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Emergency Plan of Action

Pakistan: Dengue Outbreak Khyber Pakhtunkhwa

 International Federation
of Red Cross and Red Crescent Societies

DREF Operation MDRPK014	Glide n° EP-2017-000133-PAK
Date of issue: 18 September 2017	Date of Disaster: Slow onset (Government request on 13 September 2017)
Operation Manager: Dr. Fawad Iqbal Health Manager IFRC, Pakistan	Point of contact: Dr. Muhammad Mohi ud Din National Health Coordinator, PRCS
Operation start date: 12 September 2017	Expected Timeframe: Three months
Overall operation budget: CHF 143,429	Categorization of disaster¹: Yellow
Total number of people affected: 2,492	Number of people to be assisted: 18,000 direct beneficiaries, 600,000 indirect beneficiaries
Host National Society presence (no. of volunteers, staff, branches): PRC NHQ is based in Islamabad. Staff and Volunteers in Peshawar and in Mardan, Mansehra, Kohat, Swat, Kohistan, DI Khan and Bannu are already engaged in the response to Dengue outbreak in terms of establishing Screening Camps and conducting awareness campaign. Staff and volunteers at other district branches has been kept on stand-by in case the response expands to other districts.	
Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC) has been actively supporting the PRCS in developing the Emergency Plan of Action for the DREF request and coordinating with PRCS for information sharing with the Movement and external partners. German Red Cross has been involved in the relief item distribution.	
Other partner organizations actively involved in the operation: The PRCS KP provincial branch in collaboration with KMU (Khyber Medical University and North-West) Hospital as well as the government hospitals have been the leading agencies responding to Dengue Outbreak with some interventions from a few others.	

A. Situation analysis

Description of Disaster

The rains during the recent Monsoon season have been quite heavy resulting in the emergence of dengue cases from Peshawar by the mid-August 2017. These cases continued to rise and by 24th August a sudden surge was noticed with a number of patients admitted in the major government hospitals of Peshawar.

According to the provincial Health Department in Peshawar, as of September 14, the death toll from dengue, in Khyber Pakhtunkhwa (KP), reached 25. So far, 12,552 people have been tested for Dengue and out of these 2,492 people have been found positive for Dengue. Although 781 people have been discharged after treatment, 2,907 are still being treated in the government hospitals as the majority of them suffer from high grade fever, headache and muscular pain i.e. the symptoms close to dengue fever. It is estimated that there is an increasing trend of dengue cases as well as spread of Dengue to other areas as the cases have started to come from areas adjoining those from where initial cases were reported, thus the Commissioner of Peshawar has sent a request on September 13, requesting Pakistan Red Crescent Society (PRCS) to provide assistance in raising awareness, printing materials and setting up medical camps in the Peshawar.

The PRCS KP provincial branch responded to the situation with the deployment of medical teams (Screening Camps) where people from the areas mainly affected by Dengue were provided with medical consultations, those with suspected signs and symptoms were tested and cases needing referral were referred to the government hospitals. Medicine were also provided to those consulting these camps. These camps were conducted by PRCS KP Provincial branch staff and

¹ Based on the IFRC Secretariat's Operational Response Framework. This categorization implies that the response intervention is within the capacity of the National Society of an affected country to manage with resources available in-country. If requested, the IFRC Country Office may provide any necessary technical or management support to the National Society, and if required, the IFRC Regional Office may support the mobilization of regional disaster response tools, with Geneva supporting the allocation of Disaster Relief Emergency Funds (DREF).

volunteers in collaboration with professional volunteers from North-West Hospital in Peshawar and in the District, Headquarter Hospitals in Mardan and Mansehra districts.

Alongside, the awareness campaign was conducted in the areas where Dengue was prevalent focusing on creating awareness about the situation and disease as well as protective measures against it. LLINs were also distributed along with the IEC Materials (brochures) regarding Dengue. More than 60 Volunteers were mobilized for conducting these door-to-door awareness campaigns in Peshawar (with usually 5-10 volunteers conducting the door-to-door awareness campaign in each locality) as well as in other districts along with the district branch staff. More than 3,100 houses have been visited during these door-to-door Awareness campaign so far.

The activities were slowed down during the Eid ul Adha festival but immediately after the Eid, there were reports of Chikungunya cases from districts Mansehra and Abbottabad although this was not declared officially. Very recently, there were reports of a sudden increase in the number of cases of Malaria from district Charsadda which also needs declaration by the government authorities.

With the monsoon rains in the last phase of their spell and a lot of movement by the population during the Eid ul Adha holidays, the cases were very likely to spread to the neighboring districts. Even for the Chikungunya and Malaria, the vector remains the same i.e. Mosquito and measures carried-out to stop the multiplication of mosquitoes will have a positive effect in controlling the spread of not only Dengue but also the others. Similarly, this provides the Public Health professionals with an excellent opportunity to create awareness among the general public regarding the threat posed by mosquitoes with three very threatening diseases visible all around. The screening camps along with the awareness campaigns in 15 districts of KP should help in limiting the spread of Dengue through enabling people adopt healthy practices like understanding the issue and adopting protective measures.

The situation is still evolving and with contradicting reports from media and government agencies it is very difficult to ascertain the exact situation, nevertheless, the important thing is to be prepared for and be able to respond to any type of situation. PRCS, being auxiliary to the government, will have to be proactive and ready in terms of staff, volunteers, resources and mechanisms to carry-out the response in a smooth and organized manner. This has been guaranteed so far with very good coordination in the forms of communication, sharing of information and meetings with all the RCRC Movement partners as well as proposed Emergency Plan of Action focusing on providing screening services and medicines to those needing it along with distribution of LLINs, Mosquito repellents and IEC Materials (brochures) in order to aware the general public about the diseases and the ways to be safe from them.

In the coming days PRCS plans to:

- **Establish 6 Screening in collaboration with the Government authorities in the districts from where Dengue cases are reported**
- **Provision of medicines, 4,000 Long Lasting Insecticide-treated (Mosquito) Nets (LLINs), 18,000 Mosquito repellents and referral services to those in most need of these**
- **Awareness Campaign in the 15 districts where there are chances of spread of Dengue**

Summary of the current Response

So far, about 15 Screening camps have been conducted by PRCS KP branch in collaboration with the North-West General Hospital, Khyber Medical University and Government Authorities utilizing the services of PRCS staff and Volunteers. In these screening camps, more than 1,200 people have been provided consultative services including medical examinations and testing for Dengue. 591 people with signs and symptoms of Dengue were tested and out of these 138 were found positive for Dengue. 1,520 LLINs were distributed to those most vulnerable while medicines (Panadol tablets and syrups for adults and children) were provided to those, attending the camps, who cannot afford. These screening camps have been conducted in 3 districts i.e. Peshawar, Mardan and Mansehra (districts from where most of the cases were reported and PRCS requested for assistance by the government authorities).

Awareness campaigns in the form of door-to-door visits and walks in Peshawar, Mardan, Mansehra, Swat, Kohat, Bannu and DI Khan districts. During the door-to-door campaign more than 3,000 households were reached by the teams of volunteers likely to benefit around 35,000 individuals so far.

In the coming days PRCS plans to continue the Screening Camps in 6 districts while Awareness Campaigns in 15 districts with the help of staff and volunteers. The details of these activities along with the expected budget are provided below.

Overview of Host National Society

PRCS is the leading Humanitarian organization in the country with well-established headquarters, provincial and district branches, transparent procedures and mechanisms, very good acceptance in the community and a volunteer-base with deep access into the communities along with the support from the other RCRC Movement partners in the country. Its contribution to all the major humanitarian crisis in the country is not only well-known but also acknowledged and appreciated by the government authorities.

The Health and Care department of PRCS with staff and volunteers at all levels works closely with the government authorities as well as with other departments of the organization to respond to any major situation compromising the health of the population. The staff and volunteers are well trained and equipped with all the necessary tools (IEC Materials, reporting formats, visibility materials etc.) and mechanisms for monitoring are well established enabling PRCS to play its role as an effective and efficient auxiliary to the government.

The role of PRCS in situations like these is well-established and acknowledged by the authorities and due to these very characteristics PRCS has been wished to assist the government in responding to the situation filling-in the gap in terms of service delivery to the affected and vulnerable population. The interventions (Screening Camps and Awareness Campaigns) by PRCS have been acknowledged by the local authorities and requested to continue till the situation is under complete control.

Overview of Red Cross Red Crescent Movement in country

Alongside the International Federation of Red Cross and Red Crescent Societies (IFRC), all the other RCRC Movement partners in the country including International Committee of the Red Cross (ICRC), Canadian Red Cross Society, Danish Red Cross, German Red Cross, Norwegian Red Cross, Turkish Red Crescent and UAE Red Crescent are well connected and coordination and cooperation is ensured through frequent communication and information sharing. All the RCRC Movement partners remain cooperative and willing to support the National Society's response in case needed as in the past.

The IFRC has a Country Delegation in Pakistan and receives technical support, when needed, from the Asia Pacific Regional Office in Kuala Lumpur, who have been kept in loop regarding sharing the information and updates. Continuous guidance has been provided by the APR Office with regards to how to proceed further. IFRC has also been closely monitoring the situation, and providing technical support to the PRCS. IFRC has also supported PRCS in preparing EPoA for this response operation along with the budget and DMIS. The response outlined in this DREF request will be led by the PRCS Health department in collaboration with other technical departments i.e. DM, Finance, Logistics etc. and with technical support and facilitation from IFRC.

German Red Cross has provided 1,000 Dengue Screening Kits for the screening camps. Similarly, IEC material from CBHFA/IFRC has been distributed among the general public in order to spread the messages about Dengue and the measures as to prevent it from spreading. Other than these 4,000 LLINs from PRCS existing stocks have been moved to Peshawar to be distributed amongst the vulnerable. Some other items like medicines etc. have been used from the PRCS KP branch's stocks. These items will need to be replenished after the operation in order to keep the preparedness stocks maintained.

Needs Analysis, Beneficiary Selection, Risk Assessment and Scenario Planning

So far, the Dengue cases have been reported from the districts of Peshawar, Mardan, Mansehra, Kohat, Buner/Swabi and the adjoining areas. The cases were mainly reported from the densely populated urban areas and likewise the response directed towards these. In districts other than Peshawar, screening camps were conducted in the district headquarter hospitals in collaboration with the government health department after request from the local district governments. In Peshawar, however, the screening camps were conducted independently in order to provide the screening facilities to the affected population at their door-step. In Peshawar door-to-door awareness campaign was also conducted in the affected areas in order to spread the message regarding Dengue and its prevention while in other districts Awareness walks were conducted in coordination with the local district governments.

Depending on the needs and on-ground situation, PRCS response to this outbreak will be mainly

- **Screening Camps:** The screening camps will be established in the 6 districts from where Dengue cases have been reported and the local district government has requested PRCS for assistance. The PRCS teams will be working in coordination with the government health department in these districts and camps will be established in the District Headquarter Hospitals. The services of PRCS Professional volunteers will be utilized for this purpose. The people attending these Screening camps will be provided with Medical consultations as well as screening services for Dengue through rapid testing kits. Medicines will also be provided along with referral where needed.

- **Awareness Campaigns:** in the 15 districts of KP awareness campaigns will be conducted to create awareness among the general population regarding Dengue and its prevention. PRCS also plans to distribute IEC material through these screening camps in order to create awareness. This should contribute to the positive behavior change which is the ultimate objective of any Public Health interventions.
- **Provision of LLINs, Mosquito-repellents, IEC Materials and Referral services:** alongside screening camps and awareness campaigns PRCS has planned to provide about 4,000 LLINs (long lasting insecticide-treated (mosquito nets), 18,000 mosquito repellents, 18,000 IEC materials (brochures, pamphlets and leaflets) as well as referral services to those who in need.

All these interventions have been planned based on the requests from the district governments and health departments and will be executed through PRCS staff and volunteers in collaboration with the government health authorities.

Risk assessment

The monsoon season has almost ended with some of the districts of KP receiving the last spell of monsoon rains. This is likely to end in the coming days (usually by mid-September) but with people travelling quite frequently from one district to the other and lack of awareness regarding Dengue (and its spread) more cases can emerge in the coming days not only in Peshawar but also in the neighbouring districts as well and coupled with the limited resources of the government health department this may pose a threat in terms of more work-load on the already struggling health system. Being auxiliary to the government, PRCS with its staff and volunteers and with support from its RCRC Movement partners can play a vital role to fill in the gaps and thus contribute in handling the situation.

B. Operational strategy and plan

Overall objective

“To fulfil, in collaboration with the government health department, the immediate health needs of the Dengue affected population of Khyber Pakhtunkhwa province through diagnostic and epidemic-control services.”

The immediate need at the moment is to assist the local government health departments in terms of filling the gaps with regards to screening of cases with signs and symptoms of Dengue in the districts from where Dengue cases have been reported along with creating awareness about Dengue and its prevention. Through the planned/proposed DREF it is intended that PRCS will assist the government health department in screening of patients as well as create awareness amongst the general population. In addition, PRCS also aims at limiting the spread of Dengue and saving the most vulnerable population through the provision of LLINs and Mosquito-repellents.

So far, it has not been announced officially but some sources are reporting cases of Chikungunya and Malaria alongside Dengue from other districts. If true, PRCS interventions against Dengue will also be useful against Chikungunya and Malaria as well since the vector for all the three diseases is the same and most of the protective measures for one are equally good for the others as well.

Proposed strategy

As per our discussion with the District Administrations, Nazims and Health Department, it has been decided that PRCS will launch an awareness campaign in 15 districts of KP Province, for the month of September 2017.

These Districts would include Districts Peshawar, Charsadda, Mardan, Nowshera, Swabi, Mansehra, Battagram, Kohistan, Shangla, Swat, Lower Dir, Kohat, Bannu, DI Khan and Chitral.

Furthermore, PRCS has been requested to continue its Dengue Screening Camps, where positive Dengue cases have been reported. These (6) districts would include districts Peshawar, Charsadda, Mardan, Kohat, Nowshera and Mansehra. These Camps would be in continuation of the camps already being conducted on regular basis in Districts Peshawar, Mardan and Mansehra.

All these activities will be conducted in the month of September, once the activities are completed, all the remaining kits and IEC materials would be handed over to the respective Districts Government for utilization. PRCS will keep a close liaison and keep monitoring the progress.

The table below provides details of the tailored interventions which will be implemented.

Region/ Province	District	Expected Beneficiaries per day	Number of Days of activity	Intervention
KP	Peshawar	2000	30	<ul style="list-style-type: none"> Screening camps Awareness Campaign Provision of LLINs, Mosquito repellents and IEC Material
	Mardan	2000	30	<ul style="list-style-type: none"> Screening camps Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Mansehra	2000	30	<ul style="list-style-type: none"> Screening camps Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Kohat	2000	30	<ul style="list-style-type: none"> Screening camps Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Nowshera	2000	30	<ul style="list-style-type: none"> Screening camps Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Charsadda	2000	30	<ul style="list-style-type: none"> Screening camps Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Swabi	2000	30	<ul style="list-style-type: none"> Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Battagram	2000	30	<ul style="list-style-type: none"> Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Shangla	2000	30	<ul style="list-style-type: none"> Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Kohistan	2000	30	<ul style="list-style-type: none"> Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Swat	2000	30	<ul style="list-style-type: none"> Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Bannu	2000	30	<ul style="list-style-type: none"> Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	DI Khan	2000	30	<ul style="list-style-type: none"> Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Lower Dir	2000	30	<ul style="list-style-type: none"> Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
	Chitral	2000	30	<ul style="list-style-type: none"> Awareness Campaigns Provision of LLINs, Mosquito repellents and IEC Material
Total		30000	30	

The table below shows the expected beneficiaries for each of the planned response intervention;

Intervention	Beneficiaries
Screening/Diagnostic Camps	Will be established in the 6 districts (from where Dengue cases continue to be reported - <i>Peshawar, Charsadda, Mardan, Kohat, Nowshera and Mansehra</i>) collaboration with the local government health department in the DHQ hospitals where people will be provided medical consultation services and screening services for Dengue. It is expected that, on average, around 100 people will be consulting these screening camps each day.
Awareness Campaigns	In the 15 districts of KP province (i.e. <i>Peshawar, Charsadda, Mardan, Nowshera, Swabi, Mansehra, Battagram, Kohistan, Shangla, Swat, Lower Dir, Kohat, Bannu, DI Khan and Chitral</i>) awareness campaigns will be conducted to create awareness about Dengue and its prevention. Awareness Walks, Door-to-Door visits by the volunteers and distribution of IEC material will be the key tools for these awareness campaigns and it is expected to spread the messages to more than 600,000 people directly and indirectly.
Distribution of LLINs, Mosquito Repellents	During these Screening Camps and Awareness Campaigns LLINs, Mosquito-repellents and IEC materials will also be distributed to complement the overall impact of the response. These items will be distributed amongst the most vulnerable and needy.

At the district level, PRC branches are coordinating with the District Deputy Commissioners and other local government health authorities who are coordinating the overall response at district levels.

Operational support services

Human resources

National Headquarter, National Health Coordinator will overall monitor and support the operation through response focal person at the PRCS Provincial branch KP.

At the provincial level, the Provincial Branch Health Officer will be the in-charge of operation, coordinating with Provincial and District colleagues and reporting to National Program Coordinator at NHQ.

No new paid staff will be engaged for this operation. Implementation will be supported by volunteers (around 105 general and 12 professional volunteers) and staff members existing in PRCS (KP) PHQ. Volunteer and staff per diem are covered in the operational budget.

An RDRT will be deployed for the operation to assist the National Society with implementation and monitoring of planned activities ensuring their compliance with the agreed standards. The RDRT will have regular meetings with all the stakeholders and field visits where possible.

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.

4,000 LLINs have already been transported from PRCS NHQ warehouse (Haripur) to KP Provincial branch using rented trucks. These will need to be replenished locally by the NS procurement team with the support of IFRC CO. Other than these 1,000 Dengue Diagnostic/Screening Kits have been provided by the GRC. The IEC material used was utilized from the PRCS KP provincial branch's existing stocks (CBHFA/IFRC). Medicines, Mosquito-repellents and more IEC materials, if needed for the operation will be provided to the branch in coordination with the PRCS logistics department.

The IFRC Operational Logistics, Procurement and Supply Chain Management Unit (OLPSCM) will extend its support to PRCS and IFRC CO as needed.

Communications

The PRCS will regularly share information and updates on the operation with key stakeholders through its Health and Communications departments. The National Program Coordinator will be responsible for communication to external stakeholders. At the operational level, the communication department will undertake communication activities aimed to increase visibility of the PRC and to show impact of our contribution. The IFRC will support with the documentation and publication of stories on the IFRC website.

Security

The PRCS staff and volunteers are quite familiar with the local security situation, norms and culture as well as RCRC Movement security regulations and comply by those. The PRCS and IFRC security units are in constant watch over the security situation especially in the areas where RCRC staff and volunteers are engaged in response activities and are regularly sharing the information and advice with all the concerned. Teams are familiar with the proposed operational areas and have been advised on the current acceptance and acceptability of these locations. Once in the field, staff have been advised to take note of the security environment and report back on road conditions, acceptability of the organization in the target areas as well as any other matter related to the security and safety. Before embarking on field visits, all staff will be briefed on safety protocols. Any security concerns will be handled with local authorities as per the existing security framework.

Planning, monitoring, evaluation and reporting (PMER)

Monitoring of the response activities will be done by PRCS and IFRC Health personnel from NHQ and PHQ levels to guarantee compliance with the agreed framework and adherence to the standard working guidelines. These monitoring visits will be followed by field visit reports. Also, the activities will be reported to all the concerned through periodic updates/reports on the standard formats. The monitoring and reporting of the DREF response activities will be conducted in coordination with PRCS PMER department at NHQ and PHQ levels.

Administration and Finance

For the administrative and financial issues related to the operation PRCS and IFRC administration and finance departments will be consulted in order to ensure smooth running of the response operation and transparency.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

The activities established for common areas will enable PRCS better implement the programme. The operation will continue to analyze response options with close coordination of both PRCS/ IFRC technical focal points.

Outcome 1: PRCS Dengue response strengthened			
Output 1.1: PRCS Dengue response coordination strengthened			
Activities planned	Sept	Oct	Nov
Continuous monitoring the dengue situation	X	X	X
Organize a lesson learnt workshop			X

Health & Care

Needs analysis:

The people in the areas affected by the outbreak are in need of medical consultations as well as medicines, LLINs, Mosquito repellents and referral services. Although these services are being provided by the government yet, affordability and accessibility are the main issues on one hand while lack of awareness on the other. PRCS has played its auxiliary role in assisting the government authorities mainly by conducting screening camps as well as awareness campaigns and this has been duly appreciated by the government authorities with a request to continue until the things are under control.

Outcome 2: The immediate risks to the health of population exposed to Dengue are reduced			
Output 2.1: Target population is provided with Screening Services for Dengue, and is better able to understand and prevent Dengue			
Activities planned	Sept	Oct	Nov
Establishment of 6 new screening/diagnostic camps in collaboration with the government health department	X	X	X
Referral in PRCS ambulance	X	X	X
Distribution of 4,000 LLINs	X	X	
Distribution of 18,000 mosquito repellents	X	X	
Replenishment of 4,000 LLINs	X	X	X
Replenishment of medicines	X	X	X
Orientation on dengue awareness (to volunteers)	X	X	
Dengue awareness campaign	X	X	X
Distribution of 600,000 IEC materials (brochures, leaflets and pamphlets)	X	X	X

Budget

DREF OPERATION

15/09/2017

MDRPK014 Pakistan : Dengue Outbreak Khyber

Budget Group	DREF Grant Budget CHF
Clothing & Textiles	19,470
Medical & First Aid	49,861
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	69,331
Transport & Vehicle Costs	16,727
Total LOGISTICS, TRANSPORT AND STORAGE	16,727
Volunteers	22,581
Total PERSONNEL	22,581
Workshops & Training	1,770
Total WORKSHOP & TRAINING	1,770
Travel	7,540
Information & Public Relations	13,010
Office Costs	3,717
Total GENERAL EXPENDITURES	24,267
Programme and Supplementary Services Recovery	8,754
Total INDIRECT COSTS	8,754
TOTAL BUDGET	143,429

Contact information

For further information specifically related to this operation, please contact:

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How we work

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

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



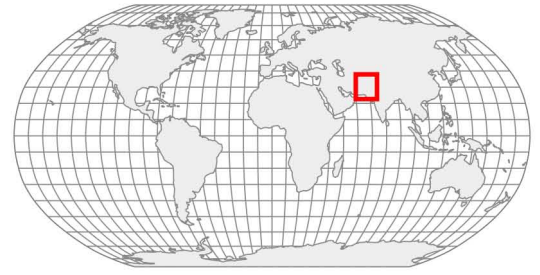
Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



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



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



Pakistan, Dengue Fever: DREF

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