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Emergency Plan of Action (EPoA) Bangladesh: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRBD018	Glide n° OT-2017-000003-BGD
Date of issue: 17 January 2017	Date of disaster: 2 January 2017, slow onset
Operation manager: Md. Adith Shah Durjoy, Acting Disaster Operations Coordinator & Manager- Organizational Development, IFRC	Point of contact: Md. Belal Hossain, Director, Disaster Response, Bangladesh Red Crescent Society
Operation start date: 28 December 2016	Expected timeframe: Three months
Overall operation budget: CHF 273,151	
Number of people affected: 65,000 ¹	Number of people to be assisted: 10,000
Host National Society(ies) presence (n° of volunteers, staff, branches): Bangladesh Red Crescent Society (BDRCS) – Over 40 Red Crescent Youth volunteers and staff mobilized	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): IFRC, ICRC, BDRCS	
Other partner organizations actively involved in the operation: Government of Bangladesh, UN agencies, INGOs and local NGOs	

A. Situation analysis

Description of the disaster

During the last quarter of 2016, an upsurge of violence in Myanmar northern area of Rakhine state has led to mass displacement amongst the local population. Until a comprehensive assessment is completed, it is not possible to say how many people remain displaced within the northern part of Rakhine. These population movements are not a new event in this area. Historically, some Muslim communities from Rakhine have been migrating to Bangladesh over the past three decades, particularly in the coastal upazilas (sub-districts) of Teknaf and Ukhiya in Cox's Bazar district where they live as either refugees or without status.



Registered refugee camp (left side) and undocumented makeshift camp (right side) in Cox's Bazar district.
(Photo: BDRCS/IFRC)

¹These are based on estimates from stakeholders in the ground. Latest figure from the Cox Bazar coordination meeting lead by IOM was suggesting 65,000 people on 5 January 2017; Reported in media: <https://www.theguardian.com/world/2017/jan/10/65000-rohingya-flee-from-myanmar-to-bangladesh-following-crackdown-un>

teams are working in the camps and adjacent area, resulting in 18 tracking cases, 8 phone calls (including 2 successful) and no salamats were taken.

BDRCS has over twenty years of credible experience in terms of providing humanitarian assistance to populations in movement. During the first influx (around 250,000 people) of migrants back in 1978, BDRCS was a key responder with UNHCR and WFP in attending basic needs to the population spread over 20 camps. In 1992 BDRCS also supported a relief operation for an important influx that year. They kept supporting two refugee camps with food and NFI distribution until 2014.

Besides this crisis, BDRCS is currently implementing two emergency appeals to support people who were affected by monsoon rains and cyclone Roanu. They are also active with resilience programs in floods and cyclones prone districts.

Overview of Red Cross Red Crescent Movement in country

The IFRC has a country office presence in Bangladesh since several decades. It is resourced with highly experienced staff supporting the BDRCS in ongoing emergency operations, longer-term programming⁴, capacity building and organizational development. The IFRC is supporting the BDRCS to coordinate with other humanitarian and UN agencies. IFRC Bangladesh country office has been closely monitoring the situation and is on standby for further support required for the BDRCS to intervene in the present population movement situation. Currently, IFRC is supporting the response department of BDRCS to coordinate with the government and other agencies for collecting information updates, situation analysis as well as for assessing the needs of the affected people.

Present in the country since 2006, the ICRC has a delegation in Bangladesh since 2011. The ICRC works to protect and assist people affected by tensions and violence, promotes awareness of the International Humanitarian Law and supports its implementation through action with authorities, academic institutions, law enforcement agencies, armed forces, and the general public. ICRC provides physical rehabilitation services for the disabled; and supports the Bangladesh Red Crescent Society in building its capacities. It is also visiting people deprived of their freedom in the country. Most assistance activities are carried out in partnership with the National Society, helping to enhance the capacity of the BDRCS to provide response and assist people and communities affected by violence and other situations and emergencies, including through livelihood support, health and WASH programs, notably in Cox Bazar and Chittagong Hill Tracts. The ICRC and the BDRCS also work together to locate people, exchange messages, reunite families and clarify the fate of missing persons due to migration, natural disasters, violence, detention and other situations.

American Red Cross, British Red Cross, German Red Cross, Swedish Red Cross, Swiss Red Cross and Turkish Red Crescent have in-country presence focusing on supporting BDRCS in longer-term programming, including disaster risk reduction (DRR) programmes. They are also active supporters of BDRCS disaster response.

Movement Coordination

The existing coordination mechanism within the in-country Partner National Society of the Red Cross Red Crescent Movement involves a bi-monthly PNS coordination meeting. These cover the regular updates from the societies present, the immediate issues to handle and the plan of action forward. On 5 December 2016, a scheduled Movement partners' coordination meeting took place where the issue of new population movement from Myanmar was discussed, BDRCS updated about their communication with Ministry of Foreign Affairs regarding the matter. There is also practice of the annual pre-disaster meeting (PDM) among the Movement partners. On 11-12 May 2016, the last PDM was held by BDRCS to discuss broader preparedness issues. Apart from these, coordination meetings between Movement partners took place whenever the need arise. In-country Movement partners extend their support during any emergency situations where IFRC plays a coordination role to assist BDRCS for scale-up response. The PNS's have not yet been

⁴ Resilience, health, WASH, shelter, livelihoods

involved but are currently in preliminary discussions with BDRCS and Movement partners to discuss modalities of support. Multilateral support has been informally indicated by numbers of partners⁵

During the last couple of weeks, the following key coordination activities took place within the Movement:

- 11-12 December 2016: Field visit by BDRCS and IFRC
- 15 December: Joint Meeting (ICRC, IFRC, BDRCS) to discuss the first field findings based on a joint field visit by BDRCS and IFRC
- 22 December: IFRC Task Force Meeting with KL, Geneva, Myanmar, Bangladesh through webinar
- 26 December: Coordination meeting among SG BDRCS, ICRC and IFRC to discuss the ministry level meeting findings
- 27 December - 1 January 2017: Field visit, meeting in field, assessment and distribution (BDRCS, IFRC, ICRC)
- 4 January: Skype call between IFRC Bangladesh CO and KL
- 5 January: Joint meeting (ICRC, IFRC, BDRCS) to discuss the field findings and to decide the way forward. Regular email updates to all in country movement partners

ICRC supports the BDRCS in providing health services through two health centres in Ukhiya and Teknaf sub-districts, serving both the local and refugee population. Both Partners can enhance the capacity of the structures to cope with the additional caseload.

ICRC is also ready to support the deployment of the BDRCS mobile medical teams and to scale up the RFL response in the refugee camps and nearby communities through the BDRCS volunteers in the Cox's Bazar district depending on the results of a joint detailed needs assessment.

BDRCS, IFRC and ICRC are closely monitoring the situation in Cox's Bazar district and maintain close coordination. The Movement partners will discuss and decide on the modalities of a detailed needs assessment in the field, which will allow concretizing the response in line with the BDRCS overall humanitarian response strategy developed on 8th January 2017.

Overview of non-RCRC actors in country

According to the humanitarian situation report from January 5th 2017, different agencies are providing humanitarian assistance including NFI's, blankets, rice along with health and nutrition support. Local administration is supportive towards provision of humanitarian assistance for the new arrivals. Teams of high profile visitors have visited official camps and makeshift settlements, including Bangladesh Foreign Minister, State Minister and Foreign Secretary. Indonesia Foreign Minister also visited Bangladesh. The local government administration distributed relief at makeshift camps for 584 newly arrived families. Representatives of Upazilla Administration, Boarder Guard of Bangladesh and the police were present during distribution. Local government administration has assigned a focal person to deal with any non-traditional private donation for the new influx.

The major agencies involved are WFP, UNFPA, UNHCR, UNICEF, IOM, ACF, SI (Solidarity International), MSF (Médecins Sans Frontières), HI (Handicap International), NGOF (NFO Forum), Save the Children, and local NGO's like MUKTI, BGS, SHED, RTMI. WFP is planning for a second cycle food distribution at a makeshift camp by next week targeting 7800 families. UNFPA distributed several items through ACF, SHED, RTMI, SI and UNHCRACF are providing psychosocial support to 44 traumatized children in makeshift camps. ACF has increased support in both makeshift settlements. As part of their ongoing activities they have distributed winter clothes to 31 children, 128 clothes for adolescent girls, 220 dignity kits and cash 500 Bangladeshi takas (BDT) each towards improving nutritional status. Mukti- a local NGO have increased their outreach-health services activities in 3 more unions to meet additional needs due to the new influx. Solidarity International (SI) – provided 1450 NFI to new arrivals staying in host villages and 200 emergency latrines. Another 200 emergency latrines will be distributed by next week. IOM- distributed 655 NFI to new arrivals and 2500 blanket among existing UMN's. MSF has deployed midwives to Leda and Shamlapur for monitoring/assessing medical conditions of women and to identify needs within these areas for medical support.

There is a dedicated website (<http://www.cxbcoordination.org/>) to coordinate the humanitarian works by different agencies for the undocumented Muslim communities from Rakhine state in Cox's bazar.

Needs analysis, beneficiary selection, risk assessment and scenario planning

According to the recent BDRCS assessments conducted on 11-13 December 2016 and 27 December 2016 – 1 January 1 2017, new influx of populations arrives in very bad condition with limited or no access to food, WASH, shelter, health

⁵ On January 10th, Turkish Red Crescent has announced its intention to support bilaterally BDRCS with some relief distribution activities.

and basic NFI's. People are overcrowding in makeshift camps, registered camp and host communities in Teknaf and Ukhaia upazila of Cox's Bazar district. The immediate food security is a major concern among the new influx.

It is also reported that majority of new influx have no access to safe drinking water and sanitation. Apart from that, there is an urgent need for emergency shelter⁶ and basic NFIs (e.g. clothes, bedding, mosquito net etc.) to protect them during this winter season. The winter season will continue until February and therefore, blankets and clothing are the major important items to be distributed. Major health concerns are injury, infectious diseases⁷, trauma/psychological disorder, maternal care. There are two cases of death and 390 cases of injury have been reported in Ukhaia upazila.

The supply chain is functional and local markets are working with limited stocks. The new migrants have limited access to them as they are not able to move around widely as there are law enforcing forces to restrict the influx.

Summary needs

- Shelter materials are the first priority needs followed by kitchen material or kits for cooking
- Food support and clothes are the second priority needs identified by the new arrivals
- In Leda camp, water is one of the major area of concerns as there is only limited water jars available among the new arrivals
- People are in very bad condition with limited WASH items, clothing, blanket and basic NFIs.
- Immediate medical support, especially for women and children is a concern, though IOM, MSF, ACF are working to address the issue through their regular programme.
- Children are the most vulnerable group, immediate nutritional support are the most important issue
- Education of the children is one of the concern areas which is identified by the new influx.

In 2014, the Government of Bangladesh recognized the humanitarian needs of people living in these sites by launching a National Strategy - a broad roadmap outlining the authorities' general approach to the crisis. Services to undocumented populations in movement have somewhat improved, but serious concerns over their safety and security remain since the process has so far not been able to provide them with any kind of legal status, nor have they been informed of the strategy, its process and its potential implications. Many households are female headed, which increases exposure to exploitation and gender based violence.

Now, with the latest influx estimate of up to 65,000⁸ people, the situation has become much more complex. Most of the new arrivals are female and children. The average number of children per family is between 3 and 5 with most of them in the age range between 0 to 10 years old. Sexual and Gender Based Violence (SGBV) is identified as an issue in the present context and needs careful attention.

The humanitarian agencies are working on the ground to provide minimum support but the need is much higher as the population movement is increasing every day.

Apart from the preliminary analysis on the situation and information from local coordination meetings, the BDRCS and the movement partners will carry out detail assessment to reconfirmed and detail out the needs along with gaps.

Risk Assessment

There are couple of risk factors prevailing that might be increased if there is a delay in taking the right steps to handle the crisis. As an example, out of many problems, one is associated with drug trafficking, gender based violence, depleting natural resources, degradation of law and order situation, conflict among new and old influx communities. The existing set up of the registered and unregistered camp without any boundary wall and the non-systematic support to the crisis provoking fraud, conflict. Every planned response by the Movement partners currently needs also to acknowledge the acute sensitivities of the context which may have an impact on the delivery of the humanitarian aid in the field. Several NGOs have indeed encountered serious perception problems in recent years in Cox Bazar. Accordingly, volume and content of the proposed humanitarian response requires close coordination within the Movement partners and with the GoB and other authorities on different levels. The planned RCRC joint assessment will identify further risk related to the implementation of the operation.

⁶ Shelter material is not considered at this stage as it could be considered as a pulling factor by the national authorities.

⁷ No waterborne and vector borne diseases reported at the time of writing this, but further assessment planned.

⁸ According to IOM. Information provide by IOM coordination meeting in Cox Baazar.

B. Operational strategy and plan

Overall objective

The immediate humanitarian needs of 10,000 people (2,000 families) resulting from the population movement from Rakhine are met through provision of food, basic non-food items, water, sanitation and hygiene (WASH) assistance, and psychosocial support over a period of three months.

Proposed strategy

BDRCS has come up with an overall response strategy to respond to these humanitarian needs and was shared with all in-country Movement partners on 8 January 2017. The main concept of the plan is to start with psychosocial, RFL, NFI, WASH and emergency clothing and minimum food distribution and continued assessment and coordination. BDRCS has given an indication of support package based on the existing practices of the ground. It is expected that the assessment will end by 1st week of February and then the components of the plan will be reconfirmed and detailed out. As of now, BDRCS has prepared a plan of action (PoA) for one year and based on the further assessment and coordination BDRCS will revise the PoA and will increase the response time line. BDRCS assigned the responsible department for each activity with the DRM division head as the focal point for this humanitarian response.

BDRCS mentioned that the plan they shared is a start-up of the humanitarian response support and gradually they will review the plan and the activities. Budget can be changed accordingly.

The proposed operation under this DREF is designed from the bigger plan of the BDRCS and is a strategy to support the initial start-up. However, the modality for the complementarity activities beyond the DREF will be defined after the detailed assessments.

The following table highlights the plan that will be covered by the DREF.

<i>Relief assistance for one to three months targeting 10,000 people (the following support packages are determined based on the existing practice by different agencies and will be reconfirmed after detail assessment and coordination)</i>		
Sector	Intervention type	Description
Food security	Food package for 15 days	Food package comprise 25 kg ⁹ of rice, 2-L oil, 1 kg sugar, 2 kg pulse and 1 kg salt.
Psychosocial support	Psychosocial support for distress people	Five trained teams on psychosocial support will be mobilized.
Non-food items (NFIs)	Clothes	One pc saree, one pc lungi and two clothes for children
	Blankets	Two pcs of blanket per family
	Protection from mosquito and insects	One pc of medicated mosquito net per family
	Kitchen sets	Each kitchen set consists of two pcs cooking saucepans (patil) with lid, one pcs bowl, two pcs glass, two pcs plate, three spoon. Each family to receive one kitchen set.
WASH	Hygiene parcel	Each family will receive two pcs of laundry soap ¹⁰ , two pcs of bathing soap, tooth powder, five pcs of tooth brush and 10 pcs of sanitary napkin.
	Drinking water	20L drinking water with container per family
	Storage of water	One 20L bucket with lid and mug.
Quality programming	Need Assessment / Beneficiary ¹¹ selection Coordination	Continuous assessment will be carried out to understand the priority needs of communities.

¹⁰ BDRCS is also working with external partners to provide more quantities of those to the identified families.

¹¹ Currently it is expected to be in Teknaf and Ukhia upazila, but exact camps and makeshifts camps will be decided after coordination meetings and detailed assessments are finalized.

Operational support services

Human resources

BDRCS will use its existing staff and volunteers for the response operation. BDRCS is deploying ten NDRT members. The district branch has deployed youth volunteers, and members of the executive committees to work on assessment and beneficiary selection. IFRC has used existing staff for the operation and has already deployed two staff to the field to assist BDRCS district branch with assessments and coordination. ICRC provided human resources support for assessment. This DREF covers travel, accommodation and per-diem costs related to the staff and volunteers mobilized as well as pre-positioning cost for BDRCS and IFRC staff. The DREF will also cover insurance for the volunteers used in the operation through the IFRC global volunteer accident insurance scheme. An RDRT member will be deployed for a period of one month to support the implementation of the operation.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Food and NFIs, such as hygiene items, clothing, kitchen set, blankets and mosquito net are needed for this operation. All the procurement will be done locally by the IFRC Bangladesh CO/NS head quarter or branch office except the mosquito nets, which will be mobilized from KL stock. A briefing on procurement and warehousing will be done to strengthen the capacity of NS Cox's Bazar branch by the NS HQ logistics and IFRC CO logistics. Branch office has the storage capacity which can be utilized for this operation. On top of that, BDRCS has a regional warehouse (size 15776 m³) in the neighbouring district Chittagong and they also have a warehouse (approx. size 112 sqm) in the official registered refuse camp in Cox's Bazar district. Necessary fleet support will be provided from the existing fleet capacity of BDRCS and if required, further vehicle may be hired locally by the branch office. Technical supports will be requested from the AP regional logistics unit (RLU) on need basis.

Information technologies (IT)

High speed Wi-Fi internet connectivity is available in IFRC Bangladesh Country Office as well as in BDRCS NHQ. Staff members and volunteers in the field operation will be supported by 3G modems and internet data packages on their smartphones which will enable them to communicate electronically with the headquarters and to send reports and pictures. Rapid Mobile Phone (RAMP) based assessments will be carried out electronically through mobile apps on digital tablets, e.g. magpie. An orientation session on digital assessments will be provided to prepare the volunteers using the tablets for assessments. The prepositioned NDRT and RDRT IT Telecom Tool Kits will be mobilized in the operational activities and pre-deployment briefing will be given as per need. Onsite and remote IT Telecom support will be provided by both the IFRC Country Office and BDRCS ICT sections.

Communications

BDRCS communication department is the focal department for communication and media relations. IFRC, through its country office in Dhaka and the communication team in Kuala Lumpur, will provide necessary technical support to BDRCS.

Information of this operation will be regularly updated on social media by the BDRCS. In the coming days, field visits will be conducted to capture materials for web story and best practices reflecting the actual needs and operation in the field. Briefing and orientation on community engagement and accountability for the staff and volunteers will be arranged. Visibility materials like caps, t-shirts, vests will be provided to the volunteers.

Community engagement and accountability

Community accountability and feedback/response mechanisms will be integrated into the operation to ensure that affected populations have access to timely and accurate information on the nature and scope of services provided by BDRCS, and expected behavior of staff and volunteers.

Because only a fraction of affected populations will be targeted, the selection criteria will need to be communicated clearly to beneficiaries and wider communities, so that people will understand the rationale behind targeting. This will help to prevent any potential tensions/frustrations by those people who do not meet the beneficiary selection criteria. Best practices will be captured and all efforts made to record case studies as the operation progresses.

Security

Although in 2016, Bangladesh reeled from two deadly militant attacks (at the Holey Artisan Bakery in the capital on July 1, 2016 and at the country's largest Eid congregation in Kishoreganj district on July 7, 2016), however, it is assumed that these incidents will have a low risk for potential impact on the implementation of the operational activities, as in Bangladesh, there are no real elements of RC member being a target. The Bangladesh authorities have taken various

Water, sanitation and hygiene

Needs analysis: Access to water storage and drinking was a concern for the undocumented makeshift camps and now with the new influx, the situation has deteriorated further. A few agencies are providing basic sanitation support but they cannot support all the new arrivals. Sanitation issues have become a threat and may cause huge spread of diseases.

Population to be assisted: Most vulnerable 2,000 families with children, elderly people, pregnant woman, female headed and person with disability will be assisted with safe drinking water via distribution of one 20-L water container that comes with water, one 20-L water bucket with lid and one mug per family. The same families will also be provided with hygiene parcel consisting of two bathing soap, one laundry soap 10 sanitary napkins, and oral hygiene items as well as hygiene promotion messages to use properly those items.

Outcome 2: The populations in movement have temporary access to safe drinking water													
Output 2.1: 2,000 targeted families will have temporary access to safe drinking water													
Activities planned	Week	1	2	3	4	5	6	7	8	9	10	11	12
Identification of water vendor			X										
Procurement of water container with safe drinking water				X	X	X							
Procurement of water bucket with lid and mug for storage of water				X	X	X							
Distribution of water container with safe drinking water, water bucket with lid and mug							X	X	X	X			
Outcome 3: The risk of sanitation related diseases has been reduced through the distribution of basic hygiene kits along with hygiene practice promotion													
Output 3.1: 2,000 targeted families will receive basic hygiene kits and promotional materials													
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Procurement of hygiene materials				X	X	X							
Distribution of hygiene materials							X	X	X	X			
Printing and dissemination of Hygiene promotional materials for awareness						X	X	X	X	X	X	X	X

Livelihoods; Nutrition; Food security

Needs analysis: According to the findings of recent BDRCS assessment it is reported that negative coping strategies are adopted by migrant populations in Bangladesh such as reducing the size and number of their meals. In addition to that, the lack of livelihood opportunities due to their status increase their vulnerability for food insecurity and nutrition level.

Population to be assisted: Most vulnerable 2,000 families with children, elderly people, pregnant woman, female headed and person with disability will be assisted with food package for 15 days.

Outcome 4: Immediate food needs of the targeted population are met													
Output 4.1: Distribution of food package to 2,000 families in targeted families													
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Local procurement of food items				X	X	X							
Distribution of food items							X	X	X	X	X	X	X

Household non-food items¹²

Needs analysis: Many families who have migrated are currently living without necessary household items. According to local emergency coordination, there is a need for blankets, kitchen sets, clothes and other basic NFIs, as most of their belongings remains in Myanmar. In addition to that, they are suffering particularly at night due to cold temperature a that is expected to last until February 2017.

¹² opportunities to support in the provision of emergency and life-saving shelter as a minimum will be reviewed during and following the success of the interventions described in this EPoA'

Budget

DREF OPERATION

12/01/2017

MDRBD018

Bangladesh: Population Movement

Budget Group	DREF Grant Budget CHF
Clothing & Textiles	53,000
Food	54,000
Water, Sanitation & Hygiene	32,700
Medical & First Aid	12,500
Utensils & Tools	28,000
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	180,200
Storage, Warehousing	4,500
Distribution & Monitoring	5,800
Transport & Vehicle Costs	15,700
Logistics Services	750
Total LOGISTICS, TRANSPORT AND STORAGE	26,750
National Society Staff	15,600
Volunteers	1,550
Total PERSONNEL	17,150
Workshops & Training	7,000
Total WORKSHOP & TRAINING	7,000
Travel	13,750
Information & Public Relations	7,430
Office Costs	3,600
Communications	600
Total GENERAL EXPENDITURES	25,380
Programme and Supplementary Services Recovery	16,671
Total INDIRECT COSTS	16,671
TOTAL BUDGET	273,151

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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.