



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

COVID-19 emergency appeal
GLOBAL investment cases



A portrait of a Myanmar woman waiting for her turn to receive Pfizer COVID-19 vaccine jab from the Malaysia Red Crescent Society (MRCS) at Dewan Serbaguna Kampung Raja in Cameron Highlands, state of Pahang. Photo: Malaysian Red Crescent

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.

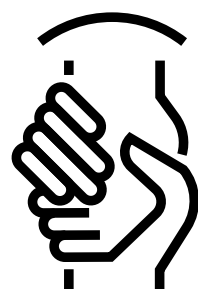
Unity

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



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

AFRICA

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.

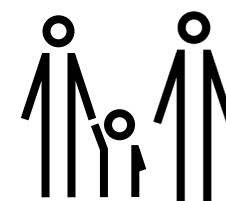
The detrimental impact of COVID-19 on the health systems, on individual access to key preventative health services across all age groups (including antenatal/postnatal care, immunization services, noncommunicable disease (NCD) clinics, etc.), as well as the reorientation of the limited resources towards 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-



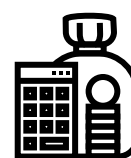
724 million

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)

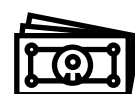
- The COVID-19 Risk Communication and Community Engagement Strategy for Africa outlines 3 core priorities: 1.) **Strengthen the quality of community engagement** approaches to ensure the COVID-19 response is community-led; 2.) **Collect, ana-**

lyse 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:

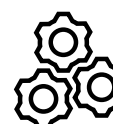
- Cash or Voucher Assistance (CVA) or **safety nets for the most vulnerable** (families that lost breadwinner, most livelihoods, etc.) should be

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 conti-**

nunity 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



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.



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

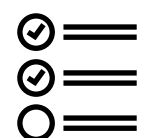
The Africa Region has significant immunization gaps. Improving campaign efficiency by supporting community mobilization and awareness-raising is critical. The number of zero dose children in an area is synonymous with underservice.

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

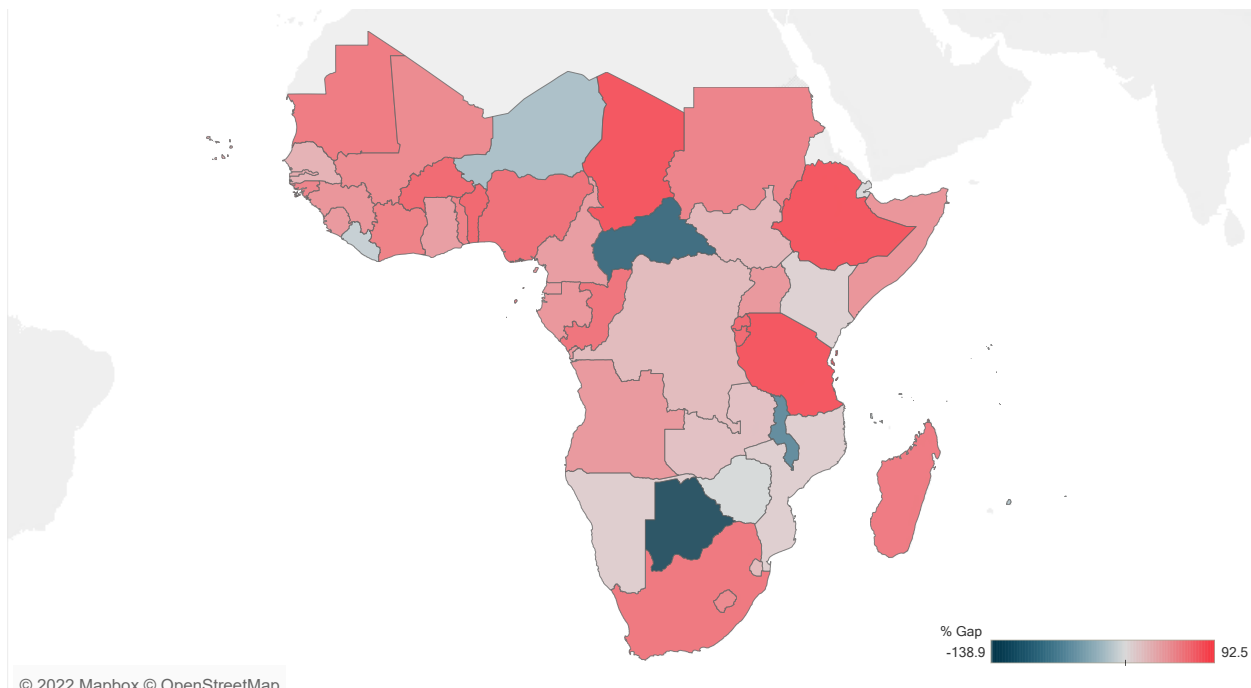
people with disabilities. Together with the wide reach of National Society volunteers, basic issues of access can easily be addressed.

- 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.

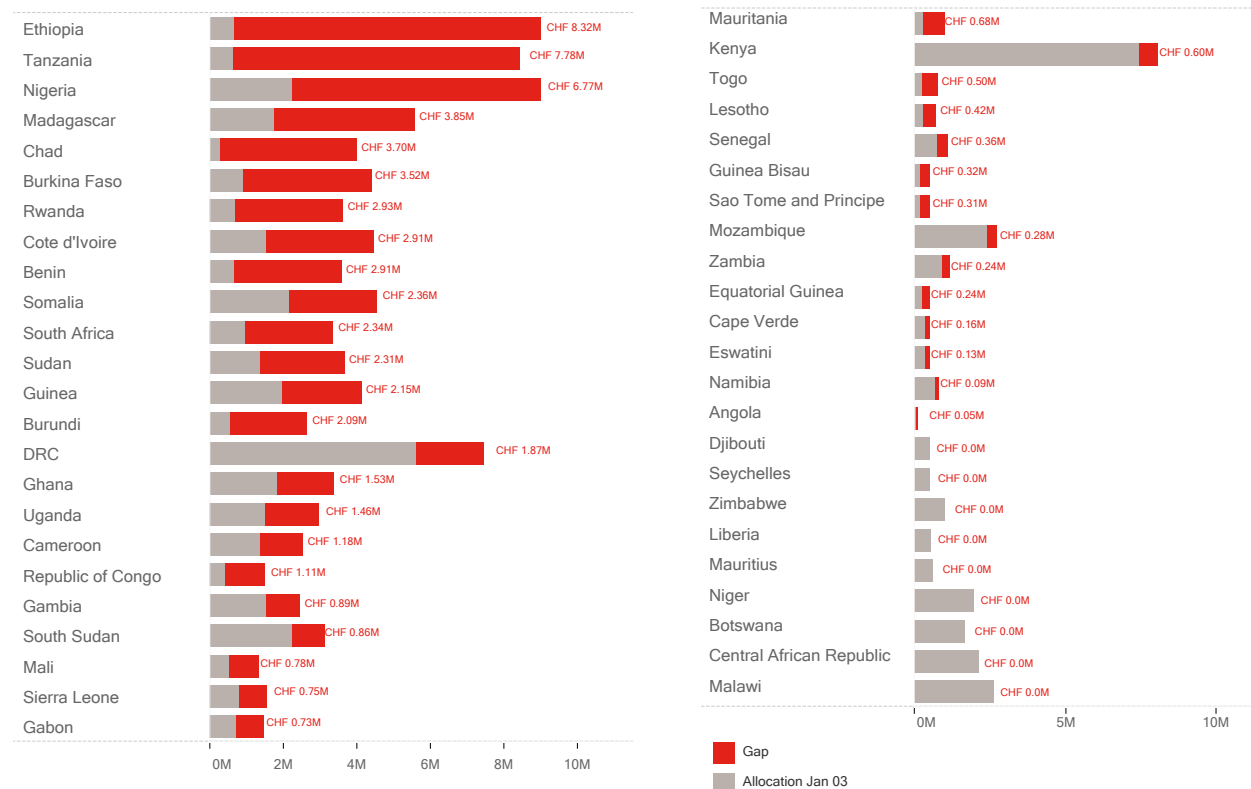
Funding needs in Africa by country

CHF 146 million
Revised funding requirements

CHF 73 million
Funding gap



© 2022 Mapbox © OpenStreetMap



* 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



Amram Ismail, a 24-year-old pregnant mother of five, washes her hands as part of the COVID-19 protocols, prior to receiving antenatal care at the Allaybaday Clinic, Somaliland. Photo: SWITCH TV/IFRC



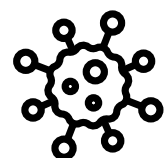
Indigenous woman of hard-to-reach area in the Peruvian Amazonia receives a COVID-19 vaccine. Photo: CICR

THE AMERICAS



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

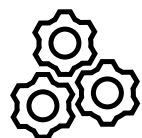
CHF 20,000
needed to support NSs in the region

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.

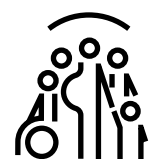
Developing MHPSS community-based actions will help to: i) increase the psychosocial well-being of vulnerable groups; ii) reduce the impact that the socio-economic limitations of the pandemic are producing on the well-being and mental health of the population which are reducing quality of life or lead 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

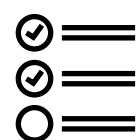
CHF 15 million needed to guarantee the vaccination of hard-to-reach populations in eight countries in the Americas

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

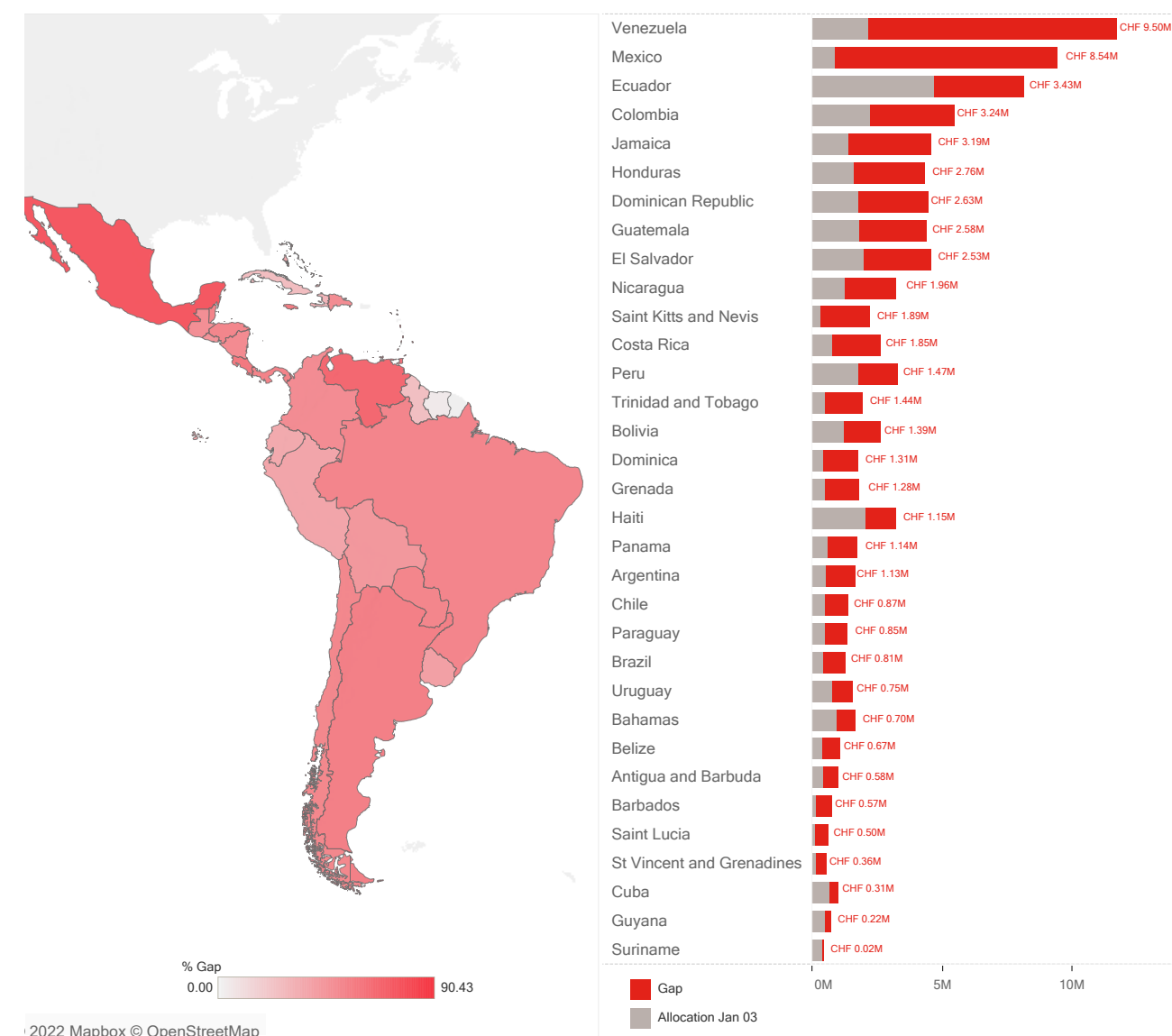
community feedback mechanisms, rooted in experience during the Ebola epidemics of West and Central Africa. This mechanism has already been successfully adapted for Zika and COVID-19 and proved that it could scale up. Thanks to its unique access to community insights, IFRC is pioneering a Trust Index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



A Red Cross doctor is seen performing a basic check-up on Mrs. Tran Thi Hanh, 90, before vaccinating her at her home in Thao Dien Ward, Thu Duc city, Vietnam. Due to her old age and poor health, Mrs. Hanh was unable to go to mass vaccination sites so Viet Nam Red Cross Ho Chi Minh's mobile vaccination unit visited her home twice to vaccinate her directly. Photo: IFRC



ASIA PACIFIC

Challenge

Vaccine coverage remains below

10%

for several countries in the region

The new waves of COVID-19 continued to be fuelled by mutating variants throughout the region. As cases in South Asia began to stabilize, countries in South East Asia and the Pacific started to experience an overwhelming surge in cases. COVID-19 vaccination has brought hope to the deepening crisis. Many countries have been rolling out major vaccination campaigns, but vaccine coverage remains below 10 per cent for several countries in the region including Afghanistan, Myanmar and Papua New Guinea. Pandemic fatigue has also posed challenges to infection prevention and control measures.

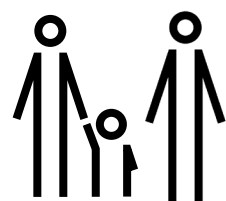
The region has an estimated 400 million people living in extreme poverty (9.3 per cent) below the threshold of USD1.90 a day. At the higher international poverty line of USD3.20 a day, the number of poor rises to 1.2 billion, accounting for more than a quarter (27.9 per cent) of the region's total population. (Source: UNESCAP for Asia and the Pacific). It was estimated that 11 million people added to the poverty line due to the impact of COVID-19 (World Bank East Asia and the Pacific).

The socio-economic impact of COVID-19 is posing enormous challenges to communities. The impact is severe, especially among the most vulnerable including migrant workers and communities dependent upon remittances, those engaged in informal sectors and smallholders. Resources to support long-term recovery efforts

beyond the immediate humanitarian needs are crucial moving forward. IFRC continues to welcome flexible funding to the wider Asia Pacific region through the COVID-19 Emergency Appeal as the rapidly changing situation including potential new waves of infections and new strains of the virus may impact this region.

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 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 Asia Pacific region is CHF 130 million, from which 81 per cent was covered in 2021, leaving a funding gap needed

The region has an estimated



400 million

people living in extreme poverty



CHF 25 million is the funding gap needed across the 34 countries in the region

across the 34 countries in the region of **CHF 25 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.



Bangladesh Red Crescent Society with support from the IFRC and partners, distributed multipurpose cash assistance to the local community in Ramu, Cox's Bazar, Bangladesh. Cash support gives wider options for the family in need during the COVID-19 situation. Photo: IFRC

Key results

In partnership with Ministries of Health, state agencies and other organizations working together to support the response, National Societies in the region have achieved important 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 **CAMBODIAN Red Cross (CRC)** has trained 664 staff and volunteers on Mental Health and Psychosocial Support (MHPSS) and Community Engagement and Accountability (CEA) through online trainings from May to August 2021. The CRC volunteers/youth are promoting behaviour change among local communities to cope with the COVID-19 pandemic. Teams from the branches are conducting home visits, meetings in small groups of fewer than 10 people and spreading messages on prevention of COVID-19 using posters, flyers, banners, mobile loudspeakers and peer educators. **They have reached 479,443 people (274,587 females) and 4,246 migrants (2,338 females) in 6,167 villages.**

CRC also launched a feedback mechanism in August 2021 from which they have recorded feedback from 815 people as of November 2021. Highlights of the feedback collected are related to vaccine hesitancy



A CRC volunteer explains COVID-19 prevention measures to an elderly person. Photo: Cambodian Red Cross

and misinformation and disinformation around vaccines, COVID-19 impacts on mental health, children's education and livelihood concerns. Further analysis of this feedback collected by CRC is reflected in the regional Community Feedback Dashboard.

The **Red Cross Society of CHINA (RCSC)** – From 20 July to the end of August 2021, China went through a large-scale domestic COVID-19 outbreak, as the Delta variant spread to 17 out of 31 provinces. The RCSC branches actively implemented COVID-19 response and control work. The RCSC Zhengzhou branch set up a Red Cross Medical Transfer Team, dispatching **81 vehicles with 135 drivers and medical staff, and transferred 361 target individuals.** In Nanjing, the Chinese Red Cross Foundation **donated 5.94 million masks** to the RCSC Nanjing branch. Responding to the Fujian province COVID-19 outbreak in September, the RCSC dispatched medical supplies and transferred RMB one million (CHF 143,117) to support COVID-19 prevention and control in branches.



The RCSC established the ambulance transfer emergency response teams to respond to COVID-19. The medical equipment is being installed and tested for the negative pressure ambulances. Photo: RCSC

The **DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA Red Cross**, through its wide network of volunteers and branches across the country, has actively joined the nationwide anti-epidemic campaign, working closely with national stakeholders including the Ministry of Public Health and the state anti-epidemic authorities.

Around 305,209 Red Cross volunteers have been mobilized across the country to support the nationwide anti-epidemic activities including awareness-raising, surveillance and screening of the community. The Democratic People's Republic of Korea Red Cross **volunteers worked closely with household doctors and anti-epidemic staff to provide 4,148,740 people with services including risk communication**



A Red Cross volunteer conducting hygiene promotion. Photo: DPRK RC

and community engagement and health and hygiene promotion.

NEPAL Red Cross Society (NRCS) has been implementing its COVID-19 Preparedness and Response Operation since January 2020. The IFRC and its membership have procured and supplied more than 291 oxygen concentrators for the government and NRCS and other medical supplies, including 2,470 oximeters, 1,000 human remains pouches, 17 ventilators and 600 oxygen cylinders. More than 10 tons of personal protective equipment (PPE) have been handed over to NRCS to protect Red Cross essential workers and promote community members' safety. The NRCS has **reached 127,609 people through infection prevention and control measures** and WASH activities in the communities, point of entries, quarantine and isolation sites. More than 4,460 people were reached by the Red Cross trained staff and volunteers on MHPSS. NRCS has **reached 2.7 million people with CEA** activities through the operation, including mass messaging, door-to-door visits and distribution of IEC materials on COVID-19 prevention and protection.



Red Cross volunteer in Lalitpur District Chapter sharing COVID-19 awareness messages to an elderly person in Lalitpur District. Photo: Nepal Red Cross Society

NRCS has an ongoing operational feedback mechanism, through which community feedback in terms of COVID-19 was collected and addressed. Highlights of the feedback were blood plasma needs for COVID-19 treatment, vaccine-related information, needs for ambulance regarding COVID-19 which were addressed through multiple channels.

- Under the **HEALTH** sector, the following areas have been progressing:
 - Preparedness for new wave**
 - Public health messaging and risk communication for COVID-19.
 - Home-based care.
 - Adequate PPE for volunteers.
 - COVID-19 vaccination** with emphasis on reaching the last mile.
 - WASH** services in the community and health facilities.
 - Psychosocial support and psychological first aid** (PFA) to affected people, at-risk individuals and communities, and psycho-education materials to the public, addressing MHPSS components in vaccine hesitancy.
 - Maintain routine health services** such as blood services, first aid and routine immunization.
- Under the **SOCIO-ECONOMIC IMPACTS OF COVID-19**, addressing the following areas have been operational priority:
 - Support immediate recovery needs and address medium-term socio-economic needs of the most vulnerable population through **cash and voucher assistance (CVA)**, linking up to existing social protection measures of the states and economic recovery programming such as vocational skills development and livelihood assets support.
 - Strengthen National Society capacity** to assess, analyse and implement context-specific medium to longer-term programming for promoting household economic security.
- Under the **STRENGTHENING NATIONAL SOCIETIES**, the following areas have been operational priority:
 - COVID-safe Best Practice Guide** as a tool on how to minimize risk to personnel and affected populations for Red Cross Red Crescent humanitarian programmes.
 - Solidarity fund mechanism** for volunteer insurance.

Investment opportunities

In the Asia-Pacific region, the sustainability of our actions is pivotal. Achieving vaccine equity and working with communities to contain COVID-19 as well as investing in pandemic and epidemic preparedness in the long-term is critical. We are looking for partners that will help us in the following key areas:

- Support **equitable access to vaccines** and promote vaccine uptake in communities through five areas of work: advocacy, trust, health, reach and maintenance (routine and supplementary immunization). Key priority countries are **Afghanistan, Myanmar, Nepal, Pakistan, Papua New Guinea and Philippines**.
- Address the prolonged impact of COVID-19 including pandemic fatigue by rolling out **MHPSS** to affected and at-risk communities and Red Cross Red Crescent staff and volunteers. Key priority countries are **Afghanistan, Indonesia, Myanmar and the Pacific (Fiji, Papua New Guinea and surrounding islands) and Philippines**.
- To help address both the pandemic and the ever growing migrant population in Asia-Pacific, the introduction of a regional psychological first aid (PFA) service platform would help reach a broader scope of people in need of PFA by collaborating with various countries to provide PFA in different languages, as well as a new way for volunteers to provide a service.
- Scale-up **WASH programming** with COVID-19 safe measures in place. This is needed regionwide.
- Support **Universal Health Coverage** ensuring National Societies maintain essential health services.
- Support medium- to long-term **household economic security programming**, including co-creating and strengthening social protection system at community level through systems CVA, leveraging on and aligning to existing social protection systems. Key priority countries are **Fiji, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea and Viet Nam**.
- Support **longer-term socio-economic and recovery needs** through initiating income generation and enterprise programmes, investing in smallholders' value chains, supporting market access for small producers, promoting improved and climate-smart practices, and off-farm livelihood programming. Key priority countries are **Afghanistan, Bangladesh, Indonesia, Nepal, Pakistan, Philippines, Sri Lanka and Viet Nam**.
- Strengthen the capacity of communities and National Societies to prevent, detect and respond to infectious disease threats through the implementation of the whole of society approach, mainstreaming **community engagement and accountability** into all epidemic and pandemic preparedness. Key priority countries are **Bangladesh, Cambodia, Malaysia, Mongolia and Pacific (Fiji, Samoa)**.
- Strengthen the recovery of communities from COVID, including coping mechanisms for compounding crises through **National Society preparedness and community resilience programming** through a risk-informed approach, updated risk assessments and targeted activities to ensure actions at various levels are informed by continuous analysis of changing contexts and risks.
- Strengthen **duty of care** approach by mitigating risk for staff, volunteers and communities through COVID-safe programming. **Key priority country is Nepal**.
- Develop and formalize **relationships with stakeholders** to strengthen pandemic preparedness, capitalize on synergies for recovery and leverage resources.
- Strengthen **financial sustainability of National Societies** by developing the capacity for fundraising and advocacy.



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



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.



Epidemic preparedness and response training

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

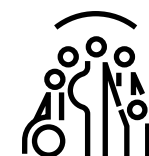
As we have seen in recent Ebola, cholera or dengue outbreaks, and since the start of the COVID-19 pandemic, National Red Cross Red Crescent Societies have a key role to play in epidemic and pandemic preparedness and response. While some National Societies have invested in the development of community-level programmes and institutional preparedness to manage epidemic risk, many more need to invest in human talent development 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 epidemics and pandemics will contribute

to prevent, prepare for and respond to public health emergencies.

Epidemics begin and end in communities. Communities are the first to notice when an unusual health event is occurring, 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 and respond to public health threats.

- IFRC Asia Pacific regional office require a budget of CHF 200,000 to review, update, develop and translate key epidemic preparedness and response training packages.
- Another allocation of CHF 500,000 allows for the delivery of training courses (either delivered remotely or in person) to five to seven National Societies in the region.



Immunization reach

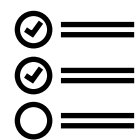
CHF 10 million needed to get to hard-to-reach populations in seven to ten countries in the Asia Pacific region

Ensuring equitable access to the COVID-19 vaccine by reaching 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 Red Crescent Societies with their wide network of volunteers and branches and trained Red Cross and Red Crescent 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, to strengthen cooperation with authorities in preventing or responding to future public health threats in line with the resolution "Time to act: tackling epidemics and pandemics together", adopted at the 33rd International Conference of Red Cross and Red Crescent Societies.

- It costs around CHF 10 million to get to hard-to-reach populations in seven to ten countries in the Asia Pacific region.



Community insights and perceptions

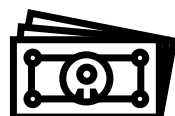
CHF 10,000–20,000
needed to implement one COVID-19 perception survey in a country

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, analysis and use of social data, including community feedback data ensures better understanding of community perspectives, identifying information gaps and community-based solutions, understanding and responding to detrimental misinformation and disinformation, ensuring a community-led response and 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 COVID-19 and proved that it could scale up to more than 40 countries. 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 10,000–20,000 for the Red Cross Red Crescent to implement one COVID-19 perception survey in a country, dependent on methodology and scale.
- CHF 300,000 a year for Red Cross Red Crescent to establish and maintain a Trust Index globally.
- CHF 65,000 for the Red Cross Red Crescent to roll-out and sustain a community feedback mechanism in a country for one year.



Assured income and social safety

CHF 1.5 million
needed to support the most vulnerable households and communities to address the negative impact of the pandemic

The COVID-19 pandemic is threatening the lives and long-term livelihoods of millions of poor people and could push an additional 140 million into extreme poverty. According to the International Labour Organization (ILO), currently 4.1 billion people obtain no income security at all from their governments. Many of these people are marginalized and hidden informal sector workers in urban areas and poor families in hard-to-reach and underserved rural areas. Evidence illustrates that often barriers other than income, including inadequate knowledge or lack of access to services, markets and insurance, un-

dermine food security and livelihood outcomes.

Food security and livelihood interventions that provide regular transfers (specially of multisectoral cash) in combination with additional components or explicit linkages that seek to augment income effects have been shown to be more effective than standalone interventions.

Red Cross and Red Crescent community volunteers' critical role, as trusted agents of change and experience in community health surveillance and, in linking marginalized and vulnerable households to formal health systems in diverse settings, gives them a unique advantage to link these groups to and promote utilization of food security and livelihood-

protective and enhancing information, products, and services offered by public and private sector actors and other humanitarian/development organizations. Community presence also allows them to know who is disadvantaged and marginalized and who faces access barriers.

- It is estimated that for one National Society in the region, CHF 1.5 million is required to support the most vulnerable households and communities address the negative impact of the pandemic. These resources will ensure that the immediate and longer-term economic security is addressed and sustained.



Community engagement package

CHF 150,000
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.

It is important to accelerate community-led responses through the roll-out of a package of proven community engagement interventions which are inclusive and locally tailored. This includes volunteers' networks involved in participatory planning approaches, providing actionable information based on community input, and collection and use of social data and community perspectives to lead correct approaches and drive action.

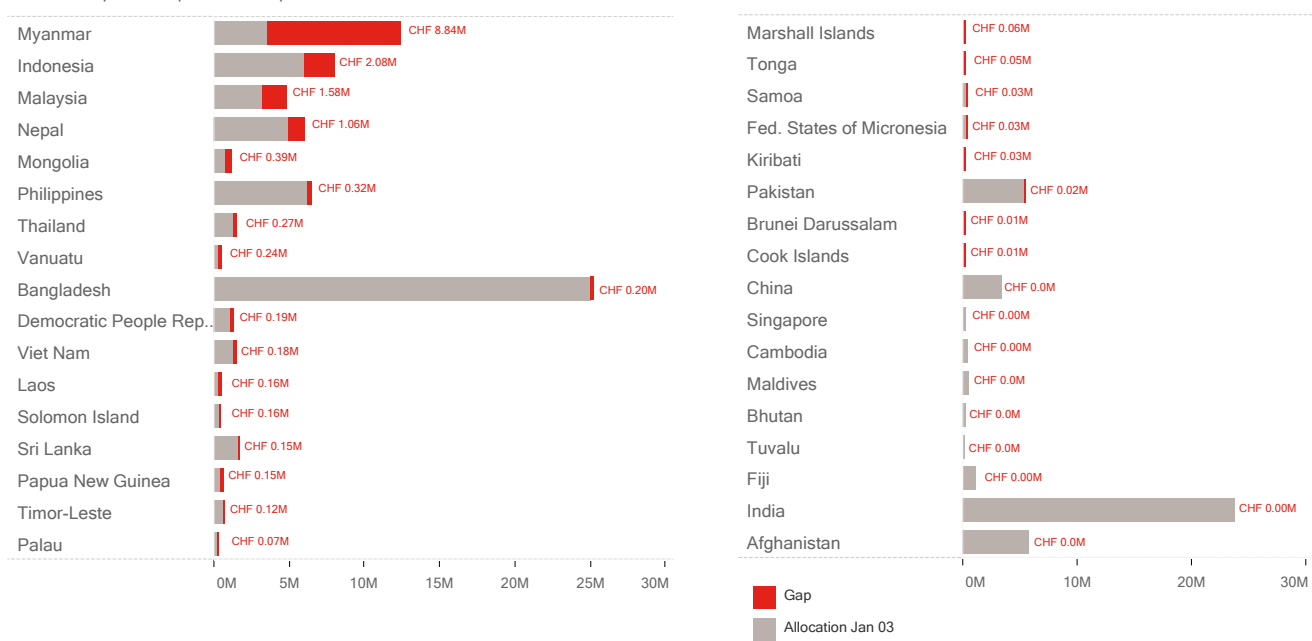
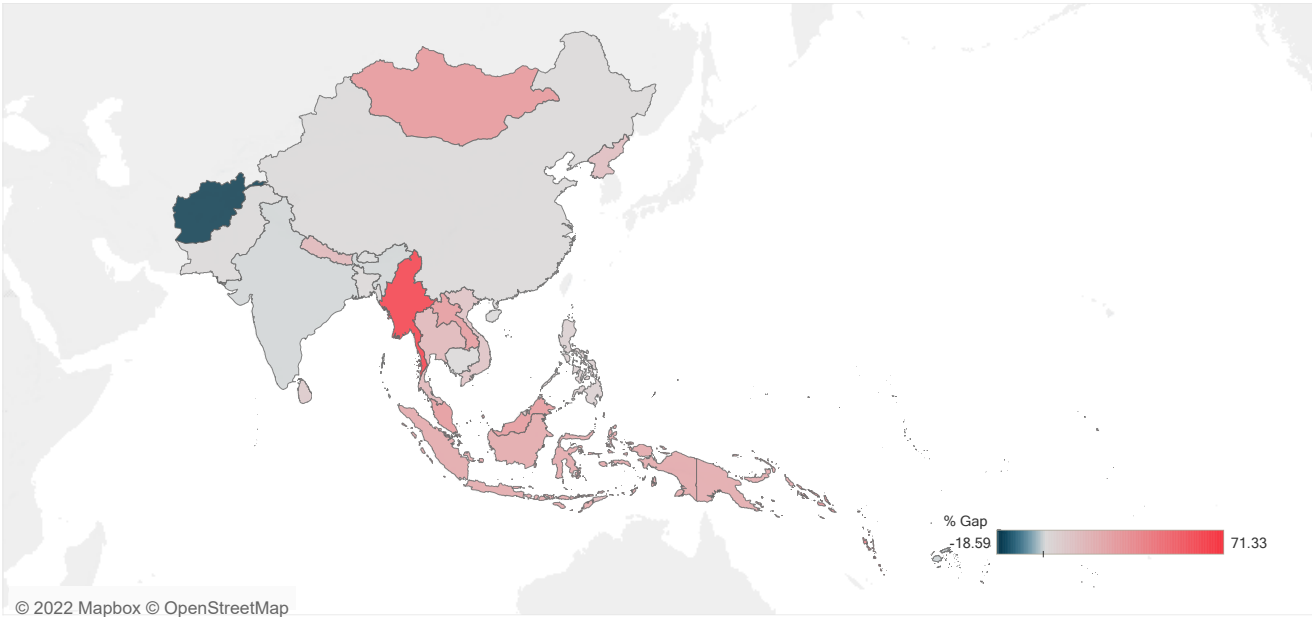
Red Cross and Red Crescent staff and volunteers working hand-in-hand with communities play a critical role in reaching otherwise inaccessible and disenfranchised populations. Using multiple approaches towards working collaboratively with communities the promotion of participation and community action and the enhancement of two-way trust is core to achieving health outcomes. It costs:

- CHF 150,000 to roll-out a package of community engagement interventions in one country for one year.
- CHF 300,000 at regional level 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 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.

Funding needs in Asia Pacific by country

CHF 130 million
Revised funding requirements

CHF 25 million
Funding gap



* 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



Sichuan branch of the Red Cross Society of China set up three emergency isolation tents of 12 m² and carried out voluntary disinfection and epidemic prevention work to facilitate the resumption of classes. The Red Cross Emergency Response Team is carrying out disinfection work in the classroom. Photo: RCSC



Over 700 volunteers of Red Crescent of Kyrgyzstan are supporting over 14,000 people across seven regions of Kyrgyzstan. Photo: Red Crescent of Kyrgyzstan

EUROPE



Challenge

About
30%
of global
COVID-19 cases
are reported
from Europe



Vaccination
uptake of
complete doses is
63.2%
in the high
income countries
and 29.7% in
low and middle
income countries
as of end of
December 2021

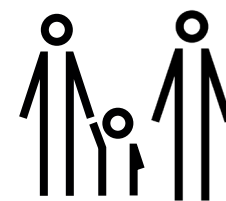
The Europe region continues to be the worst affected by the COVID-19 pandemic in the world. By the end 2021, about 36 per cent of global COVID-19 cases are reported from Europe, while the region only represents about nine per cent of the global population. This brings the reported infection rate to four times higher than the global average. Based on the per capita incidence rate per country by the end of 2021, 17 out of the top 20 highest incidence are countries in the Europe region. Moreover, when looking at per capita death rate by the end of 2021 eight out of the 10 most affected countries are in Europe. Similar, to other regions, the impact of the virus is not homogeneous, with particularly heavy impact in Eastern Europe, the Balkans, Southern Caucasus and Central Asia. Countries and National Societies in the Europe region will need to maintain vigilance, readiness and capacity as waves will continue.

An analysis of the reported weekly new cases since the start of the pandemic in February 2020 in Europe shows that the pandemic progressed in waves. The winter periods October 2020 – April 2021 showed three waves with approximately 45 million cases reported. After a short recess during the early summer months and starting in August 2021, caused by holiday-related travels, the incident rate has been steadily increasing again, reaching a peak (Omicron and Delta) in December 2021.

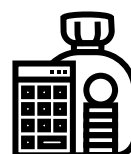
While rate of deaths in the Europe region has been alarming, since the early onset of the pandemic, due to the demographics in the region, the peaks in January 2021 and April 2021 have since been reduced, most likely due to the higher levels of vaccination in a number of countries, predominantly in western Europe, thus reflecting an important signal of reduced mortality due to immunization. All 54 countries in the region have started COVID-19 vaccination with the approved vaccines. By the end of December 2021, 1.327 million doses of COVID-19 vaccine have been administered and 63.9 per cent of the total population have received at least one dose, with 58.5 per cent of the total population having received a complete COVID-19 vaccine series. While the vaccination uptake of complete doses is high in the high-income countries (69 per cent), the uptake in low and lower-middle income countries is only 29.7 per cent. Thirteen countries in Europe that missed the 40 per cent WHO target of vaccination by the end of December 2021 include Albania, Armenia, Belarus, Bosnia and Herzegovina, Bulgaria, Georgia, Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.

The pandemic has led to a reversal of gains in global poverty reduction. According to the World Bank June 2021 estimate, where before up to 124 million people could be pushed into poverty, this global number has

Close to



5
million
people in this
region are
in extreme
poverty



CHF 62
million
is the funding
gap needed
across the 54
countries in the
region

now been increased by 20 million. For Europe and Central Asia, the predictions have also been adjusted downward and the World Bank now expects close to five million people in this region to be in extreme poverty. While some countries (predominantly in the western part of Europe) are able to reverse the trend with a strong economic recovery, countries where economic recovery is slow could see continued high levels of poverty for years to come (predominantly in former Soviet Union countries and the eastern parts of Europe).

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 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 ability to provide the support required. The total Secretariat funding requirement for the Europe Region is CHF 1 million

from which 61 per cent was covered in 2021, leaving a funding gap needed across the 54 countries in the region of **CHF 62 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

By the end of August 2021, the European region has vaccinated 21,855,690,921 people by National Society staff or volunteers. 28,492,338 people were reached by social mobilization, public awareness and risk communication related to COVID-19 vaccination; 160,569 volunteers engaged in the COVID-19 vaccination campaign and 27,850 migrant/refugees and internally displaced persons were vaccinated with National Societies' support. Here are some examples of the work done and why your investment is critical to end the pandemic and begin transformational recovery.



Red Cross and Red Crescent teams continue to provide psychosocial support to people struggling with grief, loneliness and stress as a consequence of the COVID-19 pandemic. Photo: Italian Red Cross

The **ITALIAN Red Cross (ItRC)** has continued its efforts in the national vaccination campaign and screening activities; ItRC operators managed to **administer a total of 810,000 vaccines by the end of November 2021**. As part of its effort to reach particularly vulnerable groups, ItRC also continued to provide support to migrants (including people hosted on quarantine ships off the Italian coasts and in national quarantine centres). In addition, following the arrival of Afghan refugee families in Italy, ItRC activated itself to host and support 1,394 people in need of assistance. In the reporting period, the project "Older adults

and COVID-19: protecting the most vulnerable people in home care settings by establishing self-protection and safeguarding measures" started. In cooperation with home care workers and their families, the project is looking to pilot a new approach to combat the isolation and distance from their families of older adults in home care structures, by making them the main characters in their own digital learning process and skilled in the use of new technological devices, which can be a real tool for self-determination and rediscovery of personal and cultural values.

The **GEORGIAN Red Cross Society (GRCS)** has been responding to the COVID-19 pandemic from the onset of the crisis, in coordination with public health and municipal authorities of Georgia, through its network of 39 local branches and over **11,000** active Red Cross volunteers.

Throughout the response operation, the GRCS has supported the communities with food and non-food items, awareness-raising and dissemination of key messages on COVID-19 prevention and safety, homecare service and psychosocial support/psychological first aid. In total, over **1,000** vulnerable households were assisted with basic food and hygiene items; around **2.8 million** people were reached through Risk communication/Community engagement and accountability efforts involving dissemination of key messages on COVID-19 safety and vaccination through different channels; over **18,000** people were provided PSS/PFA, plus given information and referral to state and non-state services through the GRCS' hotline; **5,200 older people** were provided homecare services. To support the country's public health system, with the support of the Swiss Red Cross,



"I would like to thank the Georgia Red Cross Society for allowing me to stand by my city in these difficult times! I can proudly say that the happy faces of people and the spark of hope that shines through their eyes upon our visit proves that the work we are doing is important and timely." – Luka Revazishvili, Georgia Red Cross Branch Volunteer

the GRCS handed over **22 tons of liquid medical oxygen** to public health authorities to address the acute shortage of medical oxygen.

The **UKRAINIAN Red Cross** has actively supported vulnerable people and communities throughout Ukraine. The "Support the development of household income - responding to COVID-19" project is in progress, leading to four vocational training sessions held. The training was developed to build the capacity of participants for registering, starting and conducting their own business. The "Cash support to COVID-19 and floods-affected communities" project is ongoing. From September 2021, an active phase of the project implementation started providing multi-purpose cash assistance to the population affected by adverse weather conditions. **Hundreds of cash grants of CHF 200 were distributed.**



The Ukrainian Red Cross Society has launched an online information centre. People can call and ask volunteers or staff about COVID-19 related issues, as well as get the opportunity to join the activities of the Ukrainian Red Cross or leave a request for assistance. Photo: Ukrainian Red Cross

The **RUSSIAN Red Cross (RRC)** has provided assistance to **more than 25,000 migrants with personal protective equipment and hygiene kits**. More than **100 migrants** have been assisted in obtaining access to the Sputnik-Light vaccine. Due to the deterioration of the epidemiological situation, RRC strengthened support of the regional branches to provide necessary assistance at the local levels. Within the reporting period more than **1,500,000 masks and 19,200 litres of sanitization solution** were provided to vulnerable

people, including people in health facilities and the Houses of Mercy. Psychosocial support to people in the context of COVID-19 is one of the key priorities of the Russian Red Cross. More than **10,000 people** received this type of assistance. The Russian Red Cross is active in the social media to promote vaccination as well as safer behaviour and compliance with anti-epidemic conditions. More than **850,000** users of social networks raised their awareness on the COVID-19 prevention and importance of vaccination.



Volunteers of the Russian Red Cross regional branch in Velikiy Novgorod continue patrolling the streets and informing people on COVID-19 prevention measures, as well as providing psychosocial support. Photo: Russian Red Cross

- The Kazakhstan Red Crescent Society and IFRC developed a chatbot following a perception survey in the country; this chatbot continues to provide trusted information on COVID-19. There is potential to supplement the content available beyond COVID-19 and replicate the model in other countries.
- 27 National Societies in the region are active on the COVID-19 vaccine roll-out, with 16 of those participating in the National Vaccination Coordinating Committee.
- The Portuguese Red Cross has taken a significant leap forward in terms of digitalization. The National Society has undertaken a series of measures to improve IT and IM systems including procurement, volunteer management, stock management, network infrastructure for mass remote work and upgrading the hotline for emergencies.

Investment opportunities

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

- **The establishment and strengthening of Risk Communication and social mobilization, including feedback mechanisms and carrying out perception surveys on COVID-19 will continue to be a priority into 2022.** Ensuring measures are taken to regularly listen to and consult people and communities through their trusted and preferred channels about issues that concern them and use these data to inform programme and vaccination activities, enable correct information sharing, correct misinformation and enable people to make well informed decisions in countering the spread of COVID-19.
- **Addressing the socio-economic impact:** an employability pilot project will be implemented with Ukrainian Red Cross building on experience from Turkish Red Crescent. The pilot will address the socio-economic impact through employability promotion. The pilot aims to provide skills development for those who lost their jobs during the pandemic, engaging them in the labour market and producing good practice for other National Societies in the region while engaging with ministries and other corporate partners.
- In cooperation with the Psychosocial Support Reference Centre, we continue to organize **Mental Health and Psychosocial support in Emergency** trainings and Trainers of Trainers to equip and capacitate IFRC network staff and volunteers with the necessary knowledge and skills to provide them with mental health and psychosocial support, including psychological first aid to the affected individuals.



The restrictions brought on by the pandemic took a toll on many people, like this Syrian family living in Turkey. Their income sources dried up, and it became even more difficult for them to cover the costs of food and rent. Photo: Corrie Butler / IFRC

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



The Portuguese Red Cross has scaled up COVID-19 testing across the country. Photo: Portuguese Red Cross



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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

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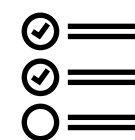
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Community insights and perceptions

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 risk communication approaches to support preventative measures and vaccine uptake. Enhancing the collection and use of social data ensures better understanding of community perspectives, identifying information gaps, countering myths or rumours, informing timely action and improves decisions about policy and programming response.

The IFRC and National Societies have a long-established commitment to community feedback mechanisms, rooted in 20 months of experience during the COVID-19 pandemic and in various other crises and disasters (such as the 2015 migrant crisis in Europe). Mechanisms have already been continuously adapted for the COVID-19 response.

Thanks to its unique access to community insights, IFRC is pioneering a Trust Index to measure

communities' trust of humanitarian services and providers within the COVID-19 response.

For COVID-19 perception surveys, the IFRC is a member of the RCCE Collective Service¹ in partnership with WHO and UNICEF, committed to supporting social science methodologies and socio-behavioural research. National Societies have experience with this methodology at all levels, from nationally representative to targeted communities uniquely accessible to the Red Cross Red Crescent, such as migrant and indigenous groups. It costs:

- CHF 10,000–20,000 for the Red Cross Red Crescent to implement one COVID-19 perception survey in a country, dependent on methodology and scale.
- CHF 300,000/year for IFRC to establish and maintain a Trust Index globally.
- CHF 200,000 for the Red Cross Red Crescent to roll-out and sustain a community feedback mechanism in a country for one year.

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.



Community engagement and accountability package

CHF 400,000
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 and evidence has demonstrated that this is an important driver of public perceptions of risks and adherence to preventative behaviours and addressing misinformation. Fostering community trust, social cohesion and civil responsibility through the active engagement of 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 includes volunteer networks involved in participatory planning approaches, providing actionable information, and collection and use of social data and community perspectives to lead correct approaches and drive action. This package of interventions will enhance trust, ensure communities have access to relevant information, support vaccination and drive acceptance and uptake as well as ensure maintenance of other health protective measures: health promotion (testing and self-isolation, etc.), physical distancing (as well as mask wearing, handwashing, etc.), prevention

(vaccination and self-monitoring for symptoms, home self-testing), health seeking behaviours (those with symptoms get PCR tested and seek doctor's advice with symptoms, seek hospital care for severe illness, etc.)

Red Cross and Red Crescent staff and volunteers working hand-in-hand with communities play a critical role in reaching otherwise inaccessible and disenfranchised populations, and in listening to and responding to their concerns including addressing misinformation. Using multiple approaches towards working collaboratively with communities promotes participation and community action and enhances two-way trust. This is core to achieving health outcomes. It costs:

- CHF 400,000 to roll-out a package of community engagement interventions in one country for one year.
- CHF 300,000 per subregion to adapt tools and interventions to specific subregional and national needs and roll-out the necessary trainings to improve the quality and consistency of proven community engagement interventions.
- CHF 1,000,000 regionally 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.



Mental health and psychosocial support

CHF 20,000–30,000
needed per National Society to run a programme for one year

Since the beginning of the pandemic, many have been experiencing feelings of anxiety, fear, uncertainty, and loneliness, all affecting their well-being. In addition, previously existing mental health complications have been exacerbated by the impact of the pandemic and must be considered. Studies show that older adults, children and youth, as well as migrants and female heads of households are the ones most affected by the pandemic. The impact is expected to be a long-term concern and is demanding a scale-up in the provision of mental health services.

Addressing the mental health needs of the general population, with focus on the most vulnerable, was never so urgent.

Traditional IFRC network psychosocial interventions are based on the idea that if people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve. This, in turn, encourages positive recovery and strengthens the ability to build resilience in the face of challenging life circumstances. Community-based activities, such as 1) MHPSS

sessions, 2) awareness campaigns, 3) surveys to access the well-being of individuals, 4) counselling and training of community actors in basic psychological support, etc, will be useful to transform societal attitudes about mental health, eliminate stigma and discrimination by increasing mental health literacy and raise awareness of the importance of addressing mental health needs.

The IFRC network is aware that the mental health needs arising from the COVID-19 pandemic, and other emergencies, remain unmet for different reasons, including the strong stigma around mental health, the lack of protection of affected people, limited access to services, lack of capacity of the professional workforce and insufficient resources for, and prioritization of, mental health and psychosocial needs. By addressing these needs, we will be able to ensure protection, safety, dignity, and the right to health for affected people. It costs:

- CHF 20,000–30,000 CHF per National Society to run such a programme in one year. 20 National Societies in the region need this type of programme.



Protection, gender and inclusion

CHF 3 million needed per year for the region to develop a coherent and consistent approach on Prevention of sexual exploitation and abuse (PSEA)

On 5 April 2020, UN Secretary-General António Guterres highlighted a “horri-fying global surge in domestic violence” since governments around the world had begun imposing lockdowns, quarantines and movement restrictions in order to control the spread of COVID-19. Similarly, a plethora of reports from around the world have signalled an increase in reported cases of gender-based violence – particularly intimate partner violence – since the beginning of the pandemic. Since the outbreak of COVID-19, emerging data have shown that all types of violence, especially against women and girls, children and older adults, particularly at domestic level, has intensified.

Accessing information, services and resources is paramount to remain safe. This include remote support (e.g. hot-lines) to survivors, especially in acces-

sing livelihood opportunities, vital information, legal referral and safeguarding services. Evidence from National Societies demonstrated the importance of hotlines-helplines during the lockdown to avoid disruption in service provision and to allow people in need to receive support. Reduced availability of services just when they were needed the most by survivors, required innovative forms of outreach and support modalities, making remote solutions a vital way to remain viable to people asking for support and to survivors, when no other safety nets are available. It costs:

- CHF 3,000,000 per year for the region to develop a coherent and consistent approach on PSEA, sexual and gender-based violence, intimate partner violence, and protection gender and inclusion across the region for multiple countries. Minimum investment horizon needed of three years.



Enhanced national societies emergency operation centres

CHF 1.2 million needed to improve the knowledge around Emergency Operation Centres and Standard Operating Procedures

During 2020 the Emergency Operation Centre capacity of 20 National Societies around the region was supported during the COVID-19 pandemic. The establishment of efficient coordination between National Societies and government partners has been key to avoid duplication. Moreover, key learning materials were developed. However this effort needs to be rolled out in more National Societies to enhance branch capacity to improve local coordination.

All the work conducted with Red Cross and Red Crescent branches and Natio-

nal Disaster management authorities in building coordination is a priority to facilitate real time information and promote coordination for decision-making processes.

During the COVID-19 operation National Societies have been in the front line of the response; National Societies' auxiliary role has helped them to position themselves, and their strength in coordinating actions throughout the pandemic and other crises has been crucial for a successful response.

- To enhance the capacity of 20 more National Societies to improve knowledge around emergency Operation Centres and Standard Operating Procedures costs up to CHF 1,200,000 per year for the region.

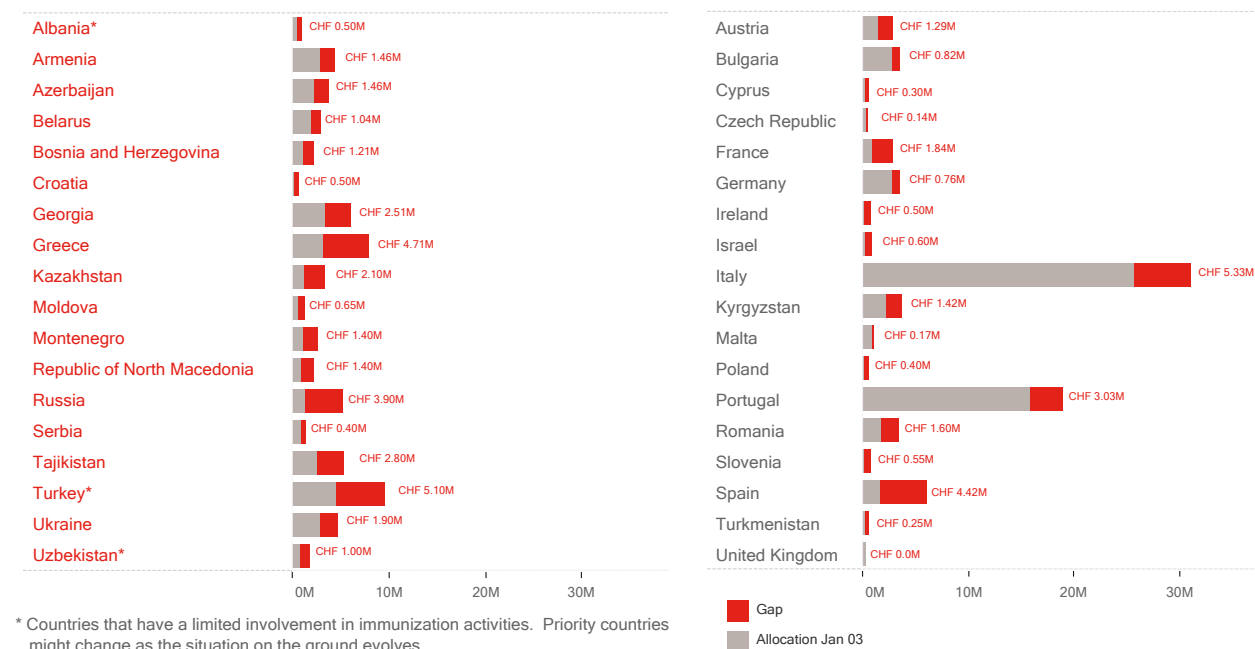
Funding needs in Europe by country

CHF 158 million
Revised funding requirements

CHF 62 million
Funding gap



The following 18 countries highlighted in red are as of mid-January 2022 the most vulnerable and at higher risk in the Region and represent more than 50% of the funding gap needed. The countries in the second column will focus on domestic fundraising.



* Countries that have a limited involvement in immunization activities. Priority countries might change as the situation on the ground evolves

* 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

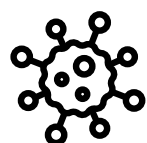


A volunteer speaks with medical staff in Lebanon. Photo: IFRC

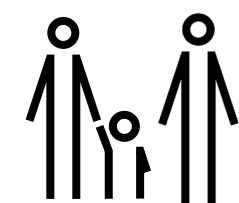
MIDDLE EAST and
NORTH AFRICA

Challenge

A region with over **400 million** people, with the longest and worst protracted crisis



MENA has surpassed the **15 million** mark, with over 314,000 attributed deaths



7-8 million people are expected to fall into extreme poverty

MENA is a region with over 400 million people, with the longest and worst protracted crisis, insecurity, and access challenges. COVID-19 added further escalation to the economic decline and increased displacement. The pandemic has proven to be much more than a health crisis, with its impact on mental health and psychosocial aspects, economy, protection and gender-based violence, migration, education and preparedness for emergencies beyond COVID-19. This pandemic has created additional challenges to the already fragile healthcare system, with an increased risk of morbidity and mortality from preventable causes, including increased outbreaks, with vulnerable women and children the most at risk.

As the pandemic enters its third year, the number of COVID-19 cases in MENA has surpassed the 17 million mark, with over 314,000 attributed deaths as of December 2021. These numbers represent 6.3 per cent and 5.9 per cent of the global burden of cases and deaths, respectively. Among the five regions, MENA has the fourth highest number of COVID-19 cases and associated deaths. Iran is still among the top ten countries in the world in terms of cumulative COVID-19 cases, followed by Iraq and Jordan. In July and August 2021, Libya, Morocco, Lebanon, and Tunisia started to exhibit signs of a possible "fourth wave" of COVID-19. The surge in cases occurred following the Eid Al-Adha when large gatherings

were held across the region and coincided with the spread of the newly recorded Delta variant globally and regionally.

Currently, the countries experiencing the greatest increase in cases are those with low vaccination rates and healthcare systems that were already frail before the pandemic hit. Regionally, more than 355 million doses of COVID-19 vaccines have been administered since December 2020. For instance, Kuwait and Bahrain were the first Gulf Cooperation Council (GCC) countries to launch national COVID-19 vaccination campaigns, with other countries following suit throughout the first and second quarters of 2021. Despite this, access to vaccines and inequitable distribution remain major challenges in the region. COVID-19 third booster shots are being authorized in some countries, while others, such as Syria and Yemen, are still struggling to vaccinate their most vulnerable populations.

MENA has been the only region to experience rising levels of poverty since 2013, with a dramatic increase in extreme poverty (those living on less than USD1.90 a day) observed between 2011 and 2018, when it rose from 2.4 per cent to 7.2 per cent.

The incidence and spread of the pandemic have inevitably affected the socio-economic conditions in the region, derailing progress and intensifying economic woes. Using April 2020



355 million doses of COVID-19 vaccines have been administered since December 2020



CHF 45 million is the funding gap needed across the 17 countries in the region

growth forecasts from the World Economic Forum, Lakner et al. (2020) estimated that an additional four million people are expected to fall into extreme poverty in MENA as a result of the pandemic. The June 2020 Global Economic Prospects (GEP) forecasts raised this estimate to five million, and the January 2021 GEP forecasts further raised this estimate to seven to eight million. Source : Distributional Impacts of COVID-19 in the Middle East and North Africa Region, World Bank

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 provided through the IFRC Secretariat to our National Societies and for our Secretariat services and functions. To date 57 percent 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 MENA region is CHF 89 million, from which 49 per cent was covered in 2021, leaving

a funding gap needed across the 17 countries in the Region of **CHF 45 million.**

The Revised Appeal extends the timeframe 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 and Red Crescent 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 **ALGERIAN Red Crescent (ARC)** increased its Risk Communication and Community Engagement intervention with communities in COVID-19 prevention, misinformation, and rumours about the COVID-19 vaccine, relief aid for vulnerable communities, and support for the Ministry of Health in the national vaccine roll-out campaign (Big Day COVID-19 vaccination in Algeria). ARC is assisting the government in the roll-out of the vaccine campaign and is playing a significant role in raising public awareness about the importance of getting vaccinated, particularly among the elderly and individuals with chronic diseases.

The ARC **reached over 4,506,425 people through Risk Communication and Community Engagement activities** in vaccine centres, public places and schools. They also distributed hygiene



ARC physician administering COVID-19 vaccine to a patient. Photo: ARC

and disinfection kits to 2,685 families (approximately 13,425 people) in remote areas. **They reached 1,966,000 people, through disinfection operations, and 1,810,000 people through public awareness campaigns** that included the distribution of flyers about COVID-19 prevention and vaccination.

The **IRANIAN Red Crescent Society (IRCS)** is a member of Iran's Coronavirus Response Headquarters. Since the outbreak of COVID-19 in Iran in February 2020, IRCS staff and volunteers have been at the forefront of the response. Recently, the IRCS has been mandated (subject to vaccine availability) to facilitate vaccinations for three to four million Afghan migrants in the country. The National Society secured more than **112,390,000 vaccine shots and administered 70,529,000 vaccines**. IRCS has dispatched **11 field hospitals** to assist the Ministry of Health (MoH) immunization efforts; however, only one field hospital in Tehran Province is currently operational, along with **7,000 staff and volunteers** to vaccinate the population. **22 immunization centres** were established to assist the MoH. **Two medical centres** have been



The Iranian Red Crescent has set up multiple temporary hospitals and medical posts to support the people affected by COVID-19, especially in the worst-hit southern parts of the country. Photo: IRCS

established to treat COVID patients. **471 IRCS relief workers** have been stationed at 14 province borders to test travellers. **730,000 passengers were screened** at the entry borders. **Over 198,000 PCR tests** were performed.

The **MOROCCAN Red Crescent (MRC)** increased its intervention with communities in COVID-19 prevention measures, misinformation and rumours about the COVID-19 vaccine, relief aid for vulnerable communities, and support for the Ministry of Health in the national vaccine roll-out campaign. MRC **screened and tested 200,000 passengers** as part of the Marhaba national operation at Casablanca Mohamed V airport from 28 June to 31 August 2021 and reached **2,000,000 people through COVID-19 prevention and vaccine awareness campaigns**. They distributed **41,500 public masks** across 27 provinces and **hygiene products to 384 schools**. **1,290,000 people were reached through**



MRC volunteer supporting the national vaccine roll-out campaign. Photo: MRC

awareness campaigns on COVID-19 preventative measures and vaccination.



Children and elderly people are among the ones who are suffering the most. Syrian Red Crescent volunteers continue providing psychosocial support as well as other relief for the most vulnerable people. Photo: SARC

The **SYRIAN Arab Red Crescent (SARC)** maintained coordination with the Ministry of Health and the World Health Organization (WHO), carrying out a variety of activities such as **awareness messaging reaching 1,373,800 via social media**, 68,462 people reached by hygiene kits and thousands benefited from the distribution of personal protection equipment (PPE), food parcels, nutrition, and awareness materials. In total more than **2,729,099 people** were reached through various COVID-19 response activities.

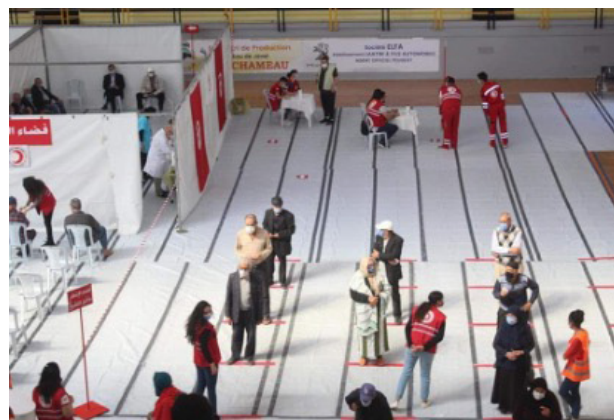
The **LEBANESE Red Cross (LRC)**, in terms of Risk Communication and Community Engagement, conducted vaccine awareness sessions **for 8,933 beneficiaries**, door-to-door visits (including visits to traditional markets) for **288,445 beneficiaries** and accordingly supported the registration of 42,714 beneficiaries on the vaccination platform IMPACT. Furthermore, the Lebanese Red Cross supported 21 local authorities through immunization campaigns. In addition, the Lebanese Red Cross was supporting the Ministry of Public Health by following up with vaccine No-shows (3,633 follow-ups) and following up with elderly who have been registered on the platform but not vaccinated (4,207 follow-ups). In addition, the Lebanese Red Cross operated a **mass vaccination centre** that was established in a shopping mall and soon became one of the **biggest vaccination centre** in the country



The Lebanese Red Cross Vaccination centre, one of the biggest COVID-19 vaccination centres in Lebanon.

providing over **1,000 vaccines per day**. Up until 30 November 2021, the LRC vaccination centre has provided **101,336 vaccines**. LRC ambulances have also transported 35,206 suspected and confirmed COVID-19 cases.

The **TUNISIAN Red Crescent (TRC)**, since the launch of the COVID-19 national vaccine campaign on March 2021, has been supporting the government in the vaccine campaign roll-out. This support consists in participating during simulation exercises before the launch of the campaign, volunteers' deployment in vaccine centres and raising awareness on the importance of getting vaccinated, refuting rumours and misinformation as well as registering on the Evax, **reaching 2.5 million people**. As an auxiliary body to the local authorities, TRC committed to supporting the Ministry of Public Health in the vaccines campaign by deploying **5,000 volunteers** across the country to support the roll-out of COVID-19 vaccination in Tunisia, by supporting registration and crowd control inside the vaccination centres. TRC volunteers participated in more than **300 vaccination centres**. The TRC volunteers performed disinfection of public spaces, reception of people waiting to get vaccinated, support in



People wait in line to get their vaccine at a Tunisian vaccination centre. Photo: TRC

registration checking and manually registering people. Vaccination was undertaken by TRC doctors and nurses, together with civil and military health teams. In addition, TRC is working closely with local authorities and the Ministry of Public Health to vaccinate vulnerable populations against COVID-19 including elderly, persons with disabilities, people who live in remote areas, homeless people and vulnerable migrants.

- National Societies have ensured access even in conflict areas, extended the reach, expanded programmes and stepped up, responding to the requests of their authorities often overwhelmed by the health situation.
- In their interventions, MENA National Societies embody the concept of localization through their large community-based network of volunteers throughout territories that might be out of reach of authorities, building the trust of the communities, host and migrants alike, and promoting healthy behaviour and adherence to public health recommendations.
- The National Societies provided the following services: Eight National Societies reached more than 64 million people through health promotion, hygiene education and Risk Communication and Community Engagement messages. Four National Societies provided ambulance services. Three National Societies engaged in community surveillance, five National societies worked on epidemic control measures, six National Societies provided Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) in communities and in health facilities, five National Societies engaged in Isolation and Clinical Case management, five National Societies were involved in maintaining access to essential health services (clinical and paramedical) and six National Societies offered mental health and psychosocial support (MHPSS).

Investment opportunities

In the MENA region, efforts are focusing on addressing the direct and indirect impact of the pandemic with the aim of integrating the COVID-19 response within the regular ongoing programmes. We are looking for partners that will help us ensure the continuity of the response in the following key areas:

- Reduce risks for staff and volunteers in the response.
- MENA National Societies need funding for vaccination support activities for COVID-19 vaccine deployment aiming towards fair and equitable access.
- MENA National Societies need legislative advocacy support to continue their valuable work and protect their principal humanitarian action. National Societies also need support for their contributions to the local efforts beyond the COVID-19 response with health hazards preparedness and response including pandemics and epidemics and international health regulation needs to secure sustainability.
- Restoring livelihoods and addressing the social economic impact of the pandemic will be crucial given that several countries have started to relax their lockdown measures. National Societies in this region need funding free from domestic restrictive measures to enable social protection livelihoods programming.
- In view of the global economic contraction National Societies need supporting to build more diverse flexible and sustainable funding including public and private partnerships with a longer-term view bringing humanitarian and development spheres working towards humanitarian resilience.



Iraqi Red Crescent Society volunteers are distributing masks and awareness materials as well as disinfecting the public places to flatten the curve. Photo: Iraqi Red Crescent Society

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



COVID-19 vaccination Lebanon In Lebanon. Photo: KRCS



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

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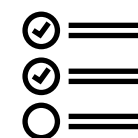
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*Costs for middle- and high-income countries are available on request.

**WHO and UNITAID price agreed.

***Inter-agency standing committee estimate.



Community insights and perceptions

CHF
60,000–
70,000

needed to roll-out and sustain a community feedback mechanism in a country for one year

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 rumours, ensuring a community led response and informs timely action.

IFRC and National Societies have successfully adapted feedback mechanisms for 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 40,000–50,000 for the Red Cross Red Crescent to implement one COVID-19 perception survey and needs assessments in one to two countries, dependent on methodology and scale.
- CHF 60,000–70,000 for the Red Cross Red Crescent to roll-out and sustain a community feedback mechanism in a country for one year.



Food security safety nets

CHF 150
needed to provide food insecurity safety net for one family for two months in this region

Today, 282.7 million people across 80 countries are experiencing extreme levels of acute hunger, as a result of the economic fallout of COVID-19, widespread conflicts and growing climate crises. Close to 42 million people are on the brink of famine. Safety nets (in-kind and cash transfers) have been highlighted as particularly important during the pandemic, especially in countries where hunger and malnutrition have increased due to COVID-19.

Providing flexible and predictable safety nets has been shown to be

effective in helping people manage shocks and avoid coping strategies that impact negatively on food consumption and long-term food security.

National Societies have solid experience in the agile use of short to medium-term safety nets in the form of cash and in-kind transfers for facilitating the access of disaster and crisis-affected households in rural and urban areas to essential goods, including food and services on the market and for preventing the depletion of key productive assets. It costs:

- CHF 150 to provide a food insecurity safety net for one family for two months in this region.



Cash vouchers

CHF 1
needed to
distribute one
cash voucher
anywhere in the
world

According to the World Bank, up to four billion people lacked social protection before the pandemic and an estimated 2.7 billion people have not received any public financial support to deal with the economic devastation caused by the Coronavirus pandemic.

Cash vouchers provided to vulnerable communities help meet the basic

needs of households experiencing food insecurity or whose livelihoods have been affected by COVID-19.

The IFRC and 80 National Red Cross and Red Crescent Societies have provided cash vouchers to more than six million people with more than CHF 230 million in 80 countries in the world. It costs:

- CHF 1 for the Red Cross and Red Crescent to distribute one cash voucher anywhere in the world.



Community engagement package

CHF 150,000
needed to roll-out a package of community engagement interventions in one country for one year

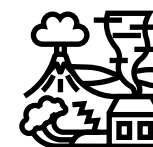
Disease outbreaks are all about people: behaviours are both their fuel and solution. Evidence has demonstrated that trust is an important driver of public perceptions of risks and adherence to preventative behaviours. Fostering community trust, social cohesion, and civil responsibility through the active engagement of and decision sharing 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 is vital. This includes volunteers' networks involved in participatory planning approaches, providing actionable information based on community input, and collection and use of social data and community perspectives to lead correct approaches and drive action.

Red Cross and Red Crescent staff and volunteers working hand-in-hand

with communities play a critical role in reaching otherwise inaccessible and disenfranchised populations. Using multiple approaches towards working collaboratively with communities promoting participation and community action and enhancing two-way trust is core to achieving health outcomes. It costs:

- CHF 150,000 to roll-out a package of community engagement interventions in one country for one year.
- CHF 300,000 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. This includes the cost of any inter-agency related activities necessary to implement the interventions.
- CHF 200,000 a year to regularly assess and document learning on what works in vulnerable communities and tailored interventions, including future preparedness planning and implementing regional and sub-regional training.



Multi-hazard institutional preparedness

CHF 600,000
needed per year
per region to
review, update
or develop
contingency
plans for
multiple hazards
including
epidemics

The pandemic has shown that humanitarian organizations need to be always prepared and ready to deal with multiple crises. COVID-19 has required the utmost attention over the past years, diverting programme and regular resources, and National Societies' response capacity is stretched thin.

Sustained investment in institutional preparedness is essential to ensure the IFRC network can continue to attend to multiple disasters and crises and reach the most in need. Investment in National Society institutional preparedness, including regularly updating multi-hazard contingency plans, will ensure that the IFRC network can continue to provide life-saving assistance to people most affected by disasters and crises, now and in the near future.

In close coordination with other local actors, National Societies have responded to the pandemic, as well as to climate-related disasters and other crises including hurricanes Eta and Iota, the Beirut-Port explosions, to mention a few. 149 Red Cross Red Crescent National Societies have reported having developed contingency plans to manage the COVID-19 pandemic. Continuous coordination with partners, risk analysis, the elaboration of risk scenarios and contingency plans are critical elements of a well-functioning disaster management system.

- IFRC global and regional offices require a budget of CHF 600,000 per year per region to review, update or develop contingency plans for multiple hazards including epidemics. Technical support from regional offices is key to accompany National Societies and align these plans with other preparedness and response processes, tools and initiatives.



The Iranian Red Crescent volunteers are distributing food parcels, livelihood packages and hygiene kits for the people in drought-affected areas. Photo: Iranian Red Crescent

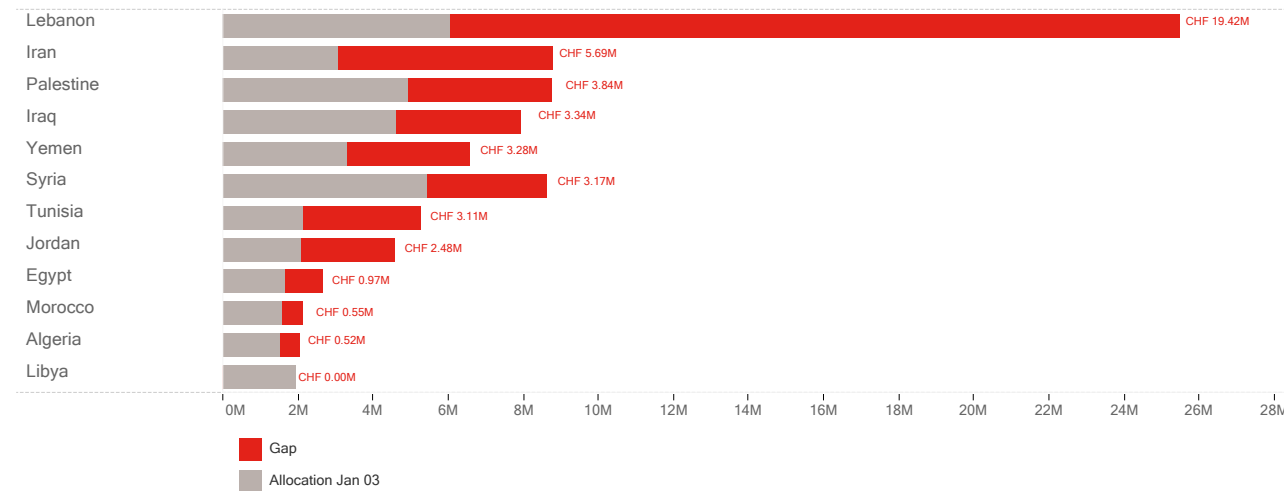
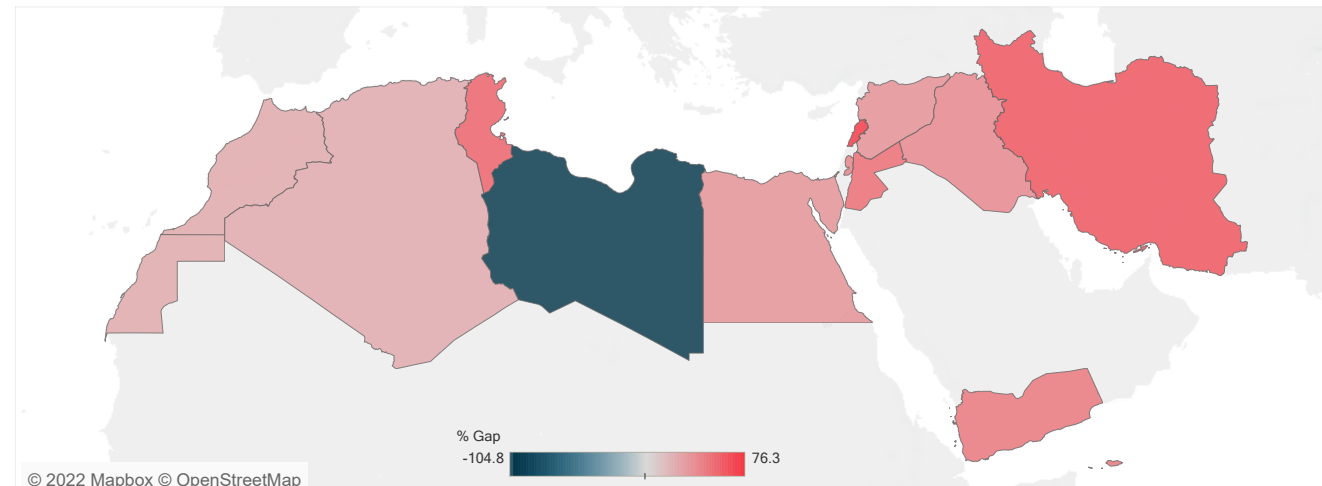
Funding needs in Middle East and North Africa by country

CHF 89 million

Revised funding requirements

CHF 45 million

Funding gap



* 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 2021

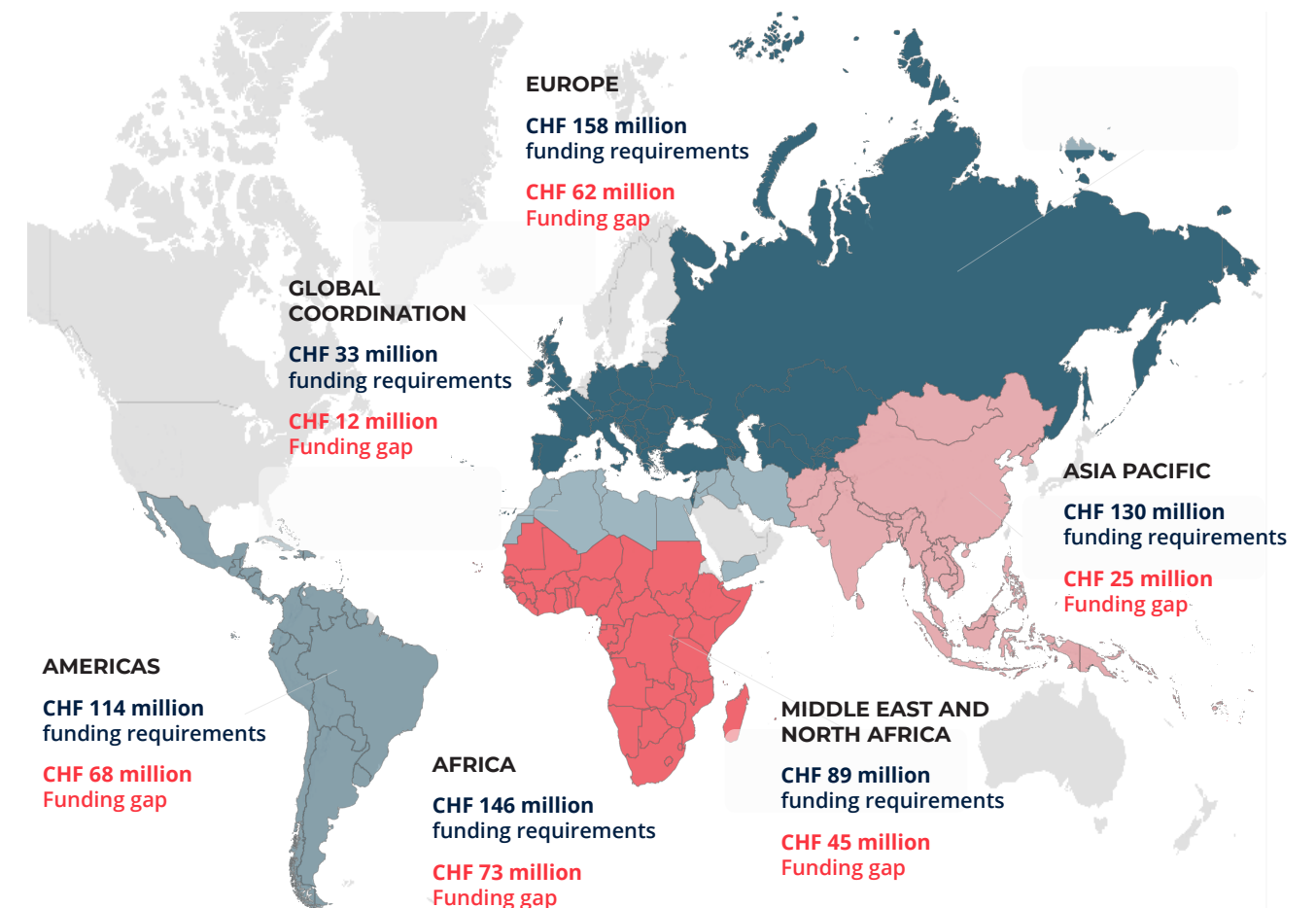
Funding needs by region

CHF 670 million

Revised funding requirements

CHF 285 million

Funding gap



* 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

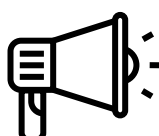
14
million
volunteers

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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