Revised Appeal MDRCOVID19
Funding requirements: CHF **1.9 billion IFRC-wide** of which CHF **450 million** is through the IFRC Appeal in support of National Societies
Appeal launched: 31 January 2020 | **Revision n°3 issued on 28 May 2020**
Appeal ends: 31/12/2021 / Extended 9 months

EMERGENCY APPEAL
COVID-19 Pandemic

The COVID-19 operation is a unique response for the IFRC. **Our IFRC-wide approach (the IFRC Secretariat and our 192 member National Societies) reflects both the local and global nature of this operation.** The response is primarily a local response, with our National Societies responding to the local needs of those affected by COVID-19 in their own countries, based on their domestic Response Plans.

At the same time, this is a truly global response, showing the international solidarity of the IFRC's network of member National Societies, working together with IFRC Secretariat support to mobilize and coordinate global assistance to sister National Societies, provide health guidance, design tailored and innovative solutions to social and economic needs, strengthen National Societies' capacities and reach, and leverage logistics supply chains, to enable the IFRC to respond to the immense and ever-changing demands of COVID-19. The global IFRC response is also coordinated with the International Committee of the Red Cross (ICRC) to leverage the complementarity of all members of the Red Cross Red Crescent Movement.

This revised Appeal has been adapted to present the global reach and work of the wider IFRC and reflects the global IFRC-wide funding requirement, comprising all support and funding channelled to our National Societies. The Appeal also contains the specific ask for funds channelled through the IFRC Secretariat, to assist our National Societies through our offices in Geneva, the regions and at country level. This revised Appeal is therefore presented in a different format to highlight the priorities of the IFRC-wide work and the support of the Secretariat. The IFRC response will be delivered by the National Societies' staff and volunteers on the ground.

The **Italian Red Cross** is currently supporting rescued migrants in quarantine aboard a ferry boat, off the coast of Palermo. A 26-strong Red Cross team is working alongside Italian authorities to provide a range of services for 183 people rescued in the Mediterranean Sea. The Red Cross is helping with **COVID-19 testing of the people rescued, providing health and mental health support,** giving **out hygiene kits, masks and food. T**hey are also providing phones and connectivity so people rescued can **contact their families at home.**

THE CURRENT CRISIS AND TIMELINE

COVID-19 is directly impacting the lives of millions of people around the world. The pandemic threatens every aspect of their lives, amplifying inequalities, destabilising communities and threatening development gains and progress towards the SDGs. Measures taken to control and suppress transmission of the virus and mitigate its impact on health systems have caused massive disruptions to the global economy that will have long-lasting socio-economic impact on the global population. Without effective suppression and control measures in all areas with active outbreaks**, the pandemic can be expected to continue to grow over the months to come**. Case fatality rates vary between countries and contexts and are expected to increase in contexts where limited care is available, or where there are greater underlying health vulnerabilities, including in fragile or complex contexts or in overpopulated urban slums, where people lack access to services. Mitigation measures are also severely compromising protection mechanisms and community safety structures for those most at risk of violence, exploitation and abuse and are increasing barriers to healthcare, socio-economic support and vital information. Whatever the context, **epidemic control interventions will only be effective when they are relevant, contextually appropriate and co-owned by affected populations**, and when two-way trust has been established between governments, care providers and affected populations. As some countries start to relax their containment measures, others are gearing up their response or preparing for second waves of the outbreak. Based on evidence from previous epidemics and pandemics, **a second or third wave can be more serious than the first**, causing more deaths and a more severe impact. Further waves of the virus can be caused by the movement of people, poverty and lack of safe space, social behaviour, and local health policies, capacities and infrastructure, as well potential virus mutations. In this scenario, National Societies are well placed to support community-level public health measures to prevent and control multiple outbreaks and to respond to the local economic and social cohesion needs.

Those living in **fragile, complex, and protracted humanitarian contexts** are already facing serious consequences from COVID-19, due to poor economic conditions and to a lack of universal access to public health services, safe water, sanitation and hygiene, and other support services. It is expected that, people with symptoms may not seek health care due to a lack of safe access to facilities or to information, fearing stigma, discrimination or the loss of income that may result. This is particularly the case for migrants, refugees and displaced populations, those in urban slums and excluded groups, such as older people, women and girls, disabled people, and others who are living in unsafe and difficult conditions. Limited digital infrastructure dramatically limits access to information, education and business continuity options, which can reduce the ability save lives. The capacity to provide necessary levels of services, including the provision of vital assistance and Personal Protective Equipment (PPE), further increases the existing high levels of risk for first responders and hampers the efforts to avert the futher growth of the outbreak. COVID-19 is compounded by other hazards in countries experiencing major disasters, such as floods, hurricanes, cyclones, droughts, and infestations, as well as conflicts, and demands levels of planning and resourcing to sustain a response on all fronts.

31 December 2019: The Government of China reported a cluster of cases of pneumonia.

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

30 January 2020: The WHO declares the 2019-nCoV outbreak a public health emergency of international concern (PHEIC).

31 January 2020: CHF 1 million allocated from the DREF and IFRC issues preliminary Emergency Appeal (EA) for CHF 3 million.

03 February 2020: WHO launches 2019-nCoV Strategic Preparedness and Response Plan

11 February 2020: IFRC revises the EA upwards to CHF 32 million to cover the increased scale and scope of the crisis.

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

25 March 2020: The UN launches its Global Humanitarian Response Plan (GHRP) for COVID-19

26 March 2020: IFRC revises its EA to CHF 550 million: 150m raised through the Secretariat via the EA and 400m as part of NS domestic efforts. Together with the ICRC ask of 250 million, the Movement ask reaches 800 million.

7 May 2020: The UN revises its GHRP for COVID-19 from USD 2 billion to USD 6.7 billion

28 May 2020: IFRC revises its EA upwards to CHF 450 miilion to support an IFRC-wide response and ask for the Secretariat and all 192 NSs of CHF 1.9 billion. Together with the ICRC ask of CHF 1.2 billion, the Movement ask reaches 3.1 billion.

Owing to the significant increase in needs and the evolution of the response since the UN launched its Global Humanitarian Response Plan (GHRP) on 25th March 2020, a revised GHRP was launched on 7th May 2020 with an increased appeal for USD 6.7 billion. . The GHRP acknowledges its complementarity with the action of the Red Cross Red Crescent Movement and the key role of local actors in this pandemic. Like the IFRC's revised Appeal, the revised GHRP has as maintained a fundamental focus on the health response, while also including more input from country-level, an increasing focus on the socio-economic impact and an emphasis on the needs of specific vulnerable groups, particularly women and girls. The revised IFRC Appeal has also been aligned around similar priorities and National Societies are scaling-up their work to contain the spread of the pandemic, whilst also addressing the growing need for livelihoods and other socio-economic assistance and for the protection and inclusion of those most vulnerable in our society through support for social cohesion. The IFRC also takes into account the impact of COVID-19 on local actors and as a consequent priority the need to invest in the operational capacity and sustainability of our National Societies and the duty of care to staff and volunteers, who operate as frontline responders at a local level.

RESPONDING TO NEEDS: OUR IFRC-WIDE OPERATIONAL PRIORITIES

The "global domestic response" focus of this Appeal is centred on Red Cross Red Crescent Societies' domestic response plans, which are based on local needs. In order to accommodate the differences between the geographic (sub-)regions and reflect a truly global response, the IFRC has has adopted truly global response, the IFRC has adopted an overarching Operational Response Framework with three inter-connected priorities that encompass the scope of the work carried out by National Societies in response to COVID-19 and which will inform future planning.

Priority 1: Sustaining Health and WASH

Outbreaks differ depending on the specific context, particularly where the capacity to detect and isolate cases may be lower, require adapted approaches and **community-driven solutions.** Many health systems are overwhelmed and health iniquities mean that specific populations are more vulnerable to this virus, including older people, those with underlying health conditions or compromised immune systems, who are more likely to suffer from severe cases or die. There is also a specific need to protect at-risk health and care providers, of whom 70% are women globally. Those who are socially vulnerable to the pandemic, such as people living in dense urban or informal settlements, migrants and poor, marginalised people in inadequate housing have increased needs, as they are unable to observe mitigation measures and have limited or no access to public health systems, WASH facilities, or reliable information. **Pandemics do in fact discriminate**, and efforts to protect those who are made structurally vulnerable to outbreaks or excluded from preventive and curative health services are a global priority for all National Societies and the IFRC Secretariat. The ongoing pandemic also has secondary impacts on access to health care for other diseases and on preventive health measures, such as immunization and maternal and child health care.

Priority 2: Addressing Socio-economic impact

The COVID-19 outbreak is worsening levels of **poverty, food insecurity and loss of income,** particularly for marginalized and at-risk people, such as families whose breadwinners have died or are ill with the virus, people with health problems or disabilities, older people, unemployed and unprotected workers, migrants, refugees, displaced people and returnees, and poor people living in urban slums or remote rural communities, many of whom have lost their livelihoods, income or remiitances. There is a need to **strengthen existing social protection schemes and safety nets** for these people. There are also risks of far greater food insecurity amongst the already food insecure **remote rural and urban poor**, who live on the edge as informal or daily workers, particularly in female-headed households. Rent, utilities and debt payments are creating high levels of stress for the most vulnerable urban families. There are millions of **people on the move**, who live in sub-standard collective accommodation, informal settlements and inadequate housing, with no or limited access to services. These people are forgotten, excluded or "left behind" and **face stigma, discrimination and abuse**. Within these groups, women, children, older people, disabled people and stateless people, are among those who are disproportionately affected and need to be economically and socially included.

Priority 3: Strengthening National Societies

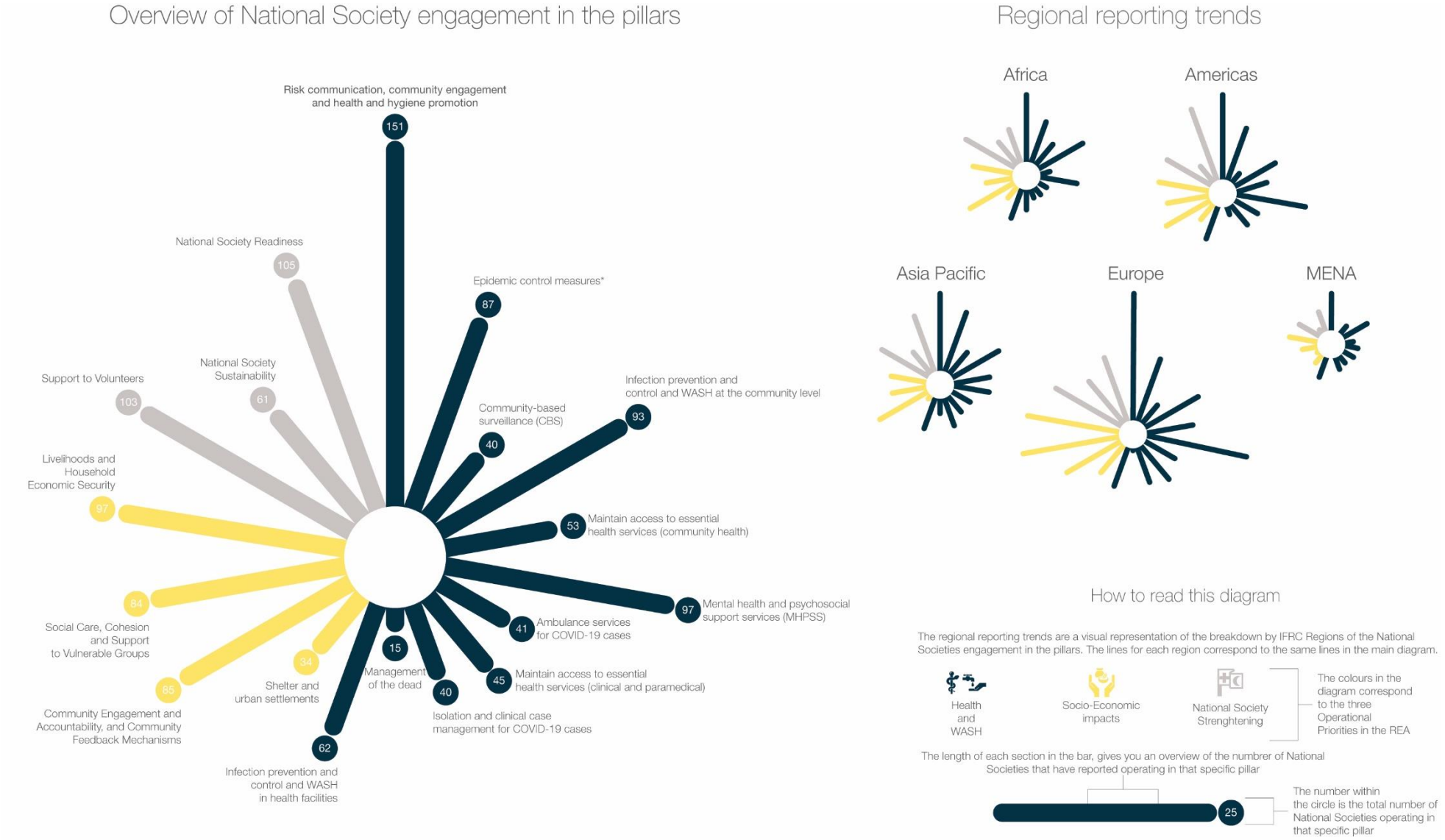
Red Cross and Red Crescent National Societies are part of their own communities and are also seriously affected by the health impact on their staff and volunteers and by the socio-economic impact on the sustainability of their services and operations. The IFRC network constitutes the largest humanitarian network in the world, and without National Societies and their volunteers, communities will not receive the assistance they need at this critical time. **COVID-19 presents new challenges for National Societies**. Movement restrictions and physical distancing have had an impact on their established ways of working in communities, requiring new, safe modalities for volunteers and improved processes for business continuity and ongoing delivery of operations, services and programmes to people in need. The crisis is also affecting their traditional support, placing high demands on their human and financial resources, and many National Societies are seeing a loss of income due to the pandemic which may jeopardise their operational capacity and sustainability. It is therefore vital to support National Society development to help them **adapt and strengthen their structures, systems and business models to be able to sustain services** during the evolving pandemic and for upcoming disasters and crises, and to **support and ensure the health and safety of their staff and volunteers** to maintain the delivery of local, principled humanitarian action.

Key Enabling Actions: Global Supply Chain | Digital Transformation | Accountability and Inclusion

- **The IFRC logistics and supply chain network worldwide** is working to anticipate demand for **medical and Personal Protective Equipment (PPE)** equipment for the full range of national needs, and is tackling challenges around the availability and delivery of PPE across the globe (e.g high demand, manufacturing capacities, quality control, and transport restrictions), which affect delivery to National Societies. The IFRC's logistics teams are working with **National Societies in every region** to assess local supply and support local procurement where viable.
- The IFRC commits to opening the opportunities of **data and digital transformation to its National Societies**, while managing the risks, as we move to the "new normal" and in supporting our National Societies in the use of new data and digital skills, equipment and connectivity to, engage and represent vulnerable people and respond more effectively to COVID-19 and other crises.
- The IFRC will ensure the **engagement and inclusion of the most at-risk groups and individuals affected by COVID-19** and related measures and will ensure they are fully included in our response and recovery actions in all countries. We will build robust and transparent measures to **monitor and ensure accountability to those most affected** in all we do.

IFRC-WIDE RESPONSE TO DATE

As **front-line community responders in their local and national context**, our trusted National Society staff and 14 million volunteers, including youth volunteers, have been scaling up their response to address the divergent health and socio-economic needs. The global reach of our response is visible in the data below and in the information on the cover page of this Appeal, as well as in the disaggregated information per National Society in the annexes. The IFRC National Societies are uniquely placed to support people and their communities to prepare for and respond to this global emergency. With expertise and experience as health and humanitarian workers in their own communities, the global network of staff and volunteers offer a local presence and experience, supported by global expertise and resources. For more information about the National Societies' response to COVID-19 to date please check the detailed Operations Updates.



IFRC-WIDE LOCAL TO GLOBAL ACTION

The IFRC network has rapidly adapted to the evolving reality of the pandemic, stepping up its response and integrating COVID-19 as an important new parameter across all Red Cross Red Crescent activities and support, including for ongoing or newly arising response operations. With a network of 192 National Societies, with local volunteers present in every community, the IFRC is a leader in localized action and makes a unique contribution to sustain the response. Red Cross Red Crescent National Societies are currently active in every region, conducting response initiatives based on the specific needs of each context and adapting their work to the requirements of the pandemic.

In the Africa Region

Current analysis predicts a prolonged outbreak in Africa, with the WHO stating that up to 44 million people could be infected in the first year of the pandemic if containment and testing measures fail. With an estimation of five ICU beds per one million people in Africa, most of the COVID-19 cases may be unable to access much needed health services and will be cared for in communities. Africa region is also dealing with multiple fragile and complex contexts, which increase the challenges. Rumours and misinformation on social media and in communities risk creating panic and undermining the response. With the majority of the population are reliant on daily income from the informal sector for their basic needs, and with limited safety nets, the economic slowdown, will leave many people in need of livelihood support and innovative recovery interventions to adapt and cope with a sustained outbreak..

Across Africa, National Societies in 24 countries are responding to other major humanitarian crises alongside COVID-19, while all 48 Societies are dealing with the demands of multiple vulnerabilities. Many Societies in Africa have extensive experience in responding to epidemics, including in testing, tracing and isolating at community level, as in the Ebola responses. In all countries in Africa, National Societies are recognized as auxiliary to their governments and play key roles in their national response to the virus and in some, the Society is officially tasked as leader of one of the pillars of the national response, with the unique role of its volunteers recognized in the national plan. The experience the volunteers have in building trust with communities, sharing critical information and working in community-led programmes, gives them an advantage in community health prevention and other services at grass roots levels.

The Red Cross Red Crescent in Action: The Liberian Red Cross Society

The **Liberia Red Cross Society (LRCS)** is one of the National Societies dealing with multiple vulnerabilities. It has identified two immediate areas for its COVID-19 response based on the situation and its capacities - Risk Communication and Community Engagement (RCCE) and National Society Development in Emergencies. RCCE actions are building on lessons from the Ebola Virus Disease (EVD) epidemic. The LRCS is focusing on hosting radio shows and educational jingles that reach 60% of the high-risk population to provide information about COVID-19. These initiatives are supporting people to adopt safe practices and address rumours and misinformation. Cross-media approaches are considered, through social media (WhatsApp, Twitter, Facebook, websites), as well as traditional exercises, such as hosting small focus group discussion and mass sensitization activities using megaphones. LRCS already started training more than 100 volunteers in integrated community health approaches. Further training, health interventions and essential food and hygiene item distributions are ongoing.

In the Americas Region

Chronic health inequities in the Americas have an impact on the access to health care for a significant percentage of the population. The overload of health systems as a result of the pandemic has disrupted the provision of essential services and preparedness capacity for other diseases or seasonal weather events. Measures taken by the governments to try to contain the pandemic are negatively impacting vulnerable groups. Domestic and gender-based violence has increased during isolation. Also, measures such as physical distancing may exacerbate situations of exclusion and limit support to address the unique needs of children, LGBTQ community members, people with disabilities, and indigenous communities during the first response and the recovery process. Migrants, IDPs and returnees are being affected by the worsening situation, with over 5 million people displaced by the crisis in Venezuela and struggling to access essential services, make contact with family, or access reliable information about the pandemic or the wider situation from their position in transit and host countries.

In the Americas, the IFRC has worked in coordination and communication with all partners, such as Ministries of Health, the Regional Customs Committee, the National Civil Protection Systems of the countries and the World Bank. Coordination meetings took place with humanitarian networks to support food distributions, health systems support, and information exchanges. The IFRC and UNHCR are the Global Shelter Cluster Lead Agencies. In Latin America and the Caribbean, IFRC leads the Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC) Shelter group, conveyed by OCHA. And is coordinating a multi-agency shelter strategy to provide basic needs and safe shelter and space for distancing / quarantine measure to respond to the pandemic. The successful implementation of this strategy will rely on IFRC-wide coordination support, and could likewise, help to strengthen partner National Society's shelter coordination capacity.

The Red Cross Red Crescent in Action: The Ecuadorian Red Cross

The Ecuadorian Red Cross (ERC) has maintained an active response since the start of the pandemic, including managing voluntary home blood donations and supplies, carrying out WASH activities across the country, and providing medical services and psychosocial support (PSS). Close collaboration with local actors has facilitated the development and adaptation of guidelines for COVID-19 in the local context, including adapting PSS for care facilities and for those needing to provide self-care during self-isolation or quarantine. It has also implemented PSS tele-assistance, through calls and video calls, to provide accompaniment and support to people at home who need it. With the support of private contributions, ERC has distributed food, cleaning, and hygiene kits to shelters and organizations that serve people on the move in the provinces of Carchi, Imbabura, El Oro, Guayas, Pichincha, Cotopaxi and Sucumbíos. Innovating further, ERC's Youth Unit has developed a set of Facebook Live sessions with topics on mental health, parenting skills, reproductive and sexual rights.

In the Asia-Pacific Region

Asia Pacific was the first epicentre of COVID-19. As home to 60% of the world's population, it has large numbers of people living in poverty, particularly urban poverty. Asia and Pacific hosts and is the origin of large numbers of migrant workers and displaced people who are disproportionately affected by COVID-19. Whilst many countries in Asia Pacific have been able to suppress the outbreak through rapid action, others are battling a rapid increase in cases, as well as dealing with a backdrop of conflict, migration, and fragility. Millions of people in the region are exposed to climate and human-induced disasters, including food insecurity and other compounding crises, which increases their vulnerability to COVID-19 and risks gaps in assistance to address their wider humanitarian needs and longer-term resilience, while widening divisions and inequalities, which negatively impact social cohesion.

The IFRC and the 38 National Societies of Asia and Pacific stand in solidarity with communities and are front-line responders to this pandemic. With an extensive network of branches and highly trusted volunteers and staff across the region, the IFRC network is uniquely placed to support people and their communities to prepare for and respond to this global emergency. National Societies are mandated to support the public authorities in the prevention of disease, the promotion of health and the mitigation of human suffering for the benefit of the community and are responding to COVID-19 within that statutory mandate. They are also engaging communities and with those affected by population movement to ensure the specific needs of vulnerable, at-risk groups are well represented in their work and advocating with governments on these issues, while complementing governmental action plans and fulfilling their role as central to a strong, local response.

The Red Cross Red Crescent in Action: The Myanmar Red Cross Society

The **Myanmar Red Cross Society's (MRCS)** staff and volunteers have been preparing communities for the potential COVID-19 outbreak since January 2020 and quickly shifted to emergency response mode after the first confirmed case on 23rd March 2020 by opening the Emergency Operation Centre (EOC) and immediately mobilizing thousands of community-based volunteers. The National Society scaled-up its services in community quarantine facilities, checkpoints, and communities, as well as in providing PSS and information for the general public and for vulnerable populations. MRCS also increased support for returning migrants and IDPs, which is an area of work that is likely to expand due to the rapidly changing situation. MRCS has its domestic response plan in place and has reached more than 1.2 million people with assistance, through its 751 staff and more than 4,000 volunteers, who are all involved in the response.

In the Europe Region

The impact on health services in the Europe and Central Asia region varies from country to country, taking into account the number of COVID-19 cases and the severity of the impact of the pandemic in each country. From March 2020, Europe became an epicentre of the pandemic, though the situation is now easing in Western Europe. More than 43% of global cases and 58% of global deaths were registered in Europe at the launch of this Appeal, with severe outbreaks the Russian Federation, the United Kingdom, Italy, Spain, France and Germany all with severe outbreaks and the pandemic spreading to new areas. The region has been affected by major socio-economic impact and increased unemployment, though many governments have introduced social support programmes of varying scope. Because of pre-existing challenges, marginalised groups may remain "out of the system" and migrants and refugees will be severely affected.

More than 50 National Societies in the Europe Region are involved in the COVID-19 response through their network of branches, and thousands of staff and volunteers. National Societies across the region have engaged differently, as per their auxiliary role and induvial mandate, has engaged differently in emergency and community health measures and in social, economic and inclusion issues. National Societies played an important role in initial preparedness and response to COVID-19, and are also engaging in responding to the secondary impacts of the pandemic. It will be crucial to resources the thousands of volunteers already trained and equipped to respond, thereby ensuring that National Societies are prepared for any second waves in Europe and for the wider impacts of containment measures. And it is vital that European National Societies are working in communities to address resulting stigma, exclusion and discrimination.

The Red Cross Red Crescent in Action: The Spanish Red Cross

The **Spanish Red Cross** is committed to alleviate the impact of the COVID-19 pandemic through its RESPONDE Plan, ensuring support and medical equipment goes to vulnerable groups and the general population. The Spanish RC has been adapting its services and activities to coordinate health, social and emergency services in all autonomous communities, mobilizing more than 34,000 volunteers and over 5,000 staff, with almost 14,000 new volunteers joining the NS. The Spanish RC has increased its relief services, with up to 33 PSS teams, nearly 600 ambulances, 17 temporary health facilities, 93 shelters, and the delivery of more than 30,000 essential emergency supplies. It has also delivered around 130,000 food and essential household items to vulnerable and at-risk populations through its social inclusion work for people in isolation. It has distributed almost a million articles of PPE. In this health emergency, it has especially focused on the needs of vulnerable groups, who were included in prevention activities, such as risk communication, hygiene promotion, containment measures and symptoms monitoring.

In the Middle East and North Africa

MENA region is directly or indirectly experiencing complex emergencies associated with occupation, civil unrest and protracted conflicts, including the nine year conflict in Syria, the protracted crisis in Yemen and the population movement situation in North Africa. There are over 40 million migrants and 11 million IDPs in the region. Healthcare is a real challenge in many of these fragile settings and rapid, unplanned urbanization, is resulting in growing informal settlements and slums with limited or no access to basic health and WASH services. The urban poor and rural poor across the region are impacted differently by both the primary and secondary consequences of the pandemic, including a negative impact on livelihoods. This crisis is also worsening existing inequalities and stigma, marginalization of groups and barriers to accessing services and health care, based on multiple factors.

The National Societies in MENA are in a unique position to engage communities in a number of the fragile contexts, as they have the trust of the communities and are equipped with experience and technical knowledge from years of humanitarian programming, both domestically and internationally. Acting within their capacities and mandates to respond as auxiliaries to their public authorities and learning from their work, the National Societies are delivering at-scale, decentralised local responses, particularly providing emergency medical, community health and integrated WASH services and food parcels, to prevent the spread of COVID-19 and other diseases. They are credible partners with, a clear role in wider country-level strategic response planning with the authorities and the UN, to which they bring their operational experience and evidence to inform national planning, delivery and advocacy, while maintaining non-COVID vital services.

The Red Cross Red Crescent in Action: The Iranian Red Crescent

The Iranian Ministry of Health (MoH) is responsible for the COVID-19 response in Iran and the **Iranian Red Crescent Society (IRCS**) is coordinating its activities based on agreed protocols to assist government response in line with policies set by the health authorities to meet basic needs. IRCS has activated its Emergency Operation Centers (EOC) at the IRCS Headquarters and in 32 branches throughout the country. The IRCS Health, Treatment and Rehabilitation Division is centralizing the necessary coordination with the Iranian MoH and sharing health guidelines as well as prioritizing agreed priority measures across all IRCS branches and in coordinational with local MoH teams. For example, the IRCS's Noor Afshar hospital has been allocated COVID-19 cases to treat. Out of a total of 1,157 patients referred to the hospital, 462 are still bed ridden, 410 discharged and 68 have lost their lives. In addition, the IRCS volunteers have distributed 100,000 food parcels and 171,000 hygiene kits amongst the most vulnerable people across the country.

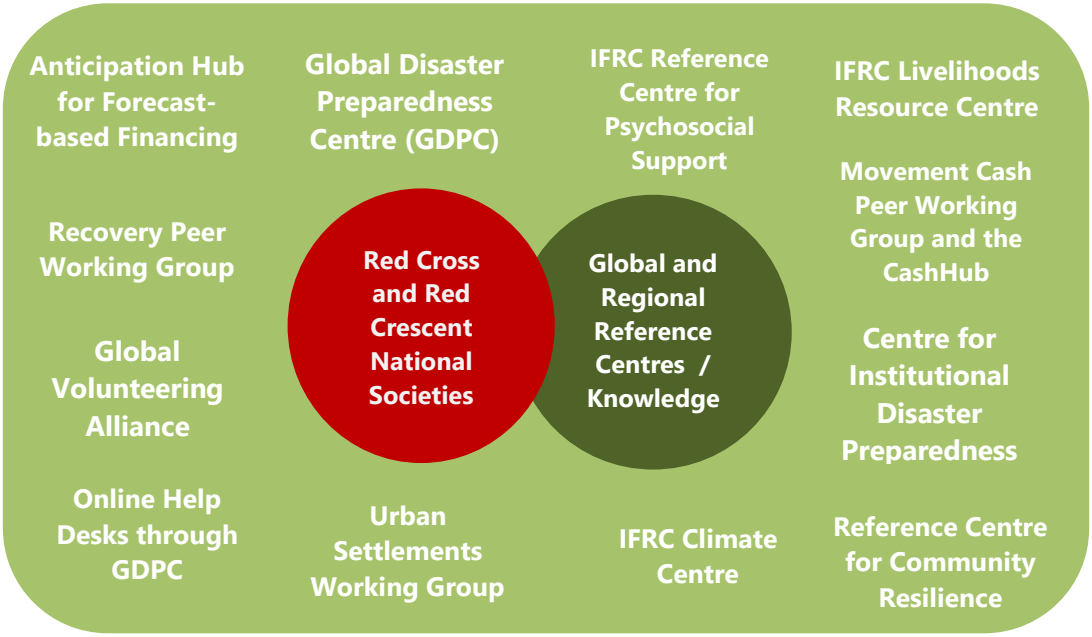
The response to COVID-19 is also **mobilizing the collective resources of the IFRC network**, sharing leadership among the IFRC Secretariat and its National Societies. This comprises both thematic support through various co-creation groups and geographical support. These initiatives have resulted in the adaptation or production of innovative COVID-19 tools and guidance of global applicability. This includes creation of a remote **online global help desk for NS Business Continuity Planning** hosted by GDPC, a Health Help Desk **https://www.preparecenter.org/toolkit/healthhelpdesk**, Service Desks for Livelihoods and Cash Transfer programming support through the Livelihoods Reference Centre and Cash Hub, an Urban Pandemic Technical Support Service to support urban preparedness and response, a global exchange platform for volunteers (SOKONI) to provide information and space for volunteers, guidance on NS financial sustainability, and regional guidelines on the inclusion of migrants in the COVID-19 response.

The IFRC-wide response to COVID-19 also involves providing peer support between National Societies, through the deployment of **country support teams** to assist National Societies in their domestic response. Partner National Societies with presence and capacities in a country may take responsibility to support particular aspects of a National Society's COVID-19 domestic response plans. Partner National Societies are also contributing to domestic responses in other countries, as depicted in **Annex 2.a -** the **world map of our network distribution of bilateral partnerships in support of domestic response plans , which includes cash, in kind-support,and personnel.** There is also ongoing work to share and re-purpose human resources from across the network, to strengthen the IFRC-wide response.

At both local and global levels, the IFRC is strengthening its collaboration within the Red Cross Red Crescent Movement to streamline its response to the pandemic and is strengthening Movement cooperation structures and modalities in line with the Strengthening Movement Coordination and Cooperation (SMCC) process. At a country level, National Societies are key local actors and engaged as auxiliaries to their public authorities. They work in coordination with their government ministries, particularly the Ministries of Health, aligning with and supporting governments to address needs and gaps in preparedness and response. National Societies and the IFRC, also coordinate their response with the wider humanitarian system, including the UN and international / national NGOs, civil society organizations, and the private sector, through Humanitarian Country Teams (HCTs) and through global clusters and other coordination mechanisms at local, national, regional and global levels. This includes the IFRC's co-leadership role of the Global Shelter Cluster.

The IFRC Global Network

This graphic illustrates some of the shared leadership forums or networks working on COVID-19. The changing pandemic context and unprecedented global recession have required our National Societies to rapidly adapt, re-prioritise and innovate their work and levels of coordination for this response, while rethinking the longer-term consequences of how to address the scale of the needs. Working together as a global network of local actors, the wider IFRC will further enhance and re-invent its distributed networks to respond to this evolving context. In this the IFRC is already moving forward with the IFRC's Strategy 2030's Seven Transformations.



As part of Strategy 2030's distributed networks, the IFRC is consolidating work around thematic knowledge-sharing hubs and networks. Examples include the Reference Group on Global Health, Shelter Research Centre, the Global Migration Task Force and Movement Migration Lab, (under development) and regional migration networks.

In addition, at a multilateral level, the IFRC Secretariat is supporting its member National Societies with financial support, in goods, technical guidance and advice, human resource capacity, capacity building (as viable), advocacy, and communications support. To date the IFRC has allocated approximately **CHF 88.7 million to over 154 National Societies and has handled global and regional procurement to a value of CHF 17.6 million to supply PPE and other materials to National Societies** in the five regions. The IFRC is working closely with member Societies in countries preparing for or responding to active outbreaks, to highlight and ensure we fully support those countries most at risk of significant impacts from the outbreak and where there are high-risk communities. This uses the IFRC's country impact index for COVID-19 to help ensure support is given to those most in need, based on vulnerability and risk factors linked to the pandemic, the humanitarian context, epidemiological risk factors, health system capacity, socio-economic indicators, government preparedness measures and the National Societies' mandates.

The revision of this Appeal has been a process of engaging with all IFRC and Movement partners to deliver a unified approach across the Red Cross Red Crescent Movement, and is presented in coordination with the revision of the ICRC appeal, which carries out actions in response to COVID-19 and provides additional support to National Societies in conflict affected areas. This is part of wider coordination with the ICRC at global, regional and national levels, through the SMCC process and presents an ambitious Movement-wide footprint

THE OPERATIONAL STRATEGY

The overall objective of the COVID-19 operation is to contribute to reducing loss of life, while protecting the safety, wellbeing and livelihoods of the most vulnerable people for the duration of the COVID-19 pandemic. This revised Emergency Appeal highlights a clear focus on the work of the **Red Cross and Red Crescent National Societies in delivering and sustaining this response.** The **Operational Response Framework** for the pandemic response is set out according to three operational priorities outlined below, under which are 18 inter-connected pillars that are detailed in the next section of the Appeal.

Operational Priority 1: Curb the pandemic – Sustaining Health and WASH

The keystone of the Operational Response Framework is a **"health first" approach**, recognizing that getting the **pandemic under control, reducing the risks of transmission and maintaining access to essential health services, are the foundation for reducing the health impacts of the pandemic and for rebuilding livelihoods and social and economic recovery.** This will be done by supporting efforts to contain, slow or suppress transmission of the virus, including through effective community-based public health, infection prevention and control (IPC) and **WASH measures in facilities, communities and households**, and will be linked to wider measures to alleviate congested environments in densely-populated urban areas. In addition, National Societies are reducing the **secondary health impacts** of COVID-19, by helping affected communities to maintain access to essential services, including community health services, hospital and paramedical services, **mental health and psycho-social support (MHPSS),** and social care, for COVID-19 and for to prevent or address for other conditions. This includes maintaining vital support for immunization, maternal and child care, and non-communicable disease. This priority recognizes the need for strong **risk communication, health/hygiene promotion, engagement and accountability** to ensure that vulnerable communities are reached with life-saving information, included in developing local solutions and have trust in the response.

Operational Priority 2: Tackle poverty and exclusion – Addressing Socio-economic Impact

The pandemic and related control measures have disrupted livelihoods, reduced or cut incomes, and triggered a global recession, which is exacerbating the **poverty and vulnerability of existing at-risk populations world-wide,** and is likely to worsen related health and protection needs. The global recession has affected labour markets, particularly for informal daily labourers in poor areas, and has reduced much-relied on remittances to home populations. The IFRC-wide response contributes to alleviating the effect of the crisis on the **lives, livelihoods and safe shelter** of millions of families worldwide, including **people on the move and rural and urban poor, particularly those living in slums**. **Food security** is a key area where the work of National Societies can save lives, by meeting the urgent food and basic needs of vulnerable households, providing targeted CVA and restoring longer-term household economic security, through livelihoods, asset recovery and diversification. National Societies are often local partners of choice in their country to deliver shelter, food, and livelihoods assistance through CVA, to help communities strengthen their resilience. The presence Red Cross Red Crescent volunteer networks in both rural and urban areas is a comparative advantage for humanitarian actors and their presence at national and local levels supports the IFRC network's robust community-based programming, multi-sectoral interventions and CVA expertise that strengthen recovery, resilience and social cohesion. **The IFRC is committed to scaling up its support to National Societies to deliver CVA across all three priorities of the response**. National Societies understand local contexts and are well-positioned to **engage and include local communities and ensure accountability**. Central to our work is a focus on supporting marginalised people, affected by stigma and discrimination. There are major protection risks at this time for migrants, refugees, displaced people and returnees trying to reach home and for those living in camps, camp-like or informal settings, collective accommodation and slums, where containment measures are difficult to apply. We will pay particular attention to vulnerable women, girls, disabled people and minorities, who are at risk of violence or exploitation and try to reduce tensions and build social cohesion.

Operational Priority 3: Strengthening National Societies

To ensure **sustained services and operations** at both local (branch) and national levels, it is vital to support the strengthening of our National Societies as key local actors, and enhance their response readiness and resilience. This includes programmatic support for preparedness and institutional readiness to respond to the outbreak and possible future waves of COVID-19, as well as to other disasters and crises, through sound preparedness and contingency planning. It is also vital to address the **impact of the pandemic on National Societies' sustainability**, and ensure that they have effective capacities and core organisational strengths to be able to deliver against their mandate and auxiliary role at this time. This includes support to National Society development to ensure effective volunteer management and duty of care for staff and volunteers, as well as ensuring that National Societies have the necessary organizational strategies, policies and structures in place. To strengthen operational and financial sustainability, National Societies are receiving guidance and support to reinforce their domestic resource mobilization capacities and engagement with government authorities and local actors and partners, as well as funding from the IFRC and Partner National Societies. Support is also provided for Volunteer Solidarity mechanisms to be set up at local level or supported through other means for volunteers hospitalized or who died from contracting COVID-19 during the course of their work.

Enabling Action: Global Supply Chain	Enabling Action: Digital Transformation	Enabling Action: Accountability and Inclusion
The IFRC Logistics, Procurement and Supply Chain Management (LPSCM) team will continue providing logistics guidance to National Societies to support them with provision of timely, quality-assured medical supplies and PPE. All IFRC logistics guidance documents are shared with the Movement partners through the IFRC digital GO platform, including the "Guidance note for National Societies on quality assurance of PPE for COVID-19" and the standard PPE items with relevant technical specifications and standards that are recommended by the IFRC and WHO. To address timely delivery of regular PPE needs of National Societies, a working group consisting of the IFRC, ICRC and National Societies has been initiated, to look into possible pre-positioning of PPE with support from all Red Cross and Red Crescent Movement partners, to provide funding, pre-positioned stocks, warehousing and coordinated tendering.	Data and digital transformation, with its enormous opportunities and risks, has been identified as one of the critical Seven Transformations in IFRC's Strategy 2030. The pandemic has accelerated the need to scale-up data and digital transformation under the "new normal", and the IFRC Secretariat and its membership are developing clear goals to speed up data literacy, data collection analysis and management, data usage and data protection. This includes equipping of IFRC offices and National Societies with appropriate equipment, software, websites, systems, training and bandwidth to be able to work, inform and communicate effectively and efficiently in the response to COVID-19 and other future disasters or crises. This includes a commitment to deal with cyber-security, data protection, privacy and the high level of misinformation that relates to this pandemic. It also looks to the future, with work to develop and support safe and trustworthy (decentralized) apps for contact tracing.	In a public health crisis trust is a crucial element, without which people will not adapt their behaviours and the response will fail. Our approach to community engagement and accountability across all aspects of the response is grounded in understanding communities perceptions and adapting our response according to the changing concerns, questions and suggestions from communities. The IFRC-wide response focuses on the needs of those people who risk being "left behind" or who struggle to have access to assistance and services and to ensure their inclusion across all programming and via their engagement as volunteers. It also puts in place monitoring and risk management measures to ensure accountability to the most at-risk people and provides programmes to address key risk areas, such as Sexual and Gender Based Violence. The IFRC works with governments and other actors to address exploitation and holds National Societies accountable to deliver this work, through robust measures.

The risk of a Second Wave

The first goal of pandemic response is to stop transmission of the virus. Without adequate control measures, the number of infected people grows exponentially in countries with large-scale community transmission (new cases can double as quickly as every 2 days and on average take twice as long to drop by half). Maintaining essential public health control measures, such as surveillance, distancing, quarantine, detection and isolation are critical to reduce transmission and prevent secondary waves. Maintaining essential and responsive public health epidemic control measures and behavioural changes, are critical to reduce transmission and prevent second waves. To be effective, these measures must be scaled-up, maintained and reach all affected and at-risk populations to avoid the reintroduction or resurgence of the virus. Without effective and sustained epidemic control measures, the pandemic will remain in communities and further peaks can be expected until the virus is eradicated or population immunity is achieved e.g. through a vaccine.

National Societies will support national health authorities to detect, contact trace, screen, test, and isolate cases as needed. National Societies also work with communities to establish preventive measures, such as handwashing points, good hygiene behaviours, physical distancing and wide-scale RCCE and health/hygiene promotion to help prevent a second wave. The IFRC has worked with field offices and other stakeholders to develop its strategy and preparedness for the impact of **potential further waves of the outbreak in those countries relaxing some epidemic control measures** after the first wave of cases. This includes, supporting National Societies to work with public health authorities to advocate to have phased steps to end current suppression or restriction measures, to sustain epidemic control measures, and to carry out scenario and contingency planning to scale-up readiness to respond to a second wave. The impact of a second wave will vary and **all measures will be context specific**.

The risk to Fragile and Complex Contexts

There are many contexts across the globe where communities are already living in extremely fragile conditions, either as a result of the impact of other disasters or crises, or due to the impact of conflicts or related restrictions on funds and goods. National Societies and international partners are already responding in these crises and are gearing up to adapt programming to include preparedness and response measures linked to COVID-19. The National Societies are re-prioritising their work to, as far as possible, ensure their response and preparedness activities are COVID-ready in a range of such challenging contexts, such as Afghanistan, Bangladesh, Central African Republic, DPRK, Democratic Republic of Congo, Greece, Haiti, Libya, Myanmar, South Sudan, Syria, Yemen, Ukraine, and Venezuela.

The IFRC is identifying countries in each region with the highest levels of needs, in recognitioin of the urgency to step up support for these most vulnerable contexts, including those previously listed. The IFRC works closely with Red Cross and Red Crescent Movement and non-Movement partners to ensure the coordination of additional support and resources in these fragile, complex and protracted crises and to coordinate a sustained response, both to COVID-19 and to the compounded challenges they face, in order to prepare the populations as best possible. The IFRC also works closely with National Societies to help them to adapt their ongoing programming, to find additional resources to incorporate COVID-19 specific measures and to continue their work to protect, assist and advocate on behalf of those most at risk in these contexts.

The risk to People on the Move

There are millions of people on the move, including those who have been forcibly displaced, seek asylum or have migrated, and who live in camps, informal settlements, collective accommodation, detention centres, and urban slums. They often have inadequate shelter and no, or limited, access to services and formal support networks. In contexts, such as Cox's Bazar or Greece, the risk of the virus are already being felt. Due to COVID-19, returning migrants and returnees may be stranded at borders, waiting to return to countries of origin, while others may be forced to move to meet their basic needs. Fear of being stigmatized or deported complicates how migrants, refugees and internally displaced people (IDPs) access health care, while movement restrictions and border closures push people into negative coping strategies and leave millions vulnerable to exploitation. Lockdown measures disproportionately affect migrants' incomes and remittances for dependents back home. The most vulnerable – women, children, unaccompanied minors (UAM) and older people - can face abuse and exploitation.

National Societies have experience of assisting and protecting migrants, refugees, returnees and internally displaced people, irrespective of their status and at different stages of their journeys. They provide assistance, protection, and advocacy in large-scale population movement operations, as well as supporting the longer-term needs of migrants, refugees and displaced people across the world. Interventions are being adapted to include locally relevant COVID-19 considerations, using innovative approaches such as fixed and mobile Humanitarian Service Points. Localised responses contribute to a culture of learning and are complemented by advocacy with governments to ensure vital access to essential services, including for irregular and undocumented migrants. Information is shared virtually to ensure migrants can access advice and information. National Societies leverage the value of having volunteers from migrant, refugee and displaced communities to inform and adapt their work. And the new Red Cross Red Crescent Migration Lab is engaging into research on the impact of COVID-19 on global population movement.

The risk of the Compounding Needs of other Disasters and Crises

The impact of COVID 19 on **ongoing humanitarian operations and programmes** across the world is significant, and poses a **threat to the response to new disasters and crises** throughout the appeal period**.** It is vital that humanitarian organisations, governments, and donors maintain their commitments towards people currently experiencing humanitarian crises or at risk in the face of coming shocks, and that the vulnerabilities are not exacerbated by the pandemic. This requires "pandemic-proofing" of much-needed services and response preparedness. The current environment is very complex for National Societies, particularly for the small ones, and the IFRC network focuses on supporting National Societies in developing sound contingency and business continuity planning (BCP). The IFRC network also builds on its expertise in forecasting for weather-related events and anticipatory action to help mitigate as much as possible the impacts of coming disasters. National Societies are also supported in factoring in the increasing risks of civil unrest and violence resulting from lockdowns and the global recession, as well as the impact of growing stigma, exclusion and marginalisation of vulnerable groups as a result of social and economic tensions, particularly in densely populated urban areas

IFRC WIDE RESPONSE PLAN

The section below provides more information on the pillars under each of the three priorities above and links to the more detailed planning that will done in National Society Domestic Response Plans at country-level (see GO Platform) and through the IFRC's Emergency Plans of Action (EPoAs).

Operational Pillars of Priority 1: Curb the pandemic – Sustaining Health and WASH

National Societies play a key role in developing and maintaining strong and resilient health systems". As countries move through scale-up to easing lockdown restrictions, it is important that the IFRC network plays its role in managing and reducing transmission (see the 11 pillars of the health response below). The key focus is to support National Socieites in their role in "detecting, isolating, testing and treating" cases – this includes roles in community surveillance, contact tracing, IPC in health facilities etc. At a community level this includes National Society and community preparedness for mitigating and preventing the transmission of the response. National Societies carry out a key role in educating and engaging with communities, counter-acting rumours and misinformation, listening to local ideas and solutions and adapting programmes accordingly. The work on COVID-19 is in line with IFRC's future commitment to address "growing gaps in health" in Strategy 2030.

1. **Epidemic control measures ([a]testing, [b]point of entry/point of control screening, [c] contact tracing, [d] support for quarantine of contacts/high-risk individuals and isolation COVID-19 cases not requiring clinical treatment)**
2. **Risk communication, community engagement, and health and hygiene promotion**
3. **Community-based surveillance (CBS)**
4. **Infection prevention and control and WASH in health facilities**
5. **Infection prevention and control and WASH at the community level**
6. **Mental health and psychosocial support services (MHPSS)**
7. **Isolation and clinical case management for COVID-19 cases**
8. **Ambulance services for COVID-19 cases**
9. **Maintain access to essential health services (community health)**
10. **Maintain access to essential health services (clinical and paramedical)**
11. **Management of the dead**

Pillars 1,2,3,7- 8 : COVID-19 epidemic control activities, ambulance services and effective risk communication

In communities experiencing outbreaks with community transmission, Red Cross and Red Crescent volunteers fill critical roles providing prevention, detection and case management services at the community level and ensuring public health systems act earlier, longer and at scale. This includes carrying out community-based surveillance and contact tracing, supporting people in quarantine, or in isolation at home, ensuring communities have the information and tools needed to protect themselves and reduce transmission, providing mental health and psychosocial services, and supporting clinical case management, ambulance and blood services for patients. These community-level interventions will be carried out without discrimination and will help change behaviour to reduce the risk of transmission and extend the reach of government pandemic prevention, detection, and response measures to the most affected communities. National Society staff and volunteers reduce the burden on other health services and provide the support needed to scale-up services, such as IPC, triage, home-based care etc. and reduce the mental health and psychosocial impact on vulnerable community members. There is a strong focus on quality assurance and indiscrimate access throughout all these measures.

Pillars 4 and 5: Infection Prevention Control and WASH in health facilities and communities

The inclusion of IPC will become the new "norm" in the work in health facilities and communities. As well as IPC measures, the provision of water, sanitation and hygiene (WASH) is essential to protecting human health during infectious disease outbreaks, including COVID-19. Ensuring good quality and consistent WASH services in health facilities, communities, public places (e.g. high traffic areas) and health care facilities is essential to prevent human-to-human transmission of the virus. The IFRC-wide response will focus on scaling-up WASH provision in vulnerable communities, such as camps, collective accommodation, informal settlements, and urban slums, with a focus on universal access to good hand hygiene, to reduce immediate and longer-term risks and will also include advocacy to decongest such sites. National Societies will also work with communities to provide information and support for improved hygiene in facilities and communities. This includes specific training in WASH, including in community surveillance and the appropriate use of PPE. The lack of access to water and sanitation undermines community resilience to respond to COVID-19 and other diseases, and will be addressed in a comprehensive and sustainable way through the IFRC's "One WASH" initiative to address wider health needs open to all.

Pillar 6: Mental Health and Psychosocial Support for COVID-19

The huge pressure on health care workers and other frontline staff, as well as on communities severely affected by either the heath or socio-economic impact on the system, is showing a massive increase in stress, PTSD and pressure from new or increased mental health issues. This will further increase over the coming months as the impact of the global recession increases umemployment, evictions and poverty. The WHO and other organizations have warned about the enormous need for MHPSS support over the coming period and National Societies are gearing up their PSS / PFA support for communities. This will be particularly needed amongst many vulnerable groups, including those bereaved or affected by the virus, people affected by loss of livelihoods or increased risks of poverty and food insecurity, and groups such as migrant, refugees and IDPs. The IFRC Reference Centre for Psychosocial Support (PSC) is supporting the wider membership to develop new methodologies and tools to mitigate the psychosocial and protection impacts of COVID-19.

Pillars 9 and 10: Access to essential health services to save lives at risk from overburdened health systems

In the short to medium-term, many health systems may be unable to meet ongoing health needs due to the number of patients requiring treatment for COVID-19. Surge support for health systems, task shifting, community care and health promotion activities can help maintain basic levels of non-COVID care for affected communities and vulnerable groups such as migrants, refugees and IDPs and should be available to all without discrimination. Exposure of healthcare workers to the virus may also result in gaps amongst frontline providers, and other pressures may reduce the levels and use of the care that remains. Red Cross and Red Crescent volunteers play a role as health extension workers and health promoters for critical services in the community, and play a key role in immunization, reproductive, maternal and new-born healthcare, malaria programming, HIV and TB treatment, blood services, non-communicable diseases and for other curative and preventive services.

Pillar 11: Management of the dead

In some communities Red Cross Red Crescent volunteers support families and community members to safely adapt and carry out culturally and religiously appropriate burials and mourning services. To cope, all families need to mourn the loss and bury their dead. Those needs are not always respected in the aftermath of an emergency or a crisis. With the support of IFRC and ICRC, National Societies will support proper and dignified management of the dead. Not only does it preserve the dignity of the deceased and eases the pain of the family, but it also ensures that people do not go missing due to gaps in the system

Importance of Risk Communication and Community Engagement (RCCE) and accountability actions to ensure communities have access to critical, life-saving information and that community needs, perspectives and solutions are identified, respected and acted on.

Previous epidemics responses have illustrated the need to build trust and engagement with local communities and to adjust interventions based on feedback from affected and at-risk groups to deliver community accountability. Approaches that incorporate participatory decision-making and actions are more likely to be high-quality, cost-effective and sustainable. Local actors, like Red Cross and Red Crescent National Societies, are able to mobilize such critical community engagement and, building on existing health and WASH programming, ensure that communities are at the centre of preparedness and response actions, including healthy behaviours and hygiene practices. The IFRC will scale-up support for community feedback mechanisms to gather and use community-led information and solutions to inform the design of its programmes and services and will adapt its response to fit local circumstances. The IFRC will build on experience from other epidemics (e.g. Ebola) to build community trust in health information and interventions by:

- sharing information through trusted channels to support people to adopt safe practices and challenge the 'infodemic' of rumours, misinformation and stigma;
- collecting community feedback so we understand the beliefs, fears, rumours, questions and suggestions circulating in communities about COVID-19 & use this to inform the response;
- working with communities to identify and support community-led solutions to bring the outbreak under control

This Appeal promotes the virtual delivery of communications and services to communities and will support the strengthening of National Societies' data and digital literacy, data protection and digital risk management to enable this. National Societies will leverage existing social media channels and mobile phone technology to collect community feedback, track misinformation and provide adapted, trustworthy information. IFRC will also use its community network to identify alternative channels to reach affected populations without access, through community representatives, essential health workers and IFRC network volunteers. As countries face different phases of the pandemic, the IFRC will scale-up its ongoing communications efforts and provide relevant, accurate and credible public communications content, guidance and media profiling to support RCCE, community accoutability and support risk management.

Operational Pillars of Priority 2:
Tackle poverty and exclusion – Addressing Socio-economic Impact

To respond to the enormous socio-economic impact of COVID-19, the IFRC network is scaling-up its existing livelihoods and food security support and adapting or developing new programmes to address the fall-out from the pandemic across the world. This includes providing both **immediate in-kind (food aid) and cash / vouchers support, where viable, to assist the most vulnerable communities,** as well as developing longer-term approaches and programmes **to sustain safety nets** for the months to come and to support early recovery and adaptation to the pandemic threat. The socio-economic impact has a wider effect on the needs of extremely vulnerable communities, in relation to their economic security, safe shelter and access to services, facilities, social care and inclusion. In addressing this pillar, the IFRC is committed to focusing on the overwhelming need of the vulnerable groups and individuals most affected by the worst socio-economic impacts and at risk of discrimination, exclusion and violence. It is vital to ensure we are **communicating and engaging effectively with them to ensure that their voices are heard**, both in our work and in our advocacy with others. It is also vital that National Societies take a clear role in building bridges between groups in our society at this critical time, and support investments in recovery, inclusion and resilience across systems and communities. This priority is comprised of four pillars that cover the range of work and work is aligned across the different pillars and with other interventions to deliver integrated, multi-sectoral actions that enhance resilience at personal, household and community level. This is done in **close cooperation with local governments and other partners to ensure the scalability and sustainability of the interventions.**

1. Livelihoods and Household Economic Security

The National Societies' work in this area focuses on the needs and participation of the most vulnerable who are already poor, food insecure or in unreliable employment (such as daily/informal labourers, migrants etc), and are especially at-risk from COVID-19 and its repercussions. Our National Societies work to-: meet basic food and household needs; protect livelihoods through cash and voucher assistance (CVA) or in-kind assistance (e.g. agriculture / livestock); replenish assets; re-skill people to improve employability; give start-up kits for small businesses; strengthen social protection schemes; and advocate for access to financial institutions and government mechanisms / safety nets. It also includes support for particularly vulnerable families at risk of losing homes or basic services, particularly in urban areas, providing cash for rent, bills and debt payment. In the longer-term, IFRC will support National Societies to carry out local assessments to develop and adapt recovery and resilience programming to address future needs as they evolve. The IFRC network, including the Livelihoods Resource Centre (LRC), the Red Cross Red Crescent Movement CashHub and the Cash Peer Working Group (CPWG), work to strengthen technical capacities in livelihoods programming, cash and voucher assistance (CVA), and market and livelihoods assessments. **HelpDesks related to Food Security, Livelihoods and CVA**, have been set up to support National Societies in technical areas, such as locally relevant response options and modalities and income generation activities. All engagement on livelihoods, food security, household economic security and social protection will build on and share learning and innovation between National Societies and with government services and networks.

2. Shelter and Urban settlements

COVID-19 is having an impact on the physical and social conditions under which people live - **the lack of adequate or appropriate space increases their exposure to the virus and to related protection risks**. People living in densely populated urban areas, informal settlements and slums, displacement sites, camp settings and collective accommodation, detention centres, and those who are homeless, are disproportionately affected by the pandemic and most need support to access and maintain safe shelter. This is linked to the need to **access health and WASH services**, without which control measures are impossible. The IFRC network is pre-positioning and distributing basic Household Items (HHIs) and shelter materials to assist the most urgent needs. Special attention is paid to the housing, land and property rights of the most vulnerable and to providing cash assistance to help protect them against eviction. The IFRC provides COVID-related technical support and guidance to **help National Societies adapt shelter programming or take on new services** to ensure vulnerable people are assisted to find or adapt housing and improve access to facilities and services. A new Urban Technical Support Team Helpdesk has been set up to help with programming in urban areas, while the network is supporting innovative approaches to address physical distancing, isolation and quarantine in camps and informal settlements or for the homeless, including through re-purposing shelters and warehouses to provide safe areas where there are no safe spaces. The IFRC also capitalizes on the expertise of its IFRC Shelter Research Unit to examine issues around collective centres, shelter and HHI suitability and environmentally responsible options. The IFRC will continue to provide **leadership across the shelter sector as co-lead of the Global Shelter Cluster,** coordinating shelter engagement at country level and coherent messaging / technical guidance at a global level. The IFRC will promote participatory engagement and service delivery modalities

across all shelter and urban programming to tackle systemic issues around safe shelter in urban settings, as well as help National Societies and communities in urban areas to be better prepared. "Humanitarian Service Points" will be key in delivering services to a range of marginalized people.

3. Community Engagement and Accountability, and Community Feedback Mechanisms

National Society volunteers are well placed to provide community support, and, in coordination with other stakeholders, use existing channels to collect community feedback, track misinformation, and provide trusted, relevant and up-to-date information to those in need and to capture local solutions. This is supported by maintaining timely and accurate public information focused on the humanitarian needs and the Red Cross Red Crescent response, to support trust-building, access, collaboration with key partners and risk management. National Societies also work closely with their governments to reduce the impact of suppression measures on livelihoods, food security and other socio-economic impacts, and engage communities in those discussions to find local solutions.

In addition, COVID-19 is creating fear - a key ingredient for stigmatization, racism and xenophobia. Recent attacks on frontline health and humanitarian workers and on marginalised groups, show that the pandemic is "super-charging" splits within communities and the IFRC network advocates for clear messaging to and engagement of vulnerable groups, such as migrants. This response ensures community transparency and participation, adopting a CEA approach that:

- Ensures communities understand the role of Red Cross Red Crescent, the services offered and how to access them
- Listens to people's feedback and complaints about the response and uses these to make improvements
- Uses participatory approaches to design interventions so they meet the needs of affected people and are community-owned.

4. Social Care, Cohesion and Support to Vulnerable Groups

In all countries affected by COVID-19 there are individuals, groups or communities facing discrimination, marginalization, inequality and violence due to social (legal, cultural, gender-based or economic) differences in status, access to assistance and services, and influence. People who have often lost their only source of daily income and have no safety nets, such as such as undocumented migrants and other migrant workers, have increased protection risks and are disproportionately made up of women and minorities.

The backbone of this priority is Red Cross Red Crescent National Societies actions to support marginalised and vulnerable people affected by strict containment restrictions, which limit access healthcare, exacerbate socio-economic impacts, and increase the risk of stigmatization, violence and discrimination for particularly at risk groups, such as urban poor, migrants and displaced people, women and girls, ethnic, religious or other minorities. It is important that a protection, gender and inclusion (PGI) lens is used across all programming for COVID-19. As well as mainstreaming PGI, the IFRC establishes specific programmes in the immediate, mid and longer-term to mitigate risks and include the most vulnerable individuals and communities.

The four "pillars" of the PGI approach are:- mainstreaming dignity, access, participation and safety; preventing and responding to violence; preventing and responding to discrimination and exclusion (e.g. through MHPSS, livelihoods, and education); integrating education needs in programming. As part of social cohesion, the IFRC also supports public health and social measures in educational institutions, virtual education or home-schooling, conditional cash for education, provision of equipment for distance learning, and safe distribution of educational materials. National Societies also seek to give a voice to the most marginalized and advocate to influence the allocation of services and resources, linking **to the work with governments on national fiscal stimulus or social protection / safety net measures to ensure vital social inclusion and resilience support reaches those in need.**

Operational Pillars of Priority 3: Strengthening National Societies

The National Society Strengthening priority combines our work to both prepare and develop our member National Societies to meet the challenges of this pandemic. This involves strengthening them as local organisations able to rapidly develop, adapt, scale-up and maintain readiness and prepare for emergency operations, including those for COVID-19 and for other emerging disasters or crises. It also involves supporting them to become well functioning local organizations, relevant within their own communities, with sustainable operational, organisational and financial structures and safe, well managed staff and volunteers. This includes supporting National Societies to deliver against their auxiliary role on behalf of their governments, and is aligned with the IFRC frameworks on National Society Preparedness and National Society Development. The impact of the pandemic on National Societies as organisations and on their operational capacity requires the global IFRC network to increase and reinvent its support for its members – while also offering an opportunity to effect the needed shifts towards the localization of humanitarian action.

Pillar 1: National Society Readiness

National Society preparedness and capacity strengthening, and support to community preparedness

The pandemic increases the need for at risk communities to be self-reliant in the face of compounding hazards, in particular growing climate risks. National Societies are major actors in community-based Disaster Risk Reduction (DRR) and will be supported to strengthen risk-informed planning and adapt ways of working to provide national, local and community based DRR, preparedness and response services during COVID-19 times.

They will also be supported to engage in national and local recovery planning and implementation to enable resilient and sustainable recovery of communities in anticipation of future risks.

Federation-wide support will provide a streamlined process to allow National Societies to review their capacities, adapt all levels of planning, and contextualise programming and services to meet the response requirements through **the Preparedness for Emergency Response (PER) mechanism.** PER will contribute to increased local preparedness and response capacities, institutional learning and enhanced coordination, through e-learning, peer-to-peer support and through the GDPC and other helpdesks, regional forums, and innovative technologies / platforms, **such as the volunteer platform SOKONI** (see under pillar 3). As part of this, a key priority will be to improve "pandemic readiness" in all plans for the extended timeframe of the response and in relation to other priority risks1, in collaboration with national governments and relevant agencies. **National Society preparedness plans, early action protocols, contingency plans, SOPs and risk reduction measures** will be updated to include COVID-19 considerations.

The current response will generate innovation and learning for National Societies, including around risk modelling, early action planning / financing, new business models, income generation initiatives, and **disaster risk financing to inform risk-based decisions** and anticipatory action to improve the response and future resilience. This includes supporting National Societies to increase the sustainability of their actions through the integration of Environmental/ Green Response and climate change considerations into their activities.

National Societies' Auxiliary role and mandate

National Societies need to be ready to strengthen their engagement and coordination with their public authorities and other agencies, as recommended in the IASC's guidance to support national preparedness and response, and to **fulfil their auxiliary role in health and disaster risk management, in line with the IFRC policies**. In many contexts, it is possible that National Societies may need to revisit their auxiliary role and core mandate with national authorities as this crisis evolves, to ensure their ability to sustain their operational and financial sustainability and to emphasise their role as a key local actor in the delivery of sustainable public health and humanitarian services. This will be important to support their involvement in national, regional and inter-governmental coordination mechanisms with a range of other local actors at all levels (e.g. joint planning, training and capacity development). National Societies have a unique mandate to support their public authorities in developing and implementing effective policy and regulatory frameworks for crises. The **IFRC Disaster Law Programme** plays an important role in promoting and negotiating space for National Societies and other humanitarian actors, to be able to have access, open channels for international assistance and support the delivery of their mandated role in their individual context. They are well positioned to **advocate for effective and humane policies related to COVID-19,** including access to PPE and medical equipment for frontline responders, assistance for uninsured volunteers and housing, land and property rights for those at risk of eviction. The IFRC provides direct legal advice and skills training for National Societies and governments in each region, to increase the recognition for the auxiliary role and advocates to ensure that COVID-19 policy decisions and programming support the leadership and capacity of local actors, such as National Societies, in line with Grand Bargain commitments.

Pillar 2: National Society Sustainability

National Society business continuity planning is a priority as they play a critical role in emergency response, particularly now in the context of COVID-19. A Business Continuity Planning Help Desk supports National Societies as they work to maintain operations and deliver critical services to vulnerable populations affected by the COVID-19 outbreak and other hazards. Through access to guidance, including a **National Society BCP Guideline (in all IFRC official languages**) focusing on risk assessment, scenario planning, preparing/activating a BCP, and shared good practices, National Societies can comprehensively plan and strengthen their ability to maintain relevant country-wide services to communities affected by a crisis. Early **identification of sustainability risks and investment in National Society financial sustainability**, including domestic **resource mobilization capacity development**, is key to ensure National Societies can continue to exist and deliver vital services. Within its National Society Development support, the IFRC has been working to identify National Societies that might be more at risk in this regard. The IFRC has also launched a "*Guidance and Toolkit on NS Financial Sustainability*" to provide National Societies with a menu of options to support the early detection of financial risks and other threats to organizational sustainability. Specialized personnel with competencies **in risk management, core costing, financial development, and resources mobilizatio**n, have been provided by partner National Societies to complement ongoing work in this area and support National Societies to draft resource mobilization plans that support their National Society domestic response plans. The Movement community of practice on National Society Financial Sustainability provides access to coaches from leading associations, as pro bono contributions **on financial management/sustainability**, resource mobilization (incl. with the private sector), communications, ICT development, and crisis management. The IFRC network's support for National Society financial sustainability is coordinated across country and regional/global levels, to ensure the coherence and effectiveness of all support provided by Movement and external actors.

Pillar 3: Support to Volunteers

Support for volunteers is vital to enable them to continue providing essential assistance alongside their public authorities and ensure they have the tools, support and protection needed to do their work. Investing in our volunteers, particularly youth volunteers, and the systems that support them is therefore essential to the success of the COVID-19 response. The IFRC leverages its Volunteering Alliance and regional volunteering networks to strengthen the capacities of volunteers and of volunteer management systems and support, including policies, procedures and tools, training, protective equipment, PSS and safety/wellbeing measures, retention modalities. The IFRC is working on:

- **Enhancing the new global platform (SOKONI)** to facilitate peer communication and exchange of experience between volunteers for the COVID-19 response. The platform hosts reports, videos, and stories on a global map, thematic discussion forums and links to a calendar of events and official documents.
- **Build on the "*Guidance and toolkit for coverage of uninsured volunteers*",** which offers different options for National Societies to cover their uninsured volunteers for COVID related risks. This includes enhancing or creating local mechanisms to insure volunteers, advocating with national authorities for support, setting up specific fundraising mechanisms or injecting additional funds as needed. The insurance will cover both the medical expenses for volunteers who fall ill with COVID-19 or support their families if they lose their lives. The latter will also be supported through an enhanced French Fund Maurice de Madre.
- Support volunteers, especially spontaneous and temporary volunteers, in a self-assessment process of their aptitude to work in line with the Principles of the Movement and in favor of minorities and vulnerable people.

To support this response, the IFRC Secretariat maintains **International Support and Resourcing, Evidence-based Insights, Communications and Advocacy, Coordination and Quality Programming** to ensure the assistance under the three pillars is provided effectively, is communicated to the relevant partners and has the impact that is needed. This section outlines the support of the IFRC system that is channelled through this multilateral Appeal and acknowledges the importance of distributed capacities / networks to deliver the coordination and enabling actions.

International support and resourcing

The IFRC Secretariat continues to provide critical guidance and support to our National Society membership to adapt their existing programmes and emergency operations safely and to help them to sustain them in the light of the pandemic. Applying lessons from other epidemic responses and experience in fragile humanitarian contexts to adapt our work, the IFRC Secretariat continues to focus its support through the provision of human, material and financial resources, to help National Societies to respond to the evolving situation in their context, while maintaining a strong commitment to sustain new and ongoing operations and to protect staff and volunteers on the ground.

Logistics and Supply Chain

Logistics and supply chain management is included above as a key enabling action to support the three priorities of the IFRC-wide response in this Appeal. Logistics, Procurement and Supply Chain Management (LPSCM) services are critical to this response, with 59 metric tonnes of supplies having been delivered to National Societies to date, through a consolidated Global Demand Plan (CHF 11.5 million worth of PPE). Joint tenders with the ICRC and with MSF, WHO and UNICEF and bulk purchasing is helping to manage challenges in supply chain and global supply. The reinforcement of the LPSCM team, particularly the medical logistics role, is supporting at-scale, global procurement of supplies and the quality control of in-kind donations, while the logistics team are ensuring global transportation, through a global transport framework agreement with providers, the free use of WFPs cargo services (saving over CHF 1 million) and through ECHO's airbridge for cargo transport in repatriation flights. In parallel, LPSCM has been supporting National Societies to scale-up pre-positioning and local procurement of requested items where possible and ensuring quality control. IFRC guidance ("Directive for Simplified Procurement Management for the COVID-19 Response") is helping National Societies to fast-track their local procurement, while maintaining minimum quality standards. To support this, dedicated COVID-19 "supply chain coordinators" have been put in place in each region to follow-up on supply and quality for national responses. All logistics guidance and technical specifications are shared on the GO platform and all Movement partners are working together to optimize support to National Societies.

Business Continuity, Security and Risk Management

In working through our distributed network, the IFRC Secretariat puts an emphasis on the sustainability of quality services and accountability to vulnerable people and has put in place a strong risk management system, to anticipate potential risks, including integrity risks, as part of our accompaniment. To ensure the security of our Red Cross Red Crescent staff and volunteers, the IFRC's offices and security personnel are working closely with National Societies to monitor and collect data to feed into global situational risk analyses. Minimum Security Requirements and additional security plans are developed in response to changing situations on the ground and are reflected in Business Continuity Plans (support to BCP is comprised under Priority Three). Security Risk Assessments will be conducted in specific contexts as necessary and viable, to identify additional risk mitigation measure. The IFRC coordinates all security measures with National Societies, partner Societies in-country and the ICRC through regular information-sharing and coordination channels and all IFRC and National Society staff and volunteers are required to complete the IFRC Stay Safe e-learning. The IFRC also supports National Societies to develop their own security planning and to monitor threats against the Red Cross Red Crescent with CEA teams.

Partnerships and Resource Mobilisation

To date there has been an enormous resource mobilisation effort to raise the funds to cover this Appeal and to work with National Societies to support them to increase their own international and domestic funding capacities and build their sustainability. The work to build National Societies' resource mobilisation capacity is part of the support to ensure National Societies financial sustainability outlined under Priority Three. Funding going through this Appeal mainly goes to support the work of National Societies, as shown by allocations to over 154 Societies worldwide to date). Allocations have been based on the level of COVID-19 spread in each country, the capacity and plans of the National Society, their mandated role in their country, the quality of their plans and the link to longer-term services. Allocations have followed the principle of equity across our membership and may include National Societies from higher income contexts with needs emanating from large responses to COVID-19, while still focusing on those in LMICs and in complex contexts, based on their mandate and capacity to respond. The remaining funding supports the IFRC Secretariat to provide

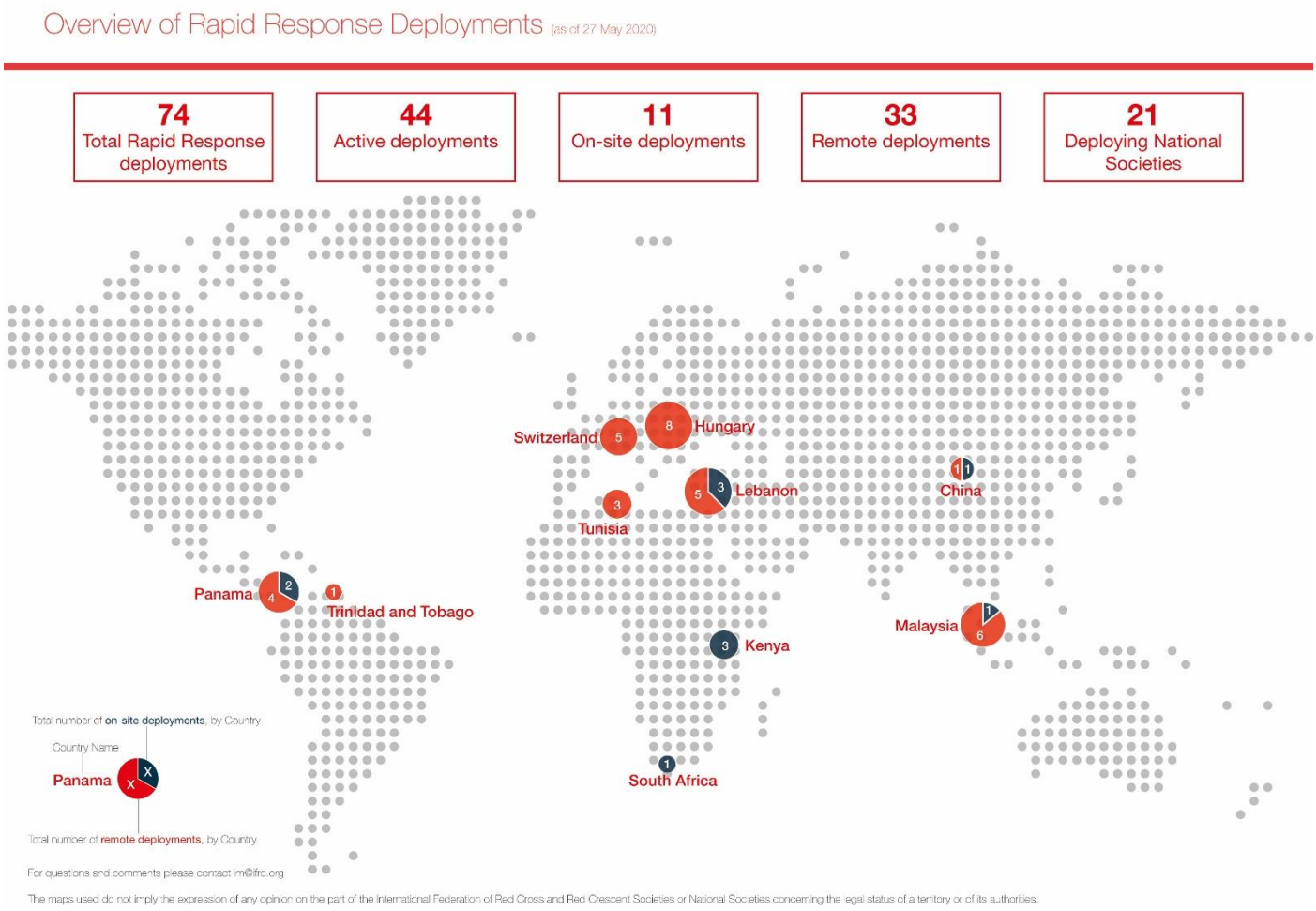
technical and management support and coordination through our Country/Country Cluster, Regional and Geneva Offices. Financial systems have also been revised to speed up the cash transfer of funding allocations to National Societies, based on their plans, and this is linked to reinforced risk management modalities to agree and reach an acceptable level of risk.

Civil and Military Relations

As the COVID-19 crisis continues to evolve, national authorities are increasing the use of uniformed forces (police and military) to support measures to contain the crisis and enforce movement control orders. Equally clearly, restrictive measures associated with COVID-19 may be met with lack of compliance. The nature of this crisis is likely to oblige humanitarian agencies to coordinate with uniformed forces and/or arms carriers who are supporting the response. In this regard, Red Cross Red Crescent Movement personnel are – and will – increasingly have to engage with the police and military in one way or another. IFRC and ICRC have established guidance for National Societies for potential engagement with military bodies in the current COVID-19 crisis, based on previous experience, lessons learnt and reference documents (the Draft Red Cross Red Crescent Handbook for Civil Military Relations) and other tools to guide the whole Movement on Civil Military Relations.

Human Resources

The COVID-19 response operation has had to recognise the limits to international deployments and the need to strengthen local recruitment and capacities, as confirmed in a recent real-time lesson learning exercise around human resourcing. The IFRC network is also looking at an HR sharing system populated by partner National Societies and National Society staff and for shared or re-purposed HR capacity to provide coordinated support at country levels. The map below shows the surge or rapid deployment capacity that has already been deployed or is providing remote support at global, regional and national levels for this COVID-19 response. Across all the HR planning for rapid response or for longer-term support, the protection, security, and safety of all staff is paramount. In addition, many of the IFRC Secretariat's existing staff in all offices have been re-assigned to work on COVID-19, which is an important element of our global response.



Evidence-based insights, communications and advocacy

The IFRC is a **network of local actors in every part of the world, with volunteers and National Societies directly engaged in their communities** to deliver the COVID-19 response.National Societies have a unique mandate to support their public authorities in developing and implementing effective policy and regulatory frameworks for crises and, as States are increasingly looking to domestic actors, are well positioned to advocate for effective and humane policy relating to COVID-19. Communications is also a key component of the COVID-19 operation, ensuring that the IFRC response is professionally communicated and supported by internal and external stakeholders. Timely and accurate public information supports our humanitarian diplomacy and resource mobilization efforts and mitigates reputational risks. This is enhanced through community engagement that informs, captures and feeds back to change our response and by our humanitarian diplomacy work that shares global analyses of challenges and advocates on key issues of concerns around the COVID-19 context. The IFRC's "local global" network is **ready to be a voice for evidence-based response at all levels across the world.**

Humanitarian Diplomacy and Representation

The IFRC network is assisting National Societies to undertake humanitarian diplomacy in common areas of concern relating to COVID-19, by collecting and sharing information on challenges and good practice and by providing clear messaging and evidence across all levels. At a global level, the IFRC also supports the international community to operationalise localisation commitments and to advocate for international policy decisions, to ensure COVID-19 programming is effective and supports the capacity and leadership of local actors. At regional and country level IFRC is persuading decision-makers to act in the interests of vulnerable people and respect our Fundamental Principles. In practical terms this includes:- promoting an enabling regulatory and policy environment for IFRC health and humanitarian service delivery (see the Disaster Law Programme); promoting equitable protection for the recovery of vulnerable groups; protecting humanitarian space and sustainability.

Communications

For COVID-19 it is essential to strengthen the communications technical capacity of National Societies for preparedness and response, and for global communications to deliver timely and reliable messages through digita /, online communications and media engagement. As the pandemic phases evolves, the IFRC is also scaling-up and adapting its communications messages and products as needed, including developing relevant content on prevention and risk communications, health and socio-economic crises, and recovery, while maintaining a clear focus on the needs of the most vulnerable people and communities across this crisis. Communications also uses public platforms to profile key messages, position the organisation, mitigate and address risks, and support all sectors involved in the response.

INFORMED BY STRONG EVIDENCE PILLARS

Community Engagement and Accountability

IFRC-wide communication with affected and at-risk communities is a unique comparative advantage of the IFRC network. The collection and analysis of community insights, feedback and perceptions is being scaled up as the situation evolves and the information provided is used to guide decisions, better support communities and adapt operational strategies. Community ownership, actions and solutions through participatory approaches are pariority, as part of decision-making processes for response and recovery. The IFRC, regionally and globally, is supporting coordination efforts on RCCE / CEA in its co-leadership of the pillar with UNICEF and WHO and will roll out a collective service to support capacity within the health and humanitarian sector and strengthen the quality, accountability and effectiveness of country-level response.

Info Management/ Digital Transformation

The IFRC network plays an often critical role in translating information into trusted early actions for communities or into data to inform our preparedness and response work and we need to continue to build on local capacity in analysis and information managment. The ability to collect, analyse, store and use data and access digital technology and skills across local and global levels is essential to the current COVID-19 response and to the IFRC's ability to include vulnerable communities. With current distancing and control measures, National Societies are already relying on digital services to connect with staff, volunteers and communities and many have already developed new digital tools and services related to COVID-19. However, many other National Societies still need support and investment in developing connectivity and in acquiring equipment and skills, while the whole IFRC network needs to move further on data protection.

Our Federation-wide Planning and Reporting Framework

Given the centrality of National Societies in the domestic COVID-19 response, an IFRC-wide planning and reporting framework has been developed to align the collective footprint of all the actions and partnerships in the response to this pandemic. The framework is based around National Societies Response Plans and IFRC-wide support to these local priorities. The GO platform continues to adapt features to COVID-19 needs and to ensure a bottom-up data collection process and space for National Society visibility-a specific COVID-19 field report, a financial tracking sheet and a 3W report are used by National Societies to inform IFRC-wide reporting .

Coordination and Quality Programming

As auxiliaries to the public authorities and partners of choice for their governments, National Societies have been involved in preparedness and scenario planning exercises and coordination mechanisms convened by Ministries of Health (MoH) and wider government structures and in national and local coordination with government and other organizations at country level. Some National Societies have also been working with governments' national and sub-national emergency operations centres (EOCs) and with HCTs. The IFRC works with WHO and UNICEF across all levels, to ensure health, RCCE / CEA and other response activities are coordinated, based on latest guidelines/standards and are part of overall national epidemic response plans. IFRC is also part of the UN Network on Migration, which agrees global direction for the COVID-19 response in relation to migration, works in coordination with World Food Programme (WFP) on logistics and supply chain and is part of the IASC Information Management, Assessment and Analysis Cell and INFORM index.

IFRC is coordinating across all levels, including WHO, UNICEF, UNHCR, IOM and members of the Global Outbreak Alert and Response Network (GOARN).

IFRC and ICRC keep regular communications with main stakeholders working on Civil and Military Relations through the regular OCHA Coordination platforms such as the Global Advisory Group and Operational Group

In **Asia Pacific** IFRC is Co-Charing the Inter-agency Emergency Preparedness Working Group. The Regional Office is working closely with WHO, UNICEF and MSF to enhance the mental health and psychosocial support programme.

In **the Americas**, IFRC is recognized as a key actor in this response, especially in social mobilization and medical treatment. It keeps strong coordination links with the Pan American Health Organization (PAHO) and OCHA .

The **main response is at country level, and National Societies** and IFRC offices are fully engaged in IASC Humanitarian Country Teams (HCTs) and other inter-agency mechanisms for this and other crises, including those covered by the UN Global Humanitarian Response Plan COVID-19.

In the **Europe region**, the IFRC and WHO have a regional MoU that has been shared again with all NSs to be utilised at the country level, as relevant. IFRC Europe and WHO Europe offices keep regular contacts and share information with each other.

In the **MENA region,** the IFRC is actively engaged with, OCHA, WHO and UNICEF to assure synergy and complementarity of the preparedness and response taking into consideration fragile and complex setting.

In **Africa region**, there is a long-standing partnership with Africa and US CDC on surveillance system, including contact tracing, screening and community-based surveillance activities. And active participation in regional health and RCCE platforms hosted by the African Union, WHO, UNICEF, and WHO.

IFRC has a strong role in the IASC, and the Global Cluster Coordinators Group (GCCG) and has contributed to the OCHA-led drafting of the UN Global Humanitarian Response Plan COVID-19.

The IFRC, regionally and globally, is supporting coordination efforts on RCCE in its co-leadership of the pillar with UNICEF and WHO.

FUNDING REQUIREMENTS SUMMARY
MDR00005 – Revised Emergency Appeal, COVID-19 Outbreak

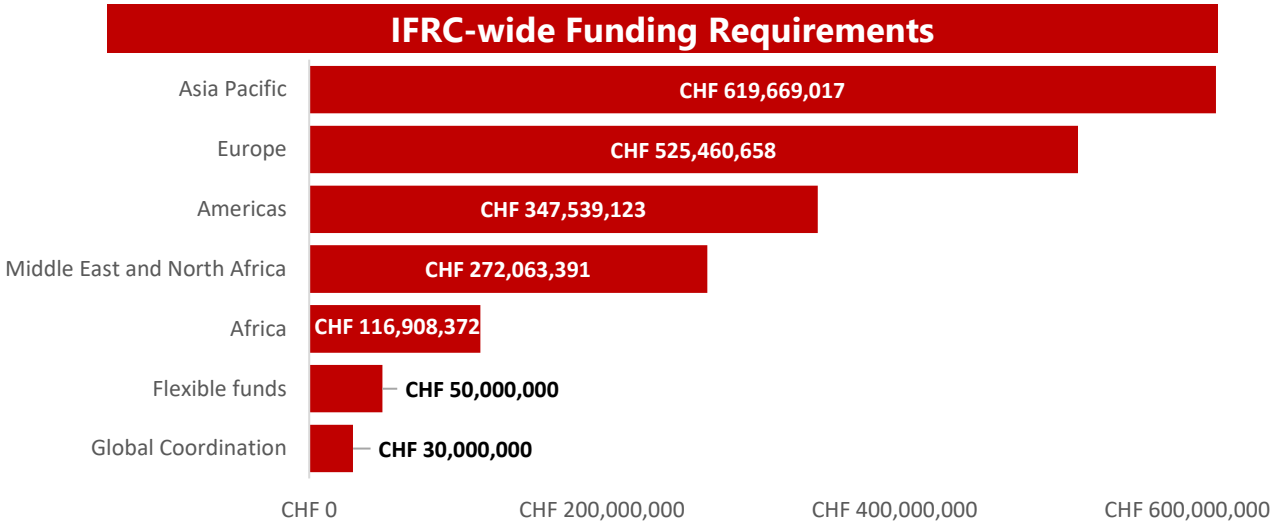
International Federation of Red Cross and Red Crescent Societies (IFRC) is unified in its efforts against COVID-19. With National Societies permanently present in the local communities most affected by this outbreak, the IFRC is seeking, on behalf of its network of 192 National Societies and the IFRC Secretariat, **CHF 1.9+ billion for our global work across three priorities:- Sustaining Health and WASH, Addressing Socio-economic impact; Strengthening National Societies**. Out of this total, this Emergency Appeal specifically seeks **CHF 450 million for multi-lateral assistance** provided through the IFRC Secretariat to our National Societies and for our Secretariat services and functions.

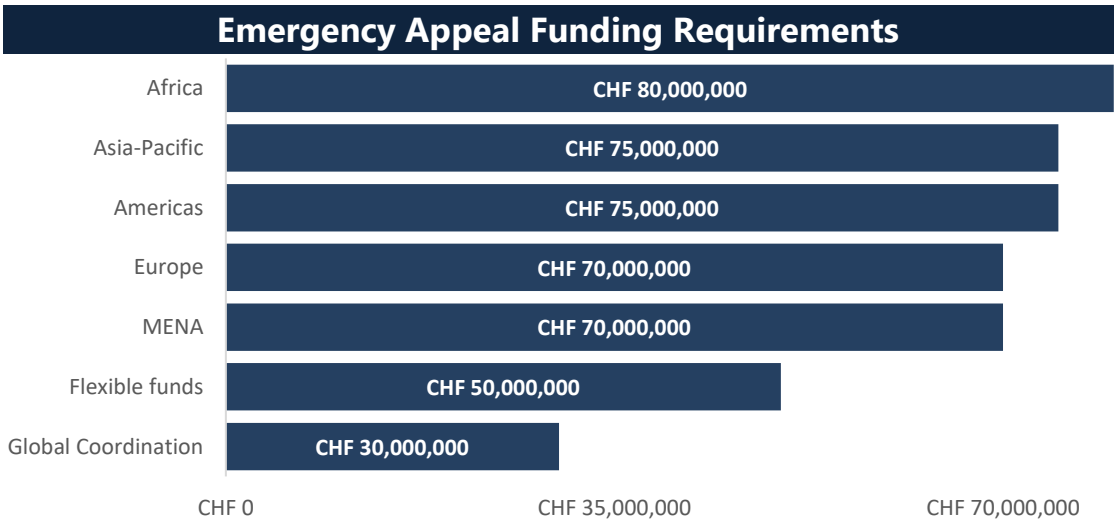
CHF 1.9+ Billion

IFRC-wide Requirements

CHF450 Million

Emergency Appeal Requirements





The funding going via this revised Emergency Appeal covers both allocations to our member National Societies and funding to support the work of the IFRC Secretariat. It includes allocations to the five regions and to the Geneva Secretariat, as well as CHF 50 million to be managed as flexible funding to respond to the changing nature and focus of the pandemic. This will enable the IFRC network to be able to respond to developing hotspots, second waves and deepening social and economic impacts, that affect the lives and dignity of people and communities in specific countries

Official Signature

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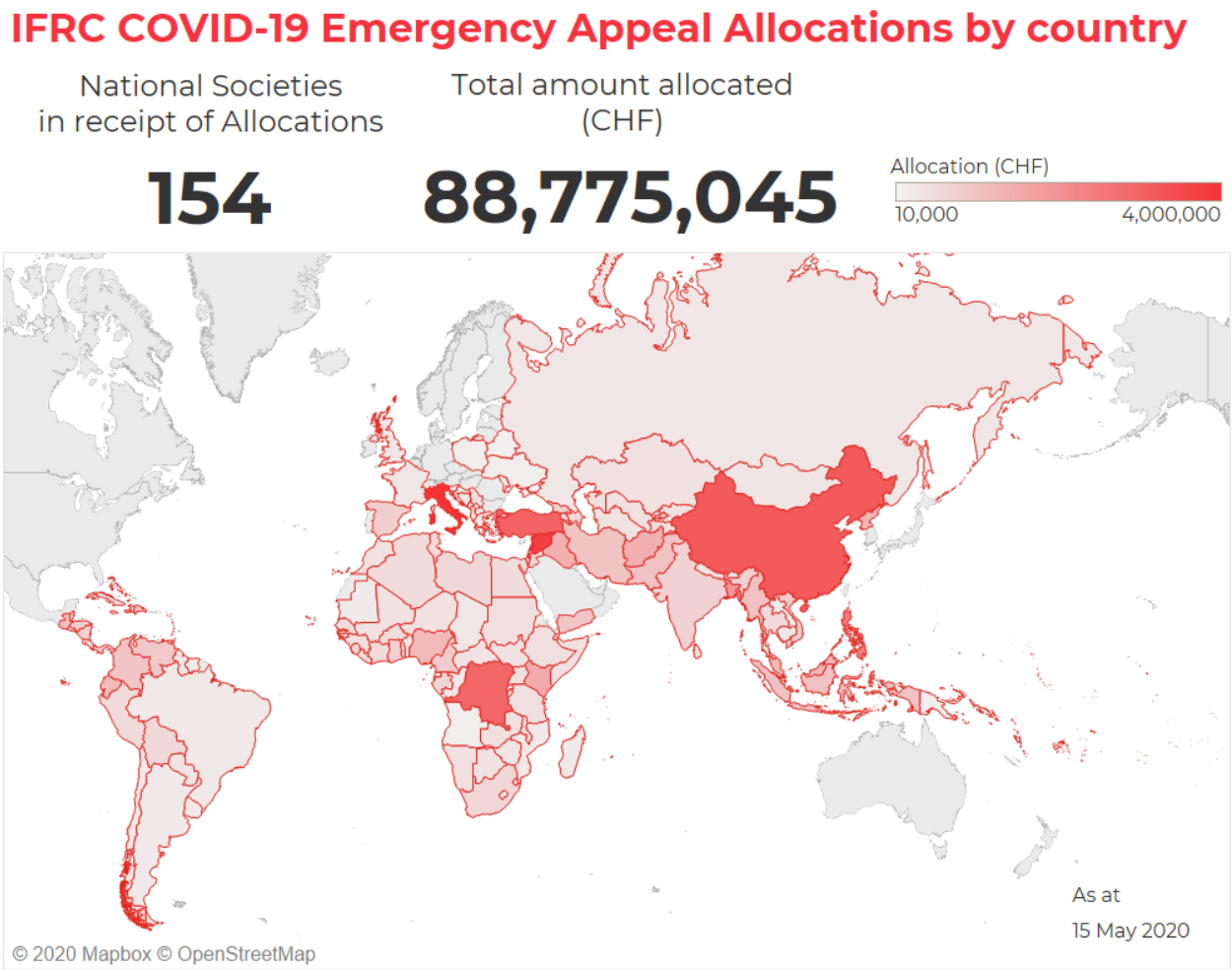
Annex 1 – Map of National Society Allocations



Annex 2.a – Bilateral partnerships in support of domestic response plans

Bilateral Red Cross and Red Crescent partnerships (including financial, in-kind goods or personnel) (as of 27 May 2020)

This map is intended to give an overview of the distributed network and bilateral partnerships across the IFRC engaged in the COVID-19 response.
To access the data and project details, please go to go.ifrc.org.

Data source(s): IFRC GO Platform as of 27 May 2020 and reporting National Societies. For questions and comments please contact im@ifrc.org

The maps used do 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.

Annex 2.b - Peer support through Multilateral funding

Multilateral Red Cross and Red Crescent support (including financial, in-kind goods or personnel) (as of 27 May 2020)

Please note that this product is created for visual design purposes only. The background map has been simplified intentionally for better rendering of the information and data.

Data source(s): IFRC GO Platform as of 27 May 2020 and IFRC Global Surge Team. For questions and comments please contact im@ifrc.org

The maps used do 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.

Annex 3 – National Society Reach Heatmap – Level of activity in key pillars

National Society	Health and WASH	Socioeconomic Impacts	NS Strengthening
Afghan Red Crescent	9	2	2
American Red Cross	3	2	
Andorran Red Cross	10	4	4
Antigua and Barbuda Red Cross	1	3	
Argentine Red Cross	9	3	3
Armenian Red Cross Society	5	4	3
Australian Red Cross	2	2	3
Austrian Red Cross	10	3	3
Bangladesh Red Crescent Society	9	2	3
Baphalali Eswatini Red Cross Society	5	2	3
Belarus Red Cross	6	1	3
Belgian Red Cross	7	4	2
Belize Red Cross Society	2	1	2
Bhutan Red Cross Society	8	3	3
Brazilian Red Cross	4	1	3
British Red Cross	4	5	4
Burkinabe Red Cross Society	4		2
Cambodian Red Cross	2		1
Chilean Red Cross	7	3	4
Costa Rican Red Cross	7		
Croatian Red Cross	5	4	4
Dominica Red Cross Society	3	2	2
Dominican Red Cross	3	1	1
Ecuadorian Red Cross	6	1	3
Finnish Red Cross	4	4	3
French Red Cross	6	4	1
Georgia Red Cross Society	6	4	4
Grenada Red Cross Society	3	3	2
Guatemalan Red Cross	9	3	3
Hellenic Red Cross	6	1	
Honduran Red Cross	7	3	2
Indian Red Cross Society	10	4	3
Indonesian Red Cross Society	12	2	3
Iraqi Red Crescent Society	6	3	2
Irish Red Cross Society	4	2	3
Italian Red Cross	12	2	3
Jamaican Red Cross	3	1	2
Japanese Red Cross Society	5	1	2
Jordan National Red Crescent Society	2	1	
Liberian Red Cross Society	7	2	3
Magen David Adom in Israel	6		1
Malagasy Red Cross Society	7	3	1
Malawi Red Cross Society	6	2	3
Malaysian Red Crescent Society	8	4	2
Maldivian Red Crescent	4		2
Marshall Islands Red Cross Society	4	1	
Micronesia Red Cross	3	1	
Moroccan Red Crescent	5	3	4
Myanmar Red Cross Society	7	3	3
Namibia Red Cross	4	3	1
Nepal Red Cross Society	8	3	4
New Zealand Red Cross	3	4	
Norwegian Red Cross	4	2	3
Pakistan Red Crescent	7	2	1
Papua New Guinea Red Cross Society	3	2	2

National Society	Health and WASH	Socioeconomic Impacts	NS Strengthening
Paraguayan Red Cross	6		1
Philippine Red Cross	12	4	3
Polish Red Cross	3	4	3
Red Crescent Society of Azerbaijan	5	2	3
Red Crescent Society of Kyrgyzstan	3	3	3
Red Crescent Society of Tajikistan	8	3	3
Red Cross of Monaco	6	4	1
Red Cross of Montenegro	2	2	1
Red Cross of the Republic of North Macedonia	7	5	3
Red Cross Society of Guinea	3		
Red Cross Society of Niger	6	2	3
Red Cross Society of the Democratic People's Republic of Korea	5	2	2
Romanian Red Cross	4	2	2
Rwandan Red Cross	5	3	2
Saint Vincent and the Grenadines Red Cross	4	2	2
Salvadorean Red Cross Society	8	4	3
Samoa Red Cross Society	5	1	2
Senegalese Red Cross Society	8	4	2
Slovenian Red Cross	7	4	3
South Sudan Red Cross	4	3	3
Spanish Red Cross	9	5	2
Suriname Red Cross	1	1	2
Swedish Red Cross	3	1	
The Bahamas Red Cross Society	7	3	3
The Barbados Red Cross Society	1	2	2
The Fiji Red Cross Society	2		2
The Guyana Red Cross Society	7	2	2
The Netherlands Red Cross	7	4	3
The Palestine Red Crescent Society	5	1	
The Red Cross of Serbia	3	3	2
The Red Cross Society of Bosnia and Herzegovina	3	1	1
The Solomon Islands Red Cross	5		1
The South African Red Cross Society	9	5	4
The Sri Lanka Red Cross Society	6	3	3
The Sudanese Red Crescent	2	2	2
The Thai Red Cross Society	3	2	2
The Uganda Red Cross Society	10	3	3
Timor-Leste Red Cross Society	8	2	3
Tonga Red Cross Society	4		1
Tuvalu Red Cross Society	2	1	1
Ukrainian Red Cross Society	2	1	
Vanuatu Red Cross Society	3	1	1
Vietnam Red Cross Society	1	2	2
Zimbabwe Red Cross Society	5	3	1

Data source(s): NS reporting through both GO Field Reports.

For questions and comments please contact im@ifrc.org