Revised Emergency Appeal
Americas: Population Movement

<table>
<thead>
<tr>
<th>Revised Appeal n° MDR42004</th>
<th>At least 455,900 people(^1) to be assisted</th>
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<tbody>
<tr>
<td></td>
<td>741,590 Swiss francs DREF allocated</td>
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<td></td>
<td>12.5 million Swiss francs increased Appeal</td>
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<td></td>
<td>funding requirements</td>
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<td>5.3 million Swiss francs funding gap</td>
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<table>
<thead>
<tr>
<th>Appeal launched 6 September 2018</th>
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<tbody>
<tr>
<td>Revision no. 1 issued 03 November 2018</td>
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<tr>
<td>Revision no. 2 issued 29 May 2019</td>
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<tr>
<td>Revision no. 3 issued 21 January 2020</td>
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<td>Appeal ends 31 December 2020</td>
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<td>Extended to 27 months</td>
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This revised Regional Emergency Appeal seeks a total of **12.5 million** Swiss francs, (increased from 8.8 million Swiss francs) to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support nine National Societies’ (NS) continued delivery of humanitarian support to the steadily increasing population movement in the Americas. This revised Appeal aims at supporting **Argentina, Brazil, Chile, Ecuador, Guyana, Peru, Panama, Trinidad and Tobago, and Uruguay NSs** to deliver assistance and support to at least **455,900 people** for 27 months. It coordinates interventions with in-country partners from the International Red Cross and Red Crescent Movement, including the International Committee of the Red Cross (ICRC) and Partner National Societies active in the region (the Movement). This revised Appeal results in a funding gap of **5.3 million Swiss francs**.

The planned response reflects the current situation, using available information about the evolving situation in each country and at the regional level. Details are available in the **Emergency Plan of Action (EPoA)** [click here].

### The disaster and the Red Cross Red Crescent response to date

**From January 2015 onwards:** The estimated number of migrants who crossed from Venezuela into Colombia increases from 700,000 to more than 1,600,000.

**March 2018:** The IFRC launches an Emergency Appeal (MDRC0014) for 2.2 million Swiss francs to assist 120,000 people for 12 months in Colombia.

**June 2018:** 91,590 Swiss francs from the DREF are allocated for the facilitation of the regional deployment of global surge for a regional multi-disciplinary needs assessment.

**September 2018:** The IFRC launches a Regional Emergency Appeal for 7.5 million Swiss francs to deliver assistance to up to 200,000 people.

**November 2018:** The IFRC issues revised Regional Emergency Appeal no. 1 for 8 million Swiss francs to deliver assistance for up to 283,000 people.

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\(^1\) The revised target of vulnerable people to be reached is based on the updated plans of actions of National Societies and revised estimates. See Operational Strategy.
December 2018: 3.3 million Venezuelan migrants had left the country, continuing an upward trend, which estimates more than 5 million will have left by the end of 2019.

5 April 2019: Six-month report issued.

29 May 2019: IFRC issues a revised Regional Emergency Appeal for 8.8 million Swiss francs to reach at least 320,000 people and extended the timeframe until 28 February 2020.

15 November 2019: Twelve-month update issued.

January 2020: IFRC issues a revised Regional Emergency Appeal for 12.5 million Swiss francs to reach at least 455,900 people and extends the timeframe until 31 December 2020.

New aspects of this revised emergency appeal include:

- Update on needs based on the evolving situation;
- Scale-up sectoral services, such as Health; Water, Sanitation and Hygiene promotion (WASH); Shelter and Livelihoods;
- Strengthening of cross-cutting approaches: Migration; Protection, Gender and Inclusion (PGI); and Community Engagement and Accountability (CEA);
- Revision of regional targets based on the updated and validated Plans of Actions and budgets at country level;
- Changing the consolidated budget and extending the timeframe to complete activities.
- Transition from an emergency response approach to an integrated mid- to long-term sustainable, programmatic approach.

The operational strategy

Needs assessment and target population selection

The Americas region experiences diverse migration flows. These include northward flows towards North America, particularly from Central America and extra-regional migrants, as well as the flow of Venezuelans migrating to different countries in the continent. As of December 2019, nearly 4.8 million people have emigrated from Venezuela, with almost 4 million of these being hosted in Latin American and Caribbean countries. Projections estimate that by the end of 2020, 6.5 million people will have emigrated from the country. Combined with extra-regional migrant flows, particularly from the Caribbean, Asia and Africa, the current situation represents the largest population movement event in the region in recent history. As the numbers continue to rise, so do the needs and vulnerabilities of migrants and host communities.

The ongoing migration flows in the region demand constant adaptation to the setting and circumstances at the country level. For many National Societies, responding to the situation entails working in locations with limited capacities (e.g. border zones and along migratory routes) in comparison to branches located in larger cities. The

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A significant increase in the number of people walking large distances to transit to other countries has been observed over the last few months. Temporary closure of official borders has resulted in an increase in travel through irregular crossing points. Also, the number of Indigenous people crossing through informal pathways has increased in Brazil. Furthermore, changes in official entry requirements push migrants to use the irregular crossing points, heightening their subsequent exposure to a broad range of risks. Changes in the profile of migrants are confirmed from early to current trends. While before many were more economically secure and left the country in an organized way, humanitarian actors continue to report a more vulnerable population of migrants facing significant economic insecurity and needs, among them a huge number of unaccompanied and separated minors.

Colombia remains as the country with largest number of Venezuelan migrants—and migrants overall—in the region. For more information related to the IFRC operation responding to the migration situation in Colombia, see the Emergency Appeal and/or the Twelve-Month Update for that operation. In addition, the IFRC launched an Emergency Appeal in Venezuela in April 2019 responding to the country’s health emergency. For more information on the response in Venezuela, see the Emergency Appeal and/or the Six-Month Update for that operation together with IFRC Country Plan.

Update on needs

While needs related to basic services described in early versions of this Appeal remain, the profile of migrants has changed as people in higher levels of vulnerability have left their country (see below for specific needs).

Based on in-depth assessments done at country level by the Red Cross and other partners, and feedback mechanisms set up at different service posts, migrants highlight the need to have access to information on income generating activities, services available and how to access them and legal procedures required, among others. It is therefore key to ramp up information sharing with and for migrants and expand/sustain the feedback approach, taking into account the current main means of communication among migrants (word of mouth, Facebook or social media platforms). This is also linked to the need of migrants to maintain contact with their relatives throughout their journey.

While Colombia receives the highest number of Venezuelan migrants, many continue their journeys to other countries in South America such as Peru, Ecuador, Chile and Argentina. Others, however, choose different destinations such as Brazil, Panama and Guyana, or overseas nations such as Trinidad & Tobago, Aruba, Curacao and Bonaire, which at times is done putting their lives at high risk. Most Venezuelan migrants travel with their families. These include vulnerable groups of people such as girls, boys and adolescents; pregnant women; elderly men and women; and persons with disabilities.

Each National Society and each context have different capacities and resources to respond to this situation at the regional level. One of the great challenges in the operation is the increase of specific capacities to be able to respond adequately to the situation and in the same way increase and strengthen the development of NS branches through programmatic processes, as the Migration Program and the Regional Action Plan on Migration have been doing to give continuity and sustainability to the intervention.

The use of irregular border crossings exposes migrants to higher risks, including smuggling, trafficking, and other forms of exploitation. In Brazil (Roraima State), for example, partners have identified cases of sexual and gender-based violence (SGBV) and the presence of unaccompanied minors. Protection and migration services should therefore be reinforced to safely refer specific cases to organizations or authorities with strong expertise in these areas.

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5 The Venezuela 2020 promotional document (Country Plan) will be published in the coming weeks and the link will be updated.

6 The proposed implementation strategy supports volunteers’ capacities to respond, but concurrently contributes to a transitional strategy through the linkage and a transfer from an emergency response to a programmatic level that are connected to the Monarch Butterfly programme and the Regional Migration Plan.
A multitude of actors are working in countries receiving the largest numbers of migrants, such as Ecuador and Peru. The Regional Platform for Interagency Coordination has also identified the need to increase coordination and mapping of actions across countries.78

Specific needs

Shelter: Migrants are forced to seek informal and inadequate shelter (especially in destination countries) due to high housing prices and demand, compared to the available supply of adequate accommodations. During the transit process, collective centres often lack the capacity to absorb the number of migrants arriving, forcing them to live in precarious conditions, which includes the street or informal settlements. Household items to support short- and medium-term accommodation and shelter needs include kitchen kits, tarpaulins, etc.

The demand for rental support for asylum seekers and migrants outweighs the supply. Overcrowded conditions in accommodations is a high risk for people on the move and migrants. In most countries, the target population is located in cities with a high rate of urbanization and acute levels of vulnerability. Increased prices for rental properties, overcrowding in housing and lack of legal support for rent are common. In the host countries, a focus on Housing Landing and Property support is necessary.

In terms of protection concerns, overcrowding in accommodations can exacerbate family tensions, which in turn can contribute to intimate partner violence and other forms of domestic violence. Overcrowding can also increase the risk of sexual assault and other forms of gender-based violence by non-family members and/or family members, particularly in multifamily or multi-household settlements, or large communal spaces; other increased risks could be neglect to the special needs of people with disabilities, children and elderly people. Some families may arrange child marriages (or informal unions) or transactional sex dynamics in order to alleviate congestion or in an attempt to receive a land property. These last risks have been informally identified but not cohesively systematized.

Livelihoods and basic needs (including food security): Loss of income, reduced assets, absence of legal documents and inability to enter the labour market make accessing food and launching or restarting income-generating activities difficult. Livelihoods recovery is hampered by high levels of poverty and inequality, inefficient health and education systems and limited work opportunities in transit and host communities.

Migrants’ complicated legal status and vulnerable humanitarian situation makes them especially vulnerable to labour exploitation. Lack of trust and xenophobia limit opportunities for migrants to access employment opportunities and/or place their products in local markets. The majority of skilled migrants face challenges obtaining positions for which they are qualified and often engage in unskilled labour for which they are overqualified. Women, with their traditional support network disrupted, usually engage in caring for children, sick and elderly, and other domestic labours such as cleaning. Most women, therefore, do not have time for job seeking or cannot commit to time-intensive work opportunities. Women who are able to engage in paid work are exposed to protection threats, labour exploitation, xenophobia, restricted access to markets and unsecure working conditions. Finally, it is important to mention the high risk of child labour, as migrant children in some instances work alongside their parents, beg in the streets or sell items (this can include forced begging by their parents or as a result of trafficking) and are subject to forced labour in domestic work. There are also informal reports of commercial sexual exploitation, sometimes as a result of human trafficking; unfortunately, there are no updated figures available or research to show how many child migrants are facing this protection issue.

National Societies strive to address the immediate needs of migrants starting their route or in transit, but some National Societies also aim to address the needs of those migrants that have reached their destination, which are growing in numbers and adding pressure to already over-stretched social services. Migrants at the initial stage of the resettlement process are not able to cover their basic needs, but also need support to enter the labour market so they can generate an income on their own. In order to strengthen National Societies’ capacities to address the mid and long-term livelihoods needs of the migrant population that have reached their final destination, staff and volunteers will need to familiarize themselves with the sustainable livelihoods’ framework, as well as most common livelihoods approaches, methodologies and tools.

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7 The Regional Inter-Agency Coordination Platform was established pursuant to the request by the UN Secretary-General to UNHCR and IOM on 12 April 2018, to lead and coordinate the response to refugees and migrants from Venezuela.
8 The IFFRC coordinates with the IOM, UNHCR, and other donors and NGOs in the Regional Platform of Interagency Coordination, to organise and synchronise the response to migrant persons and refugees at the regional level. The Regional Platform provides regular updates on assessments and activities conducted by partners in each country. The platform focuses on four areas of intervention: 1) Direct emergency assistance; 2) Protection; 3) Socio-economic and cultural integration; and 4) Strengthening capacities of the host government.
Health: Migrants in transit travel long distances and often arrive in host communities with medical issues related to the journey itself or with pre-existing medical conditions, often left untreated for long periods of time. In addition, migrants have often not completed their vaccination schedule, exposing the migrant population and host communities to the risk of vaccine-preventable disease. The public health system in receiving countries is often overwhelmed, and the migrant population’s access to essential health services is not guaranteed in all countries. Psychosocial support and referral services are needed for vulnerable migrants. Many migrants do not have unrestricted and cost-free access to the national health care system in the host country and dedicate a large portion of their resources to health needs, which has a negative impact on their capacity to cover other needs such as education for their children.

The return of measles, diphtheria, polio and other vaccine-preventable childhood infections in Venezuela, as well as the potential for expanding outbreaks beyond Venezuela's borders, has been recognized by the World Health Organization (WHO) and the Pan American Health Organization (PAHO). In Colombia alone, as of October 2018, 25 cases of imported measles were reported in the population immigrating from Venezuela. Urgent actions are required to ensure that vaccine-preventable diseases are controlled.

In the cases of malnutrition that existed prior to emigration from Venezuela, limited access to food during the migratory route deepens this condition and makes people more vulnerable to disease. In terms of sexual and reproductive health, due to the scarcity and high prices of condoms and contraceptives, limited access to counselling, and various other issues in their country of origin, reports from the field indicate high pregnancy rates, including many cases in which the women have not yet confirmed their pregnancies. Conditions along migration routes may lead to miscarriages and unsafe voluntary interruption of pregnancy that put the lives of adolescent girls and women at risk.

Mental health has also become a concern since the stress of the route, challenges to adapt to new contexts and institutional barriers, in addition to the protection risks already mentioned, have forced migrants to adopt a series of coping mechanisms which are not always safe for their own mental health. These stressors have had consequences such as increased drug abuse, alcoholism, exposure to violence or other risk behaviours, and the appearance of or the increased intensity of symptoms of mental disorders such as anxiety, depression, acute stress disorder and, in some cases, post-traumatic stress disorder. Migrants’ psychosocial health may also be impacted by issues such as domestic violence and/or interpersonal violence among families, partners and communities.

Water, sanitation and hygiene promotion (WASH): A lack of access to safe water along travel routes, as well as poor hygiene conditions in both formal and informal shelters, increases migrants’ exposure to health risks. The lack of safe shelters, especially in rural areas along the borders, is exposing migrants to perilous living conditions, mainly in terms of hygiene and sanitation. Access to safe drinking water and sanitation facilities, waste management systems and sewage systems is not guaranteed in informal accommodations.

One of the main needs along the routes and especially at the border posts, is the distribution of water, however, although there are multi-agency efforts, it is necessary to maintain a Red Cross presence to ensure that hygienic conditions and safe water are maintained. Each context entails distinct challenges. National Societies are responding in multiple ways: from the placement of water filters at border points, distribution of safe water, safe water storage, key messages on water purification and hygiene promotion, support for the building of latrines, establishment of safe showers and proper waste management.

Protection, Gender and Inclusion (PGI): Insecure living conditions, a lack of community ties in host countries, fear of repercussions for being irregular migrants and the lack of official government protection negatively affect migrant populations. Furthermore, children and adolescents (particularly girls, women and unaccompanied youth) are at risk of sexual and gender-based violence (SGBV), unsafe child labour, labour exploitation, loss of educational opportunities, not meeting their age-specific nutritional needs and psychological challenges due to the migrant experience.

All the countries included in this Appeal have significant gaps in providing institutional referral mechanisms for protection issues, especially for migrant survivors of SGBV or other form of violence. Sex trafficking, for example, is one of the more prevalent protection risks. It is extremely difficult to identify, however, and there are very few existing referral mechanisms for victims. Referral systems do exist in some countries, but they do not ensure proper protection of the affected population. Instead, these mechanisms tend to be time costly and ineffective. UN agencies, governments and the Red Cross have identified severe challenges with identified cases and their subsequent management.

In terms of Child Protection, there is a shortage of safe spaces for unaccompanied children in the region. Even in countries where there are spaces for unaccompanied minors, there is often an adult-centric approach which leaves little room for children's engagement and participation. Overall, state resources are insufficient to cover the needs of unaccompanied minors, and countries are unable to guarantee protection as a result. ICRC, together with National Societies, are working on addressing cross-border RFL needs of unaccompanied or separated children, as well as services to address other protection needs.
Regarding inclusion, very few organizations are addressing the specific needs of persons with disabilities and lesbian, gay, bisexual, transgender and questioning (LGBTQ) persons. Despite efforts from different agencies and organizations in several countries to promote inclusion, informants from the migrant population have noted situations of xenophobia in different social settings such as shelters, schools, workplaces and even on the streets.

Finally, there is a gap in providing information regarding protection systems in country, of where and how to report and the protection services available according to each disclosure of violence. In line with the needs presented, even considering the peculiar case of Panama, there is no guarantee of safety on the road; the migrant population reports cases of assault and sexual abuse according to the last Displacement Tracking Matrix (DTM) report of IOM. Moreover, there is a lack of referral mechanisms to monitor the protection needs of persons with specific needs (cases of gender-based violence, unaccompanied and separated minors especially).

Migration: In general, at all stages of their journey, migrants face coercion, exploitation and abuse, challenges that are compounded by inadequate support and limited access to essential services. The immediate needs of all persons exposed to physical or psychological danger during their journey—whether by land or by sea, and irrespective of their legal status—must be met, and persons with specific needs should be identified and supported. Without the opportunity to safely access essential services throughout their journeys, the humanitarian needs of migrants cannot be met, contributing to increased suffering and harm, as well as a loss of dignity.

Community Engagement and Accountability: Lack of information, spreading of misinformation and rumours and difficulty accessing humanitarian organizations negatively affect migrant populations, especially vulnerable groups. While in several cases information is available, it does not reach the target population as there is a need to maximise the use of the right communication channels to talk to migrants. As people are uninformed, they can easily miss out on services and available assistance or be exposed to misinformation that might put them at risk. Given the high ownership of connectivity (79% of people access internet), and phone access (70% of people have access to a mobile phone), lack of participation is also a concern, as people might not have the opportunity to shape the assistance they receive and thus the aid delivered might not be satisfying actual needs. Increased participation is needed to ensure assistance is provided considering specific needs and preferences of vulnerable groups. Opening channels to listen to the community is also needed as it helps build a relationship of trust with migrants, and ensures channels are available to identify complaints, including serious instances such as sexual exploitation or abuse, fraud and corruption cases.

A rise of discrimination and negative sentiment towards migrants is observed across the region. As a result, it is important to consider the need to engage with host communities and ensure activities are put in place to build a positive conversation around migration and facilitate the creation of a more inclusive and peaceful community, especially in countries of destination.

Disaster Risk Reduction (DRR): The aim of “Reducing Vulnerability, Enhancing Resilience” reflects that this operation is not just about meeting humanitarian needs and mitigating risk, but also supporting the resilience of migrants by integrating assistance, protection and advocacy in vulnerable areas (especially in disaster prone areas) as a protection measure. The Migrants in Countries in Crisis (MICIC) Guideline 4 refers to the importance of urging states and other stakeholders to have laws, policies, and programs on prevention, preparedness, and emergency response to reduce the impact of crises. Considering the presence of migrants, their vulnerabilities, and their potential needs in prevention, preparedness, and emergency response frameworks (including DRR) can promote resilience in the event of a conflict or natural disaster. Clear laws and policies on migrants’ eligibility for different types of assistance in the event of a crisis help promote certainty. The application of vulnerability and capacity assessments and the adaptation of an early warning system and community preparedness actions would be relevant for all the countries impacted by population movement in the region. A capacity building exercise is needed to understand and promote the use of the MICIC guidelines for National Societies and Stakeholders.
Summary of Red Cross Red Crescent response to date

Nine National Red Cross Societies have been involved in the response since September 2018. Below are the main achievements of National Societies as of 20 December 2019.9

Moving forward, the planned longer-term strategy for this operation is to evolve the emergency response actions at the country level into regular migration programmes in the National Societies. This would ensure sustainability, as it is likely that the current migration flows and the vulnerability of migrants will continue beyond the timeframe of this operation.10

Main constraints:

- **Lack of funding** experienced by the IFRC and National Societies as well as partners under the Regional Platform (R4V)
- **Different scales and capacities** per country
- **Need to continue integrating migration, protection, gender and inclusion, and community engagement approaches** across National Societies' interventions.

See further details of the operational analysis in the revised Emergency Plan of Action including scenarios and risk analysis.

Coordination and partnerships

Considering the current migration context, the IFRC Regional Office for the Americas formed a Migration Coordination Cell composed of experts from the IFRC whose mission is to assess the situation and support the implementation of active emergency operations in the region. From this perspective, the Migration Coordination Cell is expected not only to address matters related to Venezuela, but also to contribute to advancing more regional planning related to migration.

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9 It is important to keep in mind that, due to the mobile nature of migrant populations, an individual or family may receive multiple types of attention from a NS along his or her route. As a result, conservative estimates have been used to mitigate potential double counting. See the 12-month update for the operation for a more detailed breakdown of achievements.

10 The Americas Regional Office has proposed a programmatic model to implement the Migration Regional Plan/that responds to the different migration scenarios in the region, as well as the specific needs of migrants according to each context. This model has been called the Monarch Butterfly Program (or Americas Migration Program - IFRC).
To achieve its objective, the Migration Coordination Cell operates on interrelated fronts:

- Help the National Societies to respond operationally to the crisis in migration corridors.
- Provide technical advice, including on new Red Cross Movement intervention areas.
- Provide expanded support to ensure that policies, advocacy actions and communication campaigns align with regional advocacy strategies related to the Toluca Declaration.\textsuperscript{11}
- Establish an integrated information system.
- Cross-border monitoring of population movement trends.

Monthly coordination spaces have been set up with the National Societies working under this regional appeal. The regional operation also coordinates spaces for collaboration and learning sharing with the Emergency Appeal operations in Colombia and Venezuela.

The IFRC is committed to coordinating all partnerships meetings, as per the National Societies’ mandate, and organizes regular online conferences to ensure continuous exchange of information within the Movement. The IFRC also coordinates with the German Red Cross, Italian Red Cross and Spanish Red Cross, who are implementing bilateral migration response actions in Colombia, Ecuador and Peru. The Netherlands Red Cross maintains coordination through the IFRC’s Americas Regional Office.

The IFRC also coordinates closely with the ICRC delegations and regional delegations in the Americas and at its headquarters in Geneva, which collectively cover migrants’ entire migratory journey. The ICRC, due to its well-established expertise and long-standing experience in Protection and Restoring Family Links, is increasing its support to the affected National Societies along the migratory routes.

The Movement coordinates with the IOM, UNHCR, and other UN system agencies and NGOs that participate in the Regional Platform of Interagency Coordination. This platform has currently 43 participants, including the Red Cross Red Crescent Movement, 17 UN agencies, 17 NGOs, five donors, and two international financial institutions.\textsuperscript{12} The platform, established by UNHCR and IOM in April 2018, organizes and synchronizes the response to migrant persons and refugees from Venezuela at the regional level. Dedicated national coordination platforms are already in place in Brazil, Colombia, Ecuador, Peru, Costa Rica and Panama; inter-agency coordination also is ongoing in the Caribbean, Central America and Mexico and Southern Cone. In addition, the IFRC through existing global agreements has maintained bilateral coordination with UN agencies in the target countries.

**Proposed Areas for intervention**

**Overall goal:** Provide urgent and immediate assistance and protection in a coordinated manner to people traveling along migratory routes, at migration points and at their destination.

Moving forward, National Societies need to adapt their response to a more a durable and sustainable approach. In doing so, decision makers in each NS will require technical advice to transition from an emergency response approach to an integrated mid- to long-term sustainable programmatic approach.

The operation integrates the three core cross-cutting approaches of Migration; Protection, Gender and Inclusion (PGI); and Community Engagement and Accountability (CEA) in the provision of humanitarian aid. The main sectors of intervention are:

\textsuperscript{11} Toluca Declaration establishes the Movement’s regional priorities for the response to the humanitarian needs of migrants in the region. It was adopted by the International Red Cross and Red Crescent Movement components in the Americas in November 2016.

\textsuperscript{12} Regional Response Plan for Refugees and Migrants. January – December 2019 URL: https://r4v.info/es/documents/download/68669
The Regional Emergency Appeal combines operational support, coordination and preparedness to respond to the massive and continuous movement of people from Venezuela and several other countries in the Americas.

The appeal has a strong component in the capacity strengthening of National Societies, particularly as many of them are recently engaging in work with people on the move. Due to the demand at the branch level, especially in border areas, a high need has been identified in institutional strengthening and organizational development.

The implementation strategy supports volunteers’ capacities to respond, but concurrently contributes to existing migration strategies to ensure longer term engagement of National Societies.

The operation will continue to target migrants according to their profile (in transit, commuters, long-term) and host communities, and their specific needs in the operation’s lines of intervention. Particular focus will be given to those who are experiencing severe difficulties in terms of accessing public services. Assistance will continue to be provided to the people in the situations of highest vulnerability during the migratory route; passage and forced stay in border areas; immediately upon arrival in host countries; and in settlements in host countries.

**Revision in the target population figures:** Based on the updated information from National Societies’ plans of actions, revised estimates of the number of vulnerable people to be reached were integrated in this revision. This is a result of the constant changes in the migration flows and the fact that the main target population is mobile. The regular estimates of average number of family members per household are not applicable or available for the current vulnerable groups. However, people passing through migration assistance points often use more than one service or receive multiple services from the Red Cross in different transit countries.

## Areas of Focus

### Shelter

**People targeted:** 4,850 people

**Requirements (CHF):** 550,000

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<tr>
<th>Argentina</th>
<th>Brazil</th>
<th>Chile</th>
<th>Ecuador</th>
<th>Guyana</th>
<th>Panama</th>
<th>Peru</th>
<th>Trinidad &amp; Tobago</th>
<th>Uruguay</th>
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</thead>
<tbody>
<tr>
<td>400 people</td>
<td>N/A&lt;sup&gt;14&lt;/sup&gt;</td>
<td>600 people</td>
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<td>300 people</td>
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<td>N/A</td>
<td>400 people</td>
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**Outcome 1:** The migrant population restores and strengthens its safety, well-being and short, medium and longer-term recovery through shelter and settlement solutions.

**Output 1.1:** Migrants have received assistance to cover their basic short-term shelter needs

- Conduct needs assessments in border areas and assistance points to identify priority shelter needs
- Procurement and distribution of shelter household items (HH items) for migrants
- Provide assisted people with the awareness raising and technical knowledge, appropriate to the shelter support they receive (information, education and communications [IEC] materials, campaigns, etc.)

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<sup>13</sup> Some interventions have a target number of families planned per country, while the overall target per country is based on limited information regarding the average number of family members per migrant household. In this planning stage, only the head of household has been calculated.

<sup>14</sup> If a NS is not conducting actions in a sector, no population target is reflected for that country.
- Participation in relevant shelter and settlements coordination platforms
- Monitoring and evaluation activities

**Output 1.2:** Migrants have received assistance to cover their mid-term shelter needs.
- Develop guidelines for cash for rent program
- Complete feasibility study (linked with feasibility study of livelihoods and basic needs component) for rent-support
- Identification and selection of target populations
- Coordination with authorities and other stakeholders
- Implementation of cash-based intervention for rent-support
- Monitoring use of cash-based interventions
- Improve security of tenure through the identification (mapping) and promotion of the legal instruments that allow migrants without a defined legal status to access secured tenure
- Assessment of security tenure status for shelter response

**Output 1.3:** Migrants have received assistance to cover their long-term shelter needs
- Development of long-term support strategies for migrant shelter assistance
- Shelter Regional Training for long-term recovery with the NS

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**Livelihoods and basic needs**

People targeted: 11,750 people\(^\text{15}\)
Requirements (CHF): 1,440,000

**Proposed intervention**

**Targets per country for this Area of Focus:**

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<thead>
<tr>
<th>Argentina</th>
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<th>Trinidad &amp; Tobago</th>
<th>Uruguay</th>
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<tbody>
<tr>
<td>750 people</td>
<td>2,000 people</td>
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<td>2,000 people</td>
<td>100 people</td>
<td>4,600 people</td>
<td>N/A</td>
<td>1,400 people</td>
<td>900 people</td>
</tr>
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**Outcome 2:** The target population, especially in disaster and crisis affected areas, restores and strengthens its livelihoods

**Output 2.1:** Households are provided with unconditional/multi-purpose, or conditional cash grants to address their basic needs
- Identify the migrant population’s most acute needs
- Develop a cash and voucher assistance (CVA) feasibility study (essential needs including shelter needs).
- Implementation of cash programme to cover essential needs (distributions of cash).
- Post-distribution monitoring of CVA

**Output 2.2:** Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods). *Assess the impact of the crisis on the migrant population's livelihoods during transit and at their destination (change in productive assets, access to food, level of income and expenditure, coping strategies)*
- Identify and prioritize livelihoods interventions to address the migrant population’s needs, considering its existing capacities and priorities and other planned interventions (governments or other actors)
- Disseminate livelihoods regional strategy

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\(^{15}\) In this case, as well as other Areas of Focus below, the figure of people targeted is an estimate of the lowest number of people to be reached in the sector. In order to avoid double counting of the number of people reached, the sector-specific figure for people targeted is not a total amount of all indicators.
Training of Trainers (ToT) for National Society volunteers and staff and subsequent Livelihoods Programming Course; for that purpose, a specific migration case study to guide both training courses will be developed
- People in need identification and selection with the National Societies
- Asset replacement or provisioning to support the recovery of livelihoods (in-kind or through CVA)
- Vocational training for insertion into the local labour market
- Monitoring and evaluation
- Technical assistance to National Societies for the strategic transition of emergency and recovery actions (basic needs and replacement of assets) to social inclusion livelihoods programmes
- Distribution of nutritional kits

### Health

**People targeted:** 124,525 people\(^{16}\)

**Requirements (CHF):** 2,180,000

#### Proposed intervention

**Targets per country for this Area of Focus:**

<table>
<thead>
<tr>
<th>Argentina</th>
<th>Brazil</th>
<th>Chile</th>
<th>Ecuador</th>
<th>Guyana</th>
<th>Panama</th>
<th>Peru</th>
<th>Trinidad &amp; Tobago</th>
<th>Uruguay</th>
</tr>
</thead>
<tbody>
<tr>
<td>22,000 people</td>
<td>7,000 people</td>
<td>20,000 people</td>
<td>66,500 people</td>
<td>500 people</td>
<td>525 people</td>
<td>7,000 people</td>
<td>500 people</td>
<td></td>
</tr>
</tbody>
</table>

**Outcome 3: The immediate risks to the health of affected populations are reduced.**

**Output 3.1:** The target population is provided with rapid medical management of injuries and diseases.

- Provision of first aid and basic health care to migrant populations along their migratory route through mobile or fixed health posts
- Implementation of community health and information days
- Coordination of activities with national Ministries of Health
- Support for the National Societies providing basic health care
- Implementation of Community-Based Health and First Aid (CBHFA) approach, including CBHFA Training of Trainers
- Health promotion services
- Provision of basic sexual and reproductive health services
- Hiring of medical personal to ensure service delivery (doctors, nurses and technicians)
- Feasibility study to identify CVA for medical assistance
- Identification and implementation of referral and counter-referral systems.
- Procurement of first aid kits, automated external defibrillators (AED) and inputs for trainings
- First aid training for vulnerable migrants
- Distribution of personal First Aid kits for vulnerable population
- Provision of information and prevention measures on HIV/AIDS and tuberculosis (TB)
- Promotion and support of vaccination campaigns for migrants
- CVA for medical assistance and purchase of medicines
- Adaptation and distribution of informational materials on health promotion and disease prevention adapted to the differentiated needs of migrant groups

**Output 3.2:** Psychosocial support (PSS) provided to the target population

- Adaptation and printing of informational materials per country
- Hiring of psychologist to support PSS actions where additional capacity is needed
- PSS training for volunteers
- Provision of PSS to affected people
- PSS through recreational activities in child-friendly spaces (linked with activities in PGI)

\(^{16}\) See footnote 14.
Water, sanitation and hygiene

People targeted: 362,400 people
Requirements (CHF): 750,000

Proposed intervention

Targets per country for this Area of Focus:

<table>
<thead>
<tr>
<th>Argentina</th>
<th>Brazil</th>
<th>Chile</th>
<th>Ecuador</th>
<th>Guyana</th>
<th>Panama</th>
<th>Peru</th>
<th>Trinidad &amp; Tobago</th>
<th>Uruguay</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>1,000 people</td>
<td>40,000 people</td>
<td>500 people</td>
<td>20,000 people</td>
<td>300,000 people</td>
<td>500 people</td>
<td>400 people</td>
</tr>
</tbody>
</table>

Outcome 4: Vulnerable populations have increased access to appropriate and sustainable water, sanitation and hygiene services.

Output 4.1: The National Societies provide migrants in border areas with increased access to safe water, sanitation and promote positive behavioural changes for improved hygiene practices in target population.

- Initial assessments and monitoring
- Procurement of inputs for and maintenance of hydration points, showers and bathrooms in migrant assistance points
- Provision of safe water to migrants at border points
- Construction of toilets
- Procurement and distribution of hygiene kits
- Adaptation per country and printing of hygiene promotion brochures
- Dissemination of key hygiene promotion messages
- Delivery of differentiated personal hygiene kits

Protection, Gender and Inclusion

People targeted: 14,850 people
Requirements (CHF): 650,000

Proposed intervention

Targets per country for this Area of Focus:

<table>
<thead>
<tr>
<th>Argentina</th>
<th>Brazil</th>
<th>Chile</th>
<th>Ecuador</th>
<th>Guyana</th>
<th>Panama</th>
<th>Peru</th>
<th>Trinidad &amp; Tobago</th>
<th>Uruguay</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 people</td>
<td>N/A</td>
<td>10,000 people</td>
<td>3,000 people</td>
<td>500 people</td>
<td>500 people</td>
<td>200 people</td>
<td>50 people</td>
<td>500 people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11 child-friendly spaces</td>
<td>2 child-friendly spaces</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outcome 5: National Societies, in coordination with communities, identify and address the distinct needs of the most vulnerable and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other infringement of their human rights.

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17 The Peruvian RC and IFRC have 30 safe water distribution points in their centres. At present, due to limited capacities is not possible to measure the exact number of people using this water, but water containers are replaced three times per day in each centre. The centres are measuring the quantity of litres distributed and have an estimate to at least produce and distribute 1 million litres of water during the timeframe of the operation.
Output 5.1: National Society interventions improve equitable access to basic services, considering different needs based on gender and other diversity factors.
- Assessment of differentiated needs of the target population based on the IFRC Minimum Standards for PGI in emergencies and the IFRC Migration Policy
- Technical support to sectorial field teams on the inclusion of measures to address vulnerabilities specific to gender and diversity factors

Output 5.2: Programmes and operations prevent and respond to sexual and gender-based violence and other forms of violence, especially against children.
- Support sectorial teams on the inclusion of measures to address vulnerabilities specific to child protection (Child Protection guidelines and on issues of SGBV)
- Provision of safe-spaces for children in assistance points for migrants
- Materials for safe-spaces for children

Output 5.3: Sensitization activities are conducted with host communities to reduce discrimination and xenophobia
- Activities to assess sentiments towards the migrant population.
- Communications / community campaigns and activities in host communities, informed by CEA approaches, developed to help mitigate gender-based violence and xenophobia

**Migration**
People targeted: 119,700 people\(^{18}\)
Requirements (CHF): 2,270,000

**Proposed intervention**

**Targets per country for this Area of Focus:**

<table>
<thead>
<tr>
<th>Argentina</th>
<th>Brazil</th>
<th>Chile</th>
<th>Ecuador</th>
<th>Guyana</th>
<th>Panama</th>
<th>Peru</th>
<th>Trinidad &amp; Tobago</th>
<th>Uruguay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500 people</td>
<td>2,000 people</td>
<td>500 people</td>
<td>100,000 people</td>
<td>500 people</td>
<td>900 people</td>
<td>10,000 people</td>
<td>300 people</td>
<td>4,000 people</td>
</tr>
</tbody>
</table>

**Outcome 6: The migrant population receives comprehensive assistance and protection according to the stage of their migratory journey through the National Societies’ branch network**

Output 6.1: Assistance and protection services are provided and promoted to migrants and their families through collaboration with local and national authorities, as well as in collaboration with other relevant organizations.
- Referral systems, including materials, for appropriate mechanisms (asylum system, SGBV and child protection networks and human trafficking support centres)
- Referral system, including materials, for legal guidance council, access to protection system with authorities and other humanitarian actors
- Development of a technical model and establishment of Humanitarian Service Points in countries of origin and destination countries (in National Societies’ offices) to promote informed decisions before departure
- Focus Groups / surveys with target population to identify emerging needs and cross border trends.
- Systematize NSs’ good practices on attention to migrants’ specific vulnerabilities

Output 6.2: Comprehensive care points in receiving areas and host communities are established through the branch network.
- Provision of individual counselling service at Red Cross care points (mobile and branch offices), including information and advice on services, legal advice, etc.
- Provide migrants with passage (transportation) through countries of transit
- Procurement and set up of RFL kits in branches located along the migratory route and location with high concentrations of new migrants
- Activation of volunteers trained in RFL
- Provide electrical power to charge mobile phones and data systems (Wi-Fi), especially in border areas

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\(^{18}\) See footnote 14.
Provision of RFL services (messages, calls, access to the platform) are supported in each National Society
Deliver topped-up subscriber identification module (SIM) cards to migrants in transit (Data Protection Risk Assessment before providing SIM Cards)

Output 6.3: The target population receives services for the digitalization and protection of their documents and information.
- Delivery of universal serial bus (USB) wristbands containing digitized relevant information such as diplomas or other legal documents
- Delivery of folders or boxes to keep documents if required

Output 6.4: Migrants, transit and host communities access key information and are engaged in decision making processes that contribute to reducing their vulnerability and foster social inclusion.
- Adaptation and printing of materials with self-care messaging and services along the migratory route
- WhatsApp or other information tool project is adapted to this response context and rolled out and promoted through digital and offline activities in selected countries
- Mechanisms are put in place and channels activated so that feedback is collected and can be used to inform operational decisions and CEA approaches
- Feedback systems are established with host and transit communities so that they can inform programming
- Development of preparedness materials based on host community feedback
- CEA training for volunteers
- Development of anti-stigma and anti-discrimination campaign

Disaster Risk Reduction

People targeted: N/A
Requirements (CHF): 440,000

Proposed intervention

Outcome 7: Migrant and host Communities in high-risk areas (migrant or host) are prepared and able to respond to disasters.

Output 7.1: Assistance and protection services are provided and promoted to migrants and their families to take active steps to strengthen their preparedness for timely and effective disaster response and increase their resilience to disaster.
- Distribution of family disaster preparedness guides in host communities
- Elaboration of local preparedness and contingency plans assisting migrants* in current DRR / Contingency Planning and Surge / Response training
- Identification of the Vulnerability and Capacity Assessment at Community Level - include considerations based on existing MICIC guidelines
- Development of key messages on DRR for migrants in transit and destination countries
- Awareness and public education campaign on hazards applied to each context and protection
- Promote the use of DRR App (What Now, Tanah) with migrant and host communities

Output 7.2: Capacity Building of National Societies on Community Resilience & Disaster Risk Reduction Tools to develop a comprehensive approach to disaster risk management in the migration context.
- MICIC Guideline Trainers of Trainers for Red Cross actors and different stakeholders at the local level
- Train NSS on relevant orientation to emergency responders on MICIC - IOM 'Trainers’ Handbook
- Application of the DRR and Disaster Preparedness Component in host communities using MICIC guidelines
- Carry out Enhance Vulnerability and Capacity Assessment (VCA) and refresher course on VCA
- Installation of / communities on Community Early Warning Systems
- ToT on “Better Be Ready” series (Family Plans, Protected School, Return to Happiness)
- Disaster preparedness tools such as Contingency Planning, Emergency Damage Assessment and the application of the MICIC
- Adaptation of Preparedness for Effective Response (PER) criteria to the MICIC

19 The Disaster Risk Reduction area of focus will target a percentage of migrants and host communities.
- Development and adaptation of tools and methodologies of DRR & DP including MICIC recommendations and capacity building tools where and as appropriate
- Elaboration of printing materials on DRR and preparedness measures
- Elaboration of a mapping of participating National Societies to identify in which stage of PER they are at the moment
- Based on the PER mapping developed, initiate/continue PER process with interested NSs
- Support the development of NS PER Plans of Action

**Strategies for Implementation**

**Requirements (CHF): 4,220,000**

Additional investments will focus on National Societies capacity strengthening in areas central to this Emergency Appeal operation, as well as ensuring that the IFRC can effectively support the National Societies to ensure their implementation of the planned activities.

**Community Engagement and Accountability:** Systematic engagement with communities is key to responding to the needs of the affected population and host communities. The objective of the strategy is to ensure migrants and host communities have access to crucial information and their feedback is used to take operational decisions and shape activities to counter xenophobia and discrimination. In this context, information and the establishment of inclusive feedback mechanisms for people on the move, as well as host and transit communities, will be key. To implement these activities training will be provided to strengthen National Society's capacities in the area, and increasingly institutionalize CEA at countries and regional level.

**National Society capacity building and organizational development:** Technical support and capacity building will be provided to nine National Societies' volunteers and staff so they can be better prepared to address sectorial needs and be prepared to respond in the context of migration. Operational and management trainings will be implemented at all levels of each National Society. By the end of the operation, it is expected that National Societies have retained and increased the number of volunteers and professional staff in target area and have enhanced their institutional sustainability. Technical support will be provided in the development of long-term migration strategies in the National Societies where this is a new focus.

Training for volunteers in National Societies have been conducted, and others are planned in different areas of focus: livelihoods, health, WASH, as well as in NFI distribution (for different sectors). However, an essential focus of these trainings is **migration; protection gender and inclusion**; and **community engagement and accountability**.

This revised Emergency Appeal integrates costs related to insurance, protection and visibility materials for Red Cross volunteers. As volunteers witness the challenging conditions and are receptive to the experiences of migrants throughout their route, psychosocial support that includes emotional discharge after activities is needed. The topics of population and protection will be incorporated into regional intervention team (RIT) and national intervention team (NIT) curricula.

Actions are planned to support National Society's community-based actions to enhance resilience in host communities and enable the integration of migrants, as well as the creation and updating of contingency plans for migration and population issues.

The IFRC office in the Americas coordinates with regional United Nations agencies and other relevant stakeholders, as well as disseminates key findings of evaluations, operational research, case studies and experiences to promote learning and the positioning of National Societies. National Societies and the IFRC will participate in internal and external media and public forums to raise awareness of population movement issues and contribute to building partnerships and maintaining information exchange with external actors.

**Human resources:** In addition to volunteers, the National Societies also require available personnel to implement activities. At the local level in the field, this includes medical personal (doctors and nurses), administrative and finance teams, drivers, project and field coordinators, as well as specialized staff in migration, PGI, and CEA. Contingent on funds, the operation will partially or fully cover these positions. As part of the structure of the Migration Coordination Cell, this Emergency Appeal funds the coordinator and specialists in migration, CEA, Planning, Monitoring, Evaluation and Reporting, Finance and Information Management. Depending on the availability of funds, there will be PGI, communications and liaison officers in the various IFRC offices for monitoring.
**Communications:** The IFRC’s Communications unit conducts digital monitoring on migration in social media across the region. National Societies and the IFRC engage in constant use of social media to extend the scope of their messages. Between January and March 2019, National Societies and the IFRC have published 11 notes, 98 Twitter tweets, 45 Instagram posts and 51 Facebook posts to raise awareness and advocate on the humanitarian needs migrants face, as well as to bring visibility to RCRC Movement actions. The IFRC’s Communications unit will continue providing technical support to National Societies and contribute to increasing visibility of their humanitarian efforts.

**Information Management (IM):** Surge support in IM has been deployed from the Spanish Red Cross. Based on the needs of the operation, this support has established information management and data collection mechanisms for National Societies. The IM work is aligned with and builds upon an IM system being developed as part of the Colombia Population Movement Emergency Appeal (MDRCO014). The IM surge focal point supported the Peruvian Red Cross to develop their current dashboard, and a regional dashboard that will report on National Societies activities in this operation is currently under development.

**Planning, Monitoring, Reporting and Evaluation:** The regional migration appeal has a Monitoring and Evaluation plan, which is available upon request in Spanish and English. Each National Society has updated their plans of action and targets in alignment with regional indicators. An interim evaluation and a final evaluation are planned, in addition to lessons learned exercises.

**Logistics and Supply Chain:** Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites, in accordance with the operation needs and aligned to IFRC’s logistics standards, processes and procedures.

The operation supply chain will be planned according to the upcoming requirements and through field experts. Initially, the stock will be held at the IFRC’s new facilities in the Regional logistics Hub for Humanitarian Assistance in Panama or in the sub-regional warehouses, for posterior export coordination to the target countries. The IFRC will support the technical areas in the creation of new kits for migration purposes.
### Funding requirements

**International Federation of Red Cross and Red Crescent Societies**

**EMERGENCY APPEAL**

**MDR42004 - REGIONAL - POPULATION MOVEMENT**

**Funding requirements - summary**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster Risk Reduction</td>
<td>440,000</td>
</tr>
<tr>
<td>Shelter</td>
<td>550,000</td>
</tr>
<tr>
<td>Livelihoods and Basic Needs</td>
<td>1,440,000</td>
</tr>
<tr>
<td>Health</td>
<td>2,180,000</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>750,000</td>
</tr>
<tr>
<td>Protection, Gender and Inclusion</td>
<td>650,000</td>
</tr>
<tr>
<td>Migration</td>
<td>2,270,000</td>
</tr>
<tr>
<td>Strengthen National Society Capacities</td>
<td>2,140,000</td>
</tr>
<tr>
<td>Ensure Effective Inter’l Disaster Management</td>
<td>1,720,000</td>
</tr>
<tr>
<td>Influence Others as Leading Strategic Partners</td>
<td>360,000</td>
</tr>
<tr>
<td><strong>Total Funding Requirements</strong></td>
<td><strong>12,500,000</strong></td>
</tr>
</tbody>
</table>

All amounts in Swiss Francs (CHF)

7.2 million Swiss francs of contributions have been received as of January 2020. 5.3 million Swiss francs are the net multilateral need to scale up and extend the scope of the operation.

Elhadj As Sy  
Secretary General
For further information, specifically related to this operation please contact:

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- **Ecuadorian Red Cross:** presidencia@cruzroja.org.ec
- **Guyana Red Cross:** guyanaredcross@yahoo.com
- **Red Cross Society of Panama:** cpresidencia@cruzrojadepanama.org
- **Peruvian Red Cross:** director.ejecutivo@cruzroja.org.pe
- **Uruguayan Red Cross:** presidencia@cruzroja.org.uy
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**In IFRC HQ in Geneva:**
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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.

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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.**