EVALUATION REPORT:

IFRC-wide response to the COVID-19 pandemic

March 2022

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Dedication

This evaluation is dedicated to the millions of Red Cross and Red Crescent volunteers and staff worldwide affected by the COVID-19 pandemic and in particular recognition and remembrance of those volunteers and staff who died or became seriously ill.

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Introduction

The impacts of the COVID-19 pandemic have permeated nearly every aspect of daily life for communities in nearly every country around the world. No governments, corporate entities, small businesses, non-profits or humanitarian agencies have been spared. It has required sudden and dramatic changes to work practices, felt even more acutely by organisations which are both responding to the needs of communities on the ground while at the same time trying to ensure their own survival.

The pandemic came on the heels of a timely resolution of the 33rd International Conference of the Red Cross and Red Crescent in 2019 entitled Time to act: Tackling epidemics and pandemics together. The resolution encourages States and components of the Movement to strengthen cooperation and coordination and for National Societies to use their auxiliary role to support efforts in community-centered disease prevention, control, preparedness and response. It brings into focus the needs of people in vulnerable and high-risk situations and importance of protecting the safety of staff and volunteers.

The mid-way point of the IFRC-wide Emergency Appeal for COVID-19 provides a useful opportunity to take stock of the successes and challenges of the response from global to local level, across the network of 192 National Red Cross and Red Crescent Societies (National Societies), with a view to informing the response going forward and to identify learning opportunities for future responses.

Similar to the pandemic response itself, this evaluation faced many challenges attempting to remotely capture and analyse experiences across all regions in vastly different national contexts, and to address the enormous scope and scale of the many different interventions being carried out by the IFRC network. The evaluation process involved over 300 key informant interviews and focus group discussions, and an Evaluation Survey with nearly 1,000 responses, including National Society frontline staff and volunteers and analysed a large volume of data and documentation.

This report is the culmination of a 6-month process which evaluates the relevance, effectiveness and coherence of the IFRC-wide COVID-19 response and identifies opportunities and recommendations going forward.

It is hoped that the findings and recommendations from this evaluation provide useful insights into the current response for leaders and decision-makers across the IFRC network and help to guide further research and action to better support communities in meeting the challenges that lie ahead.

Relevance

- The COVID-19 response provided an opportunity to demonstrate the true value of the IFRC as a "distributed network" of local actors, uniquely capable of delivering an emergency response on a global scale, described by some as a Solferino moment. It reinvigorated a collective sense of purpose.

- Despite the many risks and challenges, volunteers and staff around the world stepped up to the task and found new ways of supporting their communities on an unprecedented scale. Leadership and management systems were put to the test and brought into sharp focus many of the ongoing challenges identified in the IFRC's Strategy 2030, with frequent adaptations of plans and decisions to address constantly evolving and unpredictable situations. The response capacities of the IFRC network were additionally strained by the many other new and continuing disasters and crises occurring unabated around the world.

- Overall, the IFRC-wide response could be considered successful in delivering vital support to communities across the globe. National Red Cross and Red Crescent Societies played a unique and critical role in supplementing the capacities of their governments and worked successfully with other response agencies. Details about the full global response can be found at: https://www.ifrc.org/emergency/covid-19-outbreak

The IFRC-wide Emergency Appeal

- For the first time, the IFRC Secretariat initiated a "global domestic response", which integrated the response activities of all National Societies under the over-arching framework of the COVID-19 Emergency Appeal's 3 Priorities and 19 Pillars, and captured funding needs beyond those of the IFRC Secretariat. This approach has been widely regarded as successful and relevant to the future vision for the IFRC Secretariat and the wider network, in line with the objectives of Strategy 2030.

- Despite a range of views on the emphasis given to the different Priorities and Pillars, overall the Emergency Appeal was felt to be highly relevant to the work of National Societies and appropriate for meeting the needs of communities.

- The initial donor response to the Emergency Appeal was enthusiastic and included engagement with a number of new corporate partners. Over time however, the level of donor funding conditions and earmarking increased, as did expectations about the timeliness and content of reporting, placing significant pressure on overstretched teams in Geneva and the regions, and also creating significant operational constraints.

- The allocation of IFRC Secretariat funding was uneven across the 3 Priorities, reflecting among other things the health focus of many National Societies, as well as the different funding interests from donors. While criteria for decision-making were in place at different levels, there was also an impression that the process was influenced by the pressure to meet donor requirements and that, at times, experienced opaque decision-making, rather than being fully guided by capacities and needs on the ground.

- One of the biggest challenges moving forward is how to retain sufficient capacities and resources to address the lingering impacts of COVID-19 and re-emerging hotspots, while continuing to respond to other ongoing and emerging crises, while at the same time preventing donor fatigue. Indeed, the sustainability of the response in terms of staffing levels and support for interventions over longer timeframes to remain impactful remains a great concern.

Health and WASH

- The IFRC-wide response was first and foremost a public health response, with National Societies playing a critical role in measures to reduce transmission, supplementing over-stretched national health systems and providing important emergency health and water, sanitation and hygiene (WASH) support to communities.

- The strengths of the IFRC network were particularly apparent in the areas of risk communication and community engagement (RCCE) , including through the Collective Service in partnership with WHO and UNICEF, and in global advocacy around vaccination equity, both of which were supported by strong engagement on the ground. The large-scale global procurement of personal protective equipment (PPE) was also felt to be highly relevant but faced a number of logistical challenges with timeliness, due to disruptions and competition within the global supply chain and restrictions on import/export.

- There was a great diversity of experience and capacities among National Societies in areas such as mental health and psychosocial support (MHPSS) and infection prevention and control (IPC) which were not always matched by the necessary technical support from the IFRC Secretariat and other partners. Some decisions around high-expenditure items such as hospitals, ambulances and medical equipment were not always appropriate nor supported by longer term strategies to ensure sustainability.

Addressing socio-economic impact

- While the wide-reaching socio-economic impact of the pandemic was acknowledged as critical to community needs, this Emergency Appeal Priority was found to lack coherence, was underfunded and was less successfully implemented in comparison to the health response, with many interventions being one-off and/or small-scale rather than targeted and sustained programs.

- The most successful were interventions which reflected the core competencies of National Societies, such as the provision of basic necessities, food and cash and voucher assistance (CVA) and shelter, although the latter received less visibility than other emergency responses. CVA in particular was considered well supported by technical assistance through the wider IFRC network and the ability to fast-track approaches to National Society cash readiness.

- More challenging were longer-term initiatives such as livelihoods and food security which suffered from resourcing constraints and the need for greater technical assistance particularly for National Societies new to that work. The transition to recovery programming also requires a renewed effort to reinforce its importance, profile and resourcing.

Community Engagement and Accountability

- The work on community engagement and accountability (CEA) was considered highly relevant to the response, especially by those working closest to communities at country and branch level. There were many examples of National Societies adapting their traditional CEA approaches to embrace new technologies and communication modalities. However, some National Societies struggled with implementing effective two-way communications and feedback mechanisms with communities and there was limited evidence of baseline surveys and assessments used to track the effectiveness of the response and guide future action.

- The IFRC network offered extensive technical guidance and training opportunities to strengthen the capacities of National Societies across a range of issues, including tracking community feedback and using different communications approaches to disseminate information in a culturally appropriate

way, although this could have been more streamlined and better coordinated to make it more accessible to National Societies. The Africa Region was noted to have played a strong role in supporting National Societies with CEA, having had experience from the Ebola response, and was proactive in requesting additional resources to support this work.

- There was some confusion and perceived redundancy created by the separation of RCCE and CEA within the structure of the IFRC Emergency Appeal. The prominence of the work on RCCE was felt to have resulted in the comparative under-resourcing of CEA through the IFRC Secretariat, which impacted in particular on the ability to manage and analyse the significant volume of information generated by CEA activities globally. This, combined with a lack of qualitative CEA indicators, resulted in missed opportunities to demonstrate the overall impact of the response on the ground and to inform future planning based on the needs of communities.

Social Care, Cohesion and Support to Vulnerable Groups

- The pandemic exacerbated existing vulnerabilities and created new risks for communities. For many, existing safety nets and protection services were suspended or difficult to access. While protection, gender and inclusion (PGI) and the needs of vulnerable groups were regarded as high priorities and numerous National Societies undertook important initiatives in this regard, their capacity to effectively implement a coherent PGI approach was often lacking, signaling the necessity for greater institutional and operational capacity building before, during and after a disaster/emergency. A repeated concern was a lack of targeted needs assessments, with many National Society interventions directed towards the population at large without applying a protection, gender and inclusion lens. The prominence of PGI was also felt to have been diminished in later revisions of the Emergency Appeal, which may have contributed to its absence from many National Society Response Plans.

- Conversely, support to migrants, particularly undocumented migrants, was felt to have gained more prominence as the response progressed, with a number of National Societies addressing important gaps in services to these highly exposed and stigmatised groups. This work, though not without its own challenges, was supported by useful technical guidance, anti-stigma campaigns and advocacy to governments.

Effectiveness

Strengthening National Societies

- The COVID-19 response demonstrated the vital role of National Societies working in their auxiliary role to national authorities, as pre-emptively signaled in 2019 by the International Conference resolution Time to act: Tackling epidemics and pandemics together. Despite some challenges of working beyond their capacities and a lack of dedicated support roles within the IFRC Secretariat, National Societies were almost universally able to enhance their visibility, credibility and profile in their domestic contexts, and found new opportunities for positive collaboration with governments and other partners, and also benefited from the significant legal mapping and advocacy work undertaken by the Disaster Law Program (DLP).

- While many National Societies has contingency plans in place many of these were not specific to the needs of the pandemic and had to be and adapted to the continuously changing situation. It was acknowledged that the IFRC network was largely unprepared for the scope and scale of the COVID-19 pandemic. The strain on domestic and international systems was also compounded by having to respond concurrently to other emergencies, both new and ongoing, occurring in different national contexts. Perhaps unsurprisingly, those National Societies already engaged in specific preparedness programs prior to the pandemic (such as the Community Epidemic and Pandemic Preparedness Program (CP3), Response Preparedness II and other bilateral projects that were applying the Preparedness for Effective Response (PER) Approach) were able to respond more effectively, reinforcing the critical importance of investing in these initiatives going forward.

- There were inconsistent approaches to business continuity across the IFRC network and a need for further support to National Societies. This manifested more concretely around the level of protection and support afforded to volunteers, which varied greatly across different country contexts, with some volunteers taking on high levels of risk in fulfilling their duties and notable levels of anxiety amongst groups of volunteers. Moreover, many staff and volunteers reported a deterioration in their own financial situation, which may also have affected their capacity to volunteer. Efforts to offer a global safety net through volunteer insurance and the Global Solidarity fund were laudable but ultimately had limited success.

- Despite losing some more traditional income sources, many National Societies experienced an initial boost to their domestic income in the early stages of the pandemic. However, it is likely that this funding will dry up without the possibility for replenishment as the economic impacts of the pandemic continue to take their toll. Thus financial sustainability of National Societies is a significant longer-term risk across the IFRC network.

The IFRC Secretariat

- The pandemic emerged at a time when the IFRC Secretariat was transitioning to a new Secretary General and Senior Management Team. There was some uncertainty around changes to the management structure, who were the key decision-makers for the operation and what was the role of the health team within operational management. There were significant efforts to encourage innovation, adaptation and problem-solving through Internal Working Groups and Solutions Teams, some of which also included National Societies, although decision-making responsibilities and processes were not always well-understood nor felt to be inclusive of broader perspectives.

- Significant efforts were made to adapt Rapid Response and Human Resource systems to account for gaps in the talent pool and address cumbersome recruitment processes despite significant resource constraints and travel restrictions. While not all issues were resolved, there was evidence of greater cooperation between the IFRC Secretariat and partner National Societies (PNS) to better utilize existing human resources for the wider response effort.

- Within the IFRC Secretariat, there was a strong commitment to business continuity and staff health, with personnel dedicated to these technical roles for COVID-19, at global and regional level. This included 24/7 support for all Secretariat staff and offices, and many staff felt they and their families were well informed and supported to manage the risks of COVID-19. There have been issues with compliance **[CS1]** across all levels and staff burnout remains a critical concern at a time of ongoing pressure but decreasing resources to maintain the response.

- The focus on Risk Management was also scaled up with a more systemized approach to risk identification and monitoring at a global level, which was fed by risk reports coming up from country and regional levels. Challenges still remain with managing these risks effectively across the decentralized regional and country level structures and within National Societies and in sustaining the capacity to wide risk management coverage.

- Planning, monitoring, evaluation and reporting (PMER) systems were tested by the new global Emergency Appeal approach, but ways were found to use or adapt existing tools, such as the Federation-wide Databank and Reporting System (FDRS) and the GO platform to capture and analyse data about preparedness and response at different levels. While the volume of data was impressive, gaps remain in data literacy and providing a qualitative analysis of the impact of the response. The responsiveness and accessibility of IFRC Secretariat knowledge management and information management systems were also challenged by the range of different user groups and information needs throughout the response.

- Logistics and finance management teams were also put to the test, having to find ways of minimizing or working around bottlenecks and delays from systems which were not designed for a response of this scale and nature. Significant efforts were made to simplify procedures while still maintaining high levels of accountability. Logistics were especially challenged by the global competition for PPE supplies and around getting supplies into countries with restrictions due to conflict situations or international sanctions.

Coherence

Shared leadership and coordination

- The IFRC-wide response to COVID-19 brought about enhanced levels of coordination with and between the IFRC membership and its Secretariat. Leadership at global and regional levels committed to frequent consultations with National Societies, as did many members of the IFRC Governing Board. National Societies also took a stronger role in leading the responses in their domestic contexts. While the concept of 'shared leadership' was widely touted, there were nevertheless perceptions that real decision-making involved only a select group of 'donor' National Societies and did not directly involve a wider, more representative group of National Societies and that the concept of membership coordination needed to be clearer.

- Coordination with the International Committee of the Red Cross (ICRC) was regarded positively both within and outside the Red Cross and Red Crescent Movement, with examples of enhanced cooperation in complex national settings as well as global joint advocacy and messaging on key issues. However some felt ICRC and IFRC were still operating in silos at the regional level.

- Many PNS, traditionally used to "donor" status, also became recipients of Emergency Appeal funding and experienced the planning and reporting system from a user perspective for the first time. Several found challenges in reporting on their work, but many found opportunities to strengthen the links between their domestic and international teams to improve their national response capacities.

Shared support, resources and learning

- The pandemic caused an unprecedented demand and supply of resources, guidance and technical support, much of which had to be delivered remotely through online platforms and tools. While the IFRC network produced a multitude of resources, not all of these were well-disseminated or adequately tailored to match the needs of users, limiting their effectiveness. The switch to video calls had advantages in terms of cost, frequency, capacity and convenience, but posed challenges for National Societies in contexts with limited access to internet and relevant technology. Nevertheless, there were opportunities to make progress towards the longstanding goal of bridging the digital divide.

- Help Desks and Reference Centres, many of which were managed by National Societies, enjoyed greater visibility and produced information and tools that were well-used by the membership. Some of these services struggled to access immediate funding, while others were better geared towards longer-term capacity building and were less able to meet demands for immediate, hands-on practical support.

- Formal and informal information-sharing networks also gained greater prominence and the IFRC Secretariat's role as a facilitator for peer-to-peer exchanges between National Societies around common issues was greatly appreciated and seemed to be valued more than the production of detailed technical guidance.

- The opportunities for learning from this response have been widely acknowledged, however much skepticism remains as to whether this learning will be used to initiate changes and improvements to future responses. There are numerous initiatives including an IFRC Secretariat draft Learning Strategy, Real Time Learning Exercises and other decentralized learning processes among the IFRC network which need to be more systematically reviewed, consolidated and prioritised to inform future planning and decision-making.

External partnerships and communications

- The IFRC network was able to demonstrate its value as a key global-to-local partner, particularly in the area of health and WASH. This was evidenced most clearly through the collaboration with UNICEF and WHO on RCCE , and through the global advocacy on vaccine equity and support for the COVAX mechanism. The introduction of the new role of IFRC Special Representative for COVID-19, while coming late in the response, also showed a commitment to enhancing the outward-facing profile of the IFRC network response.

- Partnerships with other organisations were also strengthened at regional and country level, particularly in the early stages of the response although there were different levels of engagement in partnerships and humanitarian diplomacy between the regions.

- There was a strong uptake in the use of new digital platforms for external communications across the IFRC network. The IFRC Secretariat communications teams played import roles in supporting the critical tasks of fundraising, CEA and RCCE, although ongoing sustainability of these functions remains a concern.

Key opportunities and recommendations

The following is a brief summary of the more detailed opportunities and recommendations included in the full report.

- The **IFRC-wide Emergency Appeal and approach has been widely regarded as successful and relevant** to the future vision of the IFRC Secretariat. It is therefore recommended that this model is developed further and adapted to other situations, so it becomes the new normal for relevant operations and programs.

- Some issues to be addressed in support of future IFRC-wide responses future include:

  > Improving **guidelines for IFRC-wide PMER** based on the learning from this response.
  > Management support for the further **streamlining of systems and processes** to support the IFRC-wide approach and a regular review of ongoing 'blockages' to meet operational needs and deliver an IFRC-wide Appeal.
  > Clarifying **organisational management structures** and decision-making trees to avoid confusion and overlap of responsibilities for IFRC-wide emergency responses.
  > Better communication and application of criteria for the **allocation of funds** from global to local level, to the extent that earmarking allows.
  > Engaging with donors on the impact of **earmarking** and collectively analysing how flexibility of funding could be improved, including through greater efforts to improve the **quality and timeliness of reporting and demonstration of impact in operations of scale**.

- As the pandemic appears far from over and there are continuing high levels of transmission occurring worldwide, ensuring the **sustainability** of the response and a smooth transition from **emergency response to recovery to longer term programming** requires urgent attention. It is recommended to start the process of integrating ongoing COVID-19 activities into future planning and/or include COVID-19 interventions as a standard element of future Appeals. Additionally, consideration could be given to a specific **COVID-19 funding mechanism** to support immunization and further spikes through the Disaster Relief Emergency Fund (DREF) or through separate, targeted responses.

- The IFRC network **health and WASH** response, while largely successful, could be further strengthened through:

  > Enhancing overall capacities in epidemic preparedness, including targeted support to develop National Society capacities in more technical areas such as IPC and mental health.
  > Supporting the design of community health programs that measure the impact on behaviour change to improve messaging and communication modalities by improving linkages between community- based health and first aid (CBHFA), health and hygiene promotion, and CEA.
  > Expanding the work on global vaccine equity to include other routine immunization programs which could add further value to this work, and avoid set-backs in the elimination or control of other vaccine preventable diseases.

- Efforts to address the **socio-economic impacts** of the pandemic revealed the need to further develop technical capacities and scale up resources if National Societies are going to have a greater and more sustained impact on these areas in future. In particular, these efforts should focus on:

> Determining the extent to which National Societies have real capacity to implement longer term programs such as livelihoods, food security and education.
> Providing a higher level of technical support to enable National Societies to navigate the complexities of longer-term livelihood and food security programming, which reach beyond cash, voucher and food distributions, recognizing that this also requires additional resources.
> Scaling up engagement with donors and other partners to secure longer-term resourcing for livelihoods, food security and education programs.
> Undertaking a more systematic analysis of the recommendations around the fast-track approach to scaling up CVA readiness to better capitalize on this unique learning opportunity.
> Identifying opportunities to bring the health and livelihoods responses closer together, for example through measures to address the socio-economic drivers of COVID-19 transmission, such as the financial inability to stop paid work in order to comply with COVID-19 testing, vaccination or isolation.

- Having made global commitments to enhance **community engagement and accountability,** further work is needed to develop National Society capacities to advance two-way communication with communities in a more institutionalized way across the IFRC network and to improve systems which capture, track and analyse the impact of interventions to inform operational approaches in real time.

- Renewed efforts are needed to ensure that **PGI minimum commitments** are integrated into all aspects of emergency response interventions supported by adequate operational capacity. This should include context-based needs assessments to better identify and address the **needs of specific vulnerable groups** exposed to new and ongoing protection risks, in particular for those experiencing violence, discrimination and exclusion. The significant work by National Societies in addressing the needs of **migrants** would also benefit from shared learning and further visibility.

- The centrality of the "local response" to COVID-19 is an opportunity to challenge perceptions and focus attention on the pressing need for greater investment and support for **strengthening National Societies**. In particular this should include:

  > Providing targeted support to National Societies to consolidate their roles as auxiliaries to government in the humanitarian field and providing further guidance on how to navigate the complexities that arise. This should also include having focal points to support dialogue with governments.
  > Engaging with donors, humanitarian and development partners, using the experience and evidence of this pandemic response, to demonstrate the value of investing in National Society preparedness and sustainability both for the remainder of this response and in future programs and operations, and to develop a clear vision and strategy in this regard.
  > Increasing support and encouraging shared learning across the IFRC network around issues of risk management, staff and volunteer protection and business continuity planning to enable National Societies to withstand future crises.
  > Making volunteers more central to the work of the IFRC network and using cross-sectoral approaches to strengthen support and recognition for all the work they do. This could include, for example, the provision of adequate insurance, standardised duty of care approaches and support for volunteers who have lost their livelihoods during the pandemic, being more responsive to different types of volunteering. It should also include, reducing recruitment bureaucracy and involving volunteers in decision-making about humanitarian services in their communities.

- The **effectiveness of IFRC Secretariat management and support** benefitted from the willingness of teams to quickly adapt normal systems and processes to accommodate the exceptional circumstances created by the pandemic. Further recommendations for improvements have been made in the following areas:

    > Addressing gaps and delays in the mobilization of rapid response and recruitment processes.
    > Strengthening staff health and psychosocial support (PSS) capacities, in particular with a view to addressing and preventing staff burnout.
    > Exploring opportunities for further streamlining procurement systems and ensuring a greater investment in buffer stock and pre-positioned stock and in strengthening National Society procurement capacities.
    > Improving data literacy and streamlining data collection, consolidation and analysis across the IFRC network and with the ICRC, as well as simplifying online access to all available technical resources and guidance.
    > Applying a strategic and prioritised approach to identifying lessons learned from this pandemic response, supported by commitments from management to ensure the application of key learning.

- To capitalize on the significant advancements towards greater **shared leadership and coordination** across the membership, the IFRC Secretariat should take steps to more clearly communicate the rationale for key decisions to membership and expand opportunities for a wider range of National Societies to engage in meaningful two-way discussions beyond general 'information sharing' processes. The IFRC Secretariat should also clarify the approaches and tools it is putting in place to support enhanced membership coordination.

- Looking externally, there are great opportunities for the IFRC network to build on its successful **humanitarian diplomacy** work during COVID-19 and develop greater consistency across all regions and dedicate further resources to partnership development and management. The close engagement between the **external communications** teams and other technical teams should be further developed, with greater efforts made to capture the impact of dissemination of key messages through different media channels.

Bedankt voor
jullie hulp!
RODE kruis in
Deze corona crisus

ABOUT
THIS REPORT

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Contributors:

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Americas: Argentina, Ecuador, (Haiti – indirectly), Honduras, Canada
Asia Pacific: Australia, Maldives, Mongolia, Pakistan, Philippines
Europe: Armenia, Georgia, Slovenia, Spain, United Kingdom
Middle East and North Africa: Lebanon, Yemen, Gulf States, Iran, Egypt

Acronyms, abbreviations and key terms

AUD	Australian Dollars
CADRIM	Red Cross Caribbean Disaster Risk Management
CBHFA	Community-based health and first aid
CCST	Country cluster support team
CEA	Community engagement and accountability
CHF	Swiss Francs
CREPD	Disaster Preparedness Reference Centre
CVA	Cash and voucher assistance
DFAT	Department of Foreign Affairs and Trade (Australia)
DLP	Disaster Law Program
DREF	Disaster Relief Emergency Fund
ECOSEC	Economic Security (ICRC)
EMT	Evaluation Management Team
FDRS	Federation-wide Databank and Reporting System
FGD	Focus Group Discussion
FSL	Food security and livelihoods
FSP Taskforce	Financial Services Provider Taskforce
GAVI	Global Vaccine Alliance
GBP	British Pounds
GDPC	Global Disaster Preparedness Centre
GOARN	Global Outbreak Alert and Response Network
HR	Human resources
IASC	Inter-Agency Standing Committee
ICG	International Core Group (IFRC)
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
IEC	Information, education and communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IFRC network	IFRC Secretariat and National Societies
IFRC-wide	IFRC Secretariat and National Societies

IM	Information management
IPC	Infection prevention and control
IT	Information technology
KII	Key Informant Interview
MENA	Middle East and North Africa
MHM	Menstrual hygiene management
MHPSS	Mental health and psychosocial support
National Societies	National Red Cross and Red Crescent Societies
NSDOC	National Society Development and Operations Coordination
OIAI	Office of Internal Audit and Investigations (IFRC)
ONS	Operational National Societies
PER Approach	Preparedness for Effective Response Approach
PFA	Psychological first aid
PGI	Protection, gender and inclusion
PMER	Planning, monitoring, evaluation and reporting
PNS	Partner National Societies
PPE	Personal protective equipment
PRD	Partnerships and resource development
PSEA	Prevention of sexual exploitation and abuse
PSS	Psychosocial support
RCCE	Risk Communication and Community Engagement
RFL	Restoring Family Links
RM	Risk management
RTE	Real-time evaluation
RTL	Real-time lessons learned
SGBV	Sexual and gender-based violence
UK	United Kingdom
UNICEF	United National Children's Fund
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Background

The COVID-19 pandemic has been a global crisis of unprecedented scale and reach. In the 18 months since the first identified case on 7 January 2020, almost no country has been spared its impact. By 7 September 2021, there had been over 221 million reported cases and over 4.5 million deaths, with many still unreported, and different regions of the world continuing to experience peaks in case numbers at different times. The spread of the pandemic has been driven by domestic and international transmission and by the evolution of variants of concern, such as the Delta variant, which is highly transmissible and more likely to cause severe illness/hospitalization. Notwithstanding its global nature, there has been a varied and diverse impact of the pandemic on people in different and geographic areas is clear and it challenged and changed the way humanitarian support is delivered, as evidenced throughout this report.

The scale and global scope of the COVID-19 pandemic has permeated every aspect of the work of Red Cross and Red Crescent National Societies worldwide and required them to scale up efforts to respond to COVID-19. Since the beginning of 2020, National Societies have adapted their work to respond to the evolving situation in their own context, encompassing responses to the mounting health needs, the deepening socio-economic crises and to strengthen and to sustain their own structures, capacities and volunteer base at this difficult time.

In February 2020, the IFRC Secretariat launched an Emergency Appeal to extend its support to all National Societies affected by the pandemic. This Appeal underwent several revisions, most recently the Revised Appeal of 14 July 2021 which had IFRC-wide ask of CHF2.5 billion and extended the Emergency Appeal timeframe to 30 June 2022. The COVID-19 pandemic response Emergency Appeal is unprecedented in its global scale and in its reach, supporting local responses in nearly all National Societies worldwide. The Emergency Appeal continues to seek funding to support National Societies to work across the three Priorities (Sustaining Health and WASH, Addressing Socio-economic Impact and Strengthening National Societies) and the 19 related Pillars, as well as under three Enabling Actions (Logistics and Supply Chain, Data and Digital Transformation, and Engagement, Inclusion and Accountability).

Purpose of the evaluation

The IFRC-wide approach of this "global domestic response", as with any epidemic outbreak, has required the IFRC Secretariat and National Societies to adjust their local response, which for many National Societies was a new activity. And at the same time, it required the IFRC Secretariat and National Societies to vastly scale up their global and local response approach and develop more efficient and innovative ways of working to address the sheer volume of support activities.

It was therefore considered important and timely to conduct an IFRC-wide evaluation of the response to date. The evaluation covered both the IFRC-wide response and the IFRC Secretariat's support to member National Societies, in line with the three Priorities, 19 pillars and three Enabling Actions set out in the Emergency Appeal.

The purpose of this evaluation is to analyse the **relevance, effectiveness and coherence** of the current IFRC-wide COVID-19 response to assess its end delivery to those affected. Specifically, it examines:

- the appropriateness of the IFRC Emergency Appeal for COVID-19 and its 3 Priorities and 19 Pillars for addressing the needs of the communities and National Societies;

- how well the response has been targeted to meet the needs across a range of contexts faced by all affected National Societies;

- the extent to which needs have been met by the wider IFRC network, including through the auxiliary roles played by the National Societies and through working with local actors;

- the successes and the challenges faced by both National Societies and the IFRC Secretariat in ensuring effective and efficient delivery to those in need; and

- the extent to which the intervention added value while avoiding duplication of effort.

This evaluation contributes to the wider organizational learning of the IFRC network in responding to the COVID-19 pandemic, as well as to other eventual global crises and identifies opportunities and recommendations to improve the IFRC network's capacity to provide humanitarian assistance to affected communities in the future.

Methodology

This evaluation was conducted between March-September 2021 by a team comprising an independent Team Leader and seven team members identified by the Evaluation Management Team from the IFRC Secretariat and National Societies. Their managers generously agreed to allow them time to support this evaluation, in some cases in addition to their ongoing duties.

The evaluation methodology involved a number of processes which are briefly described below.

Development of an evaluation framework

Based on the Evaluation Terms of Reference, an evaluation framework was developed which comprised the detailed evaluation questions and sub-questions to be answered through the overall evaluation process. The questions were structured into a logical framework and grouped under relevance, effectiveness and coherence. The framework was used as the basis for discussion among the team members about the intended scope and purpose of each evaluation question and the most appropriate level / stakeholder to which the questions could be addressed.

Assignment of thematic areas and regions

Given the very broad scope of the subject matter, covering all 3 priorities and 19 pillars of the Emergency Appeal, it was decided to group the topics into seven thematic areas:

1. Health and WASH

2. Livelihoods, economic security and shelter

3. Community Engagement, inclusion and support to vulnerable groups

4. Strengthening National Societies

5. Digital transformation

6. Accountability, coordination, planning and resourcing

7. External coordination and communication

Each team member was assigned a thematic area, with the primary responsibility to undertake the research process and complete a draft write-up of the topic to be integrated into the evaluation report. To support this process a quick skills mapping was conducted within the team to determine which team member would be best suited for which thematic areas. Additionally, each team member was assigned a region to conduct and/ or support the evaluation process in each of the five regions, and Geneva based on a practical consideration of the knowledge, language and timezones of each of the team members.

Document collection

The team collected documents relevant to their thematic areas and regions which were logged in a document register, which tagged the documents as being especially relevant to the different thematic areas. The types of documents to be collected were prioritised into three tiers which included examples of the types of materials under each:

TIER 1 documents
Key documents
of most direct relevance
to the evaluation process

TIER 2 documents
Important for depth
of analysis

TIER 3 documents
Important for providing
wider context
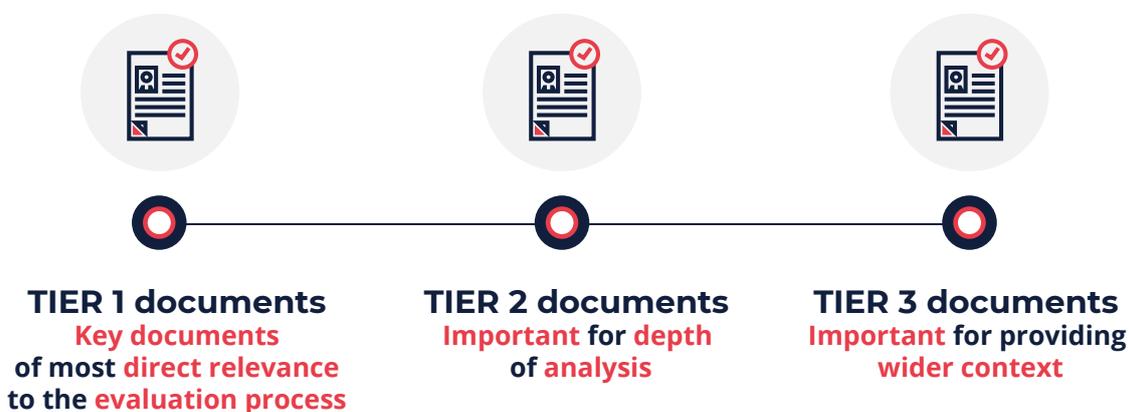
Key Informant Interviews and Focus Group Discussions

Much of the time for this evaluation was dedicated to the process of conducting Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs).

Stakeholder groups and individual key informants were identified by the evaluation team with support from the Evaluation Management Team (EMT) and Regional Focal Points, spanning all levels, from global to local and included:

> IFRC Headquarters
> IFRC Regions
> IFRC Country Clusters / Country Offices
> National Society Headquarters
> National Society Branches
> National or local government and other organisations at country level
> ICRC
> Government agencies
> External agencies, such as major donors and other humanitarian partners.

Over 300 KIIs and FGDs were conducted remotely by the evaluation team, taking between 45-60 minutes each and based on relevant questions from the Evaluation Framework, which varied depending on the stakeholder. Some interviews were recorded, others were supported with additional note-takers, but many were undertaken by individual team members.

The notes from each interview were then entered into a standardised KII / FDG template, with responses grouped thematically in separate lines of the spreadsheet and coded by thematic area, evaluation question/ sub-question. The KII / FGD notes were then merged into a consolidated KII data spreadsheet, which protected anonymity and could then be filtered in different ways to analyse the data across different areas. Over 6,600 data entries were included in the data spreadsheet.

Evaluation Survey

To provide a further basis for the evaluation findings, an online Evaluation Survey was undertaken within the IFRC network targeted to IFRC Secretariat and National Society staff and volunteers. The questions were designed to solicit broad perceptions about the relevance, effectiveness and coherence of the response from different viewpoints from global to branch level. Nearly 1,000 responses were received across 125 countries, with good representation from across the different regions and a large contingent of National Society responses at national and branch level.

Country sampling

Recognising that it would not be possible to evaluate the COVID-19 response across all National Societies, the Evaluation Terms of Reference called for a sampling of 4-5 country contexts per region, to provide more in-depth perspective on the response. Through a process involving recommendations from each region, facilitated by the Regional Focal Points, the Evaluation Team proposed a number of countries for the sampling process based on a matrix to ensure a wide range of different contexts to better understand the relevance and effectiveness of the response.

Criteria for variation in the sampling process included:

- A range of sizes of National Societies (in terms of numbers of branches/coverage, staff/volunteer numbers etc)

- Different levels of COVID-19 caseloads, hospitalizations and deaths

- Engagement in activities across the seven thematic areas

- Levels of IFRC-wide resourcing received and expended

- Role and level of engagement with the national public health system and exercise of National Society auxiliary role

- Level of COVID-19 impact in the country, based on criteria relevant to the IFRC response

- Level of government engagement and/or capacity in the COVID-19 response

- COVID-19-specific responses vs complex and compound crises eg. due to simultaneous ongoing conflict, disasters, crises and COVID-19

- Innovative practices and success stories for learning / adaptation / replication

- National Society expansion into new areas of action

The final list of countries was approved by the EMT following consultation with other IFRC senior management (see map on following page).

The final list of sample countries

Armenia
Georgia
United Kingdom
Slovenia
Spain
Lebanon
Egypt
Canada
Haiti
Guinea Conakry
Pakistan
Mongolia
Honduras
Iran
Philippines
Ghana
Yemen
Maldives
Cameroon
Gulf States
Ecuador
Sudan
Argentina
South Africa
Australia

● AFRICA ● AMERICAS ● ASIA PACIFIC ● EUROPE ● MIDDLE EAST and NORTH AFRICA

Evaluation report preparation

The Evaluation Report was prepared by the evaluation team in stages, with each team member writing up a summary of findings and recommendations from their thematic area, which were then discussed among team members and common themes identified. The write-ups became more detailed as further data was analysed and eventually parsed out into a report structure, which continued to evolve over time. The EMT reviewed early drafts of the report to provide further guidance on scope, structure and content, helping to shape the report into the final version.

Drafts of the Evaluation Report were circulated for feedback to a range of internal and external stakeholders and the Evaluation Team Leader presented the high-level findings and recommendations to the IFRC Senior Management Team at Geneva and Regional level.

Constraints and limitations

This was the first time the IFRC has undertaken an evaluation of this scale, and given the pandemic was still ongoing, there were many constraints and limitations which required adjustments throughout the evaluation process. A few of these included:

- The broad scope of the Terms of Reference, which covered a wide range of topics, requiring consideration from many different perspectives, given the audience for the Evaluation Report included both internal and external stakeholders at different levels.

- The challenges of working remotely as an Evaluation Team, across different time-zones allowed only very limited time for whole-of-team discussion, missing opportunities to properly share and analyse information as a group. The process relied heavily on the individual knowledge, experience and time availability of the different team members to prepare information on each of the TAs. As a result, the styles and level of detail across each of the thematic area write ups varied considerably and could only be consolidated and harmonsied at the very end of the process by two of the team members.

- There was an overwhelming number of secondary data sources available, so in the interests of time, it was decided to focus on the primary data gathered through the KIIs/FGDs/Country sampling process to ensure the evaluation report could provide unique perspectives not captured in other documents. Secondary sources were used where possible to triangulate this information.

- The deadline for completion needed to be extended by several months, due to an unrealistic expectation about how long the different stages of the evaluation process would take, in particular the time required to identify, organize, conduct, write up and code each KII and FGD, and the time needed to properly analyse and synthesize the large volume of information collected. This was further challenged by the ongoing nature of the crisis and a rapidly changing situation.

Members of the Evaluation Team are planning to contribute a more detailed review of the evaluation scope and methodology which is hoped will help to inform future evaluations of this kind.

Approach to these findings and recommendations

- This report **does not attempt to capture the full scope of work conducted by the IFRC network** during the pandemic response. Rather it seeks to present a **distillation and analysis of the many perspectives from across the IFRC network and external partners**.

- Much has already been researched and written about the COVID-19 response spanning many topics, countries, and regions, including within the IFRC network. There have a been a number of learning processes, including evaluations and Real Time Lessons Learned exercises. The findings and recommendations in this report have **deliberately avoided the duplication of prior learning efforts and instead attempts to shed new light on the COVID-19 response**.

- Given the constraints of travel, time and resources, it was not possible to directly consult with affected communities to determine the impact of the response in addressing their particular needs. This evaluation therefore sought to **identify and evaluate the integrity of the structures, systems, processes and tools** used to make key decisions about the response at different levels, local to global.

- One of the challenges in preparing this report has been to keep the report within a manageable length, but at the same time, provide sufficient information and analysis of the many topics, in a way which is understandable to both internal and external audiences. When developing and prioritising the findings and recommendations arising from this evaluation, the evaluators placed particular emphasis on recommendations which are: **specific, feasible and utility focused, and which are of most use for improving the ongoing response to the current COVID-19 pandemic and for future emergency operations**.

FINDINGS AND RECOMMENDATIONS

PART 1:
THE GLOBAL RESPONSE
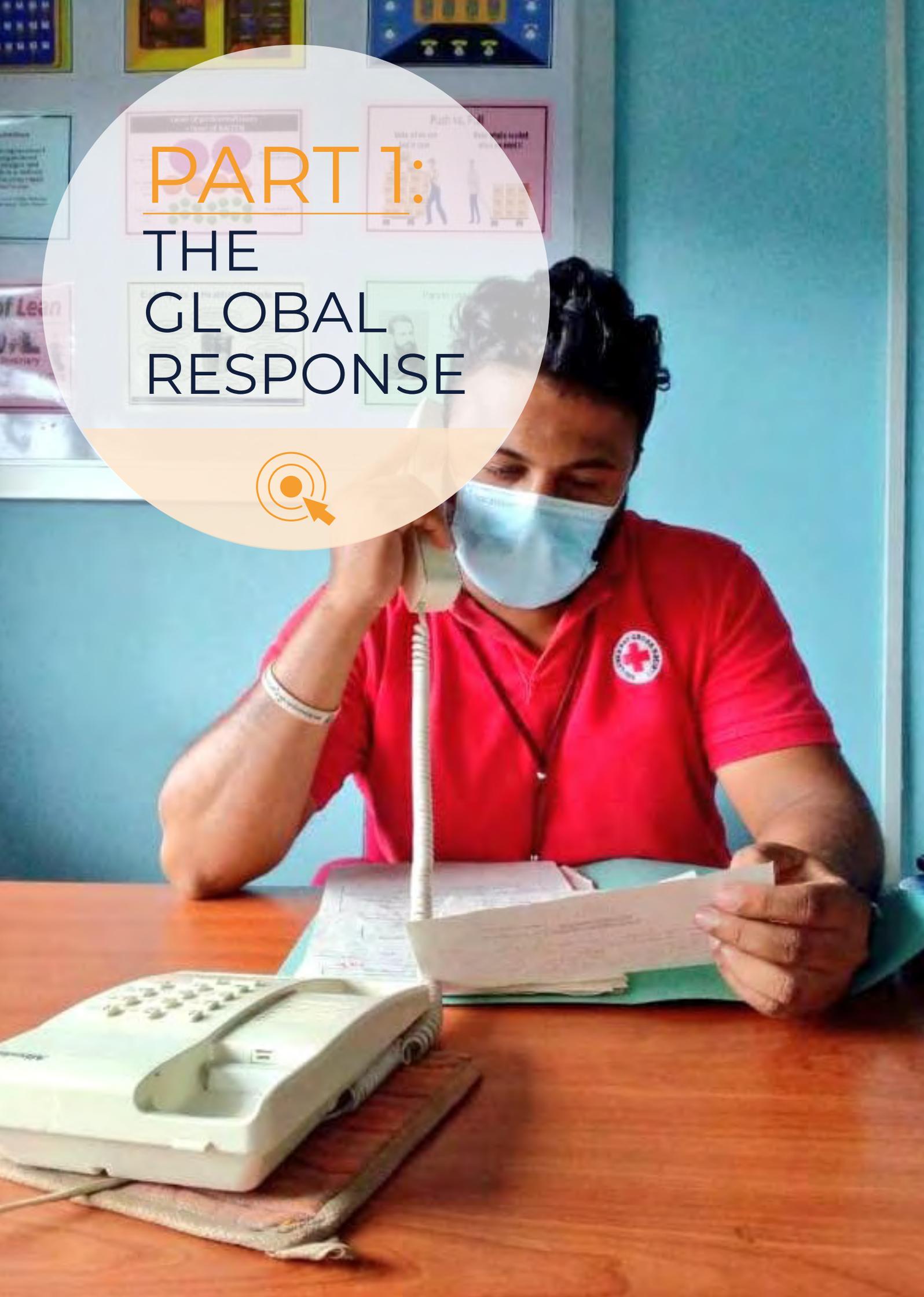
1.1. The response in context

- The IFRC-wide response to COVID-19 was first and foremost a local response. However, to understand its successes, challenges and limitations, it is important to frame these efforts in the wider global context, in particular the IFRC-wide Emergency Appeal, which was the main, front-facing representation of the overall strategy for the IFRC network's response, presented to the wider international community.

A Solferino moment

- Within the IFRC network (which comprises the IFRC Secretariat and National Red Cross and Red Crescent Societies) it was felt the response to COVID-19 provided an **opportunity to show to the world "who we are"** - described by some as a **"Solferino moment"** - where National Societies were able to demonstrate their true value as **a network of local actors effectively delivering an emergency response on a global scale.**

- Despite the risks to their own health and safety, National Society **volunteers and staff stepped up, sometimes in record numbers**, in the service of others. National Societies - many through their **auxiliary role to their public authorities -** found **new ways of supporting communities** in an unknown and constantly changing environment.

- At the same time, National Societies had to **ensure their own workforce and institutions remained functional and resilient**, which was a major challenge as the pandemic continued. Many National Societies experienced a significant **boost to their visibility and profile** in their domestic contexts, proving themselves critical to frontline responses to COVID-19 and, in the case of PNS, optimizing the skills and experience of their domestic and international teams. They were also able to **strengthen or form new partnerships with their governments and other partners** working in the humanitarian field to support this response, and serve **as a trusted channel for information to and from communities.**

The first IFRC-wide response

- The global reach of the pandemic required nearly every National Society to rapidly initiate and scale-up a strong domestic response to meet the context-specific needs affecting their communities, while ensuring their ability to continue functioning within their rapidly changing, local context. This unique set of circumstances led the IFRC Secretariat to engage with COVID-19 as a "global domestic response". By March 2020 it had established an over-arching framework for the response, through the Emergency Appeal, which offered the **opportunity to position the IFRC-wide network as a key global responder with local access and reach** (central to Strategy 2030) and with a commitment to **the individual National Society plans and responses targeted to each local context.**

- The move towards embracing an IFRC-wide response and the related engagement with the membership was a central commitment for the new Secretary General and the Agenda for Renewal. The COVID-19 response provided an **opportunity to test the strengths and weaknesses of IFRC-wide engagement and of "working effectively as a distributed network"** (Strategy 2030). The IFRC Secretariat took clear steps to engage National Societies in discussions around the response, through formal and informal channels, and to ensure that all planning and reporting highlighted the reach of the many individual domestic responses, as far as possible.

- The pandemic and the commitment to an IFRC-wide response brought to the fore many of the challenges that the IFRC Secretariat had committed to tackling within the ambition of its Strategy 2030 (adopted at the General Assembly in 2019 and rolled out in 2021), and **there are clear links between Strategy 2030 and the Priorities of the COVID-19 response**.

- As discussed elsewhere in this report, the IFRC Secretariat has faced **challenges in ensuring equal and meaningful engagement with all of its members, throughout the response and in addressing the scope and scale of the needs across the whole response, including in some priority areas. The IFRC Secretariat and network has also faced challenges in demonstrating the impact of the response across the global network.**

IFRC-wide systems and innovation

- The worsening pandemic situation presented the IFRC Secretariat with **challenges and opportunities to scale-up and streamline existing global systems** to address the volume of work of a global response and to find solutions to working as a global network of local actors. As mentioned above, COVID-19 **accelerated many areas of planned work for the IFRC Secretariat,** such as risk management, business continuity planning, digital transformation, online or remote working, innovative approaches, and the streamlining of some management support services.

- The operation has also spurred many attempts **to innovate and develop new ways of working to tackle challenges,** such as online engagement with global volunteers, new online or virtual tools to engage around thematic areas and improved communication with local communicators, that helped the wider IFRC to **reach out to the grass-roots staff and volunteers of National Societies** to engage and support them.

Leadership in transition

- Within this context, the IFRC Secretariat also faced the **challenge of appointing a new leadership team** in the critical early stages of the pandemic. The Secretary General had just started his term in office in January 2020 and the entire senior management team was changed during the same year. While this was done relatively smoothly, there was a period of "acting" Under Secretaries' General (USGs) and Directors in Geneva and the Regions, followed by a transition to the new Senior Management Team in late 2020, that had an impact on the continuity of the work.

- The **onboarding of many new staff for the response also impacted management continuity,** with new team managers and staff having to learn the IFRC Secretariat's systems, staff members and working practices virtually and in full response mode, which was challenging for them and the teams around them.

- The **creation of the new role of IFRC Special Representative of the Secretary General for COVID-19,** was introduced into the existing management structure in October 2020 quite late in the response. It was envisaged this position would be wide-ranging, however there were found to be some overlaps in responsibilities that could benefit from further clarification.

Responding to other emergencies

- The IFRC Secretariat and its network of National Societies continue to face the ongoing, critical **challenge of sustaining appropriate response levels for other disasters and crises** occurring during the pandemic, and to ensure that these responses are conducted in compliance with the relevant COVID-19 restrictions and guidelines. The IFRC network responded to 10 Emergency Appeal operations (of which COVID-19 was just one) and to 93 DREF operations in 2020. As of 10 August 2021, there were 69 ongoing operations (12 Appeals and 57 DREFs) across all regions. These include complex operations, such as those in Guinea Conakry, Ethiopia, Haiti, Honduras, Myanmar, Afghanistan, Turkey and Yemen among others, and show the IFRC continuing to deliver against Strategy 2030's commitment to respond to evolving emergencies despite the demands of COVID-19.

- The increasing complexities of other emergency responses during the ongoing COVID-19 situation placed **extreme pressure on both National Society and Secretariat personnel** working at all levels. It also highlights the **difficulties of accessing ongoing resources for other emergencies** when most attention and funding is still focused on COVID-19 and while donor budgets are limited by domestic economic crises due to the pandemic. The IFRC Africa and Americas Regional Offices stressed how they had struggled to find funding for other response, such as Ebola and Population Movement and suggested that the **COVID-19 Emergency Appeal should be integrated into other emergencies and Appeals, to limit the impact on ongoing and emerging crises.**

1.2. The Emergency Appeal

31 December 2019: WHO was alerted to a cluster of pneumonia patients in Wuhan City, Hubei Province of China.

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

31 January 2020: CHF 1 million allocated from the DREF and IFRC issues preliminary Emergency Appeal

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

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

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

16 July 2020: The UN updates its GHRP for COVID-19 from USD 6.7 billion to USD 10.3 billion

7 January 2020: Chinese authorities confirmed that they had identified a novel (new) coronavirus as the cause of the pneumonia. The proposed interim name of the virus was 2019-nCoV.

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

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

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

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

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

December 2020: COVID-19 vaccination rollout starts

2 February 2021: IFRC launches its immunization Annex reflecting and increasing the ask for the Secreteriat support to NS from CHF 450m to CHF 550m to support vaccination activities.

4 March 2021: IFRC launches its 12-months update reflecting the IFRC-wide reach and Secreteriat support NS

22 March 2021: IFRC revises its IFRC-wise ask upwards to CHF 2.5 billion: CHF 550m raised the Secreteriat and CHF 1.77b as part of NS domestic efforts. Together eith the ICRC ask of CHF 229.3, the Movement ask reaches CHF 2.729 billion.

First 3 months – from regional to global

- **The IFRC was quick to respond to the emergence of COVID-19**, following the announcement of the outbreak of a new virus in January 2020. Within a day of the WHO declaring COVID-19 a Public Health Emergency of International Concern (30 January 2020) the IFRC Secretariat launched an Emergency Appeal seeking CHF 3 million to respond in China and neighbouring countries in Asia Pacific (31 January 2020).

- The **structure of the first Emergency Appeal placed a strong emphasis on health** and identified the areas of focus as (1) Health and Water, Sanitation and Hygiene (WASH); (2) Protection, Gender and Inclusion (PGI); and (3) Migration. It also included strategies for implementation (as per the existing Emergency Appeal structure), including strengthening National Societies, rapid response staff and other emergency support services.

- As the situation continued to evolve, the IFRC Secretariat was **quick to move from a regional Emergency Appeal focused on Asia Pacific to a global Emergency Appeal** for CHF 32 million (11 February 2020), a month before the WHO declared a global pandemic (11 March 2020). This was the first time a global Emergency Appeal of this kind had been launched and this brought its own challenges.

- The new global Emergency Appeal required clear leadership and management from top down to streamline functions for planning, reporting, resource mobilization and financial management, as well as strong engagement from the bottom up to ensure inclusive decision-making, relevance to the the different and changing needs of the membership, and support a high quality and effective response on the ground. As documented in other sections of this report, it **was difficult to achieve a balance between the top-down decision-making and the bottom-up inclusion,** with many evaluation respondents ultimately saying they found the management of the COVID-19 response to be very top down.

First 6 months – the move to an IFRC-wide Appeal

- The IFRC Secretariat was **effective in adapting its Emergency Appeal to the changing context over the first six months of the pandemic.** Three revisions moved the Emergency Appeal from a regional focus to a focus on global needs and reach, covering the response in each region of the world and based on regional Emergency Plans of Action (EPOAs) and budgets to improve its global relevance.

- More importantly, the IFRC Secretariat Senior Management team decided to move from a traditional IFRC Secretariat Emergency Appeal to a more inclusive, membership-driven approach that **reflected the whole picture of the IFRC-wide response across the membership**. This led to the launch of the IFRC-wide appeal on 26 March 2020 that took the global funding ask from CHF 32 million to a new IFRC-wide level of CHF 550 million, of which CHF 450 million was for National Society domestic funding and CHF 100 million through the Secretariat.

- This was a **bold step and a popular one, seen by many as a fuller reflection of the work of the IFRC network on the ground** in this important crisis. It became a timely opportunity to deliver a more National Society focused approach for this global response, in line with ambitions of Strategy 2030 and the Agenda for Renewal to **focus more on the work of member National Societies**.

- The next revision on 28 May 2020 took this ambition a step further and went through a **more systematic process to capture domestic funding** requests and funds received by National Societies. This saw the Emergency Appeal level increase to CHF 1.9 billion (CHF 550 million through the IFRC Secretariat and 1.45 billion for National Societies) and **highlighted the wide range of work and domestic funding being accessed across the global IFRC network**.

The development of the Priorities and Pillars

- In the early months of the operation, the tight timeframes for revisions of the Emergency Appeal, as well as travel and movement restrictions, meant it was not easy receive or integrate input from local assessments nor to manage information on a global scale. Over time however, National Societies and regional teams were increasingly able to access information about the response on the ground through National Society Response Plans (NSRPs), field reports, IFRC-wide data collection and other channels, which helped to **build a clearer picture of the scope of work being conducted by National Societies on the ground**, although this could have been better used to inform planning.

- In the second quarter of 2020, there was a push from the NSDOC Division for the Emergency Appeal to better reflect this range of National Society work, which led to the development of a document on the **"Scaling and Speeding Our Response"**. The first version (30 April 2020) informed the Emergency Appeal revision of 28 May. The document was updated on 29 January 2021 to reflect developments in the context and the further reflect the richness of work being carried out by member National Societies. This document was never disseminated as a public document and is unavailable on FedNet, however, it was shared with the IFRC regional directors for further dissemination within the Secretariat and was translated into French and Spanish for wider sharing across the membership. It is unclear if this aspirational document was fully rolled out, accessed and used by IFRC Secretariat teams across all levels, or by the wider membership.

- Based on this document and other input from the Secretariat and National Societies, the Appeal revision of 28 May launched a **new structure to present the IFRC-wide, COVID-19 response based around 3 Priorities**, each of which included a number of Pillars (initially 18, later increased to 19 to include Immunization). These presented the range **activities being undertaken by National Societies grouped in the clear Priority areas of the wider IFRC**. This provided a broad framework to encompass the range and diversity of National Society work in the field, but also changed the structure of the Emergency Appeal mid-response, with all the challenges this brought.

- Overall, respondents were **positive about the change and the relevance of the 3 Priorities to better reflect the main focus and range of work** across the pandemic response:

    1. **PRIORITY 1 – Sustaining Health and WASH:** prioritized a "health first" approach and the need for "getting the pandemic under control, reducing the risks of transmission and maintaining access to essential health services" were "the foundation for reducing the health impacts of the pandemic and for rebuilding livelihoods and social and economic recovery." This Priority included 11 of the initial 18 pillars including epidemic control, infection prevention, ambulance services, risk communication, mental health and psychosocial support and other essential health services.

    2. **PRIORITY 2 – Addressing Socio-economic Impact:** aimed to encompass the clearly emerging socio-economic needs, with a focus on "saving livelihoods" and on cash programming, as well as shelter, CEA and social inclusion and care. This was considered important, given the rapid increase and scale of socio-economic needs that threatened to equal health needs and included key areas of work for many National Society in their local context. It was clearly a complimentary part of the response, although limitations of funding for this Priority ultimately meant it received less attention and delivered less obvious results compared to Priority 1 and rendered the Priorities more competitive than complementary..

    3. **PRIORITY 3 – Strengthening National Societies:** covered the support needed by member National Societies to prepare for and sustain their work in the difficult context of COVID-19, and in response to other emergencies during the pandemic. It focused on supporting them in their auxiliary role in the humanitarian field with their governments. It also responded to reports of National Societies facing a crisis, with the loss of their domestic and/or international revenue due to COVID-19. It included a Pillar on sustainability to help address difficulties for National Societies in maintaining ongoing programmes, services and core costs at this time.

- As mentioned above, the new framework for COVID-19 was outside the IFRC Secretariat's existing planning and reporting structure and financial management systems. This was challenging for some in the IFRC Secretariat and National Societies, who were familiar with the existing emergency response structure of Area of Focus / Strategies for Implementation and this was felt by some to have led to **confusion and much extra work for National Societies and Secretariat teams in the midst of the response**. Some also felt that the new structure, while relevant for COVID-19, did not reflect all relevant areas of work. For example, migration and Protection, Gender and Inclusion (PGI) lost visibility in the new structure.

- The **decision to change the structure of the COVID-19 Emergency Appeal was a bold and relevant move to reflect the specific priorities and challenges of the COVID-19 response** and informed the ongoing development of the priorities for Strategy 2030. However, it left behind some internal incoherence, as other Emergency Appeals continued under the old structure and Strategy 2030 developed another new set of priorities, requiring constant adaptation. The financial system still remains under the old structure and is not aligned with the new Priorities, Pillars and Indicators of the COVID-19 Emergency Appeal nor of Strategy 2030.

- The **Emergency Appeal was revised again almost a year later (24 March 2021) to include the focus on vaccination through the Immunization Annex** (launched in February). This reflected the global focus of governments, donors and humanitarian actors on vaccination and highlighted the role of National Societies in providing vaccination support services, as well as the IFRC Secretariat's global role in the COVID-19 Vaccines Global Access (COVAX) agenda and its commitment to vaccination equity. It brought the current ask of the Emergency Appeal to CHF 2.5 billion (CHF 550 million via the IFRC Secretariat).

- For many, these steps to **expand the reach and ambition of the Emergency Appeal were seen as appropriate**, particularly the inclusion of the Immunization Pillar, although some had concerns that the **move to include immunization was too late** and had missed opportunities to access interest and funding from partners and donors. Some also felt that the overall ask of the Emergency Appeal had become overly ambitious and that the IFRC did not have the ability to capture accurate data from National Societies and field levels to justify the scale of the ask nor monitor or report on its delivery.

Relevance of the 3Ps/19Ps

- Within the IFRC network and beyond, the Priorities and Pillars were **overwhelmingly found to be relevant and well received**. The Evaluation Survey showed that 72% of respondents at country level found the Emergency Appeal to be highly relevant and reflective of the needs and priorities of National Societies.

- Many viewed the Priorities and Pillar as **providing a consistent and appropriate framework or menu of options** to support National Societies in developing or elaborating their response plans for COVID-19 and that they **framed, measured and positioned the range of actions being delivered by the IFRC-wide network**. This is no small achievement given the diversity of contexts, capacities and responses across the global IFRC network response.

Fig.1 Perception of Appeal Reflecting Needs and Priorities of National Societies (IFRC Secretariat and National Societies). Source: Evaluation Survey.
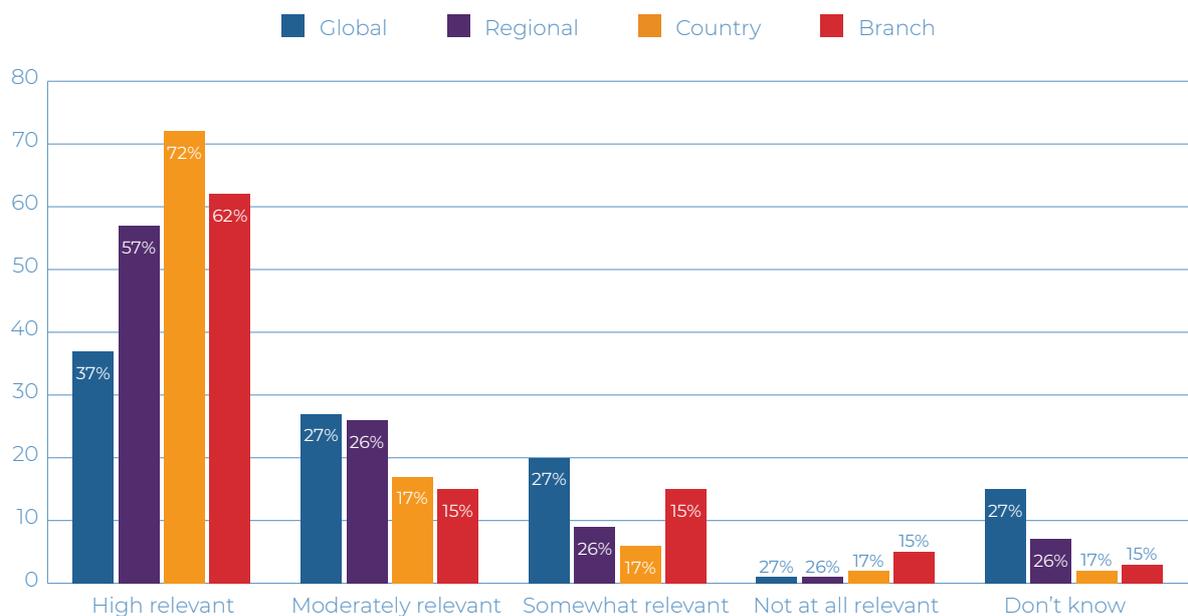
- There was mixed feedback about the extent of the **influence of the Emergency Appeal on National Society plans and responses**. The Evaluation Survey found that 61% of respondents felt the Emergency Appeal moderately or significantly influenced National Society <u>domestic</u> programmes and 55% that the Emergency Appeal moderately or significantly influenced National Society <u>international</u> programmes.

- Conversely, a number of those interviewed believed that **most National Societies had already developed and started rolling out their own response plans**, often to complement national government plans, prior to the development of the new Emergency Appeal structure. Several respondents outside Geneva mentioned that the templates shared with National Societies for the development of their NSRPs in May 2020 were filled out as required from pre-existing plans to provide alignment with the Priorities and Pillars but that the latter did not inform the development of new or enhanced plans.

- There was broader concern that, despite the needs assessments done in both the Americas and Asia Pacific regions in the second half of 2020, **National Society needs assessments, when they existed, did not systematically inform the priorities and direction of the response.** This was more concerning as the response continued beyond the initial phase and when there was more space and time to include needs coming from grass roots assessments.

- Some respondents from within the IFRC network felt the wide range of activities under the 3 Priorities, particularly the range of Pillars under Priority 1 and the odd mix of Pillars under Priority 2, showed a **lack of focus or analysis and did not highlight the real strengths of the IFRC network**. Although the **"Speeding and Scaling"** paper sought to explain and address this, some felt that a number of activities were included for visibility and access to funding, rather than being based on National Society-driven needs, and in some cases, this may have put pressure on National Societies to respond in areas where they had limited capacity.

- A final thought from one respondent was that the "scope of the Appeal may have exceeded what was logistically possible to deliver". The response was "always going to be harder than anything else and [it's] hard to have a cohesive strategy that could be applied to the whole response."

Balance between the 3Ps/19Ps

- There was a significant divergence of views across IFRC network regarding the perceived emphasis given to each of the Priorities. The **three Priorities in the Emergency Appeal were not seen as being of equal relevance to the response**. These different views were not consistent across the different stakeholders (e.g., National Societies, IFRC Secretariat Geneva, Regional Offices, Country Cluster and Country delegations, donors or partners) but seemed to reflect strongly held, personal and professional perspectives of those involved.

- The table below illustrates the range of views expressed about the 3 Priorities. It was beyond the scope and capacities of this evaluation to attempt to reconcile these many differing opinions, indeed, it has been recognized by some in IFRC Secretariat leadership that "all of these views are true, depending on the perspective from which they are considered". However, it is hoped that by including these perspectives, it may enable a **better understanding of how these issues are perceived** across the IFRC network and may **support clearer communication and decision-making processes around the Emergency Appeal**.

- While the majority of respondents felt the Priorities and Pillars provided a broad enough framework to encompass all the work of member National Societies, there was a suggestion that more needed to be done **to revisit the Pillars going forward, to clarify or simplify the priority needs and areas of National Society grass-roots work as the Emergency Appeal goes forward**. This would require further analysis of the key areas of importance across the IFRC Secretariat and membership and those most relevant for prioritization in the Emergency Appeal as funding becomes tighter. This needs to be clearly discussed, analysed and communicated to keep the Priorities meaningful Priorities in the coming months and for the transition

- The Priorities and Pillars clearly packaged the response to the international community of partners and donors and helped to give a clear framework for their engagement. As **a funding document it was seen as a useful and successful framework.**

	On the one hand…	On the other hand…
Priority 1 – Health and WASH	Health and WASH should have been the only focus of the Emergency Appeal; other priorities were a distraction.	The emphasis on health was too heavy, had too many pillars and took away from other key activities and funding opportunities. In this operation, risk communication and community engagement (RCCE) under Priority 1 led to the prioritisation of RCCE over CEA and to confusion around the CEA role and inclusion in Priority 2.
Priority 2 – Socio-economic impacts	The operation should have given more attention to responding to the socio-economic impacts and better positioned the IFRC network as a key responder in this area, given its role and potential impact in communities.	This component should not have been included, as it is not a core strength of the IFRC network and mostly comprised small local projects which paled in comparison to the response of governments or UN agencies. The IFRC network was too 'development' focussed in its focus and project areas for an Emergency Appeal operation of this scale. Priority 2 represented a disjointed collection of Pillars. Both PGI and Migration lost visibility in the revised version of the Emergency Appeal.
Priority 3 – Strengthening National SOCIETIES	This priority should have received more attention because the sustainability and preparedness of National Societies are critical to ensuring a strong local response now and in the future.	This priority was too inward looking to be included in the Emergency Appeal. It was not attractive to many donors and given the longer timeframes required, could not be impactful during the lifespan of the Emergency Appeal.
Vaccination	This was an important opportunity to demonstrate the IFRC network's ongoing relevance in the response and its potential role in advocacy and delivery of vital immunization to COVID-19 across the world. National Societies have a critical role to play in vaccination support and delivery and the Secretariat has an important role to advocate on vaccine equity. Donors are also interested to support this.	The decision to include this was too late; it should have been included earlier under Priority 1. Prior to the pandemic, most National Societies did not have vaccination as a core strength. Actions in this area could present a reputational risk or increase the need for augmented support regarding the auxiliary role of National Societies and their capacities to deliver.

Opportunities and recommendations

1 The IFRC-wide approach has been widely regarded successful and relevant to the longer-term vision of the IFRC Secretariat. It is therefore recommended that the IFRC Secretariat builds on the experience of responding to COVID-19 and **develops a clear strategy and more concrete guidance / tools to strengthen the IFRC-wide approach to planning, monitoring and reporting**, so that it becomes the norm for future operations and programs.

2 The IFRC Secretariat has taken many steps to streamline its systems and procedures for COVID-19 and it is important that this momentum is not lost and that **current work to address "blockages in the system" are reviewed regularly as part of an ongoing process and that identified solutions are appropriately resourced and fully supported by management**, through to the final decisions to improve and simplify bureaucracies in the system.

3 It is recommended that **in future the IFRC Secretariat appoints an over-arching manager for such a major response** (as per the ERF), with clear authority and responsibility to oversee the coordination of the strategy and the delivery of the response. The current **Special Representative role should also be further clarified for the remainder of this Emergency Appeal in terms of its responsibilities and should be considered at the outset in future responses**.

4 Given the ongoing challenges in funding both the COVID-19 Emergency Appeal and other emergency responses and the foreseeable duration of the pandemic, it is recommended to plan **for the streamlining or integration of COVID-19 activities into future planning or as an element of future Appeals**, while maintaining a **specific mechanism or fund to support immunization**. Further spikes in cases would be supported by DREF or within targeted Appeals or other funding channels.

5 Greater emphasis should now be placed on **carrying out assessments to understand the ongoing and anticipated needs and gaps**, particularly for a response of this duration and to tracking the response through an over-arching monitoring system. This is needed to identify which priorities and activities remain most pertinent as the situation evolves and should be used to inform any future revisions or transitions of the Emergency Appeal.

6 The IFRC should **revisit the Priorities and Pillars going forward with future revisions of the Appeal and for transition planning, to clarify and simplify the priority needs**. These should be identified and prioritized by National Societies and be sustainable over the coming Emergency Appeal period as funding becomes tighter.

1.3. Funding the response

Success of the IFRC-wide model

- One of the biggest changes was the move from an Emergency Appeal that channeled funding through the IFRC Secretariat, to one that presented the "bigger global picture" of all the domestic National Society responses worldwide and of the funding asks and funds raised for the whole IFRC network. **The IFRC Secretariat senior management made a bold move to adopt an IFRC-wide approach** in March and to officially develop this in the May revision of the Emergency Appeal.

- The IFRC Secretariat leadership's **decision to include the National Societies' domestic response was well received by partners and donors** and made a strong impression of the scale and reach of the IFRC network's actions in the fight against COVID-19. The IFRC-wide approach supported a major funding ask for the IFRC network, in line with some of the bigger United Nations (UN) agencies and other organizations and positioned the IFRC Secretariat as a key actor in the COVID-19 response. Some felt the ask was too ambitious and could not fully back up all its IFRC-wide funding requests and statistics. However, certainly in the early months, this broad IFRC-wide Emergency Appeal was the perfect base for a successful funding campaign.

- The **amount of funds required and raised by National Societies domestically across the world for COVID-19 has been impressive** and a game changer for the IFRC Secretariat. **The majority of these funds were raised domestically, through local or direct funding, to finance National Society domestic operations**. While this accords with the humanitarian sector's goal of ensuring more direct support to local actors, its effectiveness was sometimes limited by additional reporting and due diligence requirements for National Societies, although there were some exemptions made for the IFRC Secretariat.

- The **decision to position the IFRC Emergency Appeal in the context of the broader IFRC-wide network response yielded real results in positioning and boosting funding levels**. The larger global footprint of the whole network increased the IFRC Secretariat's positioning and leverage with partners and donors, with an estimated CHF 2 billion raised across the network and the majority of that (CHF 1.85 billion) was expended by National Societies at a local level (according to the 12-month report), placing the wider IFRC network as one of the bigger players in the response.

- It was, however, a challenge for **IFRC Secretariat and National Society teams and standard systems to change course in the middle of the response and to work on a new IFRC-wide donor ask and picture**. For some this was a vital move towards showcasing the work of the National Societies and data on GO and Federation-wide Reporting and the subsequent Emergency Appeal revisions, plans and reports highlights that strongly. However, many of these systems had to be adapted quickly and it is hard to sustain an ongoing quality flow of data from all National Societies to maintain this picture. The IFRC-wide response has challenged the IFRC Secretariat's own business model of channeling international assistance and will have to work to adapt its systems to this changing model. It is also hoped that by pushing National Societies, partners and donors towards a greater focus on local responses, will hopefully impact on the future ways of managing international funding in future Emergency Appeals and act as an example to the sector.

- One caveat is that the IFRC Secretariat had higher expectations of the IFRC-wide approach than National Societies. In this first iteration, here was a greater focus on IFRC-wide data and reporting than on wider IFRC-wide planning and implementation, but **the base is there now and can lead to the development of a wider IFRC-wide commitment and approach in the future**.

Argentine Red Cross – National Societies, State and private sector cooperation

➢ The Argentine Red Cross launched a campaign called "Argentina needs you" to raise funding and support for the pandemic response. The campaign received USD 20 million, including USD 5 million of local funds and was used to purchase and distribute medical equipment for hospitals and medical centres. The Argentine Red Cross worked closely with its government to identify needs and worked with private companies and individuals to access donated funds. The Argentine Red Cross worked with the IFRC country cluster support team (CCST) and IFRC network to ensure transparent procurement and logistics procedures to access the medical equipment, in coordination with the authorities at the national and sub-national levels and to ensure the Fundamental Principles were respected in delivering this local response.

Australian Red Cross – Driving the localisation agenda in the Pacific

➢ Australian Red Cross has been successfully engaging with Australian Department of Foreign Affairs and Trade (DFAT) to provide sustainable and localised COVID-19 funding to Pacific National Societies. National Societies are struggling to maintain revenue due to the economic downturn caused by COVID-19 and rather than channel support exclusively through donor-driven project-based funding, the approach is to support National Societies own priorities, through the inclusion of National Society core costs with a view to developing diverse income sources to ensure longer term sustainability. There is a perception that back donors are not willing to support core costs, however Australian Red Cross' successful, evidence-based engagement with DFAT proves this is not always the case.

A donor-driven response?

Unearmarked versus Earmarked funding

• From the outset, the **IFRC Secretariat made considerable efforts to encourage flexible, unearmarked resources to respond to the fast-changing outbreak** and did not accept earmarking at country level. Initially, donors found the global to local approach well-articulated in online briefings and the Emergency Appeal/plans. **In the speed and uncertainty of the early response many donors were willing to pledge unearmarked funding to the IFR**C. Indeed, all external donors interviewed for this evaluation stated they were satisfied with the Emergency Appeal, the Priorities and Pillars and with the global to local reach of the network and with its unique access to local, community-level outreach and did not seek to earmark or influence the selection of activities.

• Over time, however, the **ability to attract unearmarked funding began to wane and the IFRC was pressured to allow more targeted funding**. The Partnerships and Resource Development (PRD) team developed **emergency fundraising guidelines** to outline specific rules and limitations for earmarking for COVID-19, with a higher ceiling than normal and managed to maintain a level of flexibility. The guidelines were first developed in April/May 2020, and were revised twice, with the latest revision finalised in April 2021Feedback from respondents showed that earmarking had had a **significant and detrimental impact on the response operation**. The early acceptance of earmarked funds for China hampered the ability to re-direct resources to needs rapidly emerging elsewhere. Later in the operation, earmarking began to impact funding available for certain regions and countries, even those where humanitarian needs were greater. Many National Societies had to reduce their plans across all three Priorities, as funds were below expected levels. The levels of earmarking are now raising concerns about the sustainability of the response going forward.

- After the May 2020 revision of the Emergency Appeal, there was an **acceptance of geographical earmarking and some exceptions were made to enable bigger grants to earmark against the Priorities**. Some PNS considered this as double standards, favouring those who contributed more. Conversely, it posed challenges for the distribution of earmarked contributions to small island developing states, when the absorption capacity of the National Societies was lower than the earmarking threshold. Clearer communications to both regional teams and donors on the fundraising guidelines / rules might have ensured better understanding and compliance across donor agreements and avoided misunderstandings. **90% of all current income to the Emergency Appeal is earmarked by geography, timeframe or subject, limiting the flexibility to adapt to changes in the pandemic or prepare for the future**.

- Additionally, some **sizeable grants were accepted in the second half of 2020 with challenging deadlines for expenditur**e (for example, a large pledge was accepted in September 2020 requiring year-end expenditure). This was in part due to uncertainty about the expected duration of the pandemic and of ongoing funding but caused serious challenges and heavy workloads for the National Societies and IFRC Secretariat staff in the CCSTs/Country Offices and Regions. More importantly, it also limited the reach and effectiveness of the use of the funds, which had to be spent extremely quickly.

- Although **a Grant Manager was hired to manage the major grants for COVID-19 and to support coherence across the IFRC-wide approach**, it remained challenging to manage the requirements and expectations of all major grants on this scale. Efforts were made to accommodate last-minute grant requirements for some large pledges and these required a delicate process of re-negotiation with the other donors to change their pledges, which caused some tensions. Pillar-level earmarking for immunization was finally accepted with the launch of the Immunization Annex in February 2021.

- Feedback from respondents showed that earmarking had had a **significant and detrimental impact on the response operation**. The early acceptance of earmarked funds for China hampered the ability to re-direct resources to needs rapidly emerging elsewhere. Later in the operation, earmarking began to impact funding available for certain regions and countries, even those where humanitarian needs were greater. Many National Societies had to reduce their plans across all three Priorities, as funds were below expected levels.

- The **majority of IFRC Secretariat funding received (CHF 333 million) was allocated to Priority 1**, with Priorities 2 and 3 receiving significantly less. The reasons for this were manifold. Early activities of many National Societies were focussed on the health response and therefore received funding. Also, while early contributions from all donors were unearmarked, later contributions could be earmarked to Priority level and showed that the private sector and other donors were less attracted to Priority 2 and particularly to Priority 3. This suggested that National Society Strengthening may needed to have been pitched differently to these type of donors in the future) Funding allocations were also influenced by the ongoing bilateral relationships between National Societies and their domestic donors or National Society and other international partners. This resulted in the **further targeting of support to particular countries**, rather than allocations based on greatest need.

- The **pressure to fully expend large pledges within short timeframes** placed enormous stress on the IFRC Secretariat systems and procedures. The Secretariat's requirement for National Societies to report on 80% expenditure before new funds could be transferred, as well as procedures for international and domestic bank transfers, reduced the time available for implementation. Unfortunately, some regions did not apply the 2017 Working Advance policy that lifted the 80% threshold requirement. In mid-August 2021, Senior Management agreed on the De-linking Working Advances Decision Sheet to reinforce the latest information on this approach.

- Regions were also placed under **pressure from senior management to quickly transfer funds to National Societies to ensure they were able to access funds and respond to developing and ongoing needs.** In addition to this, the Regions and National Societies also faced challenges to meet tight expenditure timeframes on specific funding grants, which complicated expenditure. In the Americas, this included the procurement of high value items, some of which may not have been optimal for the operation, but which enabled fast expenditure and reduced potential risks of fraud or corruption in certain National Societies.

- **Some respondents saw the response as being donor driven and Geneva-led,** as often operational decision-making for the global response had to meet donor earmarking and timeframe requirements, which meant allocations/timeframes for other pledges had to be renegotiated. Decisions to allow exceptions for earmarking and other donor conditions, were made primarily by the IFRC Secretariat in Geneva . Other stakeholders, including the senior management and the donors themselves, did not feel there had been undue donor influence.

- There were also concerns about the **impact of decisions about in-kind support deadlines and requirements**, particularly for smaller National Societies that were more dependent on the priorities and timeframes of the IFRC Secretariat and PNS for the arrival of goods and funding, making it difficult to plan for implementation if they had less control over the quantity and timeframes of goods.

- COVID-19 has underscored that the **IFRC Secretariat is focused mainly on large donors and needs to give more attention to smaller, more nimble, innovative or local donors**. The network needs to explore and manage risks and opportunities relating to smaller donors through due diligence.

- Effort was put into keeping donors informed through to the GO Platform and with **regular and detailed Operations Updates**, which were generally appreciated by partners, although they were found to be **lengthy and lacking in detail about outcomes and impact**.

DONOR PERSPECTIVES

Many donors saw **the IFRC Secretariat as a natural and, in many ways, ideal partner for the early response to COVID-19**. This was largely due to its unique positioning as a **global network with local reach, with a country-level mandate for an emergency health response.** The IFRC network's key role as a rapid responder was clear during the various peaks of COVID-19 case numbers in different regions, such as in South Asia in April 2021, which brought surges of donor support to the Emergency Appeal. Despite the positive feedback from many government donors, the Evaluation Survey found that the view from inside the IFRC network was that the **Emergency Appeal was not a strong influence on governments**: only 19% of those at regional level, and 7% of those at global level felt it did have significant influence. The **influence on other partners was seen more favourably**, with 31% of those at regional level and 15% at global level finding it was of significant influence.

TRADITIONAL DONORS

The traditional donors – those who have a longstanding engagement with the IFRC, often government international development agencies – found the structure of the 3 Priorities made good sense. The speed in launching the IFRC Emergency Appeal also provided a unique opportunity and a **clear structure to channel early funding from global to local level to directly support the response on the ground** without having to make numerous time-consuming decisions about specific allocations. As a result, there was an initial surge of unearmarked funding for the Emergency Appeal. However, this level of unearmarked funding tailed off by Q3 2020 and was replaced by more time bound and earmarked grants. By 2021, much of the funding had slowed down except for some targeted grants or responses to spikes in the response -in early 2021. There was a **slower donor response to the Immunization Annex**, which some Secretariat staff considered to have been developed too late and to have missed the initial wave of donor interest. Some donors even questioned of the IFRC-network's role in this area and its relevance across the network, with inconsistent local engagement in some National Societies making some feel the IFRC was not a key actor for vaccinations.

Donors **appreciated efforts to link the global Emergency Appeal structure to National Society plans and work on the ground** and the global approach helped to place the IFRC more visibly on the donors' radar. Many donors were also highly appreciative of the IFRC-wide approach to data and reporting, with some stating it was key to their decisions to fund the Emergency Appeal. Many were **hopeful that the IFRC-wide approach would be replicated in future responses**. Feedback was less consistent regarding reporting with some traditional donors, who praised the regularity of the reporting but were critical of the lengthy, narrative reports and **valuing the informal "open dialogue" with Senior Management and IFRC teams more than the traditional reporting. These donors stressed that the depth of reporting about outcomes and impact was often lacking**, although the challenges of collecting data on this scale were understood.

PRIVATE SECTOR DONORS

The IFRC's **global to local messages resonated with corporate donors, resulting a big rise in private sector funding** for both National Societies and the Secretariat (CHF 60m or 25% for the IFRC Secretariat and 45% for the IFRC-wide response). Within the IFRC Secretariat, there was evidence of more systematic and increased ambition for fundraising with corporates and this level of engagement was possible in part due to **greater openness from National Societies to allow the IFRC Secretariat access to national campaigns and private donors**. As a result, the IFRC Secretariat was able to set up several new fundraising campaigns including digital campaigns, such as on TikTok®, through concerts and via product placement. **For the first time the IFRC Secretariat was allowed much fuller access to corporate donors** in other countries for the COVID-19 response. Some National Societies expressed frustration about not being able to directly approach global brands if they were headquartered in other countries, while **smaller National Societies complained about receiving a lesser share of corporate funding** because they could not participate in campaigns in the same way. The IFRC Secretariat has yet to develop a strategy to fully capitalize on the potential for private sector engagement to ensure it can continue beyond the COVID-19 response.

The **volume of new donors put great pressure on the small PRD team** of the IFRC Secretariat in Geneva and the regions, requiring more intensive support and many **additional reporting requirements outside of the standard Operations Update mechanism.** The multiple government grants that were given in the second half of 2020 had very tight deadlines and reporting requirements that made expenditure and reporting extremely difficult. Some donors, particularly from the private sector and foundations, were **critical of the timeliness and quality of the reporting** and felt they had to chase the IFRC Secretariat for implementation plans and for detailed reporting on the use of their grant on expenditure. They expected a narrative "story" on what their funding had been used for and a level of engagement in decision-making, which was not viable for a response on this scale or for the capacity of IFRC Secretariat staff. However, these donors said that they ultimately trusted the IFRC Secretariat's decisions and delivery. There is concern that there may have been a mismatch of expectations with some private sector donors and foundations (e.g., around the timely delivery of PPE), which may make some of these partnerships **more difficult to sustain in future or require new strategies, capacities and approaches**.

Allocation of funds to National Societies

- The process of **allocating funding raised from the IFRC Secretariat to National Societies was a complex and challenging process**. Initially, the focus was on funding Asian National Societies but with the global response and the IFRC Secretariat started to distribute funds to all five regions. At the last collation of financial reports, **163 National Societies have received financial allocations totaling nearly CHF 253 million** (see 12 month report).

- National Societies submitted plans and budgets to each IFRC Regional Offices, which in turn submitted funding requests to headquarters and it was **management in Geneva that decided on the final amounts to be distributed to each region**. **These amounts were generally less that the original request and subject to funding availability**. Funding was ultimately allocated again by the regions, against the plans submitted by National Societies, although **many of these initial plans were not fleshed out and needed to be updated**, as they had been created in the early weeks of the response and in some contexts remained out of date for a significant part of the response.

- Regional Offices then had the task of allocating funding to both IFRC Secretariat CCSTs/COs and to National Societies. Although guidance for allocations was discussed as part of the Emergency Appeal revision in March, these **decisions were finally made according to regionally determined criteria –** the level of COVID-19 cases, the health system threshold, the capacity and auxiliary role of the National Society, the delivery of activities, etc.

- **All regions developed some form of risk index and criteria**, to determine allocations to National Societies in a transparent and accountable way, based on data and specific indicators, however the work on a standard risk-informed management approach was developed later in the response and did not influence initial decisions, although local and regional risk managers may have done. In some regions this was felt to have worked well, with support targeted to low and middle-income countries who needed it most, and with praise for the index used in the Africa Region. However in other regions decisions involved "informal" factors driven by institutional politics, relationships and personalities, with feedback from respondents that **the criteria for funding allocations were not always clear nor objective**. Additional constraints on the flexibility of funding allocations were also imposed by donor earmarking and tight deadlines, as discussed above.

- Some National Societies in the Americas said they **did not have a clear view of the Emergency Appeal and funding allocations** under the Priority structure until Q3 of 2020, while some IFRC Secretariat staff at regional and country levels expressed frustration that they were encouraged to "aim high" and "think out of box" when discussing plans and budgets with National Societies, only to receive funding allocations that finally fell well short of the request, placing them in a difficult position with National Society counterparts.

Sustainability of funding and transition strategy

- One of the biggest challenges moving forward in what remains of this operation is how to **sustain funding for ongoing COVID-19 needs**. The first months' peak in the level of pledges in the first months fell significantly by the later part of 2020, except for some surges in funding around regional/country-level peaks in COVID-19 cases, where National Societies were considered key providers of emergency health responses.

- This decline in funds has led to prolonged discussions around the **limited funding available to meet longer-term needs and the future of the Emergency Appeal**, with discussions around the viability of continuing the Emergency Appeal and the challenges of sustaining the visibility for the COVID-19 response, especially the work on vaccination, versus the option to integrate the COVID-19 fundraising and activities into other Appeals and programming. This decision was still being made at the time of this evaluation.

- The **lack of funding for the longer-term response has been met with a sense of inevitability** by many IFRC Secretariat staff. This is particularly vexing given that this funding gap most greatly impacts the IFRC network's planned contributions to address the socio-economic impacts that are now coming to the fore and the work to strengthen National Societies, as they continue to sustain the response and move into recovery – all areas that are frequently left behind. Some Regional Offices have decided to hold back funds or close programmes to balance expenditure rates and to try and maintain some sustainability to meet future needs, but others, like the Europe Regional Office have been faced with having to close programmes.

- Although at the outset few could foresee the scale or duration of the response, the **IFRC Secretariat missed an opportunity to establish a contingency fund for addressing future surges in case numbers and preparedness measures**. There was a plan for a CHF 50m pot of flexible funding in the May 2020 Emergency Appeal revision and, although this budget line is still in the Emergency Appeal, it has not received adequate attention and has not be used to date to channel flexible funding. While it is understood that, in the absence of a fully-funded Emergency Appeal, priority was given to resourcing the immediate needs of the operation, there is a real risk that funding for future impacts and surges will be more difficult to fund as donor interest wanes and future response capacities will be limited.

- Many respondents **expressed concern about the sustainability of some of the large investments** made in the rush to show high rates of expenditure, such as the establishment of health centres or procurement of ambulances, as it may prove challenging to sustain maintenance, supplies and access if funding becomes constrained. There were also many pertinent comments about the **lack of investment in preparedness for future COVID-19**. There was also concern expressed about the growth in the IFRC Secretariat workforce and the lack of sustainability for many of those staff positions in the coming months (see the Human Resources [HR] section) and in relation to the funding allocated for National Societies' core staff.

Opportunities and recommendations

1 In future, if global or regional funding via an Emergency Appeal is involved, greater efforts should be made to ensure that **standard criteria, methodologies and tools are communicated effectively and are used properly to guide the appropriate funding allocations** to National Societies. Such criteria should only be adapted to regional contexts in line with a risk-informed approach involving National Societies.

2 Based on the feedback from field teams around the detrimental impact of earmarking on the scope, quality and duration of the operation, **the IFRC network and traditional donor partners should initiate a dialogue to collectively analyse options to increase or sustain flexible of funding**. This could consider establishing percentages of unearmarked funding, comparative case studies of the impact of highly earmarked versus less earmarked operations, and other actions to promote the case for flexible funding. The findings could be used as a case study to advocate to donors about the need for more flexibility and to find functional compromises..

3 With the continued levels of earmarked donations, the IFRC Secretariat should **consider how its standard reporting for non-earmarked pledges can be adapted** to better detail the results of the IFRC network's actions and offer a more viable alternative for earmarked reporting. This would need a **move to more qualitative indicator-based or impact-based analysis and reporting** and would require **negotiations with donors to further standardise their earmarked reporting requirements** and to avoid placing additional conditions on their pledges.

4 The IFRC-wide Emergency Appeal has been successful in terms of funding, in that it shows the footprint of the whole network and provides stronger positioning and funding leverage, and it is recommended that the IFRC Secretariat **consolidates the modalities of the IFRC-wide approach and applies it to all category Red and some category Orange responses**, as planned.

5 The IFRC made a bold decision to move towards an IFRC-wide response and is challenging its own business models. It is recommended that the IFRC **develops a clear set of modalities to improve the delivery of the IFRC-wide approach**, including looking to unblock and adapt existing systems to **move towards IFRC-wide as the default position**. This would also be part of its work to advocate on behalf of National Societies ask key local actors, with partners and donors. It would also establish IFRC as a key advocate for the strong role of local actors in response, which will hopefully impact future funding and recognition across the sector.

6 While preparedness and recovery will remain challenges for funding, the IFRC Secretariat needs to build on its experience under COVID-19 to **strengthen its advocacy with donors to identify and ringfence funds for future preparedness. The buffer fund of CHF 50 million was a good idea and work needs to be done to agree viable options** with donors to maintain some flexibility and funding for preparedness. This will require work **to build a strong evidence-base around risks and learning from the pandemic and will require the IFRC to negotiate viable, alternative options going forward.**

7 In future large-scale emergencies or crises (e.g., a future epidemic or pandemic), the IFRC network should work in coordination with other actors to **collectively anticipate the longer-term trajectory of the situation and to set aside funds to manage these projections** and should plan through the lens of sustaining small numbers of priority activities or support functions for the longer-term. This should be **part of the business continuity (BC) work** and could potentially complement the initiative to increase the DREF and anticipatory funds.

8 The Secretariat and member National Societies **need to set up teams to work more intensively on the transition and exit strategies** for COVID-19, including the transition or exit planning for human resources. It is recommended that the IFRC Secretariat hosts round table discussions with member National Societies on the type of transition that is needed and how to deal with key issues such as donor fatigue, sustainable HR and recovery.

PART 2:
THE LOCAL RESPONSE
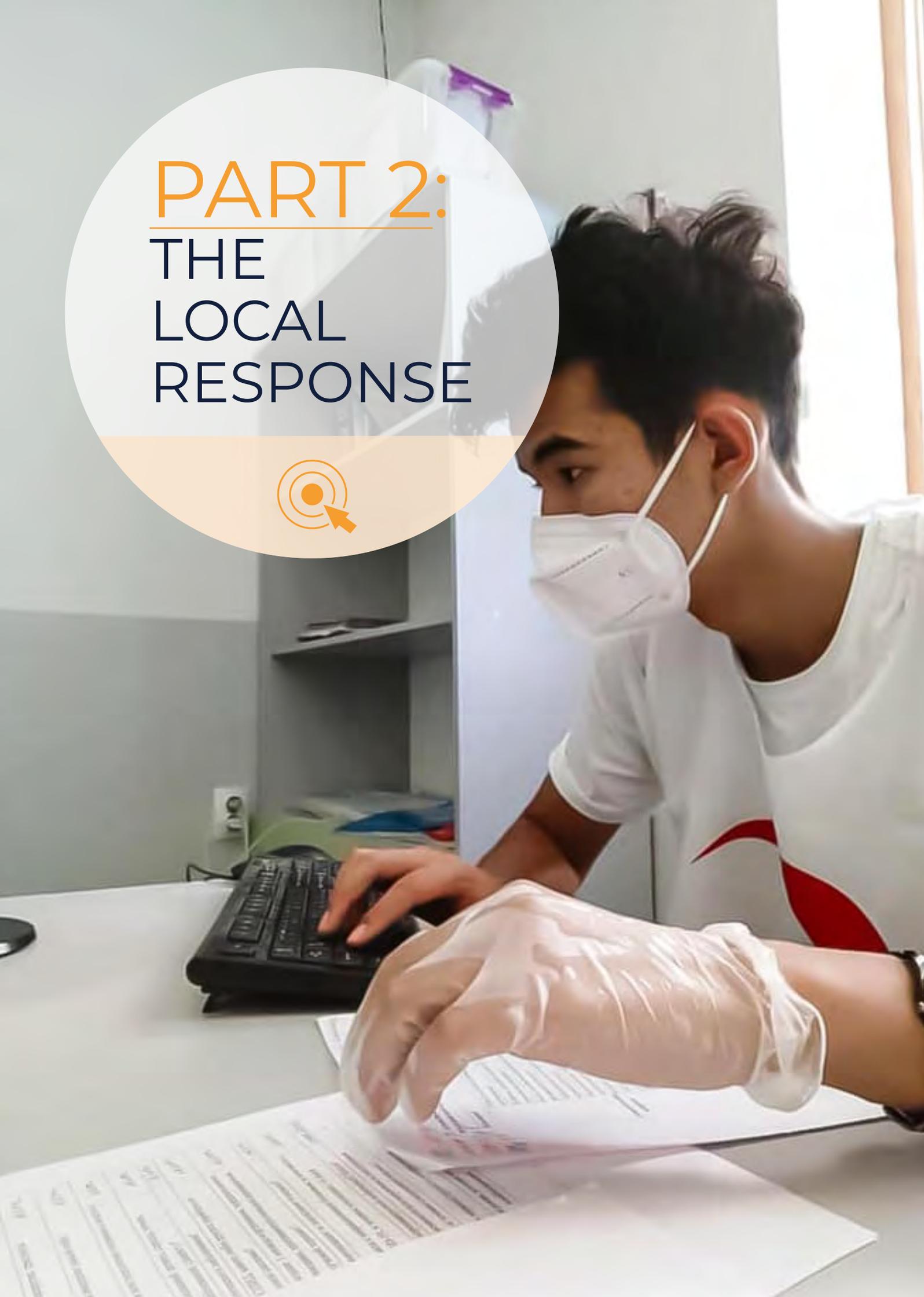
2.1. Responding to community needs

Addressing overall needs

- The Evaluation Survey found that a majority of respondents felt the response had made a moderate to significant impact on overall needs.

- Country and branch levels were generally more positive about the scope and scale of the response and for addressing community needs.

Table: Comparison of impact of the IFRC network response on needs between Global/Regional and National/Branch levels (Evaluation Survey)

IMPACT ON NEEDS	GLOBAL/REGIONAL LEVEL	NATIONAL/BRANCH LEVEL
Overall size and scale of the response compared to need	**59%** said the response was moderate to substantial in size and scale	**80%** said the response was moderate to substantial in size and scale
Addressing needs at community level	**61%** said the response made a moderate to substantial impact on addressing needs	**68%** said the response made a moderate to substantial impact on addressing needs

Relevance of activities

- Across all respondents to the Evaluation Survey, the following activities were ranked as the most and least relevant to need:

Table: Overall ranking of most and least relevant activities (Evaluation Survey)

	MOST RELEVANT	LEAST RELEVANT
1	Risk communication, community engagement, and health and hygiene promotion	Management of the dead
2	Mental health and psycho-social support	Clinical and paramedical services
3	Support to volunteers	Ambulance services
4	Epidemic control measures	Community health
5	Livelihoods and household economic security	Isolation and clinical case management

- There were a number of <u>regional differences</u> about which activities were considered by respondents as the <u>most relevant</u>.

Table: Ranking the relevance of activities, based on responses from each region (Evaluation Survey)

	AFRICA	AMERICAS	ASIA PACIFIC	EUROPE	MENA
1	Risk communication, community engagement, and health and hygiene promotion	Mental health and psychosocial support services (MHPSS)	Risk communication, community engagement, and health and hygiene promotion	Risk communication, community engagement, and health and hygiene promotion	Mental health and psychosocial support services (MHPSS)
2	Support to volunteers	Support to volunteers	Support to volunteers	Mental health and psychosocial support services (MHPSS)	Livelihoods and household economic security
3	Community Engagement and Accountability, and Community Feedback Mechanisms	Epidemic control measures	Mental health and psychosocial support services (MHPSS)	Support to volunteers	Support to volunteers
4	Livelihoods and household economic security	Risk communication, community engagement, and health and hygiene promotion	Infection prevention and control and WASH at the community level	Social care, cohesion and support to vulnerable groups	Infection prevention and control and WASH at the community level
5	Infection prevention and control and WASH at the community level	Social care, cohesion and support to vulnerable groups	National Society readiness	Livelihoods and household economic security	National Society readiness

- There were also differences between the views of stakeholders working at different levels: global; regional; national; and branch level.

Table: Ranking the relevance of activities, based on responses from different levels (Evaluation Survey)

	GLOBAL LEVEL	REGIONAL LEVEL	NATIONAL LEVEL	BRANCH LEVEL
1	Risk communication, community engagement, and health and hygiene promotion	Support to volunteers	Risk communication, community engagement, and health and hygiene promotion	Support to volunteers
2	Immunization support	Risk communication, community engagement, and health and hygiene promotion	Support to volunteers	Risk communication, community engagement, and health and hygiene promotion
3	Epidemic control measures	Mental health and psychosocial support services (MHPSS)	Mental health and psychosocial support services (MHPSS)	Mental health and psychosocial support services (MHPSS)
4	Livelihoods and household economic security	Livelihoods and household economic security	Epidemic control measures	Livelihoods and household economic security
5	Mental health and psychosocial support services (MHPSS)	Social care, cohesion and support to vulnerable groups	Livelihoods and household economic security	Epidemic control measures

2.2. Health and WASH

- The IFRC-wide response was **first and foremost a public health response** with support to implement public health and social measures to reduce transmission (contact tracing, testing, etc.), and support to ambulances, home care and treatment. Other operational priorities received less attention and support by comparison.

- There was **great diversity in the types of activities being undertaken by National Societies, with varying levels of experience and capacities**, some of which were **not matched by the necessary technical support** by the IFRC Secretariat and other partners.

- Nevertheless, it is clear that **National Societies have been playing critical roles** in health and WASH, in many cases supplementing struggling national health systems and providing an important conduit for communities to better access available support.

- The IFRC network has also been able to **demonstrate significant added value** thought its global to local structure and special relationship with governments, setting it apart from many other organizations working in this space.

Risk Communication and Community Engagement

Successes

- RCCE was the main activity undertaken by National Societies worldwide and **one of the areas where the IFRC network was felt to have made the biggest contribution**, particularly in terms of the numbers of people reached.

- The **IFRC Secretariat took on an important lead role in global RCCE coordination** and led on the global technical content and advocacy of RCCE throughout. The RCCE Collective Service, launched in June 2020 by WHO, UNICEF and IFRC, with support from the Global Outbreak Alert and Response Network (GOARN) and the Bill and Melinda Gates Foundation worked together on four strategic priorities: coordinated RCCE approaches; real-time data on community perspectives; quality of community engagement approaches; and capacity strengthening of national governments, institutions and organizations capacities and reinforcing local solutions.

- Engagement in RCCE was also an opportunity for National Societies to work collaboratively with their governments in an auxiliary capacity, to ensure **messages reached the "last mile" in hard to access communities**. Indeed, many National Societies interviewed for this study were playing a national leadership role in RCCE and were sometimes the only non-government agency able to actively engage and reach remote communities.

- **Many different modalities were used to communicate messages** depending on the context including leaflets, radio and TV pieces, social media and door-to door visits by volunteers, particularly in remote areas. Many National Societies, across all regions, set up call centres or hotlines to provide information and support to communities. These were generally well-used, however a number reported experiencing personnel shortages to sustain these services after initial interest had waned.

Challenges

- One of the key challenges facing National Societies was **overcoming community attitudes and beliefs about COVID-19 and/or resistance to the continued need for protective measures**, particularly as infection rates seemed to stabilize. In this regard, National Societies relied on their good standing in communities as "truth tellers", but also needed the flexibility of personnel and resources to be able to scale up their public awareness campaigns at different times and find new ways of communicating risk messages without creating information fatigue.

> **Pakistan Red Crescent Society:** The National Society faced a real challenge in encouraging people to believe in the existence and harmful impact of COVID-19. There were even jokes circulating on social media that COVID could not harm Pakistanis. Pakistan Red Crescent Society decided to tackle this by also using humorous media campaigns and door-to-door contact, encouraging people to take protective measures, such as handwashing. This more creative approach was felt to have made a greater impact than other types of messaging.

> **Cameroon Red Cross Society:** Community attitudes required the National Society to go the extra mile to reach people with factual information about health risks, sanitation and safe behaviour, with a special focus on vulnerable groups. In many remote communities, volunteers had to be persistent and work with community leaders to convince people to practice safe behaviours, such as mask wearing and to encourage good practices through the provision of masks and the establishment of handwashing facilities in public places, like markets and restaurants.

> **Red Cross Society of Guinea:** The National Society is concerned that the population is increasingly abandoning protection measures, such as systematic hand washing and respect for physical distancing. However, the National Society lacks the funding required to relaunch its social mobilization work to remind people that the pandemic is still present, highlighting a need to ensure RCCE receives ongoing resourcing while cases are active.

- Many respondents, including some donors, noted that the success of the IFRC-wide work in this area is measured by the number of people reached, but this **misses the important measure of the impact of this work in communities**. A shift towards impact measurement would require greater focus on conducing knowledge, attitude and practice baseline and endline surveys which, although resource intensive, would be useful in identifying the campaigns and messaging that are most effective in different contexts, as well building an evidence base to attract further resources to this area.

Personal protective equipment (PPE)

Successes

- The **IFRC Secretariat made a quick and early decision around the importance of providing PPE** for IFRC Secretariat and National Society staff and volunteers, as well as highly vulnerable groups such as migrants. Bulk stocks of PPE were purchased for distribution worldwide and were supplemented by strong messaging campaigns. This may have contributed to the relatively low number deaths within the IFRC network.

- The decision to provide PPE to all National Societies from a central global supply chain at the outset **was a major undertaking, delivering over 6 million pieces of PPE** and enabling the IFRC Secretariat to leverage supplies and ensure that National Societies received at least one major delivery of quality PPE (of the 163 National Societies who provided PPE to their volunteers). Overall, the **procurement of PPE was considered highly relevant and important for the response**.

Challenges

- Some respondents felt that the huge expenditure around the global procurement of **PPE took funds away from other priorities**.

- The **initial global delivery of PPE also took time to manage effectively** due to the high global demand for supplies and to the challenges and capacities within the global procurement and supply chain management process. This meant that many National Societies received either late or one-off supplies of PPE and ultimately had to rely on sourcing quality local PPE. In some specific contexts, it was just **not possible to provide global supplies of PPE**. This should have been better anticipated and dealt with earlier in the process (see Logistics section for details).

> **Africa:** Some National Societies waited for up to 10 months for delivery of PPE under a grant provided by a large corporate donor, which was challenging for them and frustrating for the donor.
> **Yemen Red Crescent Society:** There were major delays in the delivery of PPE for National Societies in countries affected by restrictions and sanctions, such as Yemen, where international supplies took well over six months to arrive.
> **Ecuadorian Red Cross:** Only received one shipment of PPE and then had to commence local procurement due to delays.
> **Bolivian Red Cross** and **Colombian Red Cross Societies:** Returned PPE shipments to Panama following pipeline delays, as emergency tariff waivers were no longer in effect, making the delivery no longer cost effective.

Epidemic control measures and WASH

Successes

- Many National Societies were filling important gaps in epidemic control measures in fulfillment of their auxiliary role with their governments. For some this was a new area of operation and they required additional technical support, tools and guidelines. For others, this was an extension of their pre-existing activities, however the circumstances of a new virus required an adaptation of existing protocols and procedures.

▰ Support to people on cruise ships

In the early stages of the response, a number of National Societies worked together to support isolation and epidemic control on cruise ships.

➢ **Canadian Red Cross Society** was asked to support nationals returning from cruise ships and on their arrival in isolation centres. The International and Domestic teams of the National Society worked together to share their experience, for example of isolation sites during the Ebola response, and of domestic relations with national Government, to be able to manage the situation. This had a major impact on Canadian Red Cross Society, as it marked the first step in a long-discussed merger of International and Domestic Operations, with domestic emergency medical teams trained to provide clinical services in isolation sites and this capacity reinforced by deployment of staff from international health ERU teams.

➢ **IFRC, Australian Red Cross, Japanese Red Cross and the Hong Branch of the Red Cross Society of China** worked together as a network in the early days, when a cruise ship was stuck off Japan with cases of COVID-19 on board. The cruise company had offices in Sydney, so Australian Red Cross worked with the IFRC Asia Pacific regional office and the MHPSS specialist at the Hong Kong branch, to provide psychological first aid to those on the ship. The Japanese Red Cross Society helped to translate materials and delivered them to the cruise ship alongside the provision of medical care.

- A number of National Societies were engaged in **running isolation centres**, including those dedicated to vulnerable groups, such as migrants and the homeless, who would otherwise fall through the gaps in mainstream health services. Other National Societies **supported people in hotels or in home quarantine** through the provision of food and essential items.

  > **Yemen Red Crescent Society** and **Lebanese Red Cross** provided support for vulnerable groups and individuals to enable them to isolate after contracting COVID-19 or to minimise the risk of infection, including those stuck at internal or external borders in Yemen. This included the provision of food and basic items, as well as health care, for those in isolated or at-risk environment, such as those stuck at internal or external borders in Yemen. The Lebanese Red Cross also extended that service to its staff and volunteers and continued the service in a more holistic home care programme.
  > **Kuwait Red Crescent Society** and **Qatar Red Crescent Society** supported isolation centres and provided assistance for stranded migrant workers forced to isolate in camps.
  > **Bolivian Red Cross** ran three isolation centres in border areas for returning Bolivians who had been working in neighbouring countries.
  > **Argentine Red Cross** was also involved in isolation centres for vulnerable people (Technopolis, Buenos Aires), supporting local government to run them and establishing protocols for their functioning. Their volunteers supported the local health system to manage isolation in hotels that were pre-care centres for COVID-19.

- Some National Societies were engaged in **providing hygiene and sanitation services** in schools, offices and public buildings, which was meeting an important need.

  > **Yemen Red Crescent Society** was asked to help provide IPC and hygiene/sanitation services to help re-open schools, as students were required to return for exams. This was a huge challenge and the National Society helped sanitize schools and provide hygiene assistance and items for 500,000 students in just over 20 days.

- A number of National Societies did **border screening and contact tracing in partnership with their governments**, with some making use of new technology to improve the system, although some felt these activities were not adequately supported by the IFRC Secretariat.

  > **South Africa Red Cross Society:** Volunteers supported a provincial Ministry of Health call center for contact tracing. They also adopted the innovative use of technology in partnership with telco providers, enabling volunteers to have access to handheld devices to collect real-time data on those being traced or screened and with the ability to take videos/record people's stories to gain a better understanding of the impact on communities.
  > **Qatar Red Crescent Society and the Red Crescent Society of the Islamic Republic of Iran** were asked by their governments to provide screening at all border controls as part of their auxiliary role.

Challenges

- **WASH activities** were included in many responses, particularly in **Africa** and **MENA**, including providing WASH facilities for triage points, clinics, hospitals, schools and additional handwashing points, and the strengthening of community awareness around hygiene. However, some respondents felt **this was an area that should have been given more visibility and attention globally**, as it was critical to the response.

- Despite these many and varied activities undertaken by National Societies, **the IFRC network seems more commonly regarded as "generalists" in health rather than technical experts**. This is also the case within the IFRC Secretariat health teams, and across most regions, and there was felt to be a real gap in specific technical support for National Societies, including in the following areas:

  > border screening and contact tracing;
  > initiating, scaling up or adapting IPC;
  > WASH elements for triage points, clinics, hospitals and schools; and
  > strengthening community protection such as hand-washing points.

Essential health services

Successes

- Many National Societies had a **mandated role to provide "essential health services", sometimes being the only provider of pre-hospital services such as emergency medical support or ambulance services.**

  > **Lebanese Red Cross** was the main provider of the Emergency Medical Service or ambulance services and the transportation of tests for COVID-19, which it conducted concurrently with the response to the Beirut blast. It also subsequently set up a new service to deal with the overload on medical facilities and established a home care service that carried out triage and provided essential care for COVID-19 at home where possible, including the provision of oxygen etc.
  > **Pakistan Red Crescent Society** used the IFRC-wide Emergency Appeal funds to establish a new hospital in the first 15 days of the COVID-19 response. This included the rapid set up of the structure, staffing and equipment and was done with full engagement with the Government and with advice from visiting doctors from Wuhan. The IFRC Secretariat also provided key support and helped Pakistan Red Cross gain visibility from this response, however there were subsequent challenges to sustain this function.

- Some National Societies played a critical role in supporting national efforts to **procure ambulances and other medical equipment**, often with support from the IFRC Secretariat. The IFRC Secretariat global health team developed a set of criteria for screening requests from National Societies to help ensure the required equipment was needs based and appropriate and logistics support was provided to procure vehicles in some cases.

- Only a few National Societies were active in supporting the **management of the dead** but this Pillar was maintained in the Emergency Appeal to reflect the work being carried out.

  > **Red Cross of Guinea and Ecuadorian Red Cross** had the mandate of their governments in this area and the Red Cross Society of Guinea was mandated to be the sole provider of dead body testing and management, in line with its work on the Ebola response. This support was a requirement for bodies to be released for burial.

Challenges

- A number of National Societies **struggled to support the maintenance or other ancillary costs of ambulances** provided through the IFRC-wide response. There were also challenges for other National Societies to maintain other equipment or services as this time, such blood services and community health care services.

  > **Honduran Red Cross and Dominican Red Cross** initially had challenges to sustain ambulance services due to a lack of funds, noting that running these services required heavy investment in PPE and security issues and came at a cost of other direct services to communities.

- A number of National Societies were also **requested by their governments to take on services that were beyond their mandated role, capacities and resources**, which proved challenging for them and for the Secretariat teams, particularly the health teams, working with them. Any work that was done in this area was conducted outside the framework of this response.

Mental Health and Psychosocial Support

Successes

- Mental health and psychosocial support (MHPSS) was c**ritically important in the response to COVID-19, with some describing it as a "pandemic within a pandemic" or a "shadow pandemic"** (a term also used for gender-based violence during this period). As such, it was felt to be highly appropriate as a Pillar with high visibility under Priority 1.

- The **MHPSS Reference Centre supported by Danish Red Cross saw a surge in interest from National Societies**. It increased its guidance (in multiple languages) and hosted additional webinars to cover many technical areas of support specific to COVID-19, although it received no funds from the Emergency Appeal.

- Many National Societies **used hotlines and call centres to provide MHPSS** or to make referrals to specialized agencies; the number of calls suggest it was a vital service to many.

> **Red Cross Society of Georgia** included MHPSS plans from the earliest stages of its response, as it foresaw the need and was able to draw on existing experience. This included setting up a MHPSS hotline within five days of the first case, operated by volunteers trained in PSS and psychology students and reinforced by four psychologists, all providing group and therapeutic support. In 2020, the hotline received about 12,000 calls during the two peaks of the pandemic. The service was complemented by a chatbox, which provided a referral system for callers, directing them on to other services. The team also provided care for National Society staff and volunteers, through group or individual sessions. Together with the CCST and neighbouring National Societies, the Red Cross Society of Georgia set up a regional MHPSS platform to share experiences and practices and provided regional leadership on the topic, sharing information on services, awareness materials and training.

> **Australian Red Cross:** Provided MHPSS to people in quarantine, lockdown, or otherwise isolated. In the state of Victoria, some 17,000 calls were taken through the COVID-19 hotline staffed by volunteers trained in psychological first aid (PFA) and people were referred as needed. Volunteers also made 50,000 outreach calls (in English, Greek and Italian) to older and isolated people, single mothers and those without internet access, to see if they needed support. The service was successful in rapidly scaling up to meet demand, but difficult to sustain.

> **Africa region:** 33 of 48 National Societies in Africa conduct MHPSS interventions for COVID-19 to respond to the urgent need for such support. Many National Societies established call centres or hotlines, which was an additional opportunity to better understand the needs of communities. These were often run as inter-agency collaborations and improved information-sharing with both communities and partners. This work also increased the knowledge and skills of volunteers to carry out these services in future.

Challenges

- While many National Societies provided MHPSS in their assistance to affected populations, it was felt that some of these services **scaled up too late** in the operation and should have been more quickly recognized as a priority.

- There were c**oncerns expressed about the quality, depth and impact** of the IFRC network's work on MHPSS. Specifically, it was questioned whether the term "mental health" was appropriate, as many of the staff and volunteers lacked specific mental health qualifications and were focused more on general well-being and primary health information rather than specific mental health or psychosocial support, which is a particular area of skill.

- It was noted that the IFRC Secretariat was only able to offer **limited MHPSS technical support until much later in the operation**, when a qualified MHPSS staff member was added to the Geneva Secretariat emergency health team. Until then, many of the decisions on MHPSS were taken by general health or operations staff and sometime without timely reference to the MHPSS Reference Centre and its knowledge. This included PSS to Secretariat staff, which was geared more toward general well-being information. There were also calls to review the parameters of the IFRC Secretariat insurance package to allow for more PSS sessions in view of the duty of care requirements during COVID-19, the increasing work demands and risk of burn out.

Vaccination

Successes

- The IFRC network has played a vital role in vaccination programmes around the world for many decades, such as routine vaccinations for measles and polio. For this response the IFRC Secretariat adopted a **5 Pillar Approach to vaccination** (Advocacy, Trust, Support Health Systems, Maintain Routine Vaccination Programmes and Reach the Most Neglected and Hard to Reach Populations) and developed a Vaccination and Preparedness Toolkit shared to all National Societies, to help them decide which of the 5 Pillars they wanted to focus on. A comprehensive Global Survey of Vaccination Roll-out was also undertaken which provided a clearer picture of National Societies' interest and plans around vaccination (routine and COVID-19).

- The IFRC network played an **important role in global advocacy on COVID-19 vaccinations and contributed through the COVAX initiative**. This contributed to it being seen as a respected actor on immunization with a credible reach across its global network. On behalf of the IFRC network and in coordination with its members, the IFRC Secretariat continues to be a strong broker for vaccination equity. This type of action has the potential to place the IFRC network as a central actor in contributing to broad, global access to COVID-19 vaccines and is strongly aligned with the IFRC's existing work on universal health care.

  > **Argentine Red Cross**, with the support of the IFRC Special Representative of the Secretary General for COVID-19, engaged in humanitarian diplomacy to request the Government of Argentina lobby in international fora to support the waiver of patent protection for vaccines.

- **At the local level, the IFRC network employed its strengths, with funding through COVAX, to support the transportation of vaccines** from pharmaceutical companies to countries and with National Societies then supporting in-country distribution, advocacy and related actions. However, this did cause some challenges as certain vaccines require extreme cold chain conditions, which are outside the IFRC network's capacity.

  > **Red Crescent Society of the Islamic Republic of Iran** was mandated by its government to promote vaccination in each State and was, unusually, involved in the importation of vaccines from different countries to support the Ministry of Health programme. The National Society also delivered vaccinations for 3 million refugees from neighbouring countries.
  > **Lebanese Red Cross** is supporting its government's vaccination drive but taking on the management of a vaccination "mega centre" and is fully engaged in the management and support of this centre to help increase immunization rates in Lebanon.
  > **Pakistan Red Crescent Society** used its new hospital as a mass vaccination centre, as well as providing door-to-door vaccination services for people who are more isolated and vulnerable.


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DM - ARCS

Challenges

- Despite the strong start in vaccination advocacy, the IFRC Secretariat and its membership took time to make a number of crucial decisions around engagement in the actual delivery of vaccinations and to agree on whether to **engage in vaccination globally through the Emergency Appeal. This caused delays and confusion**. While the majority of respondents supported the decision to engage, some felt the decision had been made too late in the response, causing the IFRC network to lose positioning and funding to other larger organisations.

- There had been some confusion over **which vaccines the IFRC would support**. The IFRC Secretariat only supported the promotion of vaccines which had been recognised by the WHO or "other stringent regulatory authorities", due, in part to the pre-existing agreements with the Global Vaccine Alliance (GAVI), WHO, UNICEF and others around COVAX, as well as due to the health and reputational risk of promoting vaccines that lacked data, proven safety records, and results of efficacy. However, this initially made things complicated across the global network, where in some countries National Societies and their staff and volunteers were being vaccinated with other vaccines. This gave rise to comments by some stakeholders that the IFRC had adopted a "Western" approach to vaccines and missed the chance to advocate for acceptance of other vaccines in countries where they were already being used or in others where vaccines were desperately needed.

- Although the IFRC Secretariat advocated for volunteers and staff engaged in the pandemic response to be considered frontline workers, many people interviewed requested stronger support for **National Societies' staff and volunteers to be prioritised for vaccination.** This was of great importance to National Societies, as many of their own frontline personnel were not yet vaccinated and they wanted to see the IFRC network take a stronger stand to advocate for their vaccination and develop a clearer support strategies.
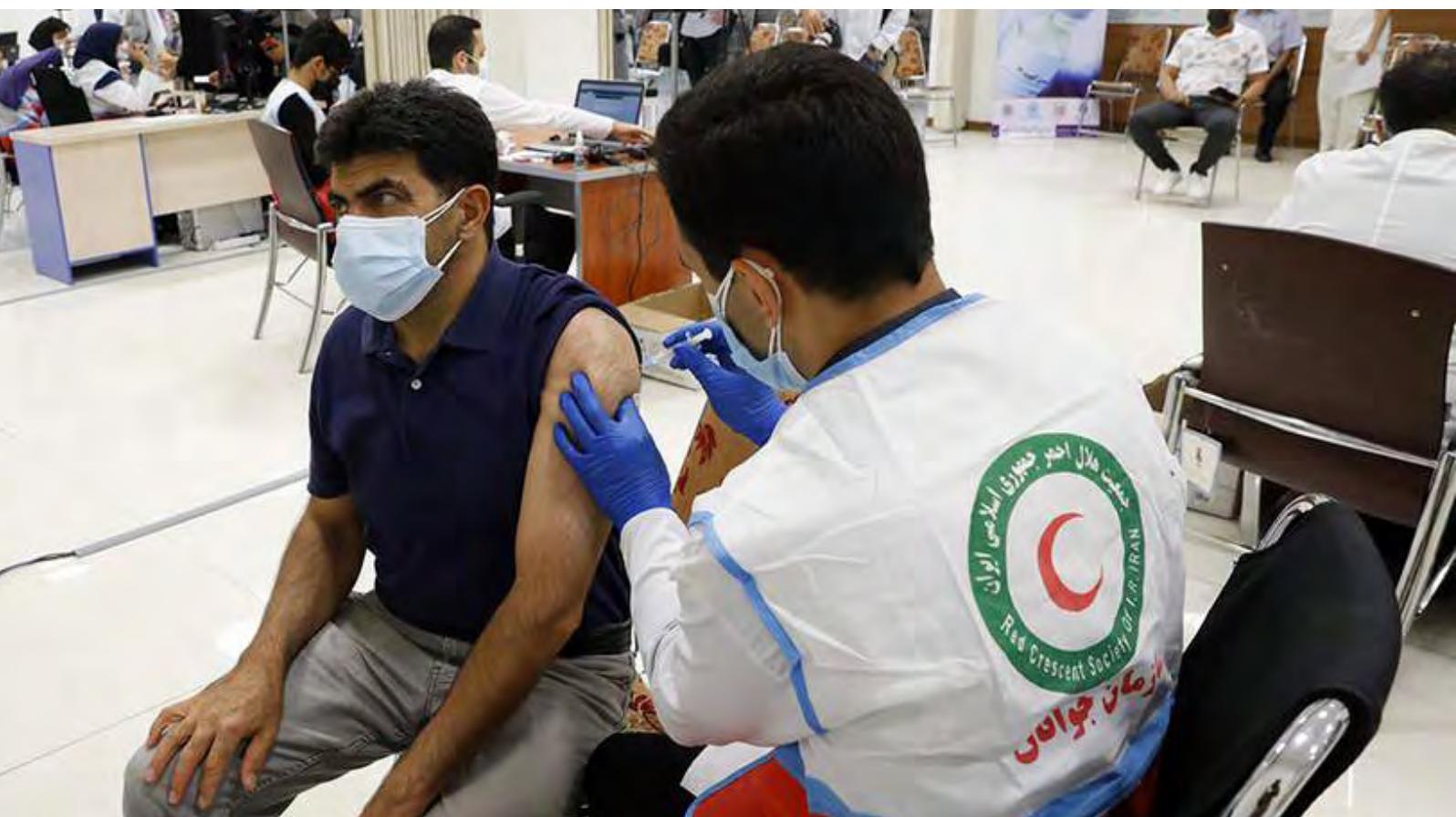
Opportunities and recommendations

1 Drawing on the strength of the RCCE partnership, the IFRC network should more **clearly market itself as an institution that fosters community mobilization and trust** and building on the added value of its local volunteer base and CEA experience.

2 There are **enormous learning opportunities to improve the delivery of RCCE**, to capitalize on the extensive experience nowgained by so many National Societies across differentcontexts. The IFRC Secretariat should encourage a shift towards **qualitative reporting on the impact of mass communications plans and community-based approaches**, through support and resourcing for National Societies to undertake knowledge, attitude and practice baseline and endline surveys to determine the effectiveness of different types of campaigns and should take measures to capture and share good practices and learning around this key area of the response. It is recommended that the IFRC also supports the design of community health programs that measure the impact on behaviour change to improve messaging and communication modalities and to improve linkages between CBHFA, health and hygiene promotion, and CEA.

3 **MHPSS should be integrated into all IFRC network emergency response planning**, supported by technically qualified staff as a permanent part of the emergency health team portfolio in the Geneva Secretariat, to ensure timely and professional support for MHPSS.

4 Learning from the mass procurement and global distribution of PPE should be captured and used to ensure that **procurement plans are realistic and proportionate to needs**, and include the possibility to **support National Societies to find local procurement solutions wherever possible** to avoid challenges of logistics and sustainable supply.

5 The experience from local to global advocacy on COVID-19 vaccine equity could be used to **spearhead a continued campaign for global vaccine equity more broadly and avoid set-backs in the elimination or control of other vaccine preventable diseases**.

2.3. Addressing socio-economic impact

- The **socio-economic impact on people's lives and livelihoods has been enormous** throughout this pandemic, compounding the situation for impoverished people and leading to higher levels of poverty and extreme poverty. Billions of people worldwide continue to struggle to cope with loss of employment or income and/or face food insecurity.

- While Priority 2 was acknowledged to be important to community needs, many respondents said that this priority was **underfunded and thus not implemented at the same level as health initiatives**. In comparison to the health response, the **IFRC network enjoyed less recognition for its role in this area** and has been less successful in accessing funds for it - only CHF 18 million were received/allocated to it out of the CHF 125 million sought leaving an 85% funding gap in the IFRC Secretariat component for this Priority in the Emergency Appeal. Many expressed frustration that it has been **harder to deliver effective programming and show real added value** under this Priority through multiple smaller interventions.

- Due to the scarcity of funding, many National Societies had to **redesign their programmes and adapt them to the conditions of donor timeframes**, reducing implementing timelines, targets, and modes of implementation. A major grant for livelihoods protection allocated in Q3 of 2020 had a reduced impact due to its tight timeline, with funding for longer-term livelihoods programming reduced to one-off cash grants. There was also concern that while donors could earmark to regions, it was less viable to earmark funding for activities under Priority 2 and that these activities lost out in the regional allocations.

- The Pillars under Priority 2 covered a wide range of areas but were not seen as presenting a clear, holistic approach to addressing socio-economic impact but were rather **a disconnected group of activities that did not belong together and did not show the core strength of the IFRC network in this area**. Moreover, **the multitude of smaller, cash and livelihood interventions delivered by National Societies could have been used more strategically** to achieve medium term livelihood and food security outcomes, but this did not happen due to lack of technical expertise or strategic overview. As the response continues and the socio-economic needs increase, more thought needs to be put into developing a solid case for funding the IFRC-wide response in this area.

- There are also important opportunities for addressing the **socio-economic drivers of COVID-19 transmission**, for example when financial pressures or work-related constraints prevent some people from being able to get tested or vaccinated, particularly if they are required to isolate without paid sick days. Addressing this cross-over between socio-economic and health considerations, where socio-economic interventions can drive down transmission, will have a positive double impact.

Provision of basic needs

- The **provision of basic needs was a core strength of the IFRC network and generally done well**. In many countries, basic needs were addressed through the distribution of food parcels, hygiene parcels and other in-kind assistance, or through cash and voucher assistance with National Societies targeting specific vulnerable groups, such as migrants, single-headed households and older people.

    > **Armenian Red Cross Society** and **the Red Cross Society of Georgia** found that the requests for food and non-food items were the most relevant part of their response and responded to many requests from government and the public in this area.
    > **Cameroon Red Cross Society** faced some significant access challenges due to lockdown measures, but nevertheless managed to reach most areas of the country and deliver basic assistance to target communities. The National Society distributed food kits to 2,500 vulnerable households, food for schools and orphanages, livelihoods assistance and targeted assistance for sites hosting internally displaced persons (IDPs) in the Far North and was able to integrate

COVID-19 activities into the camps to enable the continuation of assistance. There was good coordination with the authorities and support to mount this nationwide plan, although follow up was challenging in inaccessible areas.

> **Ghana Red Cross Society** highlighted the impact of poverty in communities in Accra and Asante region during lockdown, poor communities were forced to focus on the socio-economic impacts of daily life before considering COVID-19. The National Society was already working in this area and, in partnership with UNICEF, provided food parcels to 50,000 households in the first weeks of lockdown and then cash assistance via mobile phone to a further 2,000 households.

Cash and voucher assistance

Successes

- The COVID-19 response was seen as an **accelerator for Cash and Voucher Assistance (CVA)** with a notable increase in National Societies' interest in CVA and engagement in CVA delivery. CVA teams were praised by many interviewees for their **quick reaction to a spike in demand for training**.

  > 75 National Societies engaged in CVA under the COVID-19 response, with some already "cash ready" and able to scale up their work. Nine of these engaged in CVA for the first time through a "fast-track process", which helped to quickly train teams on the fundamentals of running quality cash programming, prepare and set up CVA mechanisms, train staff and identify Financial Service Providers (FSPs).

  > Globally, CHF 15.5 million was disbursed to around 800,000 households under the Emergency Appeal, although many National Societies delivered relatively small CVA distributions (the average one-off distribution per household was CHF25) with a more limited impact.

  > This work was **well supported by technical assistance** from the IFRC Secretariat and the wider IFRC network. Although the Africa region noted the need for surge support for socio-economic needs analysis and to develop cash programming.

  > Substantial **learning on CVA** was captured during the COVID-19 response, with key lessons around the **need for better preparedness and pre-positioning** and around the **need for strong data and data protection**.

  > The **Financial Services Provider (FSP) Taskforce also produced a comprehensive report** with 18 recommendations, which needs to be taken forward, as should be done for further learning around the fast-track process.

- Some National Societies had the capacity and resources to implement **substantial cash programmes**, providing income for households not covered by other social protection safety nets.

  > **British Red Cross Society** received a British Pounds (GBP) 5 million grant from a corporate donor to provide financial support through a Hardship Fund to the most vulnerable people impacted by COVID-19 and set up a Hardship Fund. In 14 months of operation, the Hardship Fund provided cash support to over 18,000 people. This was the first large-scale cash distribution by British Red Cross in the United Kingdom (UK). The National Society's international teams helped setup the domestic response, including making use of the RedRose system under the IFRC Framework Agreement. British Red Cross knew that identifying vulnerable people on a national scale would be a challenge and relied on referrals from some 400 local voluntary organisations, statutory bodies and government agencies across the country. Through them, the British Red Cross was able to identify those without any other form of income, including migrants, people fleeing domestic violence, homeless people, and those affected by delays in benefits. These people would not have been reached had British Red Cross not worked in partnership and this partnership model provides some of the most valuable learnings from the response, including how to best achieve scale and how to reach 'non-typical' at-risk groups. The Hardship Fund clearly responded to needs and enabled vital support to be provided to those on the edge. It also built relationships with partner organisations. However, there were also clear lessons from the experience including that the implementation time and funds were too limited to meet the scale of ongoing needs; the exit

process, though planned for, was very challenging when such needs remained; and this work risked extending beyond the National Society's mandate. British Red Cross noted that it could have done more to conduct its own direct needs assessment and community engagement, and thus be more accountable to the community.

> **Lebanese Red Cross** stressed that it had learned a lot from its cash response for COVID-19 (and the Beirut Blast). Lebanese Red Cross had provided small cash grants for 11,000 refugee households over seven months and from that experience, the National Society became a more trusted player in cash in Lebanon. Lebanese Red Cross now aims to consolidate its technical expertise in cash and has indicated that it will look to cash as a key modality in future, especially for socio-economic crises.

> **Yemen Red Crescent Society** provided shielding assistance for those in lockdown or in quarantine at home or in centres and for vulnerable older people, by providing cash (as well as hygiene materials) to support during this time. The National Society also worked with the ICRC to provide economic security (ECOSEC) assistance (rebranded as "shielding support") for vulnerable households to avoid negative coping strategies and for stranded IDPs and those stuck at the border. Movement partners are currently working with the Yemen Red Crescent Society to strengthen its capacities in cash interventions.

Challenges

- Many National Societies **initiated one-off CVA and food distributions which missed the opportunity to link with and contribute to longer-term food security and livelihood (FSL) programming.** Some also found it confusing that CVA was included as an activity in its own right in the Emergency Appeal, rather than as a modality to deliver socio-economic and other assistance (including Health and WASH), although this was done for visibility reasons. This may have had the effect of skewing the data and reporting received under Priority 2 and steps need to be taken to **ensure that CVA is seen as a key modality used beyond Pillar 1 of Priority 2 and to accurately capture its reach and delivery.**

- There were **delays in transferring funds for CVA due to internal bureaucratic processes**. Ultimately the amounts distributed through CVA were often **small, one-off payments, insufficient for the needs**. Many National Societies in Central America were still planning for cash interventions in Q2 2021 and had to adapt their cash programmes that had not moved forward as planned. Plans for micro and small entrepreneur support were ultimately developed later than expected. This limited the quality and the impact of the programming.

- There were also challenges to appropriately target the limited amount of financial and technical support for CVA and insufficient post-distribution monitoring to assess the relevance and utilization of cash transfers and ensure the **quality and accountability of delivery**. The IFRC Secretariat needs to step up its advocacy further to support the use of CVA to meet unmet needs under Priority 2, as socio-economic needs will remain a high priority over the coming months and the IFRC needs follow up and accountability on CVA delivery.

Food Security and livelihoods

Successes

- The findings of IFRC **regional needs assessments confirmed the importance of food security and livelihoods**. Those living "hand to mouth" during lockdown were overwhelmed by poverty and hunger and had little time to focus on COVID-19. One respondent noted "people did not have money to eat, never mind buy a mask" and some communities were forced to focus on socio-economic impacts over COVID-related health risks. Many countries worldwide also faced with multiple crises and poor families had to struggle to cope. The findings of IFRC regional needs assessments confirmed the importance of food security and livelihoods, for example, in the Americas region assessment reports found that GDP in Latin America had gone back 10 years[1]. There are strong links between poverty, livelihoods, food security and health, and structural vulnerabilities and inequalities have been key drivers of vulnerability during COVID-19 and require a more holistic response by the IFRC network across all the Priorities.

  > **Yemen Red Crescent Society** realised the importance of integrating their health response to COVID-19 with their work to respond to socio-economic hardship. As the National Society was working in a difficult environment where COVID-19 was not well recognized and where most communities were struggling with several iother crises, it approached vulnerable families with joint packages of cash/NFI support and RCCE, which met their basic needs but also helped to increase awareness of COVID-19.

  > **South African Red Cross Society** worked with partners and funds from the Emergency Appeal to support the most vulnerable people in Kwazulu Natal to start livelihoods programmes (such as community gardens). People who lost their jobs gained work and were able to feed their families, as well as obtain some income from produce sales. Excess produce is distributed to the most needy in the community (such as disabled people, older people and child-headed households). The National Society also started a sewing project to produce masks to give to those who could not afford them, which also provided income for the women who sewed them. Such programmes have had a positive impact on communities at a time of unemployment due to COVID-19 and brought hope and dignity to these families.

  > **Australian Red Cross** provided support for those in quarantine, including distributing national quarantine kits and adapting their social support programmes for COVID-19. They worked in coordination with sector partners (food banks, churches and community groups) to deliver food and other support to vulnerable groups. In Victoria, Australian Red Cross worked with the State Government to be a bridge to communities and channel emergency payments of Australian Dollars (AUD) $35m to 44,000 vulnerable migrants and people on temporary visas. The National Society, in partnership with Amazon and Foodbank, also coordinated food relief to these people.

  > **Argentine Red Cross** started by responding to basic needs, providing food for the first three months, but soon moved on to helping people look for work. The first step started with coordination with the communities to better target the support. The Argentine Red Cross conducted surveys to identify the income-generating work people were interested in. Most decided to do new trades (baking and carpentry) since their old forms of employment were no longer viable. The National Society purchased baking and carpentry machines and offered courses (including training on computers and job-hunting) and worked with partners to deliver this. The Argentine Red Cross believes it was the process of "accompanying the community" generated these positive results. Funding the materials and serving as a link between the community and the partner organizations, the National Society notes that they need to do more work with the private sector in future to re-open businesses and education. As branches became livelihood and trade training centres, Argentine Red Cross' livelihoods work has also opened more community spaces for its volunteers.

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1. Economic Commission for Latin America and the Caribbean - https://www.cepal.org

> **Ecuadorian Red Cross and Peruvian Red Cross** experienced interesting developments in using technology, on a small scale, using the AtlasApp to support 50 small-scale businesses with major grant funding. This was a successful pilot as the target population was in control and conducted all activities via the App (business plan, training, money disbursement etc). **Ecuadorian Red Cross** also provided cash transfers to its branches to start micro-businesses to support resource mobilization and sustainability

Challenges

- Some **questioned whether the livelihoods component of the Emergency Appeal was truly feasible or realistic**. It was noted that while the IFRC network had been doing health programming for decades, livelihoods programming was relatively new and **most National Societies did not have the human, material or financial resources** to scale up or deliver innovative programming in this area. Despite efforts by the IFRC Secretariat to encourage the inclusion of livelihoods activities and other Priority 2 Pillars in their NSRPs, many National Societies were challenged to plan beyond the immediate health impact and the response to basic needs, with few requests for livelihoods support and little visibility in many NSRPs.

- Overall, the opportunity to address socio-economic impacts through longer term programmes was limited by a lack of funding and the short term interest of donors, highlighting the need for more strategic fundraising. For example, one major donor provided significant earmarked funding to conduct livelihoods protection programmes in 11 countries across the five regions; however, the timeframe for expenditure was limited (5 to 6 months) and the funding had to finally be used for one-off multi-purpose cash grants rather than the long-term programming that livelihood programming requires. The IFRC network will need to do more analysis, planning and fundraising if it wants to tackle such long-term livelihoods and food security needs as it transitions beyond COVID-19 and moves from the provision of dependent assistance to sustainable income generation and labour re-integration support. One National Society clearly stated that it wanted to extend the Emergency Appeal through 2022 to cover the longer-term needs, including chronic health needs, which are still major risks and others consider that the IFRC network should position itself differently if it wants to work in these areas in future.

- The **impact of much of the livelihoods work done by National Societies has also been constrained by short timeframes**. For example, some National Societies in the Americas region provided cash to micro-businesses, but it remains unclear if this spurred long-term economic reactivation. Indeed, the delivery of livelihoods programming requires more thought and more resourcing to move it beyond small, one-off projects. It was also found that **many livelihoods programmes did not include a gender-lens** and thus fell short of one of the central themes of Strategy 2030.

  > **Sudanese Red Crescent** mentioned that its country experienced economic hardship and political turmoil and its socio-economic indicators were low. The Sudanese Red Crescent was committed to enhance food security and livelihoods programming; however, resources for this work have been limited and planned interventions for community income generation have not been delivered. The National Society also notes that most of their interventions are small-scale and have limited impact. The National Society recognized that it needed to work with others to address the socio-economic impact of COVID-19. While it is currently working to increase the quantity and quality of its support through the provision of seeds to both eat and sell support, resources are not available to make the programme sustainable.

- Priority livelihoods activities were also seen as less of a core strength of the IFRC network. While COVID-19 clearly had a major impact on people's livelihoods globally, the IFRC Secretariat was not able to show its own **analysis and strategy for its approach to these Pillars, especially over the longer-term. Many National Societies did not have pre-existing food security or livelihoods (FSL) expertise** and were not well positioned to conduct livelihoods impact analyses in time to inform their NSRPs.

- Insufficient FSL funding meant that it was not possible to have specialized experts in each region. Yet without that expertise, it was challenging to ensure the quality of the projects that did exist. The IFRC Secretariat often assigned DM and CVA delegates to support FSL who often **were often unable to provide appropriate or adequate technical support** to National Societies in this area, despite the technical support of the Livelihoods Centre. Furthermore, the lack of FSL specialists was a barrier to the development of new FSL opportunities and funding.

Shelter and urban settlements

Successes

- Compared to other emergencies, the **shelter response had relatively low visibility across the IFRC network** during the pandemic. However, many National Societies have contributed to a range of shelter-related activities, with 43 National Societies reporting through the GO Platform that they have worked in shelter during COVID-19. Indeed, there were significant activities carried out under this pillar:

  > **Spanish Red Cross** was concerned about the high number of requests for support for needs under Priority 2 (their hotline was overwhelmed by demand) and targeted their leading social inclusion programme to provide shelter for homeless people during lockdown. This National Society also stimulated their livelihoods/employability programme, to provide urgent assistance and CVA for vulnerable people. This programme was adapted to the COVID-19 conditions and included "well-being" and "self-activation" kits for recipients and for home-based volunteers. The **Hong Kong branch of the Red Cross Society of China** implemented this same model.

  > **Armenian Red Cross Society** provided support for winterisation and shelter during COVID-19 (including paying bills for collective centres) and delivered food to people moving from Nagorno Karabakh during the conflict.

  > **Kuwait and Qatar Red Crescent Societies** ran camps for foreign workers, providing shelter and food for nearly half the population who were not working and unable to return to their home countries. Aligned with their governments' mandated response, both National Societies held key role in providing this valuable shelter assistance to hundreds of thousands vulnerable migrant workers during this critical time.

Challenges

- The perceived low visibility of shelter activities may be partly **due to the health focus of the response and to the categorisation of shelter activities**, which would normally be under emergency shelter but were delivered under other Pillars , such as support for isolation centres was considered to be a health intervention and basic needs assistance was dispersed under different Pillars. Many National Societies (such as Bolivia, Uruguay, Lebanon and Yemen) provided support to people in isolation centres, even though it was a new area for many of them. Other National Societies focussed assistance on vulnerable families and communities in urban areas, who needed temporary shelter during COVID-19, particularly vulnerable migrants or homeless people.

- There was feedback that National Societies needed some **further guidance and technical support for shelter needs** in response to COVID-19, such as support to isolation centres or shelter for people who were excluded during COVID-19, with some from the Americas saying they lacked shelter specialists or experienced staff to provide this support. Additionally, there were strong statements that **COVID-19 was causing the "regrowth of urban poverty"** and that this is an area that will need **more support in future** (see findings in the German Red Cross Review of National Societies Response to COVID-19 in Urban Communities).

Recovery

- The IFRC Secretariat prepared a paper on "Recovery & the COVID-19 Operation: Concepts, terminology, and a proposed Resilient Recovery Approach" in August 2020. This paper acknowledges the unique conditions of a pandemic recovery as compared to other types of emergencies and includes a detailed set of recommendations as to how recovery could be integrated into the COVID-19 response. However, due to funding priorities and particularly the lack of longer-term funding for food security, livelihoods and shelter, this was not given any real visibility in the Emergency Appeal or Operations Updates. Some suggested that it was difficult to promote a resilient recovery approach when funds were unavailable for National Societies to roll-out these actions. As a result, **the opportunity to profile the IFRC network in recovery, including green recovery, was missed**.

- There is a **need for a clear transition strategy** which extends beyond the Emergency Appeal, for continuing the work and funding under Priority 2, including **a change of funding strategy** to seek multi-year, multi-country funding in larger grants from donors.

- There may also be a need to address the **perception of some within the IFRC network who consider the socio-economic impact is less relevant** as health restrictions begin to ease. In many contexts, this is distant from the "long tail" of COVID-19 that is expected to have a significant and sustained socio-economic impact.

Opportunities and recommendations

1 Considering resource limitations, the IFRC Secretariat needs to decide its strategy and priorities under Priority 2. Given scarce funding and technical capacity, the IFRC network should **analyse its strengths and weakness in this area and agree upon a clear strategy** for the rest of the operation and for the transition to longer-term recovery programming.

2 To have an impact under this Priority going forward, the IFRC network would **need to strengthen partnerships and shared work with government and other organizations to address** current needs and move towards recovery.

3 The IFRC Secretariat should **integrate longer-term work for socio-economic response and recovery with current and future health programming** and address the **socio-economic drivers of transmission**. Impoverished communities do not separate these needs. A more integrated approach to longer-term recovery and programming could maximize support with the limited resources available and achieve a double impact.

4 If the Emergency Appeal operation continues in its commitment to addressing socio-economic impact, it is recommended that the overall management of the response considers **a fairer distribution of funding to Priority 2 while funds remain available**. It is also important that the IFRC network adapts its funding strategies to **better fundraise for livelihoods, food security and recovery programming**, by allowing sufficient time for the preparation and implementation of context-specific programmes and for a transition to multi-year programming while scaling up discussions with potential donors.

5 Given the current and future range of socio-economic needs, the IFRC network needs to **move from a "small programme" approach and to focus on building strong partnerships with other actors** working in these areas, including governments, organizations and community groups. This will also enable the volunteer base to extend its impact.

6 To address the focus on livelihoods for the remainder of the response and afterwards, it is recommended **that the IFRC recruits cluster and country-level specialists to support National Societies to build their capacities to carry out relevant livelihoods analysis and develop targeted programmes** (some specialists are in place at global and regional level). It is recommended that IFRC also **strengthens its technical livelihoods training** for National Society staff and volunteers to be better prepared and ensure technical capacity beyond basic needs assistance and CVA.

7 The scale of the needs under Priority 2 are still growing notwithstanding some signs of economic reactivation in some countries. Socio-economic recovery from COVID-19 will remain a central need that entails food insecurity, livelihoods and education. However, the IFRC network will only be able to make a significant contribution if it **works in a complementary role with other partners, including governments and other organizations to address the scale of the needs**.

8 National Society CVA teams have identified lessons from the COVID-19 response. The **IFRC Secretariat should establish a more detailed exercise to capture the technical learning around the fast-track cash approach to scale up CVA readiness**, including learning from the IFRC's Financial Service Provider Procurement Taskforce, whose Final Report was issued in October 2020.

2.4. Community Engagement and Accountability

Successes

- The work on **CEA was considered an important aspect of the overall response, especially by those working closest to communities at country and branch level.** Many National Societies prioritised it in their local plans and it was felt to provide an important opportunity to **demonstrate the IFRC's network's added value of having a strong presence in communities**.

- There were **many positive examples of CEA activities**, mostly in the provision of timely and appropriate information to communities, through a variety of means: on bicycles and via megaphones, through radio and TV slots and chatbots. However, some steps were also taken to provide for two-way communication and options for accountability, through telephone hotlines, call centres and WhatsApp® lines.

  > **Multiple National Societies**, including Lebanese Red Cross, Cameroon Red Cross Society, Argentine Red Cross, and numerous others not included in this evaluation's sampling process, established effective hotlines or call centres during COVID-19 and have used these to receive questions and feedback, as well as to deliver key information and counter-acting rumours. Some, such as Mozambique Red Cross Society, have a local dashboard or similar platform to address questions about vaccines and other topics of community concern.

- **The IFRC network offered extensive technical guidance and training opportunities for National Societies, with a focus on placing communities at the center of the response.** The Community Engagement Hub, supported by British Red Cross, opened a channel for CEA and COVID-19 with shared tools and resources related to health, including those required for specific population groups and to cross-sectoral coordination (such as cash and voucher assistance or migration). The CEA Helpdesk was also reported to have worked well, providing guidance covering a range of issues including: systematically tracking of community feedback and perceptions to understand and address main doubts, concerns, and misinformation on the pandemic; two-way dialogues through tailored and culturally appropriate approaches; and the dissemination of relevant information to communities delivered through a wide range of communication channels including traditional and social media. This port included frequent webinars, online platforms and publications (guides, newsletters, case studies) which users said could have been more streamlined and better coordinated for ease of use.

- Another positive area of community engagement was felt to be the engagement with migrants via the Humanitarian Service Points, which aim to create a safe and welcoming space for migrants to receive services and information at key points on migration routes and were used to engage with vulnerable migrants on the issues around COVID-19. This was emphasised as an area that could be further developed in future (see the section on Migration below).

- **Some Regional Offices also played a strong role in supporting CEA** through training materials, tools for rumour collection and templates for reporting feedback translated into local languages.

  > In the **Africa Region**, the CEA team set up a regional platform for receiving feedback from National Societies and communities which has compiled 133,000 data points since the beginning of the COVID-19 response. National Societies in Africa have also been supported to use the standardized tools and to share regular data. There is a monthly community feedback report on COVID-19, which is then circulated through a regional newsletter to all National Societies and critical information is shared with operational and technical teams for a follow up. The team provides support back to National Societies on peer-to-peer solutions and recommendations to help National Societies to address community feedback.

- **Coordination with other agencies has worked well** and has been a cornerstone of the CEA response. There is a strong network of partners working together globally and locally, including the partnership between WHO, UNICEF and IFRC on the RCCE Collective Service, which was seen by some as a central component of CEA actions in this operation.

Challenges

- **Receiving feedback from communities was a challenge for some National Societies.** Many of the initiatives described during this evaluation were about dissemination of information to communities, and there were far fewer instances of National Societies using CEA tools to seek feedback from communities. This was particularly so for National Societies facing the **dual limitations of having no face-to-face communication with communities due to remote working requirements, combined with limited access to or familiarity with other communication modalities**. This required significant adaptation and experimentation to find ways of reaching out to communities which best suited each particular context.

  > Some National Societies, such as **Kazakh Red Crescent** and **Ecuadorian Red Cross**, used chatbots for sending messages to communities but could not "communicate" with them. Other National Societies, such as **Libyan Red Crescent** and **Peruvian Red Cross**, used social media or WhatsApp® to communicate with migrant communities but again it was mostly one-way.

  > In the **Africa Region**, the IFRC Secretariat and National Society CEA focal points maintained a communication channel through a WhatsApp® group to share updated information and resources for COVID-19 and to connect with other agencies.

- Some regions had difficulty receiving information from National Societies about their CEA work and there was a **notable absence of baselines or other assessments using CEA tools and approaches**. Consequently, evidence is lacking about the extent to which some National Societies are targeting their assistance to people in the highest situations of vulnerability, and it was felt that some National Societies may be continuing with the implementation of pre-pandemic activities without adapting them to the changing context.

- At the global level, there was a need to **better capture and use CEA information to more effectively track the impact of the response on the ground**. Indicators focussing on the number of people reached, rather than community satisfaction with the response, are a missed opportunity to capture and measure overall impact. Although extensive CEA data exists across the IFRC network, limitations of systems and capacities have not yet enabled a coherent analysis. This valuable information could be used to inform future planning about the response, answer the call for greater transparency about the impact of work at country level, enable the IFRC network to promote its successes and provide a powerful platform for sharing the voices of communities.

- In the context of the IFRC Emergency Appeal, there were **challenges caused by the separation of RCCE included in Priority 1, and CEA included in Priority 2**. The rationale for this was to highlight the distinct and health-focused RCCE Collective Approach in partnership with UNICEF and WHO, which was felt to have been highly successful. However, some found that it came at the cost of reduced visibility and under-resourcing of equally important CEA activities. It also resulted in some overlapping or duplication of plans and reporting against the different priorities. The distinction between the two approaches seemed less relevant to National Societies working on the ground and the CEA team continued to advocate for the need to move beyond the emphasis on RCCE for health and to better integrate wider feedback mechanisms and community perceptions into the COVID-19 response, and also for improving learning and programming across all areas, including for socio-economic priorities.

- Despite being a prominent pillar of the IFRC Emergency Appeal, the **IFRC Secretariat had comparatively little funding and dedicated human resources for CEA**. The budget included some staff positions to support CEA in the Africa region, but other activities were supported by the Geneva CEA team from their existing budget. This also impacted the ability to effectively manage data collection , as this function was covered by one full-time staff person at the global level and had limited or no dedicated resources across most of the regions. **The Africa Region was better resourced than others for CEA** and was successful in requesting IFRC surge support for a 60% CEA position to support francophone countries. The Africa Region also had the strongest experience of managing and presenting country-level data , which was learned from the Ebola response, but even then it struggled to monitor, document, analyse and use the large volume of data generated by the COVID-19 response.

Opportunities and recommendations

1 The IFRC network should avoid losing the advances it has made in community engagement, feedback and two-way communication and ensure that CEA remains an important tool to inform operational planning and implementation. It is recommended that the IFRC network continues to **build the capacities of National Societies in two-way communication with communities and reinforces and institutionalises CEA (beyond RCCE) in current and future responses across all program areas**.

2 The IFRC Secretariat should seek to **re-engage with communities' self-identified needs** (a Movement commitment) and increase its efforts to **capture data from community engagement and use it to inform regional and global planning**. This is relevant for COVID-19 and for other emergencies and would require resourcing small teams to capture, analyze and use the data at regional level, to improve the transparency and flow of information on trends and challenges at country level and to supplement the relatively low levels of community needs assessment data.

3 While indicators on numbers of people reached may be appropriate for mass communications, the IFRC network needs to **set up robust feedback mechanisms at country level and track success through qualitative indicators** which provide evidence of positive behaviour change and the more nuanced or longer-term impacts of support to communities.

2.5. Social Care, Cohesion and Support to Vulnerable Groups

- The Pillar on **Social Care, Cohesion and Support to Vulnerable Groups was considered highly relevant** by Evaluation Survey respondents, with IFRC Secretariat and National Society stakeholders both ranking it the fifth most relevant Pillar, higher at country and branch levels. This recognises the profound impact of the pandemic and its role in exacerbating existing vulnerabilities and the creating new risks. It also recognises its role in creating a situation where normal protection services and safety nets were weakened or completely unavailable, more difficult to access, or completely unavailable due to public health restrictions.

Protection, gender and inclusion

Successes

- **The IFRC-wide pandemic response prioritised protection issues over other components of the Gender and Diversity Strategy.** This was partly due to funding but was also considered necessary, as the pandemic had increased the risks of domestic, gender-based and other violence, while at the same time limiting access to protection services. Respondents detailed some regional-specific protection risks, such as increased human trafficking in MENA, increases in child marriages in Africa, violence against the elderly in Europe, intimate partner violence and domestic violence in Europe and the Americas. Child abuse and sexual and gender-based violence (SGBV) were reported to have increased across all regions, in particular during lockdowns and school closures.

- While there were great differences in terms of scale, scope and capacity, **a large number of National Societies were implementing PGI activities as stand-alone services but given funding or capacity restrictions, it was more common for National Societies to try to integrate PGI within other programs and services**. For example, many National Societies provided door-to-door visits for a range of different services and included assessment steps to check for protection or SGBV issues. A few National Societies ran specific programmes, such as a hotline for SGBV survivors and participated in national telephone systems that allowed women to make contact through neutral channels, such as pharmacies, if they were being abused. Other National Societies were proactive in identifying new risks linked to COVID-19, particularly around isolation, discrimination, child protection and special needs for people with disabilities, but had to limit their interventions in new areas due to resource and capacity limitations.

  - > **Some NSRPs included standard PGI and diversity targets as part of their indicators** or referred to prior situations of vulnerability, including inequitable access to health care or the gender of care givers and health workers. This reflected an inclusivity lens to their work.
  - > **Some National Societies in the Americas**, such as in Bolivia, Ecuador, Panama and Uruguay, solicited support from IFRC PGI staff regarding protection issues in collective centres and worked together with shelter teams to ensure adequate protection measures in collective centres.
  - > **Global and Regional PGI teams** worked successfully with other teams to integrate PGI work into other programming and funding during COVID-19. Geneva and Regional/Country Cluster teams complemented existing work to reinforce PGI approaches, particularly through collaboration with CEA, Migration and Shelter. In the Americas, this meant combining migration actions with the COVID-19 response to extend the existing PGI approach and joining forces with Shelter to ensure protection measures in collective and isolation centres.
  - > **Some country-level PGI positions also included CEA responsibilities** and were successful in developing specific tools to train and engage different groups, such as training older people in the use of phones, and younger people in the use of social media. They also worked with recovery teams to strengthen people-centred approaches. While positive overall, particularly in a situation of limited resources, this approach also created some confusion of roles in National Societies and carries the risk diluting the expertise and focus required to perform both functions effectively.

- **Those National Societies which had already been successfully applying PGI approaches and minimum standards prior to the pandemic and were better able to integrate PGI activities and indicators into their local response plans.** As a result, they attracted greater funding and support to continue or scale up this work, as compared to other National Societies without the same level of experience or planning. Some examples of these initiatives taken include the following:

  > **Australian Red Cross** initiated "COVID Connect", a phone-based wellbeing check-in service for isolated people and encouraged corporate companies to contribute volunteers. There was a lot of initial support and volunteering, yet it was difficult to sustain and Australian Red Cross learned that it had to do more thorough risk assessments and ongoing recruitment and retention strategies for such volunteer services. The National Society also had a patient transport service for isolated people to take them to medical services.

  > **Argentine Red Cross** adopted a gendered approach to livelihoods, conducting employment training so that women and men could move to other types of employment during the pandemic and for the future. In addition, the National Society developed a PGI protocol for their COVID-19 reception centre and provided gender-sensitive menstrual hygiene management (MHM) actions for transgender persons.

  > **Some National Societies in the Americas**, such as in Bolivia, Ecuador, Panama and Uruguay, solicited support from IFRC PGI staff regarding protection issues in collective centres and worked together with shelter teams to ensure adequate protection measures in collective centres.

- The **inclusion of risks related to the prevention of sexual exploitation and abuse (PSEA)/SGBV and harassment as part of the development of Risk Registers was a welcome development** and PGI staff members are involved in the risk monitoring process and the planned Risk Management organisational assessment. It is also **hoped that future needs assessments will be better informed by PGI risks** , ensuring they are more representative of the needs of the whole community's needs.

- The **global PGI team supported the pandemic response through the provision of technical guidance**. This included the production of two packages of guidance and tools for PGI and online briefings/webinars on issues such as trafficking and SGBV, to support National Society focal points to be aware of and disseminate and apply the minimum PGI standards. The team also sent out a PGI newsletter to the network and set up channels to share experience and capture learning to identify improvements. To respond to needs of remote working, the team also developed e-learning and online modules but found the lack of face-to-face training challenging when addressing sensitive or context-specific issues.

- The resourcing of PGI across the IFRC was also strengthened to some extent although its application was more problematic:

  > **Globally** the PGI network was strengthened with two posts in Geneva, which includes responsibilities for CEA, information management (IM), and PGI. However, these roles are not currently expected to continue in the longer term due to limitations of Emergency Appeal funding. Early in the response, the team was also supported by a staff member from a National Society working on disability inclusion.

  > **The Africa Regional Office** used prior funding to support the continuation of PGI programmes during the pandemic response, mainly through social protection. These included National Society programmes for SGBV, domestic violence, child protection and child marriage, mainly in the form of social protection. The Africa regional office was also part of a Regional SGBV Working Group (with the UN and INGOs) that developed strategies for awareness videos (in French and English) and referral systems.

  > **Kenya Red Cross Society** had a toll-free line for call to attend to PSS and SGBV issues, which was linked to a referral system. The National Societies of **Burundi, Somalia and the Democratic Republic of the Congo** had specific fundraising for SGBV to integrate it into Health and WASH programming, including in IDP camps. **Cameroon Red Cross Society's** Strategic Plan also stressed Red Cross Red Crescent values and brought a non-discrimination lens to its actions (for example the inclusion of refugees in the North in their COVID-19 planning).

> **MENA Region** already had a clear referral system for SGBV. However, this became more challenging during COVID-19, as women and children were often unreachable directly. Frontline workers, often women, used other programmes to find a viable, safe way to identify and refer potential cases and continued to deliver PGI and anti-trafficking training in Libya and Yemen.
> **Europe and the Americas** did not have funds for a PGI position. However, PGI staff, funded from outside the Emergency Appeal, continued to work with National Society focal points in the respective regions to deliver online PGI training sessions, which did not require a substantial budget. The Europe region also developed a set of information, education and communication (IEC) materials and videos to give greater visibility to the vulnerabilities of specific populations during the pandemic.

Challenges

- Early iterations of the Emergency Appeal included PGI as a distinct area of the pandemic response, however later Appeal revisions adopted the 3 Priorities / 18 Pillars and PGI was merged into a broader Pillar on Social Care, Cohesion and Support to Vulnerable Groups (together with migration and access to education). It was challenging to make these changes after five months of the response and there was clear feedback that the **merging of PGI into this broader pillar reduced its visibility within the Emergency Appeal and affected funding for PGI in the response, with PGI notably absent in many NSRPs and IFRC Regional and Country level plans**.

- **The reduced focus on PGI had an impact on the ground.** Some National Societies asked the IFRC Secretariat for guidance on how to incorporate their PGI activities into NSRPs, but as a mainstreamed or cross-cutting issue, **social exclusion and protection issues were not fully nor clearly included in needs assessments**, nor did they have a clear role in the response. Despite the pressing need, PGI teams felt they "had to work hard to ensure PGI did not disappear in this response" and were actively encouraging the inclusion of PGI specialized approaches, or working with other teams to include PGI, such as in shelters for those affected by domestic violence or for unaccompanied minors.

  > In **MENA**, the PGI coordinator collaborated with operational leads to produce a multi-sector guidance note for National Societies which incorporated PGI, to compensate for the gap in the positioning of PGI.
  > The consideration of support for disabled people was notably absent from many local responses, such astaking steps to include people with hearing impairments or other disabilities, which made the use of facemasks challenging, or considering the needs of older people in a social media communication program..

- **The reduced visibility of PGI within the Emergency Appeal also affected available funding,** with the under-funding of PGI actions posing a serious challenge for programs and the limited funding for PGI staff constraining the support that could be given across all levels.

- In **Africa**, the recruitment of a French-speaking PGI position was delayed until February 2021, while pooled funds were required for a PGI coordinator in **Europe**, and **Geneva** PGI staff had to cover multiple roles.

- **Attempts to include PGI in the health or socio-economic response was seen as longer-term or "developmental" and missed the urgency of key protection and inclusion issues**, such as child protection, domestic violence and exclusion. The IFRC network could have acted faster to respond to these needs, yet it did not adequately include PGI specialists in the planning and decision-making which compounded the impact of its integration into the broader Pillar on Social Care, Cohesion and Support to Vulnerable Groups.

- **Most sector responses did not utilize the guidance on gender and diversity mainstreaming, and PGI remained in the margins**. Differential impacts based on sex, age, disability and diversity were not incorporated into the Emergency Appeal or EPoAs. Instead of using IFRC data, IFRC used secondary data on protection and missed the "unique voice" of the IFRC network, given its privileged access and different ways of working.

Opportunities and recommendations

1 The IFRC network should avoid losing the advances it has made in community engagement, feedback and two-way communication and ensure that CEA remains an important tool to inform operational planning and implementation. It is recommended that the IFRC network continues to **build the capacities of National Societies in two-way communication with communities and reinforces and institutionalises CEA (beyond RCCE) in current and future responses across all program areas**.

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3 While indicators on numbers of people reached may be appropriate for mass communications, the IFRC network needs to **set up robust feedback mechanisms at country level and track success through qualitative indicators** which provide evidence of positive behaviour change and the more nuanced or longer-term impacts of support to communities.

Addressing the needs of vulnerable groups

Successes

- **The focus on addressing the needs of vulnerable groups was considered be highly relevant for this response,** particularly in situations where governments and other organizations were unable to respond, including in hard-to-reach, local communities. However, **respondents were less favourable about the success of those needs being met**.

- Overall, most respondents to the Evaluation Survey found the response 'average' or 'good' in addressing the needs of vulnerable groups. The most positive responses were from stakeholders in Europe and the Americas, as well as many respondents at country and branch level. Respondents were least positive in Asia Pacific.

- There was greater targeting of people at greatest risk within livelihoods and other socio-economic programming (for example, targeting households with the death of a breadwinner) but these were generally small programmes, with lower funding and limited impact.

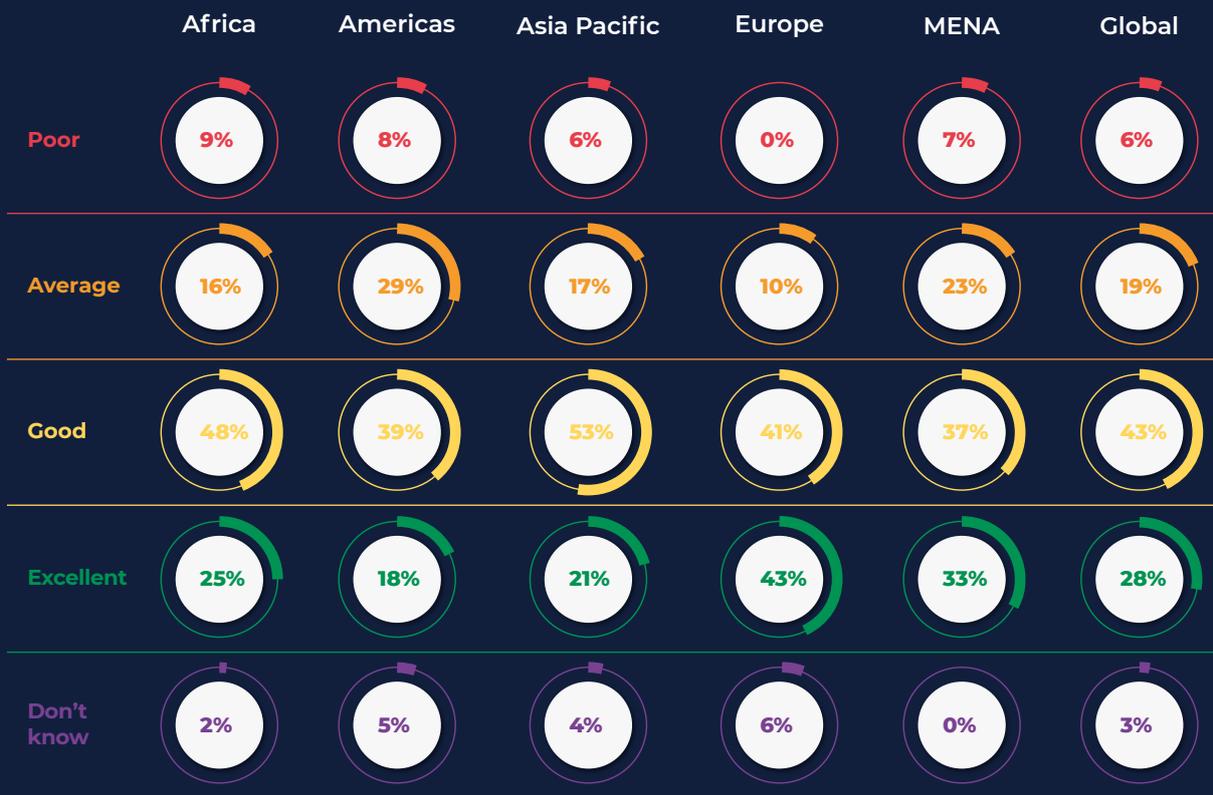**Table: Inclusiveness of the needs of vulnerable groups in the response - *Global and regional levels***

	Africa	Americas	Asia Pacific	Europe	MENA	Global
Poor	9%	8%	6%	0%	7%	6%
Average	16%	29%	17%	10%	23%	19%
Good	48%	39%	53%	41%	37%	43%
Excellent	25%	18%	21%	43%	33%	28%
Don't know	2%	5%	4%	6%	0%	3%

Table: Inclusiveness of the needs of vulnerable groups in the response - *Country and branch levels*

	Africa	Americas	Asia Pacific	Europe	MENA	Global
Poor	13%	9%	4%	5%	0%	5%
Average	31%	22%	38%	14%	22%	21%
Good	44%	39%	38%	55%	44%	32%
Excellent	6%	21%	8%	18%	11%	21%
Don't know	6%	9%	13%	9%	22%	21%
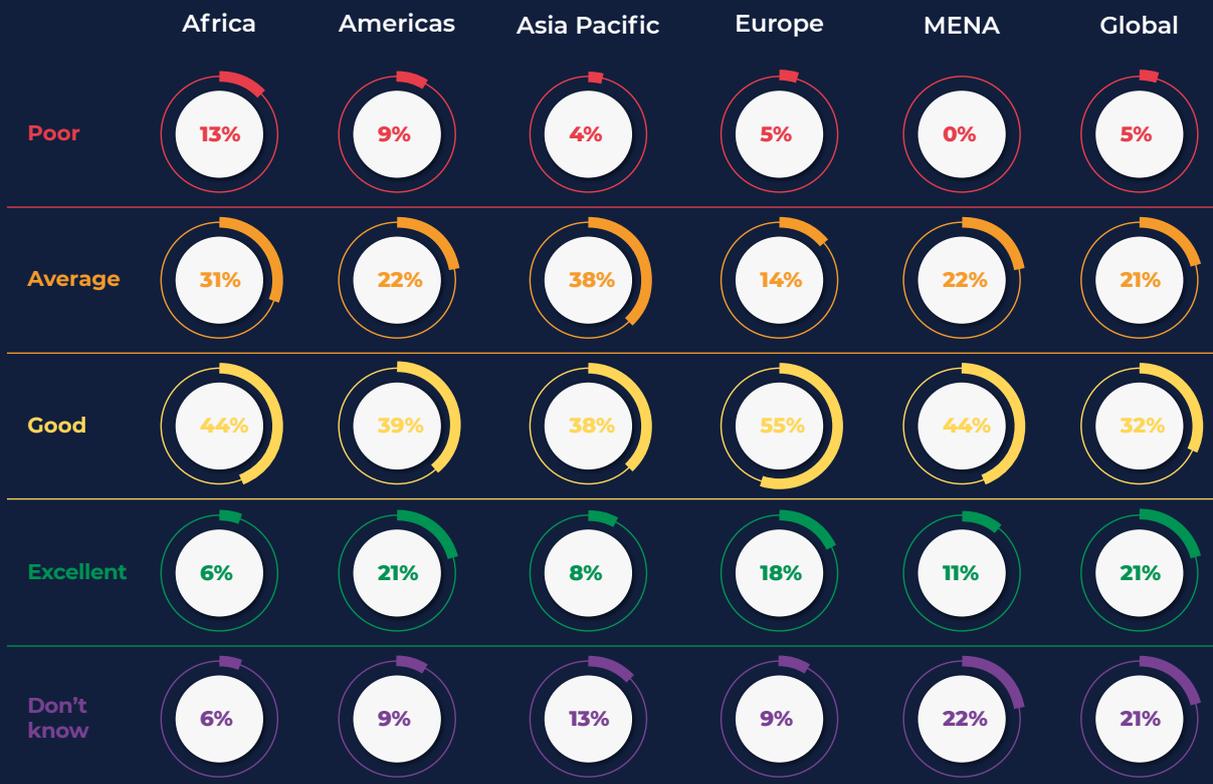
Table: Inclusiveness of the needs of vulnerable groups in the response – *IFRC and National Societies*

	IFRC	National Societies
Poor	4%	12%
Average	28%	19%
Good	43%	37%
Excellent	13%	23%
Don't know	13%	10%
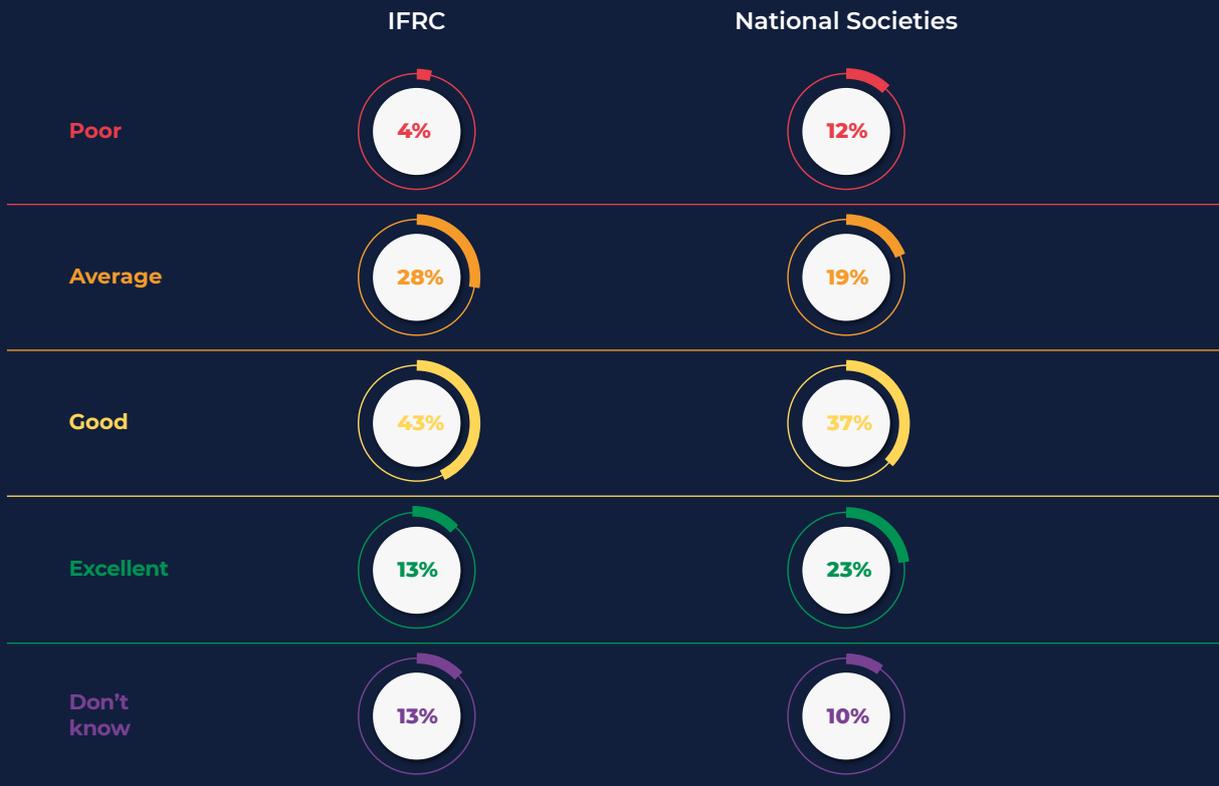
Table: Inclusiveness of the needs of vulnerable groups in the response – *Regional and branch level*

	Global/regional level	Country/branch level
Poor	8%	9%
Average	23%	20%
Good	41%	44%
Excellent	17%	25%
Don't know	11%	2%
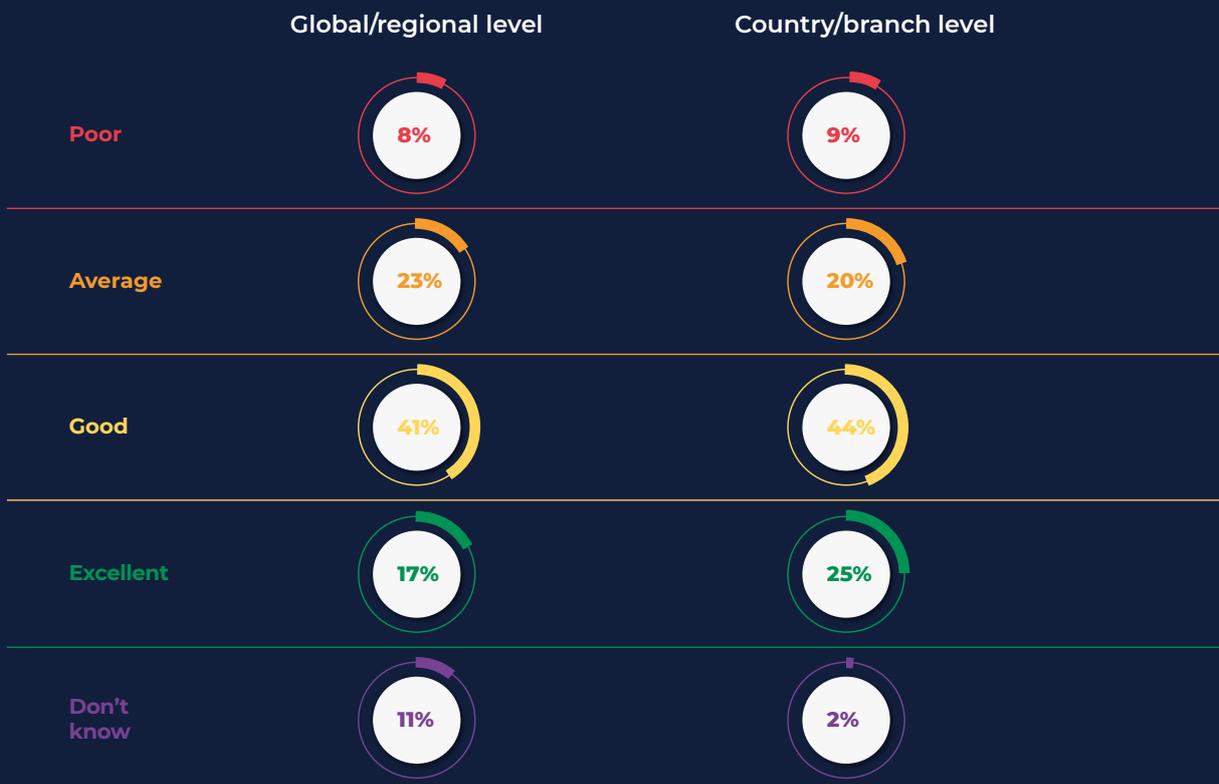
Challenges

- There were repeated concerns that **the IFRC-wide response did not start with geographic or population-specific needs assessments**. In late 2020 Asia Pacific (supported by Australian Red Cross) conducted a comprehensive needs assessment looking at the impact on community and National Societies. The Americas region carried out a similar assessment of longer-term needs in mid-2020, which served as a base for future revisions of the Regional plans. However much of the COVID-19 work was for the wider population and was supply driven, such as RCCE and PPE distribution, and as result the IFRC Secretariat was not seen to have provided targeted support (for example, with a PGI lens as mentioned above) to help National Societies conduct disaggregated needs assessments at any phase of the response. This left gaps in the knowledge of some National Societies about how to best identify and provide support to vulnerable populations at this difficult time.

- The Evaluation Survey showed that the **targeting of vulnerable groups was one of the largest gaps in the response**. This view was shared by many stakeholders during the KIIs, who mentioned that the response did not adequately identify or meet the needs of particular groups and that the IFRC had to think more about the groups it was not reaching and why. Examples given included not recognising the particular vulnerabilities around age-specific access to vaccinations, the need for a stronger focus on safeguarding, or the gaps in responding to high levels of SGBV. Many people felt that the IFRC had not been proactive enough in targeting at risk groups (for example some National Societies in the Americas did not target indigenous communities till late in the response).

- There was also concern among some stakeholders that the **Emergency Appeal was not nuanced enough in its terminology around vulnerability**. An internal PGI document expressed concern that the use of "vulnerable" instead of "at-risk" or "marginalized" in IFRC Secretariat plans and reports was a catch-all term for all populations engaging with the IFRC network. The full range of needs for COVID-19 was specific protection needs and required targeted interventions for specific vulnerable groups in all areas of health, livelihoods, etc. A more nuanced approach was also needed in inward-facing services, such as risk-based management, sex, age and diversity disaggregated data for monitoring and reporting, and National Society preparedness.

  > **Armenian Red Cross Society** identified vulnerable people through its hotline and through its own representation at community level from community leaders and volunteers, to validate lists of beneficiaries from the local authorities. This meant they could access a wider range of vulnerable people.
  > **Netherlands Red Cross** played an important role in supporting vulnerable older people in care facilities or at home, providing food banks for those without income and shelter and e-vouchers for migrants and homeless people. This was done through its volunteer base (including youth volunteers) and in partnership with other actors.
  > **British Red Cross Society** had to identify new sources of information on newly vulnerable people. Vulnerability and resilience indices were created that leveraged national data sets from food charities, food banks, government entities and other organizations, to define the areas of greatest need. The British Red Cross Society used this for targeting its COVID-19 response, including defining the recipients of its domestic Hardship Fund and the locations of vaccination support work.
  > **Australian Red Cross** targeted support to migrants and older people, providing mental health and well-being support by phone and online.
  > **Canadian Red Cross Society** took a proactive approach in engaging first nations (indigenous peoples) and provided resources targeted to support them, including deploying mobile epidemic control teams and providing public health campaigns and helpdesks in several local languages
  > **Yemen Red Crescent Society** targeted those on the borders or fleeing conflict (immigrants with irregular status), as others feared providing assistance to these groups, leading to their needs being unmet. The National Society managed with the coordinated help of Movement partners, particularly the ICRC.

Migration

Successes

- Addressing the **impact of COVID-19 on migrants, particularly undocumented migrants, refugees and IDPs became a more prominent focus of the IFRC response**. This was a relevant focus for the IFRC network, given the disproportionate impact of COVID-19 on these highly at-risk groups. Many in this population live in densely packed accommodation and are employed in temporary jobs or informal jobs. In many places, migrants on temporary visas and refugees did not have guaranteed access to basic services and were not included in national COVID-19 response frameworks. Border closures also impacted those seeking asylum, people on the move and those seeking to return to their home countries. Therefore, the focus by a large number of National Societies on providing advocacy, information and assistance for these people was timely and important, even if a bit later in the response planning.

  > **Colombia Red Cross** Society provided vital medical care for Venezuelan migrants with health needs linked to COVID-19
  > **Lebanese Red Cross** constantly reviewed its data to assess the increased needs of Syrian refugees/migrants during COVID—19 but found it challenging to ensure a proper response for the refugees and had to dedicate specific activities for them to ensure they had access to vaccinations
  > **Qatar and Kuwait Red Crescent Societies** helped with running camps for foreign workers, providing shelter and food for nearly half the population who were stranded and unable to return to their home countries.

- There was **clear evidence of contextual analysis, guidance documents and technical support around the needs of migrants, refugees and IDPs** including for the public health response. This focus was evident in the RCCE approaches, which aimed to support National Societies to communicate health messages to migrants in a trusted way, through customising those messages and the channels and languages through which they were transmitted.

- IFRC also provided **support to National Societies to advocate to Governments to recognise the high health and socio-economic impact of COVID-19 on migrants** and to include them in social protection and support schemes. Several National Societies Societies conducted this humanitarian diplomacy with their own governments in this area. Over time, the IFRC's humanitarian diplomacy developed into robust global messaging aimed at influencing the allocation of vaccines within the COVAX facility to address the needs of "last mile" communities , including migrants and refugees. To this end, IFRC worked closely with GAVI to influence the establishment of a "humanitarian buffer" - a mechanism aimed at providing up to 5% of COVAX's real-time doses to high risk and vulnerable populations in humanitarian settings. **In doing this, IFRC forged a strong and complementary voice to the WHO that charts a model for future forms of collaboration and humanitarian diplomacy.**

  > **Bangladesh Red Crescent Society** carried out important advocacy with its state authorities with regard to the Rohingya refugees in Cox's Bazar to ensure they had access to COVID-19 health services and information.
  > **The Asia Pacific Regional Office CEA team conducted a study** to identify stigma against migrants during the pandemic.[2] Based on a survey and follow up, National Societies in Indonesia, Malaysia, Myanmar and Pakistan all noted high levels of stigma towards migrants around COVID-19.
  > **Australian Red Cross** carried out high-level and non-public advocacy and provided support for people on temporary visas or other insecure visas, making sure they were not forgotten. This included working at scale to provide emergency financial support to migrants on temporary visas

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2. Report, Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic

and supporting remote Aboriginal and Torres Strait Islander communities, through community volunteers. The National Society joined a COVID-19 coordination group, composed of business leaders, not-for profit organisations and NGOs and was the only organization with a national footprint. COVID-19 exposed the need for Australian Red Cross to have greater diversity within its staff/volunteers (culture and languages) and stronger connections to community leaders, to help modify the manner in which the National Society works with communities.

- National Societies that had previously been involved in programmes for migrants, continued and enhanced this work during COVID-19, including for RCCE and to support the provision of PPE. These approaches were particularly visible in the Asia Pacific Region, where 86% of all National Societies identified migrants as populations at risk in their NSRPs. This includes National Societies that had not regularly worked with this population group before.

  > **Thai Red Cross Society** worked closely with UNICEF and other civil society groups to reach half a million migrant workers with public health advice
  > **Australian Red Cross** ceased its regular migration programmes because of border closures, so the National Society reached out to provide extra support (emergency food parcels and PSS) to new migrant families living in high-density, tower blocks in Melbourne who were struggling during lockdown. As a result of the pandemic, Australian Red Cross recognized that it lacked adequate connections with migrant communities beyond their regular programmes and sought to form new connections with migrant community leaders.
  > **Maldivian Red Crescent** had a comprehensive role in responding to the evolving needs of migrant communities. The National Society led this work at local and national level, working closely with all key government and UN stakeholders to ensure this support was marked out in legislation that provided a clear role for the National Society in national planning including support to migrants. The National Society leveraged its large volunteer network and provided a wide range of services to support the thousands of migrants working in the country, at a time of high COVID-19 rates. The breadth of the work of the National Society entailed needs assessments and RCCE, as well as registering undocumented migrants for vaccinations. In collaboration with State authorities, the National Society established a Migrant Support Centre and operated a COVID-19 call centre to respond to migrants' concerns (dealing with 640 calls). The National Society adopted a strong advocacy position in relation to vaccine access, particularly for the inclusion of undocumented migrants through a Vaccination Registration Card. The National Society registered over 4,000 undocumented migrants by the end of March 2021, who are now being immunized against COVID-19 vaccines. The National Society also developed a strong peer relationship with the Bangladesh Red Crescent Society on issues of migrant welfare and repatriation.

Challenges

- The first iteration of the IFRC Emergency Appeal had a dedicated section on Migration. However, in drawing up Priority 2, **certain action areas were removed** (see PGI above). Migration remained a key area for National Societies' work and central to the needs during the COVID-19 response, however, the focus on migrants was seen to have been dissipated across the whole operation. While this was a positive step in mainstreaming Migration, the lack of focus on Migration under Priority 2 led to a loss of visibility, funding and focus on the specific needs of migrants.

- There were **concerns from National Societies in other regions about the gaps in their level of capacity to respond to the complex needs of migrants and refugees**, particularly in relation to vaccine access and demand from National Societies for more tailor-made and practical support. In the Americas region, where there were high level of vulnerability amongst communities of migrants and informal workers, the IFRC Secretariat had to lobby some National Societies to include migrants' humanitarian needs within their NSRPs. In 2021, the Regional Office and 19 National Societies conducted research with migrants to inform future programming.

- There were **high levels of stigma against migrants**, who were seen as carriers of the virus. This erroneous belief made it more challenging to support these people in some countries and called for more training, awareness and advocacy on behalf of the rights and needs of migrants during the COVID-19 pandemic and how to communicate these messages to the public.

Opportunities and recommendations

1 The IFRC network should build on the growing work to address the needs of migrants, refugees and IDPs during COVID-19 and look to **further identify and respond to their needs as part of both the health and socio-economic response** and to ensure there is a more equal and sustained approach across all five regions.

2 Based on learning during the COVID-19 response, the IFRC network needs to **strengthen its advocacy approaches on behalf of migrants, refugees and IDPs** for the remainder of the COVID-19 response, learning from the positive lessons from National Societies and organize experience-sharing and exchanges of learning to promote this. This should include strengthening and clarifying key messages to reduce stigma and support migrants, refugees and IDPs at this challenging time.

PART 3:

Strengthening National Societies

3.1. Overall approach to strengthening National Societies

- This was one of the first times, if not the only time, that the IFRC has so prominently appealed for funding to support the strengthening of National Societies in an emergency operation.

- A large number of respondents were **positive about including National Society Strengthening as one of the three priorities in the Emergency Appeal**. Some even said that every Emergency Appeal should have the same focus on National Societies Development (NSD). Respondents stressed the importance of **profiling the vital role of National Societies in delivering this local response** and welcomed the recognition by management.

- The development of Priority 3 was also seen as important for **bringing together the previously separated work of Disaster Preparedness and NSD teams** and to challenge them to present a joined-up approach to work needed to support National Societies build and sustain their response.

- However, an equally large number of respondents felt that Priority 3 was an **internal IFRC Secretariat matter and did not belong on an equal footing with Priorities for Health or Socio-Economic Impact**. While they agreed National Societies were the key actors in the response, their question was more around the appropriateness of seeking funding for this Priority in an Emergency Appeal rather than through other targeted donor approaches, as some institutional donors to the Emergency Appeal were unable to fund this Priority under the Emergency Appeal.

- Compared to other Priorities, **this area was also under-reported by National Societies in field report and IFRC-wide data**, in particular regarding National Society readiness. These challenges prevented strong engagement and communications on Priority 3.

- There was also a question **whether Priority 3 itself was effective in highlighting the role of National Societies and promoting their need for support for readiness, sustainability and volunteering.** The uneven support for Priority 3 had, and will continue to have, an impact on the capacity of National Societies to be effective in their COVID-19 response and to continue that work when the global support diminishes. Some asked "why put National Society Strengthening as Priority 3 if the IFRC Secretariat is not able to market and fundraise for it effectively".

3.2. Visibility and auxiliary role

Successes

- In 2019, the 33rd International Conference of the Red Cross and Red Crescent adopted a resolution entitled Time to act: Tackling epidemics and pandemics together. The resolution pre-dated knowledge about COVID-19 but nevertheless anticipated, among other critical issues, the "the importance of National Societies working in close coordination with national authorities and other local and international organizations responding to epidemics and pandemics". While this resolution was not referenced during key informant interviews, this pandemic clearly placed this issue front and centre of the domestic response.

- In responding to the COVID-19 pandemic many National Societies experienced a significant **increase in visibility and recognition as critical first responders** within their own domestic context and in their role as auxiliary to their public authorities.

- NSRPs were largely developed in **alignment with government plans**, affirming the relevance of the IFRC-wide response in most contexts and helped to position the IFRC network to raise funds for the response.

- Globally many National Societies were able to **scale up and strengthen** the work they already do, particularly in public health. They were able to **become more relevant** and recognised in their national response system, **showcase their uniqueness** of having a presence at headquarters, branch and community level, and successfully **reinforce their auxiliary role** to governments in the humanitarian field.

  > **Australian Red Cross** had to work hard to build awareness of the auxiliary role, however at state level in South Australia, the pre-existing engagement with local government in health services provided a base to strengthen that relationship and enhanced its reputation. The National Society was well placed to quickly mobilise resources and adapt existing services and contracts, information and advocate based on feedback from clients, volunteers and staff. Australian Red Cross became an important bridge with communities.
  > **Ecuadorian Red Cross** worked with its Ministry of Health to set up respiratory triage points and this has now become a model that is replicated by the Ministry of Health and the Armed Forces.
  > **Ghana Red Cross Society** began work in advance of their government to sensitize communities to the risk of COVID-19 and was the only organization to be able to continue this work as an auxiliary to the authorities, as the government was unable to pay others to do RCCE.
  > **Red Crescent Society of Islamic Republic of Iran** was the main counterpart and responder with its Ministry of Health. It responded across a range of areas including: advocacy and awareness raising on the outbreak via social media; screening of over 300 million potentially infected people; transporting positive cases to clinics and hospitals; and supporting MHPSS through their youth teams.
  > **Slovenian Red Cross** had a clear role in supporting national efforts in the health sector as an auxiliary, in line with national and community protection and rescue plans for epidemics.
  > **Argentina and Uganda Red Cross** were successful in having their National Society laws passed during the pandemic which legally formalizes their auxiliary roles with the Government and other public authorities.
  > **Yemen Red Crescent Society** has a close relationship to national and local government, but the National Society leadership is well respected and has worked hard to uphold the Fundamental Principles, particularly their independence, throughout the response. Yemen Red Crescent Society had a positive experience working with the Ministries of Health and Education in their auxiliary capacity, mobilising 3,000 volunteers to disinfect schools and provide PPE for 500,000 people. They also had discussions around the vaccination rollout, but this has been challenged in part by the limited availability of the vaccine.

- The work of the **Disaster Law Program (DLP) was also highly regarded** particularly for its humanitarian diplomacy , technical advice and mapping of a large number of legal frameworks to support National Societies in their role as auxiliaries and first responders.

  > **Americas:** the small DLP team established a detailed registry of the legal framework in each country with regards to importation, mobility for RCRC actors, and specific pre-pandemic laws. This built on the DLP team's regional work with National Societies to advocate and provide technical support aligned with the IFRC IDRL Guidelines.

Challenges

- Some National Societies had **difficulty navigating the scope of their auxiliary role** or faced pressure to **work beyond their mandate and capacities**.

  > **Honduran Red Cross** was unable to fulfil a request from its government to participate in the establishment of mobile hospitals due to some issues around the Fundamental Principles and its own mandate.
  > **Cameroon Red Cross Society**, while strengthening its auxiliary role during the first phase of the national COVID-19 response, faced some challenges with the health authorities at the outset getting some activities started and then later, around the management of a call centre for information and PSS, due to resource and capacity issues. The decentralisation of government coordination to regional level also challenged the capacities of the Cameroon Red Cross Society in their coordination with local government actors in some regions.
  > **Red Cross of Guinea** was relied on by the Ministry of Health and required by its government to carry out a very specific role to do all testing of dead bodies for COVID-19. They were also responsible for carrying out specific burials, as well as community sensitisation. This was linked to their previous experience in responding to Ebola, but these activities were challenging, as not all of the were relevant to the needs of COVID-19 and the National Society struggled to fund and resource this work without funding from the Government.

- **Not all National Societies were able to fully engage in their auxiliary role**. Some had to no clear mandate and had to make concerted efforts to engage with their national authorities.

  > **Netherlands Red Cross** had to work hard to be included in public health plans by the Ministry of Health. It succeeded but recognized that it will need to continue to invest in this after COVID-19 to build on recognition gained during the response.
  > **Gulf States:** In most Gulf States, governments have taken a strong lead. The IFRC network and other humanitarian organisations have supported these efforts through health and socio-economic activities, contributing volunteers and conducting RCCE, but have work entirely within the scope of government plans and direction..

- IFRC Secretariat was proactive in providing some guidance on public health roles however, there was a **lack of dedicated technical support to National Societies in strengthening their auxiliary role**. Some Partner National Societies were able to step in to fill this gap.

  > **Australian Red Cross** supported National Societies in the Pacific to engage with their governments about service delivery and build a stronger foundation for fulfilling their auxiliary role. This resulted in some significant breakthroughs, including Solomon Islands Red Cross which had successful engagement with their government about support for disease surveillance.

- **Virtually all National Societies undertaking an auxiliary role did so related to health activities**, with comparatively few examples of specific roles in other areas such as livelihoods, shelter, or PGI, even though many National Societies were actively engaged in these activities.

Opportunities and recommendations

1 Reflecting on the timely International Conference resolution Time to act: Tackling epidemics and pandemics together, the COVID-19 "local response" is an appropriate moment to challenge donor perceptions and modalities, to advocate for greater investment in National Societies as important local actors. The IFRC Secretariat needs to **engage in a forum discussion with donors to find funding solutions for National Society readiness and sustainability**, using the experience of domestic responses to COVID-19 to show their added value. This will be important for the remainder of the Emergency Appeal and for future funding channels and will mean working closely with both humanitarian and development actors to advocate for workable solutions.

2 Conduct further **targeted research on the role of National Societies as auxiliaries** during the COVID-19 response and convene a dialogue with governments to take forward the learning from the COVID-19 response and identify how these roles can be prioritised, strengthened and supported.

3 Appoint **dedicated focal point(s) to provide technical support** to National Societies on their auxiliary role and related issues.

3.3. Readiness and business continuity

Successes

- **Contingency planning and preparedness were seen as critical areas for National Societies in this response and needed more support.** Both are longer-term processes and need prior investment. There was evidence that where National Societies had benefited from investment in preparedness work, they were in a better position to respond to COVID-19.

  > **Lebanese Red Cross** had prepared a contingency plan and had preparedness measures in place for an epidemic, due to previous exposure to an Ebola outbreak and quickly adapted these for COVID-19. The National Society was asked by the government to take on key roles for the pandemic response (such as RCCE, the ambulance service and home care services)) and used their contingency stocks.
  > **Kenya Red Cross Society** had relevant contingency planning in place and activated it for the first phase of the response .

- It was clear that those National Societies that had benefitted from epidemic preparedness such as the Community Epidemic and Pandemic Preparedness Program (CP3), Response Preparedness II, and other bilateral projects that were applying the Preparedness for Effective Response Approach prior to the pandemic were more ready to respond to the pandemic in the short-term. This reinforced the **importance of epidemic preparedness work and the need to invest in it now during the COVID-19 response**.

- A positive element of the pandemic is that it **renewed the focus on having workable Contingency Plans** (including for epidemics) and pushed some National Societies to update their plans, including for COVID-19. In this regard, there was positive work done by a number of Reference Centres to support National Societies in their preparedness and contingency/business continuity work during COVID-19.

  > Respondents in the **Americas Region** recognised the work done by CREPD and CADRIM (in 2021), who provided technical support for National Societies to understand and work on their Business Continuity plans, while the GDPC was credited with having a wide technical repository of information and lessons on all areas and for officially running a hotline for Business Continuity, though it is not clear its level of usage. The IFRC Secretariat also provided good examples of Business Continuity plans for its own offices, and this experience could be shared with more National Societies.

- The pandemic also highlighted the importance of some of the most overlooked preparedness components, which had been ranked lowest in a Preparedness for Effective Response assessment of 46 National Societies. This included: business continuity planning; resource mobilization; DRM laws, advocacy and dissemination; DRM policy; and cash-based interventions, all of which became important during COVID-19.

Challenges

- There was strong feedback that many **National Societies were not well prepared to respond to a major public health emergency**. This is an area that needs to be urgently addressed, particularly in a response that has been ongoing for over 18 months and is likely to continue.

  > In **Europe**, some National Societies did not have funds to invest in Community-Based Health and were slow to include health programmes in their EPoAs, needing external support and encouragement to initiate their health response.

- In the early response, it was clear that the **majority of National Societies did not have relevant, up-to-date or actionable contingency plans, particularly for epidemics/pandemics.** Although many National Societies report having Contingency Plans, many are still not fully updated or actionable for the evolving pandemic.

- Many National Societies were new to Business Continuity (seeing it as a more of a corporate sector approach) and only started to create business continuity plans later in the response. Even more recently, the **majority of National Societies are not fully prioritising Business Continuity and have not had sufficient resources or technical support from the IFRC Secretariat and network to do so**. Many need more support to work through the risks in their own contexts and to understand the added value and pragmatic approach Business Continuity and more hands-on-support was needed to work through the planning process and access capacities and resources for implementation. Even National Societies with Business Continuity plans in place, were sometimes overwhelmed and needed support to implement the plans, for example to prepare for risks to volunteers, manage local insurance and to deal with access and financial restrictions. In a number of countries, including Ecuador, DPRK and Yemen, the absence of an effective Business Continuity plan meant that staff and volunteers were vulnerable, with some becoming ill.

- There was **concern that National Society Business Continuity work was separated from that of the IFRC Secretariat**. There were legal reasons for this – the Secretariat has a legal liability for staff and must advise managers of the legal implications, while for National Societies it can be a more institutional matter. The decision in April/May to separate the Business Continuityapproach between the Secretariat team and National Society Preparedness/PER Approach team, undermined the specific focus on Business Continuity and the coherence of the approach across the network. There was, however, good informal contact between the two teams despite the formal separation, however, some felt that the separation of the two Business Continuity teams and processes missed an opportunity to share knowledge and support.

- The **IFRC Secretariat had also not planned for the continuation of support to National Societies, including in the provision of PPE or other preparedness stocks** and was not in a position to support National Societies with equipment beyond initial transfers of PPE, nor did it have funds or stocks in place to support any future waves.

Opportunities and recommendations

1 The IFRC Secretariat should **strengthen and sustain its work and ensure adequate resourcing for contingency and business continuity planning**, including for epidemics. It is strongly recommended to invest more in National Society multi-hazard readiness, including for future epidemics, building on existing preparedness experience from epidemic control training for volunteers (ECV), community-based health approaches and from programmes such as CP3 and the Preparedness for Effective Response Approach.

2 The IFRC Secretariat needs to revisit **its approach to negotiations with donors and advocate strongly for funding for future preparedness**, using the experience and lessons from COVID-19 and the positive evidence from previous investments such as CP3 and the Preparedness for Effective Response Approach.

3 The IFRC Secretariat should take stock of funding priorities and **ensure that, in a major, long term emergency of this nature, funds are kept aside to support a level of preparedness** – PPE stocks and other support – to be able to support National Societies at risk of future spikes within the response. This could include activating the original idea in the Emergency Appeal for buffer or contingency fund for this purpose.

4 COVID-19 provides a real opportunity to build on the work initiated by both the Secretariat and National Society Business Continuity and Preparedness teams, to develop a shared understanding of the work done under COVID-19 and **ensure effective linkages between work on Business Continuity and Preparedness, and to gather lessons for future contingency and preparedness work**.

5 The IFRC Secretariat should **look at the work of the Reference Centres working in preparedness, contingency planning and Business Continuity**, to identify the most relevant support for National Societies and to better target future support, balancing documentation and guidance with hands-on support.

3.4. Sustainability

Successes

- It was seen as **appropriate that the IFRC Secretariat had highlighted the pillar of sustainability** under the COVID-19 response, as many National Societies had lost traditional income sources as a direct result of the pandemic (e.g., PNS support for non-COVID related programmes, domestic income from rentals, blood donations, commercial First Aid, and other services).

- The scale of National Society funding levels, **show high levels of domestic income reported by National Societies** (see Federation-wide reporting data in IFRC reports since May 2020). This shows clearly that **COVID-19 was an opportunity for many National Societies** and demonstrates a good level of success in bringing in potentially sustainable, domestic funding. The figures from the latest Operations Update show National Societies have raised around CHF 2 billion in funding as part of the CHF 2.5 billion ask of the Emergency Appeal of which a significant amount was sourced domestically, with some National Societies managing to grow their domestic funding through partnerships with other organisations, fees for core services, engagement with the public or companies etc., during the pandemic.

  > **Lebanese Red Cross** was able to raise funds, including locally, for both the response to COVID-19 and to the Beirut Blast, and as the two responses overlapped, were able to maintain funding for their multiple services.

- Some National Societies reported that sustainability came from **investments in infrastructure, such as new equipment, buildings, vehicles, and information technology (IT) capacities or from support for staff and volunteer costs.** These investments also helped sustain them going forward, but were more likely to come from Movement partners, either in-country or internationally.

  > **Cameroon Red Cross Society** noted the provision of six vehicles and IT/remote conferencing facilities funded via the Emergency Appeal enabled them to maintain outreach and communication with remote Branches and was a good investment for the future.

- The success of National Society sustainability was **linked to the important contribution of the auxiliary role during COVID-19, which helped to position and resource some National Societies** with their government and domestic partners. For others, it was also linked to an increase in their staff or volunteer base, with the possibility to retain these new recruits at some future level.

  > **In Africa**, several National Societies used their enhanced auxiliary role to fill gaps in local services for COVID-19 and beyond. In Ghana the IFRC Secretariat supported the National Society to develop its Income Generating Activities (IGA), including in first aid and to upgrade their facilities, by providing funds to start up more sustainable income generating projects.

Challenges

- Overall, Pillar 3 on **National Society Sustainability was not well funded**, which was frustrating for management and for National Societies and limited its impact.

- **Sustainable funding for the future is a problem for many National Societies,** which found they could raise funds for the current emergency but received little or no support for organizational support costs or for future sustainability of the organisation. Sustainable funds mostly came from engagement in domestic funding agreements or partnerships with governments, organizations, or local donors, and this was not accessible for all National Societies.

- Regarding the provision of equipment or materials to National Societies, it was also important that this was well targeted, as **some equipment procured via the Emergency Appeal was not fit for purpose nor useful** for or beyond COVID-19. It would also have been more useful to support and develop local procurement channels for the future sustainability of in-kind supplies of materials and equipment to encourage procurement capacity strengthening and future sustainability.

- Many respondents noted that the **Emergency Appeal did not consider the longer-term needs of National Societies in the NSRPs, and that National Society Sustainability was not at the core** of the Emergency Appeal or the IFRC Secretariat response. There was a lack of clarity on the resources and skills required through the Emergency Appeal to provide concrete support to National Society leadership, organizational functions, resource mobilization strategies and wider sustainability measures and limited advocacy to ensure support for the sustainability of local RCRC actors across the network. The IFRC Secretariat did, however, develop real-time indicators to measure / monitor National Society financial sustainability, which could be used be used identify those in most urgent need of support.

Opportunities and recommendations

1 There is an urgent need for the IFRC Secretariat to **reframe its thinking around the financial and organisational sustainability of National Societies**. The IFRC Secretariat should develop a **clear vision and strategy to better support National Societies' sustainability** within S2030, building on initial work done by NSD in 2019/20 and with a focus on practical support and ideas learned during COVID-19.

2 The IFRC network has brought in a large volume of funds, including sustainable funds at domestic national level. **The network should work together to capture key lessons from this experience and dedicate more resources to informing and supporting domestic fundraising capacities**.

3 There is also a need for the **Secretariat to make a stronger case for Priority 3 in the ongoing Emergency Appeal and to make concerted efforts to attract support** for it, even if the decision is not to sustain it as a separate Priority.

3.5. Protection of staff and volunteers

- Respondents to the Evaluation Survey, a majority of which were National Society staff and volunteers, overwhelmingly reported a **deterioration in their personal financial situation, increased levels of stress and anxiety and difficulties maintaining an acceptable work/life balance** since the onset of the pandemic. While some experienced improvements in these areas after the first three months, these issues may have affected the willingness or capacity of volunteers to give additional time.

- More positively, most reported **no change in their overall health situation and many reported improvements in working remotely and communicating with colleagues.**

Successes

- Volunteers were at the heart of the National Society responses and a key component of Priority 3. Some National Societies felt that the pandemic drew greater attention to **the importance of the health, safety and security of volunteers** and many National Societies took clear steps to ensure volunteers had information, PPE, PSS and protection for undertaking their work with communities.

- Regional Offices and a number of National Societies set up their **own funds to support volunteers**, and there were reports of several National Societies **setting up their own volunteer insurance solutions,** as well as providing PSS and medical care for volunteers who became sick.

  > **Australian Red Cross, Cameroon Red Cross Society and Lebanese Red Cross** set up different types of funds for their volunteers, with the Lebanese Red Cross providing high levels of medical care and follow up.
  > There was a positive discussion around **protection and anti-stigma actions** with the ICRC, which showed positive efforts to identify risks for specific groups, including IFRC network staff and volunteers.

Challenges

- Some respondents **questioned whether volunteering should have been a stand-alone Pillar** and would have preferred to see it placed more centrally within the delivery of services across all Priorities and Pillars of the Emergency Appeal.

- There was a **mixed picture as to the effectiveness of the network in looking after its volunteers**. Many respondents (both National Society and IFRC Secretariat) reported that volunteers were not taken care of properly, highlighting there were no global Duty of Care standards or approaches and that limited resources were put aside to support volunteers.

- There were reports of **volunteers going to the field without PPE** and feedback from a survey in the Africa Region, that 25% of volunteers did not feel safe. Conversely, there were opinions from some National Societies interviewed for this evaluation that many volunteers were sometimes **too willing to take risks** and, depending on the context, the risks of COVID-19 were considered a distant secondary concern as compared to other threats such as conflict and civil disturbance. Indeed, **the "risk appetite" for staff and volunteer protection appears to vary greatly** between National Societies depending on their operational context.

- **It has been challenging to get a number of the volunteers who died or became sick in the line of duty.** While the IFRC Secretariat has a global figure on the number of volunteers worldwide, in reality it is difficult to obtain more detailed data on a global scale, raising issues around global standards and approaches for volunteering and links to the issues around a global insurance scheme, discussed below.

Snapshot of **IFRC network staff** and **volunteer** wellbeing during the COVID-19 pandemic. Source: Evaluation Survey
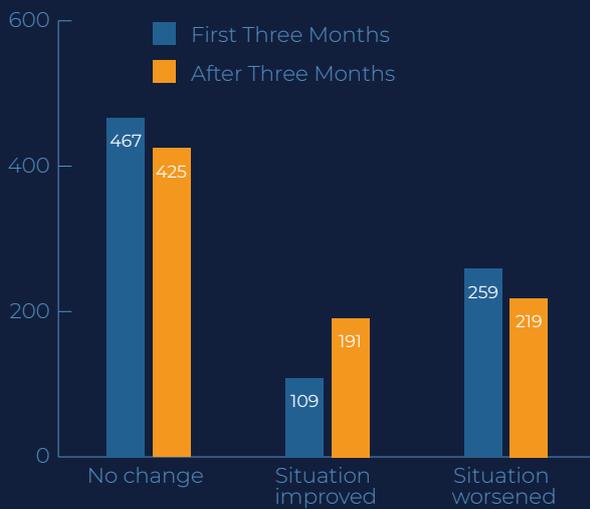
Fig.2: Overall health

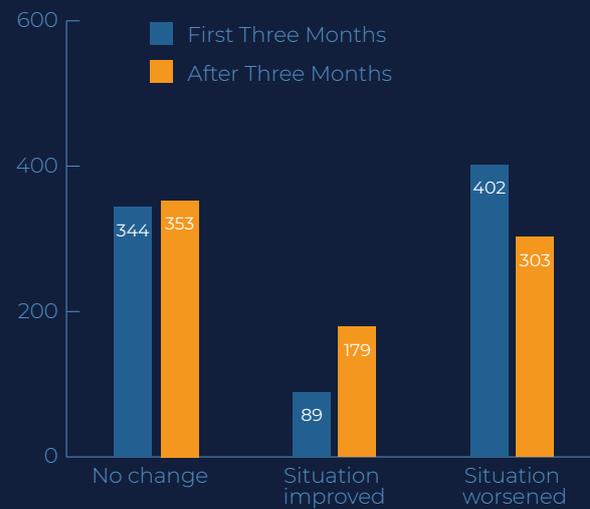Legend: First Three Months, After Three Months

- No change: 467, 425
- Situation improved: 109, 191
- Situation worsened: 259, 219

Fig.3: Personal financial situation

Legend: First Three Months, After Three Months

- No change: 344, 353
- Situation improved: 89, 179
- Situation worsened: 402, 303

Fig.4: Level of stress/anxiety

Legend: First Three Months, After Three Months

- No change: 179, 201
- Situation improved: 89, 200
- Situation worsened: 567, 414
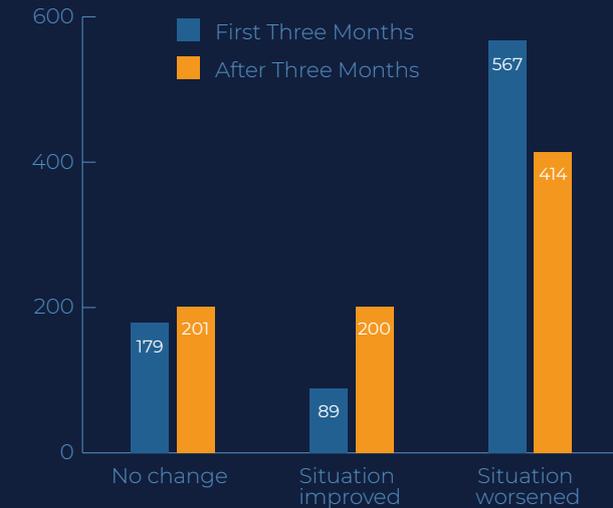
Fig.5: Maintaining work life balance

Legend: First Three Months, After Three Months

- No change: 202, 246
- Situation improved: 173, 283
- Situation worsened: 460, 306

Fig.6: Working effectively remotely

Legend: First Three Months, After Three Months

- No change: 259, 256
- Situation improved: 304, 394
- Situation worsened: 272, 185

Fig.7: Communicating with colleagues

Legend: First Three Months, After Three Months

- No change: 314, 291
- Situation improved: 246, 358
- Situation worsened: 275, 186
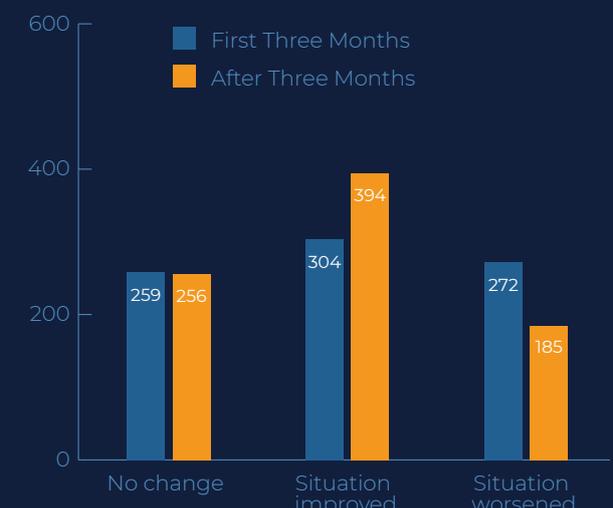
- **There was no global insurance cover or global guidance on how to protect volunteers who became ill or died** (the IFRC Secretariat traditional insurance did not cover COVID-19). Efforts were made by a group in the Geneva Secretariat to set up a "Global Solidarity Mechanism" in mid-2020 and this was seen as a positive idea under the Emergency Appeal. However, the "Solidarity Mechanism" was finally not rolled out for legal reasons, as the IFRC Secretariat had no legal process to allow donor or programme funding to be used as "donations or contributions" to a third party National Society without certain conditions. The IFRC "Solidarity Mechanism" was finally rolled out in a small way, using funding from a corporate donor but was used on few occasions.

- Respondents working on volunteering thought that the IFRC-wide response (Emergency Appeal and EPoA) could have been better used to **stimulate joint working and strengthen coordinated support for volunteers and volunteer management**. There were multiple guidelines and training from technical teams, but these were not well coordinated across teams and not simple or targeted enough to make key information easily accessible to volunteers. These were also interesting initiatives that had good outreach to volunteers, giving them space to access or share their experiences (for example, the Solferino Academy online discussions), but it is difficult to ascertain the concrete outcomes from all this work, in terms of supporting volunteers and keeping them safe and well informed during COVID-19.

  > Attempts to tackle this by setting up a "global market-place" (the **Sokoni Platform**) were not well enough disseminated and did not attract volunteer usage. Further work is needed on this to show its added value.
  > The setting up of the **Global Volunteering Alliance** provided an opportunity for sharing and discussing experiences between National Societies but has been low key in its engagement as only a limited number take part in this initiative and the outcomes were not clear.
  > The **Solferino Academy** and the **Presencing Institute/American Red Cross** facilitated large scale, online engagement between volunteers worldwide around different topics including research, learning and evaluation, and while these were seen to be interesting discussions, it is not clear what the outcomes or next steps were. A further pilot project is underway which may yield some interesting insights and results.

- There was **violence and discrimination faced by IFRC network volunteers and staff in some countries**, including verbal and physical attacks against them as "virus carriers". One report said that IFRC network volunteers in some locations did not wear the emblem or other identifying clothes to avoid being attacked. This evaluation did not hear of any systematic registry of such cases or clear steps to address this.

Opportunities and recommendations

1 The IFRC network should **commit to making volunteers more central to its work** and use cross-sectoral approaches to integrate their work across all Priorities and programs, to strengthen coordinated support for their work and to recognize their contribution. This should aim to ensure that the work of the volunteer network is an integral part of the whole response, and not separate or limited per project.

2 The IFRC should also take steps to **strengthen and standardize volunteer management and duty of care for all volunteers worldwide**, including specific recommendations such as:

> Having appropriate and consistent **medical and accident insurance for all volunteers** that COVID-19 and complements the Solidarity Fund with quality local solutions.This process should include deciding on the future viability of the Solidarity Fund.

> **eveloping minimum standards for the duty of care towards all volunteers**, including assessing and resolving any ongoing legal matters for National Societies.

> **Supporting volunteers who have lost their livelihoods** by providing certificates or testimonials on their knowledge and skills to help them in the process of finding other work.

> Working with governments to **minimize the stigmatization experienced by volunteers** working with people who have contracted COVID-19.

> Publicly **recognizing the work of volunteers** and sharing their inspirational stories.

> **Being more responsive to the needs of volunteers**, including fewer bureaucratic registration processes to attract new volunteers and captalise on spontaneous volunteering (while still ensuring adequate checks and protection).

> **Diversifying volunteer programmes** and providing greater opportunities for volunteers at branch level to determine humanitarian actions in their communities.

PART 4:
The IFRC Secretariat

4.1. Management and decision-making

Successes

- A number of **Working Groups and Solutions Teams** were set up by senior management comprising members of the Secretariat and some with National Society members, to look into different issues or challenges. This was seen as an innovative and democratic way to engage teams in finding solutions, but requires further coordination to ensure there are linkages between them.

- There were also several **informal meetings with member National Societies**, including the **National Society Advisory Group** of around 20 members, mostly PNS, which acted as a direct sounding board for the USG NSDOC. This was also seen as a relevant step towards inclusiveness around decision-making within the IFRC-wide response.

- The **Governing Board took on a role to share experiences between National Societies**, given that Board members, particularly the President, had strong experiences of COVID-19 to share from their own National Societies. The Board has continued to meet regularly to advise the Secretariat on COVID-19 and the decisions taken are available to the membership.

- **Management teams in most Regional Offices were proactive in communicating with country level and National Societies** from the outset, with **established lines of communication and decision-making from regional to country level**, supported by regular calls and videoconferences to communicate key decisions and expectations around COVID-19.

Challenges

- Early in the response there was an attempt by the **IFRC Secretariat in Geneva to set up a "COVID Cell"**, with support from Partner National Societies and Secretariat staff, however this team did not have a clear mandate in relation to the existing management structures and many of the team were new to Secretariat processes. Ultimately, this team was disbanded and replaced by a HEOps later in the response. The Secretariat ended up **placing a stronger emphasis on systems to manage the Emergency Appeal (a resource mobilization tool) than on the coordination and management of the operation itself** and its delivery across the global system. This was seen in the decision to discontinue the role of the Operations Coordinator, then HEOps and to focus on the role of Global Appeal Manager. From that point, effective management was coordinated around the Under Secretary General, NSDOC. A Special Representative was later appointed to cover representation, learning and business improvement for COVID-19, but this position was not in place until late 2020 and there was some confusion around the delineation of the role.

- The overall management structure for the operation, as set out in the 'IFRC Transition of the COVID-19 Operation to more Sustainable Support' document in mid to late 2020 was designed to mainstream the global response across all teams and systems. However, the emphasis on taskforces and teams mentioned above, meant that the **operation lacked clear focal point(s) with responsibility to coordinate approaches across the different teams and levels or take/facilitate decisions**. Nor was there a clear operational strategy to ensure the response continued to be effective and to adequately meet needs and standards.

- While the numerous working groups, teams and informal channels were seen as a democratic way of working, there was concern that they tended to involve many of the same people with similar perspectives, **risking of a level of "group think" and a missed opportunity to bring in a wider range of knowledge and experience**.

- **Many found the decision-making processes at a global level around the overall operation and funding allocations to be opaque** and did not know how decisions or issues were being moved forward. Some respondents said there were "a lot of consultations by the Geneva Secretariat, but it was not clear how these influenced subsequent decisions". Some noted it was hard to identify a clear structure or chain of responsibility for key decisions.

- There was a **disconnect between the role of the global health and Disasters, Climate and Crises (DCC) teams** in leading the overall response. Some noted the health team was not involved in decision-making from the start of the operation and should have played a stronger role. By mid-2020 a decision was taken to return management of the COVID-19 response to the standard Secretariat channels, under the shared management of the Directors of DCC and of Health, with both sharing coordination responsibilities for the Joint Task Force. This was a clearer decision, but there was still an imbalance between the operations and health teams' capacities, and it would have been practical to have reinforced the health team more thoroughly to support the response. The management is now under the Under Secretary General, NSDOC, who manages both operations and health functions.

- As noted in the section of this report on sustainability of funding and the transition strategy, there is a need to consider how best to extend or transition from the Emergency Appeal to annual plans. This will need to be supported by full discussions around **the transition of programming, funds, staff and management structures to maintain a whole-of-system approach** in responding to the ongoing needs of COVID-19 and other major disasters into the future.

Opportunities and recommendations

1 While it is effective and inclusive to work through groups and teams to tackle issues, it is **recommended that there is still a clear communication of what these groups are working on, their responsibilities and how they link together**, so there clarity around communication, decision -making and accountability for these teams in the future.

2 For an operation of this scale, it is **recommended that the IFRC Secretariat sets up a senior level Coordinator and Focal Points for the overall coordination of the response**, with clear lines of authority and responsibility from the outset. These positions should be given full responsibility, time and resources to move the operation forward and not be required to perform the roles alongside their other functions.

3 It is important that work **continues to build relations and synergies between operations and health teams** for the management of major health emergencies, including potentially ensuring **that both Directors report to the overall Senior Manager or Coordinator** on an equal basis (see above) and that both teams are fully involved in regular meetings and communications, both before and during such responses to ensure good coordination.

4 The IFRC Secretariat should prioritize work to prepare for a future health emergencies, including **strengthening the capacity of the health and emergency health teams** (including MHPSS and public health) to enable them to play a stronger role in guiding the response and to sustain proactive communication with other key teams, such as CEA.

5 **Continuing engagement with PNS** to discuss strategy and inform decision-making is important going forward and it should be **extended to include more representatives from non-traditional partner National Societies**. This will provide an important **platform for continuing the discussion about transitioning management structures, staffing and funds to maintain a whole-system approach** to COVID-19 and future major disasters.

4.2. Human resources, business continuity and staff health

Rapid Response

- At the beginning of the response, the **IFRC Secretariat management underestimated the scale of the pandemic**, as did many other organisations. Rapid Response deployments were also severely limited by entry restrictions on access for international delegates, concerns about staff contracting COVID-19, and because many international teams of Partner National Societies were deployed for domestic responses. As a result, it was **hard to find the right people or enough people** from within the finite human resource pool to fill the growing needs and demands for surge capacity across all teams and Regions.

- **Rapid Response deployments for COVID-19 were almost always remote and were initially relatively slow**. This required a rethinking of personnel availability from the IFRC Secretariat and PNS.

- **Remote deployments worked better for some positions than for others** – technical positions were most difficult, while coordination roles and IM positions were clearly much easier. Remote working was also **more effective if delegates already knew the context** and, better still, the National Society.

- The Rapid Response Team and Australian Red Cross commissioned a Lesson Learning Review of remote deployments (Distance Deployments: Australian Red Cross Experience with Remote Rapid Response) which confirms that **remote deployments were effective in many areas but more so for global and regional positions, rather than for those at country level**. It seems that remote working was **beneficial for the inclusion of women** who were better able to support deployments, given the remote working option. However some delegates found that working remotely with family commitments placed them under real strain.

- The Rapid Response team was required to **support deployments for COVID-19 simultaneously with those for other emergencies, but the team did not get extra support** (one intern for four months). During that time the team dealt with a huge workload of 126 deployments (88 remotely) for COVID-19 — a huge workload, and it was reported that remote deployments required more work to manage. The team was still receiving requests many months after the start of the outbreak.

- The Rapid Response teams also noted that due to competition for budget, **health and logistics rapid response positions often took priority**, while other requests for deployments, including for Priorities 2 or 3 or for Management Support positions, were of a lower priority and had fewer people available for deployment. The situation was easier for some profiles than others — some **key profiles were difficult to recruit, such as health professionals, PMER, logistics and procurement**, which reflects the situation found in other responses.

- The Rapid Response team worked closely with the Staff Health and Business Continuity teams to agree Surge procedures at Geneva and Regional levels. **Business Continuity/Staff Health guidance became critical to all Surge deployments** and both Secretariat and PNS teams now need to seek their guidance before deploying staff, for example on any restrictions or coverage for insurance and medivac.

- The Business Continuity team initially helped Rapid Response to be more agile and responsive however, the current requirement for engagement with Business Continuity, Staff Health and Risk Management for all deployments is **more time consuming and requires more support**.

- The issue of **vaccinations also needs to be taken into account**. The Rapid Response Guidance (June 2021) says that "For countries that require mandatory quarantine for non-vaccinated persons, fully vaccinated candidates will be prioritized in the selection of RR personnel, due to the negative impact that the quarantine period would have in the operation and those in need." While it is understood that this is a critical issue for surge (often for one-month missions), it may impact on candidate availability or delay some deployments. It also puts the IFRC Secretariat in a difficult position, where it is not asking staff for their vaccination status but is asking it of Rapid Response delegates.

Human resources

Successes

- Many respondents in the regions said that the HR teams **performed well**, most notably during the upsurge in the initial months of the operation, and there were many steps taken to **improve the systems and processes**, including:

  > Initiation of **global recruitment campaigns** centralized in Geneva to streamline and coordinate recruitment of key positions across all regions.

  > Creation of the **COVID-19 HR focal point** (Initially shared between two existing staff with complementary skills) to reinforce the HR team.

  > A **move towards anticipating the demand for recruitment**, based on previous experience, as well as the ability to advertise positions before funding confirmation and significantly reducing the opening time for positions to streamline and expedite the process.

  > Development of the **Recruitment and Selection Guidelines Applicable to Covid-19 Operation** which made recruitment more effective and agile, and included the delegation of the role of hiring manager, which subsequently empowered local hiring.

- There was **greater flexibility for utilizing talent across the IFRC network**, including the mobilization of PNS support for HR positions, made possible through the development simplified agreements, although further work needs to be undertaken to ensure that the established agreements fit the IFRC legal framework and help IFRC respond effectively to needs.

- A strong push to adapt staff terms and conditions to **enable flexible and remote working** during COVID-19 was viewed positively. Major steps were taken to meet the needs of home working and flexible working patterns (e.g., ensuring IT set up tools and mobile apps to support flexible work in the field) and this was appreciated by staff, who hoped this flexibility would remain.

- The move to remote working also **informed longer-term changes in the terms and conditions for flexible working practices for IFRC**, which is seen as a way to bolster initiatives to diversify the workforce and retention efforts.

- Efforts were also made to ensure consistent **engagement with National Societies through the Learning Platform managed by HR**, which included several online IMPACT courses and one Training of Trainers, to ensure continued HR development during COVID-19.

Challenges

- The initial **speed and effectiveness of HR procedures were found to have slowed over time**, with feedback from respondents around slow procedures to manage contracts and recruitments in the longer- term (some respondents talked about delays of several months in key hires). This may be partly attributed to the lack of additional resources for HR teams in Geneva and Regions as the response progressed or the lack of availability for some key positions, as mentioned above.

- The HR team faced a number of challenges including:

  > **Funding constraints to sustain current staffing levels for the response,** posing risks to the sustainability for a number of new key positions created for the response, such as Risk Managers for Geneva and the regions. While understanding that positions established for the COVID-19 response are temporary, staff expressed concern that positions were likely to be cut before the workload from the response reduced. Some staff expressed concerns around the lack of clarity on how to manage contract terminations and more generally around the risk of losing talent.

  > As mentioned in the context of surge deployments above, several teams noted that they had experienced **difficulties in identifying and recruiting certain key profiles,** particularly those for health, logistics/procurement and PMER. This is something that has been experienced in other responses and appears to be an ongoing challenge.

  > There were also **challenges supporting managers and staff across time zones during remote working.** This was raised by some managers and was also noted in the review of remote working carried out by the surge team, with plans to offer more support on remote management.

Business Continuity and Staff Health

Successes

- Overall, the **Secretariat was seen to have done a good job in its scaled-up support for Business Continuity and Staff Health**, which was managed through separate teams, who worked very closely together. Respondents were generally positive about the global set up and regional support.

  > In February 2020, the Geneva Secretariat deployed a Head of Operations (HEOps) to develop Business Continuity plans (later joined by a consultant in March). A Business Continuity Steering Group was set up at headquarters, under the leadership of the Chief of Staff comprising representatives from teams across the Secretariat, including Security, HR and PMER, to support Business Continuity for all Secretariat staff and offices. This included establishing global guidance, information and technical support for all staff and provided specific support to Geneva teams. To further ensure coherence, 5 regional focal points were identified to develop tailored guidance and provide support for each regional context.

  > The Staff Health team in Geneva was reinforced with a COVID-19 focal point at global level, and later with Staff Health Officers in four of the five regions. The Staff Health Officers had a clear mandate to provide guidance and information to IFRC staff on how to reduce the risk of COVID-19 infection and to support those who were quarantined or confirmed to have COVID-19. The Geneva Staff Health office was also an active member of the Global Business Continuity Task Force.

  > The two teams also worked with Security and other teams as necessary and, over time, Security has taken a stronger role in some Regions.

- **Data suggests that the IFRC Secretariat Business Continuity and Staff Health support has worked well – with 349 cases and no deaths amongst approximately 20,000 IFRC Secretariat employees** (as at end July 2021), a better outcome than for some other organisations. The two teams provided timely and appropriate advice to the IFRC Secretary General, which was usually accepted and regular information to staff through staff meetings with Q&A sessions, health guidance and resources (including for mental health) as well as regular email communications, updates on restrictions, protocols for deployments and office re-opening (using a team A and B rotation).

- Most importantly, they provided **24/7 support for all Secretariat staff and offices, providing guidance on the prevention and management of cases and support for affected individuals** (including information on epidemiological context, security, travel and vaccination). Messaging and tools were shared in English, French and Spanish. Many staff reported feeling informed and appreciated the additional steps taken by management to provide for remote and flexible working, such as additional days leave to care for family members with COVID-19. The team reported that staff are now more likely to seek their support, noting that requests have more than doubled globally, and are better informed in their questions on the evolving situation.

Challenges

- One of the biggest challenges for the Business Continuity team was **compliance with the agreed guidance**. Some IFRC Secretariat Offices and Managers opened offices without safe conditions, did not follow public health prevention measures and authorized non-essential travel, in line with local requirements or expectations from National Societies but not in line with guidance.

- Some staff at country level have reported feeling unsafe:

  > One Head of Office in the **Americas** said that they had continued to work in the National Societies Office throughout the pandemic, without the necessary safety precautions.
  > A Country Office in **MENA** said that cases amongst staff were worryingly high due to a lack of adherence to prevention or mitigation measures in place in the office.
  > Another Head of Office in **Asia Pacific** had to write a formal letter to the National Society leadership about the continued requests for face-to-face meetings with IFRC Secretariat staff and concerns for their safety as many National Society personnel were not wearing masks or practicing physical distancing.

- This lack of compliance was often **reported but not dealt with** and many staff felt there should have been a stronger push for compliance by individual managers. The Business Continuity role was advisory, with no authority, and the Staff Health team noted it needed more access to data on cases (e.g., it was not mandatory to report cases till late 2020) and more leverage to ensure compliance. One of the staff team reported wanting to resign when no steps were taken to address the serious non-compliance in some Country Offices and the resulting case clusters they had to manage.

- The **reporting of COVID-19 cases was not mandatory**, but all regions were encouraged to report cases to staff health, so internal contact tracing could take place immediately to reduce the risk of transmission in the workplace. This was a challenge to stay on top of cases and was a high level of work and pressure for both Business Continuity and Staff Health teams.

- Some of those interviewed felt more could have been done by both the Business Continuity and Staff Health teams to **clarify the concept of "essential staff"** and for Senior Management to communicate that more consistently to all Secretariat Offices.

- **The issue of staff burn out was often raised and is likely to be a key issue in future months.** Experience shows that psychological reactions often come later or after an epidemic. Staff interviewed felt that they would like to see Senior Management taking staff burn out risks more seriously, particularly as critical positions may be lost due to lack of funding, or as staff are sick or care for family members, leaving the remaining staff at serious risk of being overloaded. The Secretariat management, Business Continuity and Staff Health teams need to prepare for this.

- Respondents noted that the IFRC Secretariat could have done more to **consider different approaches to support the range of care needs** (not just children) or to deal with other challenges, such as living alone or working away from home. There was also **criticism of double standards**, both with the application of staff health requirements in different contexts and by different managers and by giving messages to prioritize self-care and well-being, while pushing staff to meet emergency deadlines over the long duration of the response. There was also some professional feedback that Staff Health provided quite generic information on well-being and there was **less help available for those in need of real PSS**. It was also noted that following the initial commitment by the IFRC Secretariat, the **provision of PPE and other equipment was not sustained** after the initial supplies to staff.

- Finally, there was a gap for both teams around **not having data nor a platform to share information on Staff Health and Business Continuity across the network on an ongoing basis**. Although there was clear information posted on Fednet with relevant guidance and information, as well as weekly meetings between the Geneva and Regional teams, some Business Continuity and Staff Health team members felt there was a need to have a platform to share and access real-time data on both topics across the network. While Business Continuity needs to be centralized, with coherent global guidance and standards, it also needs to be agile and tailored to local country contexts. Some Business Continuity focal points in the regions stated that Business Continuity Planning needed modular or evolving frameworks rather than "one plan", to adapt more quickly to changing local circumstances, however this is challenging to achieve and sustain.

Opportunities and recommendations

1 Further work is recommended to **build competencies and availabilities in key Rapid Response positions** that have been problematic in a number of responses, including COVID-19, and that the IFRC Secretariat reviews and clarifies the situation around staff deployment to the field to optimize this option. The Secretariat also needs to clarify the position on delegate / staff vaccination.

2 **Learning from the review of remote working should be followed up** and actioned as appropriate and shared more widely across the network.

3 Building on the work to strengthen the global HR team, work should be prioritized to **build on the streamlined HR procedures established during COVID-19 and to consolidate them where relevant, as new standard operating procedures**.

4 It is critical that **the Secretariat focuses of the risk of staff burn out as the pandemic continues** and takes steps to support teams to manage commitments and ensure effective duty of care for all staff, including the provision of mental health care.

5 Business Continuity Planning is relatively new to both the IFRC Secretariat and its member National Societies. It is recommended to **build links between the IFRC Secretariat and National Society Business Continuity** work to better share experience and learning across the network.

6 It is vital that the **IFRC Secretariat strengthens it Staff Health and psychosical support capacities** to deal with the ongoing (and potentially increasing) levels of burn out as COVID-19 continues.

7 The IFRC Secretariat should **ensure all teams comply with guidance to ensure safety, adequate safeguards and a safe environment for all staff** as the pandemic continues. This includes consistent duty of care standards. It is particularly important to provide targeted support for country-level teams, especially where IFRC Secretariat staff share offices with National Societies and their country-specific requirements differ. Consideration could be given to decentralizing day-to-day decision-making on Business Continuity to regional/country level, to avoid delays and provide an agile, tailored response, however ensuring compliance should remain at the highest level.

4.3. Logistics

Procurement and delivery of PPE and other critical equipment

Successes

- The procurement of PPE was one of the biggest challenges of the COVID-19 response and **the Global Logistics and Supply Chain Management (GLSCM) team did well to access PPE to such a scale in difficult conditions**. A similar challenge was faced later in the response with the procurement of medical oxygen equipment.

- The decision to start by **supplying PPE was considered highly relevant** for the wider response, for the needs on the ground and to support the work/mandate of many National Societies. It was also relevant to protect Secretariat offices and staff, particularly when it became clear it was a global crisis and the IFRC Secretariat had to scale-up its work to supply PPE to the network.

- At the outset, the decision to **work as one Global Logistics team to deliver PPE was effective**. A small team in the Geneva COVID-19 Cell had an overview role, while the RLU team in Kuala Lumpur took on the coordination for all procurement, with sourcing done by a specialist team in China. Some regions, such as the Americas, also managed sizeable levels of regional procurement. The GLSCM team noted they had asked for too few additional positions to support this workload and teams described huge levels of pressure during the initial months but managed to access some support from remote ERU staff. There is a need to reinforce logistics positions across the network to ensure the capacity to quickly scale up in future major emergencies.

- There was **effective coordination around the pandemic supply chain network**, which included engagement with NGOs (e.g., MSF), private sector companies, the UN (e.g., WFP, UNICEF) and regular coordination within the IFRC network. WFP's air support was an important **asset for the delivery of goods and people**. The Procurement Working Group met regularly to discuss the challenges of global procurement and supply and supported each other in responding to this global crisis. There were no unsolicited goods noted during the pandemic response.

- **The GLSCM team used learning and capacities developed during the first waves of the crisis, to respond globally to subsequent waves**. The GLSCM team learned from initial procurement challenges and delays and simplified its Emergency Procurement Procedures for COVID-19, which fast-tracked COVID-19 procurement. They also developed their own Risk Matrix for Senior Management in March/April, which proved useful in anticipating problems and developing a "Plan B". The team also took steps to engage more with PNS (supplying three PNS with PPE) and with external partners to share supply chain experience and resources. The COVID-19 responses also presented an opportunity to progress other areas of work for example, the first Framework Agreement with a Freight Forwarder to ship goods anywhere, anytime.

Challenges

- The **procurement of PPE was difficult in such a competitive market and when the IFRC Secretariat system had limited experience of such procurement**. The GLSCM team adapted from supplying to China, to procuring global supplies from China – all PPE was sourced in China as sourcing from other nations was limited by export bans – and the supply of PPE remained the main role of the GLSCM through till the end of Q2 2020. Limited supplies and transport capacities caused by COVID-19 meant that it **took many months to source and transport the supplies of PPE globally causing delays for National Society end users.** Limited funds and supplies also meant that most National Societies only received **a one-off supply of PPE and needed to find other local solutions to sustain supply**.

- **The majority of global procurement was for Priority 1**, such as PPE, screening kits and ambulances. There were some demands for procurement under Priority 3, such as vehicles, laptops and phones to support National Societies, but **virtually none for Priority 2, where the major needs were covered by WFP, UNICEF and NGOs**.

- There was feedback on the **late delivery of PPE to National Societies**, with some experiencing delays of six months or more. This caused problems for many National Societies which had to find other solutions through partners or local procurement, and also strained relationships with some donors who were funding PPE. Delays also posed challenges for the exercise of Duty of Care, with some National Society staff and volunteers having to deploy without PPE. The delays were in part due to slow internal procedures but also to external factors, such as managing exchange rates, quality assurance and curbing fraud, and understanding documentary changing requirements for import and export. Limited HR capacities and PPE experience also meant the team took time to agree the initial standard specifications for PPE with the Health team (there was an initial list of 15 key items that would be funded) and to set up procurement modalities. These delays meant the IFRC missed out on some procurement opportunities and the team had to catch up "learning by doing".

- In some contexts, PPE could not be sourced locally, as it was not available or did not meet minimum standards, while in other countries it was difficult or inappropriate to export or import PPE internationally, due to bans and restrictions — there were **serious challenges in getting PPE into complex contexts like DPRK, Yemen, Iraq, Libya and the OPT due to sanctions and restrictions**. Teams were left without PPE supply for six months or more but were not given the authority to move forward with local procurement, due to issues of meeting minimum standards or receiving confirmation of quality assurance from the National Society. This was a complex issue for the IFRC and a real challenge on the ground - there were clear cases and risks of using sub-standard or fake products but teams in country were left without solutions. It would have been more effective if global/regional management and the GLSCM could have been sensitive to these contexts and **authorised local alternatives much earlier in the response to top up stocks. A key issue is the lack of preparedness stocks**.

- **A key issue is the lack of preparedness stocks**. In mid- 2020, the GLSCM team recommended that the IFRC Secretariat purchase PPE when it was cheap, to be held as preparedness stocks for future outbreaks, but this was not greenlighted due to funding. In Q1 of 2021, there was still PPE stocks in the pipeline, with 80,000 kits remaining in Dubai, but these have now been used. This means that today, the IFRC has no PPE preparedness stocks in its global or regional warehouses (we did not get information on country level stocks) for future epidemic outbreaks. There was enormous **pressure put on the GLSCM team to procure COVID-19 related items to meet the tight pledge deadlines** from some donors, especially when facing worldwide issues around the scarcity of supplies and transportation restrictions. In the Americas, local supplies became less expensive when the global supply increased and after some governments ended tariff-free import of goods linked to the pandemic and PPE supplies became more affordable in the latter part of 2020.

- The GLSCM team said it was **not possible to get a clear picture of the total needs for PPE and they were concerned that needs went unmet**. While the GLSCM team responded to all budgeted requests received (which amounted to a significant level of PPE procurement - three requests for 13 million units / CHF 6.7m), the Americas Region for example reported 46% of staff without PPE, but no requests were received.

- The supply of PPE remained relevant but there were **no funds to continue the supply to most countries, nor to ensure preparedness stocks for the future**. In 2021, attention had turned to the future **procurement of medical oxygen equipment and vaccines for the immunization programme**. This is a higher risk undertaking, as it is a complex process to access, transport, cold store and deliver such vaccines, as well as sourcing oxygen equipment, in which the IFRC Secretariat has limited experience. Vaccines are also a highly politicised field and there may be limitations on the ability of non-state entities to purchase vaccines directly from companies.

Opportunities and recommendations

1 Building on the positive lessons across the global team and from attempts to work in a more simplified manner, there are opportunities **to further streamline the GLSCM system and processes, based on learning from the COVID-19 response**, to better address challenges and delays in future.

2 Priority should be given to **strengthening capacities in local procurement, also with a view to ensuring that quality standards are met, particularly for medical supplies**. This should include finding more adaptable solutions for working in countries where international procurement is problematic including humanitarian advocacy to support improved access and supply chains for life-saving items, where not available locally.

3 **Strengthen investment in some level of buffer or preparedness stocks of PPE** in readiness for future outbreaks of COVID-19 or other diseases. National Societies should be encouraged to look for local solutions to ensure preparedness stocks. Regional Offices are encouraged to consider stocking a minimum level of PPE and medical supplies.

4.4. Planning, monitoring and reporting

Successes

- There was **generally positive feedback on the work of PMER, particularly the Federation-wide reporting team, during the COVID-19 response. PMER had adapted to the changing context and to the demand for IFRC-wide planning and reporting** and had delivered a volume of planning and reporting products to maintain the flow of information for partners.

- The **PMER team was adaptive in contributing to evolving thinking on planning for the response**. The team worked on early iterations of domestic level planning and launched the format for the National Society Response plans in May 2020. One respondent said that "The development of NSRPs was the best part of the response. It was a coherent way of collecting data and this process should be institutionalized."

- There was a real **contribution to the response with the adaptation of the Federation-wide reporting process to rapidly access, capture and analyse direct data from National Societies** on their domestic responses. An initial attempt to capture this data had not been effective and it was decided to use existing Federation-wide reporting channels, which were already familiar to National Societies, to access primary data. The Federation-wide reporting team picked up on this request and quickly adapted the annual process to provide a more rapid data request (initially quarterly), with a clear validation process through Field Reports (GO), PMER/FWRS focal points and technical managers, to ensure accuracy as far as possible. These indicators and financial data gave a new dimension to the IFRC-wide monitoring and reporting, and the team's strong visualization raised the value of the data and promoted the network's response. Federation-wide reporting data also helped to identify gaps in activities and funding. **Partners and donors were generally positive about the information however, most wanted to see more information on outcomes and impact.**

- When new reporting processes were implemented, **regional technical leads would hold online meetings with stakeholders** to help train them on the process and troubleshoot issues that arose. According to several technical leads, this process was **far more seamless than expected** even for lesser-resourced National Societies. Also, despite challenges in monitoring, COVID-19 also saw **improvements in approaches through far-reaching, global indicators and in improved engagement with National Societies to strengthen monitoring processes in some regions**.

> One interesting new approach was in **MENA Region**, where the Regional Office took on **vaccination monitoring on behalf of the World Bank in Lebanon**. This pushed the team to new levels of monitoring and may yield lessons for other programmes/regions.

- The approach to evaluation shifted in response to the scale and scope of the pandemic. Instead of the standard RTE approach, a **lighter, more visual and flexible, Real-Time Lesson Learning (RTL) process** was introduced however, this more rapid and flexible approach was never formally approved. The RTLs were undertaken by the PMER teams in Geneva and the Regions, instead of by an external consultant, and respondents said that the new approach produced some interesting perspectives and more visual results around the areas examined.

- The COVID-19 response also saw **stronger coordination between regional and global PMER teams and within Regional PMER teams**, with regular meetings to discuss issues and to consult with National Societies. The MENA Region established a new National Society network and used regular calls to clarify National Society PMER requests and provide technical guidance on results-based planning and reporting. There was evidence that **National Societies involved in the calls improved the timeliness and quality of their data.** *"The Federation-wide reporting team regularly participated in these calls… which was a major step in building understanding and bridging the divide between NSs and Geneva"*. MENA also found funds to support PMER staff in National Societies (9 were appointed out of the 13 funded) and PMER support was also provided by PNS through the PMER Coordination Group.

Challenges

- Planning for COVID-19 evolved over time – the **EPOA (and subsequent annual planning for 2021 – 2025) changed mid-response to completely new formats** and was not aligned to the former Plan and Budget Areas of Focus / Strategies for Intervention that National Societies were familiar with. This caused confusion and challenges for National Societies to align EPOAs with their NSRPs and led to further work for National Societies or IFRC country and regional level staff to re-align them mid-operation (Q3 2020) or to just use the new structure as a "menu of options".

- Some respondents at Regional and Country levels felt planning was a top-down approach and noted that Regional and CCSTs / Country Offices and National Societies were not fully consulted on the changes in templates and reporting schedules, which influenced the availability and quality of information. **National Society plans should have been central to the EPOA, but the process**
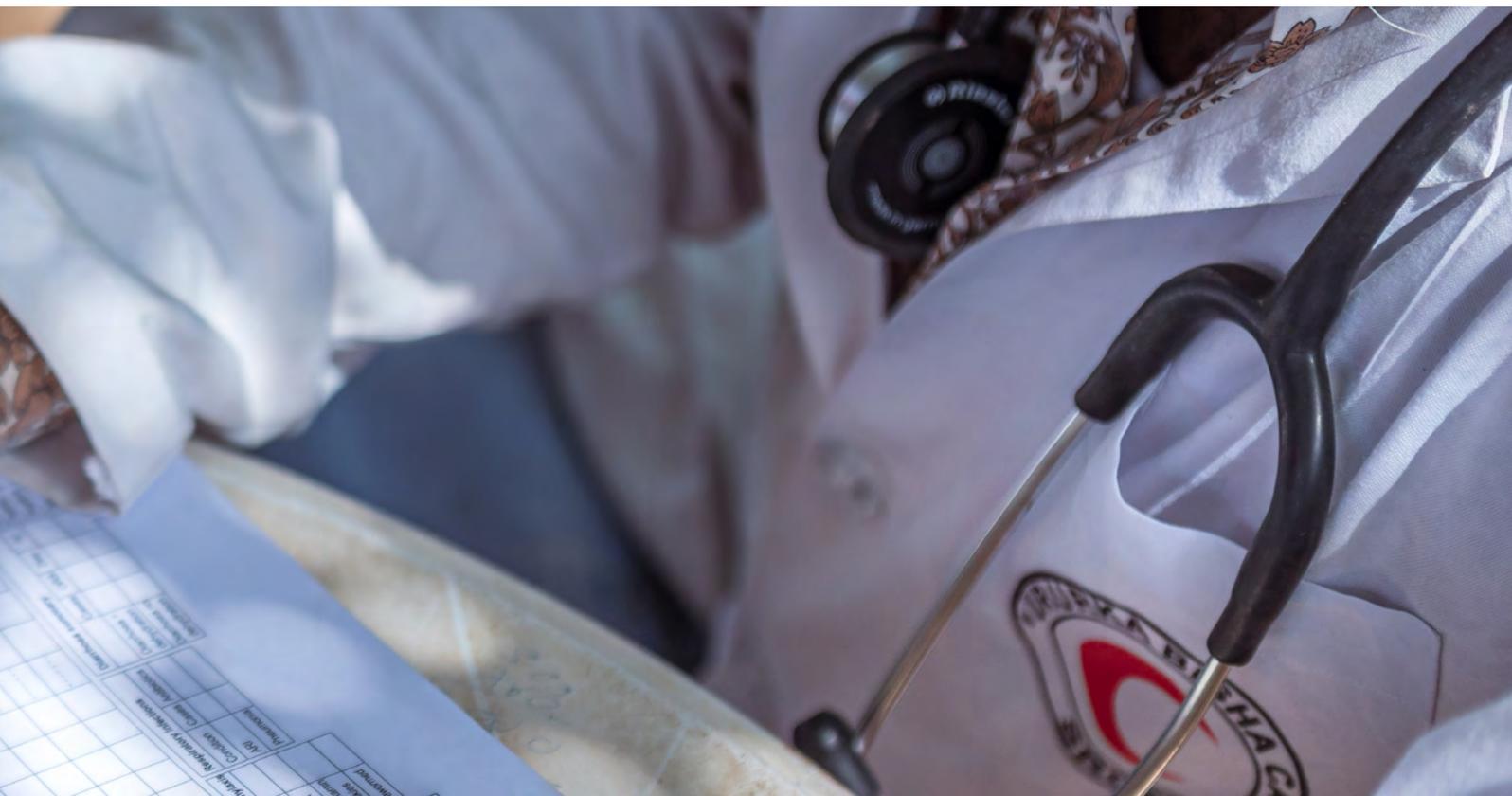
and template were not seen as "user friendly" and did not encourage National Society engagement. **The EPOA needs to be much simpler for country-level usage and the top-heavy IFRC Secretariat planning process needs to be streamlined to reduce pressure on National Societies/Country staff —** work on this is already underway.

- There were tensions, as by the time the IFRC Secretariat plan templates were sent out, National Societies had already done their own planning and Secretariat Offices had to fit these into the results framework (3Ps/19Ps). Many plans were just a "tick box exercise" which made them hard to use as a base to revise the EPOAs, especially as National Society priorities changed. Some fared better, for example: *"Argentine Red Cross had its own plan with linkages to the IFRC Priorities/Pillars and they adjusted it to be able to report. They re-framed their plans within the global IFRC plan, but their planning is done from bottom up".*

- It is clear that COVID-19 planning **did not benefit from data normally coming from country level assessments, knowledge, attitude and practices (KAP) surveys and baselines**, due to the speed and scale of the pandemic. Both the Americas and Asia Pacific Regions carried out detailed assessments but not until Q3 and Q4 of 2020 and it was not clear how much these influenced planning. One donor said that the Emergency Appeal was "too broad" for the level of the funding asked, and they would have expected more detailed operational planning and budgeting to support it.

- There was clear feedback from respondents that the IFRC-wide response **was less successful in identifying and addressing gaps** in needs and in targeting the response. This also led to extremely lengthy planning and reporting documents which were comprehensive in scope but many said **still fell short of demonstrating outcomes and impact**.

- The PMER team also contributed surge staff to engage with the Emergency Appeal approach and **took a strong role in the revisions of the Appeal**. There were comments around constantly changing instructions from the Emergency Appeal management team and around products and processes, particualrly those delivered jointly with other teams (such as field reports, which were delivered with the Operations/Appeal Management and IM teams). It is **recommended that all teams attempt to maintain clear and consistent standards and guidance at global level and to minimize changes affecting National Societies**.

- **IFRC Secretariat has provided robust and regular standard reports**, although there were some comments about the increasing length of Operations Updates as time went on. Donors commented on the **lack of qualitative information on outcomes and impact**, with some institutional donors saying that IFRC Secretariat reporting was "not hitting its mark" with the quality and specificity of its financial and narrative reporting as compared to others, such as the UN. A number of institutional donors preferred the more strategic engagement and discussions which were only possible with IFRC Senior management. Corporate donors and Foundations also wanted to see more real-time information on the use of their grants, and wanted more of the "voice of National Societies and communities", although it was clear to all that these were high expectations for a response of this scope and scale, which would significantly increase costs.

- There was also a big variance between reporting approaches/requirements in each Region, making it **hard to merge reports into a consistent global report or to provide analysis of the role of National Societies in the bigger picture**. Regions themselves noted that it took time at the outset to establish the new reporting requirements, templates and frequencies. There was feedback that some PNS, acting in their national capacity, also had challenges complying with reporting requirements and deadlines. Later, alignment of the COVID-19 field reports with the Emergency Appeal and guidance on the requirements and how to use them, helped to improve the quality of fiewld reports and wider validation via the direct National Society Field Reports on the GO Platform.

- Another challenge is that IFRC-wide reporting is voluntary and after 12 months it has become **more difficult to sustain the data coming in from National Societies** due to the expectation of more detailed or regular information and to reporting fatigue, particularly for those that had stopped receiving support from the Emergency Appeal. However, the Federation-wide reporting team has built a strong base of data on the National Societies response and this could support a **model to inform other IFRC Secretariat data collection processes and be used for other responses**, to support operational decision-making.

- There were a number of comments on **the lack of programme monitoring of National Societies' delivery and on the lack of demonstrable impact of the IFRC-wide COVID-19 response with donors saying it was difficult to understand how funds had been spent against the 3 Priorities and 19 Pillars**. Remote monitoring approaches were used during the response to support transparent reporting (e.g. Kobo), but managers and donors both felt that it was not so clear what had been achieved or more particularly what were the gaps (WHO was seen as clearer especially on Immunization). Not all National Societies have capacity/information systems to collect data and many figures were not necessarily accurate. National Societies need greater support on monitoring and how to use the indicators and it will take a lot of time to set up monitoring systems on this scale. There were also too many indicators for National Societies to manage and donors noted this made reporting shallow – **DFID recommended having fewer, more in-depth indicators.** The challenge for the IFRC Secretariat is how to move beyond numbers reached and expenditure and to capture more interesting data on timeliness, relevance etc., at country level.

- After two iterations, the **RTL findings and recommendations got stuck in a slow final approval process** and the team was unable to maintain its original aim of a light lesson learning exercise that could be regularly repeated for different areas of the response. Many respondents stressed that they **did not feel that lessons from these RTLs or from previous relevant evaluations had been learned at the outset of the response.**

Opportunities and recommendations

1 The IFRC Secretariat should **strengthen its assessment processes across all regions** to inform future revisions of its COVID-19 plans (and of the Emergency Appeal) and for future major responses, to ensure better access to primary data. The IM team can be used to support this process and access information.

2 The Federation-wide reporting team managed to access useful data across the IFRC network and the IFRC Secretariat should use this learning to see how to **improve regular access to relevant and accurate IFRC-wide data on an ongoing basis to inform operations and programmes.**

3 IFRC Secretariat should **revisit the RTL approach and develop a version that is agreed by all key stakeholders** that can provide regular, rapid, light and utility-focused learning exercises to inform the ongoing operation. The learning from the RTL process should be used to inform future evaluative work.
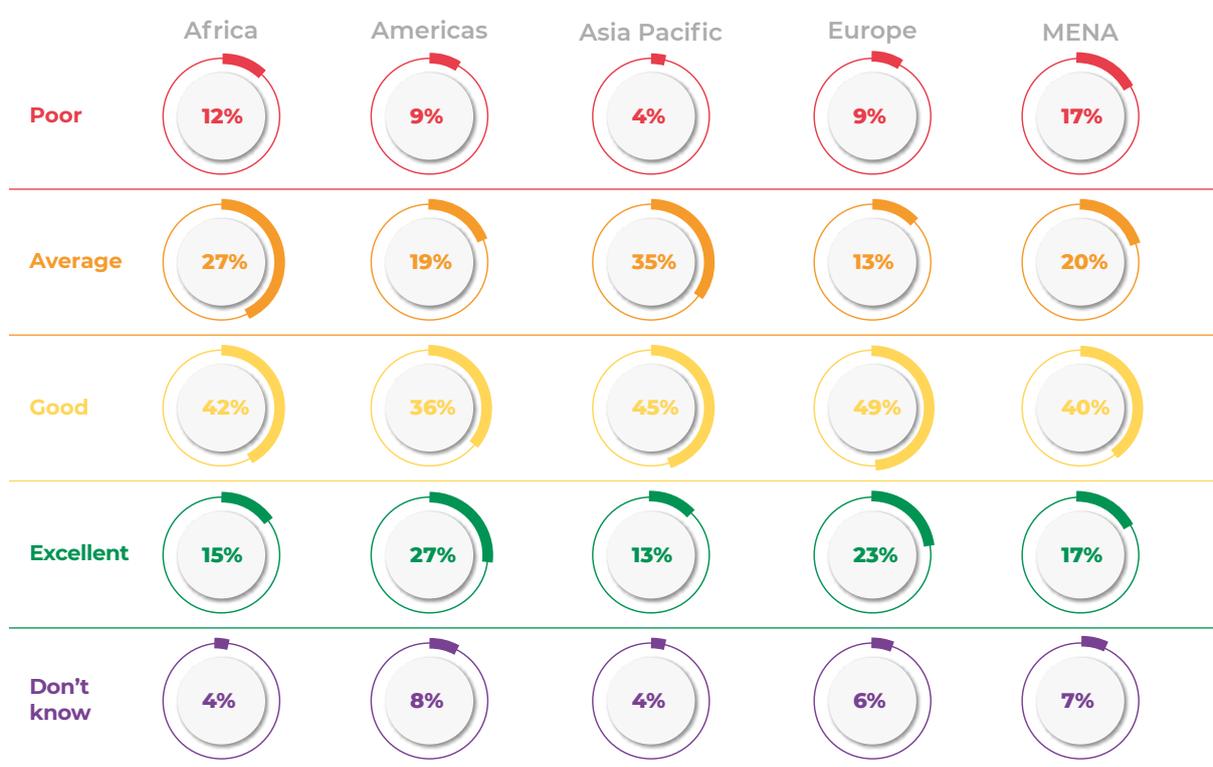
4 The IFRC should look to **streamline its indicators** and have fewer quantitative and more qualitative indicators, as far as possible for such a global context, ensuring adequate capacities and buy-in from the relevant sectors to use and deliver relevant information against the agreed indicators.

4.5. Information management and digital transformation

- The COVID-19 pandemic drew greater attention **the extent of the digital divide around the world**, with many communities struggling to access timely and critical information because of a lack of internet and communications access. The IFRC Secretariat and National Societies also faced challenges in this regard, **having to quickly adapt to new, remote-focused operating modalities and facing the complexities of information management** in a response that was happening simultaneously around the world in a rapidly changing environment.

- National Societies that had already started or completed digital transformation were the best prepared to tackle these new challenges. Others lacked the resources to implement digital tools and practices and faced increasing challenges to carry out their work. Nevertheless, Evaluation Survey perceptions about the use of digital technology across the IFRC network at country and branch level were generally positive, with greater challenges experienced in Africa and MENA regions.

Table: Effectiveness in using digital technology – Country and branch levels

|	Africa	Americas	Asia Pacific	Europe	MENA
Poor	12%	9%	4%	9%	17%
Average	27%	19%	35%	13%	20%
Good	42%	36%	45%	49%	40%
Excellent	15%	27%	13%	23%	17%
Don't know	4%	8%	4%	6%	7%

Data-driven decision-making

- This response marked a cultural shift within the IFRC network towards a shared recognition around **the value of data-driven decision-making**. There was a recognition that, just like any other disaster, **gaining a clear understanding of the situation was vital to inform planning decisions**. In the scramble to meet these needs, teams across all levels of the Movement were producing analytical products and data visualizations to help decision-makers understand the impacts of the pandemic, both observed and predicted.

- Those efforts led to several issues:

    > Some felt the IFRC network was **excessively committed to collecting and analysing primary data,** when more easily available secondary data would have sufficed.

    > There was an **inherent fragmentation and discrepancies in the information being used across the IFRC network** because there were so many organisations, including government health agencies and academic departments, collecting and reporting on these sorts of data using disparate counting methodologies.

    > It also exposed the **IFRC network's struggle to find the balance between good data and "good enough" data.** As result there was **significant duplication of effort** with teams at multiple levels using the same data to produce may different iterations of the same information, rather than a centralised process for identifying and addressing data needs.

    > There was **no reported evidence to suggest that the collection and analysis of data actually had any direct impact on decision-making**.

New data collection processes

- The IFRC-wide approach required the IFRC Secretariat to develop **new mechanisms for planning, monitoring and reporting, including for financial reporting**. NSRPs provided one channel to feed planning directions and support up from the country level, while the **adaptation of existing mechanisms**, such as the GO Platform and the Federation-wide Reporting System (FWRS), helped to quickly collect field reports and data directly from National Societies. The Asia Pacific Region developed a "COVID-19 Operation dashboard" that provides general overview of COVID-19 operations for IFRC senior managers including a brief summary of financial, implementation status and expenditure rate of each pledge to help monitor implementation and spending performance across the Asia countries.

- These initiatives were scaled-up at short notice and met with some **real success in gathering quantitative data directly from the field but needed new systems to be put in place to validate that data** and present it in a coherent way. Indeed, the accelerated digitalization process across the IFRC-network was considered by many stakeholders to be a double-edged sword. Digital data collection means it is easier than ever to build datasets from communities: "just because we *can* collect a data point doesn't mean we *should*".
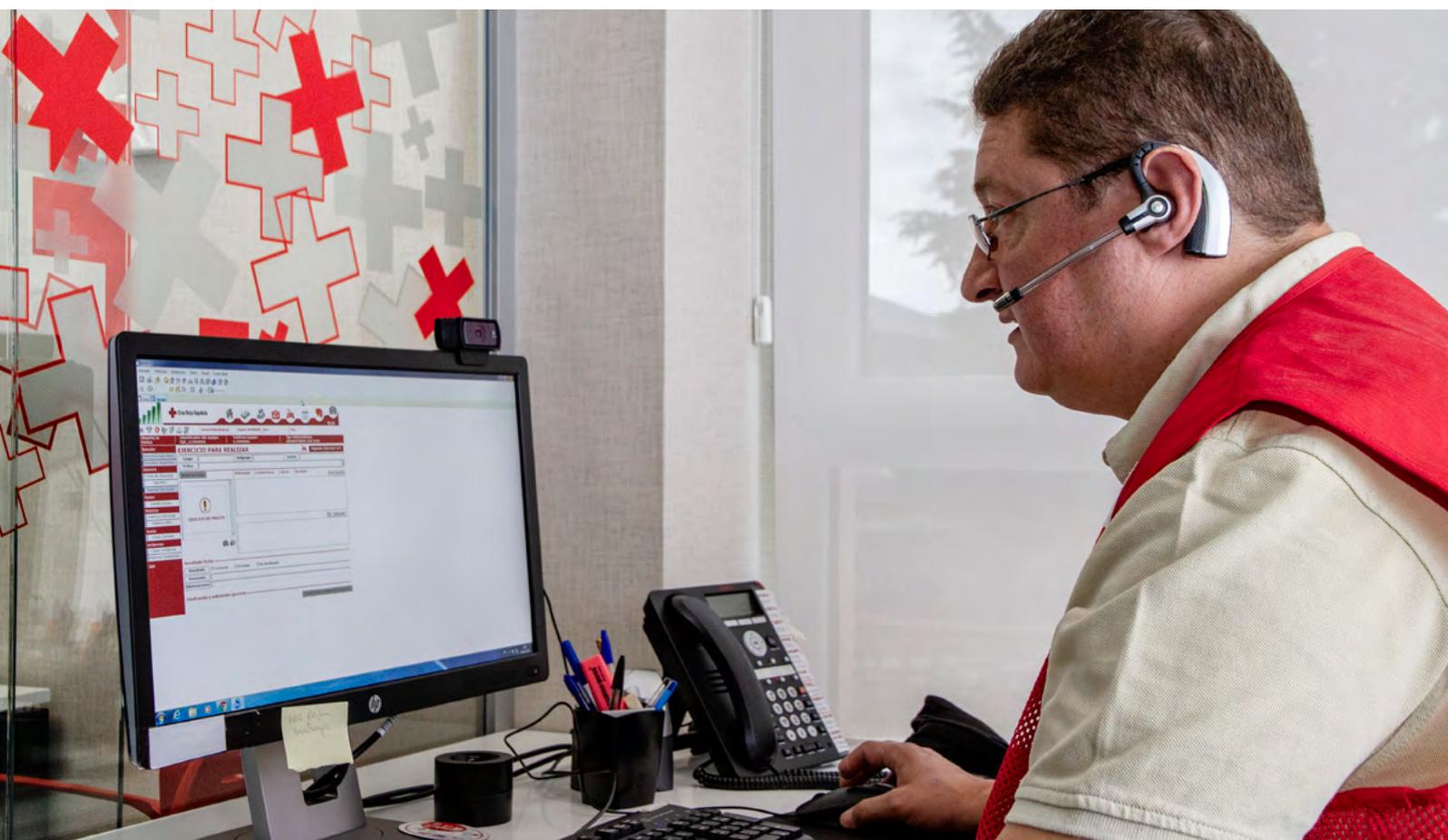
THE GO PLATFORM

- The GO platform rated highly among key informants and respondents to the Evaluation Survey with many citing that while it **did not serve up a deep level of information, it did an adequate job helping connect users** with the basic information that they needed.

- However, it also revealed that **decision-makers look to global-level tools like GO to do more than "good enough"**, and to also provide deeper analysis of the data that appears on it. Using a platform like GO to host INFORM data is one thing but helping leadership teams make sense of it and its impact on planning would improve data's utility.

- For example, **COVID field report data in GO was seen as a black box**; it's easy to get data in, but seemingly impossible for anyone outside of Geneva to get it out. This lack of shared visibility of the data led to a widespread but unfulfilled desire among teams to see a clear picture of capacities and gaps in COVID-related programming.

FEDERATION-WIDE DATA BANK AND REPORTING SYSTEM (FDRS)

- The Federation-wide data systems team stepped in to support the data collection process for the response and used their experience of direct contact with National Society management worldwide. Over several weeks, the team was able to set up a request, collect and agree on several indicators that allowed them to solicit data from National Societies on a quarterly basis and develop a validation process.

- However, this process also underscored the extent to which **various teams within the Movement collect data differently**, which makes interoperability within units and with external actors a challenge.

- The **increased volume of reporting** requests also made those growing datasets challenging to verify and clean. In the case of the Federation-wide reporting system, data cleaning was seen as an imperfect science, but one that they proactively undertook. Normally an annual process, the FWRS data collection frequency was increased to several times per year, which meant exponentially more opportunities for errors to be generated.

- To address this challenge, the **Federation-wide reporting team created a robust data audit process**. As reports came in, a dashboard automatically highlighted large variances from previous reporting periods, and technical advisors with knowledge of the sector being reported were tasked with following up with teams to either confirm the data or rectify the error. Nevertheless, there were significant challenges in trying to standardise the data points and terminology to align different datasets.

- In this regard, the humanitarian sector at large has made great strides in developing open standards around data, with work from the International Aid Transparency Initiative and the Humanitarian Data Exchange being well-adopted examples. Within the IFRC network, this is already being worked on by working groups under the digital transformation process, to develop things as basic as consistent lists of National Societies names in the four languages to maps of branch locations, to more operational issues like ensuring disability is tracked within beneficiary lists.

Engagement with National Societies

- The new data collection modalities were definitely seen as important models for engaging more directly with membership in future, but it has proved **difficult to sustain National Society engagement over time**.

- The new demands for IFRC-wide reporting have generated an **unexpected burden on National Society support staff** who often were engaged in operational functions or were part of smaller dedicated teams managing multiple information requests. The reporting processes that spun up in the early days of the response changed frequently and led to **frustrating pivots, and reporting requests were bogging teams down** in new data collection and management processes.

- The increased reporting fatigue was exacerbated by a **lack of information about the usefulness of the data for National Societies**, such as how it was being used for decision-making or resource mobilisation, and how it was being shared up the chain from the country- to global-level. Curated information was made available in the form of anecdotal updates in IFRC-generated reports, but the **absence of real-time views** further exacerbated the sense that decision-making around planning and resource allocation was opaque. One interviewee expressed that this lack of shared visibility also meant that their ability to provide **technical assistance likely went unutilised** because they couldn't easily identify major gaps.

- As the emergency unfolded, National Societies quickly discovered the **experience gaps** that were hindering their ability to more effectively meet the needs in their communities. One recurring gap that surfaced in key informant interviews was **a lack of mobile data collection and other information management skills**. Respondents reported that IM experts are more oriented to supporting the IFRC Secretariat rather than National Societies, however in some regions there were concerted efforts at wider skill-building. For example in Asia Pacific, the pre-existing Asia Pacific Information Network (APIN) supported information managers from across the network to share technical knowledge through a series of meetings and webinars. While skill-sharing within any technical area has its limitations, it is important for the IFRC Secretariat to gain a more complete understanding of what job functions can be realistically improved versus what will always require surge support. ("Not everyone can be trained on how to create a map, but everyone should be able to read one").

The role of IFRC Secretariat teams

- The Information Management team in Geneva sees its *raison d'etre* as building capacity and creating an enabling environment across the IFRC-network. However, in the middle of a massive response, neither of these services were in high demand, with **most country-level teams looking for direct operational support**. In the case of information management, that meant r**equests being routed to the regional offices** and triaged either in-house or through surge requests. That shift in priorities, along with the perceived lack of a clear management structure, led to the s**ense among the global-level IM team that they were underutilized**.

- IFRC Secretariat regional technical leads reported feeling as though they were placed in the position of being **gatekeepers tasked with protecting their National Societies**, swatting away any requests they felt generated more work than they were worth. In the case of Europe, the regional IM lead assuaged concerns and confusion around the growing reporting burden by creating infographics to help understand the frequency of reporting requests by data point, as well as providing the reasoning behind the request in the first place.

Unmet needs

- Respondents and interviewees at other levels of the Movement did flag unmet needs, indicating that there was a demand for information management support but a failure to connect those needs to available technical resources.

- One example of such an unmet need was **data protection guidance**. Health information is some of the most sensitive types to collect and store, and teams had a desire for additional global support on navigating those challenges.

- The IFRC-network was considered **good at identifying, tracking, and reporting on indicators**, but this exercise is seen by many stakeholders to be a matter of compliance rather than course-correcting or real-time learning. For instance, most health data was being captured at the country level but was siloed there.

- Several regional teams reported that **shared visibility of activities across the Movement was extremely beneficial but required broad buy-in** and a commitment to updates, as well as a shared understanding of the data points. In Africa, a 3W (who's doing what where) matrix helped National Societies identify gaps and overlap in programming, and integrated data from the ICRC. However, the product was retired due to incompatible systems for data collection, data management, and data privacy.

- More than a year after the pandemic began, it is clear there are **gaps within the torrent of information being collected**. These gaps exist for a number of reasons, including a lack of shared understanding around the roles of certain teams, the absence of a centralized "menu of services" available to teams to help them articulate support requests, and broad limitations rooted in the global digital divide.

- Respondents and interviewees expressed **mixed feelings about the idea of publishing "menus of services"** to solve this supply and demand mismatch. The menus would advertise available support and make it easier to request that support. The main hesitation is based on fears that the pendulum would swing too far in the other direction, with teams requesting products and services beyond what they might reasonably require. Thus, the most feasible solution is likely rooted in lowering barriers to shared self-service resources with the ability to escalate support needs through clearly defined channels.

- The IFRC Secretariat produced a **system to evaluate the pandemic response readiness of each country**. The system consolidated various data points for each country and took a Movement-specific approach to understanding their implications for the national society to effectively manage high levels of COVID-19 transmission. However, the Information Management team in Geneva recognized that there **was little value to be gleaned from these efforts** and pivoted away from bespoke analysis for the Movement and towards existing work done by other actors, such as the INFORM index which already captured much of what the team had been collecting and parsing manually and was as operationally beneficial as primary data.

Opportunities and recommendations

1 When dealing with the same data points (e.g., case counts within a given country), **regional and global support teams should be tasked with the collection, consolidation, analysis, and visualization of these products** to ensure consistency and to reduce workloads at the service implementation level.

2 In the case of regional or global events, the IFRC Secretariat should take the lead on **identifying a single trustworthy source of information for each relevant data point**, and then build the necessary data pipelines to serve this data to country-level teams.

3 **Further exploratory analysis of consolidated datasets** could have been incredibly beneficial for many teams, including appeal managers and operational leads.

4 It is recommended that any future **top-down requests for information are accompanied by materials** produced by the requester that clarifies these points.

5 **Shared IFRC Secretariat and ICRC reporting** on large regional and global disasters will require the two organizations to evaluate how these data points are handled by their respective technical teams in order to create a plan for **better data interoperability**.

6 **The GO system needs clearer guidance around data quality, better training for end users, and better communication** around expectations and workflows.

7 To improve the **Federation-wide data reporting system, ensure that teams have a single data dictionary** to understand what data points are collected, by whom, in what way, and to what end is vital to align datasets. Data collection processes should always establish clear points of contact and data validation workflows.

4.6. Financial management

Successes

- Overall, the **IFRC Secretariat managed a functional financial system from the outset and provided coherent financial management across all five regions** (162 projects across six EAs including Geneva). The IFRC Secretariat did not need to add new tools for COVID-19 but was able to modify existing tools, which were already known and understood by field teams. Financial key performance indicators (KPIs) were clear and there were no delayed reports or project deficits across the response. Some noted that financial reporting was sometimes inconsistent (different figures in different reports) and could be more clearly communicated to non-financial audiences.

- **Financial management and procedures had to be adjusted to the scale and scope of the response**. The OSG and Director of Finance decided to simplify the accounting procedures for the transfer of funds to National Societies during the COVID-19 response. Building on existing practices, such as the "Working with Project Partners (WWPP)" approach, which will be the main approach going forward, the Secretariat decided to simplify country-level accounting and move to one code per country. This was intended to support the IFRC-wide, domestic-level response, speed up funding to the country level and simplify financial reporting.

Challenges

- Some felt that changes made to the budgeting, spending and reporting of working advances (reducing it to one budget line) and to the balance sheet **reduced financial transparency and accountability on how National Societies were spending Emergency Appeal funds. It also pushed financial oversight to the Country Offices**, which were the least resourced level of the system and meant many of the controls on National Society expenditure could not be assured. This was a risk that was recognized by the Office of Internal Audit and Investigations (OIAI) and risk management as a challenge for disbursements and expenditure monitoring – an area where IFRC Secretariat has faced challenges.

- There were **complaints about the amount or speed of funds transferred to National Societies**. It is clear funding delays are not a purely financial management issue (Finance transferred the funds as soon as they came in), but are linked to delays in funding schedules, bank transfers, and to specific risk assessments and agreements/e-contracts with National Societies. National Societies still had to report up to a level of expenditure before further funds were transferred, in accordance with Risk Management requirements (most National Societies still have to report on 80% of funds received / actioned before getting the next tranche). One respondent noted that "National Societies do not see the IFRC Secretariat as the first provider of financial or technical support, because it is a demanding and slow provider compared to other agencies (e.g., UNICEF), where they can get cash in one or two days. Some National Societies are frustrated by IFRC Secretariat's long approval processes and bureaucracy and want more of a 'one team' approach."

- The first budgets (PEARs) following the Emergency Appeal revision, **allocated a set amount of funds per region**, with the Regional Offices receiving unearmarked funding or pledges according to these approvals. Regional Offices were allowed to spend against these PEARs but some were more risk averse and preferred to wait until funds arrived, while others had to **constantly juggle earmarked and unearmarked funding**.

- While there were large amounts of unearmarked funding from donors in the beginning, by Q3 of 2020 there were growing levels of **earmarked funding and decreasing levels of flexible unearmarked funding.** The financial management of this earmarked funding for such a large-scale, global Emergency Appeal became complicated – each time new earmarked funds arrived, management and finance had to move funding around and Regions had to make-up the differences

from unearmarked funds (Asia Pacific and MENA had more earmarked funds and experienced the most complications). Therefore, while there were real efforts to speed up the transfer of funds, **the scale and complication of the pledge management delayed the actual transfer of funds to National Societies** and the risk aversion of some Regional Offices increased that challenge.

- It is clear that many **ongoing Regional, Country and National Society programmes were not fully-funded** and IFRC Secretariat teams were frustrated by the **limitations of dedicated COVID-19 funding**, when other important initiatives such as digital transformation and key annual activities which also contributed to the overall COVID-19 response, could not be funded. The separation of COVID and non-COVID funding is further complicated by the fact that COVID-19 activities may be mainstreamed into other programming in future.

- Some respondents noted that financial reporting remained structured around the original Areas of Focus/Strategies for Intervention, as per the initial COVID-19 and other Emergency Appeals and were not aligned with the 3 Priorities/19 Pillars. This required a more complicated two-step process to consolidate the financial data into the 3 Priorities to track expenditure and some donors found it difficult to match narrative reporting and financial reporting.

- The Secretariat had limited **increases in its global financial management capacity to support the increased financial requirements and oversight required for the Emergency Appeal** – there was one staff hired globally and five regional counterparts appointed for the COVID-19 response, however, in some Regions they came from within existing regional finance capacity. Therefore, financial management capacity was fully stretched.

Opportunities and recommendations

1 The IFRC Secretariat should continue to **streamline emergency financial management procedures** and cash transfers/advances to National Societies, to ensure efficient and timely financial management and reporting to scale for COVID-19 and other emergencies.

2 It is also recommended that the IFRC Secretariat sets up a team comprising Finance, PRD, Office of Internal Audit and Investigations (OIAI), Operations and other relevant teams, to look into the **blockages in transferring funds to National Societies** – this could be part of ongoing work to address "blockages" in the system and should be focused on being relevant for member National Societies.

3 The IFRC should **strengthen its risk management work in relation to the management of funds**, particularly around accountability at country level and reinforce finance and OIAI teams to support and manage financial risk for a response of this scale.

4.7. Risk management

Successes

- The COVID-19 response has accelerated the IFRC Secretariat's engagement in Risk Management (RM). This is an area of work that has been discussed for many years (there have been four draft RM policies since 2000 but no approved policies) but COVID-19 has moved the discussion forward and there is now a RM team in place and a positive response to this development. It was clear from many respondents that the RM approach had a high visibility across the Secretariat and was appreciated. It is hoped that the **Risk Management role will remain embedded in regular management for other emergencies and situations**.

- At the beginning of the outbreak, there were rapid decisions to allocate DREFs and launch the Emergency Appeal. The IFRC Secretariat sensed the importance of response and agreed **a high-risk tolerance around this funding when it still had access to limited global information**. The Secretary General took a **clear decision to develop a Risk Management approach across the organization and this has been built up during COVID-19**. At the outset, the Asia Pacific Region had a strong focus on financial risk and had a regional risk register in place, as it recognized that some National Societies were not used to receiving IFRC Secretariat funding. The IFRC Secretariat had a limited level of RM experience at the start but became stronger once RM was introduced into the revised Emergency Appeal in May 2020 and subsequently with the appointment of Regional and then a Global Risk Manager (the role was covered by the OIAI till then).

- The **Secretariat is learning how to manage risk as it goes along and is re-working key processes to integrate Risk Management**. Management underestimated the impact of COVID-19 on **core systems across the decentralized IFRC Secretariat, especially at CCST/CO level**, and with support from the global and regional RM team, is seeking to address these risks across all levels. The IFRC Secretariat has established a global Risk Register for COVID-19, identifying 10–15 key risks for the Secretariat mostly impacting on management systems and services and this was shared in Q3/Q4. The register is updated monthly and mitigating actions agreed with Senior Management.

- **Each Region also has its own Risk Register** (the first Africa and the Americas) and IFRC Secretariat is setting up Country-level registers (70% coverage to date), so the aim is to have a full channel of RM upwards feed. Training is being provided for Regional and CCST/Country Offices to better understand and capture risk (a UK government requirement). Mid-response, the IFRC Secretariat is still developing its RM approach and the team is **planning to roll out a strategy and set up a database in 2021**.

- Currently, risks are identified at country level and shared up to regional and then global levels according to an established system. The Global RM Manager works on the strategic level and engages with the regional teams, while the Regional Risk Managers work with the country teams. Most RM is done through close contact with IFRC Country Offices and National Societies through emails and calls. Much of the **risk mitigation needs to happen at country level and the RM teams plan to engage more closely with National Societies** to enable them to access information and share RM practices in future.

Challenges

- There were some concerns that it had still **taken so long to set up the RM team and that Regional Risk Managers were in place before the Global Manager was appointed[3]**, as this did not facilitate a coherent global approach to RM and left Regional Managers with no system, guidance or tools to support them. It has meant more work to bring the team back into an aligned

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3. The Risk Manager for the Americas was appointed in June, for Europe in August, and for Africa and MENA in October, while the Global Risk Manager was appointed in November. There is no Risk Manager in Asia Pacific.

approach. There are also concerns that since all the RM positions are funded from the EA, that the positions are not sustainable.

- As noted above, most risk needs to be managed at country level and this has been a gap so far in the work for the team, making it **challenging for the IFRC Secretariat to maintain RM across the IFRC-wide approach and ensure accountability to donors**. The RM team is working hard to get more information from country levels, but it is important that the Risk Management strategy includes more to build Risk Management experience within National Societies to address any concerns around accountability or transparency.

- While some risks identified are related to COVID-19, others are wider (for example, fraud, exploitation and lack of agility of IFRC processes and systems). It was strongly recommended that the **IFRC extends its Risk Management work to consider the bigger picture at wider operational, programmatic and strategic risks beyond COVID-19**. Working groups have been set up to look into some of the issues (or "bottlenecks") in the IFRC Secretariat systems and to examine coherence between Geneva and the Regions, however, there are still major gaps. For example, the top risks for the IFRC network include cyber risks, but little is being done to address these risks as yet, with only one person working on it and providing cyber security training/messaging and no concrete work being done to address information technology (IT) infrastructure problems. While there is a focus on PSEA and harassment/abuse risks, this is limited to the IFRC Secretariat level. There was a recommendation that RM address concerns that it is too centralized in its focus and that it take a more pragmatic approach and contextualized Risk Management approach in its planned actions (for example, for vaccination roll-out) rather than just adherence to global standards and considers local solutions to continue working as safely as possible. There can be different levels of risk tolerance between Global, Regional and Country levels and these need to be acknowledged and harmonised around agreed top-level risks but also not remain static.

- There is also a need for **greater integration between Risk Management and other teams such as Operations, Emergency Appeal management, PMER and volunteering amongst others**, to agree realistic objectives and gain wider management buy-in for risks and mitigation measures at the planning stage. There are plans for RM to be a stronger part of overall management structures, which may also provide the opportunity for a more systematic approach to RM management, including data management. **RM urgently needs to have access to a wider database or platform to manage evolving risks** and there were questions around future accessibility and usage of the Risk Matrix and Risk Register by global, regional and country teams to improve the Secretariat's global analysis.

Opportunities and recommendations

1 It is recommended that the IFRC Secretariat **builds on this positive experience of Risk Management and extends, consolidates and sustains the application of Risk Management approaches for the wider Secretariat operations and programme management**.This should include its greater integration with other teams, services and processes/procedures.

2 It is also recommended that the **IFRC network does more to contextualize its approaches to Risk Management** according to local contexts and steps up plans to strengthen engagement at country level, where mitigation needs to happen and to ensure accountability to affected populations.

3 The IFRC should strengthen its risk management work in programmatic areas. It was **strongly recommended that the IFRC extends its Risk Management work to include wider operational, programmatic and strategic risks, including cyber risks**.

PART 5:

Shared leadership, coordination and learning

5.1. Shared leadership and coordination

Membership coordination

- **Commitment to Membership Coordination accelerated during the COVID-19 response** (particularly after the revised Emergency Appeal in May 2020). This was due to efforts by Senior Management to integrate PNS in the global response and in certain countries was strengthened by the commitment, for the first time, to an IFRC-wide approach, which showed the power of membership at the height of the pandemic.

- The **new leadership of the Secretariat reinvented its role towards the membership** during COVID-19 and the Agenda for Renewal strengthened its commitment to membership engagement and coordination. Perhaps for the first time, National Societies were able to take a much stronger role in leading their responses in their domestic contexts (albeit partly through necessity, given travel restrictions and other constraints).

- Many respondents felt that the organization should already have had an IFRC-wide approach and that this was **now central to all future operations and programming and to positioning the network with donors and partners**. Some highlighted that **more could have been done to clarify the strategy and approaches for Membership Coordination, particularly at country level**, with some confusion between Membership and Movement Coordination noted.

- The scale and severity of COVID-19 also **brought member National Societies back to a more multilateral commitment, with National Societies coming to value more the role of the IFRC Secretariat**. PNS, in particular, were engaged in Senior Management discussions through individual contacts and through the Advisory Group mentioned above. There was also a lot of engagement with wider groups of National Societies at global and regional levels, through the Solferino Academy and technical webinars/peer-learning initiatives held by technical teams and by the Reference Centres (see below)

- There were also many concrete examples of the **Shared Leadership model being tested in country contexts** – both for **in-country coordination** (for example, Lebanon coordinated PNS-led support for different areas of expertise needed in the response) and for **PNS to share skilled personnel** either remotely or to take on lead roles for areas of the response in their country of location. These efforts were appreciated and are continuing in both Honduras and Ethiopia, following the International Core Group (ICG) **commitment to future IFRC-wide working in operations**.

- There was criticism that the **key consultations and decision-making processes at Geneva level should have gone beyond the 'traditional' PNS**, to reflect the viewpoints of the wider membership and to more clearly make the linkages between decisions and the realities on the ground. Indeed, some National Society members felt quite disconnected from the IFRC-wide Emergency Appeal itself and saw it simply as a marketing document or funding mechanism rather linked to than a joined-up planning process.

THE PNS EXPERIENCE

○ **Many PNS joined the IFRC-wide approach in their domestic status** and developed "One NS Response Plan", IFRC-wide reporting and online Field Reports (GO), which further strengthened a more equal membership engagement. However, in some regions, teams felt that the network's technical support and capacity building could have been better coordinated and was duplicated in some contexts (for example, the IFRC Secretariat hired a PGI person and three or four PNS offered PGI support in the same country insert space in the MENA region). There were also concerns that the multiple coordination meetings and discussions required too much of the National Societies' time and resources.

○ For many PNS, COVID-19 exposed the challenges around **linking international expertise to domestic service delivery**. COVID-19 was a domestic response, but for many PNS it was their international teams that held the experience. During COVID-19, these teams became home-based due to lack of international access, and were re-purposed to support domestic work, becoming part of the "global, local response" of the membership.

Coordination with ICRC

- COVID-19 provided an opportunity to **strengthen coordination with the ICRC**. "We have come a long way from the One International Appeal", with **a more horizontal engagement during the COVID-19 response across all levels of both organisations** – from Senior Management, through Operational Management, to Regional Management and field level. At Geneva there were regular Crisis Cell meetings between Operations and Health Managers, while at country level the Movement Platform was reinforced to discuss COVID-19 related issues. The response saw clear and strong joint positioning between the two international institutions including:

  > **Coordinated or joint Emergency Appeal launches** throughout the duration of the response (both organisations had their own funding documents and processes)
  > **Shared plans and complementarity** at a technical level, such as CEA, PSS, Safer Access, and Restoring Family Links (RFL)
  > **Provision of staff, funds and PPE from ICRC** in many countries to cover the initial period of the response and until IFRC Emergency Appeal funds or other resources arrived.
  > Clear and **shared communications** and presentations to position the Movement with external partners during the response.

- The regular and joined-up external engagement displayed by the IFRC Secretariat and ICRC leadership on COVID-19 in Geneva, particularly in the early days of the pandemic, **was highly valued by institutional donors and multilateral partners**. Nearly all donors and partners noted the accessibility and increased visibility of IFRC Secretariat leadership and teams and the coordinated presentation of the combined Movement response.

- The **coordinated presentation of the Emergency Appeal was strongly executed**, with well-coordinated messaging around the scale of needs, resourcing, and delivery. From an external perspective, the coordination between all members of the Movement in terms of representing the response looked **cohesive and complementary**. External partners commented favorably on the **benefits of seeing the broad range of activities in a coordinated manner** – several mentioned that this was the first time they had seen such a joined-up representation. It was an important consideration for institutional donors and was compared favourably to the other more vertical organisations (such as the UN).

- One criticism of the Emergency Appeal heard from some Movement partners was around the **size and ambition of the IFRC-wide Emergency Appeal and concerns around its accuracy and realism,** in terms of the network's capacities and sustainability, and in relation to other actors. This point was echoed by some donors.

- Some donors **appreciated the ICRC approach of not launching a separate funding ask for COVID-19** but added it to existing operational plans and budgets, as this made it easier to integrate both funding and work in the longer-term.

- There were a number of strong examples of coordinated leadership and **complementarity between Movement partners at country level**, for example, joint planning and approaches in **Yemen and Lebanon**. This was often based on existing, strong Movement coordination in-country and provided good examples of how it could be extended to work well for COVID-19. These should be looked on as models for future application.

- There was a clear separation of roles for the response on the ground at country level, with the ICRC clearly focused on where they could **add value, particularly in conflict affected regions and in detention centres**. All of the ICRC respondents in this evaluation stressed that the Movement cooperation and coordination, and the relevance/effectiveness of the IFRC Secretariat's role during COVID-19, **was the best they had experienced and urged that lessons could be learned from this experience**. Clearly, there were still challenges in some contexts, but this was often down to individuals.

- Some IFRC Secretariat respondents however, felt that the coordination with ICRC was not so effective – **more a parallel than a complementary approach** – with many discussions at country level but fewer regional level engagements. Also that it was still based more on informal/personal relationships and having the right people in place. The Evaluation Survey also confirmed that **many within the IFRC network were not familiar with Movement Coordination platforms**, both IFRC Secretariat and National Societies alike (see table below).

Fig.8: Movement Coordination Platforms Perceptions
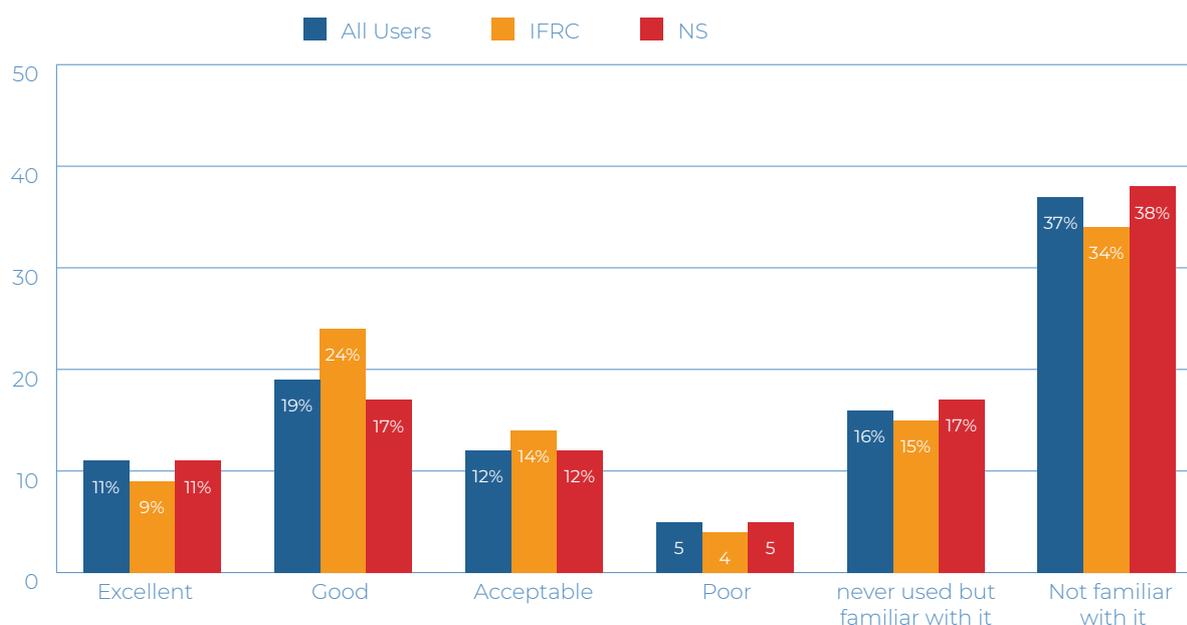
Opportunities and recommendations

1 Going forward for future responses, it is important that the IFRC Secretariat takes steps to **more clearly define and communicate its approaches to membership coordination, to ensure all member National Societies are aware and engaged** for future operational response planning and delivery.

2 The IFRC should take stronger measures to **communicate the rationale for key decisions about the Emergency Appeal and operational management of a response with the full membership** and to demonstrates linkages with needs, capacity assessments and identified gaps on the ground. This should include regular channels or meeting points / groups that are set up at the outset of a response to regularly and predictably management that consultation and two-way communication around strategic and operational decision-making.

3 There are opportunities for Partner National Societies to review lessons from their "joined-up" local response and to **build on the joint working of their international and domestic teams for more effective delivery moving forward**.

4 The Movement partners should aim to **learn from the positive experiences of Movement cooperation and coordination** during COVID-19 to apply to future operational responses.

5.2. Shared support, resources and learning

- The global scope of the pandemic meant the IFRC network faced **a high demand for online support and resources**. Between the travel restrictions hindering in-person surge support and the advancements in modern technology the need to expand online support was recognised early on, and many teams decided to focus on developing online support, training or platforms.

- A plethora of different support modalities were **scaled up or initiated** for the response, some by the IFRC Secretariat and others by National Societies. However, **knowledge about them was not widespread**, as indicated in the chart below. Additionally, it was not immediately clear who was best placed to effectively deliver these new tools in all cases, some lacked the technical capacity, and there was little coordination.

Fig.9: Use of different tools and resources
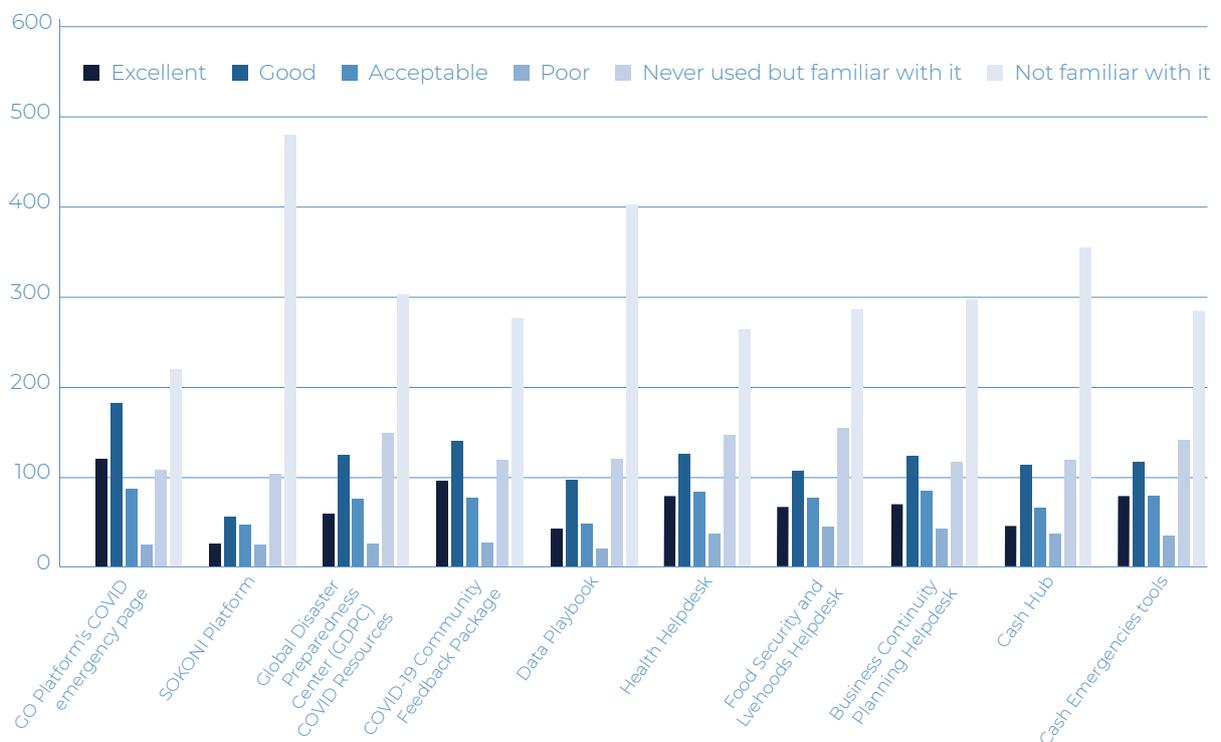
Traditional technical guidance documents and online information

- The response led to the production of many traditional technical guidance documents and online information to support the membership. These were **often well done and appreciated**, but there was also a strong message that "there were too many guidelines and communications" and that **National Societies and IFRC Secretariat staff found the volume and level of detail overwhelming** in the midst of the fast pace required for the response. This was further compounded by the lack of a centralised, updated knowledge-sharing platform resulting in resources being shared through an array of channels without universal or systematic accessibility to tools and documents..

- The production of these sorts of tools was complicated by **the global nature of the audience** for whom they were built. In order to be useful to as many members of the IFRC network as possible, these resources needed to be **translated into at least the four official languages at a minimum**,

but even that left many volunteers unable to use them. In order to reduce the friction and to speed up the delivery of global resources in the future, it is recommended that the IFRC Secretariat evaluate the official translation services in order to create a more efficient and streamlined process for translating products including using online translation for more informal tools and guidance.

- Of the many benefits afforded by modern technology, v**ideo conferencing was the most frequently cited tool that enabled effective information sharing**. Webinars, virtual trainings, and online working sessions alleviated the challenges posed by travel restrictions. These online exchanges covered a wide array of topics, including effective remote working strategies, guidance on using new technologies, and developing strategies for adapting field-based work to virtual settings.

- It was also observed that **training must be customized for specific audiences**, to ensure it is targeted to expand their skills but also so that it can improve understanding of the mandates, scope and limitations of the various areas of work. For example, a training for cash experts on information management can help them better prioritize basic skills that would help them do their job, while also understanding who they need to reach out to for more advanced requirements.

- Many interviewees reported that the pandemic and the wealth of online resources and training had exposed the **possibility for in-person travel to be reduced** having seen how many discussions, processes and meetings can be effectively conducted on a virtual basis.

Help desks and reference centres

List of **Help Desks**, **Hubs** and **Resource Centres**:

- Go Platform's COVID Emergency Page
- SOKONI Platform
- Global Disaster Preparedness Center (GDPC)
- COVID-19 Red Cross and Red Crescent Movement Resource Compendium
- Community Engagement Hub COVID-19 Resources

- Health Helpdesk
- Livehoods Resource Centre and Helpdesk
- Bussiness Continuity Planning Helpdesk
- Cash Hub
- Psychosocial Centre COVID-19 Resource page
- The Learning Platform

Additional technical resources can be found at the Compendium and the Reference Centres website

- **Help desks** were a solution to **bridge the technical support gaps** for the IFRC Secretariat. They promoted existing resources or housed newly created ones to help teams carry out their services and transition to remote work environments.

- **Reference Centres and Hubs**, run and funded by a number of National Societies on behalf of the network, were called upon to optimize their contributions during COVID-19. Although diverse in scope and purpose, they would ultimately **become the producers of many of the most well-reviewed tools** building on their strong perspective on technical needs at the national level. This proactive approach meant stepping beyond their typical mandates, but the process was slow to get off the ground due to a delay in the decision-making process at the global level and was different for each centre or hub.

- A number of these were said to have provided useful platforms for **information sharing on specialist areas** and provided useful guidance and online training in their technical areas. These included: the PSS Centre, the Cash Hub, Livelihoods Resource Centre, the Disaster Preparedness Reference Centre (CREPD) and Red Cross Caribbean Disaster Risk Management (CADRIM).

> **The PSS Centre** noted a rise in direct contacts from National Societies seeking help on PSS during COVID-19 and produced a number of guidelines, tools and interactive webinars in key topics, for example: COVID-19 in schools, in multiple languages.

• In general, Reference Centres provided an added layer of support, but some **were more geared up to longer-term or preparedness** work than to response and were **not able to provide the hands-on technical support** needed to help National Societies at this difficult time.

> The **Global Disaster Preparedness Centre (GDPC):** provided a hosting resource for National Society Business Continuity planning but was less proactive in providing much needed technical support. One interviewee also highlighted that GDPC supported dozens of National Societies, but that support requests were slow to come in at first because despite name recognition, few understood what resource centre could tangibly provide. In the case of the **GDPC COVID Compendium**, there was a clear demand for the information it provided, however there was also feedback that the GDPC was a "great resource centre but not very proactive in reaching out to help National Societies on Business Continuity planning, the role they took on". Site tracking indicates that spikes in traffic correlated with spikes in infections around the world.

> **CREPD:** In the Americas most of the hands-on support and information on Business Continuity came from CREPD, suggesting there were some regional variations and access/usage was often based on National Societies knoweldge of the "go-to" centres in their region.

> The **Livelihoods Centre and the Cash Hub** were very active and both produced a number of of guidelines, shared resources, webinars and workshops on livelihoods and cash during COVID-19, as well as running the relevant help desks. The alliance with the IFRC Livelihoods Reference Centre and its documents were helpful to National Societies (for example the Argentine Red Cross commented on its usefulness). However, some felt the work of Centres was a bit theoretical – one respondent mentioned the Cash Hub as "philosophical" and both structures **could have developed more practical ways to deliver more hands-on support or mentoring** and to connect more strongly with the regions. There was feedback that both Centres seemed **underutilised given their capacities** (the Livelihoods Centre has around 75-80 staff available). It was also noted that interest and requests dropped off later in the response, even though needs in this Priority 2 area are growing and needed.

• Some **reference centres struggled to get quick access to funds** for these initiatives and the resource allocation from the Emergency Appeal was, according to many stakeholders, an opaque process. As a result, the successful implementation of the GDPC COVID-19 Resources page, for instance, was only possible because the team behind it decided to leverage internal funds and circumvent the IFRC Secretariat's approvals and funding.

Other global networks

• **Formal and informal global networks played an integral role** in supporting National Societies to learn **from each other**.

> The pre-existing Surge Information Management System (SIMS) is one of the more visible examples of these networks, and supports a well-functioning informal technical network to support operations. Many other multilateral relationships were formed or strengthened in the past year to facilitate knowledge sharing.

> National societies in countries that were hit by early waves of the pandemic—including Italy, South Korea, China, and Japan—were quick to share best practices around staff safety, PPE procurement, and more.

> In Asia Pacific a COVID-safe guide was developed based upon early experiences of National Societies managing other operations concurrently with the pandemic. It was translated into Bahasa and also shared with other regional offices and is now being updated.

> The Canadian Red Cross Society, which has broad experience in health emergencies, reported benefiting from these networks as it scaled up its own domestic response programs.

Culture of learning

- Learning was a controversial area for the COVID-19 response. Many felt that there was **a lot of learning to be gained from the response and that it was a real risk if we did not learn from it**. As mentioned above, there was an overall perception that the organization is reactive and had not learned from previous epidemic or pandemic responses at the outset and was repeating a number of the same issues ("we run from emergency to emergency and don't prioritise learning from previous operations").

- The **IFRC network has taken some positive steps on the learning journey**, with a range of different results:

  > A **draft Learning Strategy** was drawn up in early 2021, which framed the ambition and tools for learning, but work is still ongoing to identify how to move forward the COVID-19 learning across the IFRC-network and how it can be optimized.

  > **Two new Real-Time Learning (RTL) exercises were carried out**, looking at human resourcing and rapid response capacities and at how well the network's support met National Societies' needs. Both were well received but were not formally agreed in a timely way and this limited their influence on future actions or planning. A third RTL exercise is planned for Q3 on the risk of compound needs from COVID-19 and other disasters/crises.

  > **Individual National Societies have also worked to improve learning**, carrying out individual evaluations, reviews or lesson learning exercises (for example, National Societies of Malaysia and Mongolia) and the Lebanese Red Cross carried out several specific real-time evaluations (RTEs) for areas within their response – the National Society has done three rounds of RTEs on COVID-19 to date, continues to learn as it goes and adapts its priorities and plans as necessary.

  > **Teams were constantly learning by doing on an ongoing basis**, building knowledge through experience across many areas of work, such as Business Continuity, Staff Health and Risk Management. The Business Continuity team plans to try to capture that learning, however it will be challenging to share it effectively at all levels between Geneva, the Regions and on to Country level. There were also bi-weekly calls between the Geneva Operations and Appeal teams and the five Regional DCC units, to share experience and resolve issues and the CEA team have also been working on a process to capture learning. **Many individual teams have also documented lessons** from the COVID-19 response but there is currently no system or platform to bring these together in a usable way.

  > The **Reference Centres are good repositories of learning** around core areas but they have also found it challenging to capture key learning and to share it between Platforms or with member National Societies other stakeholders. Steps to set up new platforms or modalities to share experience and learning (for example Sokoni or the Volunteer Alliance) have either found it difficult to engage staff and volunteers from across the network, to show their added value or to achieve tangible evidence of learning.

  > There was also some work done on **learning initiatives specifically for COVID-19**. Some pro-bono support was offered to National Societies for action learning and peer-to-peer sharing of experience, which will ultimately go beyond COVID-19. The Learn to Change Initiative has also been restarted for teams to reflect on their learning journey during this time.

  > There have been steps to scale up the focus on innovation and learning and to ensure this provides **access to National Society staff and volunteers to share their experience**. Both the Solferino Academy and the Research and Learning Agenda (set up by the IFRC Secretariat, American Red Cross and the Presencing Institute), opened up channels for sharing experience although it is not clear what actual learning has taken place via these channels. The Asia Pacific Regional Office set up a COVID portal that brought together 15 dashboards developed for different National Society audiences during the response. It was well-received by partners who appreciated the transparency and meant that data could be used internally for decision-making and could also benefit other users.

- **Learning was seen as a gap in this response**, with many feeling it was unclear "how" the IFRC Secretariat learns and "what" it wants to do with the learning. A large number of respondents felt that the IFRC Secretariat had missed the opportunity to prioritise learning from COVID-19 and there was a concern that IFRC Secretariat will look back and be unable to say what it has learned from the response or how it used it.

- A number of respondents said that they were **not sure the IFRC Secretariat had learnt at an institutional level** – most felt that learning happened more at an individual level (and that individuals who wanted to learn, had been given some license to try new ways of working), or was focused around specific technical areas and teams.

- It was noted that it is **difficult to maintain institutional memory, in the absence of a common knowledge-sharing platform and with a high turnover of personnel**. Learning requires a longer timeframe for systems change, and staff members reflected that it took more time and effort to share learning during remote working and said that they missed exchanges with colleagues. One respondent said that he "hopes new habits of coordination/communication with Regional Offices will stay but feels this is unlikely if IFRC doesn't work on a global response again. We have a global footprint but that doesn't mean we can work globally (across different Regions)".

- **Lack of staff capacity and work pressures** of the COVID-19 response were also seen to have limited learning, with everyone too busy to focus on it.

- Overall, there was a sense that the IFRC network has set up a lot of learning tools, platforms and reports but it is **not clear what has actually been learned**. Some felt that there was the **need for a "tool" to bring learning together** or to share and exchange it in a usable way", but efforts to set this up have been slow, challenging and time/resource heavy. Management would therefore have to prioritize resources to achieve this and recognise that it is an ongoing and long term process. One respondent remarked "that it would be impossible to have standardized learning across all these contexts of the global response and that the Secretariat and National Societies are learning, but just not in a planned way".

Opportunities and recommendations

1 While the IFRC network has seen a welcome consolidation and upgrading of resources into fewer platforms in recent years, many respondents indicated a desire for even **greater consolidation and organization of resources into fewer repositories** that are easier to navigate. Several operational leads wished for a "one stop shop" approach to learning and knowledge management. However, creating a simpler and more , unified guide to learning materials would also be extremely welcome. Solving this problem is not about producing new materials and curricula, but rather **indexing and organizing existing products**. In this regard, **menus of service** may be a solution to map available teams and the services they provide, including a requesting process. Several operational leads wished **for a "one stop shop" approach** to learning and knowledge management.

2 The **modular approach of resources** like the Cash in Emergencies toolkit provides a promising model for how a topic can be broken down by job function and response phase and **could be expanded to other areas** of work.

3 To prioritize and focus learning from this response, IFRC Management could choose 3 to 5 areas of work where they are interested or need to learn and commission specific, detailed "deep dives" into those areas to capture and share learning from them, rather than try to cover the whole response.

4 It would be useful to **link the learning from the COVID-19 response to learnings from other emergency operations**, particularly those which are ongoing during the pandemic. This process may also benefit from using the same or similar analytical frameworks to enable better comparisons between the different operations.

5.3. External partnerships and collaboration

External partnerships

- IFRC Secretariat **collaboration and partnerships was primarily focused on Pillar 1 on health and WASH**. There was less evidence of external engagements against Pillars 2 and 3, pointing to the strong overall focus on health issues and less on the socio-economic impacts and strengthening National Societies, as highlighted elsewhere in this report.

- **At the global level the collaboration with UNICEF and WHO were seen as important** and contributed to the overall relevance and coherence of the response. At the start of the operation, the IFRC Secretariat supported a dedicated role to facilitate ongoing dialogue with WHO. This was based on lessons from the Ebola response. **This dedicated liaison function was found to be highly useful, and it is recommended that this be considered in future large-scale health operations.**

- The **lack of sustained engagement with external partners on strengthening National Societies was a missed opportunity**, given the global response is largely reliant on local actors. It could have featured more prominently during policy discussions on localisation within the context of the Grand Bargain.

- The appointment of **a Special Representative for COVID-19 recognised the importance of global engagement and advocacy**, however a number of respondents felt the **appointment had been made too late** in the response with a **mandate that was too broad-ranging** and crossed into the functions of other roles, lacking the focus needed to make a more significant impact.

- **At the regional level, external partnerships and collaboration were also generally strong** although sometimes appeared to focus more on inter-agency coordination. There was evidence of strong relationships with WHO and UNICEF at the national and regional level across the scope of operations, with regular briefings and technical dialogue. The collaboration with health partners on RCCE was particularly highly regarded. The intensity of these engagements reduced over time, which is to be expected.

- Most IFRC Secretariat regional and country offices invested in different forms of humanitarian diplomacy, and the strength and focus of this varied.

  - > External engagement and coordination by the MENA regional office was notable. Together with ICRC, it developed a regional brief on engagement with public authorities – this was regularly updated and well regarded. It also hosted regular webinars on COVID-19 and invited in external partners and governments.
  - > In Asia Pacific, there was significant investment in inter-agency dialogue and coordination through the regional Inter-Agency Standing Committee (IASC) mechanisms in Bangkok although little externally facing advocacy on vaccine equity until more recently.

- This shows the variable nature of humanitarian diplomacy at the regional level. **At one level, this can be seen as positive in that each region sets out its own humanitarian diplomacy priorities. However, it also highlights a missed opportunity for peer-to-peer exchange and learning and an opportunity to build skills and capability beyond the Geneva dialogues.**

- **Civil-military coordination was a notable gap area during this Evaluation Survey.** While it is included in the Emergency Appeal, it did not feature in interviews or documentation. **Further research is required** to identify how civil-military coordination was or could be a positive contributor to the response, for example through logistics support at global or country level, or in border areas or other high security locations where vulnerable people may be in need of assistance.

HUMANITARIAN DIPLOMACY ON VACCINE EQUITY

- IFRC Secretariat at the Geneva level was seen as playing a strong and positive advocacy role regarding vaccine equity. Initially, this advocacy was focused on positioning the COVAX facility and its critical role in procuring and distributing vaccines to developing countries. High level humanitarian diplomacy on the role of COVAX was undertaken by both the President and Secretary General of the IFRC as well as by senior leadership. IFRC Secretariat in Geneva also worked with representatives from GAVI to build awareness of the COVAX mechanism amongst the IFRC network, through regular calls, updates and written briefings. These messages were picked up early by several PNS, such as British Red Cross and Australian Red Cross, to support domestic opinion pieces. Both ICRC and IFRC Secretariat worked closely with the COVAX facility on the important development of the "humanitarian buffer." Global advocacy and engagement on vaccine nationalism continues to be a strong, with the IFRC SG addressing the UN Security Council on this issue in April 2021.

- Over time, IFRC Secretariat advocacy on vaccinations expanded to include a stronger focus on the needs of "last mile" populations, such as undocumented migrants, issues of humanitarian diplomacy that continue to be highly relevant to the work of National Societies. Key messages were developed and distributed across the network in December 2020 and used at a range of high-level meetings. They were also supported by the IFRC publication: *One Light, One Tunnel: How commitments to COVID-19 vaccine equity can become a reality for last mile communities.*

- **Several National Societies have used the opportunity of COVID-19 to increase their humanitarian diplomacy on behalf of marginalised groups to their national Governments**. This includes the Maldivian Red Crescent who adopted a strong humanitarian diplomacy role with its government to highlight the vaccination needs of undocumented migrants and migrant workers. There continues to be high demand from National Societies for more customised support on humanitarian diplomacy related to migrants, internally displaced people, refugees and COVID-19.

- **For several other National Societies, the strong global advocacy regarding vaccines has created high expectations from their governments, with limited customised technical support from IFRC Secretariat to follow up on this**. This was felt quite acutely by several National Societies in the Americas. This has put several National Societies in an awkward situation, and points to the immediate need for stronger guidelines for National Societies at the country level. As noted elsewhere, COVID-19 has led to an increased demand from National Societies for more customised support to fulfil their role as auxiliary to the public authorities. In the longer term, it highlights that fulfilling the auxiliary role requires skills development beyond just legal guidelines to include the "soft skills" of negotiation, representation and humanitarian diplomacy.

External communications

- **The IFRC Secretariat benefited from a quick and significant increase in its communications profile during the COVID-19 response.** The communications team identified very early on the importance of the pandemic and the relevance of the global to local IFRC network response.

- In particular, it made the IFRC network's role in the health sector more visible and compelling. **The IFRC Secretariat invested significantly in new forms of social media and there was a strong uptake in utilising new digital platforms such as Slack® to get messages out quickly to the broader communications networks at regional and national level.**

- It was reported that there was a 60% growth in media coverage and 625% increase in social media pick up in 2020 which contributed to positioning IFRC Secretariat as a leading agency to the COVID-19 response. These are impressive statistics that recognise the hard work from the communications and social media teams. It also recognises **good collaboration between the communications and health staff to provide technical inputs to the communication plans**. There is ambition from the communications team to continue to apply these new skills and approaches towards further global issues, such as climate change. Given the experience and success of the IFRC communications model under COVID-19, this is laudable. **However, it was not clear how sustainable the funding is to continue this increased level of communications**.

- The **communications team also moved quickly to support the fundraising asks of the Emergency Appeal**, working closely with PRD to develop products such as videos or infographics to support public, institutional, and corporate fundraising. There was increased evidence of communication activity at National Society level, both for external engagement as well as stronger social messaging related to programs. There were however **calls from several National Societies for more sustained support for communications at the national level**.

- Another expanded component of communications work was the very **strong engagement with CEA and in supporting RCCE**. The IFRC Secretariat communications teams supported considerable public outreach work around health education and countering misinformation through the production of digital messaging.

Opportunities and recommendations

1 Consider having **dedicated global liaison functions with key partner organisations** for future large-scale operations, such as the ongoing dialogue with the WHO.

2 There is a great opportunity to build on the lessons on humanitarian diplomacy arising from COVID-19 and **support stronger tools and capacity building at National Society level**.

3 Create opportunities for **peer-to-peer exchanges between the different regions on humanitarian diplomacy** to further build skills and capacities at regional level.

4 Consider undertaking further research to **capture the IFRC network experiences of civil-military coordination** for the COVID-19 response.

5 The work of the communications team seen as a key driver of CEA work, particularly in in the area of health. As noted elsewhere, these efforts **require further analysis to better understand impact of social media in this area which reaches beyond just metrics and examines the impact of behaviour change within communities**.

THE FUNDAMENTAL PRINCIPLES
OF THE INTERNATIONAL RED CROSS
AND RED CRESCENT MOVEMENT

Humanity

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

Impartiality

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

Neutrality

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

Independence

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

Voluntary service

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

Unity

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

Universality

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

The **International Federation of Red Cross and Red Crescent Societies (IFRC)** is the world's largest humanitarian network, with **192 National Red Cross and Red Crescent Societies** and around **14 million volunteers**. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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