www.ifrc.org
Saving lives, changing minds.

Operation Update Report

Central African Republic: EVD Preparedness

International Federation of Red Cross and Red Crescent Societies

DREF EPoA n° MDRCF026	**GXLIDE n° N/A**
Operation Update n° 1 ; 21 September 2020	**Time frame of this mid-term report: 30 June 2020 – 17 September 2020**
Operation launch date: 30 June 2020	**Estimated duration of the operation: 6 months (New end date: 31 December 2020)**
Operation budget: CHF 133,694	**DREF amount initially allocated: CHF 133,694**
N° of people to be assisted: 745 350	
Red Cross and Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Netherlands Red Cross, French Red Cross.	
Other partners organisations actively involved in the operation: Ministry of Health, World Health Organisation (WHO), UNICEF	

Summary of changes to the Emergency Plan of Action:

This DREF operation update seeks a 3 months no-cost timeframe extension (new end date: 31 December 2020). The overall operational timeframe is now 6 months to ensure effective implementation of the operation which has been delayed by the movement restriction measures linked with the COVID-19 pandemic.

Given the priority of the implementation of COVID-19 activities and movement restriction in the country as well as the implementation of several other ongoing operations, preparatory activities against the spread of the Ebola epidemic were slow to start. Furthermore, despite several coordination meetings on the 11th Outbreak in Equateur Province of DRC, the Ministry of Health, which has primary responsibilities for activities related to health emergencies, had not yet given the go-ahead to partners including the Central African Red Cross to start the prevention activities against the Ebola epidemic on the field with health facilities.

It should also be noted that movement restriction (and road transportation from Bangui to the provinces) imposed by the government following the Covid-19 pandemic also slowed down field visits for these activities. It was following the favourable response of the Minister of Health to the request for a "*laissez-passer*" from the President of the Central African Republic RC to facilitate the deployment of the Red Cross and Red Crescent teams in the field that made it possible to carry out the first assessment mission.

Moreover, still in the framework of preventive measures due to the COVID-19, the NS could not organise a meeting of more than 15 persons; and as such, organising training sessions taking into account this restriction regarding the number of persons was a constraint not only on the practical aspect but also on the financial aspect following the budget allocated for training.

Taking into account the upcoming end of the implementation period of this operation, the National Society deems it necessary to request an extension of 3 additional months in order to be able to implement the activities foreseen in the operational action plan. There will be no change on the initially planned activities with the exception of radio program sensitisation activities which will be included to reinforce community mobilisation to be able to respect the COVID-19 measures while reducing exposure of people to the EVD.

To date, the activities that have been implemented are summarised as follows:

- participation in coordination's meeting
- field assessment missions

- Launch of procurement processes.

The extension period will allow the Central African Red Cross to proceed with the effective implementation of activities as planned. Discussions with the Ministry of Health and the World Health Organisation are on track for the launching of activities.

A. ANALYSIS OF THE SITUATION

Description of the disaster

On 30 May 2020, the Provincial Director of Health of Equateur Province informed of four suspected EVD death in the Air Congo district of the Mbandaka health zone in the Democratic Republic of Congo.

This suspicion was confirmed on 01 June 2020, and the Ministry of Public Health of the Democratic Republic of Congo (DRC) declared the 11th outbreak of Ebola Virus Disease (EVD) in the Equateur province. Due to their geographical proximity, Central Africa Republic (CAR) and DRC share significant commercial and social links over approximately 1,300 KM on either side of the Oubangui River. These exchanges take place through river transport, United Nations Humanitarians Air Services (UNHAS) between Bangui, capital of the CAR-Bandaka -Kinshaha in DRC, and are part of the secular and ancestral links between these countries.

As of 15 September 2020 and for the second consecutive day:

- No new confirmed cases of Ebola virus disease (EVD) have been detected in Equateur province. Also, no deaths were listed among the confirmed active cases.
- A total of 121 cases (115 confirmed and 6 suspected cases) including 42 deaths have been recorded since the start of the epidemic, for an overall case fatality of 37%
- The case fatality among confirmed cases is 37% (42deaths/115 confirmed cases). The number of health workers among cases infected with the Ebola virus disease since the start of the epidemic remains at 3, which corresponds to 2.4% of all cases.
- Since the start of the epidemic, 12/18 (67%) health zones (HZ) and (10.7%) health areas reported at least one confirmed or suspected case of EVD
- 39 health areas affected, spread over 12 health zones

This DREF operation was launched on 30 June for three months, to allow CAR RC to undertake preparedness actions in the event an EVD case was declared in the country. This is taking into account weak health systems in CAR which are exacerbated by the COVID-19 pandemic.

Summary of current intervention

Since the outbreak was declared, the national headquarters of the Central African RC has alerted its local committees of the concerned health districts to ensure that they are aware and that they can reactivate the volunteers who were trained in 2018. This response has been so far slow due to the lockdown imposed by the COVID-19 pandemic, which demands that social distancing measures be implemented everywhere and restricts movements of people.

To date, the below main achievements have been registered as part of the ongoing operation:

Sector	Activity	Key figures recorded
Health	Assessment mission on the Ebola virus disease entry point at the border localities with the DRC which is defined as priority areas.	The mission took place in the localities of Mongoumba Center, Ikoumba, Gouga, Sabourou, Embouchcure, Zinga, Mongo and Sedale The objective of this mission was to explore the EVD surveillance system at entry points in the Mbaïki health district. This allowed CAR RC to: - Collect updated information on the EVD surveillance system put in place in 2018; - Assess the needs of entry points in terms of infrastructure and equipment required to re-operationalize the entry points; - Update the list of volunteers who will be involved in monitoring activities together with Mongoumba local committee
Strategy for implementation	Logistic process	The tender process has been finalised for: - procurement of handwashing kits and other inputs to be installed at entry stations - SDB kits

		- Ongoing delivery of material.
	Capacity Building	- Some 80 volunteers and 8 supervisors have been identified with the support of the local committees concerned, under the supervision of the national headquarters. It should be noted that many of these volunteers were trained and involved in the epidemiological monitoring during 2018 preparatory activities. - Harmonised training modules in collaboration with the Ministry of Public Health.
	Coordination	- Participation of the NS and the IFRC in the various meetings of the platform for the preparation against the Ebola epidemic with other humanitarian partners. Note that IFRC/CAR RC is represented in three committees: Communication and social committee, case management committee (in this case, within the emergency response team, epidemiological monitoring committee). - Working and discussion sessions between the NS and the IFRC, but also with WHO Ebola focal point.

Despite the above progress, the below could not be implemented to date:

- Two of the three planned monitoring and evaluation missions could not be carried out because the clashes in the PK5 area of Bangui did not allow NS staff to carry out all field visits. As such, the National Society takes appropriate security measures to ensure that volunteers are aware of the risks and how the Red Cross emblem protects them.

- Since the approval of this DREF, the National Society has not really carried out on the field, particularly in Zone 1 of Mongoumba, an assessment mission of the entry points to inquire about the state of the equipment in place from 2018 to carry out screening and other checks at these entry points. NS took this opportunity to also identify the number of volunteers available and active in these localities.

Overview of Red Cross and Red Crescent Movement Actions in the country

The IFRC Country Office is working closely with the Central African Red Cross (CAR RC) to coordinate all activities related to this current operation, including planning, implementation, monitoring and reporting. IFRC country office jointly carried out, from 7 to 9 August, the assessment mission to the entry points in zone 1 of Mongoumba and other localities. RC Movement joins the various coordinating meetings as well as working sessions organized by the Ministry. The other activities are being jointly planned for the implementation of the operation.

Regarding the other components of the Movement, the aspects of this preparation operation against the Ebola virus disease were discussed during the Movement coordinating platform meeting which was set up in the context of the COVID-19 pandemic in June 2020. EPoA is available here.

Overview of other actors' actions in country

Upon the alert of Ebola Virus Disease resurgence in neighbouring DRC, the Central African Ministry of Public Health set up a national platform for the preparedness and prevention of this epidemic. This platform is coordinated by the Director of Epidemiological surveillance and Public Health Emergency Management and brings together partners involved in the preparedness. It should be noted that COVID-19 response remains the priority in CAR as in all other countries, so despite this other emergency, this committee is striving to gather and effectively organize to ensure that entry points and border transit points with the DRC are fully covered, both in the Bangui and Mbaiki health districts.

Needs analysis and scenario planning

Needs analysis

The needs analysis, as well as risks assessment of the operation, remain the same as in the development of the initial action plan for this operation (see EPoA), as such, this operation update will provide highlights of the identified needs at assessed points of entries.

In order to assess the existing legal entry points and their operational capacities, an assessment mission was carried out in August. Nine legal entry points/border crossing points have been identified in Bangui, notably at Port beach, Port Sao and Damika. As per the meeting with the Director of epidemiological surveillance and public health emergency management, these posts infrastructure are adequate but need to be equipped with health control sheets, thermometers,

gloves, bibs, masks, hand sprays, communication support, registers, etc. Technical support also needs to be provided to the personnel who work there. This assessment focused only on these nine entry points and did not take into account other illegal crossing points.

At Mongoumba, in the health district of Mbaiki, there are 6 entry points (Gouga Ikoumba, Embouchure, Zigna, Mongo, Sédalé). In most of these areas, stations have been built but they have been damaged and need to be rehabilitated and equipped. This is the case with the posts in Bimbo market, on the Ngoeta - Bangui river axis. It is also important to provide a reception system in these stations for people who present symptoms such as fever, for an observation period.

Operation Risk Assessment

CAR remains the second priority country for importing Ebola virus disease from the DRC. Though there are well-established entry points at the borders of these two countries, we cannot ignore the entry points which are not under any surveillance.

Risk factors for importing Ebola virus disease into CAR include trade between at-risk districts and areas affected by the 11th Ebola virus disease outbreak in DRC, large cross-border movements of people for family reasons and health with the province of Equateur, inadequate health checkpoints at entry or crossing points, and porous borders. The same is true of other entry areas that are not accessible from a security standpoint (see EPoA).

Exit Strategy

If by the end of this DREF operation on 31 December 2020, no case of Ebola is registered in CAR, this does not mean that the risk ceases to exist. Indeed, as long as the epidemic is not controlled in DRC, CAR remains at risk of a spread of the EVD.

Faced with this situation, there the NS and its partners have started talks on continuing ongoing surveillance work at the sites and the different entry points and crossing points, with systematic registrations, temperature taking and community sensitization on the disease. Since the restrictive measures for prevention and surveillance of COVID-19 are not very different, the surveillance for Ebola will be automatically integrated to continue in conjunction with that of the pandemic. This will also allow for intensified efforts on behavioural change at the community level.

In addition, and as highlighted by the CAR Ministry of Public Health, the risk remains permanent. It is important to remain on standby and therefore, MoH is seeking the support of all partners to this effect. It will further strengthen not only coordination at the country level by reinforcing inter-ministerial collaboration, but also communication with its DRC counterpart and also share preventive actions with Republic of Congo (RoC).

Finally, it is important that by the end of this operation, CAR should be integrated to the existing Ebola Emergency Appeal so that it remains under the magnifying glass in case a case is detected in CAR that there is immediate response action. This will depend on the evolution of the situation in DRC and CA

B. OPERATIONAL STRATEGY

Proposed strategy

The objective of the strategy remains the same; that is, to support the prevention and early detection of possible cases (scenario 1) and to reduce morbidity and mortality (scenario 2 and 3) resulting from a possible Ebola epidemic, under the preparedness plan of the Ministry of Health of the Central African Republic.

From the onset, it should be noted that COVID-19 restrictive measures did not allow the National Society to start operations on time. The National President had to apply for a "*laissez-passer*" at the level of the Ministry of Health in order to allow RC activities that are not linked to the pandemic to begin in the field. Fortunately, this request was granted.

In August, the National Society carried out an assessment mission on the field, to assess the state of entry points and crossing points. This mission allowed the team to carry out a needs analysis in the field involving all sectors and stakeholders.

To date, all the activities planned in the initial EPoA of this DREF remain relevant for all areas (Health, safe and dignified burials, risk communication and community engagement (RCCE) and protection, gender and inclusion (PGI) in the intervention strategy. The same applies to support services. (see EPoA),

Operational support services

All operation support services remain as originally planned in the EPoA.

C. DETAILED OPERATION PLAN

Health

Beneficiaries: 0
Men: 0
Women: 0
Children: 0

Outcome 1: **Health Outcome 1 : Early detection of the first suspected cases of EVD in the 04 at-risk health districts selected.**

Indicators:	Targets	Actual
Number of suspected cases detected	N/A	0

Output 1.1: Passengers at the 8 checkpoints (entry and transit points) benefit from adequate temperature control and preventive measures for the early detection of suspected cases of EVD and the prevention of Ebola transmission.

Indicators:	Targets	Actual
Number of operational and equipped entry points	8	0
Total number of passengers registered	N/A	
Proportion of passengers whose temperature was checked	100%	0
Proportion of people with temperatures above 37.5 degrees	N/A	

Progress towards achievements

To date, only a few activities have been carried out including assessment mission, volunteer identification and launch of procurement process, training harmonization along with continued coordination and advocacy with MoH.

Rehabilitation of Entry Points: Discussions are ongoing with the Ministry of Health to identify the equipment for the nine identified entry points. The same applies to the necessary equipment to operationalize these stations. In addition, the activity package for the proper functioning of these stations will be identified, notably registration, temperature taking, observation of suspected cases and referral to health centres if necessary. Data sheets templates will allow collecting the necessary information at entry points so as to verify: details of the number of passengers checked per disembarkation, the number of alerts recorded with temperature above 38 °, the number of validated alerts showing other signs, the number of suspected cases (contact with a case), the number of passengers who refuse the temperature measurement, the number of passengers who refuse to observe the barrier measures, such as systematic hand washing. There is another sheet which summarizes the daily Ebola surveillance sites with data disaggregated by sex and age groups for both population movements and temperature monitoring. The data will be collected and transmitted through the system put in place.

Joint CARC / IFRC assessment mission – River crossing ©CAR RC

Mobilization of volunteers for the entry points is ongoing. These volunteers will reinforce the team already set up by the Ministry of Health in some entry points and in others, they will be in charge of the entire management of these stations. Each point is planned to have six volunteers, but taking into account the realities on the field, this will depend on the reception capacity of the entry point and the influx of people as well as the disembarkation rate. Joint missions will be planned and carried out with the Minister of Health and other partners to supervise the field activities.

Possible constraints: Misinterpretation by MoH staff deployed as volunteers with regards to payment. The Red Cross will provide only the perdiem depending on the days they are deployed on the field. Where stations are already built, the Red Cross will discuss with the Ministry of Health to also add its logos. In addition, at border stations, customs and emigration/immigration staff are mostly found at these stations. It is true that their presence also serves as a deterrent for people who disembark from canoes and who do not want to be registered or respect the security measures, but this still remains a constraint for the Red Cross to work in the same place with men in uniform.

Health Output 1.2: Suspected Cases Detected Early in At-Risk Communities in At-Risk Districts.

Indicators:	Target	Actual
Number of community volunteers recruited, trained / retrained and deployed	80	0
Number of supervisors trained and deployed	8	0
Number of joint supervisions carried out	3	1
% of suspected or confirmed cases in targeted areas referred and captured through community-based surveillance alert	N/A	0
% of community-based surveillance alerts responded within 24 hours	N / A	1
Proportion of communities in which action has been taken following an alert (per month)	N/A	0

Progress towards achievements

Discussions with the Ministry of Health, training of volunteers and community relays on community-based surveillance will be carried out jointly. An overall work is already being done at the level of Bangui so that the training modules are harmonized while taking into account the Red Cross concepts as well as the vision of the Ministry.

The same will apply to the training of supervisors. The systems for collecting and transmitting information are also being put in place, taking into account the elements discussed by the Ministry and the Red Cross.

Health Output 1.3: Improving people's knowledge of EVD and strengthening community ownership and support for preparedness

Indicators:	Target	Actual

Number of community relays trained in community and mass awareness	80	0
Number of volunteers trained in communication with the media	24	0
Number of supervisors trained and deployed	8	0
Number of home visits made	8100	0
Number of community meetings held	16	0

Progress towards achievements

Capacity building activities for community relays, leaders, volunteers and supervisors have not yet started. But discussions continue with the local committees for the identification of people to be trained and the selection criteria are developed by the health department of the National Society with the support of the office of the International Federation.

Health Output 1.4: Reducing the risk of human-to-human transmission of EVD in at-risk health districts

Indicators:	Target	Real
Number of hand-washing kits with inputs installed at entry/passage points	16	0

Progress towards achievements

- The field visit allows knowing the number and quality of handwashing kits that will be prepared at entry points and health centers. The logistics procedures have already started and are very advanced with service providers who will soon make deliveries.
- The 80 health control officers to be trained are being identified by the Ministry of Health.
- Following the field assessment, the number of entry/passage points will be reviewed with those of Mongoumba

Health Output 1.5: Building the country's capacity to holistically manage EVD cases and carry out dignified and secured burials

Indicators:	Target	Actual
Number of volunteers trained	80	0
Number of pre-positioned personal protective equipment kits for Safe and Dignified burial teams	4	0
Number of operational base decontamination construction kits	4	0

Progress on achieving results

Logistics arrangements have already been made for the purchase of the protective materials for the SDB teams. The whole process is almost closed with the calls for tenders and the selection of providers completed. When the equipment arrives, it will be prepositioned in the targeted health districts immediately. It is after this that simulation exercises will be organized.

Protection, Gender and Inclusion

Beneficiaries: 0
Male: 0
Women: 0
Children: 0

PGI Outcome 2: Communities supported by the Central African Red Cross identify the needs of the most vulnerable and particularly disadvantaged and marginalized redheads, due to inequality, discrimination and non-compliance with their basic rights and meet their specific needs.

Indicators:	Target	Actual
Percentage of men and women who learned about gender, diversity and inclusion	60 %	0

Output 1.1: **The current operation improves equitable access to basic services, taking into account different gender-based needs and other diversity factors**

Indicators:	Target	Actual

Number of female volunteers involved in the activities	50%	0
Proportion of women who benefited from services through voluntary actions	52%	0

Progress towards achievements

Activities to assess the specific needs and risks of people according to sex, age and disability have not yet been carried out. Once the identification of people with special needs is complete, all other activities will follow. Emphasis will be laid on the involvement of women volunteers in the management of the operation and also allowing these women to benefit from the services through their actions as volunteers.

PGI Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.

Indicators:	Target	Target
Number of volunteers and staff who are informed and who have signed the code of conduct	320	0
Proportion of victims of Sexual-Based Violence (SVB) referred	80	0

Progress towards achievements

Once the volunteers have been trained, a system will be put in place so that NS and IFRC staff involved in the operation sign the Code of conduct and are informed about gender-based violence and child protection.

Arrangements are being made to enter into collaboration with other organizations working on SGBVs and all the local reference systems will be put in place.

Strategies for Implementation

Outcome SI.1: The capacities of the Central African Red Cross capabilities strengthened and the volunteers involved in the operation are supervised and motivated.

Output S1.1.1: The CRCA has volunteers engaged and motivated for the operation

Indicators:	Target	Actual
Total number of volunteers deployed	320	0
Total number of insured volunteers	320	0
Total number of volunteers trained in each sector: SBC - CEA - DBS - IPC	80 per sector	0

Progress towards achievements

In this sector, the aim was to provide insurance to 320 volunteers, train them on the operation management as well as on specific pillars such as community based surveillance, community engagement and accountability, safe and dignified burials, and on the prevention and control of epidemics. The identification of volunteers is on ongoing and the subscription of the insurance will be finalised when the anagraphic list will be completed. The training of these volunteers will follow soon after.

SI.1.2: The capabilities of the local branches of the CARC are improved as a result of this operation

Indicators	Target	Actual
Number of volunteers trained in each branch	320	0
Number of local committee leaders	4	0

Progress towards achievements

Discussions are ongoing with the local committees concerned by the operation for the identification of volunteers who have the profile for the training (knowing how to read and write, be a CAR RC volunteer) and their capacities will be further strengthened in terms of knowledge of the Movement and dissemination of Fundamental Principles. This is the case of Mongoumba, where 50 volunteers have already been identified. The same will apply for the training of leaders of the 4 committees involved.

Outcome SI 2.1: Effective coordination is ensured during the operation

Indicator:	*Target*	*Actual*
Proportion of coordination meetings in which the CRCA / IFRC participated	100%	100%

Output SI 2.1.1: Operation activities and well-coordinated at all levels

Indicator:	Target	Actual
Number of meetings organized by the CRCA and the IFRC	12	3

Progress towards achievements

A platform for coordination has been set up in Bangui by the Ministry of Health and its partners. The Central African Red Cross with the support of the International Federation takes part in all meetings on this platform. These meetings also involve officials from all the health districts concerned.

On the side-lines of these meetings, the IFRC and the National Society organise technical meetings scheduled every month, but other meetings and working sessions have been organised several times for emergency needs related to this operation.

Challenges: the real challenge lies in the number of meetings that are organised frequently as part of the multiple operations ongoing in the country and in which the Central African Red Cross as well as the International Federation are involved. Also, with the COVID-19 crisis, several face-to-face meetings are replaced by virtual meetings.

Output SI 2.1.2: The activities of CARC volunteers are well monitored, evaluated and taken into account at different levels

Indicators	Target	Actual
Number of joint supervision organized	9	1
Number of radio spots broadcast (new indicator)	60	0
Number of translations done (new indicator)	2	1
Number of financial and narrative reports submitted on time	6	1 (update)

Progress towards achievements

For the moment, no activity has been set up concerning feedbacks, but the NS is working on the system that will be put in place to respond to the local context.

A joint IFRC-CARC mission was carried out in the locality of Mongoumba and the localities of Bangui 1, Bangui 2 as well as in the health districts and entry points at Bangui.

Key messages are planned to be broadcast on radio as part of new activity to be implemented, contributing to sensitizing on physical distancing measures in a context of COVID-19 pandemic, but also to ensure that the maximum number of people are made aware of the risks of EVD spreading. As such, key messages in media (spot radios) with be produced and broadcast radio message/ spots in French and in Sango (language spoken by almost 98% of the Central African population). These will be done in the framework of a contractual agreement with two targeted radios: Radio Maria (already contracted in 2018), and the United Nation's Radio. The broadcasting will be done on a scheduled period (two times a day for one month) in alternation. The two radio stations will take turns broadcasting for an overall 60 broadcasts at least.

D. Financial report

The amount allocated for this operation remains at CHF 133,694. However, given the delays in starting the operation, some lines will be reallocated to ensure the radio sensitization sessions and translation costs are catered for, as CAR RC is a francophone NS.

Reference documents

Click here for:

- Emergency Plan of Action (EPoA)

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

CAR Red Cross Society (CAR RC)

- Acting Secretary General: Honoré TOUNGOUYASSET; Email: toungouyasseth@gmail.com Phone: +23675047951
- National Health Director: Dr Etienne Fernand GBAGBA; email : Fernand gbagbafernand412@gmail.com ; Phone : +23675505117

IFRC Country Office, Bangui:

- Denis DUFFAUT, Head of Country Office, CAR; email: denis.duffaut@irfc.org Phone: +236 72 86 60 45

IFRC office for Africa Region:

- Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; email: Adesh.TRIPATHEE@ifrc.org Phone +254 731067489

In IFRC Geneva :

- Nicolas Boyrie, Senior Officer Operations Coordination; Email: Nicolas.BOYRIE@ifrc.org
- Karla Morizzo, DREF Senior Officer; phone: +41 (0) 22 730 4295; email karla.morizzo@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Franciscah Cherotich Kilel, Senior Officer, Partnership and Resource Development, Nairobi, email: Franciscah.KILEL@ifrc.org,

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit : RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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

- **IFRC Africa Regional Office:** Philip Komo Kahuho, PMER Coordinator, Email: Philip.kahuho@ifrc.org

How we work

The International Federation strives to apply the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisation (NGO) in disaster relief operations and is committed to comply with the Humanitarian Charter and the Minimum Standards for Disaster Response (Sphere Project) as part of its assistance activities in favour of the most vulnerable people. The General purpose of the International Federation is to inspire, encourage, facilitate and push forward at all times and in all its form the humanitarian action of National Company, with a view of preventing and alleviating human suffering and thus contribute 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.