



**Together ending the pandemic and  
beginning transformational recovery**

COVID-19 emergency appeal investment  
case: **the AMERICAS**





Indigenous woman of hard-to-reach area in the Peruvian Amazonia receives a COVID-19 vaccine. Photo: CICR

## The fundamental principles of the International Red Cross and Red Crescent Movement

### Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

### Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

### Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

### Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

### Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

### Unity

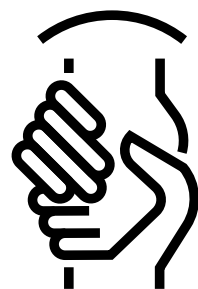
There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

### Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



# Opportunity



We have reached  
**1 in 10**  
**people**  
worldwide  
with support  
during the  
pandemic

The COVID-19 pandemic has caused unparalleled suffering. The virus has claimed the lives of millions of people around the world and brought health systems to their knees. Beyond that, the pandemic has damaged the fabric of our society. These devastating tolls continue to mount, but meanwhile a concurrent crisis has been escalating. **Throughout this pandemic, those facing the greatest vulnerabilities have been the people and groups most neglected by society– those who were already drowning just below the surface.** The destructive consequences of this pandemic will be felt for years, if not decades, to come. They have revealed how existing and new crises collide, compounding vulnerabilities. On top of this, profits are still trumping humanity when it comes to the equitable distribution of COVID-19 vaccines. As a result, our society is on course for a wildly unequal recovery.

The International Federation of Red Cross and Red Crescent Societies' (IFRC) COVID-19 Emergency Appeal response maintains three Operational Priorities: a) Sustaining health and WASH; b) Addressing socio-economic impact and c) Strengthening National Societies. These priorities are

complementary and respond to interconnected needs.

**Together, we have the opportunity to contribute to a response that will ensure that no one is left behind.**

With our volunteers, community members and local partners we have looked into the areas where we fell short and have identified the gaps that need to be filled. Ending the pandemic requires a commitment from each of us, no matter where we are or who we are: we all play a part. Recovering from this pandemic cannot be about returning to the way we were. Instead, we must grow and be stronger. The IFRC's network of National Societies' staff and volunteers has been on the frontline of this pandemic since the outset. We will continue to be there, playing our part, every step of the way. We have reached one in ten people worldwide with support during the pandemic, yet this is not enough. The needs come from all fronts and your investment and partnership can make a profound difference. Please help us help the most vulnerable communities prepare for, respond to and recover from the COVID-19 pandemic. Join us and **Together let's end the pandemic and begin a transformational recovery!**

During the first 20 months IFRC has achieved the following global results:



**886 million**

people were reached through Risk Communication and Community Engagement for health and hygiene promotion activities



At least

**308 million**

people were reached with National Society support for COVID-19 vaccination



**139 million**

people were covered through pandemic proof Disaster Risk Reduction programming



**84.1 million**

people were provided with food and other forms of in-kind assistance



**12.3 million**

people were reached with mental health and psychosocial support



**6.2 million**

people were reached by programmes addressing exclusion



**5.6 million**

people were reached through cash and voucher assistance

# Challenge

Poverty will reach **33.7%** of people in Latin America and the Caribbean, and extreme poverty will reach 12.5%



COVID has set the region back between **12 and 16 years** in the fight against poverty



**118 women** in poverty for every 100 men

Countries in the Americas Region continue to deal with the direct and indirect impacts of COVID-19 to the most vulnerable populations in areas such as migration, displacement and livelihoods since the beginning of the pandemic.

In the region, countries are in various stages of response in terms of immunization rates and health policies. According to the Pan American Health Organization (PAHO), as of September 2021, three-fourths of people in the region had not been vaccinated against COVID-19. Although some countries, like Chile, are already promoting the application of booster doses, in some others, like Haiti and Venezuela, fragile health systems and political challenges have further delayed immunizations.

There is increased fatigue of the population regarding COVID-19 prevention measures, leading to a "relaxation" of preventative measures. Some countries have extended restrictions regarding public gatherings that will extend until later in 2022, while others are restarting, reopening, and promoting the safe return to schools from the beginning of 2022.

The Economic Commission for Latin America and the Caribbean has already identified that the socio-economic crisis caused by COVID has generated an increase in poverty in the region, setting the region

back between 12 and 16 years in the fight against poverty. According to the Commission's data, poverty will reach 33.7 per cent of people in Latin America and the Caribbean, and extreme poverty will reach 12.5 per cent, percentages like those of 2008 and 2000, respectively. These impacts also have gender differences. Since the figure is even more significant for women, it is estimated that 118 million women and girls will be in poverty due to the pandemic. According to these figures, by 2021, there will be 118 women in poverty for every 100 men. Added to this is the increase in the prevalence of moderate or severe food insecurity, which in 2019 in Latin America reached 32.4 per cent in women and 25.7 per cent in men. The crisis has also led to an economic contraction of 6.8 per cent during 2020 and generated rising unemployment, poverty and inequality, widening structural gaps. Growth is expected to be sluggish in the coming years, complicating efforts to reverse these increases.

The IFRC is unified in its efforts against COVID-19. It is seeking, on behalf of its network of 192 National Societies and the IFRC Secretariat, CHF 2.8 billion for our global work across three operational priorities: Sustaining health and WASH; Addressing socio-economic impacts; and Strengthening National Societies. Out of this total, this Emergency Appeal specifically seeks CHF 670 million for multi-lateral assistance



Tens of thousands of Red Cross volunteers have been supporting communities across Latin America and the Caribbean to deal with the impacts of COVID-19. Photo: Ecuadorian Red Cross



**CHF 68 million** is the funding gap needed across the 35 countries in the region

provided through the IFRC Secretariat to our National Societies and for our Secretariat services and functions. To date 57 per cent of this amount (CHF 385 million) has been raised (this amount does not include Soft Pledges. Data as of 03 January 2022). Many of the planned actions and emerging priorities including addressing socio-economic impact, immunization roll-out, supporting mental health and psychosocial support, and National Society financial sustainability to name a few, are left with limited resources hindering the ability to provide the support required. The total Secretariat funding requirement for the Americas is CHF 114 million, from which CHF 46M (40 per cent) has been covered since the start of the operation, leaving a funding gap needed across the 35 countries in the region of **CHF 68 million**.

The Revised Appeal extends the time-frame until December 2022 to continue supporting National Societies' work across the globe as auxiliaries to their governments to tackle the short-, medium- and long-term impacts of the pandemic. Noting that COVID-19 response and recovery will

occur at different speeds across regions and countries, we need to sustain our response across the operational priorities, and transition actions into long-term programming.

The IFRC is grateful for the generous support that it has received from its partners to date, which has enabled it to support National Societies to make a significant impact in the lives of millions of people around the world. **To continue supporting National Societies globally to play their key role in curbing the pandemic, the IFRC calls upon philanthropists, corporations, foundations, governments and multilateral organizations to contribute with sustained and more flexible/un-earmarked contributions to the Federation-wide response**, which will enable our membership to be more agile and adaptive, distributing funding where it is needed the most across emerging priorities and countries. This preferred investment approach is particularly important in the context of the COVID-19 pandemic that is volatile and continuously changing.



# Key results

**In partnership with Ministries of Health, state agencies and other organizations working together to support the response, the National Red Cross Societies in the region have achieved considerable progress. Here are some examples of the work done to demonstrate how vital your investment is to end the pandemic and begin transformational recovery.**

The **HAITIAN Red Cross (HRC)** continues supporting health authorities to address and respond to the effects of the pandemic. The National Society has reached 2,934,986 people through risk communication, prevention awareness and hygiene promotion. The HRC Ambulance Service (SAOM) continues the transport of suspected cases of COVID-19. Two hundred SAOM volunteers were providing prehospital care, patient transport and awareness-raising in response to needs of the population whenever possible. Furthermore, the ambulance service was recently strengthened through the construction of a parking lot and a place to wash, disinfect ambulances and equipment exposed during the transport of COVID-19 patients or suspected cases. 1,708,412 people have benefited from 237 handwashing stations installed by the Haitian Red Cross. The National Society continues



Red Cross ambulance service transports people affected by the colliding crises of the COVID-19 pandemic and the earthquake of 2021. Photo: Canadian Red Cross

disinfection activities totalling 73 sites sprinkled. Medical equipment was also donated to hospitals and communal health units for better case management (mechanical electric respirators, visors, medical masks, gloves, surgical gowns, protection masks, among others).

The **GUATEMALAN Red Cross (GRC)**, has supported beneficiaries with expenses for the purchase of food, medical expenses for post COVID-19 evaluations and expenses for medications authorized by the Ministry of Health to reduce symptoms.

Through risk communication aimed at the general population, 1,386,934 people have been reached through the GRC's social media platform with information on the prevention of COVID-19 and the benefits of the vaccine, as well as information on the black fungus, post COVID and the Delta variant. In addition, information has been provided to local media about the vaccination centres installed nationwide, in places where the general population can gain access.

The GRC has continued to support the National Vaccination Plan since May 2021, setting up vaccination centres, providing human resources, fixed



Volunteers use masks for the interpretation of sign language in the vaccination centres to guarantee access and information of the vaccine for all people. Photo: Guatemalan Red Cross

and mobile facilities, supplies, computer systems and emergency units to vaccination centres in five departments. The National Society continues to provide psychosocial support services to volunteers, distribute key messages and personal protective equipment. Medical monitoring is also carried out to ensure the good health of the first responders.

The **ECUADORIAN RED CROSS**, with the support of the IFRC and funding from USAID (BHA and Global Health) developed a project between October 2020 and July 2021 to implement respiratory triage stations to support health services, which were being overwhelmed by the demand for assistance caused by the COVID-19 pandemic. A total of 22 health teams were deployed in nine provinces of the country, including a doctor, a nurse and a nursing assistant, located in spaces attached to health centres and hospitals and trained to carry out respiratory triage activities, with the aim of alleviating the care burden of the public services of the Ministry of Public Health (MoPH). The Red Cross led a strong coordination strategy, from an evaluation to assess the needs in the different territories, to the typology of services, always with a standardized basis of protocolized action in respiratory triage. Agreements were signed with the local authorities of the MoPH in which the specific flows of patients attending to the needs of each triage station were established. **Triage**



Volunteers from the Ecuadorian Red Cross provide health support including COVID-19 and HIV testing to people in vulnerable situations. Photo: Ecuadorian Red Cross

**stations were made up of a store with medical equipment, furniture and the aforementioned health staff who, during this period, were able to attend more than 80,000 patients with respiratory symptoms**, making an appropriate classification, according to their level of severity and the services they require, allowing the traceability of contacts and contributing in a substantial way to controlling the pandemic.

The **TRINIDAD AND TOBAGO Red Cross** focused on immunization and livelihood activities in its ongoing thrust to reduce the spread of the virus and to return communities to some level of normalcy.

Through its nationwide campaign called "Stronger Together" the risk communication messaging emphasized adherence to protocols for the safety of all. Using a four-pronged approach that included social media campaign ambassadors, community announcements via loudspeakers, public service announcements (PSAs) on various media and information placed in high traffic areas in communities and online, the National Society sought to expand its reach to reduce vaccine hesitancy and to dispel rumours and myths. The ten-week campaign reached 89,000 people via social media, 26 communities representing 7,800 households via community announcements, and approximately 250,000 persons via PSAs.

The livelihoods activities included a CVA programme carried out in partnership with Digicel through an e-transfer mechanism that enabled cash vouchers



A participant washes hands in front of a risk communication poster emphasizing adherence to protocols to prevent COVID-19. Photo: IFRC

to be distributed to 100 vulnerable families via text messages. To address food security, the National Society embarked on another livelihood project that entails the development of a model farm, using seven acres of land secured with support from the private sector. The farm will create employment opportunities as well as provide fresh produce for use in the National Society's kitchen and for distribution to affected families.



- The contact with communities has allowed feedback to diversify and grant community-based/lead interventions that will be put in place through new financing in the next phase of the Appeal. Using as a reference the feedback collected and the perception surveys that have been conducted in various countries, activities will be developed based on the outcome of the survey to be tailored on their needs – aiming at populations in hard-to-reach communities and those who are excluded from communication campaigns and access to vaccines (indigenous communities far from urban centres, migrant communities in irregular conditions, etc.). These communities have developed hesitancy to the vaccine because they are either exposed to highly vulnerable conditions or are distrustful for cultural reasons (traditional medicine, belief that the virus does not spread in their communities, etc.).
- The update of the GO platform, the Red Cross Red Crescent platform to connect information on emergency needs with the right response, and development of information products
- Investing in strengthening the local Red Cross capacities (IT equipment, training and support to volunteers) has been key for an effective COVID-19 response, especially in the areas of:
  - to support decision-making and monitor the progress of the operation has enabled a wider reach of audiences and more efficient teamwork. As an example, the [GO Emergency Page](#) showcases the Health Monitoring Tool to track COVID-19 epidemiological variables, along with Financial, Human Resources, and local Red Cross Response Plans Dashboards that increase transparency and serve as tools for ongoing discussions and decision-making.
  - Financial sustainability support to National Societies in the region is aimed at promoting the improvement and strengthening of business models, income-generating activities and strengthening alliances with public and private partners. The strengthening or improvement of business continuity plans helps in the implementation of actions that strengthen or improve the sustainability of National Societies.
  - Strengthening of the Branches' networks, generation of peer-to-peer support, promotion and strengthening of public-private partnerships.



**Volunteering strengthening for emergency response.**



**Ensuring personal protective equipment (PPE) and biosecurity supplies on time and with quality and quantity has been essential to support COVID-19 response.**



**Connecting local Red Cross and Red Crescent Societies to share and learn from each other.**



**Strengthening capacities of Emergency Operations Centres.**



**Capacity to re-supply the local Red Cross with personal protective equipment and maintain stock to respond to emergencies not related to the COVID-19 response.**

## Investment opportunities

In the Latin American and Caribbean region, the sustainability of our actions is pivotal. We are looking for partners that will help us ensure the continuity of the response in the following key areas:

- Promoting the investment in longer-term strategies and actions on **Mental health and psychosocial support and hygiene promotion** at the community level.
- Continue supporting **immunization efforts** at the national level, including the participation of volunteers, community engagement, sensibilization campaigns, among others and implementing mobile vaccination units to get to people in isolated communities.
- Support the **safe return to school** with a multisectoral approach (hygiene promotion through handwashing stations, reinforcing biosecurity through campaigns, mental health and psychosocial support).
- The prolongation of the crisis and its impact on the most vulnerable groups has generated the priority for most National Societies to strengthen their multipurpose **Cash and Vouchers Assistance (CVA)** programmes and the development of **recovery and livelihood diversification projects** that will allow a sustainable recovery of the communities when our intervention concludes. Priority will be given to women, youth, migrants and informal workers, who are the most affected by the loss of income and jobs, in addition to being the slowest to recover their pre-crisis conditions. Priority countries should be those with the greatest negative effects of the crisis on the most vulnerable groups, therefore **Argentina, Bolivia, Colombia, Ecuador, Guatemala, Haiti, Honduras, El Salvador, and the countries of the English-speaking Caribbean** (heavily affected by the restrictions on tourism) may be prioritized.
- Continue supporting the local National Red Cross development actions and scaling up, mainly regarding **financial sustainability, digital transformation, volunteer and youth mobilization, motivation and engagement, in the areas of Red Cross preparedness and pandemic proofing the response in other operations.**
- **Supporting volunteers affected by the pandemic** (solidarity fund, PPE provision, including them in Cash and Vouchers Assistance programmes as part of the affected communities, visibility for safer access).
- The local National Red Cross have a high acceptance in their communities to provide dependable and valid information discrimination for **Risk Communication and Community Engagement** actions. The local Red Cross have strong capacity to collect perceptions, feedback and monitor rumours which represent data-driven interventions that actually address the barriers to the adoption of healthy behaviours.
- Increase the local Red Cross capacity to help carry out **community-based interventions.**





Medical staff provide medical assistance and transportation for people infected with COVID-19 and in need to be hospitalized. Photo: Panama Red Cross

- **Pressing needs continue affecting the health services in Venezuela**, and there is a need to continue strengthening the response capacities of the Venezuelan Red Cross in a comprehensive manner, for the provision of mental health and psychosocial support services, detection of positive cases through triage stations, handwashing and hygiene promotion sessions, dissemination of key messages and to facilitate the **access to COVID-19 vaccines to the most isolated communities**.
- **Strengthening response capacities for future pandemics** through targeted training, initiatives, and resources for local Red Cross Societies. For example:
  - **Preparedness for Effective Response approach** to diagnose pandemic response capacities.
  - Toolbox development on epidemic training.
  - Training of trainers (TOT) in **Psychological first aid** (COVID-19 and vaccination hesitancy).
  - **Training in financial sustainability and business models**. Red Cross **branch development and implementation of pilot initiatives**. Training in **Business Continuity Plans and contingency planning**.
  - Improving **cash preparedness**.
  - **Strengthening Planning, Monitoring, Evaluation and Reporting systems**.
  - Building platforms for the **exchange of experiences and peer-to-peer learning**.
  - **Strengthening the auxiliary role of local Red Cross Societies for Pandemic and Epidemic preparedness** and their capacities on humanitarian diplomacy.
  - Strengthening capacities for **Strategic Planning and Partnerships development**.
  - **Volunteering Development Framework** implementation in local Red Cross Societies for long-term impact.
  - **Enhancing Infection and Prevention Control (IPC) as a crosscutting action**, for example, linking the actions that the local Red Cross Societies already carry out on COVID-19 and migration.

Here are some examples of investment opportunities that are particularly relevant to this region and that you can support:



Thanks to the support of Red Cross staff members, indigenous communities of the high-Andean regions of Peru receive vaccines administered by the national Ministry of Health. Photo: Peruvian Red Cross, REUTERS, CICR, Sebastián Castañeda



## Test and prevention, trace and treat COVID-19

In a low-income country it costs:

**±CHF 50** to test, vaccinate and trace one person

**±CHF 65** to treat one person

To move COVID-19 from pandemic to endemic we need to limit illness and death and slow transmission. To achieve WHO's goal of reaching 70 per cent of the global population vaccinated in 2022, IFRC is embarking on a three-pronged operational model to support this goal:

- **Testing and prevention:** ubiquitous vaccination, public health measures and communication.
- **Tracing contacts:** to break the chain of transmission with community-based contact and digital tools.
- **Treatment:** to reduce the severity of infections and risk of hospitalization.

IFRC's 14 million Red Cross Red Crescent volunteers in 192 countries globally are working to get shots into arms, to scale up testing, contact tracing and new antiviral treatments in some of the most challenging contexts in the world. During the past 20 months, the IFRC has been building trust and confidence in vaccine safety and efficacy through

scaling up community engagement and accountability, supporting vaccine transport and storage to areas beyond government control and most importantly getting shots into arms through fixed and mobile vaccination units. National Societies work across the globe as auxiliaries to their governments and their health systems and as mutual intermediaries.

The TEST, PREVENT, TRACE AND TREAT model can be executed via **a) rapidly deployable mobile units, b) local branches and/or c) home visits**. The approximate costs for low-income countries\* are as follows:

- **TEST:** CHF2.8 (USD3\*\*) per rapid COVID-19 test.
- **VACCINATE:** CHF18.4 (USD20) average vaccine cost + CHF2.8 (USD3\*\*) per vaccine delivery in humanitarian settings.
- **TRACE:** CHF4.6 (USD5) approx. per person, depending on resources used and geography.
- **TREAT:** CHF64.3 (USD70) cost of one oral treatment course in vulnerable locations.

\*Costs for middle- and high-income countries are available on request.

\*\*WHO and UNITAID price agreed.

\*\*\*Inter-agency standing committee estimate.





## Hygiene promotion

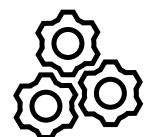
**CHF 20,000**  
needed to support NSs in the region

National Societies have supported and measured positive behavioural change in personal and community hygiene during the pandemic. The need to continue promoting hygiene is essential to reduce the spread of COVID-19. National Societies will benefit from capacity-building to strengthen their ability to continue to provide hygiene promotion to the communities affected by the pandemic.

The Red Cross has been a champion in mobilizing communities on hygiene promotion behaviour change, trust and partnership with community

which is crucial to reach the goals.

- It cost CHF 20,000 to support National Societies in the region, through developing regional materials and virtual trainings on hygiene promotion (4,000 CHF) more focused on IFRC's recognized CEA and WASH behaviour change methodologies, as well as providing some funds to 32 National Societies (500 CHF for each one) so they can continue to implement key hygiene promotion activities for COVID-19, like proper handwashing promotion and building of hand-washing stations.



## Pilot microenterprises

**CHF 1.5 million**  
needed to implement a pilot programme in 10 National Societies for one year technical support and human resource costs

It is important to understand the impact on the informal and self-employed sectors, since in general, in economic crises these types of work are the ones that are strengthened to cope with the loss of formal employment. In the context of mobility restrictions, this sector has not been reactivated. On the contrary, it remains among the most affected. The return to conditions of greater freedom of mobility and fewer restrictions on economic activities will allow this type of work to increase, but in a changed context that will require support to adapt to the new ways of functioning of the economy, as well as to prepare for future crises.

It is necessary to support the sustainable and resilient recovery of the most vulnerable groups by accompanying them in the development of microenterprises in the context of COVID-19, from the formulation of their business plan

to the implementation of measures that strengthen their resilience in the context of crisis. Groups excluded from public assistance systems will be reached.

National Societies in the region have identified the need to implement assistance measures that are sustainable and resilient, enabling the most vulnerable people to meet their basic needs in an autonomous way. For this reason, several National Societies are working on projects to support micro enterprises and seed funding. In addition, in the IFRC Americas Regional Office has developed a self-managed business plan course and the Global Disaster Preparedness Centre together with American Red Cross has developed the App Atlas: "Ready for Business" as a tool to support business resilience.

- A pilot programme of support to micro enterprises in 10 National Societies for one-year, technical support, and human resources costs CHF 1,500,000.



## Community-based mental health and psychosocial support (MHPSS)

**CHF 972,000**  
needed to implement MHPSS community-based interventions focused on vulnerable populations

Sadness, loneliness, uncertainty, hopelessness and fear have invaded all people during the pandemic, especially groups that are exposed to greater vulnerabilities, such as migrants, children and adolescents, the elderly, as well as female heads of household or those exposed to domestic violence, and the first responders in whom the risk of suffering psychological, mental or suicidal risks may increase. The psychosocial impact is yet to be determined but it will take years of support for people to restore their emotional well-being.

Developing MHPSS community-based actions will help to: i) increase the psychosocial well-being of vulnerable groups; ii) reduce the impact that the socio-economic limitations of the pandemic are producing on the well-being and mental health of the population which are reducing quality of life or lead to negative health behaviours; iii) give emotional skills and abilities to young people and their families that will help them to adopt a culture of peace, equality, inclusion, respect and resilience; iv) approach psychosocial needs in an

integrated manner with livelihood and protection, gender and inclusion (PGI) to increase the impact of interventions over time.

IFRC and National Societies around the world (35 in the Americas) have provided effective MHPSS programmes with a community approach, in emergencies and non-emergency contexts for many years. The IFRC Psychosocial Support Centre produces alone or in collaboration with other actors' different tools to implement actions at the community level.

Overall, it costs:

- CHF 236,000 per year to support the National Societies in the region to: i) develop community-based interventions; ii) strengthen MHPSS capacities; iii) enhance data collection, analysis and interpretation of the actions' impact; iv) adopt MHPSS and protection standards.
- CHF 431,000 to support at least 10 National Societies to implement the "Back to the School During COVID 19 project".
- CHF 972,000 to support 20 National Societies to implement MHPSS community-based interventions focused on vulnerable populations.





## Equitable access to the COVID-19 vaccine

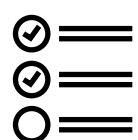
**CHF 15 million** needed to guarantee the vaccination of hard-to-reach populations in eight countries in the Americas

There is a need to ensure equitable access to the COVID-19 vaccine and, generally, to routine immunization, reaching indigenous communities, migrants and the communities affected by conflict, violence and natural or man-made disasters that might otherwise be forced to the back of the line or forgotten altogether.

National Red Cross Societies, with their wide network of volunteers and branches and trained Red Cross volunteers, who are trusted members

of the communities they serve, work in some of the most challenging and fragile operating environments to reach the last mile first. As auxiliaries to public authorities, National Societies should have a clear role in national plans for vaccinations. This is also an opportunity to solidify their auxiliary role in public health more broadly and to strengthen cooperation with authorities in preventing or responding to future public health threats.

- It cost around CHF 15 million to guarantee the vaccination of hard-to-reach populations in eight countries in the American.



## Community insights and perceptions

**CHF 10,000–20,000** needed to implement one COVID-19 perception survey in a country

Greater knowledge and awareness of socio-behavioural trends and community insights at localized levels support the development of impactful COVID-19 community engagement and accountability approaches to support preventative measures and vaccine uptake. Enhancing the collection and use of social data, including community feedback data ensures better understanding of community perspectives, identifying information gaps, catching and responding to detrimental mis- and disinformation, ensuring a community-led response and informing timely action.

The IFRC and National Societies have a long-established commitment to

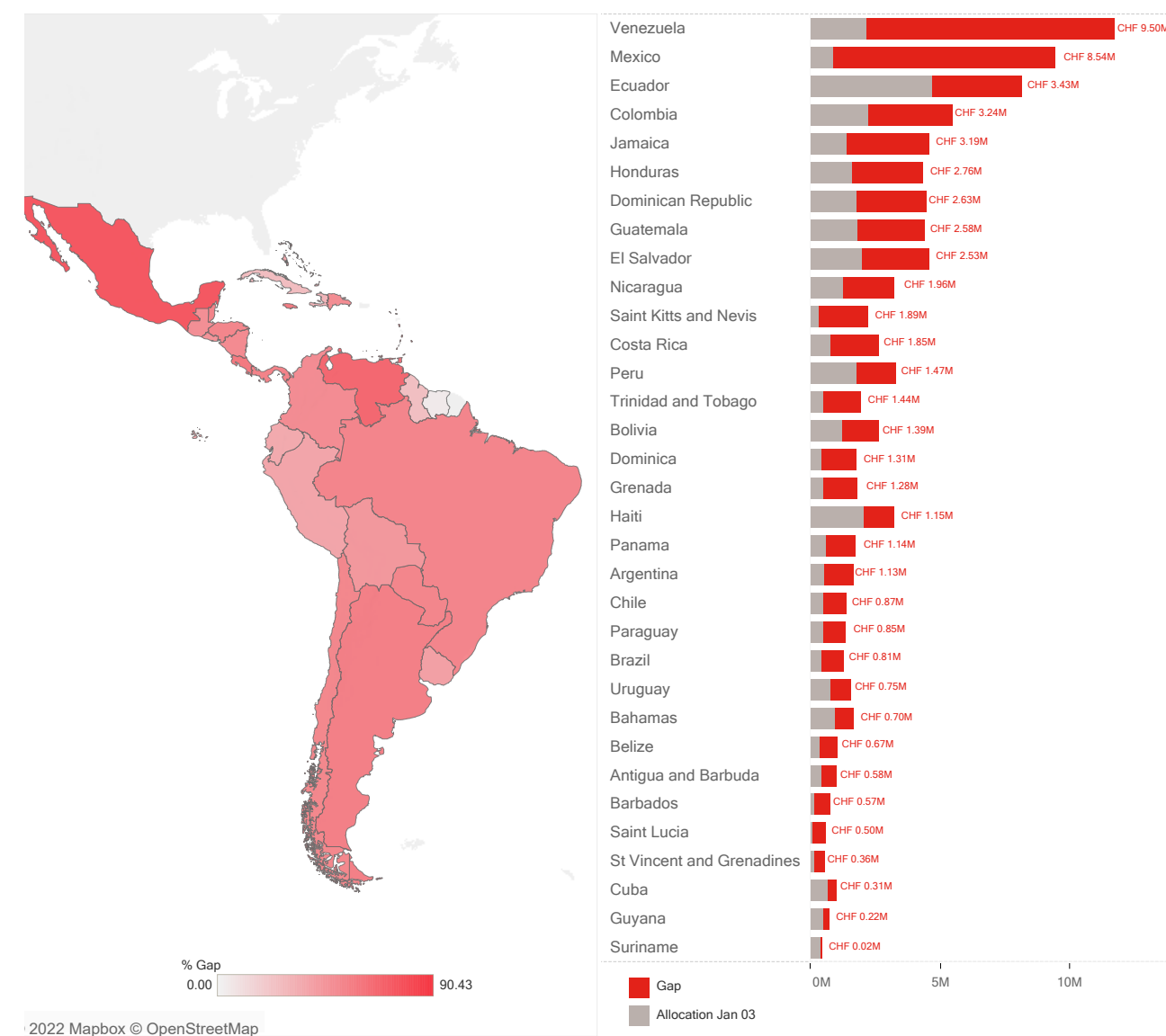
community feedback mechanisms, rooted in experience during the Ebola epidemics of West and Central Africa. This mechanism has already been successfully adapted for Zika and COVID-19 and proved that it could scale up. Thanks to its unique access to community insights, IFRC is pioneering a Trust Index to measure trust of humanitarian services and providers. It costs:

- CHF 10–20,000 for the Red Cross to implement one COVID-19 perception survey in a country, dependent on methodology and scale.
- CHF 65,000 for the Red Cross Red Crescent to roll out and sustain a community feedback mechanism in a country for one year.

# Funding needs in the Americas by country

**CHF 114 million**  
Revised funding requirements

**CHF 68 million**  
Funding gap



This map reflects the countries within the Americas that require funds for the COVID-19 Emergency appeal. USA and Canada are not featured because they are not part of the appeal, yet they belong geographically to this region.

\* This map does not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. This map does not include funding requirements or gap in Allocations for Country Cluster Delegation, Regional Offices or Global Coordination  
Data as at: 03 January 2022



# Why partner with IFRC?

**158**  
**years**  
of  
humanitarian  
action

**192**  
**member**  
National Red  
Cross and Red  
Crescent Societies

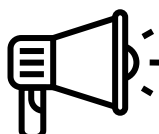
**14**  
**million**  
volunteers

**Over**  
**160,000**  
local  
branches



## World's largest humanitarian network

The International Red Cross and Red Crescent Movement has 158 years of humanitarian action, preventing and alleviating human suffering worldwide. IFRC has 192-member National Red Cross and Red Crescent Societies present in nearly every country in the world; over 160,000 local branches and 14 million volunteers, that are members of the very communities they serve. The National Red Cross and Red Crescent Societies are a dynamic global network with unsurpassed credentials supporting the needs of the most vulnerable communities around the world. We engage in local action for global good.



## Voice and actors of local communities

IFRC is a proud advocate for local communities. We are the voice of local communities globally and work with governments, international organizations and opinion leaders to persuade them to strengthen communities and support vulnerable people. We work with National Red Cross and Red Crescent Societies to support communities from within to become stronger and more resilient where people can cope with emergencies, crises and hardship now and in the future. This unique nature of the network also brings a return on investment. According to the United Nations Office for Disaster Risk Reduction data, **every USD1 invested in risk reduction and prevention can save up to USD15 in post-disaster recovery.** National Societies are uniquely placed to reduce risk and better prepare communities.



## Leaving no one behind

The mission of IFRC and National Red Cross and Red Crescent Societies everywhere is to save lives, promote dignity and make sure no one is left behind. Our volunteers walk the first and last mile in any emergency. **We are present in communities before, during and after any crisis or disaster.** We work in the most complex and hardest to reach settings in the world, saving lives, promoting dignity and helping communities cope with hardship.



**The International Federation of Red Cross and Red Crescent Societies (IFRC)** is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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