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# Revised Emergency Appeal

## Novel coronavirus (2019-nCoV) outbreak

 International Federation  
of Red Cross and Red Crescent Societies

Appeal n° MDR00005

DREF allocated: 1 million Swiss francs

Revised appeal launched: 11 February 2020

Glide n°: [EP-2020-000012-CHN](#)

Funding requirements: 32 million Swiss francs

Appeal ends: 31 December 2020

This Emergency Appeal seeks a revised total of **32 million Swiss francs** to enable the **International Federation of the Red Cross and Red Crescent Societies (IFRC)** to support its membership to deliver assistance and support to communities affected or at risk of being affected by the novel coronavirus outbreak, with a focus on **risk communication and community engagement, service provision and National Society preparedness**. IFRC will work closely with National Red Cross Red Crescent Societies in countries where transmission has taken place and on preparedness measures for all countries, with emphasis on those most at-risk. The planned response reflects the current situation and information available at this time and will be adjusted based on further developments and more detailed assessments.

## Background

**31 December 2019:** The Government of China reported a cluster of cases of pneumonia of unknown cause in Wuhan, Hubei Province.

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

**11 January 2020:** The first death of 2019-nCoV Acute Respiratory Disease is declared by Chinese health authorities.

**13 January 2020:** The virus spreads cross borders for the first time as Thailand and Japan announce their first cases, in individuals who travelled from Wuhan.

**19 January 2020:** First reports of infection in healthcare workers caring for patients with confirmed 2019-nCoV.

**20 January 2020:** China's National Health Commission confirms that human-to-human transmission of the virus has been observed.

**23 January 2020:** Emergency Committee of the WHO is convened under the International Health Regulations (IHR 2005) and determines that the event does not yet constitute a Public Health Emergency of International Concern (PHEIC).

**30 January 2020:** The International Health Regulations Emergency Committee reconvenes and declares the 2019-nCoV outbreak a public health emergency of international concern (PHEIC).

**31 January 2020:** CHF 1 million allocated from the IFRC's Disaster Relief Emergency Fund (DREF); IFRC issues preliminary Emergency Appeal for CHF 3 million.

As of 10 February, 40,554 cases of 2019-nCoV acute respiratory disease have been reported globally, with more than 99 per cent of those identified in China (40,235). Up to 910 deaths have been reported (all except one in China), along with more than 6,000 severe cases. The outbreak has since spread to 24 countries outside China, including 12 countries in Asia Pacific, nine in Europe, two in the Americas, and one in the Middle East and North Africa: Singapore (43 cases), Thailand (32 cases), Japan (26 cases), Republic of Korea (27 cases), Malaysia (18 cases), Australia (15 cases), Germany (14 cases), Viet Nam (14 cases) and United States of America (12 cases) have recorded the highest cases outside China.

According to the World Health Organisation (WHO) the public health risk is very high in China, high in Asia Pacific and the rest of the world. The WHO declaration of a Public Health Emergency of International Concern on 30 January formally recognized the gravity of the global threat posed by 2019-nCoV; recognized China's leadership and commitment to contain the outbreak; and called for greater global, regional and national efforts to prevent further spread of 2019-nCoV and to adequately respond to cases. The number of cases continues to grow, and the threat of further spread within the region and globally remains high.

The 2019-nCoV outbreak and response has been accompanied by a massive "infodemic" that makes it hard for people to find trustworthy sources and evidence based guidance when they need it. Understanding of this virus and the resulting outbreak is rapidly evolving. Information gaps have led to misconceptions, rumours and uncertainty that is currently partially filled by speculation in scientific and public communities, contradicting evidence based health information and, in extreme cases, stopping people from protecting themselves and undermining the correct health seeking behaviours.

## Red Cross Red Crescent response to date

### Red Cross Red Crescent societies and IFRC in Asia Pacific

In the **Asia Pacific region**, as of 9 February, 13 countries (including China) have reported confirmed cases of novel coronavirus: Australia, Cambodia, China, India, Japan, Malaysia, Nepal, Philippines, Republic of Korea, Singapore, Sri Lanka, Thailand and Viet Nam. National Societies have taken active measures in supporting the public authorities in the preparedness work. In addition, National Societies of countries that are yet to record confirmed cases are also taking a proactive approach in preparedness measures, with many launching awareness campaigns and engaging with their respective ministries of health to harmonize preparedness efforts.

#### **China**

The **Red Cross Society of China (RCSC)**, as an auxiliary to the authorities, has been heavily engaged in its country's response since the outbreak, with a total of 1.8 million volunteers fully activated to respond to the needs across the nation.

Based on its large network of volunteers and staff in the country, RCSC is proactively engaged in dissemination of information on disease prevention and health education. Innovative ways of communication including social media are also utilized. Other activities carried out by RCSC branches include the provision of psychosocial support services, psychological first aid and health care, ambulance transfer of patients to healthcare facilities and relief items.



Across China, all of the Red Cross Society of China's branches are activated. Red Cross volunteers are hard at work processing donations and support authorities with distribution, helping at temperature checkpoints, visiting homes of people in isolation and sharing life-saving information. Photo: RCSC

Besides receiving cash donations and channelling it to the response, RCSC and its branches all across the country, including its city branch in the epicentre of Wuhan and the provincial branch of Hubei, are also coordinating domestic and international offers of consumable medical equipment including gowns, masks and disinfectant etc., and assisting with transport in coordination with respective authorities. Due to the scale of the outbreak, RCSC is supporting Government of China to help meet the huge and sudden demand for medical materials.

The RCSC has also been supporting ten hospitals (including Wuhan Jinyingtan hospital) designated for treatment of 2019 nCoV patients. Under the guidance and support of the Ministry of Industry and Information Technology, the RCSC used public donations of approximately RMB 19 million (approximately CHF 2.65 million or USD 2.7 million) to purchase 50 ambulances, 598 ventilators and 820 monitors for the emergency treatment of severely ill patients in Hubei province, as well as medical materials in short supply, including masks and protective goggles.

The Hong Kong branch of RCSC (HKRC), resumed its psychological support (PSS) programme "Shall we talk", which is a long-time programme of HKRC. This initiative allows the public to book a PSS session by mobile messaging application messages. Information and PSS messages tailored for 2019-nCoV have also been shared through social media. HKRC has also provided relief materials to the government's quarantine camps according to their service agreement with Social Welfare Department.

**Republic of Korea National Red Cross (KNRC)** is facilitating donations from the private sector for Wuhan, mobilizing cash and in-kind contributions and coordinating with RCSC through IFRC Country Cluster Support Team (CCST) Beijing. KNRC has also distributed 2,000 relief kits (including masks, latex gloves and thermometer) for self-quarantined people at home in Korea.

The **DPRK Red Cross Society (DPRK RCS)**, in response to the request from the health department, mobilised its 500 volunteers trained in epidemic control for volunteers (ECV), focused on 2019-nCoV, in four provinces close to Chinese border. These volunteers are working closely with the household doctors, for house to house screening of people, health and personal hygiene promotion. The local branch staff is supporting these volunteers on regular basis. The Red Cross volunteers are coordinating with local health staff and government departments for broad community engagement and visiting individual households who live remotely and can't be routinely reached out. DPRK RCS also activated the "volunteers on wheels" initiative by having the volunteers using about 700 bicycles, provided under this initiative, to reach the last mile of remote areas and disseminate the 2019-nCoV awareness message. DPRK RCS is also coordinating

with local stakeholders while the IFRC country office is responsible for coordinating with the other international organisations.

**Mongolian Red Cross Society (MRCS)** has been distributing coronavirus awareness and situational update posters and videos through MRCS Facebook page on daily basis (a link to the video can be found in <https://m.facebook.com/MongolianRedCrossSociety/>). With MRCS being an active member of state emergency commission meetings and as directed by the government in the state emergency commission meeting, MRCS Branches started organizing prevention and dissemination activities in their respective regions. All mid-level branches in Mongolia are mobilizing their trained volunteers on influenza prevention. MRCS already distributed 7,000 water-based sanitizers from its emergency stock to stakeholders including ministry of health, border protection agency, state agency of inspection, airport and railway authority.

**At Japanese Red Cross Society (JRCS)**, a Task Force (Management level) meeting was held for the first time and the President stated that the Japanese government may request for closer cooperation with JRCS. JRCS has been actively disseminating key messages on prevention of the spread of the virus on social media.

Meanwhile, **Viet Nam Red Cross Society (VNRCS)** has mobilized aid by providing Personal Protective Equipment (PPE) to essential staff and volunteers. VNRCS has set up core task forces of Red Cross volunteers at community level and provide trainings for them on response to 2019-nCoV and conduct home based/community-based awareness raising activities using network of resourced trained facilitators/trainers. They have worked closely with government at all levels and health sectors to advocate, communicate, transport people affected or suspected to be affected to health facilities.

VNRCS has a plan to assess, pilot and test the establishment and application of community-based surveillance (CBS) to support health sectors using network of Red Cross volunteers and members on the ground level. A plan is in place to distribute soaps and/or masks for households in high risk areas and conduct trainings on how to use these.

**Pakistan Red Crescent Society (PRCS)** is currently planning an awareness raising campaign together with Ministry of Health in all Provincial branches. In addition to that training of volunteers and distribution of some PPE to volunteers and hospitals is planned to start in coming days.

**Philippine Red Cross (PRC)** has started procurement of 1,500 sets of PPE for its headquarters and chapters, with 100 additional sets procured for frontline medical workers. Already starting last year (2019), PRC has prepositioned PPE to chapters with international airports, regional warehouse, and chapters with high risk of Bird Flu in Central Luzon. PRC has released social media posting for information dissemination to the public and released Health Services Advisories to chapters on flu season.

PRC conducted its Outbreak Preparedness Meeting on the novel coronavirus on 25 January with representatives from more than 20 organizations/institutions including the WHO, the Department of Health and other health organizations. PRC has notified branches through an administrative notice of the threat of novel coronavirus and the recommended actions expected of staff, volunteers and chapters on prevention, preparedness and response activities and mechanisms.

Since the onset of the outbreak, **IFRC offices in Asia Pacific** have been supporting National Societies in the region with technical and communications support, coordinating information-sharing, and channelling funding support through this appeal to those who require it, with priority on National Societies of countries that have recorded cases as well as those at-risk countries based on analysis of the Global Health Security Index (GHSI) and Infectious Disease Vulnerability Index (IDVI).

The increase in number of confirmed cases recorded in Malaysia, Singapore, Thailand and Viet Nam points to the need for scaling up epidemic and pandemic preparedness measures so that National Societies are ready for response in the event of further community-based transmission of 2019-nCoV. The region has a combination of countries that are better prepared and those that are among the most vulnerable, with weaker health systems. Other factors of concern are specific vulnerable groups that may not have the same level of access to health services as citizens of hosting countries. For example, Malaysia and Singapore host many migrant workers from other parts of South-East Asia and South Asia as such the respective National Societies may have to support public authorities in reaching this group with awareness messages.

## **Red Cross Red Crescent Societies and IFRC in Africa, Americas, Europe and the Middle East and North Africa**

### **Africa**

As of 10 February 2020, there have been no cases confirmed in Africa region, but there have been 55 suspected cases from 10 countries (22-29 January 2020); Mauritania, Niger, Côte d'Ivoire (CIV), Equatorial Guinea, Ethiopia, Kenya, Angola, Zambia, Zimbabwe and Mauritius. Given the heightened vulnerability profile across the African continent due to major shifts in travel and trade with China over the last few years (over 600% increase in the past decade), porous

international borders, fragile health infrastructures, and ongoing humanitarian and development challenges, the Africa region remains on heightened alert and must continue to invest in preparedness efforts. Specifically, there is a need to reinforce epidemic and pandemic preparedness and increase the Africa region's capacity to respond in the event of an outbreak of 2019-nCov. While there is still no positive case detected within the continent, IFRC is focused on preparedness measures to be taken within the WHO Africa Priority 1 and 2 at-risk countries in the sectors of risk communication and community engagement and health (see table below). The regional plan proposes a cost-sharing model with key partner National Societies already operating in the health sector in these countries to complement ongoing activities and effectively channel funding to countries not currently covered.

Priority countries as indicated by WHO Africa:

Priority-Level	Countries
1	South Africa, Mauritius, Ethiopia, Kenya, Uganda, Ghana, Nigeria, Zambia, Tanzania, Algeria, Angola, Côte d'Ivoire and Democratic Republic of Congo (DRC)
2	Rwanda, Madagascar, Guinea Conakry, Zimbabwe, Senegal, Seychelles, Equatorial Guinea, Gabon, Mauritania, and Mozambique
3	Remaining countries in Africa

### Americas

According to the public health response and risk assessment for the Americas, from 21 January to 10 February, there have been 19 confirmed cases of 2019-nCov identified in the Americas region – 12 in the United States of America and seven in Canada.<sup>1</sup> Up to 10 cases in the United States of America had a recent travel history to Wuhan City, Hubei Province in China.<sup>3</sup> In Canada, and all individuals had recent travel history to Wuhan and are close contacts.

Surveillance of Influenza and other respiratory illnesses in the region is well established in the region. In particular, building on the momentum generated by the influenza pandemic associated with influenza A(H1N1) pdm09 virus, surveillance of Severe Acute Respiratory Infections (SARI) in the Americas was stepped up and its geographical scope expanded, with the network of National Influenza Centers (NICs) strengthened. At present, all NICs in the Americas have staff certified by the International Air Transport Association (IATA) for the shipment of samples. In the context of the emergence of 2019-nCoV, the SARI-net network constitutes a foundation of national and regional surveillance efforts highlighting the roles of NICS for laboratory diagnosis.

The **American Red Cross** is closely monitoring the evolving situation regarding the outbreak of the 2019 Novel Coronavirus. It is currently working with government agencies and state officials to determine what Red Cross support may be needed in the coming days and weeks. It has initiated a level 3, nationally led Disaster Relief Operation and issued an Operation Order detailing potential American Red Cross services. A Surge Information Management Support (SIMS) request to support the Emergency Appeal for an Information Management coordinator has been received and is being filled by the American Red Cross.

**Canadian Red Cross** is monitoring the situation and has activated its roster of trained personnel ready to be deployed if requested. It has also launched a national campaign through its media resources to raise funds to the Red Cross Society of China's response to the Novel-Coronavirus (2019-nCoV).<sup>2</sup>

In addition, at the request of the Government of Canada, Canadian Red Cross facilitated an in-kind donation of personal protective equipment by the Government of Canada to the Red Cross Society of China, and is supporting the return of Canadians from China who are staying in isolated interim lodging sites for a period of 14 days. At the interim lodging sites, the Canadian Red Cross is supporting the reception, registration, information and resources for those staying at the site. This includes the provision of:

- Meal delivery services, which includes special meal options for dietary restrictions;
- Safety and well-being support including access to age-appropriate leisure and recreational activities, wellness checks, referrals for mental health needs and feedback mechanisms;
- Clothing and laundry services on an as-needed basis;
- Family reunification, which includes facilitating family connections and re-establishing contact with family members; and,
- Provision of personal items, such as hygiene kits and access to age-appropriate services like infant supplies, playpens, mobility aids and medical needs.

The IFRC Americas Regional Office has established a coordination team with members from the Disaster and Crisis Unit, Health Unit, Communications Unit, Senior Management Team and CCSTs to ensure strong coordination and information sharing throughout the Americas. The Health Unit is actively in contact with all 35 National Societies in the

<sup>1</sup> [WHO Dashboard for Novel coronavirus \(2019-nCoV\)](#).

<sup>2</sup> [Canadian Red Cross National Campaign - China Novel-Coronavirus Response Appeal](#)

region, providing information and sharing advice from the IFRC and supporting the contingency planning, including the regional contingency and business continuity plan. With experience in responding to pandemics including the outbreak of Zika in 2016, the Americas regional office is well placed to build on lessons learnt and best practices while encouraging cross sharing among sister National Societies in the region. Learnings from the Americas region and previous responses to pandemics will also be shared at global level.

### **Europe**

According to European Centre for Disease Prevention and Control, as of 10 February 2020 there are 39 confirmed cases in Europe, 14 cases in Germany, 11 cases in France, 3 cases in Italy, 4 cases in United Kingdom, one case in Belgium, one case in Finland, two case in Spain and one case in Sweden and 2 in the Russian Federation<sup>3</sup>. A regional task force was established and co-facilitated by regional Disaster and Crisis and Health and Care units, continuous information sharing, and communication is provided between the regional office, Country Offices and Country Cluster Support Teams. In the IFRC Europe region, at least 16 National Societies including **Armenian Red Cross Society, Red Crescent Society of Azerbaijan, British Red Cross, Bulgarian Red Cross, Finnish Red Cross, Georgia Red Cross Society, German Red Cross, Italian Red Cross, Red Crescent Society of Kyrgyzstan, Magen David Adom in Israel, Red Cross of The Republic of North Macedonia, Spanish Red Cross and Red Crescent Society of Tajikistan**, have been already involved in preparedness and/or response activities and are engaged in their respective national coordination mechanisms.

IFRC and WHO for Europe region signed an MoU in 2019 which includes the clauses on health in emergencies, pandemic preparedness and epidemic control. This MoU has been disseminated for reinforcement of the partnership and can be utilized at the country level, as relevant. The IFRC regional health team is in contact with the Division of Health Emergencies and Communicable Diseases, WHO for Europe region and National Societies to coordinate their preparedness and response actions with WHO Country offices and local public health authorities.

### **Middle East and North Africa (MENA)**

WHO has confirmed seven cases of 2019-nCoV in the Middle East and North Africa (MENA) in the United Arab Emirates as of 10 February 2020, including six cases with travel history to China. Due to the global nature of travel and transit routes, it is expected that further exported cases of 2019-nCoV may appear in other countries, and the possibility of other cases arriving in the MENA region is likely. Additionally, many countries in MENA are in protracted crises and their fragile and overwhelmed health systems have limited capacity to respond to additional needs associated with outbreaks. The economic impact of such an outbreak will lead to increased needs for humanitarian support due to the current high level of vulnerability in the region.

The IFRC MENA regional office has established a regional task force co-chaired by the Health and Disaster & Crisis units in Beirut. The task force liaises closely with the MENA country offices and National Societies to analyze needs and provide appropriate support to preparedness and response measures. This includes promoting health and hygiene practices, and strengthening community capacity to accelerate and improve community-led solutions to prevent and control the outbreak. These actions focus on risk communication and community engagement, psychological support, duty of care, services provision and National Society response preparedness including contingency planning and Preparedness for Effective Response (PER). The task force had several calls with National Societies at several levels: senior leadership, technical leads (health, disaster management, communications). Additionally, an e-platform was created to assure the timely sharing of information and technical resources.

The MENA regional task force continues to monitor the rapidly evolving situation to minimize the risk of novel coronavirus importation into the region and to work closely with National Societies to enhance their role as an auxiliary body to their public authorities and endorse internal and also the national preparedness and operational readiness with collaboration with ministries of Health, IFRC and Red Cross Red Crescent Movement partners present as well as WHO at the national level.

### **IFRC Secretariat headquarters in Geneva**

The IFRC Secretariat in Geneva is coordinating global guidance, information sharing and support to its 192 members to be prepared and ready to respond as per their capacities and mandates, through its five regional offices in Asia Pacific (Kuala Lumpur), Africa (Nairobi), Middle East and North Africa (Beirut), Europe (Budapest) and the Americas (Panama). Financial allocations were made to 14 National Societies, currently focused in Asia Pacific, through initial funding available through this Emergency Appeal, enabling them to scale up their preparedness actions and deployments of surge staffing where needed. Further allocations to National Societies outside of Asia Pacific are being managed as funding continues to be mobilized since the launch of the appeal on 31 January 2020.

The Secretariat continues to coordinate closely with WHO and other UN agencies on the procurement of necessary PPE for National Society staff and volunteers serving and/or supporting health facilities in their countries including the Red Cross Society of China, with a mobilization table launched on 6 February seeking approximately CHF 10 million worth

<sup>3</sup> <https://www.ecdc.europa.eu/en/cases-2019-ncov-eueee>

of PPE in-kind to be supported initially. The needs for other countries are not included at this stage, and the overall strategy on procurement of consumables is being designed in view of shortages of supplies worldwide, i.e. priorities will have to be set as per needs. IFRC's risk communication approach will also aim at contributing to a better understanding of when masks/PPE are needed and when not, in order to help alleviate the pressure on the global supply chain.

Since the launch of the preliminary Emergency Appeal on 31 January, at least 12 surge profiles for deployment to country, regional and global levels were sent, with 11 surge personnel in place as of 10 February, including additional pandemic preparedness specialists in Beijing (CCST), Kuala Lumpur (regional office) and Geneva. IFRC regional offices outside of Asia Pacific have begun risk mapping and prioritization within their respective regions as well as coordinating with partners and resources available in countries identified as per analysis below.

On 5 February, the WHO launched a USD 675 million [strategic preparedness and response \(SPR\) appeal](#) that aims to support countries with better prevention measures and speedier diagnosis. Complementary to the WHO SPR, IFRC's plan will target the most at-risk countries with an emphasis on risk communication, community engagement and social mobilization, and support to its members who do not have existing programmes for epidemic preparedness.

IFRC risk communications and community engagement teams have been working closely with its membership and other agencies to share accurate, timely and trustworthy public health information, with focus on translating biomedical content into actionable preventive information and addressing misinformation. Social media assets have been now translated to over 30 languages and shared extensively by National Societies around the world. A guidance note is helping Red Cross Red Crescent to roll out effective risk communication and community engagement approaches adapted to their local context. More material and guidance will be made available to promote local dialogue and social cohesion with focus on addressing stigma and xenophobia. Anxiety and fear are fuelling harmful stereotypes and racism against people of Asian descent who are being accused of spreading the coronavirus. The IFRC is joining efforts with partners and media to address negative attitudes and promote acceptance and trust.

Recognizing the varied degrees of existing epidemic preparedness and capacity across the priority countries, this appeal offers recommended preparedness interventions (and where required, response) to its membership to implement as appropriate and to scale according to needs in the country and measured against capacity of the particular National Society, complemented by technical support from the respective IFRC structures available. IFRC will support and prioritize its members in this response using a set of criteria for selection to ensure the most efficient allocation of resources based on capacity, vulnerabilities and risks.

Importantly, the actions will, to the extent possible, be integrated into existing programming initiatives at the country-level to augment existing capacities. National Societies already engaged in the Preparedness for Effective Response process can check the results of their assessment, related priorities and the workplan developed to strengthen their preparedness. Areas such as analysis and planning or operational capacity – and in particular health in emergencies – are some of the components that can be of greatest support to assess their preparedness to respond to epidemics. If epidemic risk wasn't originally included in a National Society's risk assessment, or that a National Society has not yet engaged in PER, the considerations for epidemic preparedness can help guide preparedness actions for the current outbreak.

IFRC Health, National Society preparedness, development and Volunteer teams have been developing and adjusting guidance and reference materials in support to National Societies preparedness efforts, including an annex to the Guidance note for IFRC and National Societies on the Novel coronavirus (2019 nCoV) outbreak. This updated guidance aims to help National Society decision makers and senior management to

- i) discuss the role of their National Society in relation to the current nCoV outbreak with government authorities and partners;
- ii) assess their National Society's capacity and preparedness to respond to the outbreak; and
- iii) identify measures their National Society can take to support prevention, preparedness, detection and response to the current outbreak in their respective countries;
- iv) prepare their National Society for the outbreak.

With the situation rapidly evolving and National Societies actively preparing and responding, the IFRC is also prioritizing **business continuity planning** at all levels (country, regional and global). Initial focus will be on identifying the potential impact / threat of this operation on overall operational capacities and develop a framework to ensure an effective emergency response with reduced resources, including a mapping of the minimum structures needed to keep core business going. Additional capacity is being mobilized to support this process to ensure coherence of the plans across the regions, and adapt as necessary the guidance for its membership as well.

Looking ahead and learning from previous outbreak responses, IFRC recognizes and acknowledges that the novel coronavirus outbreak not only threatens peoples' lives and health but also has an economic impact on affected countries. At the moment, the impact on people's livelihoods, particularly of the most vulnerable, cannot be foreseen but should be monitored. Lessons from previous epidemics show that they can have immediate as well as long lasting economic

impacts. For example, quarantines and movement restrictions can prevent people from working or limit access to markets and as a result they lose their businesses and loss of income for those households or individuals dependents on daily wages. Moreover, affected families might be marginalised or lose their main income earners. IFRC and its National Societies will monitor this, with priority on communities in countries where localized and community-level transmission has taken place, and respond as appropriate with options such as cash-based activities to address immediate needs and livelihoods recovery of the vulnerable households, in coordination with national authorities.

Acting within their capacities and mandates to respond as auxiliaries to the public authorities in the prevention and alleviation of human suffering, National Red Cross and Red Crescent Societies have an important role to play in controlling this outbreak, both at the country and international levels. This is reinforced by [Resolution 3](#) of the 33rd International Conference of the Red Cross and Red Crescent adopted in December 2019. The Resolution commits States and the Red Cross and Red Crescent Societies to tackle epidemics and pandemics together. National Societies can engage people and communities, online and offline, in promoting behaviours that reduce the risk of contracting or transmitting the virus, facilitate community understanding and acceptance of infection prevention and control measures, and help to prevent misinformation, rumours and panic. National Societies also provide psychosocial support to individuals and communities affected, as well as to caregivers, both in health facilities and in home-care settings. Lastly, National Societies can provide emergency social services to individuals and communities in case of quarantine or when health facilities are overwhelmed: Red Cross Red Crescent emergency interventions aim to ensure that basic needs are met and that the dignity of people affected is fully protected. The work of National Societies is supported by measures to protect their own staff and volunteers from exposure in the line of duty.

As the world's largest volunteer-based humanitarian network, the Red Cross and Red Crescent can therefore play a unique role in reaching communities with these critical interventions.

## The operational strategy

This Emergency Appeal supports National Red Cross and Red Crescent Societies in countries at risk of or already affected by the 2019-nCoV epidemic. The overall operational objective is to contribute to reducing morbidity, mortality and social impacts of the 2019-nCoV outbreak by preventing or slowing transmission and helping to ensure communities affected by the outbreak maintain access to basic social services. The strategy and approaches employed by affected National Societies will vary depending on the outbreak status within that country, with countries grouped according to where they sit within five phases of epidemic preparedness and response:

1. Countries with sustained **community-level transmission** of the virus, beyond the initial imported case(s) and cases among their close contacts;
2. Countries with **localised transmission** resulting from imported cases, with further cases detected from within known close contacts or within a contained community;
3. Countries with one or more **imported cases** that are quickly identified, isolated and treated;
4. Countries with a **high risk of imported cases** due to travel or other links to countries experiencing transmission, particularly those with weak health and/or surveillance systems;
5. **Preparedness** countries, which are not at a specific higher risk of importation of cases, but which nonetheless should prepare for cases due to the risk of generalised transmission and/or pandemic.

Implementation of the IFRC 2019-nCoV epidemic response strategy will be based on a dynamic and ongoing assessment of the epidemic, which first aims to contain the outbreak, both globally and locally in each newly affected country. However, the strategy also acknowledges that there is a risk of a broader epidemic or pandemic, and the IFRC aims to support National Societies to transition from prevention to containment to impact mitigation and risk reduction approaches as needed. These will focus on providing community-based health and hygiene interventions; maintaining access to basic services; addressing community concerns, questions and rumours; reducing fear and stigma; and supporting dignity for the most vulnerable communities by addressing their immediate needs and restoring livelihoods and/or diversifying income.

Activities to prevent transmission and reduce negative impacts and stigma stemming from the outbreak should be based, as much as is possible, on existing National Society programming scaled or adapted to the 2019-nCoV outbreak. Red Cross Red Crescent volunteers and personnel carrying out health, disaster risk reduction, and other programmes at the community level are well placed to detect and support people who contract the virus; give accurate information based on community questions and concerns; give communities the tools for positive behaviour change to reduce the risk of disease; document and correctly answer community feedback (questions, concerns, rumours); and communicate risk. Emphasis will be on building community ownership of and involvement in 2019-nCoV prevention, preparedness, and response approaches.

These activities will be intensified, (re)activated, and/or adapted to maintain their impact during an nCoV outbreak, while also adapting to specifically reduce transmission risk or improve detection of and care for cases of nCoV-related illness.

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If the outbreak spreads within a given country, activities will increase in intensity, scale and/or scope, while additional support to essential social and health services within or outside the National Society's normal scope of work may be needed to prevent transmission or mitigate health and social impacts of the outbreak. Staff and volunteer health and wellness, including psychosocial wellbeing, will be considered throughout, and programming will be adapted and/or developed to mitigate risk by reducing exposure or increasing protection, as needed.

<b>Supported activities and objectives</b>			
<b>Epidemic stage</b>	<b>Objective</b>	<b>Tactics</b>	<b>Activity Pillars</b>
<b>Community-level transmission</b>	Reduce morbidity and mortality due to nCoV outbreak; reduce and/or mitigate secondary impacts on health and social system, livelihoods and wellbeing.	<ul style="list-style-type: none"> <li>• reduce transmission through risk and behaviour change communication (handwashing, social distancing, etc.) and community engagement, tailoring activities based on community feedback</li> <li>• increase understanding of risky and safe activities for general public and high-risk populations based on community values, questions and knowledge, and provide psychosocial support to reduce the mental health and social wellbeing impacts of the outbreak</li> <li>• improve community-level prevention, detection of serious cases, and referral through existing and scaled-up community-based health and surveillance activities, timely sharing of verified health information, and stigma-and fear-prevention activities.</li> <li>• support health systems to mitigate secondary impacts of outbreak on access to health care</li> <li>• support caregiving to those ill with nCoV-related illness (clinical, paramedical, home-based care, as context and mandate dictate), and reduce risk of healthcare worker infection and nosocomial transmission in health facilities</li> <li>• support access to immediate needs/livelihoods, social services, and health services for general population</li> <li>• support emergency services to reduce impact of public health measures such as quarantine</li> <li>• cross-cutting tactics (as below)</li> </ul>	<ul style="list-style-type: none"> <li>• Cross-cutting risk communication and community engagement (including messages to address stigma, fear and panic) closely linking to health and PSS</li> <li>• Psychosocial support</li> <li>• Community health programming (detection, referral, health education and hygiene promotion), scaled and adapted for medium-to long-term nCoV response</li> <li>• Infection prevention and control and other health-system interventions to improve care or access to care</li> <li>• Clinical, paramedical service provision to supplement health system in cases where capacity is exceeded</li> <li>• Emergency social services for quarantined or movement-restricted communities</li> <li>• Cash and/or livelihoods support to address immediate needs/restore income of vulnerable households in communities affected by the outbreak (outbreak response)</li> <li>• Business continuity for regular health and humanitarian services</li> <li>• Business continuity and contingency planning</li> </ul>
<b>Localised transmission</b>	Reduce risk of more generalised transmission of the virus to contain the outbreak; support public confidence in the health system and promote effective behaviour change and hygiene practices.	<ul style="list-style-type: none"> <li>• reduce transmission through risk and behaviour change communication (handwashing, social distancing, etc.) and community engagement, tailoring activities based on community feedback</li> <li>• increase understanding of risky and safe activities for general public and high-risk populations based on community values, questions and knowledge, and provide psychosocial support to reduce the mental health and social wellbeing impacts of the outbreak</li> <li>• improve community-level prevention, detection of serious cases, and referral through existing community-based health and surveillance activities in the immediate area experiencing transmission, timely sharing of verified health information, and stigma-and fear-prevention activities.</li> <li>• support access to immediate needs/livelihoods, social services, and health services for affected population</li> </ul>	<ul style="list-style-type: none"> <li>• Cross-cutting risk communication and community engagement (including messages to address stigma, fear and panic) closely linking to health and PSS</li> <li>• Psychosocial support</li> <li>• Community health programming (localised detection and referral, generalised health education and hygiene promotion), adapted as “surge” response</li> <li>• Emergency social services for quarantined or movement-restricted communities</li> <li>• Cash and/or livelihoods support to address immediate needs/restore income of vulnerable households in communities affected by the outbreak (outbreak response)</li> </ul>

		<ul style="list-style-type: none"> <li>• support emergency services to reduce impact of public health measures such as quarantine</li> <li>• cross-cutting tactics (as below)</li> </ul>	<ul style="list-style-type: none"> <li>• Screening, contact tracing and other services related to surveillance and case detection</li> <li>• Business continuity and contingency planning</li> </ul>
<b>Imported case(s)</b>	Reduce risk of secondary transmission of the virus to prevent an outbreak; support public confidence in the health system and promote effective behaviour change and hygiene practices.	<ul style="list-style-type: none"> <li>• Communicate widely what we know and do not know about nCoV based on the latest evidence by addressing populations' concerns and questions while offering actions that can be taken to protect their health.</li> <li>• prepare for risk of localised transmission through community engagement, risk and behaviour change communication (handwashing, social distancing, etc.) based on community feedback</li> <li>• increase understanding of risky and safe activities</li> <li>• improve community-level detection through existing community-based health and surveillance activities in the immediate area of the imported case based on community values, questions and knowledge and including trusted community channels</li> <li>• support access to markets, social services, and health services for general population</li> <li>• support emergency services to reduce impact of public health measures such as quarantine.</li> </ul>	<ul style="list-style-type: none"> <li>• Cross-cutting risk communication and community engagement (including messages against stigma, fear and panic)</li> <li>• Psychosocial support</li> <li>• Community health programming (localised detection and referral, localised and generalised health education and hygiene promotion) adapted as "surge" response</li> <li>• Emergency social services for quarantined or movement-restricted communities</li> <li>• Screening, contact tracing and other services related to surveillance and case detection</li> <li>• Business continuity and contingency planning</li> </ul>
<b>Preparedness countries (based on risk)</b>	Support country and population readiness, including readiness to respond to a first imported case (detection, isolation, treatment); promote effective behaviour change and hygiene practices	<ul style="list-style-type: none"> <li>• prepare for risk of importation through community engagement, risk and behaviour change communication (handwashing, social distancing, etc.) based on community feedback</li> <li>• increase understanding of risk and safe activities based on community feedback</li> <li>• establish institutional readiness (business continuity planning, institutional linkages to Ministry of Health, Emergency Operations Centres, and other relevant stakeholders and partners)</li> <li>• Enhance NS staff and volunteer capacity to respond to epidemics</li> </ul>	<ul style="list-style-type: none"> <li>• Cross-cutting risk communication and community engagement (including messages against stigma, fear and panic)</li> <li>• Business continuity and contingency planning</li> </ul>

**Cross-cutting tactics appropriate in all contexts and stages:**

- Risk communication and community engagement at all stages of the outbreak to build trust with communities; understand concerns, questions and misconceptions of people; and address these in a timely and transparent manner, inform people of risk based on their questions, local context and values; give verified information and engage communities to give them the right tools to change behaviour and be part of response efforts to reduce transmission, stigma and discrimination
- Maintain National Societies services and activities with appropriate adaptation to mitigate epidemic risks (e.g. blood services, paramedical and clinical services, community-level activities). Fear, resistance and even denial are often encountered when people are overwhelmed by shocks, hazards and epidemics – potentially leading people to delay or avoid seeking treatment, or even seeking to bypass measures put in place by authorities and health services to prevent spread of the disease. This can be overcome by building on community norms, values and social capital.
- Staff and volunteer health and safety must be a priority in all actions to ensure a sustainable operation. All personnel must be provided with sufficient guidance and systemic support to reduce exposure and risk, and/or increase personal protection (including equipment) if contact with potential cases cannot be avoided.

## Risk assessment and targeting

Further to the categorisation of countries by outbreak status, support will be provided to National Societies based on the capacity of the country's health system to effectively detect cases and prevent onwards transmission, with priority activities focused in countries with lower capacity to effectively prevent, detect and respond to a 2019-nCoV outbreak. Targeting will be dynamic throughout the operation, as needs will change as this epidemic grows, both geographically and in intensity. In affected and at-risk countries, considerations of National Society capacity and mandate to respond during epidemics can alter the level of operational support required. The table below gives an overview of the intensity of support required in different contexts.

<i>Operational support required</i>	<b>Capacity to respond</b>				
<b>Outbreak phase</b>	Highest	High	Medium	Low	Lowest
Community-level outbreak					
Localised transmission					
Imported case					
High risk of imported case					
Preparedness					

Within each region, the above analysis of response capacity and epidemic phase will be mapped against the likelihood of importation of cases, mandate and response capacity of the National Society, and other factors to identify priority countries for intervention. Priority countries will identify and adapt existing community-based programming to respond to needs related to the 2019-nCoV outbreak, before building standalone or separate outbreak response programming. See operational support prioritisation for Africa, as an example of the approach:

<b>Operational support needed</b>	<b>Existing Red Cross Red Crescent programmes with epidemic preparedness component</b>	<b>No existing Red Cross Red Crescent health programme with an epidemic preparedness component</b>
<b>Priority 1</b>	Ethiopia (WASH/DRR), Kenya (CP3*), Uganda (CP3/Epi Prep), Ghana (WASH), Zambia (WASH), Tanzania (Epi Prep)	South Africa, Nigeria, Mauritius, Angola, Cote d'Ivoire
<b>Priority 2</b>	Rwanda (Epi prep/DRR), Guinea Conakry (CP3/Epi Prep), Zimbabwe (First Aid/DRR), Senegal (DRR), Mozambique (Epi Prep)	Madagascar, Seychelles, Equatorial Guinea, Gabon, Mauritania
<b>Priority 3</b>	Malawi (Epi Prep/DRR), Burundi (Epi Prep), Sierra Leone (CP3), Cameroon (CP3), Mali (CP3/DRR), South Sudan (DRR), Sudan (DRR)	

\*Launched in 2017 with funding from the U.S. Agency for International Development, IFRC's Community Epidemic and Pandemic Preparedness Program (CP3) strengthens the ability of communities, National Societies and other partners in 8 target countries (Cameroon, the Democratic Republic of Congo, Guinea, Indonesia, Kenya, Mali, Sierra Leone and Uganda) to prevent, detect and respond to disease threats and play a significant role in preparing for future risks.

Targeting for risk communication, community engagement, and health interventions is based on an assessment of the risk of importation of the virus, the vulnerability of the health system or specific communities to outbreak, the likelihood of systemic impacts of any such outbreak, people's understanding of the virus, which communication channels and languages are the most trusted, and the mandate and capacity of the National Society to respond.

The assessment above, weighing risk and vulnerability, is then measured against a National Society's capacity and mandate. All National Societies, whether responding or preparing to respond, require enhanced coordination with their respective Ministries of Health, public health emergency operation centres (EOCs) and government authorities. It is essential that National Societies have a defined role in national epidemic preparedness and response plans as an auxiliary to the government. Furthermore, National Societies supporting outbreak response will need to engage in close coordination and collaboration with Ministries of Health and other implementing partners to ensure their activities remain effective and appropriate. If a National Society does not have the mandate and agreement of the Ministry of Health to respond to epidemics, its response role may be limited.

## Coordination and partnerships

Since the onset of the outbreak, IFRC at country, regional and global levels is coordinating with national mechanisms and regional and international organizations including WHO, UNICEF and members of the Global Outbreak Alert and

Response Network (GOARN). National Societies and IFRC (where present) are observers to, and participate in, national meetings of the HCT and Inter Cluster Coordination held both during disasters and non-emergency times.

### **Country level**

At country level, as auxiliary to the public authorities in the humanitarian field, National Societies in all regions have been actively participating in preparedness and scenario planning via coordination mechanisms convened by their respective Ministries of Health. National Societies possess strong relationships with their respective national authorities. The Red Cross Red Crescent is recognized as key actor in outbreak response, providing support on social mobilization, medical treatment, community and prehospital care, and other actions. Responding National Societies will systematically engage with their respective governments' national and sub-national emergency operations centres (EOCs), and with the appropriate WHO country office, to ensure activities are coordinated, based on latest guidelines, and contributing to the overall national epidemic response plan.

### **Regional level**

IFRC Asia Pacific Regional Office is closely liaising with regional offices of WHO (Southeast Asia and Western Pacific). IFRC teams in the region are also supporting overall regional preparedness and response by actively engaging in inter-agency coordination mechanisms. In this regard, as co-chair of the Regional Emergency Preparedness Working Group (EPWG) in Bangkok, IFRC has so far facilitated two ad hoc meetings of the EPWG, focusing on 2019-nCoV preparedness and response. Participants agreed to establish a time-bound Ad Hoc Working Group on 2019-nCoV that will meet regularly to facilitate information sharing and enhance coordination across the region. Further, IFRC Asia Pacific and national CEA focal points are closely engaging with the emerging risk communication and community engagement group that is currently being set up by WHO and UNOCHA and reaching out to other relevant partners (UNICEF) on regional and national levels.

In the Americas, the IFRC has strong coordination with the Pan American Health Organization (PAHO) and OCHA, with whom it maintains close communication. The IFRC is part of the Regional Response platform for Latin-American and the Caribbean (REDLAC) – a platform regrouping all UN agencies, IFRC and other response actors based in Panama as regional hub for international organizations.

In the Europe region, the IFRC and WHO have a regional MoU that has been shared again with all National Societies to be utilised at the country level, as relevant.

### **Global level**

In Geneva, IFRC Secretariat participates in Inter-Agency Standing Committee (IASC) meetings and calls, including WHO-led discussions on the ongoing preparedness and response, as well as global logistics and procurement coordination. IFRC has a consistent presence in WHO 2019-nCoV coordination structures to ensure Red Cross Red Crescent activities remain grounded in the latest evidence, technical guidance and risk analysis. In addition, the IFRC is a member of the Global Outbreak Alert and Response Network (GOARN), and regularly liaises with technical partners to guide the response, along with representing the membership and National Societies activities on the ground to the GOARN partners. IFRC is also providing technical support and collaborating with WHO and UNICEF to support consistent, appropriate and effective risk communication across the three organisations' channels.

## Proposed Areas for intervention

### Areas of Focus



#### **Health**

**(Epidemic prevention, detection, and response, including risk communication and community engagement; and water, sanitation and hygiene promotion [WASH])**

**Requirements (CHF): 26.56 million**

#### **Proposed intervention**

The outbreak of this novel coronavirus presents a significant and ongoing threat to public health, both in China and globally. Red Cross and Red Crescent National Societies will support their respective governments and communities to prepare for, prevent, and detect cases of 2019-nCoV. Programmatically, activities will support communities and vulnerable people to understand and modify their personal risk and reduce psychological impacts of the outbreak, ensure dignity and access to basic services for communities affected by the outbreak, and prepare to mitigate the larger secondary social and health systems impacts of a potential larger-scale outbreak.

Based on the previous experience with SARS and MERS, it is essential that we rapidly communicate critical risks; address community questions, concerns and misinformation; promote health and hygiene practices; and strengthen community capacity to accelerate and improve community-led solutions to prevent and control the outbreak. Volunteers will be systematically trained to encourage dialogue, capture community insights and answer concerns and questions, which will inform community engagement and broader preparedness and response strategies.

Activities include the following where appropriate in each country / region's context (as per the above operational strategy):

#### **Risk communication, community engagement, and health and hygiene promotion**

- Roll out a **comprehensive risk communication, community engagement and accountability** strategy to systematically engage and communicate with people and communities to encourage and enable communities to understand which activities may result in transmission, promote healthy behaviours and prevent the spread of nCoV.
- Promote community engagement and accountability systems and methodologies to **track and understand information gaps, concerns, beliefs, and rumours** and address questions and **misconceptions** before they can spread and cause panic and mistrust. Key community insights on biomedical approaches and outbreak response activities will be shared with partners to inform their 2019-nCoV outbreak services, including quarantine approaches.
- Encourage general **health and hygiene promotion and behaviour changes**, focusing on correct and appropriate use of PPE, particularly on evidence-based use of PPE by people unable to reduce their exposure in other ways; education for at-risk people who can reduce risk through behaviour change (such as handwashing, respiratory etiquette, and social distancing, particularly by people with any respiratory symptoms); care-seeking behaviours by people experiencing respiratory symptoms; and prevention of stigma, fear or panic, and promotion of social cohesion
- Identify and engage key influencers (e.g., trusted public figures, community leaders, religious leaders, health workers, traditional healers, alternative medicine providers) and networks, including on social media (e.g., women's groups, youth groups, religious groups) in order to better inform and mobilize at-risk people.
- Promote **acceptance and social cohesion**, by addressing rumours, anxiety and fears around 2019-nCoV, with a focus on reducing racial profiling of people of Asian descent, stigmatisation of those experiencing respiratory symptoms, people who have been cured of 2019-nCoV infection, people who have completed quarantine, and people seeking healthcare in general.
- Country preparedness and response efforts will be informed by a thorough gender and diversity analysis and assessment (in close coordination with all partners) which includes key questions such as: social and behaviour change needs (i.e. knowledge, attitudes, practices and beliefs), trusted channels and languages and preferences on how to share feedback and receive answers of different people, with a focus on understanding preferences of vulnerable groups (the elderly, women, migrants, persons with disability).

#### **Adaptation and (re)activation of community-based health, hygiene promotion, DRR and other volunteer interventions to reduce risk of transmission and improve health and hygiene knowledge and behaviour**

- IFRC's community-based health and first aid (**eCBHFA**), epidemic control for volunteers (**ECV**), and participatory hygiene and sanitation transformation (**PHAST**) programmes will be used and built on, either together or separately, to promote appropriate measures at the community level to reduce transmission of the virus and encourage prompt treatment for suspect cases. Tools used for influenza or other respiratory will be adapted for use in this outbreak as the means of transmission and symptoms are similar, and handwashing is a key prevention approach, with complementary information and actions integrated into other Red Cross Red Crescent programming with volunteers and communities.

#### **Support to caregiving**

- National Societies will support improved **care at home** for people suffering from mild or undiagnosed 2019-nCoV infection in the event that they are unable or unwilling to seek care. National Societies will support families and other non-clinical care providers through **education, appropriate equipment, and behaviour change for home caregivers** in order to reduce transmission in non-clinical settings and reduce the risk to caregivers.
- National Societies will provide **clinical, paramedical, homecare and first aid services** to support vulnerable and at-risk communities affected by the outbreak.
- In areas with large-scale outbreaks that overwhelm local health systems capacity, National Societies will **provide scale-up treatment and isolation or infection prevention and control (IPC) support** to their respective Ministries of Health and/or internationally to respond to unusually high patient loads, support triage and isolation, and other support to health systems overburdened as a result of a sustained and/or concentrated outbreak.

**Emergency social services** and support for individual **wellbeing and dignity** in case of **quarantine** or other emergency measures

- The most vulnerable communities and community members will be the most heavily impacted by actions to limit and control the spread of the virus (e.g. by suspending public transportation or restricting essential services). National Societies will provide **specific technical or supportive services** to their respective governments and affected populations, particularly if the outbreak becomes more generalised or if home monitoring, quarantining, or broader point of control screening is implemented. National Societies will support these outbreak control activities by ensuring people affected by these measures are able to meet their **basic needs** and maintain their **dignity**. This will have the secondary aim of reducing resistance and the risk of hidden cases by reducing the burden that restrictive public health measures may place on affected communities.

**Case detection, surveillance and contact tracing** are critical if a localised outbreak is to be contained

- National Societies will be supported to provide point of entry/point of control screening, contact tracing, community-based surveillance (CBS) or other activities to assist in **case detection and outbreak prevention**, based on local government capacity and needs.
- In communities facing imported cases or localised or early stage outbreaks, where there is existing RCRC CBS capacity, **passive community-based surveillance systems will be switched to active mode**, and acute respiratory infections will be included in volunteers' reporting.

### Psychosocial support

- Outbreaks create conditions for **stress and anxiety**, particularly in the absence of clear understanding of ways to reduce risk and protect oneself. NS will provide **psychosocial support to affected communities and to first responders**, who often face trauma, stigma and stress, and require specific and targeted PSS support.

### Pandemic preparedness planning

- Support National Societies to ensure strong and consistent coordination with Red Cross Red Crescent Movement, humanitarian, government, donor, WHO/UNICEF, other UN, and other partners
- Support National Societies to develop/enhance communication approaches that allow community voices, priorities and perspectives to be heard and responded to by the broader outbreak prevention and response partners
- Establish response triggers and scalable coordination mechanisms to ensure Red Cross Red Crescent response readiness
- Augment existing National Society pandemic preparedness capacity through strategic planning and training support (e.g. epidemic control for volunteers programming)

### Business continuity planning

- National Societies provide critical life-saving and community-building activities in the communities where they work, and affected and at-risk National Societies will be supported to carry out business continuity planning, with a focus on reducing staff and volunteers' risk of exposure to the virus, while maintaining these essential health and humanitarian services.



## Protection, Gender and Inclusion

Requirements (CHF): 112,000

### Proposed intervention

The operation aims to integrate a 'do no harm' approach into all aspects of planning and programming. National Societies will capture sex and age disaggregated data for the purpose of accountability to communities, to analyse who is directly benefitting and who is not benefitting from services; and to understanding the number and specific vulnerabilities of females to males based on their gender roles and age (i.e. to understand if a higher proportion of women, children or men are made vulnerable) and to provide age- and sex-appropriate risk communication and community engagement, information/intervention and healthcare.

Activities include the following where appropriate in each National Society and country/ region's context:

- Use of Minimum Standards as a guide to support sectoral teams to include child protection and measures to mitigate the risk of Sexual and Gender-Based Violence (SGBV).
- Establish a system to ensure IFRC and National Societies staff and volunteers have signed the Code of Conduct and have received a briefing in this regard.
- Map and make accessible information on local referral systems for any child protection concerns
- Volunteers, staff and contractors sign, are screened for, and are briefed on child protection policy/guidelines.



## Migration

Requirements (CHF): 103,000

### Proposed intervention

There are two main pillars of needs related to migration. Depending on the evolution and spread of the outbreak, the first relates to migrants who may be at particular risk to infection, including considerations for migrant populations with no access to healthcare in their host communities. The second relates to possible large-scale migration and displacement, potentially compounded by an increase in anti-immigration approaches using the outbreak as an excuse, as an impact of the outbreak, disproportionately affecting migrants living, working, studying, traveling, or transiting countries with an outbreak of the virus.

A variety of factors create particular vulnerability for migrants in the face of such a crisis: language barriers, restrictions on mobility including border closures, irregular immigration status, confiscated or lost identity or travel documents, limited social networks, isolation, and discrimination are some of the factors that hinder the ability of migrants to access assistance – including preparedness support, reliable information and opportunities to ask questions and raise concerns - or otherwise ensure their own safety and wellbeing. This operation will seek to ensure that ‘at risk’ migrants in countries experiencing 2019-nCoV are effectively included in preparedness or response, in line with the respective National Society’s mandate and capacity to respond.

Activities include the following where relevant and appropriate in each National Society and country/ region’s context:

- Support the National Society focal point on migration to lead and advise on relevant operational activities and messages and adapted, ensuring that vulnerable migrants are targeted.
- Promote peer to peer dialogue, knowledge sharing, and monitoring capacity between National Societies, such as the Global Migration Taskforce, Asia Pacific Migration Network (APMN) and the Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants (PERCO).



## Livelihoods and basic needs

Requirements (CHF): to be determined

***While IFRC will continue to monitor the outbreak and resulting needs, if any, in all regions and adjust this global plan accordingly, the proposed approach outlined in this Area of Focus is specific to China at time of publication, with no budget allocated.***

### Proposed intervention

At the time of issuing this Revised Emergency Appeal, most countries that have recorded dozens of cases are some of the least vulnerable, and better prepared to handle epidemics and pandemics. However, they are countries with the most trade, tourism and community links with China as well as with each other. As the number of cases continues to grow, there are indications that the significance of these links may have some impact on household economic security of people who rely on small-scale trade, tourism and daily wages. Measures undertaken in some affected areas – including closure of workplaces and suspension of inter-provincial transport systems – are likely to result in increase in prices of food and essential household items due to high demand and low of supply of stocks. Though markets may still be operational, restricted outdoor activities and quarantine requirements are likely to impact household economic security especially of families whose breadwinners depend on daily wages and have no alternative sources of income to meet daily needs such as food, essentials supplies and medical services.

Over the coming weeks, RCSC will undertake assessments in Wuhan and other affected areas (as well as consultations with public authorities) to determine the potential for supporting rapid disbursement of unconditional cash grants to affected households with low income. If assessments and consultations validate such a need, provision of cash grants will be considered to enable affected households to meet essential household needs. In China, digital

payment platforms like AliPay and WeChat Pay are well-entrenched and would allow for swift disbursement of cash to affected households if provision of cash grants is deemed appropriate.

Furthermore, when community-wide activities are eventually permitted, RCSC will undertake assessments of rural communities of Hubei Province as well as consultations with public authorities to determine the potential of providing livelihoods assistance to less privileged affected households. These would include areas where RCSC team was already supporting farmers via cooperatives.

Specific activities will be outlined if assessments and consultations validate the needs. The activities will be tailored per local context of the affected areas (urban or rural). Two possible activities could be providing unconditional cash grants to low-income households, in line with the minimum expenditure basket (MEB) of the target areas and providing vulnerable households in affected areas with means (cash and/or in-kind) to restore or diversify livelihoods. While no specific activities are planned at this stage, a provision has been made in the budget for possible cash and livelihoods interventions.

## Strategies for Implementation

### Strengthening National Societies

Requirements (CHF): 2.46 million

Strengthening disaster and crisis preparedness at global, regional, sub-regional, national and local levels is critical to save lives, protect livelihoods in facing the 2019-nCoV outbreak. IFRC's National Society Preparedness for Effective Response (PER) approach aims to enable National Societies to fulfil their auxiliary role by strengthening local preparedness capacities to ensure timely and effective humanitarian assistance. Continuous support to Red Cross Red Crescent National Societies in their PER efforts, in addition to [epidemic preparedness considerations](#) are ongoing, with translation into Spanish, [French](#) and Arabic languages in process. The materials will be further adapted and translated as appropriate to local languages in coordination with the regions.

Since the outbreak, a guidance note for IFRC and National Societies on the 2019-nCoV outbreak was developed and is updated on a weekly basis. It includes the most up to date information on the virus and related symptoms, risks, as well as actions a National Society can take in support of its country's national response.

Further guidance with a focus on National Society preparedness have been developed to complement it:

- National Societies' role in epidemic preparedness: *National Society mandate, International Health Regulations (IHR), Global Health Security Agenda (GHSa)*
- National Societies' capacity to prepare for and respond to epidemics: *National Societies' Preparedness for Effective Response (PER), National Society programmes and services*
- National Society potential activities to prepare for and respond to the nCoV outbreak: *Community Preparedness, Institutional Preparedness*

A key document for IFRC and its members is the ***Mobilization of Personnel for novel coronavirus response checklist***, a guidance document on volunteer management during pandemics to support National Societies ensure the safety and wellbeing of volunteers responding to an epidemic/pandemic. It assists National Societies in preparing for and responding to these situations. The guidelines need to be adapted to the needs of volunteers depending on the context they operate in. Volunteer insurance for accidents while on duty is also included in this operation.

Complementing the guidance provided above, additional tools are in process to be revised or updated, in particular for business continuity planning, which establishes the basis for National Societies to ensure the continuous functioning of key services during the crisis in all relevant locations. It includes also a plan to recover and resume business processes when programs have been disrupted unexpectedly. Beside activities ensuring the duty of care & staff health for staff and volunteers, special focus is also put on back-up measures for defined services.

National Societies have committed – individually and/or collectively – to work in partnership with communities, their public authorities and other organizations to prepare, prevent and respond to outbreaks, epidemics and pandemics at the local level. In line with that commitment, enhancing National Society preparedness for outbreaks, epidemics and pandemics will be prioritized under this operation. This will include investing in local branches, especially those in border areas, so that National Societies can deliver on their mandates as expected by the public authorities during the current and in the event of future potential outbreaks.

As mentioned above, risk communication, community engagement and accountability are essential at all stages of epidemic preparedness and response and will be integrated across the operation in support of health outcomes. Trusted,

timely, inclusive and clear communication and engagement approaches are critical to ensure that distrust, fear, panic and rumours do not undermine the response efforts and lead to nCoV spreading event more quickly. Effective community engagement will also support the operation and wider government and partners coordination efforts to gain an insight into the perceptions and behaviours of different groups address their feedback, and to develop effective and targeted engagement strategies that are based on the existing capacity of communities. Anxiety and fear are fuelling harmful stereotypes and racism against people of Asian descent who are being accused of spreading the coronavirus. The IFRC is joining efforts with partners and media to address negative attitudes and promote acceptance and trust. Strengthening National Societies' capacities to institutionalize community engagement and accountability minimum standards and actions will be at the core of the preparedness efforts defined in order to ensure a community-driven and people-centred approach.

Lastly, lessons learnt from previous epidemic and pandemic responses as well as from this ongoing response will be made available, to be shared where relevant. IFRC continues to encourage peer-to-peer sharing of best practices among sister National Societies, supported by actions outlined in SFI 3: Influencing Others as Leading Strategic Partners, contributing towards stronger National Societies at the end of this operation.

## Ensure Effective International Disaster Management

**Requirements (CHF): 1.57 million**

Technical rapid response personnel support will be made available to countries on an as-need basis, with specific profiles deployed to the IFRC Secretariat headquarters and all five regions based on needs and priority to monitor, provide analysis, coordinate and prepare and/or manage the operation with internal and external partners as well as IFRC membership.

The following programme support functions will be put in place to ensure an effective and efficient technical coordination: surge support, logistics and supply chain management and inter-agency coordination.

The Rapid Response mechanism at both regional and global levels were activated in this response. The following profiles were deployed to enhance capacity at country, regional and global levels:

Location	Position	Funder
Geneva	Ops coordinator	IFRC
Geneva	Medical logistics	Finnish Red Cross
Remote – support Geneva cell	Pandemic preparedness	Australian Red Cross
AP RO (KL)	Ops coordinator	Singapore Red Cross
AP RO (KL)	Pandemic preparedness	Danish Red Cross
AP RO (KL)	Communications	New Zealand Red Cross
AP RO (KL)	PSS	Danish Red Cross
Beijing	Logistics	Finnish Red Cross
Beijing	Communications	Finnish Red Cross
Beijing	Emergency health	Australian Red Cross
Beijing	Community health	Singapore Red Cross

With the evolving nature of the outbreak, a coordination cell has been established in Geneva to ensure National Societies across all regions are supported in terms of preparedness and response. Coordination structures are also being established at regional levels. The Surge Information Management Support (SIMS) network was also activated for this response to support National Society activity / preparedness monitoring and secondary data analysis. The newly launched Rapid Response guidelines are being used for this response.

Logistics activities aim to effectively manage the supply chain, including procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Since the outbreak, the Kuala Lumpur hub of the Operation Logistics, Procurement and supply Chain Management (OLPSCM) has been key in supporting the IFRC membership in the Asia Pacific region in the sourcing, procurement and delivery of essential equipment including PPE for staff and volunteers involved in activities where the risk of exposure cannot be reduced through behaviour change or programmatic adaptation (such as direct clinical, paramedical, and homecare service provision). With the launch of the Emergency

Appeal, the Logistics team in Geneva participates and coordinates closely with WHO and other international organizations on global supply as per defined standard, sharing the analysis as appropriate with its hubs in Kuala Lumpur, Dubai, Nairobi, Panama, Beirut, Budapest and Las Palmas.

As a membership service, the OLPSCM is supporting RCSC in the coordination of in-kind donations, in line with provisions of the Principles and Rules for Red Cross Red Crescent Humanitarian Assistance, especially to minimize, and if possible, eliminate, an influx of unsolicited donations. Partner National Societies planning to provide in-kind donations through bilateral channels are encouraged to coordinate with IFRC OLPSCM for specifications of items requested by RCSC, as per lists provided by the authorities. Ideally, it is recommended that support is provided via the mobilization table through in-kind donation. The mobilization table is available [here](#). IFRC also encourages all National Societies to coordinate with LPSCM their PPE needs and related procurement activities, since LPSCM is coordinating all appeal needs and conducting procurement in close coordination with other agencies to ensure that priorities are met and competition is avoided in the global market.

More details will be provided in the Emergency Plan of Action (EPoA) to be made available soon.

## **Influence Others as Leading Strategic Partners**

**Requirements (CHF): 625,000**

The programme support functions including **communications and media relations, planning, monitoring, evaluation, and reporting (PMER)** as well as **partnerships and resource development** will be put in place to ensure that IFRC influences others as a leading strategic partner. Social science research and community feedback mechanisms supported by CEA interventions will be used to advocate with partners and stakeholders for a more inclusive and community-driven outbreak response.

In China, the Red Cross Society of China (RCSC) will lead communications and media relations support to the operation. Technical support will also be provided by Rapid Response communications counterparts in the IFRC CCST in Beijing and IFRC communications team in Kuala Lumpur.

The principal aim is that the Red Cross Red Crescent humanitarian response is professionally communicated, understood and supported by internal and external stakeholders. Maintaining a steady flow of timely and accurate public information focused on the humanitarian needs and the RCSC's response is vital to support effective resource mobilization efforts, enhance collaboration with key partners and stakeholders and mitigate reputational risks.

Communications support to this operation will ensure that the Red Cross Red Crescent is well profiled through proactive public information activities that integrate the use of RCSC and IFRC online platforms, media relations activities, audio-visual production and social media engagement. Primary target audiences will include national, regional and international media, Red Cross and Red Crescent National Societies, peer organizations as well as donors and the wider public.

Regionally and globally, the IFRC will scale up its already established communications efforts, relaying prevention messages and supporting National Societies to adapt public messages to their respective audiences, as well as provide guidance to member National Societies in their public communications effort, link with ongoing risk communication work as applicable.

Operationally, IFRC will enhance the communication with the intergovernmental regional systems such as ASEAN/AHA Centre, CDEMA, EU Civil Protection and others to agree on information sharing and coordination mechanisms. Depending on the evolution of the outbreak, military bodies might play an important role in several countries. National Societies and IFRC will establish relations with military bodies according to the Red Cross Red Crescent policy framework. Lessons learnt from previous operations and the draft Red Cross Red Crescent Movement **Civil and Military Relations** guidance are key reference documents that will be used to guide IFRC and its members in this regard.

**PMER** and **information management** support from country to global levels are being put in place to ensure consistent data and information collection to guide informed decision making and allocation of resources where needed. The information is then channelled through appropriate streams including the [IFRC GO platform](#), internal and external communications and media relations, partnerships and resource development on behalf of IFRC's membership and the Secretariat itself where appropriate.

This emergency appeal is also an opportunity to complement ongoing work in **international disaster law**, whereby IFRC and its members utilize research and analysis to compare, consult and/or advocate as applicable on the efforts of various countries to strengthen how their laws support the reduction of disaster risks, particularly at the community level.

More details will be provided in the EPoA.

## Ensure a strong IFRC

Requirements (CHF): 566,000

The following programme support functions will be put in place to ensure a strong IFRC: human resources, finance and administration, and auditing.

Additional tools are in process to be revised or updated, in particular for **business continuity planning**, which establishes the basis for IFRC to ensure the continuous functioning of key services during the crisis in all relevant offices. It includes also a plan to recover and resume business processes when programmes have been disrupted unexpectedly. Beside activities ensuring the duty of care and staff health for staff and volunteers, special focus is also put on back-up measures for defined services.

The global 2019-nCoV **coordination cell** will ensure coherence and consistency to the overall 2019-nCoV operational response. It will ensure a coordinated response strategy across all regions and will maintain oversight of quality control to support high impact response efforts. The cell will develop, adapt and disseminate global guidance and standards, enabling regions to deliver adequate resources to support National Societies in both preparedness and response. The cell will maintain oversight of operational risks and will put mitigating strategies and actions in place. Capacity of regions will be also enhanced with additional technical advisors to support National Society preparedness and risk communication and engagement activities in-country and based on need and level of engagement.

IFRC has zero tolerance for fraud and is committed to full transparency and accountability to our partners and the communities we stand with. Following investigations into fraud in its Ebola operations, IFRC has significantly strengthened **fraud and corruption prevention**, detection and investigation in line with industry-best practice in high risk operations. IFRC has in place a [‘triple defence’ fraud prevention framework](#) to strengthen its three lines of defence – operations, compliance and internal investigation, that will be applied to this operation.

More details will be provided in the EPoA.

## Funding Requirements

Areas of focus	HEALTH (INCLD. WASH & RISK COMMUNICATION)	PROTECTION, GENDER AND INCLUSION	MIGRATION	STRENGTHEN NATIONAL SOCIETIES	EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	ENSURE A STRONG IFRC	Total by region
Asia Pacific	20,100,000	70,000	40,000	1,000,000	345,000	145,000	300,000	22,000,000
Africa	2,130,000				846,000	24,000		3,000,000
Americas	1,325,000	10,000	15,000	300,000	200,000	100,000	50,000	2,000,000
Europe	1,315,000	10,000	15,000	300,000	220,000	100,000	40,000	2,000,000
MENA	1,268,000	10,000	15,000	328,000	213,000	110,000	56,000	2,000,000
Global	450,000			120,000	350,000	50,000	30,000	1,000,000
Total by AOF/SFI	26,558,000	112,000	103,000	2,458,000	1,578,000	625,000	566,000	32,000,000

**Jagan Chapagain**  
Secretary General

## Reference documents



Click here for:

- Previous Appeals and updates

**For further information, specifically related to this operation please contact:**

**In the IFRC**

- **IFRC Global Disaster & Crisis (Prevention Response and Recovery):** Nelson Castano, Manager, Operations Coordination, +41 22 730 4926, [Nelson.CASTANO@ifrc.org](mailto:Nelson.CASTANO@ifrc.org)
- **IFRC Global Health:** Panu Saaristo, Team leader, Emergency Health, +41 22 730 4317, [Panu.SAARISTO@ifrc.org](mailto:Panu.SAARISTO@ifrc.org)
- **Communications :** Laura Ngo-Fontaine, Senior Communications Officer, +41-22-730 4485, [Laura.NGOFONTAINE@ifrc.org](mailto:Laura.NGOFONTAINE@ifrc.org)

**For technical health guidance :**

- IFRC Africa: Adinoyi Adenzi, Head of health, [adinoyi.adenzi@ifrc.org](mailto:adinoyi.adenzi@ifrc.org)
- IFRC Americas: Maria Franca Tallarico, Head of health, [maria.tallarico@ifrc.org](mailto:maria.tallarico@ifrc.org)
- IFRC Asia Pacific: Abhishek Rimal, Emergency health, [abhishek.rimal@ifrc.org](mailto:abhishek.rimal@ifrc.org)
- IFRC Europe: Davron Mukhamadiev, Head of health, [davron.mukhamadiev@ifrc.org](mailto:davron.mukhamadiev@ifrc.org)
- IFRC MENA: Aymen Jarboui, Head of health, [aymen.jarboui@ifrc.org](mailto:aymen.jarboui@ifrc.org)

**For IFRC Resource Mobilization and Pledges support:**

- **Global Resource Mobilization:** Diana Ongiti, Senior Officer, Emergency operations, +41 22 730 4223, [diana.ONGITI@ifrc.org](mailto:diana.ONGITI@ifrc.org)

**For In-Kind donations and Mobilization table support:**

- **Logistics, Procurement and Supply Chain Management:** Aysagul Bagci, Logistics Coordinator, [aysegul.bagci@ifrc.org](mailto:aysegul.bagci@ifrc.org)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives,**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.