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Appeal

Venezuela: Health Emergency

 International Federation
of Red Cross and Red Crescent Societies

Appeal n° MDRVE004

650,000 to be assisted

Appeal launched April 3, 2019

1 million Swiss Francs (CHF) DREF allocated

Appeal ends January 27, 2020

50 million Swiss francs current Appeal budget

This Appeal seeks a total of some **50 million Swiss francs** to enable the IFRC to support the Venezuelan Health Centres, including **Venezuelan Red Cross Society (VRC) health network** to deliver, in line with regulatory standards, assistance and support to some **650,000 people for 12 months**, with a focus on **health and water, sanitation and hygiene (WASH)** related activities. The planned response reflects the current situation which is evolving, and will be adjusted based on further assessments, contingencies and emerging issues. Due to the pressing need to expand the provision of health and WASH services, activities that have not been covered by the IFRC Venezuela Country Office Plan will be included under this Appeal, and the Country Office Plan will be reviewed to ensure full complementarity and avoid duplications. More details available in the [Plan of Action](#).

Situation and Venezuelan Red Cross response

The country has faced several challenges in recent years. In 2019 there has been a series of events that increased the need for actions aimed at strengthening efforts to support capacities to meet the demand for health care and other sectors such as water, sanitation and hygiene promotion, food safety and nutrition.

Various national, governmental, and international organizations are developing projects to support affected families. However, needs continue to increase, and humanitarian actions are required to meet the most urgent needs in the Venezuelan context.



Venezuelan RC volunteers providing health care services.
Source: Venezuelan RC 2018.

Access to medical equipment, medicines and medical consumables in hospitals has been reduced, including in the Venezuela Red Cross (VRC) health network. Another challenge is the rapid deterioration of equipment and accessories to assist the population that requires health and care services. Medical equipment needs replacement and urgent maintenance to cover the high demand for medical services, throughout the wider public health care system, including VRC health network. Also, national power outages have caused the deterioration of the functioning conditions in the health facilities, which generates an immediate need to invest in a better operative integrity in case of presenting or prolonging the difficulties of having continuous electrical sources in public health installations. Medical equipment, including power generators, are particularly in demand.

According to reports from VRC, health services particularly affected are those attending patients with chronic or life-threatening diseases. Medical items are not available on the local market, or only in a very limited quantity, and lifesaving treatments are lacking (especially insulin, ARV for HIV, diabetes, hypertension drugs or cancer, among others). There is a shortage of medical supplies and access to antibiotics, analgesics, nutritional supplements, and contraceptives is limited.

There has been a re-emergence of diseases that were previously under control. Provision of essential health care to the most vulnerable communities is required to significantly reduce cases and prevent the spread of infections including malaria, tuberculosis, HIV, measles or diphtheria.

The current context has diminished the capacity of health services due to the lack of health personnel (mainly physicians and nurses, including also lab technicians, psychologists, physiotherapists, etc.), which is combined with low salary rates, and the hyperinflation which made it very difficult for patients to comply with treatments, undergo surgical procedures, and treat acute diseases (breast cancer, leukemia, hemophilia, etc.).

Selection criteria

The health system will be supported to cover the urgent needs with the aim of targeting approximately 650,000 people in different health care centers, including the VRC health network. The estimated 650,000 targeted people was calculated using as a reference annual data from VRC facilities, however the figure might evolve according to the needs assessment and possible inclusion of other health facilities.

The Venezuelan Red Cross (VRC) is an independent institution, adhering to the Fundamental Principles of the International Red Cross Movement. Red Cross health centers and hospitals are directly administered by the Venezuelan Red Cross, without any dependence upon the State, and are self-financed through payment for services provided (outpatient health services, caesareans, etc.). People receiving services covered with funds under this Appeal will though not be charged. VRC and IFRC will develop an exit strategy depending of the remaining funds of this Appeal to guarantee the sustainability of this project.

As part of the national health system, VRC will coordinate with the relevant authorities and adhere to the quality of international standards and act in accordance with the Red Cross Fundamental Principles at all times.

This Appeal will support a health resource availability assessment as well as contribute to monitoring of the situation of hospitals and health centres.

National Society Capacity

The Venezuelan Red Cross (VRC) has provided humanitarian assistance in Venezuela for 124 years, with about 2,500 volunteers (500 first aiders) across the country, 24 branches, and 1,400 staff members, volunteers, doctors and nurses.



2,500
Volunteers



8
Hospitals



33
Health
Centres



5
Available
Ambulances

Over the past decade, the VRC has worked with communities to jointly design and implement community resilience actions, including emergency response in coordination with local disaster management authorities. Working in partnership with local authorities and partners, based on the Red Cross principals of neutrality, impartiality, and independence, the National Society has played an important role in assisting communities as first responders in disasters. The trusted status of the Red Cross allows access to communities in need.

The National Society has provided first aid services, pre-hospital care and psychosocial support in response to recent events in the country. Furthermore, the VRC has established a situation room at its headquarters (which is coordinating with situation rooms at branches level) and is issuing internal bulletins monitoring the situation.

Coordination and partnerships

Red Cross Red Crescent Movement Coordination

The IFRC has a project manager delegate in country, five international staff and 18 national staff. The VRC, with IFRC support, is implementing projects in country on disaster risk reduction, health, livelihoods, nutrition, social inclusion WASH, and migration. The IFRC actions are always in support of the VRC led operations, which coordinates closely with all Movement components, including the International Committee of the Red Cross (ICRC). Furthermore, the IFRC and ICRC have been working together supporting the National Society in the implementation of long-term programmes in the country and activities related to support the people in Venezuela. The ICRC has ongoing activities, which include support to 28 health public hospitals and 8 primary health care structures and other projects in partnership with the VRC.

With the increase of needs in Venezuela, IFRC and ICRC have announced a significant expansion of their actions, in coordination and partnership with the National Society to provide a principled humanitarian response.

Coordination with other actors:

An agreement with Pan American Health Organization (PAHO) has been established to facilitate the work through “Safe Hospitals” in the 8 VRC hospitals. With this appeal the activities planned will complement current efforts and allow the expansion of health services for more communities.

In addition, IFRC participates as an observer in the Coordination, Cooperation and Assistance Team (ECCA,) lead by the United Nations System and with the participation of Civil Society and International NGOs.

The operational strategy

Needs assessment

The country is facing a complex scenario, with a significant deterioration in indicators of physical and mental health, water, sanitation, and hygiene. About three million people suffer from chronic diseases and a lack of access to treatment. The lack of curative and preventive health measures and the reduction of water supplies have had critical consequences for the population.

Based on surveillance and analyses of secondary data, health and water sanitation and hygiene are primary needs considering the increased levels of hepatitis A, maternal and infant mortality; the spread of vaccine-preventable diseases, such as measles and diphtheria; and increases in numbers of infectious diseases such as malaria

Health

According to PAHO Epidemiological Update Diphtheria in Venezuela, a diphtheria outbreak began in July 2016. Since the beginning of the outbreak until EW 8 of 2019¹, a total of 2,726 suspected cases were reported (2016: 324 cases, 2017: 1,040 cases, 2018: 1,198 cases, and 2019: 164 cases); of these, 1,612 were confirmed. A total of 280 deaths were reported (17 in 2016, 103 in 2017, and 150 in 2018). The case-fatality rate among confirmed cases was 18% in 2016, 13% in 2017, 20% in 2018 and 26% in 2019. In 2018, 22 federal entities and 99 municipalities have reported confirmed cases among all age groups.²

Regarding measles, between EW 26 of 2017 and EW 52 of 2018³, a total of 9,116 suspected cases (1,307 in 2017 and 7,809 in 2018), including 6,202 confirmed measles cases (727 in 2017 and 5,475 in 2018), have been reported. There were 76 deaths reported: 2 in 2017 (in Bolívar) and 74 in 2018 (37 in Delta Amacuro, 27 in Amazonas, 6 in Miranda, 3 in the Capital District, and 1 in Bolívar). Between 1 January and 27 February 2019, there were 283 cases reported, of which 40 were confirmed. The most recent confirmed case had rash onset on 17 February 2019. The cumulative incidence rate in the country during 2017-2019 is 19.6 cases per 100,000 population.⁴

¹ Source: [PAHO Epidemiological Update Diphtheria 18 March 2019](#)

² Source: [PAHO Epidemiological Update Diphtheria 18 March 2019](#)

³ Source: [PAHO Epidemiological Update Measles 4 March 2019](#).

⁴ Source: [PAHO Epidemiological Update Measles 4 March 2019](#).

According to the World Malaria Report 2018, the Americas accounted for 0.44% of malaria cases (975,700 cases) in the world; 42% (519,109 cases) were reported by WHO in Venezuela. This number is higher than the total number of cases reported by the rest of the 16 countries with autochthonous transmission of the disease in the Americas between 2000 and 2017. It is now part of the group of countries with the highest burden of malaria at the global level with 0.22% of global cases.⁵

In 2016, based on the latest available estimates, there was approximately 120,000 cases of HIV, 6,500 new infections and 2,500 deaths due to AIDS-related diseases in Venezuela. The HIV epidemic is concentrated in key populations such as MSM (men who have sex with men) and sex workers. High HIV prevalence has also been detected in some indigenous communities (Warao). Although the country is not reporting new data since 2015-2016, it is well known that the mortality rate increased. The apparent reduction of new HIV cases is most likely due to the shortage of HIV tests that has limited the capacity of the health system in detecting new cases.⁶

The number of tuberculosis (TB) cases by 2017, according to preliminary data, was 10,185 which represents an increase of 41% compared to what was reported in 2014 (6,063 cases). There was an incidence rate of 32.4 per 100,000 inhabitants, the highest in more than 40 years. This increase was concentrated in males between 15 and 34 years of age, the most economically active population. Almost 25 per cent of all cases were concentrated in two vulnerable groups: people in prisons (15.7%) and indigenous groups (6.8%). Between 2014 and 2017 the number of drug-resistant cases doubled (from 39 to 79 cases). The TB/HIV co-infection in 2017 was 4.8% and the association of TB and Diabetes was 5% of the total, with a clear increased trend. The mortality rate of TB patients is constantly at 2.2 per 100,000 inhabitants since 2009.⁷

Furthermore, more than 30% of the population suffer from Non-Communicable Diseases (NCD), such as cancer, diabetes, hypertension, chronic respiratory diseases, etc. The majority are currently not receiving adequate treatment and proper follow up. Most Venezuelans suffer a certain degree of malnutrition; Caritas Venezuela indicated in 2018 that approximately 280,000 children are at risk of death due to the shortage of food, 50% of children present different stages of malnutrition, and the severe status, reported in hospitals, has increased from 2% to 14%.

Due to the context, there is a lack of medical staff and disruption to electricity in the Popular Power Ministry for Health (MPPS), which has negatively impacted the capacity for providing adequate services to the general population. The lack of medicines, commodities and supplies affects the diagnostic capacities of laboratories and radiological facilities. Spare parts of medical equipment and absence of regular maintenance are additional problems that health facilities are facing within the country and represent the main obstacles for providing a proper and quality treatment and care in the Venezuelan Red Cross's health facilities.

WASH

According to the evaluations conducted in projects implemented together by the IFRC and VRC (*Strengthening Lifestyles and Strengthening Community Resilience*), water service is the most deteriorated public service in the country. The scarcity and low quality of water is common throughout the country, and authorities are implementing an alternate distribution of the water supply depending on local capacities. A lack of maintenance to the water and sewage systems has resulted in poor quality water supplies, multiple malfunctions and inconsistent repairs in areas that have remained without water for more than 15 continuous days on occasions. Currently, the population is struggling to cope with this complicated situation.

Some households have purchased water tanks and are buying water from private trucks, but many other communities do not have this financial capacity. The low level of water potability makes safe consumption of this water almost impossible. In fact, there has been an increased number of water-borne diseases, such as the recent outbreak of hepatitis A, mainly in the states of Capital District, Falcón, Zulia and Apure.

The lack of sanitation has generated a scenario with multiple diseases in the population, such as intestinal and skin infections among others. Open defecation is practiced by the 29% of rural population in Venezuela, third worst in Latin America after Bolivia and Haiti.

⁵ Source: [WHO 2018 World Malaria Report](#).

⁶ Source: [PAHO Plan Maestro para el fortalecimiento de la respuesta al VIH, la tuberculosis y la malaria en la República Bolivariana de Venezuela desde una perspectiva de salud pública 2018](#).

⁷ Source: [PAHO Plan Maestro para el fortalecimiento de la respuesta al VIH, la tuberculosis y la malaria en la República Bolivariana de Venezuela desde una perspectiva de salud pública 2018](#).

Programme standards/benchmarks

The National Society will implement its actions according to VRC and IFRC policies and guidelines. The planned interventions will be aligned with the IFRC's commitments to inclusion of gender and diversity in programming and will align with the [IFRC Strategic Framework on Gender and Diversity Issues 2013–2020](#) to reach all vulnerable people effectively and in a non-discriminatory and equitable manner. The approach will ensure that all its actions promote gender equality and respect for diversity and are non-discriminatory towards people of all ages and backgrounds.

Proposed Areas for intervention

Overall Objective: The objective of this Appeal is to enable essential services in Health and WASH - including disease prevention, psychosocial support and mental health - to 650,000 people

Areas of Focus



Health

People targeted: 650,000

Male: 325,000

Female: 325,000

Requirements (CHF): 40,000,000

Proposed intervention

Needs analysis: The Venezuelan health system is experiencing unprecedented needs. There is a reappearance of vaccine-preventable diseases, increasing of communicable and non-communicable diseases, medicine shortage, malnutrition, medical professionals leaving the country and the need to support clinics and hospitals structure.

The IFRC will support different health centres, including the VRC health network with essential medicines, medical consumables, medical equipment, power generators, and financial support for human resources. It will also ensure the presence and well-functioning of critical equipment and staffing in the facilities supported.

Expansion of the health programme will be based on the results of assessments of health needs in communities and of capacity in health facilities according to national regulations and Red Cross guiding principles.

Population to be assisted: 650,000

Outcome 1: Access to essential healthcare will be increased in target areas of the assessed hospitals and health clinics.

Output 1.1: Healthcare facilities have access to essential medicines and consumables to enable provision of basic medical services.

Planned activities:

- Provision of standard health kits and line items (medicines and consumables) to hospitals and health clinics.

Output 1.2: Healthcare facilities are strengthened to enable provision of basic medical services.

Planned activities:

- Maintenance and safety of medical equipment and medicines storage and distribution.
- Assessment and financial support of staffing needs to ensure functionality of hospitals and health centres

Output 1.3: Target population is provided with rapid medical management of injuries and diseases.

- Training of volunteers and staff in educational and health promotion activities
- Provision of first aid trainings/services
- Procurement and provision of supplies for first aid services
- First aid workshop for volunteer
- Pre-hospital care to affected population

Output 1.4: Psychosocial support is provided to health staff and volunteers.

Planned activities:

- Psychosocial support (PSS) services for health staff and volunteers including stress management.



Water, sanitation and hygiene

People targeted: 650,000

Male: 325,000

Female: 325,000

Requirements (CHF): 3,000,000

Proposed intervention

Needs analysis: According to preliminary evaluations of the VRC with the support of the IFRC, water analysis results showed coloration that is three times more yellowish than what is allowed, aluminum content that is five times (1 mg per liter) accepted standards and iron content that is three times (0,70 mg per liter) the level accepted by authorities. High levels of iron over time can produce corrosion inside the steel pipes network.

The current situation requires to establish continuous and improved services of solid waste collection, adequate treatment of water, wastewater and sewage removal. The situation of hygiene in country shows a marked deterioration. Services of solid waste collection, adequate treatment of water, wastewater and sewage removal have been discontinued. In addition, the precarious household economy does not allow families to cover their basic needs in WASH.

Solid waste and proliferation of breeding sites have increased population of vectors (mosquitoes, rodents, flies) responsible for the appearance of different disease outbreaks (malaria, dengue, chikungunya, zika, etc.).

The IFRC will work with the National Society to address WASH needs through the provision of safe water, sanitation and hygiene services in hospitals and health centres, with an outreach to an estimated of 650,000 people.

Population to be assisted: 650,000

Outcome 2: Immediate reduction in risk of waterborne and water related diseases at targeted health hospitals and health centres.

Output 2.1: Access to safe water, sanitation and hygiene promotion provided to the health hospitals and centres: improve the existing water storage and the distribution system at the hospitals and health centres, through improvements to storage and filtration systems, hygiene promotion activities, and support to improved environmental sanitation. Drilling wells will be evaluated case by case, to give sustainability to the drinking water provision.

Planned activities:

- Training of VRC volunteers in Hygiene Promotion (HP) based on IFRC HP guidelines and hygiene promotion activities at the hospitals and health centres
- Training for volunteers in water treatment

- Support to adequate water storage and maintenance, and to the supply of safe water as per needs assessed and analysis of water quality
- Support to the monitoring and improvement of water quality
- Delivery of personal protection equipment for volunteers and hospital staff
- Cleaning campaigns accompanied with hygiene promotion and key messages at hospitals and health centres

Strategies for Implementation

Requirements (CHF): 7,000,000

Additional investments will focus on National Society (NS) capacity strengthening in areas central to the operation covered by this Appeal, as well as ensuring that the IFRC can effectively support the National Society and ensure the implementation of the planned activities.

National Society capacity strengthening:

Technical support and capacity building to Venezuelan Red Cross (VRC) volunteers and staff will be provided so they can be better prepared to address health risks. The approach used will include operational and management trainings throughout the organization. The IFRC expects that by the end of the project the VRC has retained and ideally increased the number of volunteers and professional staff in target areas and has enhanced its sustainability.

Community engagement and accountability: This intervention will integrate a Community engagement and accountability (CEA) complementary approach as part of the implementation strategy of the VRC (effective entry into communities, strengthen the visibility of the Movement's principles and build trust and credibility in existing community structures). This will help the VRC to integrate, respond to the needs, vulnerabilities and priorities and listening of the target population.

Wherever possible, this approach will be implemented in close collaboration with local authorities, depending on their engagement at national, local and/or community levels. In October 2018, volunteers were trained in the CEA basic concepts in: Caracas, Valencia (Carabobo), Barquisimeto (Lara) and Coro (Falcón) that can support CEA activities.

Additional VRC staff and volunteers at the headquarters or branches will be trained to deliver effective awareness-raising messages in the target population, while community volunteers will play a key role in establishing and developing the most appropriate mechanisms for dialogue platforms.

Logistics and Supply Chain: Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage and transport to distribution sites, in accordance with the operation needs and aligned to IFRC's logistics standards, processes and procedures.

The operation supply chain will be planned according to the upcoming requirements and through our field experts. Initially, the stock will be held at the IFRC new facilities in the Regional logistics Hub for Humanitarian Assistance in Panama, for further export coordination to Venezuela, taking into consideration the complex process of importing items into the country.

The Regional Logistics Unit have already established a platform of communications with the MedLog and logistics coordinator, already on site, to provide information regarding the evolution of the situation, the operation's unmet needs, changes, and achievements through the actions implemented.

The medicines will be sourced internationally with the support of IFRC procurement experts in Geneva for the effective mobilization of the needs reported.

The National Society storage capacity will be enhanced at the country level. The IFRC team in the country is working on the rental of a warehouse with enough capacity to hold the upcoming contributions until the corresponding distributions.

Monitoring and Evaluation: A Monitoring and Evaluation (M&E) Plan will be developed together with health experts to enhance the scope and adapt the activities and needs. The Planning, Monitoring, Evaluation and Reporting (PMER) unit will be responsible to develop technical guidance to ensure the performance of the operation is well documented through the proposed indicators, ensuring all the data collected in the areas of intervention is completely aligned with the measurement criteria established to facilitate the reporting process. This will be done in close coordination with the Information Management team. Additionally, PMER capacities will be reinforced in the National Society to strengthen its capacities in monitoring and evaluation for health programming.

Information Management: The Information Management component and role will be focused mainly in reinforcing the health Information Management capacity of the National Society to allow a better understand the scale of the situation, improve decision-making and enhance reporting of its activities of the health services provided. Information Management support will be mostly dedicated to health data collection with mobile technology and survey design to ensure quality data. The data visualization and analysis will be based on the production of maps, charts, dashboards and analysis documents to facilitate decision-making and support reporting processes. Information Management capacity within the National Society will be installed for further operations and business continuity, ensuring necessary technological resources needed to continuous support.

Communications: The situation in Venezuela continues to attract a high level of interest from regional and international media. This, combined with the complexity of the operational environment and the significant level of support required from donors and partners, means that sustained and high-quality communications will be crucial. A dedicated communications cell will be established in Venezuela to support VRC and to ensure a steady flow of content and messaging. This cell will include a dedicated spokesperson and an audio-visual delegate and will work closely with the communication unit in the Americas Region and the wider IFRC global communications team. In addition to producing content and strategic support, the cell will also work with VRC to ensure that it strengthens its communication capacity through this operation.

Security: Standard security protocols about general norms, cultural sensitivity and overall code of conduct will be put in place. The minimum-security requirements will be strictly maintained. All National Society and IFRC personnel actively involved in the operations will successfully complete prior to deployment the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). The current surge alert and future human resource plans include a security profile to establish the security system of the IFRC and the VRC, and security staff will be hired to ensure the proper follow up and sustainability.

Other IFRC support

The Appeal includes actions aimed at ensuring sustainability, providing additional support that the operation will require and increasing operational capacity to generate additional support for the Venezuelan Red Cross in the implementation of the activities. The IFRC Regional Office for the Americas, located in Panama, will (in coordination with the HCCST) be responsible for establishing the mechanisms for quality control, monitoring and timely execution of the Appeal.

The Regional Office in Panama will assign an operations coordinator to provide support in the management of the operation and will ensure proper regional support related to Human Resources, Finance, Logistics, Procurement and other services that the operation will demand. The Disaster Law Coordinator will be available to provide technical support in relation with the facilitation of the entry of humanitarian personnel, goods and equipment. In-country missions will allow sensitizing all actors to IDRL recommendations (IDRL Guidelines, Emergency Model Decree). Global surge capacities, such as Emergency Response Units (ERUs) of logistics and health, will be considered if required. More details will be provided in the future Plan of Action.

Regional management will seek to have a holistic view of the response actions at the national level, as well as coherence between the operations already open to respond to the migration needs in Colombia and other countries in the region.

Budget

See attached IFRC Secretariat budget.

Venezuela - Health emergency *Funding requirements – summary*

HEALTH	40,000,000
WATER, SANITATION AND HYGIENE	3,000,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	3,000,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	2,000,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	1,000,000
ENSURE A STRONG IFRC	1,000,000
TOTAL FUNDING REQUIREMENTS	50,000,000

all amounts in Swiss Francs (CHF)

Elhadj As Sy
Secretary General

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.
