



Drowning just below the surface:

The socioeconomic consequences
of the COVID-19 pandemic

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We've all seen the devastating impacts on people's physical health, the death toll around the world has been colossal and heartbreaking. But there was another, parallel pandemic, simmering under the surface. COVID-19 has devastated the livelihoods of many, the social and economic impact on the mental health of individuals and families has been great. Let alone the impact of confinement and the uncertainty, fear and stigma, that this virus has also brought with it.

Angela Stair, Jamaican Red Cross



Acknowledgements

This research was commissioned by the International Federation of Red Cross and Red Crescent Societies (IFRC) and conducted by ACAPS, with the support of Teresa Goncalves (IFRC) during the period April-July 2021.

The report was written by Michael Marshall and Teresa Goncalves and designed by Valentina Shapiro (IFRC).

This research and subsequent report would not have been possible without the collaboration of National Red Cross and Red Crescent Societies. With particular thanks to the ten National Societies who participated in the research directly through interviews, sharing reports and data. These were: Afghan Red Crescent Society, Colombia Red Cross, Iraqi Red Crescent, Kenya Red Cross, Lebanese Red Cross, Philippine Red Cross, South African Red Cross Society, Salvadorean Red Cross Society, Spanish Red Cross, and Turkish Red Crescent.

A special thank you to the 38 National Societies who took part in the survey that complements this research: Argentina Red Cross, Bahamas Red Cross, Belarus Red Cross Society, Brunei Darussalam Red Crescent Society, Bulgaria Red Cross, Croatian Red Cross, Red Cross Society of China, Colombia Red Cross, Dominica Red Cross, Ecuador Red Cross, Spanish Red Cross, German Red Cross, Honduras Red Cross, Hong Kong Red Cross Branch of Red Cross Society of China, Iranian Red Crescent, Iraqi Red Crescent Society, Italian Red Cross, Jamaica Red Cross, Japanese Red Cross, Red Crescent Society of Kazakhstan, Kenya Red Cross, Red Crescent Society of Kyrgyzstan, Lebanese Red Cross, Malagasy Red Cross, Mongolian Red Cross Society, Nigerian Red Cross Society, Norwegian Red Cross, Panamanian Red Cross, Philippine Red Cross, Portuguese Red Cross, Salvadorean Red Cross Society, Slovenia Red Cross, South African Red Cross Society, Sri Lanka Red Cross Society, Red Crescent Society of Tajikistan, The Republic of Korea National Red Cross, Turkish Red Crescent, Yemen Red Crescent.

A final, sincere, and special thanks to all the technical teams from across the IFRC network that contributed to, participated in, and reviewed this research.

Methodology

Three approaches were used to undertake this research. The primary research was carried out by ACAPS, a non-profit, non-government organisation focused on humanitarian analysis, on behalf of the IFRC from April-July 2021. Where updated figures and data were made available during the writing process, these have been included (up to September 2021).

- 1. ACAPS surveyed the existing literature on the socioeconomic impacts of the pandemic.** They identified reports by organisations such as UNOCHA and the World Bank, among many others, as well as the [Federation-wide databank and reporting system \(FDRS\)](#) and [IFRC GO platform](#). This approach sought to compile data on the pandemic's effects on employment, food security and mental health; the specific impacts on vulnerable groups, such as refugees; and how people, society and National Red Cross and Red Crescent Societies coped, responded, and adapted.
- 2. Key Informant Interviews with technical teams from across the IFRC network, at both a global and regional level, were carried out.** Following these interviews and with the support of IFRC regional delegations, the ten focus countries and respective National Societies were identified to be included in the research. Between them, these represent a wide range of levels of development and wealth, and of pre-existing crises, such as natural or climate-related disasters, and the role of the National Red Cross or Red Crescent Society in the pandemic response.
- 3. The final approach was to survey National Societies.** In order to ensure high participation, a targeted survey was sent to each region to cover a varying and diverse range of countries and National Societies. The survey was sent out in July 2021. It contained detailed questions about how the pandemic had impacted their respective countries on a socioeconomic level, and how the National Societies had responded. Thirty-eight National Societies completed the survey.

The result is a dataset that is rich but not systematic. Data on certain consequences of COVID-19 are available for some countries but not for others, and the datasets are typically not comparable. Furthermore, much of the data comes from surveys, some of which are more representative than others. The findings should be taken as indicative but not definitive. This research was reviewed by IFRC and guided by technical teams from across the IFRC network.

Foreword

The COVID-19 pandemic has caused unparalleled suffering. The virus has claimed the lives of millions of people around the world and brought health systems to their knees. Beyond that, the pandemic has damaged the fabric of our society. These devastating tolls continue to mount, but meanwhile a concurrent crisis has been escalating. Throughout this pandemic, those facing the greatest vulnerabilities have been the people and groups most neglected by society— those who were already drowning just below the surface.

The destructive consequences of this pandemic will be felt for years, if not decades, to come. They have revealed how existing and new crises collide, compounding vulnerabilities. On top of this, profits are still trumping humanity when it comes to the equitable distribution of COVID-19 vaccines. As a result, our society is on course for a wildly unequal recovery.

By using the new knowledge uncovered by this research, the IFRC hopes to continue to contribute to a response that will ensure that no one is left behind. We must learn where we fell short and make certain that these gaps are filled. Recovering from this pandemic cannot be about returning to the way we were. Instead, we must grow and be stronger.

The IFRC's network of National Societies' staff and volunteers have been on the frontlines of this pandemic since the outset. We will continue to be there, playing our part, every step of the way.



Jagan Chapagain

Secretary General of the
International Federation
of Red Cross and Red
Crescent Societies

A handwritten signature in black ink, appearing to be 'Jagan' followed by a stylized flourish.



Francesco Rocca,

President of the
International Federation
of Red Cross and Red
Crescent Societies

A handwritten signature in black ink, appearing to be 'Francesco Rocca' in a cursive style.





EXECUTIVE SUMMARY

Executive summary

Since the outset of this pandemic, Red Cross and Red Crescent volunteers and staff have treated, cared for, systematically listened to, and supported millions of people. As they have taken action to support communities to contain the spread of the virus, they have been responding to a parallel crisis.

The socioeconomic consequences of the COVID-19 pandemic include reduced employment and loss of income; increased food insecurity; fewer protections against violence; and exacerbated mental health issues. COVID-19 has amplified inequalities, destabilized communities and reversed development gains made in the past decades. Many countries are navigating surges in transmission alongside large-scale disasters and other complex humanitarian crises.

The enormous socioeconomic impacts of the COVID-19 pandemic have not affected everyone equally. From the outset, this crisis has been defined by profound and persistent inequities: both in terms of who is most at risk, and how the world has responded. People in vulnerable settings have been more likely than the general population to be infected; once infected, more likely than peers in well-resourced settings to die, and least likely to be appropriately supported through the response. This pattern has been carried through into the secondary impacts of this pandemic.

In this context, and given the IFRC principle of leaving no one behind, we wanted to determine how communities were affected by these secondary impacts, who was impacted and why, and how National Red Cross and Red Crescent Societies adapted their response to support communities, including the newly vulnerable and those whose vulnerabilities were exacerbated by the pandemic.

Through this research, we found that three groups were especially at risk.

First, women were disproportionately affected compared to men. According to our research, women were significantly impacted by the implications of the pandemic on livelihoods. This may be due to the higher likelihood of women being employed in informal sectors or in the domestic and tourism industries ([CARE 09/2020](#)). A survey by the Spanish Red Cross showed that, among people accessing assistance from Red Cross, 18 per cent of women who were employed before the pandemic had lost their jobs, compared to 14 per cent of men. At the same time, women across the countries researched, were still expected to provide care in their households, including care for people with COVID-19 – exposing women to a higher risk of infection. Lockdowns and the resulting social isolation

removed many of their protections, exposing them to sexual and gender-based violence. Perhaps unsurprisingly, research also indicated that women experienced mental health impacts to a greater degree than men. In one study reviewed, 27 per cent of women reported an increase in challenges associated with mental health impacts, compared to 10 per cent of men ([CARE 09/2020](#)).

Second, in many countries, people living in urban areas were more severely affected by the socioeconomic impacts of the pandemic. This was partly due to the nature of city-based labour, which often became untenable compared to rural work that was outdoor-based and physically distanced. The urban poor, marginalized groups and people living in informal settlements with inadequate housing, health care and infrastructure were even more disproportionately impacted by the health impacts ([Cities Alliance 2021](#)) and subsequent economic affects. In Afghanistan, the poverty rate in urban areas increased from 41.6 per cent to 45.5 per cent, which suggests the high impact of COVID-19 restrictions on life in urban areas – especially for households whose livelihoods depended on self-employment, manufacturing, day-labour and small-scale retail.

Continued arrivals of displaced people into towns and cities placed additional pressures on urban areas. In Kenya, for example, the National Society found new vulnerable groups had emerged in the urban informal settlements. In Turkey, people in urban areas developed additional needs due to the pandemic. This included business owners and their employees that were affected by the curfews (KII TRCS 12/07/2021). Though our National Societies have been working effectively in urban areas for many years, this urban focus posed particular challenges, such as identifying newly vulnerable groups, which will be explored further in this report.

Finally, the pandemic was uniquely threatening to migrants, internally displaced people and refugees.

Many were already vulnerable, often with precarious livelihoods and little or no state support. The pandemic exacerbated these problems (*Global Migration Lab 2021*). Refugees and migrants were among the most affected by the socioeconomic effects of the pandemic, according to National Societies (ACAPS/IFRC survey). The main impact was on employment. Other reported impacts were movement restrictions, which prevented people from accessing services, left them stranded, forced them to attempt to return to places of origin, and/or led to an increase in negative coping mechanisms. In Colombia, the Red Cross reported that Venezuelans were incurring debt in order to cover basic needs. In Lebanon, the severity of coping strategies remained stable between April/May 2020 and August/September 2020 for Lebanese nationals, but deteriorated for Syrian nationals in the same period (*WFP 31/12/2020*). Syrian refugees' debt levels also increased.

During the research, it became obvious that the cause-and-effect relationships here are complex and often unclear. Many socioeconomic vulnerabilities predated the pandemic, so it is difficult, and sometimes impossible, to determine whether a particular crisis was caused by the pandemic, or merely exacerbated or prolonged by it. In Iraq, the pandemic was a secondary concern due to severe pre-existing problems: a humanitarian crisis involving 1.2 million internally displaced people and almost 250,000 registered Syrian refugees. Meanwhile, in Kenya the overlapping problems of drought, flooding, food insecurity and desert locusts meant the specific socioeconomic effects of the pandemic were sometimes hard to discern.

It also became clear that countries were not prepared. In many countries social protection systems wavered or failed altogether. Our monitoring has shown that many states have relied on emergency decrees, and struggled with gaps between public health, emergency management, social protection laws and institutions. This lack of preparedness made it harder for countries to build a comprehensive response to what has simultaneously become a public health emergency, global economic shock, and political and social crisis (*IFRC 2021*).

Despite these complexities, what is certain is that the socioeconomic impacts of the pandemic will be felt for many years to come. Healing the socioeconomic injuries caused by the pandemic will be the work of years or even decades. Doing so will require a sustained effort to mitigate the underlying inequalities. We have identified four key areas to build on:

- 1. Ensure a global and equitable vaccination programme**, so that all countries are able to begin socioeconomic recovery.
- 2. Long-term conditions or outcomes**, such as poor mental health, loss of education, child marriage and increased deprivation must be addressed.
- 3. Fairer societies must be constructed** in which new forms of solidarity emerge and where efforts are invested to provide inclusive public services such as health, basic facilities and access to education.
- Humanitarians must continue to recognize that **COVID-19 is just one of many intersecting crises**, and devise assistance programmes that build greater overall resilience in vulnerable families and communities, led by local investment and participation.

We must recognize that while marginalized, excluded, or neglected people faced unique challenges before COVID-19, and that though the pandemic may have eroded some of the individual and communal resilience built, some communities have thrived by adopting localized approaches to community and individual needs. In Kyrgyzstan, for example, the National Society reported that individuals prepared themselves by pre-stocking of food, ahead of the worsening of the pandemic (ACAPS/IFRC survey). The Sri Lankan Red Cross noted that many people were able to adapt and find new and positive ways to earn an income, such as selling masks, or growing food at home (ACAPS/IFRC survey). National Societies around the globe have been able to quickly respond, adapt operations or expand their response because they were already present in their communities. This will be reflected in this research. Nevertheless, for the purpose of this report, we focus on the severe, negative socioeconomic impacts of this pandemic, to identify the gaps in the response, as well as to capture the best practices. We want to use this research to build upon our ongoing response, support communities and individuals to recover and to make recommendations to governments and society, so that we are better prepared in the future.

We will never truly be able to say that this pandemic is over if the socioeconomic harms are not addressed. Any action will be meaningless, if we do not also consider the consequences of violence, discrimination, and exclusion in an integrated way. It will continue to be a crisis that affects us all. Yet, we face the risk that the recovery from the COVID-19 pandemic will be just as uneven and unjust as the impacts of the pandemic itself – and the impacts of the next pandemic will fall even more disproportionately on the vulnerable.



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Chapter

1

SOCIOECONOMIC GLOBAL SHOCK

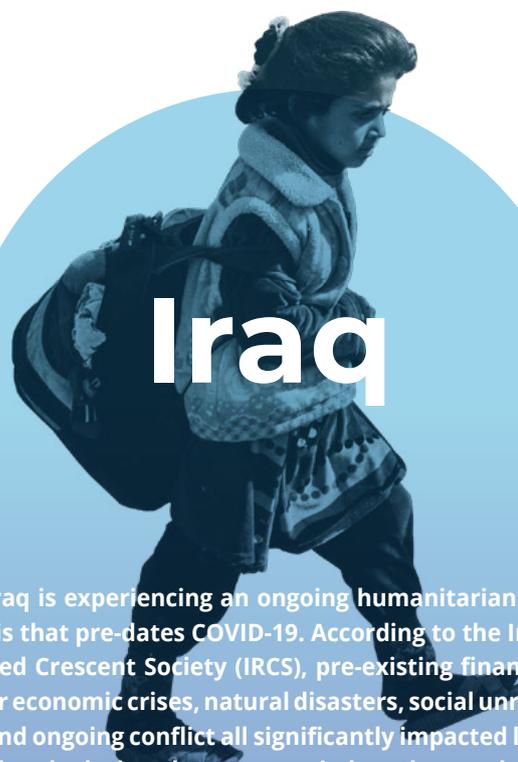
Chapter 1: A global socio-economic shock

The COVID-19 pandemic had major economic impacts on every nation in the world. In 2020, the global economy contracted by an estimated 3.5 per cent. Over 80 per cent of emerging and developing economies registered recessions in 2020. Countries that rely on tourism and service industries, countries with significant transmission of COVID-19, and countries reliant on industrial-commodity exports were hit particularly hard ([World Bank 06/2021](#)).

The pandemic significantly impacted many types of livelihoods worldwide. It led to job and income losses; reduced working hours; and difficulty obtaining livelihood production inputs such as seeds and farming materials, due to disruptions of supply chains or price increases.

Evidence from the focus countries of this research shows that informal workers without labour contracts, or access to social protection such as unemployment benefits, were significantly impacted by restrictions. It also showed that refugees and migrants predominantly work in informal labour in these countries and often lack access to government protection systems, which contributes to further increasing their vulnerability to the socioeconomic impact of COVID-19.

The pandemic has also led to a reversal of gains in global poverty reduction. According to a January 2021 estimate, up to 124 million people were newly pushed into poverty in 2020, around 60 per cent of them in South Asia ([World Bank 11/01/2021](#)). While some countries might be able to reverse the trend with a strong economic recovery, countries where economic recovery is slow could see continued high levels of poverty for years to come ([Brookings 21/10/2020](#)).



Iraq

Iraq is experiencing an ongoing humanitarian crisis that pre-dates COVID-19. According to the Iraqi Red Crescent Society (IRCS), pre-existing financial or economic crises, natural disasters, social unrest, and ongoing conflict all significantly impacted livelihoods during the same period as the pandemic (ACAPS/IFRC survey). The overall number of people in need remained similar between 2020 and 2021. However, the COVID-19 pandemic did increase the severity of needs: out of 4.1 million people in need of humanitarian assistance, 2.4 million are currently facing acute needs, compared to 1.8 million in 2019-2020 ([OCHA 07/02/2021](#)).

Loss of income has been a major factor. According to the IRCS, curfews were the measure that had the strongest impact on livelihoods, as people couldn't go to work to meet their basic needs (KII with IRCS). Average monthly incomes decreased by 16 per cent, according to an indicative assessment conducted between December 2020 and March 2021. Seventy-nine per cent of respondents said the change in income was directly related to COVID-19 and the most common reason was working fewer days. Those involved in casual labour were more likely to have lost their jobs than those permanently employed. Non-employment income, such as remittances and pensions, dropped by 17 per cent ([UNDP 16/06/2021](#)).

In response, the IRCS trained 900 volunteers to help communities understand COVID-19 and how to limit transmission. To help alleviate the impact on livelihoods, the National Society began cash distributions. However, food parcel and water distributions were also initiated, because shortages meant people could not always buy food in markets (KII with IRCS). Vulnerable people, such as refugees or internally displaced people, were particularly targeted for cash assistance.

Unemployment

These macroeconomic shocks translated into harms for ordinary people. Unemployment rates rose in many countries, with many people losing their livelihoods.

In South Africa, for example, the unemployment rate stood at over 32 per cent in the first quarter of 2021. Between the second quarter of 2019 and 2020, 2.2 million jobs were lost ([Stats SA 29/09/2020](#)). In Colombia, unemployment spiked in May 2020 at over 21 per cent, but improved to 14.2 per cent by March 2021 ([DANE 30/04/2021](#)).

Those who did not lose jobs often found themselves working fewer hours for less money. For example, in the Philippines the underemployment rate reached 16.2 per cent in March 2021: it was 12.8 per cent prior to the pandemic, and spiked at 18.9 per cent when the pandemic began ([PSA 03/12/2020](#), [PSA 06/03/2021](#)). This was particularly true for people working informal labour, who are not protected by employment contracts. Seventy per cent of workers in El Salvador work in the informal sector, leaving many vulnerable to the economic impact of COVID-19 ([OCHA 08/12/2020](#)).

Food insecurity

It is likely that the pandemic, by impacting people's livelihoods and interrupting supply chains, has led to greater food insecurity. It is difficult to disentangle the effects of COVID-19 from the effects of other factors, particularly in regions that were already experiencing acute food insecurity. Nevertheless, on a global level, the effects of COVID-19 restrictions on income, food prices, and access to food sources have added an additional constraint – posing a threat to populations already affected by poverty, socioeconomic crises, conflict, displacement and climatic shocks ([FAO; WFP 10/2020](#)).

Depending on local contexts, slowdowns to cross-border transportation routes often increased transportation prices, and thus food prices. Most National Societies included in this research reported an increase in livelihood support activities since the beginning of the pandemic. In fact, globally the most common socioeconomic response activity during the pandemic was around food and in-kind assistance (analysis of the [FDRS indicator tracking tool](#)). National Societies also reported increasing cash and voucher assistance for families. These responses tended to target the already vulnerable. For example, in Yemen the National Society reported having to increase the cash assistance and food parcels it was providing to internally displaced people and people with disabilities (ACAPS/IFRC survey).

Kenya already had food security concerns even before the disruptions caused by the pandemic. The country is prone to droughts and floods, both of which can impact harvests. 2019 was a particularly bad year, because Kenya suffered poor rainfall during two consecutive long rain seasons. Coupled with high land surface temperatures, this meant that rangeland resources deteriorated, and production of both crops and livestock was poor.

During February-March 2020, a survey of Kenya's arid and semi-arid land areas found that 1.3 million people (nine per cent of the surveyed population) were food insecure. Of those, 296,500 (two per cent of the surveyed population) were facing Emergency (IPC Phase 4) food insecurity. This was due to several factors including flooding, livestock disease, and, to a lesser extent, desert locusts ([IPC 04/2020](#)).

This actually represented an improvement on 2019, when just over three million people in the surveyed population were food insecure. However, the situation has probably worsened this year. In February the IPC projected that just over two million people would be food insecure in the surveyed regions in March-May 2021, thanks to a combination of the COVID-19 pandemic's disruptions and below-average rainfall. Poor households were expected to finish their food stocks earlier than normal, forcing them to rely on markets – at a time when prices are high and incomes are low.



CASE STUDY

“My temporary contract expired and it was not renewed because of COVID-19. I am a mother of three. My husband worked off the books but now not even that. We were doing well economically, we had a normal life and now we have basically nothing. Who would have thought that? But thanks to the Italian Red Cross today we have one more chance.”

A mother in Italy, supported by weekly food deliveries from the Italian Red Cross.



Impacts on food security were newly felt in countries that prior to the pandemic were not experiencing chronic food shortages. In Spain, Spanish Red Cross data show a stark increase in the use of cash assistance at the beginning of the pandemic. More than one million people received in-kind assistance, relating to both food and non-food items, between March 2020 and May 2021, with numbers spiking in April and May 2020 and February 2021 ([Spanish Red Cross 2021](#)). Overall, some 165,000 people received cash assistance from the Spanish Red Cross between March 2020 and May 2021.

School closures have also limited access to nutritious food for children depending on school feeding programmes ([UNICEF 10/10/2020](#)), generating new needs for food assistance and greater challenges reaching those who need it. In April 2020, UNICEF estimated that 368.5 million children across 143 countries were affected by the absence of school feeding due to school closures ([UNICEF 04/2020](#)).

Mental health

The pandemic has also had impacts on people's mental health. A WHO survey during the first year of the pandemic, found that it had disrupted or halted critical mental health services in 93 per cent of countries worldwide while the demand for mental health support increased ([WHO 2020](#)). Almost all National Red Cross and Red Crescent Societies involved in this research reported a significant expansion of mental health and psychosocial support services. These services ranged from telephone hotlines to online services, or in some cases collaboration with government health departments to train health workers in psychological first aid. National Societies also reported needing to increase services for their own volunteers and staff (ACAPS/IFRC survey).

This is supported by the available data, which point to an increase in stress, anxiety, and symptoms of depression. These symptoms are often linked to people's fear of losing their jobs, and to feeling isolated. Of the National Societies surveyed, more than 80 per cent reported mental health and psychosocial support activities since the beginning of the pandemic (ACAPS/IFRC survey).

In many countries, COVID-19 has simply added to pre-existing mental health needs. This is particularly true in Afghanistan, where mental health was already a major concern due to the protracted conflict. According to the Ministry of Public Health, the pandemic brought increased levels of anxiety. The restrictions caused spikes in loneliness, depression, harmful drug use, self-harm and suicidal behaviours, indicating that some Afghans were resorting to negative or adverse coping strategies. One assessment



We launched a multi-channel telephone helpline “Kind Phone”, where volunteers of the BRC will listen to people affected by COVID, answer all questions (about the coronavirus and other questions), and if necessary, they will calm down and assist in relieving stress and anxiety.”

Belarus Red Cross Society (ACAPS/IFRC survey)

found that 58 to 71 per cent of households in Afghanistan observed a change of behaviour in at least one family member in the past year, including angry or aggressive behaviour, avoiding going to work, and substance abuse (*REACH Whole of Afghanistan 2020*).

It is not clear how the mental health impacts have changed over time. Data from some countries suggest the impacts were most severe in the early months of the pandemic, perhaps because the situation was so new and unpredictable. However, this could simply be because there is more data from this period and little from later periods – the longer-term mental health impacts will need to be tracked over years.

Children

Children faced a number of enhanced threats during the pandemic, even though they are at relatively low risk of severe illness or death from COVID-19 compared to adults.

Many countries closed schools for at least certain periods. This significantly reduced children’s access to education: even if online learning was offered as an alternative, not all children were able to access it or engage with it. Evidence from other crises shows that children are less likely to return to school the longer they are out of school: they may have lost touch with education, or taken up negative coping mechanisms (*UNICEF 04/2020*).

Furthermore, the school closures cut children off from the support offered by teachers and classmates (*TNH*



Spain

Spain is a moderately affluent developed country. Its government imposed rapid and strict controls to limit the spread of COVID-19. The country’s population was confined to their homes from mid-March to the end of April 2020, with containment measures gradually lifted from May 2020 onwards. However, towards the end of 2020, with cases once again rising, containment measures were partially reinstated (*OECD 10/11/2020*).

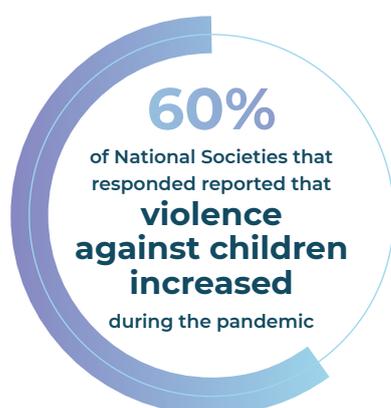
There is evidence that anxiety increased among the population during the initial confinement in March and April 2020 (*González-Sanguino et al. 20/04/2021; Rodríguez-Rey et al. 07/2020*). A survey of around 1,500 people, all of whom were assisted by the Spanish Red Cross, found that 43 per cent of recipients experienced worry “always” or “most of the time”. Sadness was experienced by 29 per cent of recipients, and 25 per cent reported feeling depressed. Furthermore, 34 per cent reported sleeping difficulties “always” or “most of the time” (*Spanish Red Cross 10/03/2021*).

The underlying causes are not clear, but it is likely that in many cases the stress of the pandemic exacerbated pre-existing symptoms. Furthermore, people who were new recipients of Red Cross assistance since the beginning of the pandemic reported such symptoms more than people who were already receiving assistance from the Red Cross before the pandemic. This suggests that people who became vulnerable because of the pandemic were highly stressed, unaccustomed to feeling insecure, and alarmed at needing to rely on others for help.

The South African Red Cross (SARCS) reported that child protection emerged as a major issue since the beginning of the pandemic. Schools were the safest place to be for children, where they received meals and participated in organized activities. With the school closures, children remained at home with no access to such activities, with increasing domestic violence and abuse at home. (KII SARCS 03/06/2021). To respond to this situation, the SARCS established a free hotline to report violence against children (KII SARCS 08/06/2021). Access to food was reduced, with many children relying on the provision of food assistance. Anecdotal evidence also points to an increase in child labour (KII SARCS 08/06/2021).



South Africa



[10/09/2020](#)). Schools are a safe space for children, where they can access protection services, for example to escape domestic violence. The loss of access to schools puts children at greater risk.

COVID-19 is placing a lot of economic and social pressures on families around the world. As poverty increases, so does the risk of children being used for dangerous and exploitative labour ([Livelihoods Centre 2020](#)). In our survey to thirty-eight National Societies, around 19 per cent of National Societies indicated that child labour had increased as a result of the pandemic, reflecting what was found in the supplementary research (ACAPS/IFRC survey). Some countries saw an increase of child labour due to the pandemic and in crisis-hit households, children often step in to generate additional income, and in many cases they are pushed into hazardous work ([UK Aid; GIZ 05/2020](#)) ([ILO 2020](#); [NYT 27/09/2020](#)). A combination of reduced household incomes, fall of remittances, and school closures drove this trend. Children in poor families who lost parents or main breadwinners to COVID-19, were particularly vulnerable to child labour ([ILO 2020](#)).

Similarly, many children are at increased risk of child marriage, due to the combination of economic stress on families and school closures ([UNICEF 03/2021](#)). UNICEF estimates that the COVID-19 crisis could lead to an additional ten million girls becoming child brides by 2030, on top of the 100 million that were already expected prior to the pandemic ([UNICEF 03/2021](#)).

Finally, children are at greater risk of violence due to the pandemic. According to 60 per cent of the National Societies who responded to the survey, violence against children increased during the pandemic (ACAPS/IFRC survey). In another study, children living in households that lost income due to COVID-19 were more likely to report violence in the home, compared to children living in households that did not experience a loss in income ([Save the Children 09/2020](#)). Among children not attending school because of school closures, a higher percentage reported violence in the home, compared to children able to attend school in person ([Save the Children 09/2020](#)). Lockdowns have isolated some children in households that are not safe ([OCHA 07/2020](#)). In the most distressing cases, economic hardship due to the pandemic is contributing to children becoming child soldiers – principally those with deprived families living near non-state armed groups ([Reuters 10/02/2021](#)).

Pre-existing vulnerabilities

The world did not stop for COVID-19. Countries, communities, and individuals that were already vulnerable, due to other factors, were pushed further towards the edge

of the precipice. As will be shown in this report, it is extremely difficult and sometimes impossible to precisely attribute the socioeconomic impacts identified to the COVID-19 pandemic. This is because all societies had some vulnerabilities and problems that existed before the pandemic, and which interacted with the pandemic. These pre-existing vulnerabilities include climate change, poverty and conflict.

Bridging the gap

Since the outset of this pandemic, the focus of the IFRC and its member National Societies has been on supporting communities to reduce rates of transmission, while helping the most vulnerable people to access preventive and health care services. They have also supported people and communities most affected by loss of income, mental health impacts and the other secondary impacts reported in this research. National Societies were able to continue to meet the needs of communities around the world because they were already present. Never has the need for the localization of aid been so clear.

A globalized world, suddenly faced with travel restrictions and government-imposed lockdowns, meant that the international community had to rethink how it responded. As frontline community responders in their local and national context, our trusted National Society staff and 14 million volunteers were already present.

The unique role of National Red Cross Red Crescent Societies as auxiliaries to government in the humanitarian field has meant that where governments were not able to provide assistance, National Societies were able to step in when conditions were favourable for, and conducive to, exercising that special mandate. National Societies operate to complement government actions, with operations aimed at filling gaps in the governments' response in a way that minimizes duplication and overlap of activities while enabling the best coverage and best use of each National Society's capacity and expertise.

Social protection mechanisms such as unemployment benefits ease the socioeconomic impact of the pandemic on affected households; however, in many countries, these schemes provide insufficient protection or have insufficient coverage. Our research found that many National Societies stepped in to fill this gap, reaching newly vulnerable groups that had not previously accessed Red Cross and Red Crescent support.

But the response has not been without its challenges. These were felt most acutely during the first phase of the pandemic, when mobility restrictions were particularly tight in many countries. These restrictions impacted many



Lebanon

Lebanon is an example of a country that was already beset by crises before the pandemic, and which suffered another disaster at the same time. As a result, it is particularly challenging to disentangle the socioeconomic impacts of COVID-19 from the country's ongoing challenges (KII LRC 03/06/2021).

The Lebanese government declared a "state of economic emergency" on 2 September 2019. Ever since, the Lebanese people have faced price increases, due to inflation, devaluation of the Lebanese Lira, and lack of foreign currency. The Lebanese Lira lost over 85 per cent of its value between October 2019 and March 2021 (*The New Humanitarian* 24/03/2021). The World Bank ranks the Lebanese economic crisis as the "top 10, possibly top three, most severe crisis episodes globally since the mid-nineteenth century." (*World Bank* 31/05/2021).

Meanwhile, Lebanon is home to about 1.5 million Syrian refugees, and over 200,000 Palestinian refugees (UNHCR). Due to difficulties in securing the necessary documentation to access basic services, people from Syria have faced particular challenges in meeting their humanitarian needs. By 2020, only 20 per cent of displaced Syrians aged 15 and over held residence permits, and only 11 per cent of Syrian households had legal residencies for all of their members (*Lebanon Crisis Response Plan 2021 Update*). The lack of access to documentation contributes to lack of access to services and places people at risk of having to make difficult choices on how to survive and meet their needs.

These twin crises are severe. The INFORM Severity index, which assesses the scale and severity ►►

►► of humanitarian crises, classifies the socioeconomic crisis as level 3.7 (High) out of five, and the Syrian refugee crisis as level 3.5 (High) out of five ([ACAPS 06/2020](#)).

All of this was dramatically compounded by the Beirut Port explosion on 4 August 2020. The blast caused an estimated \$3.8-4.6 million in damage, and \$2.9-3.5 billion in economic losses ([Lebanon Crisis Response Plan 2021 Update](#)). It killed around 200 people, injured more than 6,000 and displaced more than 300,000 ([IFRC 04/2021](#)). In the immediate aftermath of the explosion, people were sheltered in close proximity – the ideal conditions for spreading COVID-19. What's more, hospitals were damaged, including a dedicated COVID-19 facility. These factors promoted the spread of the coronavirus, leading to a spike of COVID-19 cases that further stressed the city's health infrastructure. The government was ultimately forced to institute a two-week lockdown in the second half of August ([IFRC 2020, NPR 02/09/2020](#)).

An IFRC study found that people struggled to purchase basic necessities and access basic health care because of the multiple emergencies faced in Lebanon. Eighty-six per cent of respondents reported the Beirut blast had not affected their ability or willingness to comply with prevention measures. However, the qualitative component of the study and the findings of the literature review, suggested that people did not always have the resources to be able to comply with measures such as mask-wearing, handwashing and staying at home. The qualitative research found that the psychological impact of the Beirut blast caused people to change their priorities and worry less about COVID-19 ([IFRC 06/2021](#)).

For all these reasons, it may well be impossible to detect the specific socioeconomic impacts of the COVID-19 pandemic in Lebanon against the backdrop of the country's other rolling crises. The Red Cross response was therefore adapted accordingly. A one-year plan was launched by the Red Cross Red Crescent Movement to respond to the combined effects of the explosion, COVID-19, and the pre-existing and ongoing economic crisis ([IFRC 04/2021](#)).

National Red Cross and Red Crescent Societies, which saw a huge shift to remote assistance, for example by establishing phone hotlines and online chats. Most National Societies surveyed reported having to adapt or increase their programmes, particularly in the areas of livelihoods and mental health support (ACAPS/IFRC survey). National Societies also reported responding to new groups in new contexts, such as urban areas, requiring redirecting of resources and training of volunteers and staff.

The most common challenge reported by National Societies was a lack of financial resources, perhaps indicative of the need to adapt existing responses to deal with the impacts of COVID-19 in parallel. However, it was also largely due to the limited funding that was received for the IFRC COVID-19 Emergency Appeal to dedicate new resources to addressing socioeconomic impacts. This pillar of our work remains vastly underfunded, yet a critical part of the response.

For example, with support from the IFRC COVID-19 Emergency Appeal, the Red Crescent Society of Kyrgyzstan (RCSK) expanded a tailoring programme it has been running for nine years for women, with support from the Italian Red Cross, into a more comprehensive training and livelihood support project. This programme has been vital in assisting vulnerable women who have been adversely impacted by the secondary impacts of the pandemic.

A lopsided recovery

The speed of individual countries' economic recoveries is likely to be wildly uneven – a pattern driven by the extremely unequal impacts of the pandemic.

Over the last year, the IFRC has consistently warned that the unequal distribution of vaccines will not only allow for high levels of transmission to continue in the most vulnerable populations but that this inequity will also hinder, prolong, or exacerbate the socioeconomic impacts of this pandemic. Every country's economic recovery is strongly tied to the efficacy of its public health interventions to reduce transmission, this includes the efficacy and efficiency of its vaccination programme. Even as the global economy begins to recover, the benefits will only be felt by some countries. Some countries have vaccinated large percentages of their populations, significantly reducing morbidity and mortality from COVID-19. This has permitted their economies to reopen, at least partially.

On a global level, the World Bank anticipates a slight economic recovery during 2021. Falling case figures have led many governments to ease restrictions on economic activity. However, this recovery is not guaranteed. There is a lot of uncertainty about both current virus variants,



CASE STUDY

When COVID-19 came to Kyrgyzstan, the pressure on Bazargul, a mother of six, increased dramatically.

“The main question for us was what to eat. I have a brother, and at times he had to bring us food.”

Though Bazargul's husband had work at a construction site, the family struggled to make ends meet during the pandemic. A friend enrolled Bazargul in the RCSK tailoring programme. Now, having completed the course, Bazargul has a job and steady income.

“My mom once said that no one would help you, except yourself. If there are people like me, they should come to courses like this one. It turns out there are kind people.”

and future and potentially vaccine-resistant variants and what restrictions may be reintroduced in the future. The potential for socioeconomic disruption therefore remains significant, even in countries with highly vaccinated populations (*World Bank 06/2021*).

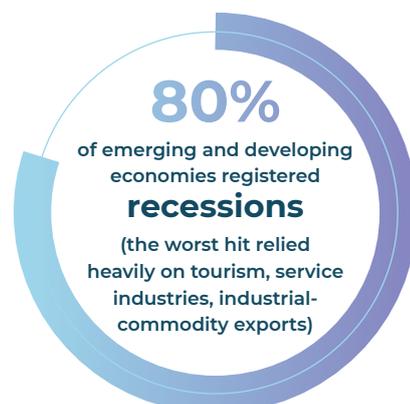
However, many countries still do not have ready access to vaccines. Many developing and emerging economies cannot afford to purchase them. These low-vaccination countries remain mired in the pandemic and are at high risk from highly transmissible variants.

There is also an inequality caused by the primary economic activities in different countries. In developed countries, like the US, many people were able to keep working from home. People in white-collar industries, whose work can essentially be done with a computer and a working internet connection, were particularly nimble in this respect. Such work does not inherently require face-to-face interaction, even if such interactions are desirable for other reasons.

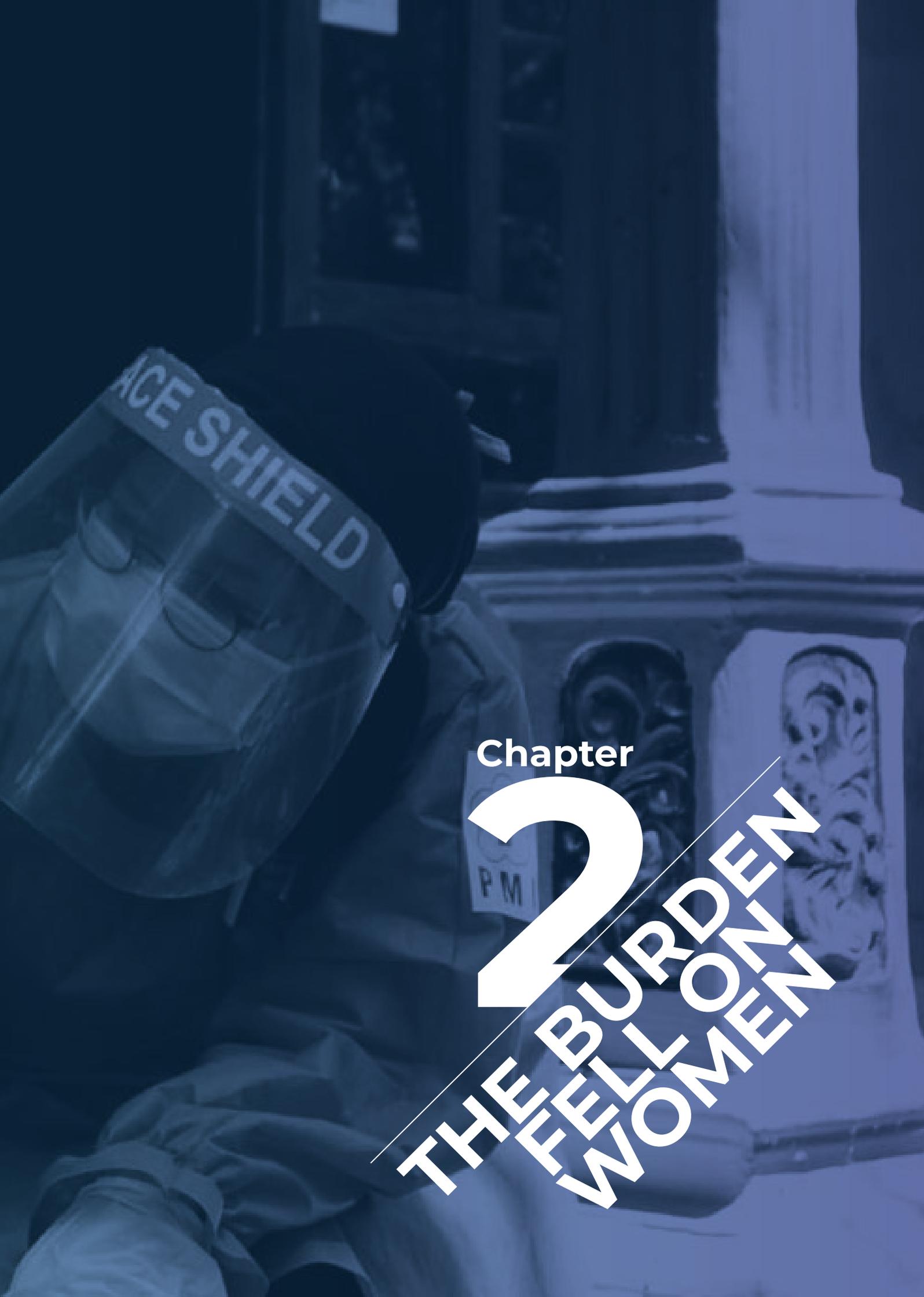
In contrast, many industries are much more high-contact and will continue to be impacted by the effects of COVID-19. These include traditional (non-online) retail, hospitality, and tourism. Even in developed countries, these sectors have suffered huge economic losses. But many countries are highly reliant on these high-contact industries, so their economies are stymied until they can vaccinate their populations.

Thus, the stage is set for a highly uneven recovery, with some countries restarting their economies while others remain paralysed. The impacts seem set to fall hardest on poorer countries. Already in 2020, over 80 percent of emerging and developing economies registered recessions: the worst hit relied heavily on tourism and service industries, and/or on industrial-commodity exports (*International Trade Administration 15/06/2021*). This pattern is likely to be repeated over the next few years.

The world was unequal before COVID-19, but the pandemic has done nothing to level the playing field – and in many ways it has deepened the inequalities.







Chapter

2

THE BURDEN
OF WOMEN



Chapter 2: The burden fell on women

Women are almost always among the most vulnerable when crises hit. With COVID-19, this was no exception. In the countries studied, we found that women were more severely impacted across the board by the socioeconomic consequences of the COVID-19 pandemic.

According to the survey of National Societies, women were the most impacted by the livelihood effects of the pandemic, losing at least some of their income. In many countries, women are more likely to be employed in informal sectors, without a contract, or in the service and tourism industries – both of which were especially severely affected ([CARE 09/2020](#)). Though the absolute job loss was higher for men than women, due to men's higher labour participation overall, the relative job loss was higher for women (-5.0 per cent) than men (-3.9 per cent) ([ILO 25/01/2021](#)). *

In already insecure or vulnerable environments, this impact was felt even more. In Iraq, 16 per cent of households reported that the number of insecure places for women and girls, for reasons other than the fear of contracting COVID-19, increased during the pandemic ([UNDP 16/06/2021](#)). This also had an impact on livelihoods, as additional checkpoints and a weaker knowledge of alternate routes compared to men has limited women's mobility. In Kirkuk, Iraq, for example, out of the 70 per cent of respondents that said that COVID-19 measures had affected income opportunities, 60 per cent were women ([Oxfam 06/2020](#)).

As well as being more likely to lose their jobs and regular income, in many countries women are still required to perform their traditional care role in the home. In the context of the pandemic, this harmed them in two ways: it limited their opportunities to be more independent, and it exposed them to greater risk of infection with COVID-19. A survey by the Spanish Red Cross found unequal workloads in the home. Women still bore by far the main

Women and those who head households... were most impacted by the loss of livelihood. The work force is mainly in the tourism industry and the majority of workers are women who are single parents. The hotels closed for a period of time during the pandemic, so the women were more affected. Men, though in the hotel industry as well, were able to go to the construction industry, which continued to employ persons in the reconstruction of homes of those damaged during Hurricane Dorian."

Bahamas Red Cross (ACAPS/IFRC survey)



Many mothers who are heads of households have lost their jobs due to the overload of taking care of the home and work."

Honduran Red Cross (ACAPS/IFRC survey)

responsibility for care and household work, such as helping children with their homework and cleaning ([Spanish Red Cross 10/03/2021](#)).

In many cases, National Societies were already targeting vulnerable groups, with women as a particular priority. Nevertheless, there were a few instances where National Societies found they needed to adapt their response: in the Philippines, the Red Cross targeted female-headed households with food packages (PRC Key Informant Interview 02/07/2021).

However, in most cases, National Societies included women in broader rollouts of assistance to vulnerable groups. In Afghanistan, the Afghan Red Crescent Society (ARCS) is accustomed to working in difficult situations and was already targeting the most at-risk communities: primarily women, children, displaced people, and people with disabilities. In response to COVID-19, the ARCS adapted its response by training staff and volunteers in COVID-safe response methods and distributing personal protective equipment (PPE) to the most at-risk communities (KII with ARCS and Country Team 14/06/2021). But women were already at the core of its strategy.

Women also suffered greater impacts on their mental health. This pattern was identified in multiple regions. For instance, in the Asia Pacific region, an IFRC analysis found that women were three per cent more likely to report feeling sad, anxious or worried every day. This was based on a survey of 6,972 people in Bangladesh, Brunei, Cambodia, Fiji, Japan, Malaysia, Nepal and Singapore ([IFRC](#)). In the same analysis, pregnant and breastfeeding women were five per cent more likely to report feeling lonely every day. Similarly, in Spain, where women are the population group most reached with mental health and psychosocial support activities (IFRC internal survey), women reported mental health symptoms more than men. This may be partly due to the increased parenting and care burden, worries about livelihoods and basic needs ([Almeida et al. 01/12/2020](#); [CARE 09/2020](#)) and a possible reluctance by some males to talk about their mental health concerns.

Among school-aged children, girls were more likely to be forced out of education than boys. For instance, in Afghanistan, where girls' access to education was already a major concern before the pandemic, the country's government closed schools between March and August 2020, and in many cases, home-schooling was not an option. Meanwhile, in Lebanon, the economic impacts of the concurrent crises have led to destitute families resorting to marrying off their girls ([UNICEF 01/07/2021](#)).

Finally, women in many countries found themselves without protection, leading to higher incidences of violence.



South Africa's economy is characterized by high levels of inequality, and this carried through into the impacts of the pandemic.

Between the first (January-March) and second (April-June) quarter of 2020, the number of people considered not economically active increased by 33 per cent, and the number of people participating in the labour force decreased by over 13 per cent ([Stats SA 29/09/2020](#)). Women were particularly likely to lose their jobs ([UNU-WIDER 03/2021](#)). They often work in informal jobs, which were significantly affected by the pandemic (IFRC internal survey). To ameliorate this, the South African Red Cross Society (SARCS) has embarked on a livelihoods recovery programme, which includes income-generating projects and a project to ensure people's competitiveness on the job market (SARCS KII 08/06/2021). The SARCS also expanded its food assistance programmes, delivering food to people impacted by job losses.

South African women were still expected to provide care in their household, including caring for people with COVID-19. This exposed women to a higher risk of infection (KII SARCS 03/06/2021).

Furthermore, cases of sexual and gender-based violence (SGBV) increased during the first lockdown, and there is anecdotal evidence of an increase in women seeking protection in women's shelters ([Amnesty International 09/02/2021](#)). The increase in SGBV was driven by economic stress and isolation (SARCS Needs Assessment 2020). In response, the SARCS increased information and awareness campaigns, such as radio transmissions in different languages, and engagement with community leaders (KII SARCS 08/06/2021; IFRC internal survey).



Women were significantly more impacted by the implications of the pandemic on livelihoods than men





CASE STUDY

“The workshops were very useful to me. They helped me to recognize the different types of violence that exist and to help my sisters who were going through ugly things. I was also able to learn about contraceptive methods and how they work, since it is very difficult to get this information in communities. Many women have pregnancies from a very young age and they are lost on what to do.”

Marlene, a woman from the indigenous Wichis ethnic group in the Salta region, who attended an Argentine Red Cross workshop on gender and gender-based violence.

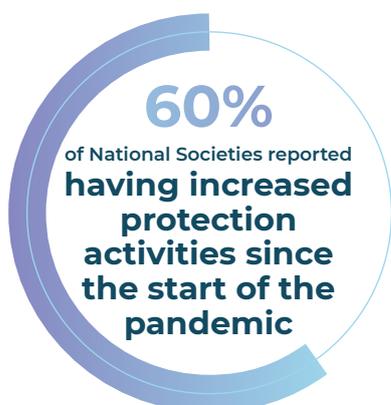
Defining an accurate picture of the issue is challenging due to underreporting. However, the available data strongly suggest an increase in sexual and gender-based violence (SGBV) and domestic violence since the beginning of the pandemic. This is due to multiple issues, including increased socioeconomic stress on families, tensions in the home, and lockdowns forcing women living in abusive relationships to stay in their homes with their abusers. According to the responding National Societies, the protection concern that most increased during the pandemic was violence, whether it be SGBV or violence against children (ACAPS survey of national societies).

In South Africa, cases of SGBV increased during the first lockdown. During the first week, 30 per cent more cases were reported than during the same time period in 2019 (*MSF 07/04/2020*). The increase in SGBV was driven by economic stress and isolation (SARCS Needs Assessment 2020).

At the same time, the pandemic created new barriers to access support. For example, assistance was often only available via phone. Key informants from the South African Red Cross Society (SARCS) noted new barriers to reporting a case of SGBV. For instance, many survivors were worried about catching COVID-19 while standing in line in a police department (SARCS 08/06/2021). Similarly, a survey of Red Cross aid recipients in Spain found that over five per cent of women with a partner reported having experienced SGBV since the beginning of the pandemic – a number that is likely to be too low due to underreporting (*Spanish Red Cross 10/03/2021*). This problem is starkly illustrated by the Philippines. In 2020, an estimated 114,000 additional women experienced physical and sexual violence due to quarantine measures (UP Population/UNFPA). Yet use of Women and Children Protection Units actually decreased between January and April 2020, possibly due to people staying home during the initial lockdown and thus being unable to easily access protection services.

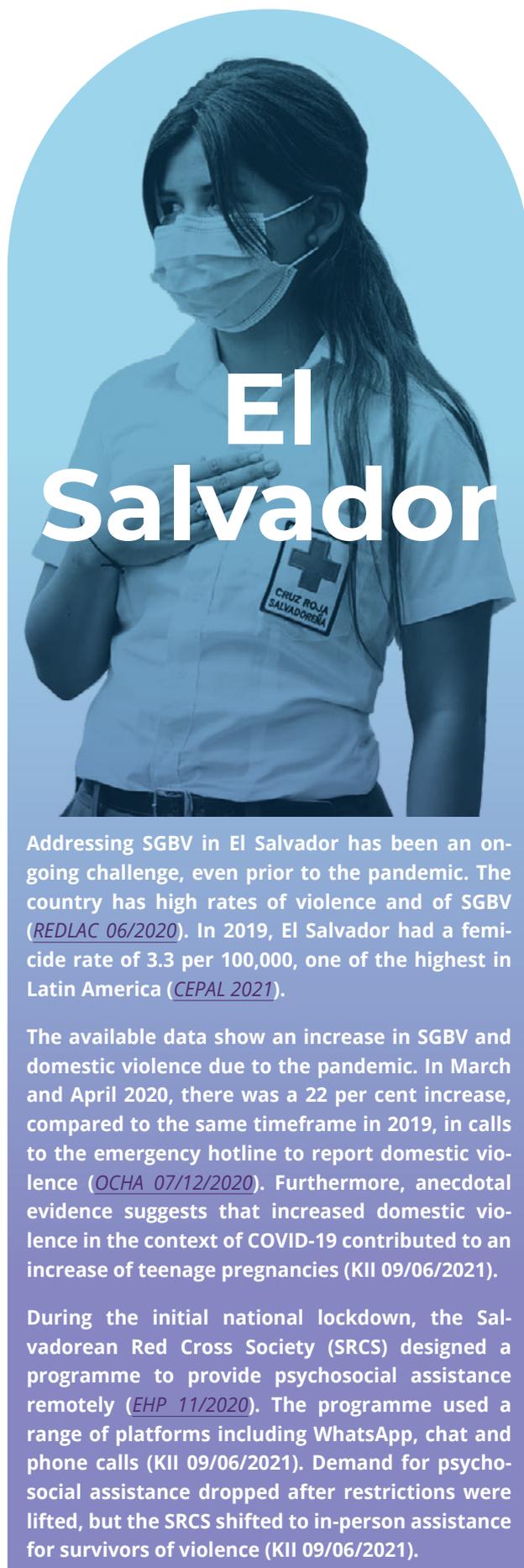
Women have also been subjected to other forms of violence. The economic stress caused by the pandemic is likely contributing to an increase in sex for survival as a coping strategy, with women and LGBTQ people particularly vulnerable (*Jacobson et al. 09/10/2020*). Indeed, the German Red Cross noted that the needs of minority groups like LGBTQIA+ were even more "hidden", and probably not met, because of the pandemic (ACAPS/IFRC survey). Similarly, the socioeconomic impact of COVID-19 has increased the risk of human trafficking, with women and children especially at risk (*UNODC 02/02/2021*). The inability to meet basic needs is one of the main factors that make people vulnerable to targeting by human traffickers and is exacerbated by the impact of COVID-19. The traffickers themselves have also probably increased

their activities, due to the effect of the pandemic on other incomes ([UNODC 02/02/2021](#)).



In response, almost 60 per cent of National Societies reported having increased protection activities since the start of the pandemic. Many also reported conducting awareness-raising campaigns and increased support for SGBV survivors. Other National Societies, such as the Croatian Red Cross, reported increasing psychosocial support as well as supporting safe houses to accommodate people at risk of violence (ACAPS/IFRC survey). The Spanish Red Cross introduced new protocols to assist for the care of women experiencing violence (ACAPS/IFRC survey). The Italian Red Cross reported increasing its support activities to support people exposed to SGBV, offering specific protection services including a safe place to sleep, distributing meals, ensuring access to vaccines (ACAPS/IFRC survey). Meanwhile, the Argentinian Red Cross provided training to volunteers and staff to identify situations of gender-based violence and be able to refer people onto the appropriate services (ACAPS/IFRC survey).

The COVID-19 pandemic is a stark illustration of a disaster whose impacts fell disproportionately on women. So long as societal inequities persist, women will always shoulder an unfairly heavy burden during such crises. The pandemic should serve as impetus to governments and societies to reform, so that women have a fair share of power, wealth, education, and opportunities. But for humanitarians, it is a reminder that women are still more vulnerable than men in the vast majority of countries – and that humanitarian responses must continue to actively target them for assistance.



Addressing SGBV in El Salvador has been an ongoing challenge, even prior to the pandemic. The country has high rates of violence and of SGBV ([REDLAC 06/2020](#)). In 2019, El Salvador had a femicide rate of 3.3 per 100,000, one of the highest in Latin America ([CEPAL 2021](#)).

The available data show an increase in SGBV and domestic violence due to the pandemic. In March and April 2020, there was a 22 per cent increase, compared to the same timeframe in 2019, in calls to the emergency hotline to report domestic violence ([OCHA 07/12/2020](#)). Furthermore, anecdotal evidence suggests that increased domestic violence in the context of COVID-19 contributed to an increase of teenage pregnancies (KII 09/06/2021).

During the initial national lockdown, the Salvadorean Red Cross Society (SRCS) designed a programme to provide psychosocial assistance remotely ([EHP 11/2020](#)). The programme used a range of platforms including WhatsApp, chat and phone calls (KII 09/06/2021). Demand for psychosocial assistance dropped after restrictions were lifted, but the SRCS shifted to in-person assistance for survivors of violence (KII 09/06/2021).



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Chapter

2

AN URBAN
PROBLEM



Chapter 3: An urban problem

Typically, we might think of urban areas as being more resilient to disasters. Services such as health and social care are often within walking distance, and there is a greater focus on social safety nets – in contrast to rural areas where seeing a doctor may require a day’s travel. Urban areas also have a greater diversity of employment opportunities, so if some industries are shut down, alternative employment is available, even if it is less desirable. However, the pandemic was an exception to this pattern. Urban areas were just as hard hit as rural areas, and in some cases worse in the countries of study for this research.

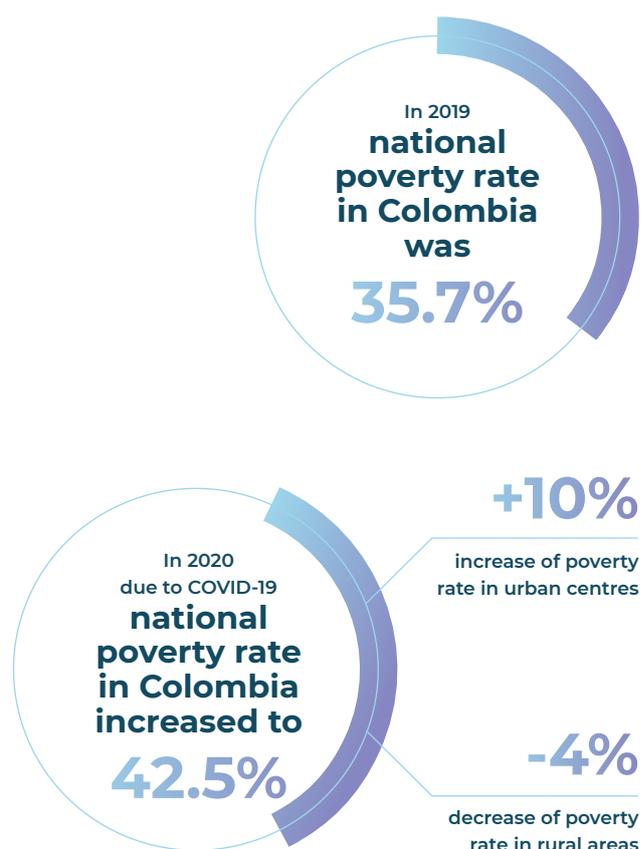
Humanitarian organisations like the IFRC and its network of National Red Cross Red Crescent Societies have already been working in urban areas for many years and many initiatives were already underway to adapt our response to the urban context. However, the pandemic made it very clear that the investment in urban response must be scaled up if we want to continue to rise up to the challenges if responding in these complex environments.

The COVID-19 virus has spread more rapidly in cities, given the higher concentration of people living closely together or working indoors. Lockdown and other containment restrictions have fundamentally transformed urban economies, and in turn had a major impact on employment, particularly affecting the urban poor, but also creating newly vulnerable people.

IFRC National Societies quickly learned of urban impacts from the pandemic. For example, urban areas in the Philippines were hit harder by the socioeconomic impacts than rural areas, especially informal settlements. When food deliveries stopped or were delayed, people living in the countryside could get food from farms, whereas urban people sometimes faced item shortages (KII TRCS 02/07/2021). Meanwhile, in Turkey, many people in urban areas found themselves in need of help from the Turkish Red Crescent Society (TRCS) for the first time due to the pandemic. Business owners and their employees lost their livelihoods as a result of curfews (KII TRCS 12/07/2021).

Daily service providers (such as taxi drivers, waiters, especially in big towns, as they were earning on a daily basis and usually without any registration, so they could not get assistance from the state or any other organizations.”

Red Crescent Society of Kyrgyzstan ACAPS/IFRC survey in response to a question about which groups of people were most affected by the impact of the pandemic on livelihoods.



This is not to say that rural areas were not badly affected by the secondary impacts of this pandemic. In Turkey, people in rural areas were just as badly hit as those living in cities. However, the urban problem presented a new and unique challenge to the response: not only in terms of containing transmissions in highly populated areas, but in terms of increasing vulnerabilities and newly vulnerable.

The huge impact in urban areas also had repercussions for those in rural areas. South Africa has many small semi-rural towns outside the main urban areas. Female inhabitants of such towns often work in domestic services in urban areas, with little job security. This dependence on urban areas for livelihoods exposed them both to loss of employment and COVID-19 contagion (KII SARCS 08/06/2021).

Increased urban poverty

We found that poverty rates often rose in urban settings, largely caused by disruption to work.

A particularly striking urban-rural divide was seen in Colombia. Due to COVID-19, between 2019 and 2020, the national poverty rate increased from 35.7 per cent to 42.5 per cent. But this was not evenly spread. Urban centres saw a ten per cent increase while poverty in rural areas decreased by four per cent ([DANE 29/04/2021](#)). Such disaggregated data is not available for most countries, but there is clear evidence of increasing urban poverty. In South Africa, in the urban outskirts of Cape Town, almost all workers lost employment and earnings, especially those in informal labour. This led to reduced household spending and to people eating less, according to a qualitative survey conducted between June and September 2020 ([UNU-WIDER 03/2021](#)).

It should be noted that there are countries where the socioeconomic impacts of the pandemic were worse in rural areas than in urban areas – but even there, people in the cities suffered harms. Kenya is one such country. Livelihood losses have impacted the food security of poor rural households more severely than poor urban households. Eighty-two per cent of poor rural households had adults going hungry due to lack of food and resources ([World Bank 01/2021](#)). The figure was 50 per cent in poor urban areas – but even there, the ongoing disruptions to livelihoods meant people were forced to resort to negative coping mechanisms, such as skipping meals ([FEWS NET 06/2021](#)). Crucially, COVID-19 has not been happening in isolation. The situation in Kenya has been made more complex by multiple ongoing problems. These include floods, droughts and outbreaks of desert locusts, which have led to food insecurity. Refugee populations in some areas

Afghanistan is a country riven by conflict and is experiencing severe drought. By 30 June 2021, 634,800 people had been newly internally displaced in 2021 alone. ([UNHCR last accessed 21/09/2021](#)). Violence is a persistent stressor placed on the country's urban population. The COVID-19 pandemic unequally affected rural and urban settings. The poverty rate in urban areas increased from 41.6 per cent in 2016-2017 to a record high of 45.5 per cent in 2019-2020 – even peaking at 55.2 per cent during the initial lockdown. This reflects the major impact of COVID-19 on life in cities, especially for people whose livelihoods were tied to self-employment, manufacturing, day labour and small-scale retail. The continuing arrivals of displaced people into towns and cities have created additional pressure ([World Bank 04/2021](#)). Across the country, 75 per cent of households said their incomes had decreased due to loss of employment opportunities, but this figure was 88 per cent in urban areas ([IPC 04/2021](#), [The New Humanitarian 02/06/2021](#)).

In the same time period, the poverty rate in rural areas decreased from 58.5 per cent (2016-2017) to 47.6 per cent (2019-2020). However, this reflects a partial recovery from a severe drought that peaked in 2017-2018, causing great hardship, rather than the consequences of the pandemic ([FAO, 2019](#)). The drought crisis is now becoming more severe again and the IFRC says a third of the population is going without adequate food ([IFRC, 20/04/2021](#)).





Kenya

The experience of the Kenya Red Cross Society (KRCS) is illustrative of challenges faced by humanitarians in urban locations. They significantly increased their use of cash transfers, largely to avoid making physical contact with people. Prior to COVID-19, they targeted mainly rural areas for cash transfers, but the pandemic required them to target urban areas as well.

The key challenge the KRCS encountered in cities was identifying the most vulnerable people. Unlike in rural areas, they found that people moved around frequently, often living in informal settlements or slums. People in towns also had less knowledge of their neighbours, so it was easier for vulnerable people to fall through the cracks. This was compounded by the government's data on vulnerable households, which was several years old and thus out of date.

The KRCS opted to verify just half of households in person, verifying the other half remotely. It is possible that some people were therefore helped who did not meet the criteria for vulnerability, but they judged that this was an acceptable trade-off to achieve a speedy and comprehensive ►►

►► assistance programme. It also had the benefit of limiting volunteers' exposure to COVID-19. The KRCS also relied on community leaders to verify households' vulnerability status.

In the process, the KRCS found itself targeting a new type of household that had not needed its assistance before. These were families with significant household assets, such as televisions and sofa sets, but who had lost jobs and were consequently facing poverty. The families found it necessary to either sell their assets to buy food, move to lower-quality settlements, or even migrate to their rural homes (ACAPS/IFRC survey).

The KRCS's nimble response illustrates how humanitarians can change their practices in order to operate in urban areas, where they have previously had little experience. Similar programmes will be necessary in many countries as the pandemic continues.

were reliant on humanitarian food assistance even before the pandemic. The Kenya Red Cross Society (KRCS) thus found itself operating in many locations, including unfamiliar urban ones, and responding to multiple crises.

A humanitarian challenge

National Red Cross and Red Crescent Societies, like many humanitarian organisations, have over the past years geared up to respond more widely in urban areas – working alongside municipal government and addressing new vulnerabilities in complex urban settings. The urban impact of the COVID-19 pandemic forced them to expand further in cities. Many National Societies succeeded in doing so, but in the process, they encountered many challenges. They often struggled to reach the most affected places, due to travel restrictions. The people who needed help were often newly vulnerable, so the National Societies were less familiar with them. The Societies were also responding in new ways – including remotely – and were handling multiple other crises alongside COVID-19.

COVID-19 has exposed much more than just how health systems were inadequately prepared to deal with a global pandemic. It has shown that at all levels we were woefully unprepared to respond to this crisis, and we risk being unprepared to recover from it. The urban poor and those most impacted by lockdowns may be left behind, even as economies begin to recover. Humanitarians who have adapted to work more in urban areas need to double down. People living in these places will continue to need help, thanks to the lasting socioeconomic impacts of the pandemic, for many years to come. In the longer term, the impacts of climate change will not spare them either. The humanitarian needs of people living in urban areas cannot be overlooked; a sustained urban response will be necessary for years to come.

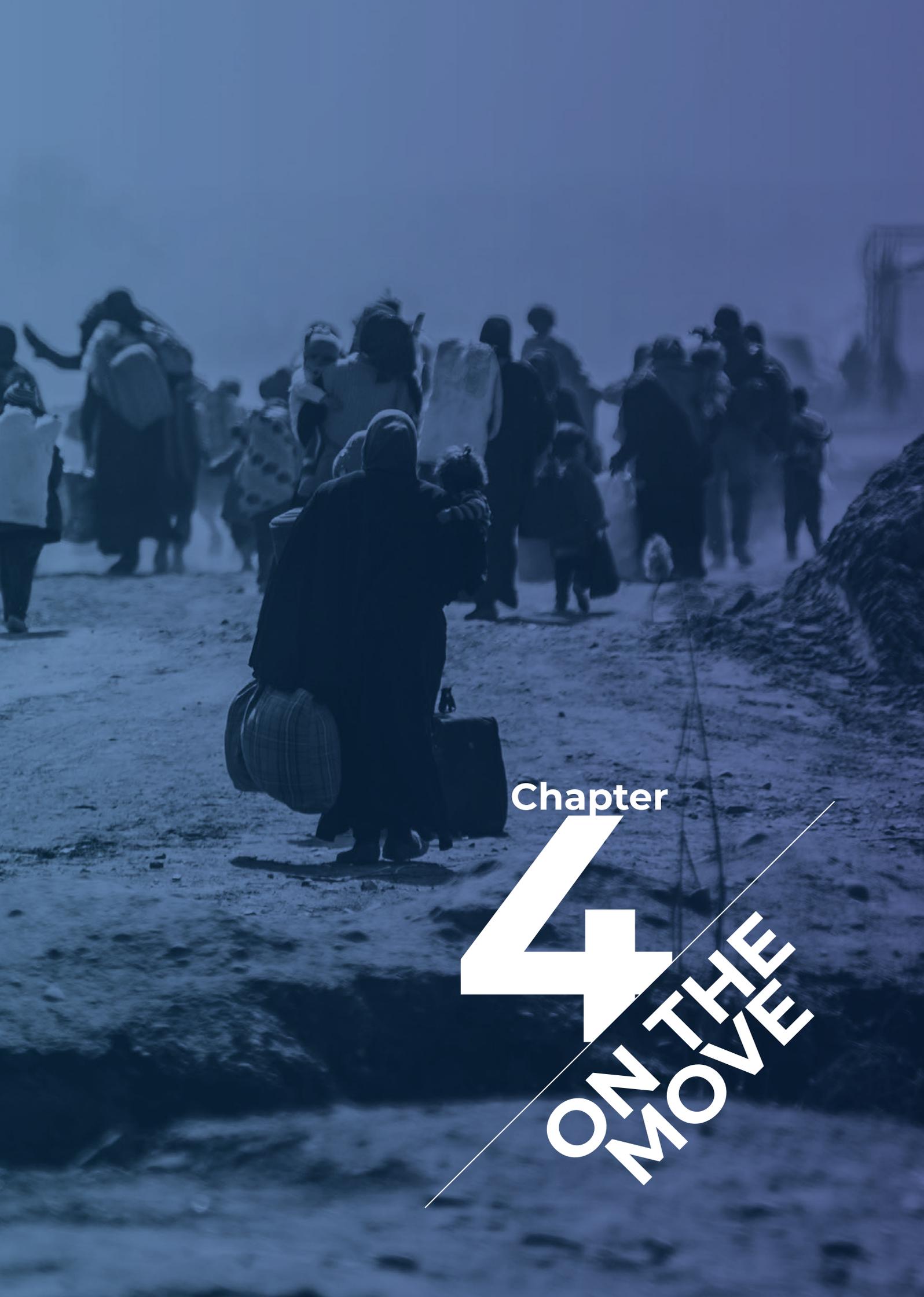


CASE STUDY

Ruth, 30, lives in Manyatta, a sprawling peri-urban estate on the outskirts of Kisumu, Kenya. She and her husband lost their jobs due to the pandemic. With a baby to feed, and another one on the way, Ruth feared for what was in store. The KRCS supported Ruth at a food distribution for pregnant and breastfeeding mothers as a part of KRCS COVID-19 response.

“I thank God for this present of food from the Red Cross. Now we have something on our tables. Before COVID-19 I worked as a hotel waitress. But now I am pregnant and there are no jobs to get. My husband is an electrician. Since COVID-19 he has been jobless too.”





Chapter

4 ON THE MOVE

Chapter 4: On the move



From the outset of this pandemic, migrants and displaced populations have been disproportionately impacted. Some of the groups most likely to be left behind in terms of response and recovery are displaced people, migrants, refugees and asylum seekers. In some countries, pre-existing conflicts and disasters have displaced large numbers of people. Refugees and internally displaced people were particularly vulnerable and required considerable humanitarian assistance – partly because they already have great difficulty maintaining stable livelihoods.

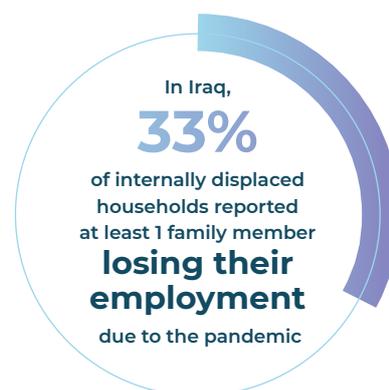
There was a cluster of migrant domestic workers confirmed as COVID-19 positive. Hence there were discrimination and exclusion for a period. The pandemic also limited their choices to stay during their rest day because most public and private facilities were closed during the partial lockdown.”

Hong Kong SAR (ACAPS/IFRC survey)

According to National Red Cross and Red Crescent Societies, having a migrant background was the second biggest vulnerability factor in terms of the socioeconomic impacts, after being homeless. Living in slums or informal settlements also significantly increased people’s risk (ACAPS/IFRC survey). People who are homeless or living in insecure housing, as well as migrants who often have limited access to support systems and basic services in destination countries, are more likely to have been economically vulnerable prior to the pandemic - increasing the risk of being disproportionately affected by the pandemic’s socioeconomic impacts.

The main impact was on employment: migrants and internally displaced people were more likely to lose jobs or to have their hours cut. People with migration backgrounds are more likely to work in the informal labour market, without job security or formal contracts, and are often the first group of employees to be laid off during economic crises ([WFP 09/11/2020](#)). In Iraq, 33 per cent of out-of-camp internally displaced households reported at least one family member losing their employment temporarily or permanently due to the pandemic ([REACH 02/06/2021](#)).

However, we also found that migrants or displaced people often lacked access to government protection systems. This compounded the consequences of loss of employment and put them at increased risk of poverty and food insecurity if they lost employment opportunities due to COVID-19 (World Bank 10/2020). People with migratory profiles are also at risk of being stigmatized for their perceived role in spreading the pandemic (ACAPS/IFRC survey).



Migrants have consistently faced an 'invisible wall' when it comes to accessing basic services – which means they have been disproportionately exposed to, and affected by, the virus. This is on top of facing poor-quality, overcrowded, and unsafe living and working conditions ([Global Migration Lab 2021](#)). These barriers for access to basic services include exclusion based on legal status; inaccessible information - both in language and channels of dissemination; insufficient or unavailable services; financial barriers; inconsistent application of relevant laws and policy; fear, health and safety concerns; lack of relevant documentation; and digital exclusion. People on the move have also been among the hardest hit by the economic fallout of COVID-19, compared to naturalized citizens. People without citizenship or permanent residency have been highly vulnerable to livelihood losses and other socioeconomic harms and are widely neglected by formal protection and safeguarding measures. Migrants may also experience isolation and negative mental-health impacts linked to losing contact with family and community support networks and family separation.

As well as direct economic impacts and difficulties accessing services, migrants and displaced people also faced increased mental health difficulties. In a WHO survey, most respondents reported having a worse mental state due to COVID-19. This included feelings of depression, anxiety, loneliness, sleep deprivation, and increased use of drugs and alcohol ([WHO 18/12/2020](#)), as negative coping strategies. Yet in many countries, migrants and refugees face barriers to accessing health care, including mental health care. This can be due to high costs, lack of registration preventing them from being covered in Government insurance schemes or a lack of documentation ([IFRC 09/2020](#)).

In response, National Societies stepped in to bridge the gaps and support people to receive the services they needed. Two-thirds of the National Societies included in this research reported adapting or increasing activities to reach migrants during the pandemic. One of the most common ways that National Societies adapted their response was to provide trustworthy information about the virus and how to seek support, in a more accessible way – for example by translating materials into various languages (ACAPS/IFRC survey). This was usually coupled with other support, such as food parcels or cash support. For example, in Iraqi Red Crescent Society targeted vulnerable people such as refugees and internally displaced people for cash assistance, and women in camps were given protection kits.



As of 2019, there were some 188,000 asylum-seekers in South Africa, who were excluded from emergency relief grants during the first lockdown period ([FFB 01/07/2020](#)). At the beginning of the lockdown, only South African-owned local grocery shops were allowed to open, until the measure was revoked to permit opening of migrant-owned shops ([FFB 01/07/2020](#)).

The socioeconomic impact of COVID-19 further fuelled violence and demonstrations against foreigners in South Africa ([DW 29/09/2020](#); [Bloomberg 20/12/2020](#)). The South African Red Cross Society (SARCS) reported that refugee communities and migrant-run shops were being attacked. This also affected people's livelihoods (KII SARCS 03/06/2021). Many refugees and migrants work in informal daily wage jobs, many of which were lost due to the pandemic (KII SARCS 03/06/2021).

Government interventions excluded most migrants and refugees. Although some humanitarian agencies tried to provide relief support to migrants and refugees, they required means of identification, which some migrants do not have (KII SARCS 03/06/2021, 08/06/2021; SARCS Needs Assessment 2020; IFRC internal survey). In response, the SARCS targeted both South Africans and migrants, without distinction, for example when delivering hot meals (KII SARCS 08/06/2021).



Colombia

Colombia hosts some 1.7 million people originating from Venezuela (*R4V 06/07/2021*). The Colombian government closed its Venezuelan border in March 2020, as part of its containment measures. This led to an increase in the use of irregular border crossings (*ACAPS 27/11/2020*). Colombia began reopening the border in June 2021 (*El País 02/06/2021*).

Many people in Colombia lost employment during the pandemic. In an IFRC survey, 68 per cent of respondents reported that they had temporarily or permanently lost their jobs. Additionally, 59 per cent reported a reduction in working hours (IFRC Livelihoods Survey Americas).

Venezuelan refugees and migrants were particularly vulnerable, as the majority were in precarious working conditions, without protection like unemployment benefits. In a survey conducted in November 2020 among 3,100 Venezuelan refugees and migrants, 68 per cent of those who are working were self-employed, mostly in precarious activities such as street vending – and with minimal savings (*GIFMM 27/03/2021*). More than 80 per cent earn less than the minimum wage, and only five per cent contribute to a pension fund (*GIFMM 27/03/2021*). A panel survey showed that migrants' and refugees' access to income-generating opportunities has fluctuated during the pandemic (*GIFMM 27/03/2021*). ▶▶

▶▶ In response, the Colombian Red Cross Society (CRCS) created a special helpline for Venezuelan migrants and refugees, to provide them with information and health support (*ICRC/IFRC 10/2020*).

People with migration backgrounds have also experienced mental health impacts. In a November 2020 survey of over 3,100 Venezuelan refugees and migrants, 41 per cent said that at least one household member had experienced symptoms indicating mental health concerns, such as anxiety and sleeping problems (*GIFMM 27/03/2021*). In response, the CRCS set up a hotline for remote assistance, processing some 5,200 calls in 2020 (*IFRC 03/03/2021*). It provided remote mental health assistance and advice about how to manage cases of COVID-19 in the community. People with a migration background (including IDPs and refugees) were among the population groups most reached with mental health and psychosocial support (MH-PSS) activities (IFRC internal survey).

Cross-border impacts

In some cases, the pandemic's impact on migrants in one country triggered cascading impacts elsewhere in the world.

One such effect was a decline in money sent by migrants back to their home countries, in some parts of the world. These monetary transfers often help support families living in vulnerable conditions. The decline has been less than was originally predicated overall, and in some regions it actually increased overall (*World Bank 2021*). Nevertheless, in many countries, disruptions in money being sent home pushed many of these dependent families to the edge. In the Republic of Moldova, for example, poverty among remittance-receiving households increased from 20 to 25 per cent (*UNICEF 2020*). Households which received less monetary contributions from family members working abroad, may have been forced to cut back on expenditures related to education, health, and food (*UNICEF 2020*).

Furthermore, while international travel restrictions were intended to protect people from COVID-19, they have had the unwelcome side effect of reducing refugees' mobility. This makes it harder for them to reach other countries in order to apply for asylum (*IFRC 09/2020*). In some cases, migrants have become stranded without support due to border closures, including many who lost jobs and were unable to return home (*Global Migration Lab 2021*). The problem of reaching refugee-hosting countries is set to get worse, as vaccine and testing requirements become more common for international travel.



○ CASE STUDY

América, a Venezuelan migrant woman living in Ecuador, experienced the reduction of labour opportunities accentuated by an economic crisis that diminished her savings, putting her and her family under severe strain.

“As a last resource we started a venture of vegan cheese. Suddenly the support from the Red Cross reached us with trainings and seed funding, allowing us to promote sales and therefore maintain our children, pay our rent and buy medicines for our baby. Thanks to this support we believe we can keep moving forward”.

Turkey



The Syrian regional crisis has led to 3.6 million Syrian refugees being registered in Turkey, as of June 2021 ([UNHCR 23/06/2021](#)). The vast majority live within the community; around 56,600 Syrian refugees live in camps.

The Turkish Red Crescent Society (TRCS) runs community centres across the country that aid refugees (people under temporary and international protection) and host communities. The pandemic drastically impacted people's needs. Throughout the first half of 2020, people needed the most help with their financial situations and legal documentation. Many children were also at risk. However, between January-February 2020 and April-May 2020, the share of protection needs changed significantly. The share of needs related to refugees' financial situation more than doubled, from 33 per cent to 67 per cent. In contrast, the share of needs related to legal documentation dropped from 20 per cent to 12 per cent, and the share related to children at risk fell from 17 per cent to eight per cent ([TRCS 03/07/2020](#)).

Indeed, the number one priority for vulnerable refugees and the host community has not been COVID-19 itself, but economic problems. The pandemic increased the economic problems faced by vulnerable populations (KII with TRCS 12/07/2021). For example, 41 per cent of Turkish people ▶▶

▶▶ receiving support in TRCS Community Centres lost their jobs or were put on unpaid leave. The number of people supported by the TRCS without any income increased from six per cent prior to the pandemic to 32 per cent ([TRCS 03/07/2020](#)).

To help refugees cope financially, the TRCS and IFRC provides monthly cash assistance via debit cards to approximately 1.5 million refugees, through a scheme called the [Emergency Social Safety Net \(ESSN\)](#) funded by the European Union. Surveys of ESSN applicants reveal further impacts of the pandemic. One of the most dramatic impacts of the pandemic has been the sharp increase in debt and unemployment, with a 50 per cent increase in debt compared to pre-COVID-19 times ([IFRC; TRCS 01/06/2021](#)). In a survey of around 4,000 households that had applied for ESSN assistance, almost 80 per cent of respondents had at least one person in the household lose employment due to the pandemic. With debt and unemployment rising, people have resorted to negative coping strategies such as buying food on credit and reducing expenses on essential items such as health, education and food. People surveyed experienced a deterioration in their access to food, both in terms of quantity and diversity reflected in reduction in acceptable food consumption ([IFRC; TRC 01/09/2021](#)).

In summary, the exclusion of people with migrant backgrounds from government assistance and other support has meant they experienced disproportionate harms from the COVID-19 pandemic. While there has been some positive progress in terms of states enacting more inclusive policies that facilitate access to basic services for migrants, including COVID-19 vaccines, there is more work to be done to ensure that access in policy translates to access in practice (Global Migration Lab 2021). If the challenges facing migrants in accessing basic services, including COVID-19 vaccines, are not addressed, recovery efforts will be hampered, and COVID-19 will continue to spread. This is likely to seriously hinder their own recovery and prevent countries, and the world, bringing the pandemic under control. It is crucial that governments and humanitarian organisations ensure that migrants and refugees have access to essential assistance, including COVID-19 vaccines.



CASE STUDY

In the Philippines, the impact of the pandemic on people's lives and livelihoods led to an increased need for mental health services. A 24/7 call centre was set up to provide support to people affected by COVID-19. The psychosocial support gives people such as Dave, a young Filipino who had felt that he had lost everything, someone to talk to and the tools needed to access services.



Philip- pines

In the Philippines, as of May 2021, 154,835 people were displaced, including 111,493 people that have been displaced for more than three months. Most were displaced due to the Mindanao conflict and 86 per cent are located in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).

However, the most vulnerable to livelihood disruption were daily wage earners, such as ambulant vendors and factory workers – closely followed by those employed in the transport, food, and beauty industries. Surprisingly, while internally displaced people were also affected by the pandemic, they were arguably in a slightly better position than daily wage earners, because they received assistance through the crisis response.

In Key Informant Interviews and discussions with members of the Philippine Red Cross (PRC), an increased need for mental health support was noted (*IFRC*). Mental health was a particular concern for “locally stranded individuals”, people who were stuck in a single location due to movement restrictions (KII 02/07/2021). It is likely that internally displaced people were particularly at risk of mental health difficulties. Unfortunately, access to mental health can be costly, and it is difficult to find practitioners who provide services for free or at a discount (*DW 03/03/2021*).

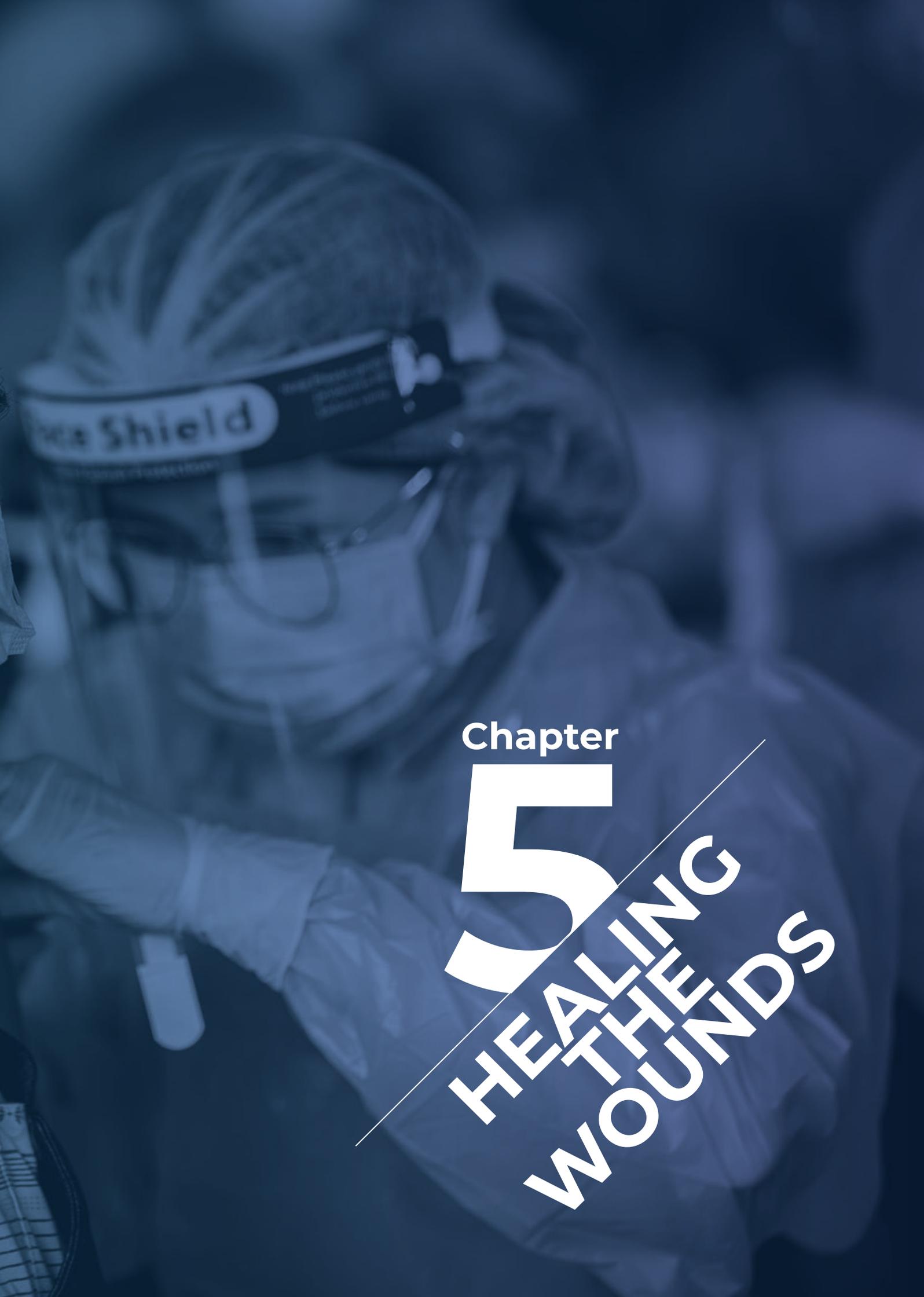
The PRC focused on the pandemic's mental health impact on children. They provided play and reading kits, along with awareness raising on suicide prevention. However, access to some of these materials was dependent on internet connectivity.



The pandemic was uniquely threatening to migrants, internally displaced people and refugees







Chapter

5

HEALING
WOUNDS

Chapter 5: Healing the wounds

Repairing the socioeconomic harms of the COVID-19 pandemic is a challenge to which the whole world needs to step up. Our research has identified four key action points that must be addressed if the harms and inequities of the pandemic are not to be perpetuated.

Vaccine inequity

The immediate challenge is to vaccinate the world. Though vaccines offer a glimmer of hope, this hope is not equally shared. While rich countries have already vaccinated the majority of their populations, many poorer countries have barely begun vaccinating in earnest.

The unequal distribution of vaccines will allow for high levels of transmission to continue in the most vulnerable populations, who also have the least access to lifesaving treatment. In addition, it creates opportunities for the emergence of further variants that may undermine the impact of vaccination globally. Vaccine equity is key to reducing the likelihood of variants and saving lives, by limiting the spread of the virus in the long term.

However, the vaccine inequity will also exacerbate the socioeconomic impacts and hinder recovery. If countries see continued high levels of transmission, with the associated loss of employment and reductions in movement of people, harms like economic losses and food insecurity will become even more severe. This will create a scenario in which already wealthy countries restart their economies and grow wealthier, while poor countries face continued transmission and the economic impacts associated with it, and therefore suffer continued economic shrinkage. This clearly sets the stage for an uneven economic recovery, with countries having different access to vaccines, different access to vaccination, different capacity to use other public health measures to reduce transmission, and different budget capacity to stimulate the recovery.

Tragically, profits are still trumping humanity. If compassion will not open the door to the equitable distribution of COVID-19 vaccine doses, then let it be scientific knowledge.

The lure of an even economic recovery for all should encourage a systematic and concerted effort to make vaccines equitably available to all parts of society, both within and between countries. It is crucial for governments to support initiatives like COVAX, which is helping to decrease inequity in vaccine distribution, as well as boosting direct donations of vaccine doses to the countries lagging behind. But the challenge does not end there. Once more vaccine doses are made available, we must ensure that they make it from airport tarmacs into the arms of people. The IFRC stands alongside National Societies to ensure that this happens. Working together, we are ready to continue to support governments to vaccinate the world and enable the most vulnerable and marginalized people to restart their lives.



CASE STUDY

In Afghanistan, families whose livelihoods have been devastated by drought and the pandemic are being provided with unconditional cash grants by the Afghan Red Crescent. Cash support gives people such as Abdul, a father of seven, a sense of security, certainty and confidence that their children will not go hungry.

Healing longer-term harms

Unfortunately, vaccinating the world is just step one. Even when disease and mortality from COVID-19 are dramatically reduced, the crisis will not be over.

As our research documents, many countries and regions have been set back decades in terms of development. Millions have lost out on income, suffered the harms of food insecurity, and had their mental health damaged. Millions of children have had their education interrupted, and in some cases that stoppage will be permanent. Migrants who were building lives in new countries have been forced to return home to places where they have few prospects or face dangers. These socioeconomic impacts will last years. Long after the coronavirus that causes COVID-19 has ceased to kill such high numbers of those who fall ill, and cripple health systems, it will still cast a shadow over many countries.

National Red Cross and Red Crescent Societies can help people to recover from the harms to their livelihoods, health and education. But to do so they will need significant additional support: both financial and political. They need the resources to set up ambitious programmes to support people in rebuilding their businesses and, if necessary, retraining; to help children catch up on their education, and in some cases to restart it; and to help people with a migration background to re-establish themselves in their chosen homes.

Indeed, the COVID-19 pandemic brought unprecedented challenges for humanitarian organisations like the IFRC. As our research documented, National Societies had to quickly adapt to deliver services remotely, and in many cases to deliver them in urban areas, where they may have less experience than in the decades-long rural programmes in hard-to-reach areas. But there are many more such challenges ahead.

Perhaps the biggest novel humanitarian challenge will be the mental health effects of the pandemic. Our research found that there was limited representative data on the pandemic's mental health consequences, but the information that was available suggested they are very significant. Many people, especially women and other vulnerable groups, have experienced anxiety, depression, and other psychological harms. Much like the economic impacts, these mental health consequences are likely to linger. Many people may find their symptoms last for years or even the rest of their lives.



CASE STUDY

Elena, 67, from northern Spain, struggled to get cope when restrictions lifted, living in fear of contracting the virus. She struggled with anxiety, but also feelings of guilt for not being happy to see her family.

“One day I was overcome by these thoughts, and I sought help from the Red Cross where they gave me the help I needed through the Cruz Roja Te Escucha (Red Cross Listens to You) service, which has been very useful, because thanks to the psychological support they have given me, I have been able to organise my thoughts, be more objective, see them from a different perspective. It has given me relief to know that I have someone with who I can vent and that the psychologist on the phone understands me, does not judge me, is professional, and has been able to guide me to be more aware of the thoughts and fear that still appear, without allowing them to limit my life.”

Recognising the pandemic's impact on mental health, many National Red Cross and Red Crescent Societies established programmes to support people's mental health. This rapid pivot was only possible because the National Societies were already established in their host countries, with good contacts in the community and health care systems. The IFRC's localized approach was a boon because it enabled the National Societies both to detect the need for mental health support, and to swiftly mobilize to deliver it.

It is particularly crucial that National Societies and other humanitarian organisations ensure they have high-quality mental health support for their own volunteers and responders. As rewarding as it is, operating in disaster and conflict zones also carries mental health risks – and the experiences of even the most advanced health care systems show that working through a pandemic is traumatising and harmful for many people.

The next step is for mental health programmes to be deeply integrated into all humanitarian programming. Mental illness was already common in many societies, but the pandemic has made the need extremely pressing. Many countries have very poor support for mental health, and until that improves humanitarians must fill the gap.

A fairer future

The enormously unequal impacts of the pandemic occurred partly because of specific choices by governments and other actors, but largely because of pre-existing inequalities. While some countries have enormous resources to plough into health services and social support, others have very little. Those more vulnerable countries, unable to mitigate the socioeconomic impacts, have suffered far greater socioeconomic harms from the pandemic. Leaving these structural inequalities in place will mean the impacts are even more disproportionate when, not if, the next pandemic strikes.

Partly this is about countries' access to money and other resources, without which they cannot adequately fight the next pandemic. But the inequalities also run deep within and between countries. Many countries lack social protection for many groups, from women and children to migrants and refugees. Those groups have been worst affected by the COVID-19 pandemic, and unless things change, they will continue to bear the brunt of crises, and be the least likely to recover from them.

The solution is a global effort to ensure the safety, dignity, and well-being of everyone – including women, children, migrants and refugees and those displaced by conflicts and natural disasters. These groups must not be excluded from assistance and protection. But it is also about being better prepared.

CASE STUDY

Since the outset of this pandemic, Red Cross and Red Crescent volunteers and staff have treated, cared for, systematically listened to, and supported millions of people. They have been able to quickly respond, adapt operations or expand their response because they were already present in their communities. Gihad Shaker is a volunteer at the COVID-19 care center in Aden. He has been a volunteer with the Yemen Red Crescent Society for five years.

“It is important for me to be a volunteer to help people. Especially now, during the conflict, people have a lot of needs. I volunteer to put a smile on people's faces.”



National Red Cross and Red Crescent Societies are on the front lines of all these issues. Because they are embedded in their host countries, they have a deep knowledge of the inequalities that exist and of how they are perpetuated. The IFRC and other humanitarian organisations therefore have a major role to play in advocating for vulnerable groups, and in advising governments on how best to improve their situations.

Furthermore, the IFRC's localization has been crucial to its response to the pandemic, and we must continue to learn from this approach. COVID-19 has brought the international community and local response much closer together, including also within our own IFRC network. In other major disasters, the response may have relied on hundreds of international aid workers – but this was not possible during this pandemic. The value of investment in capacities and response at a local level has never been so stark. Our National Red Cross and Red Crescent Societies continued to respond in their communities, even when the international community was grounded. But crucially, the perception of vulnerable people in need of assistance, of being somewhere far away from home, was eroded. We saw the need in our own communities. Never before have we seen such universal evidence of the need to be prepared to respond to crises at a local level, a response that, crucially, must be informed and led by that community itself.

The big picture

The COVID-19 pandemic is not the only global crisis. Arguably it is not even the most severe one: unlike the climate crisis, it should be possible to neutralize it within the next few years, whereas the climate crisis requires decades of transformational work.

We may not have known beforehand the full extent of what was to come, yet we should have been better prepared. In many countries, the COVID-19 pandemic exacerbated existing needs and vulnerabilities, as the pandemic intersected with natural disasters, conflict, and pre-existing crises like poverty, displacement, and food insecurity.

We have learned the hard way that multiple, intersecting crises have more severe impacts on people than individual disasters. We have seen the impacts of not being prepared. In the long run, the lingering socioeconomic impacts of COVID-19 will also complicate efforts to respond to these intersecting crises.

It is crucial that humanitarians and governments understand that COVID-19 is not happening in isolation. Only by applying joined up thinking when devising solutions will we



ever be truly prepared. We need to see the world through a “COVID lens”: one that highlights the multiplying consequences of individual disasters, and how they exacerbate other crises. When multiple intersecting crises strike a country, they create new vulnerabilities and increase existing ones, and they also affect the country's, and National Society's, ability to respond. A successful humanitarian response will be one that understands this and plans for it.

The next pandemic will come. The IFRC's challenge is to help ensure that the world is better prepared. That means operating multi-pronged programmes that help communities build their resilience. We should never again leave so many millions of people vulnerable.

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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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