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Operations Update to the Emergency Plan of Action (EPoA)

Central African Republic: Ebola Virus Disease Epidemic Preparedness

 International Federation of Red Cross and Red Crescent Societies

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| DREF Operation No.: MDRCF024 | GLIDE No. |
| Operation Update No. 1 Date of issue: 24 August 2018 | Timeframe covered by this update: 05 June to 15 August 2018 |
| Operation start date: 05 June 2018 | Operation timeframe: 05 months (New date: 05 November 2018) |
| Overall operation budget: CHF 90,579 | Amount of DREF initially allocated: CHF 90,579 |
| Number of people to be assisted: 432,000 people (86,400 households) | |
| International Red Cross and Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC) | |
| Other partner organizations actively involved in the operation: Ministry of Health and Population (MoH), WHO, UNICEF and MSF, FAIRMED, SOLIDARITÉS INTERNACIONAL | |

Summary of major revisions made to the Emergency Action Plan

The international sourcing and transportation of SDB kits was carried out in line with IFRC procurement procedures and took more time than expected. The kits arrived Bangui on 16 August 2018, thus not leaving enough time to finish all SDB training activities planned for in the DREF. Therefore, the Central African Red Cross (CRCA) is requesting a two-month no-cost extension of the operation, to complete all planned activities and make sure that CRCA is fully prepared in the event of an EVD outbreak in CAR, especially as all risk is not cleared. Indeed, there was a suspected case notified in Mboki, a few days after WHO declared the outbreak in Equateur province over.

In addition, given some security constraints encountered during a training mission for community volunteers in Priority Zone 2, the NS is also requesting, through this Operation update, approval for reallocation of costs in the budget to allow the purchase of two satellite phones and airtime to ensure permanent contact during this operation, with NS headquarters. The cost for these satellite phones will be covered by savings made from the printing of communications materials.



CRCA volunteers sensitizing populations in Bayanga, Sangha Mbaere district, 5 July 2018 ©CRCA

SITUATION ANALYSIS

Description of the disaster

On 3rd May 2018, more than 50 suspected, probable and confirmed cases of Ebola Virus Disease (EVD) were reported in the Equateur Province in the DRC, putting the Central African Republic at risk of a spread of the outbreak as it shares a border of nearly 1,300 km with the DRC along the Ubangi River. During an emergency response meeting on May 15, the Central African authorities and health sector partners identified a high risk of importation of the epidemic, due to:

- 1) Significant, regular, and continuous movements of population on the various highways and through various points of entry along the Ubangi River and the Congo River, between the Equateur Province, the Republic of Congo and CAR.
- 2) The existence of a regular flight between the affected town of Mbandaka and Bangui.
- 3) The existence of a frequently navigated river between Mbandaka and Bangui and other population settlements in CAR

As a result, the authorities and partners have activated an Ebola preparedness and response cluster and begun activities related to case detection and management, and public education (sensitization). Central Africa is ill-equipped to manage an Ebola outbreak, as a result of five years of conflict that has disrupted health service delivery and limited access to health services. As such, the Central African Red Cross (CRCA), requested support from IFRC to support preparedness actions to allow for minimum preparedness of volunteers in at-risk health zones in CAR, in the event of an outbreak.

On 9 June 2018, the International Federation of Red Cross and Red Crescent Societies (IFRC), through its Disaster Relief Emergency Fund (DREF) allocated the sum of CHF 90,579 to the CRCA to reach at least 432,000 people (86,400 households) to contribute to preventing and reducing morbidity and mortality resulting from the Ebola haemorrhagic fever outbreak in Bikoro and neighbouring health Zones in Equateur province of DRC.

Summary of the current response

Overview of Host National Society

The Central African Red Cross Society (CRCA) is auxiliary to the Central African government in the humanitarian field, as provided for in their domestic legal instruments. The CRCA counts 68 staff members, and approximately 12,000 volunteers nationwide. These are organised through 77 local committees at the sub-prefecture level. There is strong collaboration with the specific Government line ministries at the national level, particularly the Ministry of Health (MSP). At various levels of governments i.e. provincial, district and community level, the Red Cross works with the relevant and appropriate authorities to network in the delivery of essential services to the vulnerable communities. The CRCA's networks of volunteers extends to the lowest levels and smallest communities. The CRCA is well accepted at the community level and recognized as a neutral humanitarian organization. The CRCA volunteers understand the local context and work with the local structures to deliver services that are appropriate, affordable and in line with the culture and traditions of the targeted communities. They have frequently been activated for outbreak response, such as Monkey Pox and cholera as well as broader social mobilisation.

At Headquarters level, the Head of the Health Department provides continuous technical support to the Emergency Operations Centre, while preparing the National Society for required activities. Furthermore, the Head of CRCA Health Department and IFRC CAR Country Office colleagues continued to participate in all the crisis meetings on this specific outbreak.

Overall, implementation has been effective despite some security constraints encountered during a training mission for community volunteers in Priority Zone 2. Due to this constraint, and in the light of the available savings from the printing of communications materials, CRCA wishes to purchase two satellite phones and satellite airtime credit so as to reduce the security risk in an area not covered by telephone network and

maintain permanent contact with CRCA national headquarters during missions to the provinces within the framework of this preparedness operation.

It should be noted that during the implementation, an EVD alert was reported on 9 August 2018, in the locality of Mboki, located about 1,000 km in the East of the country. A multidisciplinary mission (in which the CRCA took part) led by the Ministry of Health visited the site and the results of the tests conducted by the *Institut Pasteur* in Bangui were fortunately negative. This unexpected situation caused CRCA to lose a whole week in the implementation schedule of this operation. Moreover, during this mission, CRCA donated social mobilization kits to Mboki, which were intended to support Priority Zone 1. However, there are still enough kits to cover volunteers in Priority Zone 1.

As the risk of an EVD outbreak in CAR remains, it is therefore important that CRCA finishes all planned activities, hence the request through this Operation Update for two additional months of implementation timeframe, as well as the purchase of two satellite phones to facilitate communication between the field and the headquarters, especially given the insecurity in the country.

Overview of Red Cross Red Crescent Movement in country

The IFRC Country Office supports CRCA in coordinating all activities related to this DREF operation, including planning, implementation, monitoring and reporting, as well as participation in monitoring / evaluation missions in the localities, if any. The multi-faceted support of the IFRC country office is commendable and needs to be sustained.

ICRC is also very active in the country in the areas of WASH and security capacity building. Through a tripartite meeting (CRCA, ICRC, IFRC), the leadership roles of CRCA and IFRC in this EVD preparedness effort are appreciated. Due to the unstable situation in the country, ICRC is kept abreast of key decisions.

Partner National Societies present in the country include the Netherlands Red Cross, French Red Cross and Qatari Red Crescent. During the Movement's last monthly operational coordination meeting, PNSs were informed of the ongoing Ebola virus preparedness activities and of the fact that CRCA would be seeking a DREF allocation. An update on the progress of the operation will be provided during the next operational meeting of the Movement.

Overview of non-RCRC actors in country

The MoH and WHO have activated a Permanent committee for the management of a possible EVD outbreak, acting on the recommendation of WHO-AFRO, which considers DRC's nine bordering countries as having a high risk of EVD. Regular crisis coordination meetings are held at the Health Emergency Operations Center, twice a week. An MSP mission was deployed to the highest-risk area along the Ubangi River in order to mobilise CRCA volunteers to launch surveillance and sensitization activities.

The committee is organized in seven (7) working groups, namely:

- 1) Coordination
- 2) Epidemiological Surveillance and Laboratory (CRCA as a member)
- 3) Security/ Logistics
- 4) Communication and social mobilization (CRCA / IFRC as members)
- 5) WASH (in the clinical setting)
- 6) Case Management, Infection Prevention and Control (CRCA as a member)
- 7) Rapid Response Teams (CRCA as a member)

Some partners are also involved in this preparedness operation to respond to a possible Ebola virus disease outbreak: These include:

- UNICEF supports the Community Health Department (Information, Education and Communication Service) of the Ministry of Health and Population (MSP), which recruited and trained Catholic Scouts for community sensitization and mobilization in the city of Bangui;
- FAIRMED and WHO supporting the training of health personnel in case management in Priority Zone 1

- SOLIDARITÉS INTERNATIONALE and WHO, which support the putting in place of active monitoring sites (temperature measurement at border posts on the banks of the Ubangi River and at the Bangui M'poko airport, installation of systematic hand washing devices, IEC...) in Priority Zone 1.

Needs analysis and scenario planning

Needs analysis

The national response plan was divided into two geographic zones. Priority Zone 1 includes the border districts from Bangui westward. Priority Zone 2 includes districts bordering the DRC, east of Bangui. Zone 1 was the priority for all preparedness activities for the first 30 days, while Zone 2 was to be addressed in days 31-90, in compliance with the national strategy.



In each zone, CRCA was requested by MSP, through the National Ebola Contingency Response Working Group, to carry out specific activities as outlined below. The initial EPoA of this operation reflects the changing nature of the epidemic, presenting initial needs for immediate preparedness, as well as an emergency plan for expanded response operations, if a case is identified in the country. It should be noted that during one of the coordination meetings, MoH recommended that the town of Boda, identified on the map by the arrow, be put among the areas of intervention in Priority Zone 1. As a result, CRCA also conducted volunteer training in Boda, as indicated in the table below, and community sensitization continues.

The key components of CRCA preparedness remain the following:

Preparedness:

- Community surveillance
- Community sensitization and mobilisation in Priority Zone 1
- Training and preparedness for safe and dignified burials (SDBs)
- Training in case management (Infection Prevention and Control)

It should be noted that since 24 July 2018, WHO declared the end of the EVD crisis in the DRC. However, an EVD alert was reported on 9 August 2018, in the locality of Mboki, located about 1,000 km in the East of the country. As such, preparedness activities continue in CAR although a transition to a response operation (scenario 2 in the initial EPoA) is not envisaged in CAR at this time. In addition, since 1st August 2018, the DRC has been witnessing a new EVD outbreak in the Kivu region (Eastern DRC), highlighting the need to continue and complete preparedness activities in CAR.

Targeting

As the current community-based surveillance and sensitization campaign focuses on Priority Zone 1, the direct target for this operation remains 432,000 people (86,400 households). Please see the [Emergency Action Plan](#) for targeting details. Past experience with outbreak response in CAR, particularly to cholera and Monkeypox, led to a standard of 10 volunteer social mobilisers per main population centre, which is thus the standard applied for this DREF operation as well.

Table 1: Number of volunteers to be trained and deployed for social mobilisation in at-risk areas

| | Health Area | Population at risk | Social mobilisers to be trained | Social mobilisers to be deployed |
|----------------------|---|--------------------|---------------------------------|----------------------------------|
| Priority Zone 1 | SangaMbaere (Bayanga, Nola, Salo) | 134,463 | 50 | 50 |
| | Lobaye/Mongoumba | 382,564 | 50 | 50 |
| | Lobaye/Baïki | | 20 | 20 |
| | Lobaye/Boda | | 20 | 20 |
| | Bangui | 903,268 | 60 | 00 |
| | Ombella M'Poko (portion in Zone 1) Bimbo | 164,872 | 40 | 40 |
| | Total PZ 1 | 1,585,167 | 250 | 180 |
| Priority Zone 2 | Ombella M'Poko (portion in Zone 2) | 164,872 | 20 | |
| | Kemo | 157,539 | 30 | |
| | Mobaye | 128,810 | 60 | |
| | Mbomou | 218,187 | 60 | |
| | Ouaka | 146,008 | 30 | |
| | Basse Kotto | 80,371 | 30 | |
| | Total PZ 2 | 895,787 | 230 | |
| Overall Total | | 2,480,954 | 480 | 180 |

CRCA reviewed the number of community volunteers in Priority Zone 1 to comply with recommendations of the MoH. Twenty (20) community volunteers were removed from Lobaye / Mongoumba (initially 70 volunteers) to be redeployed in Lobaye / Boda (20 volunteers). In addition, sensitization in the city of Bangui was entrusted to the Community Relays of Catholic Scouts with funding from UNICEF and the technical support of the Community Health Department of the Ministry of Health and Population (MoH). Thus, CRCA deployed 40 volunteers to carry out sensitization in the town of Bimbo (Zone 1 of Ombella M'poko).



Volunteer training in Boda, 7 July 2018 ©CRCA

Operational Risk Assessment

The security situation remains reasonably stable across Zone 1, designated by the UN as a "green zone" for humanitarian access. Movement partners in the country meet on a monthly basis to share information and coordinate security for activities on the ground. Physical access is a major challenge, as many areas are only accessible by boat or motorbike during the rainy season, which began recently (end of May 2018). Also, a large nature reserve (Bayanga Nature Reserve) is found within Priority Zone 1 and this limits physical access to some isolated communities. However, the Ministry of Water Resources and Forestry was involved in EVD preparedness activities, including wildlife monitoring and sensitization of human populations within the reserve. This Ministry is also involved in the surveillance working group.

Zone 2 faces much more significant access challenges as a result of ongoing population displacement and the presence of armed groups on some major highways. In particular, during a mission to Kouango in the first week of August, CRCA was confronted with armed groups. However, CRCA remains active in both intervention zones, and will continue to monitor the security situation in conjunction with ICRC.

Finally, Bangui, the capital, faced several weeks of insecurity at the beginning of the second quarter of 2018, particularly in the district where the CRCA headquarters are located, and this sometimes impeded access. However, since the beginning of the operation, the situation in Bangui has remained relatively calm, with no impact on the work flow. It should, however, be noted that due to the volatile security situation in CAR and the fact that some of the implementation areas are in the hinterland of the country, two satellite phones are planned to be purchased as part of this operation, to ease contact with NS HQ when teams are deployed. In the event of resumption of hostilities, CRCA will continue to monitor the security situation in close coordination with ICRC, to ensure the safety of any movement to and from the headquarters.

B. OPERATION STRATEGY

Proposed strategy

The strategy of the operation remains the same as elaborated in the [Emergency Plan of Action](#).

The 250 volunteers in Priority Zone 1 who had already been trained in 2014 during the Ebola preparedness were re-trained in July 2018. However, only 180 of those re-trained volunteers will be engaged in the sensitization campaign which is being carried out in Priority Zone 1, through social mobilisation activities three days per week during the intervention period. The remaining volunteers will be on standby until further sensitization is needed.

Of the 230 volunteers in Priority Zone 2, 80 (from Damara, Ndjoukou and Kouango areas) were trained between 1 – 8 August 2018. This training will be extended to the Far-East of the country; particularly in the areas of Mobaye, Bangassou and Ouango. It should be noted that these areas are close to North Kivu in the DRC where a new Ebola outbreak has been declared, and where the last EVD alert was located in Mboki, south of CAR.

The response coordination team chaired by the Ministry of Health and Population (MoH) validated messages that were made available to stakeholders for community sensitization. CRCA made radio recordings of these messages which are broadcast in the national language (Sango) and local languages through the regional community radios network. Given the good results achieved by this strategy, CRCA is proposing, after consultation with the IFRC country office, to redirect part of available savings to further dissemination of these messages by local community radio stations.

The training of CRCA's clinical staff to provide IPC services to any Ebola Treatment Center is scheduled for the last week of August 2018, once SDB kits, ordered internationally, are received in Bangui.

PPE kits for safe and dignified burials were ordered internationally through the IFRC's Geneva office, and the majority of the kits were received in Bangui on 18 August 2018 (bottles of hand disinfectant, considered dangerous goods, were shipped separately and should be received by ending August 2018). PPE kits for social

mobilization were ordered locally and were delivered to IFRC in the first weeks of August 2018. They will be made available for distribution to volunteers in the week of 27 August in the more accessible CRCA local committees. For the areas that are more distant, such as in Bayanga, they will be distributed during the monitoring and evaluation mission.

At the end of the operation, a lessons learned workshop will be organized in Mongoumba to ensure that feedback from volunteers is received, and that all strengths are highlighted and/or weaknesses are identified and scrutinized to inspire future planning. This workshop had been scheduled for the last week of August 2018. But given the delay in the delivery of PPE kits for training and the state of advanced deterioration of road infrastructures which lengthens access time to training areas, CRCA is requesting a no-cost timeframe extension of the implementation timeframe of this operation, to slightly postpone the workshop.



Volunteer training in Bangui, on Ebola epidemic management, surveillance, referral, contact tracing and community commitment, 12 July 2018 ©IFRC

Human Resources

Some 250 CRCA volunteers in Priority Zone 1 and 230 CRCA volunteers in Priority Zone 2 are being mobilized and trained to build the National Society's capacity in community-based surveillance and social mobilization.

Among the trained volunteers, 180 in Priority Zone 1 are carrying out proximity sensitization campaign (door to door) and community surveillance. To date, only one suspected case was reported in Priority Zone 1 in Batalimo village and the results of the investigations were negative. Members of the Local Disaster Response Committee and the Secretaries General of CRCA local committees are closely involved in the supervision of sensitization activities (CRCA local committees of Mongoumba, Mbaiki, Boda, Nola, Bayanga and Salo) in Priority Zone 1 and the committees of Damara, Ndjoukou, Kouango, Ouango, Bangassou, Mobaye in Priority Zone 2).

C. DETAILED OPERATIONAL PLAN



Health

People targeted: 432,000

Men: 213,128

Women: 218,872

Requirements (CHF): 77,627

Health Outcome 1: Communities are educated on Ebola prevention and detection measures; any cases are quickly detected.

| Indicators: | Targets | Actual |
|---|---------|--------|
| Number of health areas reached with surveillance and community sensitization to EVD | 03 | 04 |

Health Output 1.1: The government is assisted by CRCA volunteers in surveillance and social mobilisation/education

| Indicators: | Targets | Actual |
|---|---------|--------|
| Number of days of RC volunteer visits to communities to support surveillance and education | 24 | 18 |
| Number of volunteers trained in Ebola epidemic management, surveillance, referral, contact tracing and community commitment | 250 | 250 |
| Number of broadcasts of radio spots | 60 | 42 |

Health Outcome 2: Healthcare workers are able to safely provide critical care for presumed Ebola patients within an Ebola Treatment Centre (ETC), if cases are found

Health Output 2.1: CRCA personnel are trained and equipped to prevent EVD infections prevention and control the spread of the virus (IPC)

| Indicators: | Targets | Actual |
|---|---------|--------|
| Number of CRCA IPC, clinical and ambulance staff trained and equipped | 41 | 0 |

Health Outcome 3: The spread of Ebola is limited by disinfection of affected houses and safe burial of the dead under optimal cultural and security conditions in Priority Zone 1

Health output 3.1: CRCA personnel are trained and equipped to provide SDB in Priority Zone 1

| Indicators: | Targets | Actual |
|--|---------|--------|
| Number of CRCA SDB staff trained and equipped (12 teams of 8 persons each) | 96 | 0 |

Outcome 4: National rapid response teams can meet the clinical, social and logistical needs of a suspected case

Output 4.1: CRCA personnel are trained and equipped for deployment with the national rapid response team

| Indicators: | Targets | Actual |
|---|---------|--------|
| Number of CRCA response team personnel trained and equipped | 10 | 0 |

Progress against achievements

It is worth noting here that the number of people targeted to be reached out through sensitization is 432,000 people (86,400 households).

1 – Regarding the trainings of volunteers: At the end of the period covered by this operations update, all the 250 volunteers in Priority Zone 1 were trained, of whom 180 are deployed for community sensitization. The sensitization strategy used is door-to-door, but also with specific groups such as churches, mosques, bushmeat traders, etc.

As of 15 August 2018, after 18 days of household door-to-door sensitization (3 visits per week), the number of people reached is 330,705 (136,743 men and 193,962 women, and a total of 62,986 households) or nearly 76%

of the targeted populations. The health areas (as identified in by the MoH) in which activities were originally planned are Mongoumba, Mbaiki, Nola; as mentioned in this Operations Update, the health district of Boda was added upon request from MoH. To be noted that the use of “district” in Table 1 was incorrect and has been corrected in this Operations Update.

Volunteer training in Priority Zone 2 began to unfold during the first weeks of August 2018, and had taken place in Damara, Ndjoukou and Kouango by 9 August 2018.

One of the positive points to note is that the volunteers who were involved in this sensitization phase are the same ones who had been trained during the 2014 EVD alert preparedness phase. The good knowledge of data collection tools by these volunteers facilitated the compilation and transmission of data within a reasonable time.

2 – The broadcasting of prevention messages in the local language through local community radio channels is also an achievement to report in this sensitization phase, to such extent that CRCA proposes to increase the frequency of broadcasting of these messages; funds saved on the production of communication tools will be used to finance the additional broadcasting costs.

3 – Training in Infection Prevention and Control (IPC) and in safe and dignified burials will be planned after CRCA receives the personal protection equipment kits.

There was no particular difficulty to report in this first phase of implementation of the action plan in Priority Zone 1.

| International disaster response | | |
|--|--------------------------------|--------------------------------|
| Outcome S2.1: Effective and coordinated international response to disasters is ensured | | |
| Indicators: | Targets | Actual |
| Number of NS staff members deployed for the operation | 5 | 8 |
| Output S2.1.4: Deployment of surge capacity | | |
| Indicators: | Targets | Actual |
| Number of volunteers deployed for the operation and 9 SGs of local committees | 180 volunteers and 9 SGs | 180 volunteers and 9 SGs |
| Number of monitoring visits. | 3 | 0 |
| Achievements | | |
| Number of staff deployed: 8 (3 finance officers, 2 logisticians, 1 medical doctor, 1 driver, 1 RDRT member). An RDRT member was deployed to support the Head of Health for the running of the trainings. | | |
| During the implementation period, an additional finance officer and an additional logistician were needed to provide further support to speed up the activities. | | |
| Follow-up visits are scheduled for the week of August 27. | | |

| Influencing others as a leading strategic partner | | |
|---|---------|--------|
| Outcome S3.1: The IFRC Secretariat, in collaboration with National Societies, uses their privileged position to influence decisions at the local, national and international levels that affect the most vulnerable. | | |
| Indicators: | Targets | Actual |
| Number of communication material produced | 4,850 | 4,850 |
| Output S3.1.1: IFRC and NS are visible, reliable and effective spokespersons on humanitarian issues | | |
| Indicators: | Targets | Actual |

| | | |
|--|----------------|---------------|
| Number of radio spots produced | 1 | 1 |
| Number of translation work produced | 03 | 2 |
| Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming. | | |
| Indicators: | Targets | Actual |
| Number of lessons learned workshops organised | 1 | 0 |
| Achievements | | |
| The communication materials produced consist of 3,000 leaflets, 1,500 A2 size posters and 300 caps, as well as 50 image boxes. | | |

D. BUDGET

The budget of this DREF operation remains CHF 90,579. However, some reallocation of costs have been made to reflect the following changes:

1. Training costs higher than what was initially budgeted
2. Inclusion of mission costs for training in Priority Zone 2, which had been omitted in the initial budget
3. Higher cost for purchase of social mobilization kits, but reduction in number
4. Changes to the costs of PPE kits purchased internationally, but reduction in numbers, and increase of transportation costs
5. Reduction of costs relating to the printing of sensitization materials
6. Purchase of two satellite phones and airtime credit for 3 weeks field mission.

Please see the revised budget for this Operations Update below:

DREF OPERATION

23/08/2018

MDRCF024: CAR Ebola Preparedness

| Budget Group | DREF Grant |
|--|---------------|
| Medical & First Aid | 8,845 |
| Teaching Materials | 8,781 |
| Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES | 17,626 |
| Computer & Telecom Equipment | 2,000 |
| Total LAND, VEHICLES AND EQUIPMENT | 2,000 |
| Transport & Vehicle Costs | 5,401 |
| Logistics Services | 2,500 |
| Total LOGISTICS, TRANSPORT AND STORAGE | 7,901 |
| National Society Staff | 1,954 |
| Volunteers | 23,087 |
| Total PERSONNEL | 25,041 |
| Workshops & Training | 19,780 |
| Total WORKSHOP & TRAINING | 19,780 |

| | |
|---|---------------|
| Travel | 3,000 |
| Information & Public Relations | 3,222 |
| Office Costs | 4,500 |
| Communications | 1,848 |
| Financial Charges | 132 |
| Total GENERAL EXPENDITURES | 12,702 |
| Programme and Services Support Recovery | 5,528 |
| Total INDIRECT COSTS | 5,528 |
| TOTAL BUDGET | 90,579 |

Reference documents



Click here to view :

- Previous appeals and updates
- Emergency Plan of Action (EPoA)

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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**.