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Emergency Plan of Action (EPoA) Philippines: Measles Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRPH032	Glide n°
Date of issue: 12 February 2019	Expected timeframe: 3 months Expected end date: 12 May 2019
Category allocated to the of the disaster or crisis¹: Yellow	
DREF allocated: CHF 181,417	
Total number of people affected: 2.4 million	Number of people to be assisted: 290,000
Host National Society presence: Philippine Red Cross (PRC) is the nation's largest humanitarian organization and works through 104 chapters covering all administrative districts and major cities in the country. PRC has more than 1,700 staff at national headquarters (HQ) and chapter levels, and approximately two million volunteers and supporters, of whom some 500,000 are active volunteers. At the chapter level, a programme called Red Cross 143 (RC143) is established that sees volunteers trained, equipped and in place at the community (<i>barangay</i>) level - enhancing the overall capacity of the National Society to prepare for and respond to disaster situations.	
Red Cross Red Crescent Movement partners actively involved in the operation: PRC is working with the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation. There are nine Partner National Societies with presence in the Philippines (more details below).	
Other partner organizations actively involved in the operation: Department of Health (DoH), World Health Organisation (WHO), Health Cluster partners.	

A. Situation analysis

Description of the disaster

Cases of measles have been on the increase in the Philippines over the past several years, there have been outbreaks, but they have been mainly individual and isolated. From 2017 to 2018, measles cases rose nationwide by about 550 per cent above the normal average. During 2018, 21,812 measles cases were reported, with 202 deaths, most of them children. Poor immunization coverage is broadly agreed by health specialists to be the root cause of the outbreak. The WHO has reported that immunization rates were well below the target of 95 per cent and decreasing. In 2016, the rate was about 75 per cent but fell to close to 60 per cent in 2018. Over 2.4 million children under five are estimated to be at current risk of measles.

On 6 February 2019, the Department of Health (DoH) declared a measles outbreak in the National Capital Region (NCR) and Region 3 (Central Luzon). On 7 February, DoH

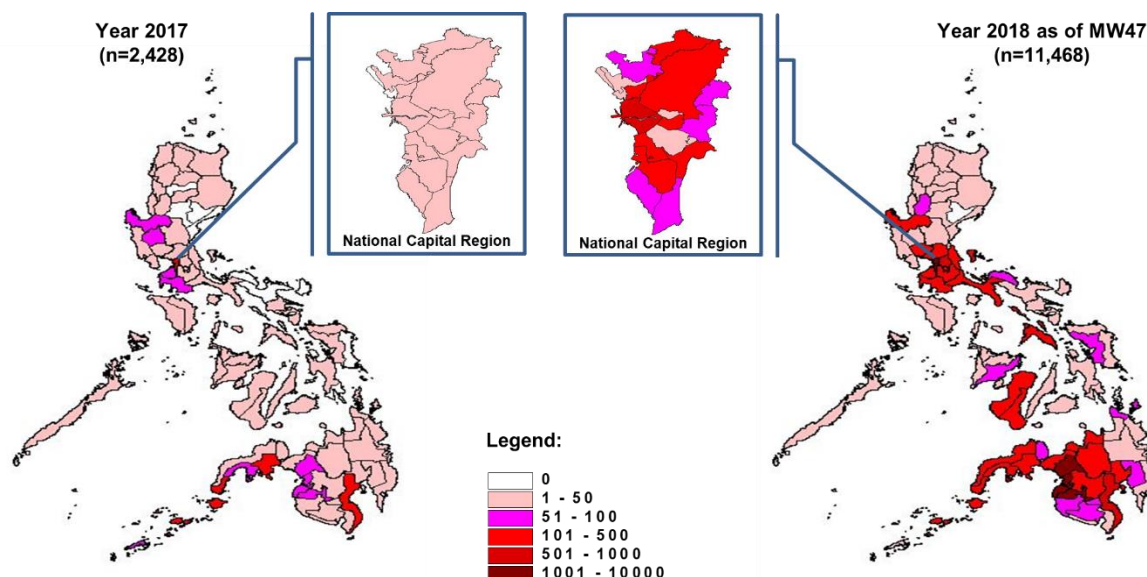


PRC Chairman and Deputy Secretary General visit San Lazaro Hospital in Manila to check the situation of patients following the declaration of measles outbreak. The visit aims to assess the status of patients, as well as explore possible areas of augmentation. **(Photo: PRC)**

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).

announced that the measles outbreak had spread to more areas in Luzon and Visayas in CALABARZON, Region 6 (Western Visayas) and Region 7 (Central Visayas). Unconfirmed reports from DoH report around 72 deaths among more than 2,000 cases of measles nationwide. According to San Lazaro Hospital Epidemiology Department², there are 1,187 reported suspected measles cases in Metro Manila since January 2019, with 55 deaths. On 5 February 2019, at least 248 children and 21 adults were being treated for measles in the hospital. Most of the confirmed deaths are children aged three months to four years old. Cities in NCR with the most cases are: Manila, Caloocan, Marikina, Pasig, Navotas, Parañaque, Taguig, Pasay, and Malabon.

Below is a graphic reported by WHO showing the spread of measles cases in the Philippines from 2017 to 2018.



Summary of the current response

Overview of Host National Society

PRC Health Services have been scaling up monitoring and responses to affected communities over the past several years, up to the current declaration of outbreaks by DoH on the 6 February 2019. PRC's Operations Centre, which functions 24/7, is now on heightened alert to monitor the situation. PRC has escalated preparations at the chapter and National HQ levels and is engaging partners for possible support.

PRC is coordinating with the DoH Epidemiology Bureau to continue updating and monitoring of cases. For relevant information sharing and support, PRC continues to engage and coordinate with the NCR Infectious Diseases Cluster. PRC has also published key messages on measles through its different social media accounts to inform, educate and warn the public on the dangers brought by this disease outbreak.

PRC has deployed and established one emergency hospital support centre in Philippines General Hospital, functioning as a 20-bed additional ward for children. Also mobilized are welfares desks, temporary toilets and water distribution. The patients and attendants are provided with clean mattresses, mosquito nets, essential hygiene items and jerry cans.

PRC has undertaken assessments in four more hospitals in NCR Manila and mobilizing resources to provide similar services in these hospitals.



PRC set up the emergency hospital support centre in San Lazaro hospital, Manila - a referral facility for Infectious/Communicable Diseases. This is to support the San Lazaro Hospital for the influx of measles patients. (Photo: Maria Theresa Baylon/IFRC)

² Special National Hospital Medical Center for Infectious Diseases with a 500-bed capacity.

PRC provided updates to its in-country partners, including the IFRC Philippines country office which is supporting PRC in disseminating updates to the IFRC Asia Pacific Regional Office (APRO), Movement partners, and is coordinating with the Humanitarian Country Team (HCT).

IFRC continues to closely coordinate with PRC and is currently processing the request for support. The country office has also checked preparedness stocks and alerted its National Society staff and delegates. The IFRC Asia Pacific regional office is coordinating the plans of PRC and the IFRC Philippines country office with other partners and throughout the secretariat.

Measles

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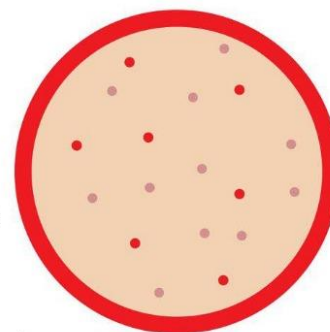


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Signs and Symptoms

- Cough
- Runny nose
- Red eyes/conjunctivitis
- Fever
- Blotchy rash lasting for more than 3 days



Prevention

- Immunization of infants with measles vaccine at 9 months old
- In case of measles outbreak, measles vaccine can be given again to infants (6 months old), children and adults by health workers.
- Give Vitamin A supplementation during routine measles vaccination

Immediate treatment

- Nutritional support and oral rehydration are important to increase body resistance and replace lost body fluids caused by coughing, diarrhea and perspiration
- Give supplementation to infants and children diagnosed with measles
- Take antibiotics as prescribed by physician to treat infections

IEC materials prepared by the PRC for dissemination to the population within the outbreak areas. (Source: PRC)

Overview of Red Cross Red Crescent Movement in country

The PRC works with the IFRC, the International Committee of the Red Cross (ICRC) and nine Partner National Societies in-country: American Red Cross, Australian Red Cross, Canadian Red Cross, Finnish Red Cross, German Red Cross, Japanese Red Cross Society, The Netherlands Red Cross, Spanish Red Cross and Qatar Red Crescent Society.

Movement Coordination

PRC maintains close coordination with in-country Movement partners and continues to provide updates. On 7 February 2019, PRC called for a Movement coordination meeting to discuss on possible scenarios and corresponding plans of action. The IFRC country office is supporting PRC in disseminating updates to Movement partners with in-country presence and coordinating with the IFRC APRO in Kuala Lumpur in accordance with the IFRC Secretariat's Emergency Response Framework.

Movement partners are considering support to PRC, but so far nothing has been confirmed yet. American Red Cross has expressed interest in supporting social mobilization for increasing vaccine coverage at a scale, as part of their global measles programme. This activity could support the post DREF response.

Overview of non-RCRC actors in country

Coordinating with the authorities

As auxiliary to the public authorities, PRC maintains a strong relationship with government bodies through participation or collaboration with DoH. Through the chapters, PRC engaged with local health authorities from the provincial, municipal and *barangay* levels.

Inter-agency coordination

At country level, PRC and IFRC are observers to, and participate in, meetings of the HCT held both during disasters and non-emergency times. PRC and IFRC are involved in relevant government-led cluster information sharing, planning, and analysis at all levels while IFRC supports PRC coordination efforts through representation in other relevant clusters as required.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

PRC continues to monitor the situation from its chapters and has carried out several visits to hospitals to assess the current situation and coordinate with health officials. Secondary data has also been collected and analysed. There is an active Health Cluster in the Philippines and in line with the Health Clusters analysis, the overall needs are divided into three levels as follows:

Immediate needs: The most pressing and immediate need is to support the already impacted population in the health facilities. This can be achieved by supporting the overwhelmed health institutions with additional space (suitable temporary structures), cots and bedding, mobile and portable Water, Sanitation and Hygiene (WASH) facilities, provision of hygiene management. Additionally, providing safe segregation of cases at different levels of care needs.

At the community level, the PRC RC143 volunteers are needed to inform people about the early signs and symptoms of measles and support them with household level management of the cases. The RC143 volunteers also need to identify the cases most at-risk like malnourished children, infants with mothers never vaccinated or exposed to measles virus, immunocompromised children and adults, etc., and immediately refer them to health facilities to reduce morbidity and complications. The disease's complications included diarrhoea, middle ear infection, pneumonia (infection of the lungs), encephalitis (swelling of the brain), malnutrition and blindness.

Intermediate needs: Poor immunization coverage is broadly agreed by health specialists to be the root cause of the outbreak. With a significant number of the population unvaccinated – particularly children below five years of age. It's estimated over 2.4 million children under five are currently at risk of measles. There is a need for collection, validation and analysis of the sub regional data to identify the areas, most at risk and make micro plans and strategies for covering these areas with vaccines, adequately trained human resources and provisions.

PRC will support the DoH's strategy to ensure vaccination of all children in the age group of six months to 59 months in the targeted areas. PRC will support community mobilization and vaccination of children in a fixed place in a given time in a *Barangay*/Municipality. Target duration of the mobilization and vaccination in Manila City will be mid-March 2019. Post vaccination monitoring, supportive supervision and rapid coverage assessment may also be a major part of this activity.

PRC has worked closely with DoH Epidemiologists and decided on an R-naught³ for measles in the Philippines (which is 12-18 globally) and decided to rest the R-naught at 10. Based on this theory, PRC is now preparing to reach out and serve at least 10 times more people who are already admitted to hospitals.

Systemic interventions and need to sustain the efforts: Community mobilization is needed to ensure that prevention and management of measles are initiated at the community level and 100 per cent children between the age of six months to 59 months are immunized through the routine immunization services. Establishing systems and plans at the regional level to have meetings and update on a regular basis and involving the PRC RC143 volunteers in monitoring and surveillance at the community level for reporting suspicious cases and non-compliance of immunization for the targeted children. At the same time to work closely with the DoH, WHO and other partners in improving the Government supply chain management, community-based surveillance and forecast/trigger-based financing for outbreak and epidemic prevention and early detection and management of the same.

Targeting

The beneficiary targeting will be done separately for different stages, For the immediate response stage, the children, their siblings and their parents or attendants will be targeted with services at the health facilities. In the immediate phase, immunocompromised children/adults, malnourished children, adults with history of or active tuberculosis and other health complications will be given priority. Areas which are cut-off, far flung and difficult to access by public health services will be given priority across different stages of interventions.

³ R-naught is a mathematical term that indicates how contagious an infectious disease is. It is also referred as the reproduction number, as an infection spreads to new people, it reproduces itself.

Scenario planning

Possible scenarios are:

Status	Effect/Needs	IFRC response
<p>Public immunization mop-up rounds require PRC to undertake public information dissemination and social mobilization campaigns to ensure increased immunization at the <i>barangay</i> level.</p> <p>PRC chapters' capacity needs to be enhanced that the logistics, task shifting of the volunteers and social mobilization for better immunization coverage is supported at the local level.</p>	Medium humanitarian needs	Extension of DREF.
<p>Cases of measles continues to increase from NCR and provinces. Including far flung areas with low health support capacity.</p> <p>More areas will be left out from Public Health safety nets that need immediate stabilization and long-term immunization services.</p> <p>Health facilities and public health institutions are overwhelmed, due to huge influx of active measles cases.</p>	High humanitarian needs	<p>Extension of DREF.</p> <p>Possible escalation to a long-term project as part of the Country Office Operational Plan to cater to the needs over a longer period.</p>

Operation Risk Assessment

The project's success will also be dependent on no significant changes in the following variables:

1. Absence of large to catastrophic disaster in the country.
2. Absence of major political unrest and possibilities of armed conflict in one or more areas of the country.
3. Presence of cooperation and support from the government and other major stakeholders.

B. Operational strategy

Overall objective

The overall objective of the operation is to reduce the impact of the current measles outbreaks on the most vulnerable communities in coordination with the DoH. This operation is targeting a total of 290,000 people: 15,000 people through targeted hospitals (patients and family members), 75,000 people through Community Based Disease Prevention (CBDP) activities and 200,000 people through social media and public campaigns for vaccinations.

Proposed strategy

This DREF allocation aims to deliver humanitarian assistance to the most vulnerable affected by the measles outbreaks under four strategic areas:

- **Epidemiology:** PRC will focus on community-based surveillance using the vast network of trained volunteers and report back to the Operation Centre (OpCen) and local health network to establish a clear and detailed picture of the situation, which is otherwise missing, since the present reporting is based on cases enrolled in the health system. The secondary data will be explored to identify areas of outbreak and trained volunteers will validate the same and identify critical cases from the community and ensure accompanied referral to the nearest health institution. This will lead to early management of the critical cases and thus lower mortality.
- **Vaccination campaign:** Support the DoH efforts in vaccination, as auxiliary to the government efforts through mobilization of volunteer nurses, doctors, midwives to immunize the age group of six months to 59 months, in a planned and appropriate manner.
- **Support to public health services responding to the outbreaks:** Set up of temporary wards and welfare desks and equipping and providing nursing staff for them in collaboration with DoH and local government units.
- **Enhancing public education:** Actively disseminating timely and related information to ensure positive changes of behaviour towards early referral and management of measles, and updates on resources for health and health-related needs across levels.

Geographically, the operation will focus on the most affected areas of NCR and Luzon. As further information is made available through the ongoing assessments supported by this initial DREF allocation, the operation may be revised, with either a second allocation or the launch of an emergency appeal to meet further identified needs should it be required.

The operation will be underpinned by a commitment to quality programming that involves:

- Continuous and detailed assessments and analyses to inform the design and ongoing implementation of the programme.
- Ongoing process of adjustments based on these assessments.

- Adherence to protection, gender and inclusion measures, with focus on disability inclusive response. The interventions will also ensure community engagement and accountability, as well as child protection and gender, diversity and disability inclusion.
- Establishment of mechanisms to facilitate two-way communication with, and ensure transparency and accountability to, disaster-affected people, and highlighting the nature of communication and information as a life-saving mechanism.
- Management and delivery of the programme will be informed by appropriate monitoring and evaluation.
- PRC, with the support from IFRC, will also ensure that lessons learned from this operation are gathered, recorded and analyzed to be used in future operations.

Crosscutting matters

Protection, gender and inclusion (PGI)

PRC will ensure that interventions are aligned with its own as well as the IFRC minimum standard commitments to Protection, Gender and Inclusion during Emergencies, including targeting women-headed households, pregnant or lactating women, and men and boys made vulnerable by the disaster. The following considerations apply:

- Prevention of sexual and gender-based violence, by mapping and distribution of safe referral pathways (in coordination with the Protection Cluster) and training of PRC volunteers on how to handle disclosures and refer individuals to appropriate services when necessary.
- Women and child friendly spaces in any temporary housing arrangement.
- Distribution of child protection information materials.

Community engagement and accountability (CEA)

Community accountability and feedback/response mechanisms will be integrated into programming to ensure that affected populations have direct access to information on the nature and scope of services provided by PRC, along with processes that will enable community participation and feedback.

Operational support services

Human resources

For PRC all relief activities will be implemented by the PRC chapters utilizing existing staff and RC143 volunteers, Red Cross Action Teams (RCAT143) and NDRT from other chapters. A regional disaster response team (RDRT) member will be deployed to strengthen the operation as per PRC's request. New staff will be recruited for the early recovery components when required. The IFRC country office will support the National Society in providing technical and support service staff as required to ensure accountability and compliance to relevant standards and requirements.

Communication

The PRC communications team is ensuring that Red Cross response efforts are effectively communicated amongst its key public audiences in a timely manner. PRC staff and volunteers across the country are actively contributing to institutional communications through their own social media networks and in generating high quality photos, video clips, messaging and news stories for use across IFRC and PRC multimedia platforms.

Information technology and telecommunications

The DREF will cover costs of mobile phone credits and internet cards for the chapters involved. PRC will ensure that staff and volunteers involved in the operation are accessible via mobile phones. Where necessary, satellite phones will be made available. The chapters will have sufficient computer software and hardware capacity, and support for the operational requirements.

Security

The IFRC security framework is applicable for this operation. With regards to PRC staff and volunteers, the National Society's security framework will apply. Coordination will also be observed with the ICRC and implementing PNS through regular information-sharing in accordance with the existing and agreed arrangements. All PRC staff and chapter volunteers are encouraged to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security. Security and Health: All PRC staffs and volunteers are oriented about personal safety measure and infection prevention and control measures during measles outbreak. This also includes ensuring staffs and volunteers are vaccinated against Measles before their deployment.

Planning, Monitoring, Evaluation and Reporting (PMER)

Reporting on the operation will be carried out in accordance with the IFRC Emergency Appeal reporting standards. Regular updates will be issued during the operation's timeframe with a final report issued within three months after the end of the operation. The operation team will have technical PMER capacity and additional technical support is provided

through IFRC APRO PMER team. The operation monitoring teams will make field visits as needed. This will help identify and, where possible and necessary, resolve any issues. Necessary tools and templates for regular data collection and reporting will be adopted from existing PMER resources.

Administration and Finance

The IFRC provides the necessary operational support for review, validation of budgets, bank transfers, and technical assistance to PRC on procedures for justification of expenditures, including the review and validation of invoices. PRC is accustomed to and competent in delivering these financial procedures to the required standards.

Logistics and Supply Chain

The operation supported by DREF will cover a combination of replenishment of items available under PRC's prepositioned stocks and relief through local procurement for remaining items and its delivery to the most affected. Logistics activities aim to effectively manage the supply chain, including procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Logistics support for this operation is being provided through the strong capacity of the PRC logistics built over the last years, supported by an experienced IFRC country office logistics team. Further support is also available from IFRC APRO and Geneva Logistics for procurement of medical supplies.

C. Detailed Operational Plan



Health

People targeted: 290,000

Male: 147,000

Female: 143,000

Requirements (CHF): 122,844

Needs analysis:

Ongoing assessment and prioritization of the implementing strategies have identified the following needs:

- Continue to collect and analyse data at the regional level to understand the spread and impact of the virus and inform the vaccination plans accordingly.
- Continue close coordination with Rural Health Units and *Barangay* Health Stations at local government unit level on health education to both parents and health workers.
- Provide community-based surveillance using a network of active RC143 volunteers to identify the most vulnerable areas and inform the public vaccination safety net system, accordingly.
- Use the RC143 volunteers at the community level to support the DoH strategy to ensure that all the children between the age of six months to 59 months are vaccinated. Additionally, explore the possibility of vaccinating their siblings, in case the resources and provisions permits.
- Children, their siblings and their parents need quality services in the public health institutions and organized safe and hygienic space for them to attend the impacted people. This requires direct support to the public health system supporting the ongoing response in the outbreak areas.
 - Welfare desks will be set up for family members providing psychosocial support (PSS), hot meals and other PRC welfare services.
 - Due to lack of space there is insufficient segregation of the children in the active stage of measles and the children who are recovering from the virus, there is also a lack of adequate treatment and recovery space. As such, there is a need for temporary wards – this will be in the form of providing medical tents supported with relevant non-food items and providing nursing staff. These temporary wards will be used to support the segregation for recovery patients and hence provide more space within the normal medical treatment wards for active cases.
 - In places where the public health system has poor reach or access to ensure optimum coverage of services and vaccination of children, in relation to measles and related complications set up field hospitals. In this case we will support the provision of medical services including provisions to manage cases especially for pneumonia and encephalitis.

Population to be assisted:

This operations aims to support five hospitals and nine NCR Manila chapters and over 15,000 individuals, including 3,000 measles cases:

- The provision of medical tents (i.e. Rubb halls, etc), relevant non-food items such as mattresses, blankets, hygiene essential items, mosquito nets and in some cases jerry cans.
- Welfare desk (for registration, hot meals etc.) to support respective provincial/regional public health system in case of overwhelming footfall of measles patients in the facilities.
- Increased sanitation capacity through temporary latrines (portlets), waste management facility, etc.

PSS activities are also targeted to 15,000 people: patients and their attendants/family members in the hospital support and care centres (tents/rub-hall laid out by PRC). Volunteers will be mobilized for PSS activities at the welfare desk and as part of the social mobilization teams. The welfare desk will also serve as a one-stop shop for the people which provide services such as: (i) restoring family links; (ii) tracing; (iii) psychosocial support; (iv) critical incident stress management; (v) guidance and counselling; (vi) inquiry and communications; (vii) contact of relatives; and (viii) referral.

All chapters with measles cases will be also be provided with capacity building and planning support, so they can provide similar support to their respective local public health system and report relevant primary information back to the PRC Operations Centre. Through this route we expect to reach out to 200,000 people.

The operation aims to reach out to 15 chapters, including nine NCR Manila chapters with IEC materials and social mobilization services to support the DoH strategy to reach out to all the six months to 59 months' children with measles vaccine. The operation aims to reach out to at least 15,000 children between the age group of six months to 59 months with social mobilization services to ensure they are vaccinated through the mop-up round.

Summary of population assisted is as follows:

Key Target Hospitals for the Deployment of Emergency Medical Units

Health Facility	No. of Target Hospital	Target No. of beneficiaries (individuals)	Volunteer Doctor and Nurses to Mobilized
Government Hospital	5 target hospitals esp. government will be targeted for extension ward assistance	3,000 individuals affected by measles will benefit from the services of the extension wards. 15,000 family members and attendants will benefit from other services – PSS, WASH, and information dissemination	100 volunteer doctors and nurses will be mobilized to man the operations

Key Target Areas for Mass Vaccination Campaign and Health Promotion Activities (To target around 50% of the affected chapters which is 15 chapters)

Region	Target No. of Communities	Target No. of beneficiaries (individuals)	CHV to be Trained / Mobilized
Region	5 communities per chapter/15 chapters (a total of 75 communities)	5,000 per chapter/15 chapters (total of 75,000 individuals direct)	40 per chapter/15 chapters (total of 600 CHVs)
Region III			
Region IV-A			
Region VI			
Region VII			
All other regions		At least 200,000 – through direct social mobilization campaign and social media coverage.	

Key Target for vaccinations

No. of Mobilizing Chapters	Vaccination Teams to be organized	Target No. of Communities per chapter	Target No. of beneficiaries (individuals)	No. of Volunteer Doctors and Nurses to be mobilized
15	30 teams (2 teams per chapter, 1 team will be composed of 10 members)	5 communities per chapter/15 chapters (total of 75 communities)	1,000 per chapter/15 chapters (total of 15,000 individuals direct)	300 volunteer doctors and nurses

Budget

DREF OPERATION MDRPH032 : Measles Outbreak

Budget Group	DREF Budget CHF
Clothing & Textiles	12,500
Water, Sanitation & Hygiene	9,750
Medical & First Aid	3,500
Utensils & Tools	650
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	26,400
Computer & Telecom Equipment	4,500
Total LAND, VEHICLES AND EQUIPMENT	4,500
Distribution & Monitoring	500
Transport & Vehicle Costs	22,504
Logistics Services	1,500
Total LOGISTICS, TRANSPORT AND STORAGE	24,504
National Society Staff	38,288
Volunteers	30,646
Total PERSONNEL	68,935
Workshops & Training	15,300
Total WORKSHOP & TRAINING	15,300
Travel	10,231
Information & Public Relations	11,100
Office Costs	6,150
Communications	3,225
Total GENERAL EXPENDITURES	30,706
Programme and Services Support Recovery	11,072
Total INDIRECT COSTS	11,072
TOTAL BUDGET	181,417

Reference documents



Click [here](#) for Information Bulletin

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

In Philippine Red Cross

- Elizabeth Zavalla, Secretary General; phone: +63 2 790 2300; email: secgen@redcross.org.ph
- Susan Pineda Mercado, Deputy Secretary General; phone: +63 917 529 1959; email: susan.mercado@redcross.org.ph
- Mark Alvin Abrigo, acting Manager for Health Services; phone: +63 917 953 8211; email: markalvin.abrigo@redcross.org.ph

In IFRC Philippine Country Office

- Chris Staines, Head of Country Office; phone: +63 998 585 0794; email: chris.staines@ifrc.org
- Patrick Elliott, Operations Manager; phone: +63 998 961 2140; email: patrick.elliott@ifrc.org
- Gopal Mukherjee, Health Manager; phone: +63 998 961 2133; email: gopal.mukherjee@ifrc.org

In Asia Pacific Regional Office, Kuala Lumpur

- Alka Kapoorsharma, acting Deputy Regional Director; email: alka.kapoorsharma@ifrc.org
- Necephor Mghendi, Head of Disaster and Crisis Unit (DCPRR); email: necephor.mghendi@ifrc.org
- Johanna Arvo, Operations Coordinator; phone: +60 19 323 2647; email: johanna.arvo@ifrc.org
- Riku Assamaki, Logistics Coordinator; email: riku.assamaki@ifrc.org
- Rosemarie North, Communications Manager; phone: +60 12 230 8451; email: rosemarie.north@ifrc.org

In IFRC Geneva

- Tiffany Loh, Senior Officer, Response and Recovery; email: tiffany.loh@ifrc.org
- Cristina Estrada, Response and Recovery Lead; phone: +412 2730 4260; email: cristina.estrada@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Sophia Keri, Resource Mobilization in Emergencies Coordinator; email: sophia.keri@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries):

- Siew Hui Liew, PMER manager; email: siewhui.liew@ifrc.org

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in 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**.