+C IFRC

Recovery & the COVID-19 Operation:

Concepts, terminology, and a proposed Resilient Recovery Approach

Version: 24 August 2020

1. Introduction

The impact of the COVID-19 pandemic will be wide-ranging and long-lasting, not only in the way it changes and compounds vulnerabilities, but also because it affects the way in which NS and the IFRC Secretariat are able to carry out their work. A prolonged pandemic, and the ever-present risks of new epidemics and pandemics in the future, require adaptation to a 'new normal'. Recovery in this special context is about much more than simply addressing some of the socio-economic impacts that epidemic control measures have caused. It requires consideration of how both health systems and affected communities can be supported to not only recover, but to recover in a way that positively adapts to life with pandemics, and puts more resources at community level that can strengthen resilience and the ability to respond to these and other risks locally. There is also a major internal or institutional aspect to recovery for National Societies which must be highlighted.

As well as challenges, this crisis also presents an opportunity to *build back better* in many different ways, and to align COVID-19-related investments with long-term health systems strengthening, development, environmental and climate objectives. This is especially relevant in urban areas where the impact of COVID-19 is largest.

This paper clarifies key concepts and terminology and proposes a general recovery approach for the COVID-19 Operation. It does not include detailed technical guidance for specific recovery interventions, as these are already covered by the guidance produced by sectors and other areas. It pulls together different aspects of recovery from the overall strategy and shows how together they can represent a resilient recovery approach.

2. Recovery: Concepts & Terminology

Most definitions and concepts of recovery, including those in the draft *IFRC Recovery Framework*[1], highlight that recovery is only considered to have taken place when there has been some kind of positive change. This is usually characterized as enhanced community resilience, *building back better*, or simply as 'resilient recovery'.

The concepts of Recovery, and also *Build Back Better* which is the recovery commitment under the Sendai Framework, also apply in a health emergency. The widely held notion that the COVID-19 pandemic is going to require adaptation to a 'new normal' aligns well to the concept of resilient recovery. NS must not only support communities to recover from the crisis in a way that adapts to life with pandemics, they must also understand how they themselves can adapt and emerge stronger from the crisis. Some of them will support their Governments to strengthen the health system so that it can better cope with future epidemics. An example is a NS who invests in community health

---

[1] The IFRC Recovery Framework is under development during 2020. It will support the implementation of the 2019 IFRC Disaster Risk Management Policy.

structures, such as community-based surveillance, which can be seen as a form of *build back better* for an enhanced health system. NS can advocate for expansion of water and sanitation infrastructure to areas that are lacking such services. Better health and hygiene practices in communities are likely to prevent the transmission of communicable diseases in all contexts, leading to improved community resilience. NS can assist livelihoods groups whose jobs or ability to earn an income have been permanently disrupted, either by adapting that livelihood or diversifying into another livelihood. This also supports resilient recovery. NS that boost their epidemic response preparedness, as well as integrate epidemic preparedness into their disaster management and long-term community-based work, are contributing to their own resilient recovery from the pandemic.

Looking at terminology, there are several different terms that could be applied interchangeably to the COVID-19 operation:

- ➢ The medium to longer-term response.
- ➢ Addressing secondary impacts of the pandemic (which include health, socio-economic, security and other secondary impacts).
- ➢ Recovery (or early recovery, depending on when assistance is provided in the life-cycle of the crisis in each particular country, and there is no clearly defined line between early recovery and recovery).

They all refer to similar concepts, however, it is Recovery that captures the idea of resilience and positive change fully. This is a theme which is receiving a large amount of attention throughout the sector and beyond, with the UN and the international financial institutions emphasizing the importance of resilient recovery[2]. The crisis is both a massive challenge as well as an opportunity for transformation. There will be long lasting impact caused by the pandemic, both on the nature of vulnerabilities faced by the communities that NS serve, but also in the way that NS and IFRC work. Because of the large amount of funding being injected globally, it is increasingly seen as a once in a generation chance to align numerous humanitarian, development and climate objectives. Advocating for a green and resilient recovery means allocating resources that build capacity to detect and manage risks at community level, while ensuring that all investments support environmental sustainability and address climate change. The crisis is also an opportunity to advance the *localisation* agenda, which NS and their volunteer networks already embody, and digital transformation, which is necessary for NS to respond more effectively to COVID-19 now and in the future.

The global COVID-19 operational strategy, as per the revised Emergency Appeal of 28th May 2020, already includes a lot of recovery thinking. Some examples are:

- ➢ Interventions to address the secondary health impacts of the crisis, which sustain or restore essential health services at community level and support the early recovery of the health system (example: NS supporting resumption and/or adaptation of routine immunisation services).
- ➢ Focus on continued improvement of NS readiness to respond to future waves of the pandemic, and future heath emergencies.
- ➢ Interventions to support the most vulnerable who have lost income sources or seen their livelihoods disrupted (example: cash assistance for basic needs; livelihoods or market interventions to recover or diversify and adapt livelihoods).
- ➢ The importance of ongoing MHPSS interventions, not only to directly address trauma but also to indirectly rebuild social cohesion – another key aspect of recovery.

---

[2] See *UN Framework for a socio-economic response to COVID-19,* and the World Bank *Country Support Plans.*

➢ Embedding epidemic preparedness actions into NS long-term programmes, like CBDRR, or CBHFA[3]; and continuing to improve NS response preparedness throughout the length of the operation. These are key aspects of our recovery approach, namely: ensuring NS are strengthened through the implementation of the operation; and better links between the operation and the long-term programmes of NS.

➢ Ensuring that NS are COVID-safe and disaster ready, and that they can restore or maintain their capacity to provide core services and respond to other crises (example – business continuity planning; financial sustainability). In a way these can be seen as linked to the recovery of NS themselves.

What is different about recovery in health emergencies?

In a broad sense, recovery in a health emergency refers to having a clear medium to longer-term approach. The complicating factor with epidemics and pandemics is that a sustained health response to the continuing waves of outbreaks is required. This is quite different from a sudden onset disaster, with a well-defined initial response which transitions into what is generally considered as support for community recovery. An additional factor is that the return to 'normality' is likely to be slow and uneven across countries and regions and even within countries, and multiple waves or peaks of cases may mean that communities face constantly changing access to, and availability of health services.

In a pandemic, the health and WASH epidemic control response continues throughout the whole operation, and readiness for response to future waves of the pandemic is a priority. However, other types of interventions which address the socio-economic and secondary health impacts should be layered on top of the health response. This layering will look different in every context for every NS. It is these interventions which are layered on top of the core health and WASH response, along with adjustments over time to ensure the health response remains appropriate and effective, that are key to support recovery from the crisis. Also relevant are interventions to sustain essential health services, and 'task shifting' to put more health support at community level, which will contribute to the early recovery of the health system and reduction of excess mortality and morbidity resulting from decreased access to or use of the health system. When these are combined with a parallel focus on ensuring NS continue to improve their response preparedness throughout the operation, and adapt and expand their long-term community based programmes to integrate epidemic preparedness (to 'COVID-proof' them), a recovery approach starts to become clear. This concept of recovery after health emergencies is included in the draft *IFRC Recovery Framework*.

Comparisons can be drawn to recovery in protracted crisis contexts. This often involves supporting both the displaced/refugees and host communities to adapt and build resilience to a new situation, whilst also focusing on preparedness and response to new emergencies and spikes throughout the crisis. Communities experience both progress and regression, and aspects of emergency response and recovery exist side by side.

---

[3] CBDRR = community-based disaster risk reduction; CBHFA = community-based health and first aid.

+C IFRC

> **Table One:** Looking to past examples of Recovery & Epidemics – Ebola
>
> *In 2015 IFRC commissioned a Recovery Assessment for the West Africa Ebola crisis – in Sierra Leone, Liberia, and Guinea. This led to a Regional Recovery Framework for Ebola, focused on:*
>
> - *providing livelihoods assistance to those directly affected by Ebola*
> - *expanding NS community-based health approaches, PSS, etc.*
> - *embedding epidemic preparedness in the NS (in DP and DRR processes)*
>
> *All of these were to be implemented while the EVD response itself was maintained; in other words, to positively adapt to a new normal while maintaining capacity to cope with the risk of spikes and further outbreaks.*
>
> *The external literature on epidemics notes that support for livelihoods and economic recovery is a critical component of an effective epidemic response. There is evidence from the Ebola responses in West Africa of successful economic recovery support in affected areas, to restart farming and small business activities for vulnerable populations who suffered from severe secondary impacts.*

3. <u>Proposed approach to resilient recovery programming for COVID-19</u>

a. Summary

The current global strategy for the COVID-19 response identifies three operational priorities, as outlined in the Emergency Appeal:

- Health & WASH
- Socio-economic impacts
- Strengthening National Societies

A number of pillars have been identified under these three priorities to help guide the national response plans of NS. Many of the components of recovery are already present, however it is useful to show how they can integrate into an overall approach. It is important to emphasise that recovery in this context is not only about addressing socio-economic impacts by providing food security and livelihoods assistance, but can have many other dimensions.

The model presented on the following page shows a COVID-19 Recovery Approach. Two foundations of this are:

- ➢ NS continue with the core Health & WASH epidemic control response throughout the length of the operation.
- ➢ NS continue to improve their readiness to respond to future waves of the COVID-19 pandemic, and also to future epidemics, both at the institutional level and in affected and at-risk communities.

With these two core foundations in mind, the model depicts how NS can support recovery from the crisis under the three operational priorities, as follows:

➢ Support & strengthen health services: contribute to addressing secondary health impacts and the rebuilding of stronger and more resilient health systems, particularly through coordinated health and epidemic preparedness capacity building at the community level. Promoting equitable access to water and sanitation infrastructure is also crucial.

➢ Support resilient recovery of the most vulnerable from socio-economic impacts: building on existing programmes/operations and community presence of NS, complimenting the national response from governments.

➢ Ensure stronger NSs & IFRC System, better prepared for future epidemics & shocks: renewed focus on necessary NS Preparedness actions under the epidemic-ready PER process; embedding epidemic preparedness and 'COVID-proofing' all existing NS programmes; using the pandemic as an opportunity to advance NSD; and learning lessons on global response operations and pandemics.

Critical enablers or ways of working which are necessary for NS when supporting recovery from COVID-19 include:

• CEA: a well-integrated community engagement and accountability approach, which prioritises gathering, documenting and answering feedback from communities and acting upon it. Additionally, it is key to communicate transparently and regularly with communities, engaging them in finding their own solutions to problems. If NS already take a participatory approach to planning, it will help to ground the response with community ownership, as well as help to address issues related to stigma early on. To support the public health measures promoted, longer-term behavior change is needed and not just short-term risk communication.

• PGI: mainstreaming protection, gender & inclusion principles into all interventions, especially to identify specific groups in need of targeted health and recovery assistance

• Green Response: ensuring that environmental considerations are taken into account, first to do no harm to the environment; and secondly to determine if interventions could be planned in a way which could have a positive impact on the environment or climate change. One important factor which NS must consider is the rational use of, and waste management of, Personal Protective Equipment (PPE), of which an enormous quantity globally is currently being discarded inappropriately. Guidelines have been prepared by the IFRC Green Response Working Group on this issue.

• National Society Development (NSD): to ensure the link to the longer-term development of the NS and sustainability of core programmes, while recognising the opportunity the pandemic presents to advance the *localisation* and digital transformation agendas.

+C IFRC

Recovery Approach for COVID-19 Response

NS maintain essential epidemic control measures; IPC; WASH; risk comms etc.

Continued improvement of NS readiness to respond to future waves and outbreaks

Support & strengthen health services	Support resilient recovery of most vulnerable from socio-economic impacts	Ensure stronger NSs & IFRC System, better prepared for future epidemics & shocks
contribute to stronger, more resilient health systems	building on existing programmes/operations and community presence; fill 'gaps' in national response	

Ways of Working: CEA Mainstream PGI Green Response Community-based PSS

Maintain/restore access to essential health services	Community Health Progs. adapted for Epi. Preparedness;	FS&L:	Urban/Shelter:	NS Readiness:
using community-based health networks & task shifting	Community-based Surveillance	support ability to meet basic needs; restore & adapt income & livelihoods	shelter & settlement needs for camps, informal settlements, migrants etc.	continue NS preparedness actions (under PER) — epidemic preparedness embedded in all programmes; EAPs, CB-DRR adjusted — auxiliary role & mandate revisited; DRL

Promote access to WASH Infrastructure	MHPSS	Social Inclusion:	CEA:	NS Sustainability:
	continued throughout the operation	support survivors of violence; advocate for non-discrimination; mitigate community tensions & stigma	feedback mechanisms, participatory approaches	Business Continuity Planning; maintain critical capacity & services; financial sustainability; volunteer support

Promote NS community health reach ('last mile')	Promote CVA as delivery modality; Link to social protection mechanisms	Promote NSD & localisation; lessons on global responses

+C IFRC

b. Programmatic recommendations across the three operational priorities

Support & strengthen health services:

This will vary widely depending on each NS's mandate in health and care, whether they provide clinical care or paramedical services, and the type of community health programmes they run. The idea is for NS to support the maintenance or resumption of essential health care services which have been impacted by the crisis (commonly referred to as secondary health impacts), by utilising the community health networks they already have. Some examples include supporting routine immunisation (including campaigns in the event of outbreaks of vaccine-preventable diseases), maternal and child health care, maintaining community-level access to treatment for chronic illnesses like HIV and TB, and so on. This kind of 'task shifting', moving provision of basic services from clinical contexts to community-based contexts, can be supported by NS with networks which link communities and care providers, and where services can be delivered by community health workers and volunteers. All of this can support the early recovery of the health system, and contribute to the avoidance of the excess morbidity and mortality which can result from the health system and health workers being overwhelmed by the response to COVID-19.

Existing community health programmes, such as CBHFA, can also be adapted or expanded to better integrate epidemic preparedness or to extend their reach to take on some of this 'task shifting'. Community-based initiatives from NS, such as surveillance programmes, and epidemic control for volunteers, can directly contribute to a stronger and more resilient health system by expanding disease surveillance into harder to reach communities. In addition, MHPSS is a crucial component to continue throughout the whole operation, as it supports community recovery in a number of ways – both directly, but also because it contributes to social cohesion and recovery of livelihoods.

WASH is also crucial, as a lack of equitable access to water and sanitation infrastructure greatly compounds the risks and impact of COVID-19. This is especially true in many complex, conflict and resource poor settings; and in urban informal settlements. The provision of WASH services is essential to protect human health during all infectious disease outbreaks, including COVID-19. Ensuring good and consistent access to WASH services in health facilities, communities, and public places (such as transit hubs and other high traffic areas) helps to prevent transmission of the COVID-19 virus and other communicable diseases. A lack of access to water and sanitation undermines community resilience to respond to and recover from the pandemic. The IFRC *One WASH* initiative can address a range of health needs, and has been proven to have an impact on cholera but also on other diseases like influenza. It is a useful framework to consider for COVID-19 as well, particularly for recovery.

KEY PROGRAMME RECOMMENDATIONS FOR RECOVERY:
- *Maintain or resume essential health services by using community & volunteer resources to ensure key health needs are identified and met, and fostering relationships between communities and care providers*
- *Provide appropriate community-level health care extension work through task-shifting*
- *Community-based surveillance projects*
- *Promote/ expand the use of the ECV toolkit*
- *Expand / adapt community-based health programming for epidemic preparedness*
- *Continue / expand community-based MHPSS*
- *Promote equitable access to water and sanitation infrastructure*

IFRC

<u>Support resilient recovery of the most vulnerable from socio-economic impacts:</u>

The impact of the crisis on food security, livelihoods and the ability to meet basic needs in many contexts is well recognised, and this affects the most vulnerable populations more severely. While governments may respond to these socio-economic impacts and support recovery, there will often be gaps in this assistance, or situations where governments do not have sufficient capacity or resources to meet all needs. In these contexts, many NS can support community recovery through appropriate targeted food security and livelihoods assistance, that allows vulnerable households to meet basic needs as well as to recover or diversify their livelihoods. These interventions will focus on using cash and voucher modalities where feasible.

The specific needs of urban communities particularly informal settlements, and long-term displacement sites are another area which NS can prioritise. Shelter and settlements related issues may make it difficult for people living in these communities to cope with continued COVID-19 outbreaks and resume normal activity. Specific shelter needs may arise due to the need to reduce overcrowding or establish quarantine centres. Similarly, issues with land tenure, inability to pay rent and the risk of eviction, or finding safe and healthy accommodation will arise, and some NS may address these, integrated with livelihoods interventions.

A recommended approach which can speed up implementation is for NS to build upon existing community presence or programmes, to identify specific vulnerabilities and respond. Most NS have existing engagement with specific vulnerable groups, such as disaster- and epidemic-affected communities who are still recovering; communities currently facing other shocks and crises; migrants; displaced people and refugees; urban slum dwellers; and so on. These can provide entry points for COVID-related recovery assistance.

NS should consider the need for resilient recovery, and how this may be relevant. Many livelihoods may be permanently affected by COVID-19, and there may be opportunities to help affected populations shift to more sustainable livelihoods, or to respond to changes in labour markets and markets in general that the pandemic has caused. Similarly, linking livelihoods assistance to green or environmental outcomes where possible will also contribute to more resilient recovery. Zoonotic diseases are emerging faster and more frequently, and there is increased risk of future epidemics due to human encroachment into wild areas and interaction with wildlife. Food security and livelihoods interventions can contribute to epidemic prevention by ensuring they do not contribute to habitat loss and promote coexistence with the natural world.

Wherever possible NS should look for opportunities to promote or link to shock responsive social protection systems. Where these already exist, NS cash interventions can build on them; where they do not, NS can advocate for Governments to establish them.

Some NS may also directly intervene to support social cohesion, reduce stigma of recovering patients and health workers, advocate for non-discrimination and non-violence and so on. All of these efforts will contribute to community recovery. Community-based PSS is also closely linked here and can support these same outcomes.

KEY PROGRAMME RECOMMENDATIONS FOR RECOVERY:
- *Provide assistance to meet basic needs and food security of vulnerable groups*
- *Livelihoods or market assistance to recover or diversify livelihoods*
- *Shelter & settlements actions for urban informal settlements and displacement sites to adapt to COVID-19*
- *Provide assistance for land, housing, security of tenure issues (integrating FSL and shelter)*
- *Use cash & voucher assistance wherever feasible*
- *Link interventions to existing or new shock responsive social protection mechanisms where possible*
- *Projects which rebuild social cohesion, reduce stigma, and promote non-discrimination & non-violence*

Ensure stronger NSs & IFRC System, better prepared for future epidemics & shocks

As with recovery within any major operation, the opportunity must be grasped to build stronger and better prepared NS. Renewed focus must be on priority NS Preparedness actions under the PER process. This will continually enhance NS readiness to respond to ongoing waves of COVID-19, but also improve contingency planning in general to ensure that NS are able to maintain capacity to respond to other crises while the pandemic response continues. The potential to advance the *localisation* agenda is clear, and NS and their volunteer networks are already well positioned as key local actors with community reach.

Epidemic preparedness can be embedded in all existing NS programmes where relevant. Some simple examples are utilizing existing community-based DRR networks to integrate aspects of epidemic preparedness, or adjusting Early Action Protocols (EAPs) so that anticipatory action to future outbreaks is included. Ultimately steps need to be taken to 'COVID-proof' all NS activities, making sure they can be safely conducted, with appropriate social distancing, personal protection etc. Epidemic control should be part of all contingency, programme and security planning in our new normal.

As the crisis is both a major challenge and a major opportunity for transformation for NS, it is important to consider the NS Development perspective as part of recovery. Financial sustainability has been negatively impacted for many NS, with normal income generation interrupted, however new funding and partnership opportunities may exist as well. Auxiliary roles for some NS could be expanded permanently. Support for volunteers must be stepped up, and there may be opportunities to reinvigorate the volunteer base and youth in particular. Business continuity planning should be developed. Other key NS Development needs, like strengthened leadership models, and a sound legal base, may need to be looked at.

There is also an opportunity to advance digital transformation across the IFRC network. This can mean improving the capacity of NSs to collect, manage and analyse data, but also the use of new digital tools and services to connect staff, volunteers and communities. New digital networks to share experience

and best practice between NS and volunteers globally are already being used and should be further promoted.

As this is the first truly global operation for IFRC, there are many crucial lessons for the entire IFRC network to learn and act on. This includes many related to the localisation agenda, the model of remote technical support, remote working in general, and so on. This should be seen as an important part of the resilient recovery of the IFRC as a whole.

KEY PROGRAMME RECOMMENDATIONS FOR RECOVERY:
- Start/continue with key Epi-ready PER preparedness actions
- Contingency planning for continued COVID-19 waves and other emergencies
- Adapt existing community-based programmes (such as DRR and community-based health activities) for COVID-19 – both to continue them safely, but also to embed epidemic preparedness
- Business continuity planning for NS core services and operations
- Assess and take measures to ensure financial sustainability, including new income opportunities
- Ensure duty of care for volunteers, including a solidarity mechanism
- Promote digital transformation with use of new tools and services
- Learning lessons at NS and global level on pandemics and global operations

---

c. Advocating for Green and Resilient Recovery

Many humanitarian and development actors have identified the global opportunity for transformation that recovery from the COVID-19 pandemic presents (see this IFRC blog post https://future-rcrc.com/2020/07/03/a-humanitarian-recipe-for-a-green-resilient-and-inclusive-recovery-from-covid-19/).

Governments are injecting large amounts of fiscal stimulus into their economies, to support the health system and the worst of the socio-economic impacts that the epidemic has caused. World Bank support packages, IMF debt relief, and funding channelled through the UN are also injecting large sums into low- and middle-income countries. These investments could support a recovery from the COVID-19 crisis that contributes to achieving global objectives reflected in the Sustainable Development Goals, the Paris Agreement on Climate Change and the Sendai Framework. This could help reduce existing and emerging risks at community level, and promote sustainable, inclusive and resilient growth. This is especially true in urban areas where the impact of COVID is largest, and many city authorities are leading a renewed commitment to sustainable development and greening of their services.

NS should be aware of this potential for transformation, and consider how they can be advocates for a green and resilient recovery. Even though this may fall outside of the response plans of many NS, they can be an important voice nationally to advocate for policies and investments that channel funds to green and climate smart projects, and to community level where they will have the maximum impact on resilience. This can include projects that strengthen or create shock-responsive social protection systems, that create jobs which enable people to withstand future shocks and stresses, that protect natural habitat and reduce the chances of emerging zoonotic diseases becoming epidemics, or that promote universal health care coverage. It is also crucial to advocate for a major

step-up in disaster and epidemic preparedness investments from governments, both at institutional and community level.

KEY PROGRAMME RECOMMENDATIONS FOR RECOVERY:
- Advocate for national and international investments related to COVID-19 recovery to contribute to green outcomes and community resilience, including shock-responsive social protection systems
- Examine all interventions to ensure they are aligned with these long-term objectives

---

4. Conclusion

The strategic direction of the COVID-19 operation should clearly highlight that it encompasses support for communities and NS to recover from the crisis, in a way that also builds community resilience. The current EA already includes many fundamental aspects of a recovery approach, and recovery is strongly highlighted by other actors including the potential for recovery from the pandemic to be transformational and to advance the *localisation* agenda. Successfully adapting to the new normal that this unprecedented global crisis requires will be the foundation of resilient recovery for NS.

The medium to longer-term approach should be positioned around the concept of resilient recovery, whilst recognising the need for most NS to continue with the core health and WASH epidemic control response at the same time. In line with the three operational priorities in the revised EA, recovery from COVID-19 can be conceptualised as follows:

- Support recovery of the health system, enabling continuation of essential health services, expanding community health programmes, and promoting equitable access to WASH infrastructure.
- Support recovery of the most vulnerable from the socio-economic impacts of the crisis, building on existing community presence and complementing the government response.
- Ensure stronger NSs and IFRC network, by continuing to strengthen NS preparedness to respond to future waves and future epidemics, embedding epidemic preparedness in all community-based programmes, using the pandemic as an opportunity to advance NSD and digital transformation, and learning lessons from this first global response and pandemic.

Wherever possible, NS should advocate for national and international recovery assistance and stimulus to contribute to a green and resilient recovery, also recognising the importance of a risk-informed approach and the need to scale up preparedness actions.