

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action Preliminary Final Report

Djibouti: Yemeni Refugee



DREF operation n° MDRDJ002	
Date of Issue: 29 January 2015	Date of disaster: 30 March 2015
Operation start date: 28 April 2015	Operation end date: 31 October 2015
Host National Society: Djibouti Red Crescent Society	Overall budget allocation: Original allocation: CHF 66,180 Additional allocation n° 1: CHF 94,449 Total allocation: CHF 160,629
Number of people affected: More than 2 million	Number of people assisted: 3,800
Red Cross Red Crescent Movement partners actively involved in the operation: British Red Cross, Canadian Red Cross, International Committee of Red Cross, International Federation of Red Cross & Red Crescent Societies, Iranian Red Crescent, Qatar Red Crescent, Kuwait Red Crescent and Arab Red Crescent Organization.	
N° of other partner organizations involved in the operation: Government (Ministry of Public Health, Ministry of Interior), Office National d'Assistance aux Réfugiés et aux Sinistrés (ONARS), UNHCR, IOM, UNICEF, WFP, WHO, ACF, DRC, NRC, Johanniter	

A. Situation analysis

Description of the disaster

On 26 March 2015, the escalation of fighting between the opposition groups in Yemen resulted in the displacement of thousands of people. Up until 27 October 2015, about 2,691,464 people had been affected by the conflict (UNHCR statistics). Among them, 2,035,048 were internally displaced and 121,801 left Yemen to seek refuge in Djibouti, Somalia, Ethiopia, Sudan, Oman and Saudi Arabia (UNHCR). The situation in Yemen was still dire with 82% of the population needing humanitarian aid (more than 21 million people). According to OCHA, more than 14 million people faced food insecurity, 19 million people lacked access to adequate drinking water or sanitation, 14.1 million people did not have sufficient access to health services and 32 million children were seriously under nourished. With the access to goods becoming difficult in Yemen, market prices had considerably gone up, which had worsened the situation for Yemenis. Cease fires and negotiations had been entered into repeatedly since the onset of the crisis but none of them had been successful.

Djibouti continued to receive the majority of refugees and was one of the few neighbouring countries that had opened its borders to those fleeing Yemen. IFRC released CHF 66,180 from the Disaster Relief Emergency Fund (DREF) in May, 2015 to support Djibouti Red Crescent Society (DRCS) respond to the needs of refugees/returnees for a period of 3 months on first aid, water, sanitation and hygiene promotion. The DREF Emergency Plan of Action (EPoA) was however revised in June 2015 with an additional allocation of CHF 94,449 and the timeframe extended to 31 October 2015. Please refer to the operations update no. 1 to see changes in planned activities and implementation.

This DREF has been replenished by DG ECHO and Netherlands Red Cross. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich and other corporate and private donors.

The IFRC, on behalf of the Djibouti Red Crescent Society would like to extend its thanks to all partners for their generous contributions.

[<click here for the contact details>](#)

Summary of response

Overview of Host National Society

Supported by the ICRC and the IFRC, the Djiboutian Red Crescent Society (DRCS) responded to the Yemeni refugee crisis at the Port of Djibouti and Obock through provision of WASH services, restoration of family links (RFL), health and care to the new arrivals and those based in Obock. The response to the Yemeni refugee crisis was undertaken by DRCS HQ team, Obock branch coordinator and 20 volunteers.

The Djibouti Red Crescent Society responded to the needs of Yemeni populations as outlined in the table below:

Table 2: Summary of activities undertaken by DRCS

Activity planned	Location	Progress / population reached
Detailed needs analysis	Port of Djibouti, Al- Rahma center and Omni sport center situated in Obock	Completed needs analysis informed the DREF EPoA.
Daily monitoring of the situation on all levels	Port of Djibouti and Markasi camp	Monitoring information shared by Head of Communications in liaison with head of programs and head of operation through situation reports and meeting minutes to relevant stakeholders.
Training on hygiene promotion	Port of Djibouti and Obock	16 Volunteers were trained
Hygiene promotion	Port of Djibouti and Markasi camp	11,736 persons were reached
Purchase and distribution of hygiene kits	Port Markasi Camp	900 hygiene kits were distributed
Purchase and distribution of plastic garbage bags	Markasi Camp	7,200 garbage bags were distributed
Garbage clean-up campaigns	Markasi Camp	4 clean up campaigns were done
Purchase and distribution of mosquito nets (large bed mosquito nets)	Markasi Camp	720 mosquito nets distributed
Purchase and distribution of mosquito nets (baby cot mosquito nets)	Markasi Camp	108 mosquito nets distributed
Distribution of hygiene kits for men, women and children	Port of Djibouti	1,230 hygiene kits distributed

Overview of Red Cross Red Crescent Movement in country

The British Red Cross society deployed its program coordinator for East Africa so as to support DRCS in monitoring and reporting procedures, as well as putting in place data collection tools. The Canadian Red Cross society in conjunction with the IFRC provided an operations delegate to deal with the management of operations so as to support the implementation of DREF actions to its end.

In addition to the DREF funds, DRCS received support from the ICRC in areas such as first aid and the re-establishment of family links (RLF), which are broken down in figures below:

- First aid at the port of Djibouti (612 people were assisted), and Obock at the port of Markasi (499 people were assisted).
- In total 22,895 appeals to re-establish family links were made by the newly arrived refugees at the port of Djibouti, at the transit center at the port of Djibouti, at the IOM center and at the Markasi camp.

The Qatar Red Crescent Society, in conjunction with an external Arabic NGO, distributed food items to the urban refugees in Djibouti. They also carried out an evaluation of the health sector.

In order to ensure coordination of the response, the DRCS held coordination meetings with various partners within the RCRC movement as well as providing situation reports to all partners.

Overview of non-RCRC actors in country

There were various external actors involved in the response including Action Contre La Faim (ACF), Africa Humanitarian Action (AHA), Obock and Djibouti Ville local authorities, IOM, Norwegian Refugee Council (NRC), Office National d'Assistance aux Réfugiés et Sinistrés (ONARS), Danish Refugee Council (DRC), port authorities at Djibouti port, United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), Johaniter and WFP among others. For detailed update on external actors activities, refer to the DREF EPoA and operations update no. 1.

For coordination with external partners, DRCS regularly published information in the Inter-Agency Coordination situation report of the UNHCR. In addition to participating in the inter-agency coordination meetings organized by the ONARS and the UNHCR, DRCS the DRCS participated in a coordinated response program to the crisis with the government of Djibouti, United Nations' agencies and NGOs in the field of disaster management, health, water and sanitation and distribution of non-food items. It is only the health working group that met regularly in Obock.

Needs analysis and scenario planning

The needs of the refugee population in Djibouti port and Markasi camp remained the same as identified in the joint detailed needs assessment conducted by BRCS, ICRC, IFRC and DRCS. Although initial rapid needs assessment conducted earlier on had resulted in DRCS targeting 2,000 refugees with immediate assistance, this was revised to 3,800 refugees following the joint needs assessment concluded by June 2015. This informed the revision of the EPoA. Please refer to [operations update no. 1](#).

Risk Analysis

Violent winds that blew during the summer period seriously hampered the implementation of the operation. The violent winds not only blew a few tents away but also rendered implementation of certain actions very difficult and sometimes impossible. These violent winds and the scorching heat coincided with the fasting month of Ramadhan, which forced many refugees to leave the camp during the daytime. As a result of the rough sea, boats from Yemen were rare during this period. Hence, promotion of hygiene and solid waste management campaigns were suspended for a few days.

B. Operational strategy and plan

Overall Objective

Target population's survival and immediate needs are met through the provision of essential health, water, sanitation and hygiene promotion services, targeting 3,800 arrivals at Djibouti port and at Markasi camp.

Proposed strategy

Following the revision of the EPoA, some activities cancelled included:

- Procurement of water testing kits (including water purification tablets) and daily water testing will be cancelled as these activities are now being carried out by the National Institute for Public Health (INSPD).
- Installation of an emergency first aid point at Djibouti port, and provision of emergency first aid services to arrivals as required were cancelled as these activities were supported by the ICRC since the onset of the DREF operation.

Other activities within the initially proposed strategy were revised as highlighted in operations update 1.

Priority activities undertaken included:

- An initial detailed needs analysis was carried out so as to provide adequate response.
- Daily monitoring of the evolving situation on all levels (conflict in Yemen, initiatives by the government and partners, living conditions of refugees) was done.
- Distribution of hygiene kits to new arrivals at the Port of Djibouti and at Markasi camp was carried out. The components of the kits for those who received them at the port of Djibouti were different from the ones distributed at Markasi Camp. Hygiene kits for those at the port of Djibouti contained powder soap, bathing soap, tooth brush, toothpaste, razor, comb, sanitary towels and baby diapers. The hygiene kits distributed at

Markasi camp contained the same items as the kits issued at the port of Djibouti, in addition had a clothes hanging line, plastic garbage bags and mosquito nets for babies and households.

- Promotion of hygiene was done both at the port of Djibouti and at Markasi Camp. 8 volunteers who had been trained earlier conducted sensitization sessions based on different thematic topics such as the environment, use of latrines, hand washing, water use and treatment. The hygiene sensitization sessions at the Markasi camp were conducted in such a way that they directly reached the refugees not only through door-to-door sessions, but also through mass sensitization sessions. The promotion of hygiene at the port of Djibouti was done at the transit centre of the port through mass sensitization with women being trained by a female volunteer and men being trained by a male volunteer. The sensitization sessions were carried out using images so as to communicate the message better.
- Management of solid waste in Markasi camp was done through 4 garbage collection campaigns. Garbage collection was done by the volunteers and the refugee population. Parallel to these campaigns, plastic garbage bags were also distributed.

Operational support services

Human resources (HR)

The DREF operation was implemented by both DRCS volunteers and national staff. 20 volunteers took part in the distribution of WASH items, hygiene promotion and solid waste management. 6 national staff from branch and headquarter levels also took part in the DREF operation with technical support from IFRC operations manager, who was deployed to support implementation of the DREF. 2 new logistics assistants were recruited to support the DREF allocation. A logistics RDRT supported DRCS with putting in place logistics procedures and advice on management of stocks in June 2015.

Logistics and supply chain

The DREF allocation supported the replenishment of NFIs as well as first aid materials which had been distributed/used from the pre-positioned stocks. The water testing kits were procured through IFRC EAIOI office as they were not locally available and transported to Djibouti. Procurement of all items was done in accordance with IFRC standard procurement procedures. Purchase of materials was locally done to avoid delays in delivery that would have affected the distribution of kits. DRCS provided a vehicle to support the DREF operation.

Communications

Situation reports on DRCS activities and UNHCR reports were published and shared with various stakeholders. National TV stations provided visibility to DRCS and activities implemented at Markasi camp, specifically covering distribution of hygiene kits and collection of solid waste. Publication of DRCS activities in the Sitrep and UNHCR report thanks to the reports that the DRCS sends every week. All DREF activities were published in the DRCS newsletter, "la Gazette".

Planning, Monitoring, Evaluation, & Reporting (PMER)

The monitoring of actions scheduled in the DREF framework was conducted by the DRCS communications department in conjunction with the IFRC Operations Manager. Bi-monthly monitoring visits were also conducted by the WASH Coordinator from DRCS headquarters to ensure activities were implemented according to plan. Reports on the evolving situation as well as progress reports on DREF actions were regularly sent to the partners of the movement and to external partners.

A review of the DREF operation was conducted jointly by IFRC and DRCS from 16 to 20 November, 2015, to assess the effectiveness of the operation as well as identify lessons learned for improvement of future operations. The review report will be published once finalized.

C. DETAILED OPERATIONAL PLAN

Quality Programming / Areas Common to all Sectors

Needs assessment
Outcome 1: Continuous assessment, analysis and coordination to inform the design and implementation of the DREF operation
Output 1.1: Detailed assessment of the needs of the refugees in Obock and Djibouti port is available to all

stakeholders
Output 1.2: Continuous monitoring of the situation; and coordination with other stakeholders
Activities Planned
<p>1.1.1 Conduct rapid assessment</p> <p>1.1.2 Preparation of assessment methodology and tools</p> <p>1.1.3 Mobilization of resources, preparation of the materials and team briefing</p> <p>1.1.4 Data collection at Obock camps</p> <p>1.1.5 Data collection at Djibouti (including) Djibouti port</p> <p>1.1.6 Data entry and analysis</p> <p>1.1.7 Production of the assessment report</p> <p>1.1.8 Revision of the Emergency Plan of Action; and budget revision if appropriate following the assessment</p> <p>1.1.9 Conduct beneficiary satisfaction survey</p> <p>1.1.10 Daily monitoring of the situation at all levels (conflict in Yemen, Government and partners initiatives, living conditions of the refugees etc.)</p> <p>1.1.11 Development of shared document system for crisis information management coordination among movement partners</p> <p>1.1.12 Attendance at coordination activities with external stakeholders</p> <p>1.1.13 Production of a crisis communication report for external partners</p>
Achievements
<p>1.1.1 From 24 April 2015, a joint rapid assessment was carried out by the DRCS in collaboration with the BRC, ICRC and IFRC, which identified new arrival welcome kits, emergency first aid, mosquito nets, NFIs, psychosocial support, restoring family links, water, sanitation and hygiene promotion, as primary needs and areas which could be supported by the National Society.</p> <p>1.1.2 Between 30 April and 6 May 2015, the preparation of assessment tools was done and then used for a detailed assessment. Delays occurred in gathering information due to timing when partners in Djibouti were able to meet; as well as waiting on the arrival of the IFRC operations manager in country.</p> <p>1.1.3 Planning for the assessment was carried out to address preparatory work and resources needed including a motor vehicle. The assessment team comprised of eight staff.</p> <p>1.1.4 Data collection at Obock camps carried out by two persons who conducted interviews with 58 people (31 men and 27 women). The following criteria was used to select the respondents: sex, leadership, and housing location in Djibouti. Data was also collected through meetings with NRC, ONARS, UNHCR and WFP as well as through local media sources, government agencies and volunteers. This information was compiled into the assessment report.</p> <p>1.1.5 Data collection at Djibouti (including Djibouti port) was carried out by a team of five persons, through interviews with partners and observation at the port. Initially, this activity was delayed due to the availability of partners to meet and security access to the port. Nonetheless, the DRCS met with government agencies (ONARS, National Office of Refugees); UN agencies (FAO, IOM, UNICEF, UNHCR, WFP and WHO; and non-government organizations (ACF, DRC, and NRC).</p> <p>1.1.6 All assessment team members did data entry and analysis. Due to other competing priorities to be undertaken by the same persons, there was a delay in analysis and production of the assessment report.</p> <p>1.1.7 On 6 June 2015, the assessment report was finalized in both French and English. Please note that finalisation was delayed due to the data entry process, and concurrent needs to carry-out regular programming, circulation of the draft report, keeping the report updated and incorporation of feedback into the final report.</p> <p>1.1.8 As the assessment information was entered, this activity was identified as appropriate and needed. The EPoA review commenced concurrently to the finalisation assessment to ensure timely completion following the release of the assessment report.</p> <p>1.1.9 The beneficiary satisfaction survey was conducted during the DREF operation review at the end of the operation from 16 to 20 November, 2015. Generally beneficiaries were satisfied with the services they received although they would have preferred that DRCS continue implementation of activities.</p> <p>1.1.10 Daily monitoring of the situation was done through local news reports, situation reports, and discussions with partners. ICRC and UNHCR SitReps were also used to collect information, as well as volunteers at the port areas. Daily tracking of arrivals was done at the port and reported to the Operations Manager and communications officer for tracking. This information was then shared to Movement partners by the DRCS. Weekly, the DRCS attended inter-coordination meetings and working group meetings related to the crisis.</p> <p>1.1.11 Weekly updates through situation reports were shared by the DRCS communications. DRCS held coordination</p>

meetings with various partners within the RCRC movement as well as provided situation reports to all partners.

1.1.12 Weekly, the DRCS attended inter-coordination meetings and working group meetings related to the crisis. This included WASH and Health working group meetings as well as inter-agency coordination meetings chaired by UNHCR

1.1.13 Weekly updates through situation reports were shared by the DRCS communications with external partners

Challenges

Due to other competing priorities and involvement of various partners during the joint assessment, data collection as well as analysis and report writing took long as it relied on availability of all partners. However, the assessment was finalized.

Lessons Learned

Coordination of assessments avoids duplication of activities by various actors. This worked well in Markasi as each partner was known and assigned mandates depending of the actor's capacity and resources.

Health and Care

Health and Care

Outcome 2: Immediate risks to the health of the population are reduced through the provision of health services in the areas of Djibouti port and Obock sites (Markasi camp) over a period of five months

Output 2.1: Target population provided with access to First Aid services on arrival at Djibouti port

Output 2.2: Target population provided with insecticide treated mosquito nets (New target: 5,000 beneficiaries)

Activities Planned

2.1.1 Installation of First Aid point at Djibouti port (Target: One First Aid point)

2.1.2 Procurement of additional First Aid kits (Target: 20 First Aid kits)

2.1.3 Refresher training of volunteers in Emergency First Aid (Target: Four volunteers)

2.1.4 Mobilization of volunteers to provide First Aid services at Djibouti port)

2.1.5 Procure insecticide treated mosquito nets (New target: 1,587 insecticide treated mosquito nets (1,120 family mosquito nets; 467 baby mosquito nets)

2.1.6 Mobilization of DRCS volunteers; and distribution of insecticide treated mosquito nets

Achievements

All activities under health and care were cancelled with the exception of activity 2.1.6, distribution of insecticide treated mosquito nets. The other activities were supported by ICRC.

2.1.6 720 household mosquito nets were distributed at Markasi camp as well as 108 baby cot mosquito nets for children.

Challenges

None

Lessons learned

None

Water, Sanitation and Hygiene Promotion

Water, sanitation and hygiene promotion

Outcome 3: Immediate risk of waterborne disease is reduced through the provision of safe water supply, sanitation and hygiene promotion services in the areas of Djibouti port and Obock sites (Markasi camp) over a period of five months

Output 3.1: Target population in the affected area is provided with access to safe drinking water supply (New target: 2,800 people)

Output 3.2: Target population in the affected areas are provided with sanitation services, which meet SPHERE standards (New target: 3,800 people)

Output 3.3: Target population in the affected areas are provided with hygiene promotion services, which meet SPHERE standards (New target: 3,800 people)

Activities Planned

3.1.1 Procurement of water testing kits for Djibouti port and Markasi camp*

3.1.2 Daily water testing in Djibouti port and Markasi camp*

3.1.3 Installation of 5,000 litre water tank (including: roof, taps and platform) in Markasi camp (Target: One water tank)*

3.1.4 Procurement and distribution of material for the management of solid waste (dustbins, garbage bags, rakes, shovels and wheelbarrow) at Markasi camp (New target: Four packs)*

- 3.1.5 Solid waste burning (in metal barrels) in the Markasi camp*
- 3.1.6 Refresher training of volunteers in hygiene promotion (New target: 16 volunteers*)
- 3.1.7 Hygiene promotion activities in Markasi and Djibouti port sites (New target: 3.5 days approx. per week for 21 weeks)*
- 3.1.8 Procurement and distribution of hygiene kits Obock sites (New target: 720 kits)*
- 3.1.9 Procurement and distribution garbage bags (packs of 10) (Target: 325 packs)*
- 3.1.10 Replenishment of hygiene related items (New target: 98 buckets @ 10L each, and 420 packs (of 10) of plastic garbage bags)*
- 3.1.11 Procure and distribute overnight kits for persons arriving Djibouti port and awaiting transit (Target: 1,000 kits)*
- 3.1.12 Installation of visibility signs for garbage collection/hygiene promotion in the Markasi camp.*
- 3.1.13 Conduct garbage clean-up campaigns (Target: Four campaigns – one per area) in the Markasi camp.*

Achievements

- 3.1.1 Procurement of water testing kits for Djibouti port and Markasi camp was cancelled as the activity was carried out by the National Institute for Public Health (INSPD) who trained staff and provided them with water testing kits as well for Markasi and Obock city.
- 3.1.2 Daily water testing in Djibouti port and Markasi camp was also cancelled
- 3.1.3 New Installation of 5,000 litre water tank (including: roof, taps and platform) in Markasi camp: This activity was not implemented as the mandate was given to NRC.
- 3.1.4 Procurement and distribution of materials (three packs) for the management of solid waste. DRCS procured and supplied 4 solid waste collection kits at the camp. These kits were used during solid waste management campaigns conducted at the camp.
- 3.1.5 Because of the violent winds which were witnessed during summer (Kamsin), the action to put in place incineration points was cancelled. Nevertheless, following discussions with the head of the district of Obock, DRCS managed to convince him to have the district's garbage truck pass by once a day to pick up the garbage. The UNHCR constructed collection points so that the refugees would bring their household waste to these points.
- 3.1.6 Due to the increasing number of refugees in the camp, the number of hygiene promoters was increased. A refresher training on hygiene promotion was carried out for 10 volunteers. 6 volunteers selected were fluent in Arabic, among them two women who conducted mass awareness campaigns for women in the camp.
- 3.1.7 11,736 persons were reached with hygiene messages through household visits and mass campaigns. Hygiene messages disseminated were on proper hand washing, solid waste management, water treatment and storage as well as proper use of latrines
- 3.1.8 Initially 900 hygiene kits were distributed at Markasi camp but as some refugees refused to register with UNHCR as refugees as well as receive services from other organizations as they were transiting to other towns, DRCS decided to stop distribution of the remaining 300 kits. As the kits had already been procured and following discussions with IFRC it was agreed that the remaining 300 kits will be distributed in January.
- 3.1.9 Distribution of hygiene kits at Markasi also included distribution of a pack of 10 garbage bags. During the solid waste collection campaigns, plastic garbage bags were distributed to each tent.
- 3.1.10 Bucket distribution was done during the first distribution at the camp. However, as UNHCR provided adequate items, this was stopped. Plastic garbage bags were also distributed. As the items used were already in stock, the items purchased through this operation were used for replenishing the stock.
- 3.1.11 1,000 kits were distributed before the project end date. However, there were some savings and as such DRCS purchased additional kits for distribution at the transit centre at the port of Djibouti. 230 kits were distributed.
- 3.1.12 Due to cancellation of solid waste burning (in metal barrels), this activity was also cancelled.
- 3.1.13 Initially 4 solid waste collection campaigns took place within the camp involving the refugees in the conservation of the environment. After the 4 campaigns the Danish Refugee Council took up this activity.

Challenges

At the onset of the crisis, a majority of NGOs present within the country, the government and the UN did not have finances to immediately respond. Hence, several clusters were organized. However, a lack of coordination meant that in the beginning activities were being replicated by several partners. To address this problem, needs were separated in sectors and each sector was allocated to a partner who had the resources to take care of the needs (for example DRCS was tasked with the responsibility of distribution of hygiene kits to new arrivals and promotion of hygiene etc.). But in some cases where a partner had capacity and resources to provide beneficiary needs being undertaken by another partner, the former could not commit to this action so as to avoid replication of actions as had happened in the beginning. This meant that DRCS was not able to carry out many of its planned actions.

Lessons learned

- A proper risk analysis is needed in any operation prior to implementation in order to avoid disruption of activities such as the weather conditions and refugees transiting through the camp.
- Hygiene promotion done on a continuous basis and well delivered increases knowledge on hygiene and sanitation among beneficiaries.
- Planning according to resources and capacity available to ensure timely and effective implementation.
- Involvement of communities in garbage collection on a daily basis created ownership and was highly appreciated by the beneficiaries

D. THE BUDGET

This section will be updated in the final report.

Contact information

For further information specifically related to this operation please contact:

- **Djibouti Red Crescent Society:** Abdi Kaireh Bouh, Secretary General; Phone: +253 21 35 22 70; Email: crd@intnet.dj
- **IFRC Cluster Representation:** Finnjarle Rode, Regional Representative for East Africa; Nairobi; phone: +254 20 283 5000; email: finnjarle.rode@ifrc.org
- **IFRC Africa Region:** Farid Abdulkadir Aiywar, Head of Disaster Management Unit, Africa region; Phone: +254 731 067 489; email: farid.aiywar@ifrc.org
- **In Geneva:** Christine South, Operations Support, Phone: +41.22.730.4529, email: christine.south@ifrc.org
- **IFRC Africa Region Logistics Unit:** Rishi Ramrakha, Head of zone logistics unit; phone: +254 733 888 022; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Africa Region:** Fidelis Kangethe, Resource Mobilization Coordinator; phone:+ 251 930 03 4013, email: fidelis.kangethe@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **In IFRC Africa Region:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

www.ifrc.org
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.