



PRELIMINARY APPEAL

THE ICRC'S OPERATIONAL RESPONSE TO COVID-19



ICRC

MESSAGE FROM THE PRESIDENT

Dear Friends,

Across the globe, we are all feeling the enormous impacts of the COVID-19 pandemic. With the disease spreading rapidly, countries with weak health systems are likely to be under intense pressure, putting the lives of thousands of already vulnerable people in even greater danger.

Many countries today are facing humanitarian emergencies or instability because of armed conflict and violence and at the same time are challenged now with the spread of COVID-19. For those with limited capacity to respond to this urgent threat, the responsibility lies with the international community to step up its response. We must do so in a coordinated way, with actors playing to their strengths.

The ICRC will address the consequences of this crisis by focusing on regions and communities in which it can have the most impact, working with vulnerable people and in places that others are unable to access. We are already adapting our operational response in specific contexts and areas including detention, and displacement camps as well as supporting health services. At all times, the ICRC will ensure complementarity with other components of the International Red Cross Red Crescent Movement and the broader international response of the United Nations.

We are all on the front line of this crisis. As you act quickly to protect your societies domestically, the ICRC is responding on the front line in places where systems are at risk of crumbling. The ICRC is already a core part of the solution through its regular programmes, which include strengthening health, water and sanitation systems and service delivery in communities at high risk. Where people will suffer the deepest needs over the coming weeks, the ICRC is already there, acting to strengthen resilience and prepare for the worst.

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But we can only do so with your support. The decisions we all make now will dictate the severity of global harm caused by COVID-19. Our appeal for 254 million Swiss francs will allow us to respond to this crisis as it evolves, and to continue our other activities, many of which are enablers of the local responses to the crisis.

We also look to governments, as our partners, to support effective humanitarian response by incorporating – within your own response to the COVID-19 crisis – clear and proportional safeguards that enable local and international humanitarian actors to provide essential assistance.

Thank you for your continued support to the ICRC.



Peter Maurer

President, International Committee of the Red Cross

CONTEXT

Even as the COVID-19 pandemic brings regular activities to a standstill in many parts of the world, armed conflict and other situations of violence continue to exact a heavy toll on vulnerable communities. To people already living with volatile security conditions, the spread of this disease poses an additional threat to their lives. As they contend with daily and immediate threats to their safety and struggle to meet their basic needs, conflict-affected people may find it difficult to prioritize preventive measures against sickness. Health facilities that are already overwhelmed with cases of people injured in clashes will likely be unable to accommodate influxes of sick patients.

The ICRC works in parts of the world where conflict or other violence have severely compromised health infrastructure or, in some places, have completely devastated it. COVID-19 cases have been confirmed in countries already dealing with humanitarian crises; these include Afghanistan, Burkina Faso, the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Iraq, Somalia and the Syrian Arab Republic (Syria). The idea of further strain on these health systems as a result of the COVID-19 pandemic is extremely worrying. A health system weakened by violence lacks the capacity to detect, manage and follow up cases of illness, which in turn increases the risk of transmission. Even the implementation of basic measures for infection prevention and control can be challenging because of the scarcity of resources. In many places where the ICRC operates, clean water is a luxury, and soap and other hygiene items may be unavailable.

Internally displaced people (IDPs) and migrants, including refugees, are especially at risk of being severely affected by outbreaks of illness, including COVID-19. As they live in crowded camps or temporary accommodations, physical distancing may be impossible for them. They often endure poor sanitary conditions; water and soap are in short supply. They usually have little access to medical care, good nutrition, and information on what to do in case of a disease outbreak. All of these conditions may result in the swift and vicious spread of the virus within camps or communities hosting displaced people. Moreover, the absence of medical services in such places may

force sick people to travel further, increasing their vulnerability and the risk of wider transmission.

An outbreak of COVID-19 in places of detention would be devastating to the population there, especially in overcrowded prisons where general health conditions are already poor and where facilities lack proper sanitation and ventilation. There is, therefore, an urgent need to prevent the entry and spread of infection in prisons. In countries affected by COVID-19, State health ministries may be overwhelmed with the needs arising from the outbreak and thus unable to sustain the provision of medical care and other basic services to detainees.

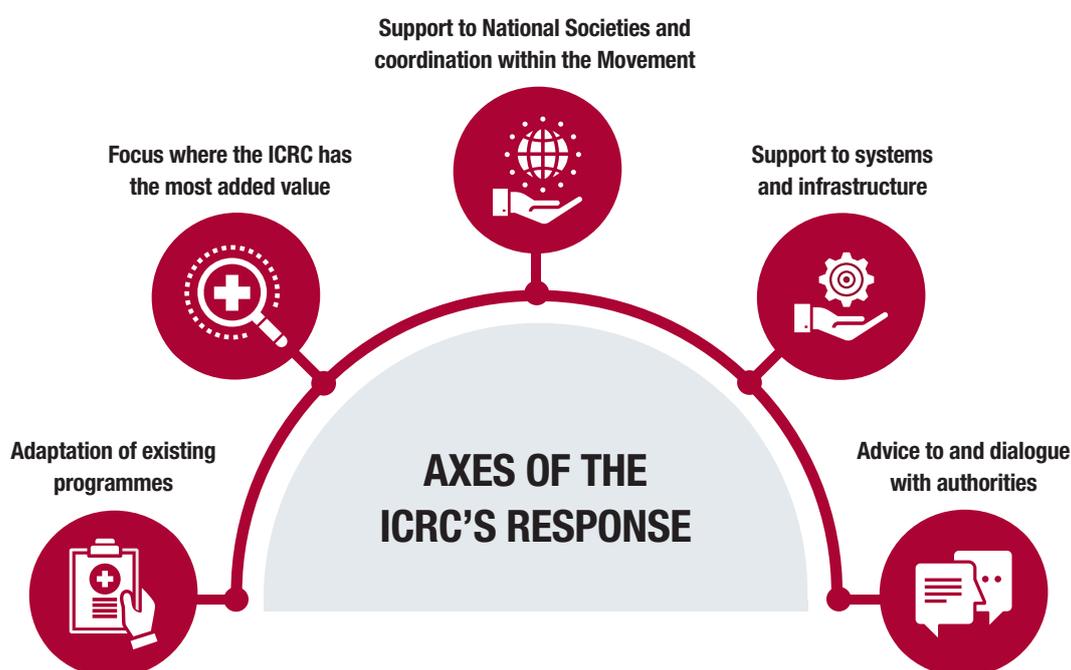
While humanitarian organizations have begun to take steps to address the needs arising from the pandemic, they face various operational hurdles. Measures taken by States to contain the spread of COVID-19, such as the closure of borders and restrictions on the movement of goods and people – although necessary – have resulted, for example, in difficulties in deploying humanitarian teams and delivering material aid. Practical arrangements should be collectively sought to create an environment in which humanitarian action can contribute to addressing and mitigating this crisis.

Curbing the spread of COVID-19 among people displaced or otherwise affected by hostilities, and among detainees, is an indispensable element in the global response to the pandemic. As public health and other services in violence-stricken contexts are ill-equipped to stem the spread of the virus, its deadly impact can rapidly multiply at an unprecedented scale. It is of utmost importance that a complete and multifaceted response to the pandemic is implemented in these contexts, in order to avert a massive loss of life and to prevent COVID-19 from proliferating and re-emerging. In armed conflict it is also critical to maintain services and humanitarian responses that are not necessarily related to COVID-19, but that also save lives and ensure the dignity and well-being of populations. These include emergency surgical care, maternal and child health, mental health and psychosocial support, water and sanitation, and food and economic security.

THE ICRC'S RESPONSE

The ICRC is stepping up its response to the crisis, integrating COVID-19 as an important new parameter in its operations. While maintaining its duty of care towards its staff and ensuring operational continuity to the extent possible, the ICRC is adapting its programmes to address the needs and challenges emerging from this pandemic, where necessary.

The ICRC's response is structured along 5 axes:



The ICRC is designed to respond optimally during crises. Its operating model is built to adapt efficiently to constantly shifting situations and needs in its environment. As it works to keep up its main activities to address the urgent needs of violence-affected people and vulnerable detainees, it is shifting its gears to help prevent or slow down the spread of infection among them and mitigate other risks arising from the pandemic. The ICRC's response will focus on activities that are at the heart of its mandate, where it brings the most benefit to the people it seeks to serve. This means continuing to be active in harder-to-reach areas where no or few other actors are present, reaching populations for whom the ICRC represents a particular added value, reinforcing activities in which it has specific expertise and, in some complex environments, acting as neutral intermediary. While addressing immediate concerns, the ICRC will also adopt a long-term perspective that takes into account the effect of this pandemic on the resilience

of people and systems already dealing with the impact of conflict and other violence.

While it is currently focusing its efforts on its response to COVID-19, maintaining operational continuity is especially important at this time, as its ongoing programmes, particularly in the fields of health care, water and sanitation, are already responding to some of the most critical concerns linked to the pandemic. Its activities to reinforce the capacity of essential public services and the resilience of communities enable people to meet their basic needs with dignity and protect themselves from various threats, including disease outbreaks. Diverting attention and resources away from such efforts will potentially heighten their risk of being affected by COVID-19 or other illnesses, with fatal and catastrophic results. Thus, the ICRC will strive to carry out its planned activities – with adjustments in accordance with this new operational reality – while scaling up those directly linked to addressing the threat of COVID-19.

The ICRC will carry out its response jointly or in coordination with National Societies and the International Federation of Red Cross and Red Crescent Societies. It will also work with national and local authorities and institutions to help them build their capacities in detecting and preventing cases and, where necessary, back their provision of essential services that may be overshadowed by the immense needs generated by the pandemic. In parallel, the ICRC will engage in dialogue with national and local authorities, non-State armed groups and Movement partners on ways to contain the outbreak while respecting the

rights and promoting the dignity of the people affected, including detainees. The ICRC will continue to engage closely with the United Nations (UN) and the wider humanitarian sector to ensure a coordinated response. The ICRC's response complements the World Health Organization's (WHO) framework and the wider UN efforts to contain the spread of COVID-19, mitigate the deterioration of livelihoods, and protect and assist communities that are particularly vulnerable to COVID-19. The ICRC also stands ready to support States and National Societies in their implementation of the WHO framework ("isolate, test, treat, trace").

Yemen, camp for internally displaced people. A boy uses dirty water to wash up.



APPEAL

CHF 254 million
for the ICRC's operational
response to COVID-19

In light of this exceptional crisis, the ICRC is appealing for 254 million Swiss francs for its operational response to COVID-19. Support for this appeal will ensure that the ICRC is able to respond to the outbreak as a priority and meet evolving needs as they unfold.

The ICRC's appeal supports the overall response of the International Red Cross and Red Crescent Movement and complements the International Federation's appeal in support of National Societies.

Preliminary budget details can be found in the annex.

PLAN OF ACTION

ICRC field delegations have defined interim responses to COVID-19 based on the existing and anticipated needs in their respective contexts. The ICRC stands ready to continue adapting its operational plans as the situation evolves.

Key operational priorities



Supporting vital health infrastructure



Ensuring communities' access to clean water and reinforcing good hygiene practices



Ensuring safeguards for vulnerable people and humanitarian action



Preventing the spread of disease in places of detention



Working with Movement partners to contribute to global and local responses to the crisis



Sustaining activities that promote people's resilience



SUPPORTING VITAL HEALTH INFRASTRUCTURE

The ICRC regularly supports health-care facilities in volatile areas with material, financial and capacity-building support, as well as with technical assistance for establishing standard medical protocols and infection control measures. Its activities also include infrastructural improvements to expand hospital capacity, ensure a stable water supply and proper waste management, and improve overall service delivery. In case of an escalation of violence or disease outbreaks, it is ready to expand the scale and scope of its support. In many conflict-affected areas, ICRC-supported hospitals and clinics are among the few functioning health facilities.

As an outbreak of COVID-19 threatens to further overwhelm overburdened health-care systems in countries affected by conflict and other violence, the ICRC is increasing its technical, financial and material assistance to hospitals, clinics and other medical services that it supports around the world. Such support aims to help them manage COVID-19 cases while continuing to provide other much-needed health services. It is adapting its response to ensure that the mental health

and psychosocial needs of people already traumatized by violence continue to be addressed, and that emerging needs due to containment or other restrictive measures are taken into account, both in the case of affected populations (such as patients and their families) and responders. At the community level, the ICRC is helping share information on COVID-19 prevention, with a view to curbing the spread of the disease.

The ICRC continues to work closely with health ministries, National Societies, the WHO and other organizations to ensure that its response is aligned with national measures and focused on where it has the most added value. It is also engaging with the authorities and weapon bearers on the need to facilitate the movement of health workers and supplies, without compromising quarantine procedures and other preventive measures in place.

As necessary, the ICRC is adjusting its training and other activities for health staff and communities to reduce the risk of contagion – for instance, by adopting remote-learning means. The ICRC's activities incorporate lessons

learnt from its response to similar outbreaks of infectious diseases, such as Ebola, in conflict-affected areas.

The ICRC will:

- provide medical supplies and equipment to hospitals and clinics in **Afghanistan, Burkina Faso, CAR, the DRC, Lebanon, Mali, Myanmar, Pakistan, Syria** and **Ukraine**, and maintain contingency stocks in case of further emergencies; provide oxygen concentrators in Ukraine and other places where such items are hard to come by
- provide protective equipment (e.g. masks, goggles, gowns and gloves), infrared thermometers and hygiene items to hospitals and primary-health-care centres in **Afghanistan, Bangladesh, the Bolivarian Republic of Venezuela (Venezuela), Colombia, CAR, the DRC, El Salvador, Honduras, Iraq, Lebanon, Libya, Mali, Myanmar, Nigeria, the Philippines, Somalia, South Sudan, Syria, Ukraine** and **Yemen**; set up additional handwashing stands for patients and staff
- support the implementation of national or WHO guidelines for monitoring suspected COVID-19 cases, organize additional training in infection prevention and control procedures, and advise health staff on ways to reduce the risks of infection among patients in 35 countries/territories, as a first priority
- help build quarantine areas and/or disinfection facilities in hospitals and/or clinics in **Afghanistan, Burkina Faso, CAR, the DRC, Lebanon, Mali, Myanmar, Pakistan, Syria** and **Ukraine**; in the **DRC, Ukraine** and others, install generators and/or other means to mitigate interruptions to water and electricity services
- donate ambulances to medical evacuation services in **Burkina Faso, CAR, the DRC, Eritrea** and **Lebanon**; give medical supplies and other support to National Societies performing such services in **Syria, Yemen**, and **Georgia** and in the **occupied Palestinian territory**
- train emergency responders, National Society volunteers, paramedics, mortuary staff in handling the remains of COVID-19 fatalities; donate personal protective equipment, body bags and other supplies to morgues
- help authorities and the National Societies in **Burkina Faso, CAR, Libya, Lebanon, Nigeria, Pakistan**, and **the Philippines**, among others, draft and implement contingency plans for managing mass casualties in relation to COVID-19
- support National Society volunteers (e.g. those in **Colombia, Iraq** and **Georgia**), health workers (e.g. in Burundi) and first responders with basic psychological care and build their capacity to provide such care to others; provide them with telephones and/or funding to set up hotlines for counselling; distribute communication materials on coping with the psychological effects of protective confinement
- offer phone services to patients under quarantine so they contact their families, in **El Salvador** and **Pakistan**, for example
- through social media posts, radio and television spots, support the communication campaigns of health authorities and National Societies on ways to avoid infection in line with WHO guidelines and on the community's role in preventing the stigmatization of patients and the spread of misinformation; incorporate messages aimed at mitigating the risk of violence against health workers in case of a surge in the number of people seeking tests or treatment across all regions



Burkina Faso. After the closure of several health centres in the province, the Barsalogo medical centre is receiving three times as many patients today as in 2018. There are not sufficient beds and some patients are receiving care or sleeping outside.



PREVENTING THE SPREAD OF DISEASE IN PLACES OF DETENTION

Detainees are not exempt from society when it comes to infectious diseases. Detention facilities are often overcrowded, with poor ventilation and deficient hygiene and sanitation conditions. Access to health care, adequate nutrition and washing facilities are not always guaranteed. These factors favour the spread of infectious diseases and make preventing, treating and containing them extremely challenging. The rate of transmission inside places of detention is potentially much higher than outside a detention setting; elderly detainees and detainees with chronic conditions are particularly at risk. The constant flow of people – detainees, staff and visitors – presents the additional risk of bringing the virus into places of detention or back out into mainstream society.

The ICRC has a unique role to play in protecting detainees and prison staff from the spread of COVID-19. In many places around the world, the ICRC has privileged access to places of detention, where it visits detainees to check on their well-being. It fosters confidential dialogue with the relevant authorities and works with them to address specific humanitarian needs, including access to health care. In some cases, it implements technical interventions and supports reform processes aimed at improving detainees' treatment and living conditions.



Philippines. Overcrowding in the country's jails has been a problem for many years.

As part of its response to COVID-19, the ICRC is working with the relevant authorities to strengthen standard practices (e.g. medical screening of new arrivals and the setting up of prevention measures, such as handwashing stations) for detainees, visitors, guards and other people. It is providing prison clinics with medicines and other supplies, and training staff in addressing detainees' health-care needs. It is also working with authorities to make sure that detainees have access to timely medical

treatment, including specialized health care for suspected or confirmed cases of COVID-19. The ICRC works not only to mitigate the spread of the virus inside prisons but also to prevent it from being brought back into wider society where it could affect even more people.

ICRC projects to ensure proper water and sanitation facilities, ventilation systems and open areas in prisons help protect detainees from potential outbreaks of COVID-19 and other infectious diseases. Detainees also benefit from hygiene promotion sessions that aim to prevent and contain the spread of communicable diseases. The ICRC is supporting disinfection measures, such as fumigation campaigns and the distribution of soap and other hygiene and cleaning materials to detainees.

The ICRC knows from experience that these sanitation measures work, as it has seen them prevent the entry of Ebola – in Guinea, Liberia and the DRC – and cholera, in the DRC, into places of detention. Moreover, the ICRC's experience in preventing disease outbreaks and running long-term tuberculosis (TB) programmes in places of detention in Kyrgyzstan and the Philippines provide a wealth of insight that can inform its COVID-19 response in detention settings.

With nutrition being an important determinant of health, the ICRC also supports malnutrition treatment programmes for detainees in some countries. ICRC-donated hygiene kits help detainees stay clean and reduce their chances of contracting diseases.

The ICRC will:

- closely monitor the situation in places of detention and engage in dialogue with the detaining and other relevant authorities on preparedness and response measures to potential outbreaks of COVID-19; give them technical and material support to enhance infection prevention and control measures
- provide health and other staff in places of detention in **Bangladesh, Burundi, Colombia, Iraq, Jordan, Libya, Malaysia, the Philippines, Syria, Ukraine** and **Yemen** – among others – with personal protective equipment (e.g. medical masks, goggles, face shields and/or gloves); furnish prison clinics with medical equipment and/or materials, including medicines and thermometers
- in countries such as **Afghanistan, Bangladesh, Burkina Faso, Colombia, Lebanon, Myanmar** and **Sri Lanka**, help the authorities install handwashing stations, water tanks and/or medical screening facilities in places of detention

- help the detaining authorities in **Afghanistan, Burkina Faso, Chad, Iraq, Kenya, Lebanon, the Philippines, and the United Republic of Tanzania** build isolation areas for detainees suspected or confirmed to have COVID-19
- train prison staff in **Afghanistan, Bangladesh, CAR, the DRC, Kenya, Somalia** and other countries on proper hygiene practices, infection control and/or COVID-19 case detection and management; help them conduct hygiene-promotion sessions or campaigns
- provide the detaining authorities in **Cambodia, El Salvador, Iraq, Libya, Mali, Sri Lanka, Ukraine, Venezuela** and elsewhere with cleaning or disinfectant materials, such as chlorine, and/or help them conduct fumigation campaigns
- provide detainees (e.g. those in **Azerbaijan, Ethiopia, Libya and Syria**) with soap and other hygiene items
- include suspected or confirmed cases of COVID-19 in existing malnutrition treatment programmes for detainees in the CAR and elsewhere



ENSURING COMMUNITIES' ACCESS TO CLEAN WATER AND REINFORCING GOOD HYGIENE PRACTICES

In places with armed conflict and other situations of violence, essential infrastructure is often damaged by the fighting, and/or neglected owing to the lack of resources. Together with the authorities, National Societies and other service providers, the ICRC supports the construction or repair of water-supply and sanitation facilities and carries out hygiene promotion projects to ensure that violence-affected communities, IDPs and migrants, including refugees, have access to clean water and live in sanitary conditions to prevent the spread of disease. It also helps hospitals and other medical structures expand their capacities or improve their services by building or rehabilitating their facilities.

In its response to COVID-19, the ICRC is scaling up these ongoing initiatives, focusing its efforts in densely populated urban and rural areas affected by violence, as the virus is most likely to spread rapidly in these areas. Infection prevention is being integrated as a key element in hygiene promotion and water supply projects. Notably, water will be disinfected in places in which the ICRC oversees or supports its delivery; these include health facilities, IDP camps, temporary accommodations and communal facilities for communities and migrants. The ICRC will bolster its support for local providers of water and sanitation services and health facilities treating COVID-19 patients, to help guarantee a steady supply of clean water and regular waste management. Various activities will be carried out to this end in several contexts; for instance, the ICRC will:

- expand campaigns to promote hygiene practices and/or increase distributions of hygiene kits (containing soap, towels, sanitizers, etc.) in **Chad, Colombia, Myanmar, Niger, Somalia, Syria, Ukraine, Yemen** and elsewhere
- build handwashing stations and/or set up quarantine areas in health facilities, IDP camps and/or assistance distribution sites in **Afghanistan, Burkina Faso, CAR, Iraq and Myanmar**, among others
- give supplies to National Society volunteers in **Syria** for disinfecting buildings, and to water and sanitation authorities, in **Libya** and elsewhere, for cleaning streets and other infrastructure
- undertake or support repairs to water and sanitation facilities in **Colombia, the DRC, Iraq, the Philippines, Mali, Nigeria and South Sudan**, among others
- reinforce capacities of health facilities treating COVID-19 patients, for instance in **Mali**



Mali. The ICRC facilitates access to water for people in conflict-affected areas.



WORKING WITH MOVEMENT PARTNERS TO CONTRIBUTE TO GLOBAL AND LOCAL RESPONSES TO THE CRISIS

Owing to its global network and local presence across many contexts, the International Red Cross and Red Crescent Movement is in a unique position to contribute to the response to the COVID-19 pandemic. The ICRC is thus working with the International Federation to support National Societies – which have been at the front line of local responses – and help the most at-risk communities in a complementary way. Within the Movement, the International Federation is the primary mechanism for support to National Societies in their COVID-19 responses, while the ICRC's response focuses on contexts affected by armed conflict or other violence, where its mandate enables it to obtain access to vulnerable populations (for instance, in conflict zones that are not under government control) or where it has specific expertise (such as assistance to detainees).

The ICRC carries out its activities jointly or in collaboration with the International Federation and National Societies. Where relevant, National Societies will be included in the planning process and in the implementation of the ICRC's response. The ICRC will work to adapt and/or reinforce its support for National Societies; for instance, it will:

- provide National Society volunteers in **Colombia**, the **Democratic People's Republic of Korea**, **Nigeria**, **Ukraine** and **Yemen** with personal protective equipment (n95 masks, gloves, etc.), disinfectant, thermometers and other supplies
- support the efforts of National Societies in the **DRC**, **Iraq**, **Myanmar**, **Somalia**, **Syria** and **South Sudan** to raise public awareness of ways to minimize their risk of contracting COVID-19
- give the National Societies in **China** and the **Islamic Republic of Iran** financial support for enabling the prompt transfer, medical treatment and follow-up of COVID-19 patients

Working with the International Federation, it will seek to facilitate regular coordination among Movement components working in situations of armed conflict or other violence. This will also aim to ensure that National Societies are able to obtain, or provide each other with, support in terms of logistics and security management.



ENSURING SAFEGUARDS FOR VULNERABLE PEOPLE AND HUMANITARIAN ACTION

In support of its work for people in need and the work of other humanitarian actors, the ICRC is strengthening its engagement with States and international organizations – both in the field and through other diplomatic channels, such as its delegations covering the UN and other multilateral organizations. It will:

- seek to ensure that particularly vulnerable groups – IDPs and refugees in camps, migrants, detainees, and the wounded and sick – are not left behind in national responses to the crisis, and that plans account for their specific needs and seek to mitigate any unintended negative effects that containment measures may have on access to essential services
- advocate clear and appropriate safeguards for humanitarian action in the exceptional measures being taken by States, so that such measures – while necessary – do not adversely affect the ability of the ICRC and others to help respond to the crisis and to

continue other essential resilience-building and life-saving initiatives for people in need

- inform stakeholders of the ICRC's efforts to respond to the COVID-19 crisis, soliciting their concerns and suggestions, while also reiterating the ICRC's specific areas of expertise and its contribution to the overall response
- raise awareness of issues – for instance, on the use of data and surveillance – that may emerge as part of the response to the pandemic

The ICRC will work in coordination with the UN and the wider humanitarian sector in order to contribute to the global efforts to contain the spread of COVID-19, in line with the WHO's guidelines. The ICRC will continue to engage directly with the WHO and other UN agencies, and via the Inter-Agency Standing Committee.



SUSTAINING ACTIVITIES THAT PROMOTE PEOPLE'S RESILIENCE

Even as it pays particular attention to the challenges emerging from COVID-19, the ICRC will maintain its broader range of activities, in order to continue providing a holistic response to the needs of the communities it serves, particularly in terms of their economic security and their need to establish contact with their loved ones. In so doing, it aims to give their resilience a boost and strengthen their capacity to cope with the impact of COVID-19 coming on top of the challenges they already face.

Aside from grappling with the health effects of COVID-19, communities affected by conflict and other violence are forced to cope with a further strain on their access to basic goods and services, and to sustainable livelihoods. Thus, in coordination with the authorities, National Societies and other local partners, the ICRC is adapting its activities to help these people to cover their daily necessities or to protect or regain their self-sufficiency, while seeking to mitigate their exposure to the virus. It continues to focus on the particularly vulnerable among them, including those in quarantine facilities: elderly people living alone, people displaced within or across borders, and refugees and other migrants.

The design of ICRC assistance activities will be adjusted in order to mitigate the threat of COVID-19 to its beneficiaries. For instance, before distributing relief supplies or vaccinating livestock, the ICRC will brief people on COVID-19 infection prevention measures, and implement protocols for physical distancing and disinfection, including by staggering the delivery of assistance to avoid large gatherings of people. To reduce possible transmission of the virus, the ICRC will prioritize providing mobile money and debit cards in lieu of handing out print vouchers, cash grants and material items. Monitoring of activities may be done remotely, via phone or video calls and online channels. Various kinds of support will be given to meet the economic needs of communities affected by or at risk of COVID-19. For example, the ICRC will:

- upon the authorities' request, provide additional food and/or household essentials, or cash for buying these, for people in **Bangladesh, the Gaza Strip, the Philippines, Ukraine** and **Yemen** and those affected by the Nagorno-Karabakh conflict, among others
- increase cash assistance for breadwinners who lost their livelihoods and/or for local businesses to keep staff employed, for instance in **Iraq** and **Colombia**



People around the world are facing hard times as a result of the COVID-19 outbreak. Yet, those already suffering from armed conflicts are hit the hardest. In Ukraine, the ICRC continues its efforts to support conflict-affected people, especially the most vulnerable among them.

- after movement restrictions are lifted, implement community cash-for-work projects (e.g. cleaning of roads and canals) in **Iraq** to help boost the local economy
- reinforce material, financial and technical support for National Society personnel conducting economic security activities – for instance in **Israel and the occupied territories** and in **Syria** – to reduce their exposure to the virus

In such uncertain times, family contact is more important than ever and can serve as a lifeline for those struggling to cope. The ICRC and the National Societies will also adapt their family-links activities in order to minimize the likelihood of COVID-19 transmission as they seek to help separated family members restore contact or locate missing relatives. Taking into account infection prevention measures, some family-links services such as phone calls will be offered to people held in places of detention where family visits have been suspended and to COVID-19 patients quarantined in hospitals. Together with National Societies, the ICRC will:

- expand the availability of phone services at refugee and IDP camps, for example, in **Eritrea** and **Somalia**;

provide hand sanitizers, enforce social distancing, and set up handwashing stations during outreach activities for refugees and other migrants

- in **Eritrea** and in countries covered by the ICRC's regional delegation in **Mexico**, work with the National Societies to provide family-links services for quarantined COVID-19 patients and their relatives; train National Society staff and volunteers in self-protection measures and provide them with protective gear
- in contexts such as **Afghanistan, Iraq** and **Yemen**, donate phones to prisons or cover phone credits to facilitate phone calls between detainees and their families
- provide National Societies with IT equipment and other support to enable them to expand their services or to provide family-links services remotely; promote the ICRC's online tracing service, to reduce the need for face-to-face contact

All of the activities above will be carried out in close coordination with the UN and the broader humanitarian community to ensure complementarity of the response.

FUNDING

The ICRC is grateful for the unwavering support of its donors and counts on their continued solidarity in these unprecedented times. Given the fluid and unpredictable nature of the crisis, and in the spirit of the Grand Bargain commitments, the ICRC calls on its donors to stay flexible in their support to the ICRC and other Movement components, in order to allow for a robust and agile response to rapidly evolving needs. In the face of such uncertainty and mounting operational constraints, the ICRC appeals for maximum flexibility in the allocation of contributions, which would enable it to direct its resources and action where they are needed the most.

The ICRC commits to maintaining its standards for reporting and appreciates donors' additional flexibility in this regard. Reporting against this appeal will be integrated into the ICRC's standard reporting documents, specifically the Midterm and Annual Reports. The ICRC's appeal and activities include significant coordination with and support for National Societies in their home countries, as well as scaling-up of cash assistance in some contexts, which are also in line with the Grand Bargain.

RISKS, CONTINGENCY PLANNING AND ACCOUNTABILITY

The ICRC recognizes that it is not immune to the effects of this pandemic, especially since it works in contexts with volatile security conditions and ongoing humanitarian crises. Logistical, administrative, operational and other constraints, which are likely to grow as a result of the current pandemic, may affect the ICRC's capacity to implement the plans described above and its other activities for people affected by conflict. The ICRC is thus constantly monitoring the situation, assessing its response and adjusting its planning to ensure operational and institutional continuity, while also fulfilling its duty of care to its staff. It has put in place crisis preparedness and response measures and contingency planning in each delegation, at headquarters and at its shared services centres. The ICRC calls on States to preserve humanitarian organizations' access to vulnerable populations, so they can continue to deliver vital assistance and protection.

Amid the uncertainty around this rapidly evolving pandemic, the ICRC is steadfast in ensuring that it remains accountable to the people it serves and to its donors. In line with its people-centred approach, the ICRC continues to engage with affected populations, to get their input and, as needed, inform them of significant changes in its operations. It does so while upholding its "do no harm" principle, by following protocols on infection control and, whenever possible, using alternative means of contact. The ICRC also continues to pursue its usual high standards for quality assurance and its robust risk management and compliance mechanisms.

ANNEX: PRELIMINARY BUDGET

The table below provides a preliminary overview of the costing of the ICRC's response to the COVID-19. The bulk of the response will be implemented in these contexts. Details may change as the situation develops.

PRELIMINARY BUDGET: ICRC GLOBAL RESPONSE TO COVID-19	IN CHF
AFRICA	
Burkina Faso	2,100,000
Burundi	2,200,000
Central African Republic	8,100,000
Chad	1,600,000
Congo, Democratic Republic of the ¹	12,900,000
Eritrea	200,000
Ethiopia	3,500,000
Libya	9,800,000
Mali	8,600,000
Nairobi (regional) ²	1,000,000
Nigeria	14,500,000
Niger	4,000,000
Somalia	12,400,000
South Sudan	22,000,000
TOTAL: AFRICA	102,900,000
AMERICAS	
Colombia	4,000,000
Mexico City (regional) ³	3,500,000
Venezuela ⁴	6,800,000
TOTAL: AMERICAS	14,300,000
ASIA AND THE PACIFIC	
Afghanistan	11,200,000
Bangladesh	3,300,000
Bangkok (regional) ⁵	2,000,000
Beijing (regional) ⁶	2,400,000
Kuala Lumpur (regional) ⁷	900,000
Myanmar	8,800,000
Pakistan	1,900,000
Philippines	4,200,000
Sri Lanka	1,400,000
TOTAL: ASIA AND THE PACIFIC	36,100,000
EUROPE AND CENTRAL ASIA	
Azerbaijan	1,300,000
Georgia	200,000
Ukraine	12,300,000
TOTAL: EUROPE AND CENTRAL ASIA	13,800,000
NEAR AND MIDDLE EAST	
Iran, Islamic Republic of	500,000
Iraq	12,800,000
Israel and the Occupied Territories	9,000,000
Jordan	2,600,000
Lebanon	10,100,000
Syrian Arab Republic	28,600,000
Yemen	23,300,000
TOTAL: NEAR AND MIDDLE EAST	86,900,000
TOTAL PRELIMINARY APPEAL	254,000,000

1. Covering Congo-Brazzaville and the Democratic Republic of the Congo

2. Covering Djibouti, Kenya, United Republic of Tanzania

3. Covering Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua

4. Covered under Caracas (regional)

5. Covering Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam

6. Covering China, Democratic People's Republic of Korea, Mongolia, Republic of Korea

7. Covering Brunei Darussalam, Japan, Malaysia, Singapore



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