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# Emergency Plan of Action – Preliminary Final Report

## Iraq: Population Movement



<b>Emergency Appeal</b>	<b>Operation n° MDRIQ008</b>
<b>Date of Issue:</b> 07 July 2016	<b>Glide number:</b> <a href="#">OT-2016-000069-IRQ</a>
<b>Date of disaster:</b> July 2016	
<b>Operation start date:</b> 07 July 2016	<b>Operation end date:</b> 07 April 2017 (extended to June 30, 2017)
<b>Host National Society:</b> Iraqi Red Crescent	<b>Operation budget:</b> CHF 3,406,903
<b>Number of people affected:</b> Over 10 million people	<b>Number of people assisted:</b> 90,000 people
<b>N° of National Societies involved in the operation:</b> ICRC, American RC, British RC, Danish Red Cross, Emirati Red Crescent, French Red Cross, German Red Cross, Red Crescent Society of Islamic Republic of Iran, Italian Red Cross, Japanese Red Cross, Kuwaiti Red Crescent, Norwegian Red Cross, Qatari Red Crescent, Swedish Red Cross, Turkish Red Crescent	
<b>N° of other partner organizations involved in the operation:</b> Government of Iraq (Ministry of Displacement and Migration/MoDM, Kurdistan Regional Government of Iraq (KRG-I), UN agencies and clusters	

## A. Situation analysis

### Description of the disaster

During the first half of 2016, humanitarian needs in parts of central and northern Iraq continued to rise as Iraqi state military and allied forces embarked on a military offensive to retake areas in northern and central Iraq including Fallujah, which have been occupied by organized non-state armed groups over the past two years. The violence and humanitarian crisis in Iraq remains at alarming levels. Widespread violence puts the overall civilian death toll for 2016 stands at more than 4,446 and more than 9,387 injured.<sup>1</sup>

### Anbar

The battle for the city of Fallujah led to intense levels of fighting, levelling public and private infrastructure as well as leading to population movements of more than 87,000 people. Most displaced people from Fallujah were taken to Ameriyat al Fallujah, around 30km south of the city. Others fled the areas of north of Fallujah towards the east; they were hosted in local schools and in the Al Ahal camp<sup>2</sup>.

### Nineveh, Salah al-Din, Kirkuk

In and around Nineveh governorate, Iraqi security forces continued an offensive to retake territory which resulted in the displacement of thousands of people in Salah al-Din and Kirkuk governorates. Almost 6,500 Iraqi families from Mosul and Ba'aj districts in Nineveh and from Salah al-Din have fled into Syria. As the battle for Mosul escalates, more Iraqis are expected to flee towards Syria.

<sup>1</sup> Estimate based on UNAMI figures and media reports as of 16 September. Data available here

[http://www.uniraq.org/index.php?option=com\\_k2&view=itemlist&task=category&id=159:civilian-casualties&Itemid=633&lang=en](http://www.uniraq.org/index.php?option=com_k2&view=itemlist&task=category&id=159:civilian-casualties&Itemid=633&lang=en)

<sup>2</sup> OCHA Humanitarian Bulletin:

<http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA%20Iraq%20Humanitarian%20Bulletin%20%28May%202016%29.pdf>

The humanitarian situation is fragile in the Fallujah and surrounding areas. Although people are liberated from violence and insecurity, they live with fear of uncertainty for rehabilitation. According to the IRCS field assessment, at least 20 per cent people are in need of basic assistance of food, drinking water, and health care.

In some locations, IDPs are ready to return home but they need support for restoration of their shelter, livelihood, water and sanitation facilities. IRCS seeks support to help IDPs for their safe and sustainable return.

## Summary of response

### Overview of Host National Society

The Iraqi Red Crescent society (IRCS) is an Independent, volunteer-based National Society that works to alleviate suffering for all. They are also an auxiliary body to the public authorities/government when responding to humanitarian needs. However, they maintain their independence and function as an autonomous, apolitical, non-partisan organization.

Their interventions alleviate the suffering for all, in accordance with the movement's fundamental principles since 1932; inside and outside Iraq, as part of the international movement of the Red Cross Red Crescent movement.

The IRCS volunteers and staff are part of their local communities and they serve during peace and nature or manmade disaster. The IRCS major programmes cover relief, first aid, health and medical services, water and sanitation (WATSAN), dissemination of the international humanitarian law (IHL), youth activities, restoring family links (RFL) and awareness programs for the war remnant (ERWA).

IRCS cover activities across 18 governorates including the capital Baghdad. They run 93 offices, with a total human power of 7,530 volunteers and 2,195 staff. They also run diaspora offices in Amman, Beirut and Tehran.

Since 2014 Iraq has been facing a major humanitarian crisis that has affected one third of the country, caused the displacement of more than three million Iraqis, destroyed the main cities and triggered an immense economic drawback. To date, there is an ongoing liberation operations at Anbar, Kirkuk, Salah al-Din and Mosul. The IRCS is a key player in the relief operation of the IDPs during evacuation, sheltering and even recovery beside its continuous efforts to support the vulnerable communities hosting the IDPs and any place inside Iraq and in the neighbouring countries.

### Overview of Red Cross Red Crescent Movement in country

The IRCS has been operating in close coordination with various government ministries, UN, International Organizations in the area of geographical coverage, targeting people for different type of assistance, feasible solutions for different settings i.e. camp, non-camps, spontaneous and host communities. Being a key humanitarian actor, IRCS is a member of Joint Coordination and Monitoring Center (JCMC) and Joint Crisis Coordination Centre (JCCC), Emergency Response Committee (ERC) in Erbil, Board of Relief and Humanities Affairs (BURHA in Dohuk), and Joint Crisis Coordination Centre (JCC, in Erbil) and NGO Coordination Committee of Iraq (NCCI). It has been participating in all aforementioned committees/cells and contributing to the efforts of coordinated response plan and implementation.

In addition, IFRC together with IRCS and in-country PNSs have been participating in coordination platforms such as Humanitarian Country Team, Shelter / NFI Cluster, WASH Cluster and the Logistics Cluster. The IFRC together with the German RC and Qatari RC have actively provided inputs to the Shelter / NFI Cluster emergency shelter technical consultations on multiple solutions for different anticipated settlement scenarios. The Shelter / NFI Cluster has adapted the 'IFRC Emergency Shelter tool kit' with some context modifications as an emergency shelter intervention.

On internal Movement coordination, the Movement taskforce meets every month, reviews implementation progress and takes joint decision to further improve cooperation between Movement partners in dealing with resource mobilization conducting with growing needs of humanitarian assistance to be delivered to new influx of IDPs, refugees and host communities. One of the outcome of taskforce is 4w matrix to capture, consolidate and present Movement's support to IRCS's operation. The use of the 4W matrix are two, it is information and coordination tool. It should provide graphical presentations (in map form) and overview of the Movement partners intervention and help them avoid any potential duplication. Information should benefit all partners to complement

each other in operational planning and monitoring. Furthermore, this consolidated information is contribution to regional/MENA mapping.

Table 3: The updated table of Movement partners support-

Movement member	Interventions
German RC	Non-Food Items(NFIs), Shelter, Logistics, Health, Cash Transfer Programming(CTP);
French RC	WASH, Relief Logistics, CTP and Capacity-building
Danish RC	Health/ Hygiene and First Aid (FA), Psychosocial Support(PSS) and Capacity-building;
Italian RC	Food;
Japanese RC	Food, NFIs, WATSAN
British RC	Food, NFIs Food, Capacity building (Disaster Management, Logistics)
Turkish Red Crescent	Food/NFIs and Shelter
ICRC	Health, Food, WASH, CTP, Logistics, Capacity-building
Islamic Republic of Iran RC	Food
Qatar RC	Food/NFI, WATSAN
Swedish RC	WASH, Volunteer Management, PMER and Emergency response
Norwegian RC	Health Capacity-building, Public health in emergency, relief
Kuwait RC	Food
Turkish Red Crescent	Food/NFIs and Shelter

### Working in partnership

The IRCS has been operating in close coordination with various government ministries, UN, International Organizations in the area of geographical coverage, targeting people for different type of assistance, feasible solutions for different settings i.e. camp, non-camps, spontaneous and host communities. Being a key humanitarian actor, IRCS is a member of Joint Coordination and Monitoring Center (JCMC) and Joint Crisis Coordination Centre (JCCC), Emergency Response Committee (ERC) in Erbil, Board of Relief and Humanities Affairs (BURHA in Dohuk), and Joint Crisis Coordination Centre (JCC, in Erbil) and NGO Coordination Committee of Iraq (NCCI). It has been participating in all aforementioned committees/ cells and contributing to the efforts of coordinated response plan and implementation.

## B. Operational strategy and plan

### Overall Objective

The operation experienced a slow start due to delay in decision of how procurement of food and NFIs would be conducted. Since IFRC yet to have its legal status in country to operate with its own rules and procedures, alternative option of procurement through IRCS had to be explored. By the time the agreement regarding the modalities of local procurement of food items through IRCS was reached, the operation had to make adjustment in distribution schedule. Meanwhile, IRCS has diverted food and NFIs from its disaster preparedness stock earmarked for other regions to Fallujah and surrounding areas through provision of replenishment under the Emergency Appeal.

In addition to operational challenge, the Appeal funding coverage is low to address unmet needs of people.



Figure 1 A displace family receiving support through the current appeal

## C. DETAILED OPERATIONAL PLAN

### Quality programming / Areas common to all sectors

**Outcome 1: Continuous assessment and analysis is used to inform the design and implementation of the operation.**

**Output 1.1 Participation in assessments and continuous collection of information from local branches**

<b>Activities planned</b>	<b>Implementation</b>
Beneficiary Perceptions and Satisfaction Survey	Random post distribution monitoring activities were conducted as security permitted
Real Time Evaluation	Not conducted mainly due to the low appeal coverage and hence RTE criteria
IRCS/IFRC and in-country PNSs coordinated monitoring mission	Not conducted
Establish a Community Engagement and Accountability mechanism, including information dissemination and two-way communication systems	Not conducted mainly due to a lack in funding
Workshop for the development of emergency information management (IM) products and systems including regular situation reports and analysis, in-country RCRC 3Ws, and others as relevant	Not conducted mainly due to a lack in funding
Lessons learnt workshop	Not conducted mainly due to a lack in funding

### Progress towards outcomes

The IRCS conducted regular field assessment through its branches and relief team deployed in the field to inform further assistance to be delivered to people. Apart from the field assessment, no other activities could not be initiated due to shortage of funding. However, some progress i.e. Terms of Reference of Real Time Evaluation has been prepared. In addition, a 4W matrix has been developed to capture and consolidate Movement partner's intervention.

With the support of the British Red Cross, the information management (IM) team based in London, 4W's maps were produced and used for operational planning and reporting. The 4W matrix serves two purposes, it is an information and coordination tool. It would provide graphical presentations (in map form) and overview of the Movement partners intervention and help them avoid any potential duplication. Information should benefit all partners to complement each other in operational planning and monitoring. Furthermore, this consolidated information is contribution to regional/MENA mapping.

### Emergency food (cooked food and food ration)

<b>Planned interventions</b>	<b>Implementation</b>	
	<b>Target</b>	<b>Actual</b>
Outcome 1: Food needs of IDPs living in camp, non-camps and host families are supported reduced through provision of cooked food and food rations		
Output 1.1 15,000 families or 90,000 people are provided with two round of food (cooked food for 3-4 days and food ration for 1 month)	<b>15,000</b>	<b>14,712 (98%)</b>
<b>Activities planned</b>		
Beneficiary selection		<b>Done</b>
Deployment of field kitchen in strategic spots for distribution of cooked food	<b>15,000</b>	<b>14,712 (98%)</b>
Procurement of food ration (relevant to cultural context) as per the Sphere Standard		<b>Done</b>
Distribution of food ration for 1 month	<b>15,000</b>	<b>6,428 (43%)</b>
Distribution reports		<b>Done</b>

The IRCS conducted rapid assessments by a team of volunteers and staff already deployed before the influx of IDPs, it has set up branch teams in and around the potential pockets of Nineveh and neighboring governorates with lifesaving emergency assistance i.e. food, drinking water, first aid, psychosocial support, health care, etc.

Parallel to field assessment for multi-sector assistance, IRCS has distributed some basic food items to people as they arrived at reception/screening centres. At a later stage, IRCS has mobilized food parcel to be distributed to families settled into camps or another scenario.

The first round of basic food items took place until November 2016 and delivered support to 13,750 families (82,500 people) in reception centres, which is estimated to be over 50% people of the first wave of IDPs. Following the distribution in reception centres, IRCS conducted needs assessment in camps, non-camps and collective centres and identified 6,428 families to be assisted with food ration.

Targeting of these families were based on 'inclusion' and 'exclusion' criteria:

- inclusion criteria; families living in locations with less access to humanitarian assistance or were yet to be assisted by other agencies
- Exclusion criteria; families already registered or likely to be registered by other agencies.

IRCS continued the field assessment throughout the Mosul Liberation period to identify gaps of families in need for food assistance. Based on this assessment, another round of food distribution to the remaining 8,572 families including 350 returnees.

The field kitchens were deployed in the reception centres to deliver culturally appropriate hot meals targeting children, the elderly, women, and other vulnerable groups of people in affected areas.

The IRCS were not equipped with the materials used in the field kitchens within the appeal, but relied on its self-capabilities as well as participation of some parties in operating and equipping the mobile kitchens.

The Iraqi Red Crescent has overall targeted 200,000 families in the camps of Hassan Cham, Al-Khazer and Jima Korh, east of Mosul in addition to Hamam Al-Alil, Jada's, Madraj and haj Ali camps, south of Mosul.



Figure 2: IRCS volunteers preparing meals in field kitchen (Photo IRCS).



Figure 3 Distribution of 1150 FPs in Hassan Sham and Distribution of 1150 FPs in Hassan Sham and Khazir camps (9-14 Feb 2017)

## NFIs and emergency shelter

Planned interventions	Implementation	
	Target	Actual
<b>Outcome 1: IDPs in camp, non-camps and host families are able to live with privacy, safety and security through provision of essential non-food items and emergency shelter solution</b>		
<b>Output 1.1</b> 15,000 families or 90,000 people received NFI package of cooking set, blankets, water jerry cans & emergency shelter materials i.e. tarpaulins, plastic sheet, etc.	15,000	14,467 <sup>3</sup>

Governorate	NFI item	Families
Anbar	Clothes	2,679
	Thermos (water cooler)	250
Nineveh	Shoes and Clothes	6,250
Salah-al-Din	Blankets, kitchen set, Jerry-can, cooking stoves mattresses and clothes	5,288
	<b>Total</b>	14,467

Figure 4: Distribution of NFI

Distribution of NFIs to families continues in sporadic manner as the need appear. Corresponding to NFI table above, 14,467 families were provided with NFIs as appropriate to their needs. Thus, either full or some basic items were provided to families based on actual need.

The above table shows that a total of 14,467 families living in host communities were provided with some essential items such as clothes, shoes while 5,288 families living in camp, collective centre or spontaneous settings were provided with full package of NFIs to help them settle into a temporary setting.

The targeted 5,288 families for full NFI package were carefully selected in coordination with other operating relief actors to avoid potential duplication of interventions.

## Water, sanitation and hygiene

Planned interventions	Implementation	
	Target	Actual
<b>Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate and sustainable water, sanitation and hygiene services.</b>		
<b>Output 1.1</b> 15,000 families or 90,000 people have access to drinking water, hygiene kits and hygiene awareness; communities are supported to reduce open defecation.	15,000	62,214

<sup>3</sup>Among the total number of beneficiaries, a total of 5,288 families have received full package of NFIs  
*DREF Operation plan- "insert operation name"- Update No.*

## Progress towards outcomes

Governorate	Type of support	Families
Anbar	Bottled water, hygiene kit	1,140
	4 Water tank (distribution centres)	3,333
Nineveh	Bottled water, Diaper and Hygiene kit	6,250
Salah-al-Din	Bottled water and pacifier with lactations	13,750
	Hygiene kit, and sanitary napkin for women and children	5,288
Baghdad,	Drinking water through RO units	1,550
Babylon	Drinking water through RO units	27,900
Thiqr	Drinking water through RO units	550
Wassit	Drinking water through RO units	805
Karbala	Drinking water through RO units	400
<b>Total</b>		60,966

Figure 5: Water, sanitation and hygiene activities

Prior to arrival of IDPs, IRCS has mobilized WASH capacity i.e. trained volunteers, Reverse Osmosis (RO) units and water truck in pre-identified spots to deliver drinking water, distribute hygiene kits and conduct hygiene awareness campaign. During the reporting period, 60, 969 families or 304,845 people were benefitted from water, sanitation and hygiene activities. In addition, 15,248 people were provided with hygiene knowledge i.e. hand wash, waste disposal, safe stock of water and use of hygiene kits during last 3 months. Following activities were carried out during the period-

**Drinking water:** Through deployment of 15 RO units, approximately 31,208 families or 156,040 people were provided with drinking water in 5 governorates (Baghdad, Babylon, Thiqr, Wassit, and Karbala). With RO units, 1 water truck was deployed to transport water to people in remote locations. Every individual has received at least 25-30 liter/day or more depending on needs of family which is above Sphere minimum standards. Since day one, 35 trained volunteers were deployed to operate RO units and distribute water to people. Installation of additional 1 RO unit in Ramadi city centre, Anbar is underway targeting 5,000 people daily for drinking water for returnees conducting recovery stage. Post water distribution beneficiary feedback suggest that people received adequate quantity of water for drinking, hygiene and household use. The risk of water borne diseases was tackled through provision of drinking water supply. The distribution of drinking water through ROs will continue until people find longer term and sustainable solutions.

Having done drinking water distribution at the scale possible, IRCS seek support to enhance its capacity to address unmet and emerging water need in Anbar and Salah-al-Din. In addition, the IRCS is preparing to respond to emergency needs of potential IDPs from Mosul operation. Given the growing needs, the IRCS capacity need to be reinforced by additional 10 RO units and 5 kit 15, water truck and technical training of volunteers and staff.

**Hygiene promotion:** Along with RO units, 42 trained volunteers from 17 governorates were deployed to conduct hygiene promotion among IDPs and host communities. During the reporting period, 15,248 people were provided with hygiene knowledge i.e. hand wash, waste disposal, safe stock of water and use of hygiene kits during last 3 months. Information Education and Communication (IEC) materials developed by IRCS and ministry were disseminated during the campaign. Separate awareness sessions on hygiene care for women and adolescent were held. Promotion of hygiene knowledge was further expanded by volunteers recruited from IDPs and host communities. IRCS weekly monitoring report suggest that people conduct hygiene practice contributing to prevention of diarrhoea disease and cholera epidemic.

**Hygiene kits:** Hygiene kits were distributed to 5,288 families. The hygiene kit contains soap, washing powder, shampoo, cleaning spray for 26,440 people for 60 days. The hygiene kit has been contextualized to local culture and practice. Feedback received from beneficiaries particularly women, contents and specifications of hygiene kits are being revised and upgraded to 'dignity kit' as appropriate to typical needs of women. During the distribution, volunteers conducted brief orientation to beneficiaries on what are the items and how to use them.

These hygiene kits were dispatched from IRCS pre-positioned stock to be replenished through the Emergency Appeal.

### Health, first aid and psychosocial care

Planned interventions	Implementation	
	Target	Actual
<b>Outcome 1: Risk of deterioration of health is reduced through provision of first aid, health care and psychosocial support</b>		
<b>Output 1.1</b> 15,000 families or 90,000 people receive first aid, health care and psychosocial support	90,000	69,880 (78%)

### Progress towards outcomes

Governorate	Type of support	No. of people
Anbar	Psychosocial support to men and women	8,688
	Psychosocial support to children	6,990
	Health awareness on hygiene care and transmission of diseases	6,704
	First Aid services	3,319
	First aid kit	2,216
	Medical treatment/services	8,081
Nineveh	Psychosocial support	2,136
	First Aid services	747
	Health awareness on hygiene care and transmission of diseases	1,100
	First aid kit	200
Salah-al-Din	Psychosocial support to men and women	8170
	Psychosocial support to children	3959
	Health awareness on hygiene care and transmission of diseases	7,444
	First Aid services	1921
	First aid kit	956
	Medical treatment/services	7249
<b>Total</b>		<b>69,880</b>

Figure 6: Health activities

During first wave of IDPs, IRCS has mobilized health care, first aid and psychosocial team to pre-identified spots in governorates of Anbar, Nineveh and Salah-al-Din. Referring to the aforementioned table, approximately 69,880 people including 10,949 children were provided with various type of health care, first aid and psychosocial support.

**Psychosocial support:** IRCS has deployed 20 psychosocial support team consisting of volunteers and staff in different corridors, reception/screening centres and camps. Since the EA was launched, 18,994 men and women were provided with psychosocial support to help them adapt with new situation of uncertainty. In addition to men and women, 10,949 children either separated from their family or traumatized by violence they experienced were provided support in the form of sports, quiz, toys and other local popular form of entertainment. IRCS will continue this service to people, particularly children until they could settle into the new context.

**First aid:** IRCS has established first aid field visits in pre-identified strategic locations i.e. different corridors used for the traffic of IDPs. These first aid field visits are being run by 15 teams of 75 people, each team consists of 5 first aid trained volunteers. They were mobilized from IRCS Anbar, Nineveh and Salah-al-Din and neighbouring branches. During the reporting period, a total 5,987 people in Anbar, Salah-al-Din and Nineveh with minor injuries

and complaints such as burns, trauma were provided with first aid services. The first aid posts are equipped with essential first aid kits and these are replenished on a regular basis.

Considering growing need, the first aid team capacity is being expanded by offering IRCS online basic first aid course (<http://firstaid.3sidedcube.com/iraq>). The content of the online course includes topics related to definition of first aid, step by step learning, how to do first aid in emergencies, etc.

**Mobile health service:** Since 7 July 2016, the emergency appeal was launched; IRCS deployed seven mobile health service team in governorates of Nineveh and Salah-al-Din. Each mobile health service team consists of two physicians, one pharmacist and two nurses. These mobile health service teams are equipped with ambulance, essential medicines and medicaments. Approximately, 15,330 people have received different type of health care services in respective gastrointestinal tract, respiratory tract, urinary tract and dermatological diseases. Each team mobile health service handles 100-200 cases every day. In addition, 15,248 people received health awareness related to hygiene care and transmission of disease messages.

## NS capacity building

<b>Outcome 1: NS emergency response capacity to deliver timely and relevant humanitarian assistance through provision of trainings, logistics/warehouse and improved emergency operation centre is strengthened</b>	Not conducted mainly due to a lack in funding
Output 1.1 NS formed National Disaster Response Team and conducted on-job training and refreshers courses of staff and volunteers in relief, assessment, distribution, monitoring, etc.	Not conducted mainly due to a lack in funding
<i>Activities planned</i>	
Conduct training needs assessment	Not conducted mainly due to a lack in funding
Identify staff and volunteers with right profile (age, education, gender, geography, etc.)	Not conducted mainly due to a lack in funding
Develop standard curriculum in coordination with in-country Movement partners	Not conducted mainly due to a lack in funding
Facilitate trainings and refresher courses	Not conducted mainly due to a lack in funding
Develop a pool/roster of trained staff and volunteers	Not conducted mainly due to a lack in funding
<b>Output 1.2 NS established well-functioning operation centers and warehouses</b>	
<i>Activities planned</i>	
Review and update available NS capacity assessment data in DM and Logistics	Not conducted mainly due to a lack in funding
As appropriate, provide IT and tele communication tools, and equipment to set up operation center	Not conducted mainly due to a lack in funding
As appropriate, provide equipment i.e. fork lift, truck, fire safety measures, etc. for warehouses	Not conducted mainly due to a lack in funding

### Progress towards outcomes

Due to low funding coverage, no progress to NS capacity building could be made.

## D. THE BUDGET

*As the final financial report is still under development, this section will be updated as soon as it is ready.*

## Contact information

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1. Revised Emergency Appeal budget *(if needed)* [below](#)
  2. Click [here](#) to return to the title page
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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 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.

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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.

