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Emergency Plan of Action operation update

Indonesia /Volcanic Eruption

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation; Operation n° MDRID012	Glide n° VO-2017-000141-IDN
DREF update 1; 13 October 2017	Timeframe covered by this update: 18 September – 11 October 2017
Operation start date: 18 September 2017	Operation timeframe: 4 months (26 January 2018)
Overall operation budget: CHF 169,394	N° of people being assisted: 7,750
Red Cross Red Crescent Movement partners currently actively involved in the operation: PMI works with the IFRC and ICRC as well as American Red Cross, Australian Red Cross and Japanese Red Cross Society in-country, all are supporting longer-term programmes	
Other partner organizations actively involved in the operation: Mainly national agencies are actively involved in the response. They include the National Search and Rescue Agency (BASARNAS), National Disaster Management Agency (BNPB), the Regional Disaster Management Agency (BPBD), Indonesian National Police (POLRI), Indonesian National Armed Forces (TNI) and local government agencies.	

Summary of revisions made to emergency plan of action:

The operation timeframe has been extended from the initial one month period to four months, with a new operation end date of 26 January 2018. The extension is to enable the operation team to complete some of the planned activities that have been delayed, specifically the procurement process for replenishment as well as the cash transfer program. The budget remains unchanged.

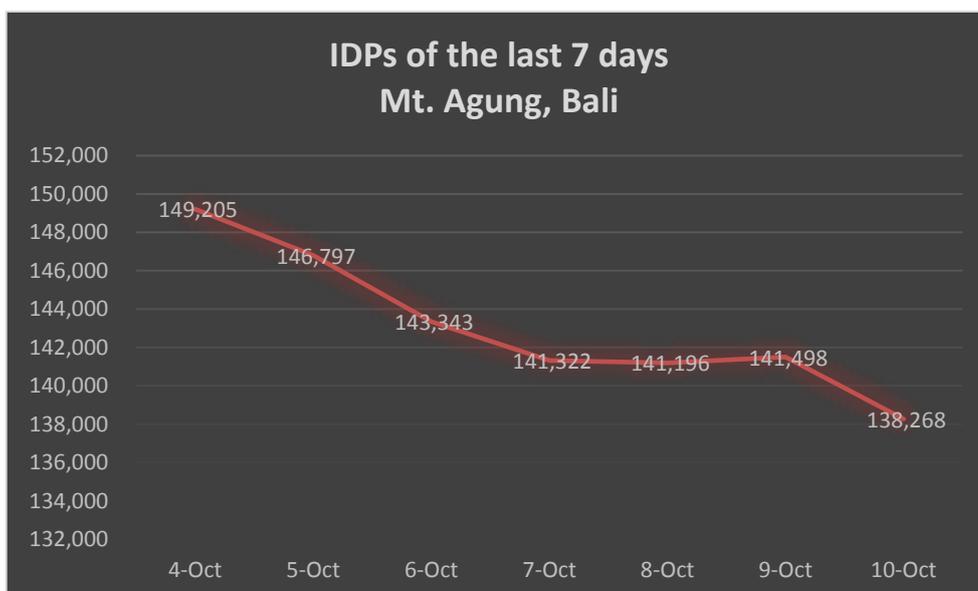
A. Situation analysis

Description of the disaster

On 22 September 2017 at 20.30, Indonesian Authorities (PVMBG) increased the status of Mount Agung in Bali from Level Three (High Alert: Orange/Ready to erupt) to Level Four (Red alert/Danger), the highest level for a volcano. Three weeks later, it remains at the highest level. Hundreds of small quakes continue to occur daily. The Centre of Volcanology and Geological Hazard Mitigation (PVMBG) stated that the tremors have been increase to about 600 – 800 per day. This may indicate that magmatic activity at shallow depths is still high. Gas emissions from the crater appear as thin to thick white clouds that reach a height of 50-200 meters above the crater rim. Satellites have detected steam emissions and thermal areas within the summit crater.

People have been evacuated from within 9km of the crater and within 12km to the north, north-east, south-east and south/south-west of the mountain.

Initially the government was planning for roughly 70,000 people to be evacuated, but those numbers are now much higher. More than 138,000 people are currently in evacuation centres, dispersed across 9 districts in more than 350 locations. The majority of evacuees are in Karangasem, Klungkung and Buleleng. More than 50,000 are in Karangasem, the 523 square kilometres district surrounding the volcano. The evacuees are staying in temporary shelters, sports centres, village halls as well as with relatives and host families.



Summary of current response

Overview of Host National Society.

The Indonesia Red Cross (PMI) Bali branch have been active since 18 September when the government authorities raised the alert level to the highest status. Between 140 to 170 volunteers deploy each day in 9 districts and to the Tanah Ampo main command to help with shelters operations. Addition lay, PMI have:

- Activated a 24/7 command post to manage and update data relating to the volcano status, evacuees and their needs.
- Deployed 6 water tank trucks, to safe drinking water to people who have been evacuated. As of 11 October 2017, PMI has assisted in distributing 154,000 litres of clean water to 1,637 people in 2 districts.
- Deployed 15 ambulances to provide health services. PMI is working closely with the government health department to help people in need.
- Distributed clean water, masks, tarpaulins, hygiene kits, baby kits and blankets to the evacuation spots.



*Water distribution for public tap at Karangasem.
Photo credit: PMI Bali*

PMI Bali volunteers are continuing to conduct assessments of village halls in the district of Karangasem district for shelter under the coordination of the public works office. The identification of new locations for shelter is in anticipation of the possibility of a worst-case scenario, where the affected areas are different than previous eruptions and/or larger than projected.

Overview of Red Cross Red Crescent Movement in country

PMI works with the IFRC and ICRC as well as American, Australian, Canadian and Japanese Red Cross Societies in-country. All these partners are coordinating with PMI on how and where they can provide support.

The IFRC Country Cluster Support Team (CCST) in Jakarta is providing technical and coordination support to PMI and is also facilitating financial support to PMI. The CCST will consider further technical support around Health, WASH and Community Engagement and Accountability and more broadly into shelter and cash, depending on needs and as the situation develops.

Overview of non-RCRC actors in country

PMI and the IFRC are coordinating closely with the National Disaster Management Agency (BNPB) and the Ministry of Social Affairs (MOSA). BNPB continues to disseminate the information to the community on the danger of Mt. Agung eruption through leaflets, maps of disaster risk, and comic books for children, in the evacuation sites. PMI Bali is based in the Joint Crisis Centre, which is a joint Emergency Operations Centre, housed in local government building. PMI is involved in coordination meetings, which are held daily at the Joint Crisis Centre. There is an interagency evaluation meeting every night and in the interagency briefing every morning. PMI is also represented in the national Logistic Cluster and Health Cluster. National and international non – government organisations and faith based groups, including Mercy Corps, CRS, Save the Children, World Vision, CARE and the Humanitarian Forum of Indonesia are also present.

Needs analysis and scenario planning

PMI dispatched assessment teams on 24 September. While the data continues to be collated and analysed, the immediate needs are evident. At risk communities need to be persuaded to leave their homes, livestock, and assets and be evacuated out of risk areas. PMI acknowledge there is a need to develop a communication plan, along with key messages, to persuade people to evacuate to safety.

Further assessments need to be undertaken to understand the needs of displaced families. This should include people staying in displacement camps but should also further examine the needs of those staying in spontaneous camps in vacant buildings or those staying with host families. PMI is working with the government on this.

PMI Bali have identified that displaced families in evacuation locations need access to safe drinking and washing water, access to latrines, handwashing and bathing facilities and hygiene promotion. PMI see there is a need to monitor the behaviour in camps, particularly for Sexual and Gender Based Violence (SGBV).

Furthermore, PMI also acknowledges there will be a need within displaced communities to trace missing people (RFL) and psychosocial support for affected communities, who are feeling increasing stress by the evacuation and imminent disaster.

The dynamic movement of IDPs reached its highest point on 30 September 2017 with 144,389 people being displaced, scattered in 488 sites in 9 districts of Bali. This illustrates the main needs on the ground to provide safe shelter that also has sufficient clean water and sanitation facilities. In addition, a densely displaced population may raise the risks related to protection or outbreak both for infectious and non-communicable diseases. The sporadic pattern of displaced people also caused several displacement sites to be missed in interventions. PMI seeks to maximize support to be able to play a role in displacement sites with a range of 250 to 700 people residents from one of the disaster-prone areas evacuated, called KRB III by the government.

PMI will ensure that interventions are aligned with its own as well as IFRC's commitment to take into account gender and diversity, for example by targeting women-headed households, pregnant or lactating women, and men and boys made vulnerable, those belonging to the socially vulnerable households, and those who lack relevant resources to cope with basic needs on their own. These groups will be considered according to level of impact.

Risk Assessment

At this stage, the most significant risk is not evacuating at risk communities in time. PMI has developed their own risk management and contingency plan, which is reviewed and updated on a regular basis. PMI provides regular updates to PMI volunteers at the morning briefing to ensure PMI personnel are aware of the latest conditions.

B. Operational strategy and plan

Overall Objective

This operation aims to assist 7,750 people (1,550 families) affected by the potential eruption of Mount Agung with preparedness and evacuation measures as well as response activities for people already evacuated and staying in formal or informal evacuation centres.

Proposed strategy

PMI Bali is looking to cover the gaps not covered by other stakeholders, acknowledging that their role is not to replace government but to complement it. In the coming days, PMI will continue to assist local authorities in evacuating at risk communities. PMI, with the support of IFRC, will develop and review key message in order to convince communities to leave their homes for safety. PMI has started the needs assessment, and will modify the plan accordingly in the coming weeks.

The operation consists of support across the following sectors:

1. **Evacuation of at risk communities living on the slopes and surrounding areas of Mount Agung**, this includes the development of key messages and a communication campaign, the mobilisation of volunteers and the registration of IDPs, and providing tracing assistance as required;
2. **Ongoing assessments**, as the situation evolves, so will the needs. PMI will undertake continuous assessment and will use the analysis to refine the operational plan, ensuring that it continues to meet the needs of the most vulnerable people.
3. **Psychosocial support, health promotion and first aid**, PMI volunteers will complement the services provided by the Department of Health, ensuring that displaced people remain both in good health, both psychologically and physically.
4. **Water, sanitation and hygiene promotion**; interventions will focus on improving access to safe water, jerry cans for transportation and storage, the provision of emergency latrines in line with Sphere standards and hygiene promotion in order to reduce the risk of diseases (water and vector-borne and water-related), both at formal and informal camp sites;
5. **Shelter and settlements** assistance to support access to safer living conditions for affected families during the initial stage of the emergency, by the provision of tarpaulins and orientation on their use, and the dissemination of IEC materials. Rather than procuring and distributing non-food items, the operation plans to distribute small unconditional cash grants to cover personal needs. Markets are still functioning and people can procure hygiene and baby items. The operation will also provide tarpaulins, ropes and fixings, for affected families who are not in IDP camps.

Operational support services

Human resources

To date, PMI Bali has deployed nearly 240 volunteers and staff to undertake preparation and response activities. As the situation evolves, PMI Bali can expect additional support from PMI NHQ and surrounding branches and IFRC CCST. PMI Bali may call on support from IT, Logistics, Cash, Community Engagement and Accountability, Communications and Finance. PMI Bali can also draw on the regional resources of the IFRC, including for livelihoods and shelter. The operation will also call on RDRT experience from across the Asia Pacific Region.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

Relief items, such as jerry cans and emergency latrines were released from PMI prepositioned stocks and transported to distribution points using NS existing resources. PMI's Infrastructure and Facility Bureau will lead on coordinating the supply of Non-Food Items and Fleet. Initially, stock will be mobilised in country and replenished locally, however PMI may request assistance from IFRC's Asia Pacific Operational Logistics, Procurement and Supply Chain Management (OLPSCM) department if required for international procurement.

PMI is planning at this stage to distribute small unconditional cash grants for basic needs, building on the experience and lessons learned from the 2016 Pidie Jaya Earthquake operation. Despite the imminent potential eruption, markets are still functioning close by the evacuation areas.

PMI logistics team in HQ and at the affected areas has been leading the operation support to this operation and no IFRC HR support has been required. IFRC OLPSCM department in Kuala Lumpur will extend its technical support to PMI and IFRC CCST Jakarta office, as needed

Information technologies (IT)

PMI Bali Chapter and Branches have all contributed IT and telecoms to the EOC. PMI Bali requested additional support to increase the number and type of office equipment in order to ensure that the EOC operates efficiently. The operation plan has made provision for the rental of office equipment, including laptops to allow for better capacity around data entry.

Communications

PMI's communication team will assist the operation along with the IFRC's Communication Manager, if required. This team will support with news articles and social media updates. This team will support by carrying out media relations and producing content that could include news articles, social media updates and key messages. The team will help manage communications risks, for example by producing reactive lines, where necessary. The team can also assist with beneficiary communications for example ensuring communities have the information they need and volunteers are prepared to answer the questions and concerns of communities.

Security

The National Society's security framework will apply throughout the duration of the operation to their staff and volunteers. The National Society will brief its personnel working in the field on the evolving situation and the relevant evacuation routes and processes to ensure they operate safely. Should personnel under IFRC security responsibility, including PNS and surge support be deployed to the area, the existing IFRC country security plan, including contingency plans for medical emergencies, relocation and critical incident management will apply. In this case, location specific safety and security assessments will be conducted. IFRC's Regional Security Coordinator is closely monitoring the situation and will provide advice as required.

Planning, monitoring, evaluation, & reporting (PMER)

PMI's Planning Bureau will provide support in terms of planning, monitoring and reporting on this operation. An end of operation, lessons learned workshop is planned to bring together PMI Branches, Chapter, national headquarters and IFRC to look at the success and challenges of the operation and identify lessons learned for future operations.

Administration and Finance

The IFRC provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to National Societies on procedures for justification of expenditures, including the review and validation of invoices. PMI has been working with IFRC for many years and is accustomed to these financial procedures. The IFRC finance and administration team in CCST Jakarta will provide support to the operation.

C. Detailed Operational Plan

Early warning & emergency response preparedness

Needs analysis: 141,000 people has been evacuated in from the surrounding areas of Mount Agung as of 10 October. At risk communities needed to be encouraged to evacuate the area, leaving their homes, livestock and assets to ensure their safety if the volcano erupts. PMI has been assisting authorities to evacuate at risk communities.

Population to be assisted: PMI will assist any at risk communities, with appropriate and persuasive messaging to ensure people are safely evacuated before Mount Agung erupts.

Early warning & emergency response preparedness			
Outcome 1 At risk communities are prepared for the eruption of Mount Agung	Outputs		% of achievement
		Output 1.1 PMI supports the timely evacuation of communities, in close collaboration with authorities	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
PMI supports timely and calm evacuation of local communities	X		100%
PMI develops and revises key messages to persuade communities to leave their homes for safety		X	100%
Progress towards outcomes			
<p>PMI has been supporting the evacuation process since day-1, working closely with the government, by also taking into account gender and diversity issues. For instance, PMI has adapted a checklist developed by IFRC to ensure G&D issues are identified and can be addressed accordingly. IEC materials (picture on the right is one of the four IEC) contain key messages to increase community awareness before, during and after eruption have been designed and printed, most copies have been shared with communities and uploaded onto PMI social media channels.</p>			

Health & care

Needs analysis: The Ministry of Health is very strong in Indonesia and response is not anticipated at this initial stage of evacuation and assessment. However, PMI volunteers and staff will provide psychosocial support, emergency first aid and health promotion for displaced families as required. PMI Bali have a very capable Health Coordinator, who is engaged in the local health cluster and will feed back evolving health needs as they develop, and the EPOA will be adjusted accordingly.

Population to be assisted: Up to 7,750 people (1,550 families) in five displacement camps will be reached with a range of relevant health assistance.

Health & care			
Outcome 2 The immediate health needs of displaced people are met.	Outputs		% of achievement
		Output 2.1 Psychosocial needs of the affected populations are met Output 2.2 Target population is provided with first aid, and health information through health promotion and IEC	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Conduct psychosocial support refresher for training) for PMI staff and volunteers		X	0%
Conduct psychosocial support activities in communities	X		30%
Conduct peer support sessions and organize 'rest and recreation' and team building activities for PMI staff and volunteers		X	0%
IEC material production		X	50%
Health awareness and first aid refresher training for volunteers		X	15%
Distribution and replenishment of masks	X		20%
Target population is provided with first aid where necessary and health promotion	X		30%
Progress towards outcomes			
<p>Since 2 October, PMI has mobilized in total of 13 PSP-trained volunteers and activated its psychosocial service alongside health awareness and hygiene promotion, which has reached 503 people, out of which 330 are children and 173 are adults / 228 are male and 275 are female. Some 58,000 pcs of mask have been transported from regional warehouse and will be distributed within this week altogether with health awareness including socialization of using mask. Each family will receive 1 pack contains of 5 pcs of mask and will benefit over 11,000 households. IEC materials to raise awareness on health issues are currently being produced. PMI has also been mobilizing its mobile clinic and providing basic health care to 696 people, out of which 122 are children and 574 are adults / 282 are male and 414 are female, along with hygiene promotion activities. In addition, PMI is mobilizing its health team to support the work of district health office at health centre facilities. Most cases treated are common cold and respiratory infection.</p>			

Water, sanitation, and hygiene promotion

Needs analysis: Displaced people are dispersed in more than 350 evacuation spots across nine districts. Some families are taking shelter in stadium and vacant buildings. Thousands of people are staying in newly created camps, which lack access to safe water, sanitation facilities and bathing facilities. There are also hygiene risks, with living in close proximity.

Population to be assisted: The operation will target 2,667 people (533 families) with safe water according to Sphere minimum standards of 15 litres/per person/per day via water trucks. To complement this, PMI will distribute 200 water tanks to store the trucked water. PMI will also procure and distribute 1,066 jerry cans (2 per family, one for water carrying and one for water storage). PMI will also provide sanitation facilities (133 emergency latrines) in camps and hygiene promotion in five communities, including educating on water borne and vector diseases.

Water, sanitation, and hygiene promotion			
Outcome 3 The immediate reduction in risk of waterborne and water-related diseases in targeted communities	Outputs		% of achievement
	Output 3.1 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population. Output 3.2 Access to adequate sanitation facilities in displacement sites increased		30%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
PMI to deploy two water trucks to Bali for emergency response	X		100%
Procure and install water tanks for storage of safe water		X	0%
Distribute safe water to water tanks in displacement camps	X		60%
Distribute jerry cans		X	0%
Provide emergency latrines in displacement sites		X	0%
Provide handwashing facilities and soap		X	0%
Outcome 4 Hygiene promotion activities which meet Sphere standards in terms of identification and use of hygiene items provided to target population	Outputs		% of achievement
	Output 4.1 Mobilize existing volunteers to participate in basic hygiene promotion activities		30%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Mobilize existing volunteers to participate in basic hygiene promotion activities	X		30%
Undertake hygiene promotion activities alongside the provision of latrines	X		30%

Mobilize existing volunteers to participate in basic hygiene promotion activities	X		30%
Undertake hygiene promotion activities alongside the provision of latrines	X		30%
Progress towards outcomes			
PMI has deployed six water trucks to Bali to cover the needs of safe water at displacement sites. At this stage, no water tanks are being procured or installed since several private sectors have donated hundreds of water tanks to affected communities and placed them in public facilities and displacement sites. PMI has mobilized six water trucks and has distributed 154,000 liters of safe water in two districts to date benefited 1,637 people, including installing 18 public taps in existing water tanks. Some 13 volunteers are mobilized to conduct hygiene promotion along with PSP service and health awareness and have reached 503 people as of 10 Oct 2017. Hygiene promotion will also be provided in the displacement sites for those who will have access to the emergency latrines.			

Shelter and settlements

Needs analysis: Given the displacement and disruption of day-to-day activities, there is a need for the provision of non-food relief, however since the markets are fully operational in Bali, PMI will provide a cash transfer. There is also a need to distribute tarpaulins to families that are not staying in designated IDP camps. To date, PMI Bali have used their own 50 tarpaulins and PMI national headquarters are sending a further 1,500 tarpaulins. PMI are seeking to replenish this stock through this operation. In order to meet personal needs, and because markets are still functioning, PMI has decided to provide small unconditional cash grants of CHF 20 per family for 1,400 families, which can be used to meeting the specific needs of each family. PMI Bali already have two staff trained in CTP, but have not yet done CTP as part of an operational response.

Population to be assisted: Tarpaulins, ropes and fixings will be provided to people who are not in IDP camps. The distribution will be accompanied by orientation on the use of tarpaulins and fixing, and the dissemination of IEC materials to build an emergency shelter. At this stage, PMI is planning to distribute 1 tarpaulin per family for 1,550 families (up to 7,775 people). Up to 1,400 households (up to 7,000) will be reached with cash for non-food items.

Shelter and settlements			
Outcome 5 The immediate household, shelter and settlement needs of the target population are met	Outputs		% of achievement
		Output 5.1 Target populations are provided with emergency shelter materials Output 5.2 Target populations are provided with cash grants for essential household non-food items	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Procure rope and fixings locally and distribute with tarpaulins		X	0%
Orientation on the use of tarps and the dissemination of IEC materials		X	0%
Replenishment of 1550 tarpaulins		X	0%
PMI sets up CTP process		X	5%
Train volunteers and staff on CTP		X	0%
Register beneficiaries and provides communication with affected communities on the CTP process		X	0%
PMI distributes unconditional cash grants		X	0%
Undertake post distribution monitoring		X	0%

Progress towards outcomes

The procurement process is currently underway, however, given the limited human resources in PMI in handling procurement process and warehousing and discussions with potential vendors, PMI is requesting extended time to replenish tarpaulins. This should be completed by the end of November. From observation at the displacement sites, tarpaulins are mostly being used as floor cover or mat, some as wall/separator which is supported by existing ropes provided individually or by government. However, PMI will procure ropes and fixings to support other displacement sites in the coming days. PMI is also still developing key messages and designing the IEC material for this purpose.

The cash distribution has yet to start. PMI, however, has carried out market and accessibility assessment (results are still being analyzed) and commenced the design of CTP PMI is discussing with the government to ensure that they are well-informed and in agreement with the CTP modality that PMI will be using.

Restoring Family Links (RFL)

Needs analysis: PMI plan to provide RFL for missing people, if and as required.

Population to be assisted: RFL will be extended to people who are separated from their relatives and to families who are looking for missing family and friends.

RFL			
Outcome 6 Family links are re-established and maintained between separated relatives	Outputs		% of achievement
		Output 6.1 Families are supported to access appropriate means of communication to re-establish and maintain contact with their family members	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Prioritization of requests for RFL amongst vulnerable groups (e.g. children, elderly, persons with special needs)			0%
Receipt and distribution of messages to assist affected people with RFL			0%
Progress towards outcomes			
To date, there have been no requests for RFL. PMI will continue to be on standby to offer this service through dedicated and trained RFL staff to monitor and coordinate the work should the need arises.			

Programming / Areas Common to all Sectors

Needs analysis: PMI will continue to assess and adjust the response plan as needed. Data will continuously be analyzed to inform the response. A communications strategy to communicate with communities and messaging will also be development.

Insert programming area			
Outcome 7: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation	Outputs		% of achievement
	Output 7.1 Needs assessments are conducted and response plans updated according to findings		%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
Mobilize staff and volunteers for emergency evacuation and assessments	X		100%
Volunteers will monitor the situation (particularly in camps) for sexual- and gender-based violence and violence against children and report any cases to the authorities	X		100%
CEA visit to provide operational support on key messages and communication strategy		X	20%
Process data and analyse findings		X	50%
Ensure that any adjustments to initial plans are informed by continuous assessment of needs and monitoring of activities	X		100%
Conduct an end of action lessons learned workshop		X	0%
Progress towards outcomes			
PMI has been supporting the evacuation since day – 1, working closely with government and other stakeholders to coordinate and map out evacuation sites as well as needs. IFRC will deploy its CEA officer in the middle of October to assist PMI on assessing local communication channels, media relations and to help them develop key messages as well as a communication strategy for the operation.			

Reference documents



Click here for:

- [DREF](#)

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How we work

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

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



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



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



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