



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

COVID-19 emergency appeal investment
case: **AFRICA**



Red Cross teams across Botswana remain on the frontline of the response to COVID-19 and its socio-economic impacts. They are playing a key role in raising public awareness; community mobilization and ensuring that COVID-19 protection measures are observed. Photo: Botswana Red Cross

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

Africa accounts for

2%

of the global administered vaccines



less than

3%

of the population of sub-Saharan Africa have been fully vaccinated



6 in 7

COVID-19 infections in the region likely go undetected

Despite the impressive advances in administering COVID-19 vaccines across the world with more than seven billion doses, Africa accounts for two per cent of the global administered vaccines. In the context of low vaccination coverage and limited health system capacities of most African countries, it is expected that new waves of COVID-19 infections and resurgence of high morbidity and mortality rates will be observed during the end of 2021 and in 2022. With new waves and low vaccine coverage comes a high probability of more new variants which could compromise the effectiveness of the vaccines even among those with high vaccine coverage.

The emergence of COVID-19 variants has driven new waves of cases and deaths in many countries – with exponential increases reported across Southern Africa, as well as in complex humanitarian settings such as the Democratic Republic of Congo, Ethiopia and Mozambique. This has been exacerbated by a slow start to the COVAX roll-out due to the availability and access to the vaccine; but also, the prevalence of COVID-19 vaccine misinformation, which has led to many people foregoing vaccinations altogether. By the end of 2021, less than three per cent of the population of sub-Saharan Africa has been fully vaccinated. This has created overwhelming pressure on already stretched health care systems across the African continent, and subsequently more demands on National Red Cross and Red Crescent Societies. Since Mid-July 2021, the region has continued to report a large decreasing trend in cases and deaths,

with a few countries reporting increasing trends. However, it is important to note, six out of seven COVID-19 infections in the region likely go undetected due to the reliance on people with symptoms reporting to health facilities for testing and the probable high number of asymptomatic cases.

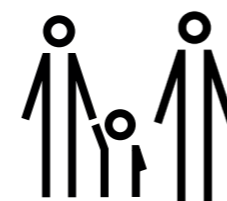
The detrimental impact of COVID-19 on the health systems, on individual access to key preventative health services across all age groups (including antenatal/postnatal care, immunization services, noncommunicable disease (NCD) clinics, etc.), as well as the reorientation of the limited resources towards COVID-19 response, have determined a reduction of the health gains accumulated in the past years, and increased health systems' vulnerabilities to epidemic outbreaks and other health crises. The frequency and impact of outbreaks, including zoonotic diseases – infectious diseases transmitted from animals to humans – beyond COVID-19, such as Avian Influenza, SARS, MERS and Ebola have continued unabated during this past 18 months, adding a further and immense strain on health systems.

COVID-19 has had a harmful impact across the African continent, particularly on people's livelihoods and food security. The pandemic came in addition to multiple and growing shocks, with conflict, insecurity, social unrest, deepening climate crisis and socio-economic instability. The rise in prevalence of food insecurity in Africa in 2020 was equal to the five preceding years combined. Sixty-six per cent of the sub-Saha-



724 million

people face moderate to severe food insecurity



490 million

people in Africa live under the poverty line



CHF 73 million is the funding gap needed across the 49 countries in the region

ran population (or 724 million people) face moderate to severe food insecurity. This is double the percentage as compared to 2014.

Africa stands out as the most-affected region in the world in terms of loss of income of poor households: the 2021 poverty headcount rate (at USD1.90 purchasing power parity (PPP)/day) is estimated to have increased by three percentage points because of the pandemic (compared to pre-COVID-19 estimates of poverty levels in 2021). While in 2019, 478 million people lived in extreme poverty, it is estimated that in 2021, 490 million people in Africa live under the poverty line of USD 1.90 PPP/day, and this is 37 million people more than the projection without the pandemic. – Source United Nations Conference on Trade and Development (UNCTAD)

The International Federation of Red Cross and Red Crescent Societies (IFRC) is unified in its efforts against COVID-19. The IFRC is seeking, on behalf of its network of 192 National Societies and the IFRC Secretariat, CHF 2.8 billion for our global work across three operational priorities: 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 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 sustain-

ability to name a few, are left with limited resources hindering the ability to provide the support required. The total Secretariat funding requirement for the African Region is CHF 146 million, from which 50 per cent was covered in 2021, leaving a funding gap needed across the 49 countries in the region of **CHF 73 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/unearmarked 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 good progress. Here are some examples of the work done to demonstrate how vital your investment is to end the pandemic and begin transformational recovery.



Botswana Red Cross teams taking part in “16 Days of Activism against Gender-Based Violence” in Kachikau and Moshupa. Photo: Botswana Red Cross

The **BOTSWANA Red Cross Society** continues to support the Ministry of Health’s COVID-19 response in five districts and has covered 45 facilities, including clinics, hospitals’ District health management teams and vaccination sites. Around 120 community-based volunteers are supporting different activities in these districts. **The National Society in collaboration with the United Nations Development Programme (UNDP) implemented a project on gender-based violence (GBV)** aimed at training and engaging community leaders and influencers on GBV issues and response. The training was also extended to influential members of the communities as they

play a critical role in community development and linkages to various community subsets and social services and have been instrumental during the COVID-19 response. **This initiative mobilized 600 community leaders from 53 communities.** About 1,200 GBV booklets and linkages flyers were printed and distributed to all participants and other stakeholders. Key messaging was also disseminated through billboards, radio and newspaper articles. Some of the other successes include Incorporating psychosocial support into the COVID-19 care. This relieves the stress, anxiety and frustrations of both caregivers and dependents.



One of the handwashing stations installed by the DRCRC in schools to keep students and children safe from COVID-19. Photo: DRCRC

THE DEMOCRATIC REPUBLIC OF THE CONGO Red Cross Society (DRCRC) COVID-19 response has been funded by ECHO and implemented by the DRCRC in a consortium with the Swedish Red Cross, the Spanish Red Cross and the IFRC. **More than one million people were sensitized on COVID-19 risks through the Risk Communication and Community Engagement, Water, sanitation and hygiene (WASH) and Infection Prevention and Control (IPC) activities.** Some of the achievements have been the construction of handwashing systems and donation of hygiene kits to 90 organizations (schools, churches, health units and centres for the disabled). This has effectively addressed the needs

of the beneficiaries in terms of prevention against COVID-19 according to several statements.

The school group “Kobota Elengi” located in the health zone of Lingwala was one of the beneficiaries of this project. A handwashing station was installed there to the great satisfaction of the school community. Mandibi Mamboyi, a student from the third year of science in this picture said: *“We thank the Red Cross for having thought of us by installing this handwashing device which will allow us to protect ourselves against the Coronavirus. I ask the whole school community to use it to reduce contamination so that we can finish this school year. Many thanks to the Red Cross”.*

The **GAMBIA Red Cross National Society** supports the government in the development and execution of its COVID-19 National Emergency Plan. The Gambia Red Cross Society’s Secretary General is leading the whole national coordination architecture as he was appointed by the government as the National Humanitarian Coordinator for the response. **The National Society was able to implement a Risk Communication and Community Engagement plan** (radio programmes, door-to-door sensitization and community outreach or caravan) **and managed to reach 1,023,000 people throughout the country;** as part of this plan, COVID-19 prevention materials such as



Awareness-raising sessions on prevention against COVID-19. Photo: Gambia Red Cross Society

handwashing facilities, detergents and face masks, hand sanitizer, hygiene kits, etc. were distributed. 1,621,256 were reached through community WASH activities. These were among some of the multiple community interventions offered.



Road Walk on COVID-19 vaccine mass awareness campaign in Akwa-Ibom. Photo: Nigerian Red Cross

The **NIGERIA Red Cross Society (NRCS)** has been **reaching out to 11,702,863 people with COVID-19 key messages, development of booklets, brochures, and flyers on prevention of sexual exploitation and abuse (PSEA) and GBV.** A sensitization and mass awareness campaign was also carried out in hard-to-reach communities through several media including megaphones, SMS, WhatsApp, FaceBook, radio and television which the National Society has learned to use extensively to ensure all segments of the population are reached with key messages. NRCS

was also able to reach 5,382 vulnerable households with cash voucher assistance (CVA) across 16 states of Nigeria. The National Society adopted innovative means that have been effective to overcome the challenges posed by COVID-19 when delivering programmes. For example, WhatsApp groups were created for proper coordination and information dissemination. The use of virtual trainings reduced physical contact between participants during trainings. This led to reducing the cost of running workshops and exposure of participants to the risk of contracting COVID-19.

In addition, the IFRC COVID-19 response has contributed to:

-  **Promoting multi-sectoral integration, and replication of COVID-19 services in other contexts, operations and programmes.**
-  **Capacity-building in Business Continuity, Risk Management, Digitalization and Data Efficiency and Volunteer Management.**
-  **Establishing systematic ways to listen to and act on the feedback of volunteers and communities being served to build and maintain trust.**
-  **Collaboration/cooperation strengthening – including partners and non-partners of National Red Cross and Red Crescent Societies- involved in the COVID-19 response.**
-  **Capacity-building of volunteers, to better leverage the role they have in connecting the National Red Cross and Red Crescent Society as an auxiliary to the authorities with communities we serve.**
-  **Advancing the Sustainable Development Goals (SDGs) 2030 – “Leave no one behind”.**
-  **Harnessing COVID-19 response for stimulating the resilience of health systems.**

Investment opportunities

In the African region, the sustainability of our actions is critical. We are looking for partners that will help us ensure the continuity of the response in the following key areas:



1. Immunization, health systems' response, recovery and resilience

- **Immunization uptake** (with particular focus on hard to reach/people with accessibility issues).
- **Scale up of community health workforce:** The impact of the COVID-19 pandemic on the health system in Africa has shown that many African countries are faced with a limited number and capacity of health workers together with an absence of coordinated and sustainable community health systems. To fill this gap, the IFRC and Africa Centres for Disease Control and Prevention are collaborating to scale-up the community health workforce across the African continent to five million over the next five years with an initial mid-way target of two million community health workers.
- Integrating COVID-19 services, specifically immunization, within the health system. This will be achieved by **facilitating the inclusion of COVID-19 vaccination among the vaccines provided by National Society immunization teams**, especially those dedicated to the most marginalized populations.
- **Strengthening services dedicated to the most at-risk individuals**, including NCD clinics and older people health services at primary health care level, to identify and strengthen referral to COVID-19 vaccination, monitor risk factors for higher COVID-19 morbidity and mortality and provide appropriate preventative advice for both COVID-19 and comorbidities. In addition, involve volunteers in primary health care services to facilitate access to patients, reduce and address ageism and stigmatization of most vulnerable individuals and task shift at primary health care level.
- **Strengthening Home-Based Care services** by National Red Cross and Red Crescent Societies volunteers and community health services, improving health and nutrition promotion, referral to preventative services and community-based cascade of messages and social behavioural change, through the engagement of community health volunteers with existing and scaled up community structures and groups.
- **Increasing the availability of COVID-19 testing at community level**, facilitating, when possible, access to rapid testing and strengthening support for individuals in quarantine at community level.
- **Facilitating the training and utilization by National Red Cross and Red Crescent Societies' staff and volunteers of ICT technology for epidemic surveillance**, for collection of data on COVID-19 testing and for referral follow-up at community level of individuals accessing health services.
- **Capacity to respond to up-surge (crisis modifier) of COVID-19 cases** following the outbreaks of new variants.



2. Risk Communication and Community Engagement (RCCE)

- The COVID-19 Risk Communication and Community Engagement Strategy for Africa outlines 3 core priorities: 1.) **Strengthen the quality of community engagement** approaches to ensure the COVID-19 response is community-led; 2.) **Collect, analyse and act on community feedback data** to inform decision-making; 3.) **Build capacity to drive a localized response.**
- Updating and revision of guidance notes, training materials and key resources; piloting innovative approaches** to RCCE (i.e., two-way SMS messaging, chatbots, use of AI for predictive coding of feedback data, etc.); development of case

studies to show case best practice in RCCE; critical staff funding gaps in the Sahel; inter-agency collective work on RCCE at regional and country level.

- Priority countries under this area are Benin, Democratic Republic of the Congo, Ethiopia, Ghana, Indian Ocean Islands (Cluster), Madagascar, Nigeria, Republic of the Congo, Tanzania, Togo and Uganda.

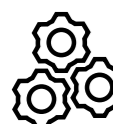


3. Socio-economic Support:

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

at the right time and incentivize investments in their preferred livelihoods activities.

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



4. Business continuity:

- To ensure continuity of operations in the context of emerging risks and hazards, need to conduct **initial business impact analysis that would result in development of holistic and tailored business continuity plans** that go beyond COVID-19. Tailored solutions will be implemented according to the needs of the National Societies and align with the COVID-19 pandemic rule in the countries.
- Embed the business continuity culture in the National Societies and IFRC offices through process and **inte-**

gration of business continuity into the planning and operations.

- Target priority countries under this area are, DR Congo, Eswatini, Lesotho, Madagascar, Nigeria and Zambia; however, others will be determined based on ongoing risk assessments.



5. Risk Management:

- Implementation of a risk management strategy** both at regional office and country cluster delegation level to guide in pro-active assessment, monitoring, reporting of key risks and implementation of preventative mitigations including capacity-building on risk management.
- Tailored preventative mitigations towards areas of improvement identified in the National Society that are both sustainable and scalable to other operations to help address critical risks and **enhance both operational and delivery capacities.**
- Support to National Society, prioritizing “high-risk” National Society in **developing and operationalizing holistic risk management strategies** to apply in the COVID-19 operation as it transitions into long-term programming and other programmes into the future.
- Continued support in the prioritization and imple-

mentation of learnings and additional preventative mitigations identified towards addressing cross-cutting risk factors around National Society operational, delivery and reporting capacities **to enhance sustainable risk mitigation into the future.**

Target priority countries in this area are: Angola, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Liberia, Mali, Senegal, and Togo.



6. Volunteer Management:

- More volunteer recruitment and upskilling. An **investment in Volunteer Data Management systems as**

a digital solution for enhanced Duty of Care to volunteers will keep volunteers supported, and motivated to their task of contributing to local actions with global impact.

- Target priority countries in this area are: Democratic Republic of the Congo, Guinea Conakry, Nigeria, Sierra Leone and South Sudan.



In Bochabelo, South Africa, the Bloemfontein branch and the Department of Health in the Free State set up a screening and testing mobile lab, where volunteers help with temperature reading, medical history and if the patient has been in close contact with COVID-19. Photo: Botswana Red Cross

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



Red Cross volunteers at a call centre in South Africa, assisting with screening, contact tracing, and psychosocial support related to COVID-19. Photo: IFRC



In a low-income country it costs:

±CHF 50 to test, vaccinate and trace one person

±CHF 65 to treat one person

Test and prevention, trace and treat COVID-19

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:** CHF6.3 (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.



Human talent development for pandemic preparedness

CHF 200,000 needed to review, update, develop and translate key epidemic preparedness and response training packages

Continuous human talent development is needed to be better prepared to respond to current and future epidemics and pandemics.

Developing training resources and training National Society first responders and community volunteers in epidemic and pandemic preparedness and response will contribute to preventing, preparing for and responding to public health emergencies.

Epidemics and pandemics begin and end in communities. Communities are the first to notice when an unusual health event occurs, and the last to stop feeling its impacts. That is why

our work is grounded in local action: equipping communities and local first responders with the skills to recognize, prevent and respond to public health threats.

- IFRC Africa office requires a budget of CHF 200,000 to review, update, develop and translate key epidemic preparedness and response training packages.
- Another allocation of CHF 200,000 allows for the delivery of training courses at the regional level to develop a pool of regional trainers able to support across Africa.
- To support country level roll-out in 10 target National Societies in Africa an additional CHF 1,000,000 is needed (100,000 per National Society).



Reaching zero dose children

CHF 200,000 needed to develop immunization programming framework

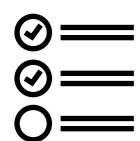
The Africa Region has significant immunization gaps. Improving campaign efficiency by supporting community mobilization and awareness raising is critical. The number of zero dose children in an area is synonymous with underservice.

The IFRC network integrated and community-based programming is filling these gaps to reach zero dose children.

The contributions of the IFRC network to the immunization agenda are recognized and National Societies are positioned as key and relevant partners in immunization and integrated Care in

Community (community health) programmes. Our presence at grassroots level makes us the most relevant organization to reach those remote and underserved communities that have many zero dose children. It costs:

- CHF 200,000 to develop an immunization programming framework.
- Up to CHF 100,000 for training and deployment of immunization staff and volunteers.
- Up to CHF 20,000 for monitoring, visibility and communication products.
- CHF 80,000 to support immunization logistics. Such an amount will allow us to cover up to 50,000 children per country/year.



Community engagement insights and perceptions

CHF 500,000 needed to roll out a package of community engagement interventions in one country for one year

Disease outbreaks are all about people: behaviours are both their fuel and solution. Evidence has demonstrated that trust is an important driver of public perceptions of risks and adherence to preventative behaviours. Fostering community trust, social cohesion and civil responsibility through the active engagement of and joint decision-making with communities is a necessary condition to successfully getting out of a crisis and building resilience for the next one. Accelerating community-led responses through the roll-out of a package of proven community engagement interventions, which are inclusive and locally tailored, will help to build and maintain trust and enhance health outcomes. An essential component of a successful RCCE strategy is building greater knowledge and awareness of socio-behavioural trends and community insights at localized levels. This supports the development of impactful COVID-19 community engagement and risk communication approaches to support which promote the adoption of preventative measures and vaccine uptake. Enhancing the collection and use of social data ensures better understanding of community perspectives, identifying information gaps, catching and responding to detrimental myths or rumours, and informing timely action which in turn improves decisions about policy and programming responses

The IFRC and African 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 COVID-19 and proved that it could scale up to more than 40 countries in Africa. Thanks to its unique access to community insights, IFRC is pioneering a Trust Index to measure trust of humanitarian services and providers. It costs the IFRC network:

- CHF 10–20,000 to implement one COVID-19 perception survey in a country.
- CHF 150,000 to roll out a package of community engagement interventions in one country for one year.
- CHF 200,000 a year to regularly assess and document learning on what works in vulnerable communities and tailored interventions, including developing white papers with considerations for future preparedness planning and implementation of regional and sub-regional training.
- CHF 300,000 per region to adapt tools and interventions to specific regional and national needs and roll out the necessary trainings to improve the quality and consistency of proven community engagement interventions.
- CHF 300,000/year to establish and maintain a Trust Index globally.
- CHF 65,000 to roll out and sustain a community feedback mechanism in a country for one year.
- CHF 500,000 to sustain the Collective Service¹ global data portal and visualize socio-behavioural data at national level via a dashboard of

¹ The *Collective Service* is an interagency, collaborative partnership between the International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the Global Outbreak Alert and Response Network (GOARN). The partnership ensures that expert-driven and localized RCCE support reaches governments and partners involved in national and community responses to COVID-19.

socio-epidemiological and sectoral services data.

- CHF 500,000 at the inter-agency level to provide regular remote support

to the Collective Service to scale up use and contextualize tools and processes for data collection, analysis, interpretation and use.



Cash transfers

CHF 1 needed to distribute one cash voucher in Africa

According to the World Bank, up to four billion people lacked social protection before the COVID-19 pandemic. Still, billions of people are continuously impacted by the multifaceted economic and social consequences of the COVID-19 pandemic.

Unrestricted cash transfers provided to vulnerable populations most affected by crisis support meet the basic needs of households experiencing food insecurity or whose livelihoods have been affected by COVID-19.

In 2020, the IFRC network and ICRC including National Societies, the IFRC

and ICRC implemented Cash and Voucher Assistance (CVA) in 116 countries globally and reached more than 10 million people with CHF 867 million.

- It costs CHF1 for the Red Cross and Red Crescent to distribute one cash voucher in Africa. Monthly voucher amounts are calculated according to the countries' monthly minimum expenditure basket per month, which can vary from CHF30 to CHF100 for a family of five to seven.
- A National Society budget for structured cash preparedness (including staff and training costs) is about CHF 25,000 per year for two to three years.



CHF 5,000–10,000 needed for one structure to become disability friendly

Supporting people with disabilities

Despite access to COVID-19 vaccines, people with disabilities are still not being vaccinated at high rates. This lack of equity is compounded by social factors such as discrimination and lack of information.

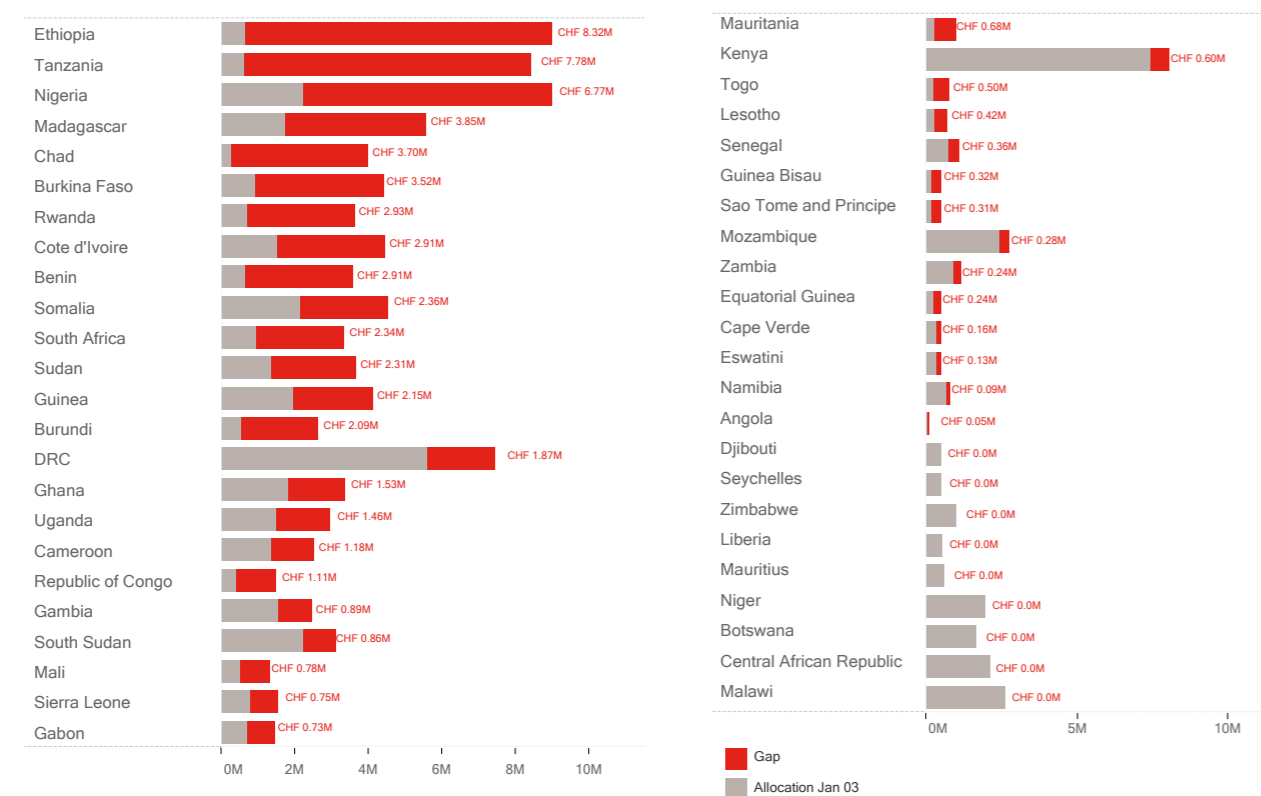
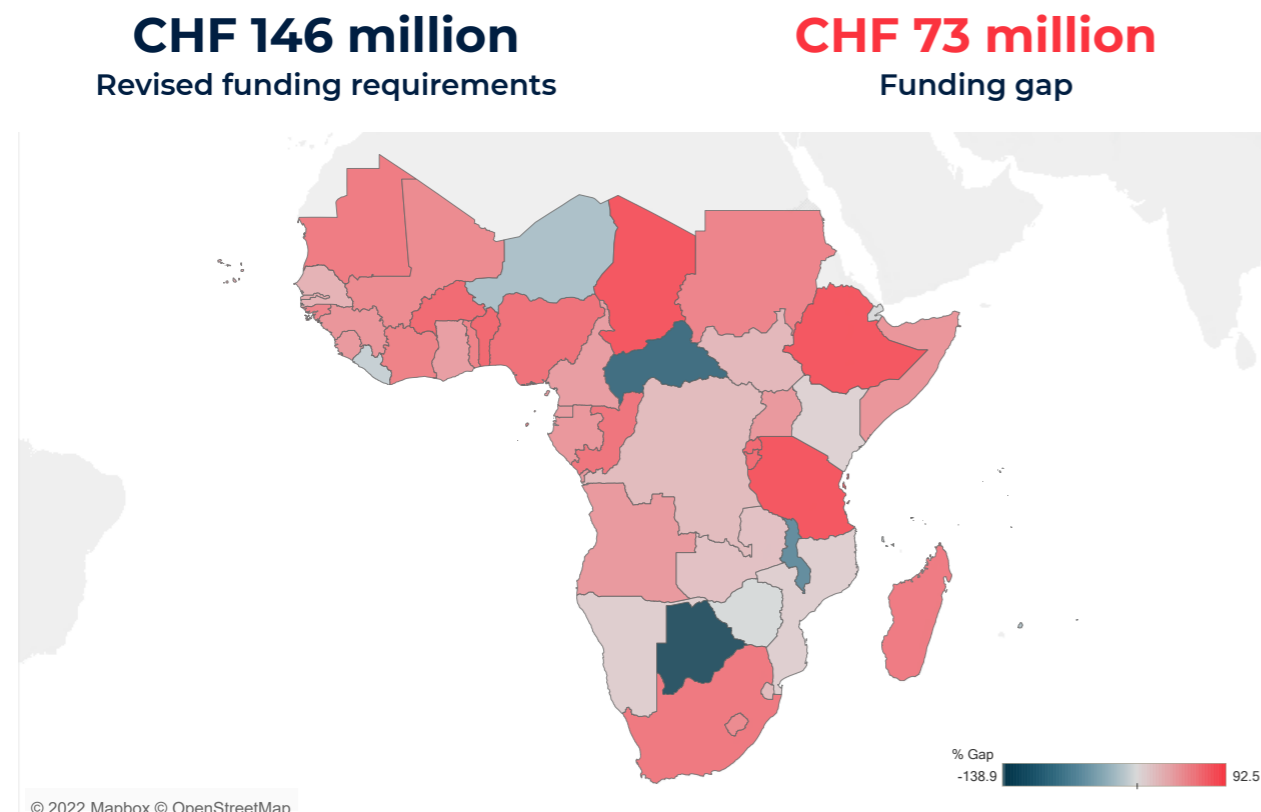
Building National Society sensitization to the needs of people with disabilities, to communicate respectfully, facilitate access to physical spaces and information will help to overcome some of these challenges.

The IFRC Minimum Standard on Protection, Gender and Inclusion provides guidance on how to engage

people with disabilities. Together with the wide reach of National Society volunteers, basic issues of access can easily be addressed.

- To re-purpose one existing structure to ensure that it is disability friendly (such as making one vaccination centre accessible for people with disabilities) costs between CHF 5,000–10,000 (i.e. building ramps, widening doorways, providing transportation, ensuring access to mobility aids, etc.)
- Preparing communication materials in accessible formats such as in braille, closed captioned videos, easy to read material and other illustrative means, costs CHF 1,500 on average.

Funding needs in Africa by country



* 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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