently working on business continuity for the organizational and service/programme delivery capabilities, to ensure they have worked on the best way to sustain their structure, human resources (staff and volunteers) and continue to deliver over the months to come. This is a vital area where National Societies require support from the IFRC Secretariat to scope, finalise and maintain effective BCP from the outset. This includes ensuring effective measures are in place to provide a Duty of Care for both staff and volunteers as the situation in their context unfolds.

For National Societies, the IFRC is establishing a “National Society Business Continuity Help Desk” service to address National Society questions and concerns related to business continuity and pandemic preparedness. The Help Desk will be managed by the Global Disaster Preparedness Center (GDPC) under the overall leadership of the Geneva Secretariat. It will offer technical guidance, information and referral services to National Societies. As the Help Desk is rolled out National Societies will have access to the following resources:

- Comprehensive toolkit of multilingual guidance resources
- Self-support via interactive FAQ
- Direct technical guidance provided remotely
- Learning webinars
- Forums for good practice sharing



In the delivery of services, the Help Desk will ensure linkages to ongoing national society preparedness efforts including the Preparedness for Effective Response, National Society Development, and national society contingency planning. Technical guidance and support to national societies will be provided by the GDPC in close coordination with regional offices and subject matter experts located throughout IFRC network.

## **Influence Others as Leading Strategic Partners**

### **Requirements (CHF): 1,200,000**

#### **Communications**

Communications support to this operation will ensure that the RCRC is well profiled through proactive public information activities that integrate the use of IFRC online platforms, media relations activities, audio-visual production and social media engagement. Primary target audiences will include national, regional and international media, NSs Societies, peer organizations as well as donors and the wider public. The communications teams will ensure regular and transparent communication on actions with all partners, including the donor community during this constantly changing situation. Regionally and globally, the IFRC will scale up its already established communications efforts, relaying prevention messages and supporting NSs to adapt public messages to their respective audiences. They will also provide guidance to member NSs in their public communications effort and support strong links with ongoing RCCE work as necessary. There is an urgent need to re-enforce the communication teams at regional and country level to be able to support National Societies in their communications activities. The communications teams will be part of the activities to communicate our collective Movement-wide response.

## Humanitarian Diplomacy and Disaster Law

NSs will be supported to strengthen their cooperation with relevant authorities consistent with their auxiliary roles, their capacities and the Fundamental Principles. In addition, they will be supported to secure necessary exemptions from restrictions (such as movement restrictions) that might hamper their humanitarian work in this urgent response. They will also be assisted to advocate with the authorities for attention for the rights and needs of those affected, particularly the most vulnerable and marginalised. When the emergency abates in affected countries, NSs will be assisted to provide their perspectives in longer-term policy change for pandemic preparedness and response, which normally arises in the recovery phase.

Operationally, IFRC will continue to invest in active inter-agency coordination, including through IASC structures, supporting joint approaches and advocating for greater support and empowerment of local responders. IFRC will likewise enhance partnerships with the intergovernmental regional systems such as the AU, ASEAN/AHA Centre, CDEMA, EU Civil Protection and others to agree on information sharing and advice on coordination and regional mechanisms to support response efforts to COVID-19. If military bodies are involved in the response, the NSs and the IFRC will follow its existing guidance on civil military relations.

This revised emergency appeal is an opportunity to complement ongoing work in disaster law, to improve the use of research and analysis to strengthen their laws support the preparedness and response to disasters, reduction of disaster risks (particularly at the community level), inclusion and protection of vulnerable groups, and the strengthening of NS auxiliary role. This will be extended to consider elements relating to the COVID-19 outbreak.

### Civil and Military Relations:

As the COVID-19 crisis continues to evolve, national authorities are increasing the use of uniformed forces (police and military) to support measures to contain the crisis and enforce movement control orders (MCO). Equally clearly, restrictive measures associated with COVID-19 may be met with lack of compliance. In some contexts – immediately or over time – this could result in situations of excessive use of force by the police or/and military in quest for compliance. The nature of this crisis is likely to oblige humanitarian agencies to coordinate with uniformed forces and/or arms carriers who are supporting the response. In this regard, the RCRC Movement (hereinafter Red Pillar) personnel are – and will – increasingly have to engage with the police and military in one way or another.

There may be contexts where such an approach could carry risks for the RCRC Movement's Fundamental Principles, including potential consequences for longer-term access, and it is important to ensure that Civil-Military Relations (CMR) engagement are carried out in principled and consistent ways, in line with policy guidance for Movement components. This does not undermine the key point that for the Red Pillar, CMR is a context-based decision.

IFRC and ICRC have established guidance for potential engagement of military bodies in the current COVID-19 crisis, based on previous experience, lessons learnt and reference documents (mainly the Draft RCRC Handbook for CMR). Two documents have been prepared to guide the whole RCRC Movement on CMR. These documents were sent to the Disaster and Crisis Working Group (DCWG) on 20 March and are available upon request. IASC is having also internal discussions on how the humanitarian community will engage with the armed forces in response to the pandemic.

## Ensure a strong IFRC Requirements (CHF): 2,300,000

The COVID-19 response is dependent on the good functioning of support and corporate services. The programme support functions including planning, monitoring, evaluation, and reporting (PMER), partnerships and resource development (PRD), HR, Finance & Administration, Legal and Audit and Risk Management will be reinforced to deal with this extraordinary crisis.

### PMER

COVID-19 is setting new challenges for PMER to cover the vast range of country responses and the need for high level global overview and systems for both PMER and information management (IM). Support is being put in place from country to global levels, to ensure consistent systems for planning, data and information collection, monitoring, reporting and lesson learning, including real-time lesson learning. This will help guide informed decision-making and allocation of resources where needed. Information will be channelled through appropriate streams, including the public website and the GO platform, as well as other communication channels. PMER is scaling-up its work as follows.

- Streamlined country plans are being piloted in Asia Pacific and will be used as a model to streamline country planning across the vast scale of this response

- Weekly Operations Updates are being issued according to a new template to ensure a regular flow of information to partners and donors
- A light, real-time lesson learning process is being set up to learn from the unique and changing demands of this response and improve the operation as we move forward
- Further steps will be taken to streamline the planning and reporting mechanisms to reduce the volume for such a large response, including for remote monitoring and evaluation, such as an open platform to capture learning and share experiences between NSs.
- Establishing a Federation-Wide Reporting System that reflects multilateral and bilateral cooperation. This will include focusing on a small number of meaningful KPIs for all NSs to report against.
- Supporting regional capability to capture evidence and best practice (Pandemic Preparedness Centre for Excellence and Pandemic Preparedness Hub).
- Supporting wider peer-to-peer learning between NSs (e.g. China, Iran, Italy etc) and increased connectivity and experience sharing across the network, including South South cooperation.
- Participating in any relevant global evaluation of this response.

### Information Management (IM)

IM support from country to global levels are in place to ensure consistent data and information collection to guide informed decision making and allocation of resources. The information is channelled through appropriate streams including the IFRC GO platform, internal and external communications and media relations, reporting, and partnerships and resource development and uses evidence to inform operational direction and resources allocation. National Society activities, preparedness assessments and response actions, as well as technical reference materials, documentation and dashboards are all on GO. The IM function at the IFRC is organised around five pillars of activity, all of which are pivoted towards the COVID-19 response

- **Data infrastructure** - adapt GO (go.ifrc.org) to COVID-19 needs, centralised mobile data collection service, applicable secondary data platform for qualitative data analysis, and robust storage and processing system for NS and emergency data for mapping and visualisation.
- **Capacities** - harness and scale up the Surge Information Management Support (SIMS) network, tapping into and expanding access to the collective expertise of a remote-based, 200+ strong, RC/RC data community to facilitate technical support, peer exchange and the development of information products. This links to PER and NS capacity on pandemic preparedness.
- **Analysis** - develop information products and processes, which provide global situational overview, and support strategic direction and resource allocation decision-making. This includes the production of thematic analysis, data synthesis and visualisations.
- **Frameworks** - adapt and implement an analytical framework to inform a COVID-19 impact index, as well as produce guidelines and design information flows which streamline data collection, processing and dissemination
- **Coordination** - leverage partnerships and share intelligence with epidemic data modellers and humanitarian partners (WHO, MapAction & ACAPS, LSHTM, UN & NGOs) to ensure key insights are identified and translated into operational recommendations

In addition, as the world is turning more to experts and science, the IFRC and its National Society members is linking to local and global institutions and experts to be informed by evolving knowledge.

### Human Resources

Support to this operation will ensure that IFRC has the human resources needed to deliver on the plans outlined in this appeal. HR Coordination at the global level will ensure a joined-up approach to workforce planning, recruitment and onboarding of staff as we transition from surge. Work will be done to ensure that HR in emergencies support team can respond quickly to the demands and will support the Cell to navigate through current HR processes and procedure. Global tools and guidance will be developed to support regional HR, managers and staff in the operation. Currently HR will be primarily focused on internal support to IFRC operations. Support will be delivered via FTE of one, spread over two current HR resources.

### Finance, Administration and Audit / Risk Management

Accountability and risk management will be supported at both global and local levels. IFRC has zero tolerance for fraud and is committed to full transparency and accountability to our partners and the communities we stand with. Following investigations into fraud in its Ebola operations, IFRC has significantly strengthened fraud and corruption prevention, detection and investigation in line with industry-best practice in high risk operations. IFRC has in place a 'triple defence' fraud prevention framework to strengthen its three lines of defence – operations, compliance and internal investigation, that will be applied to this operation. Efforts will be made to strongly avoid scope creep in the allocation of resources and to document and control financial support to RCRC NS activities

## Business Continuity Planning

Additional tools are in process to be revised or updated for business continuity planning, which establishes the basis for IFRC to ensure the continuous functioning of key services during the crisis in all relevant offices. It includes also a plan to recover and resume business processes when programmes have been disrupted unexpectedly. Beside activities ensuring the duty of care and staff health for staff and volunteers, special focus is also put on back-up measures for defined services. The global COVID-19 Cell will work to support the BCP delivery across the operation and will ensure coherence and consistency to the overall response. It will ensure a coordinated response strategy, global guidance and standards and maintain oversight of quality control and operational risks.

## Funding Requirements

International Federation of Red Cross and Red Crescent Societies

### **MDR00005 – Revised Emergency Appeal COVID-19 Outbreak Funding requirements - summary**

Budget by Area of Intervention	Needs in CHF
Disaster Risk Reduction	1,000,000
Shelter – Urban Settlements	9,000,000
Livelihoods and Basic Needs	30,000,000
Health	91,000,000
Protection, Gender and Inclusion	1,000,000
Migration	500,000
Strengthen National Societies	10,000,000
Effective International Disaster Management	4,000,000
Influence others as leading strategic partners	1,200,000
Ensure a strong IFRC	2,300,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>150,000,000</b>

Jagan Chapagain  
Secretary General

Reference documents



Click here for:

**For further information, specifically related to this operation please contact:**

#### **In the IFRC**

- **IFRC Global Disaster & Crisis (Prevention Response and Recovery):** Nelson Castano, Manager, Operations Coordination, +41 22 730 4926, [Nelson.CASTANO@ifrc.org](mailto:Nelson.CASTANO@ifrc.org)

• Previous Appeals and updates

- **IFRC Global Health:** Panu Saaristo, Team leader, Emergency Health, +41 22 730 4317, [Panu.SAARISTO@ifrc.org](mailto:Panu.SAARISTO@ifrc.org)
- **Communications :** Laura Ngo-Fontaine, Senior Communications Officer, +41-22-730 4485, [Laura.NGOFONTAINE@ifrc.org](mailto:Laura.NGOFONTAINE@ifrc.org)

**For technical health guidance :**

- IFRC Africa: Adinoyi Adenzi, Head of health, [adinoyi.adenzi@ifrc.org](mailto:adinoyi.adenzi@ifrc.org)
- IFRC Americas: Maria Franca Tallarico, Head of health, [maria.tallarico@ifrc.org](mailto:maria.tallarico@ifrc.org)
- IFRC Asia Pacific: Abhishek Rimal, Emergency health, [abhishek.rimal@ifrc.org](mailto:abhishek.rimal@ifrc.org)
- IFRC Europe: Davron Mukhamadiev, Head of health, [davron.mukhamadiev@ifrc.org](mailto:davron.mukhamadiev@ifrc.org)
- IFRC MENA: Aymen Jarbouï, Head of health, [aymen.jarbouï@ifrc.org](mailto:aymen.jarbouï@ifrc.org)

**For IFRC Resource Mobilization and Pledges support:**

- **Global Resource Mobilization:** Diana Ongiti, Senior Officer, Emergency operations, +41 22 730 4223, [diana.ONGITI@ifrc.org](mailto:diana.ONGITI@ifrc.org)

**For In-Kind donations and Mobilization table support:**

- **Logistics, Procurement and Supply Chain Management:** Aysegul Bagci, Logistics Coordinator, [aysegul.bagci@ifrc.org](mailto:aysegul.bagci@ifrc.org)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



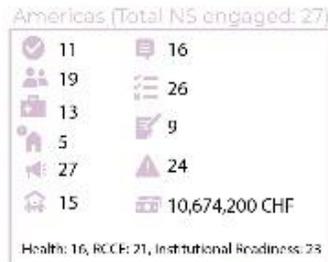
Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.

# COVID-19 NATIONAL SOCIETY RESPONSE

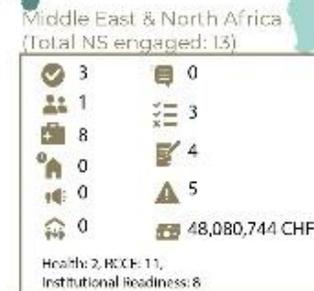
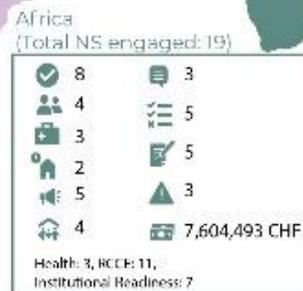
Produced 25 March 2020

## Global Response Summary

**122** National Societies are engaged:  
**57** in Health  
**93** in Risk Communications & Community Engagement (RCCE)  
**87** in Institutional Readiness



- Health**
  - ✓ Screening & contact tracing
  - 👥 Psychosocial support
  - 🏠 Clinical, paramedical, or homecare services
  - 🏠 Emergency social services for quarantined individuals
- RCCE**
  - 📣 Misinformation Management
  - 🗨️ Community feedback mechanism
  - 🗨️ Stigma prevention messaging
- Institutional Readiness**
  - 📋 Contingency planning
  - 📄 Business continuity planning
  - ⚠️ Internal risk communications
  - 💰 Finance



This map does not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Produced by SIMS (2020).