



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

COVID-19 emergency appeal investment
case: **MIDDLE EAST and NORTH AFRICA**



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

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

Humanity

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

Impartiality

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

Neutrality

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

Independence

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

Voluntary service

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

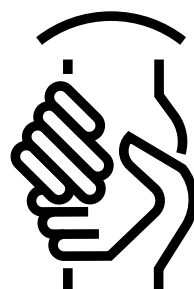
Unity

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

Universality

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

Opportunity



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

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

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

complementary and respond to interconnected needs.

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

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

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



886 million

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



At least
308 million

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



139 million

people were covered through pandemic proof Disaster Risk Reduction programming



84.1 million

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



12.3 million

people were reached with mental health and psychosocial support



6.2 million

people were reached by programmes addressing exclusion



5.6 million

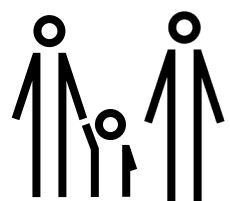
people were reached through cash and voucher assistance

Challenge

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 rollout, 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.

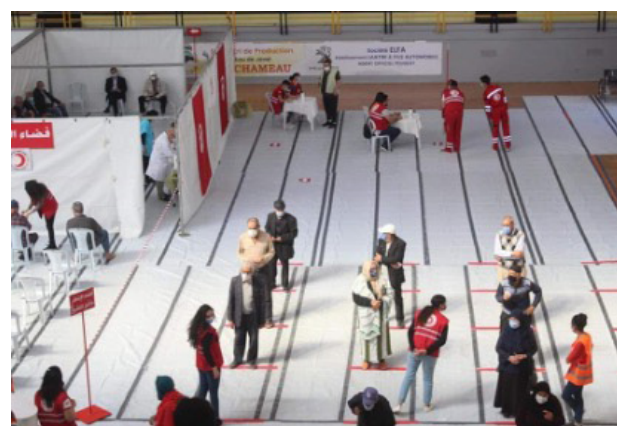
The **LEBANESE Red Cross (LRC)**, in terms of Risk Communication and Community Engagement, conducted vaccine awareness sessions **for 8,933 beneficiaries**, door-to-door visits (including visits to traditional markets) for **288,445 beneficiaries** and accordingly supported the registration of 42,714 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 registration checking and manually registering



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

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

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.

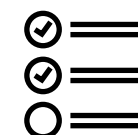
The TEST, PREVENT, TRACE AND TREAT model can be executed via **a) rapidly deployable mobile units, b) local branches and/or c) home visits.** The approximate costs for low-income countries* are as follows:

- **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.



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

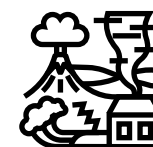
Disease outbreaks are all about people: behaviours are both their fuel and solution. Evidence has demonstrated that trust is an important driver of public perceptions of risks and adherence to preventative behaviours. Fostering community trust, social cohesion, and civil responsibility through the active 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.

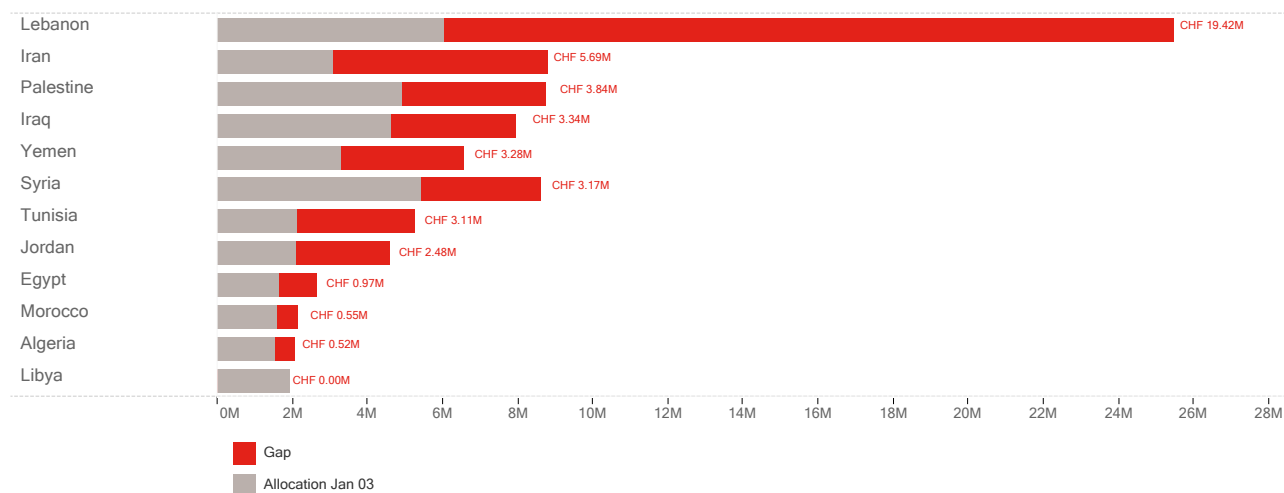
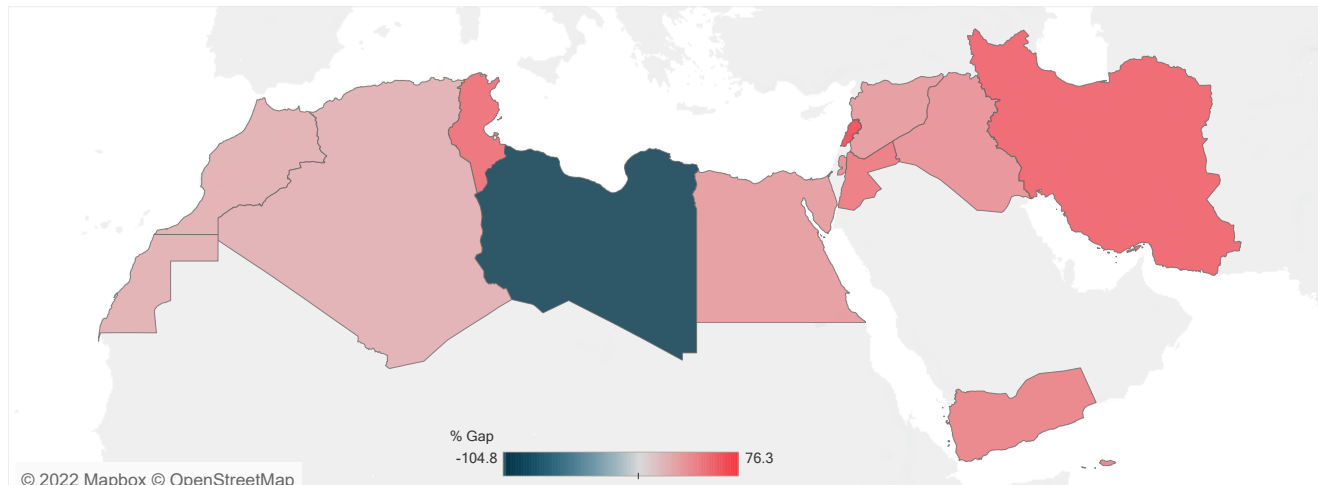


The Iranian Red Crescent volunteers are distributing food parcels, livelihood packages and hygiene kits for the people in drought-affected areas. Photo: Iranian Red Crescent

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 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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