

# Operation Update 1

## Zimbabwe: Measles Outbreak

DREF Appeal n° MDRZW018	GLIDE N° <b><u>EP-2022-000304-ZWE</u></b>
Operation update n° 01 Date of issue: 11 November 2022	Timeframe covered by this update: from 11 September to 30 October 2022
Operation start date: 01 September 2022	Operation timeframe: 4 months and end date: 31 January 2023
DREF amount initially allocated: CHF 260,658	
N° of people being assisted: 50,400 children	
Red Cross Red Crescent Movement partners currently actively involved in the operation: American Red Cross, Danish Red Cross, British Red Cross, IFRC, Finish Red Cross.	
Other partner organizations actively involved in the operation: GoZ, FSLC, WHO, Provincial and District Authorities	

### Summary of major revisions made to emergency plan of action:

The main purpose for this update is to revise the operation as follows:

- To change the implementation area from Manicaland to Masvingo following Ministry of Health and Child Care (MoHCC) recommendation on account of delayed implementation in Manicaland which saw the province being over-subscribed while Masvingo Province has positive need but not adequately covered.
- To revise the budget activities to reflect the needs and context of the new province (Masvingo) though without any changes to the budget total. This, bearing in mind that the original input to the budget from the MoHCC had not covered support to the volunteer training and engagement at ward level (health center level). Equally the MoHCC has developed the implementation plan and the budget needs to support the plan, consistent with National Society (NS) auxiliary role.
- To allow MOHCC vaccination teams to be given hotel accommodation allowances according to Zimbabwe Red Cross Society policy which makes it easy for teams to go out and camp in some of the targeted remote areas where there are limited standard accommodation facilities like in Gokwe North.

*Table 1 Summarized challenges and possible ways to solve them*

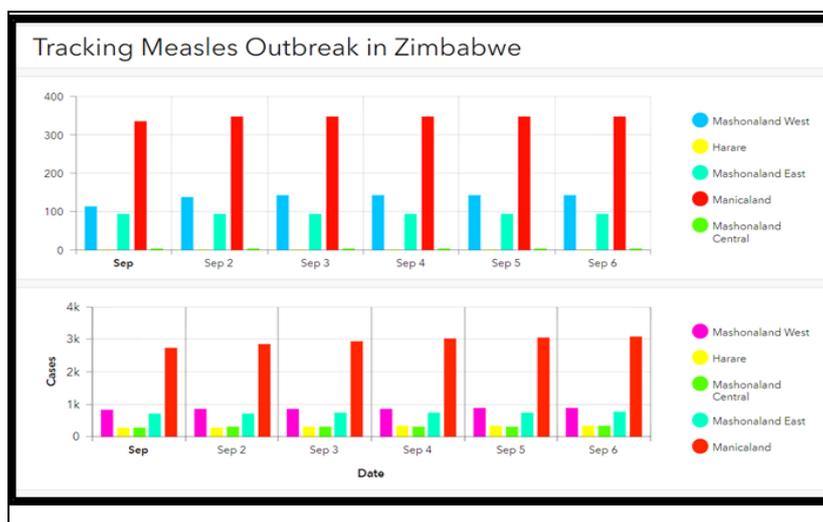
Challenges leading to the current revision	Mitigation measures
The current operational strategy and budget do not support the MoHCC Immunization Plan.	Revising the EPoA and budget to support the MoHCC Immunization Plan.
The current operational strategy and budget is not aligned to the immunization schedule at Ward level (health center level).	Revising the budget to support the volunteer training and engagement at ward level (health center level).
Accessibility of standard accommodation facilities in the Gokwe North is a challenge.	ZRCS is proposing to pay out of hotel allowance using NS set standards.
There has been a delay in procuring visibility material leading to households shunning away social mobilizers (volunteers) and the possibility of the project not reaching set targets.	Expedite the procurement process to meet the set deadlines.

## A. SITUATION ANALYSIS

### Description of the disaster

From early April 2022, Zimbabwe was struck by a deadly national measles outbreak that [killed more than 750 children](#) within the outbreak's first 6 months to 2 October 2022. This outbreak [raised alarm bells internationally](#), with organizations like UNICEF, Red Cross and the WHO expressing concern and activating an emergency response strategy to provide support and resources to the Government of Zimbabwe (GoZ). The first case was recorded in Manicaland province on the 10 April 2022 in Mutasa district and by 31 August, 639 children had succumbed to the virus accumulating to 750 deaths by early October. In response, the Government of Zimbabwe rolled out a nationwide emergency immunization programme targeting 95% of all children from 6-59 months and in some instances up to 15 years in an attempt to attain herd immunity. Nationally, there are reports that cumulatively around [85 % of all children under the age of five were fully vaccinated against measles](#) by 2 October 2022. Currently the GoZ's focus is ramping up efforts to immunize the remaining eligible populations prioritizing Manicaland Province. According to the Midlands Province MOHCC, 65% of all children under the age of five are fully vaccinated against measles by the 20 October 2022.

The tracking and publication of measles data for the public by the Ministry of Health on twitter was stopped in September to minimize public panic. However, vaccinations have been ongoing at all static facilities and outreach teams were visiting hard-to-reach areas and children in the 6-59 months category are being vaccinated irrespective of their vaccination status. At least 85% of the children have been vaccinated in Manicaland Province and of the 7 413 children affected by measles, 5 600 have recovered, representing 76% recovery. Countrywide immunization will continue until all the areas are covered in as much as it continues until it reaches the national 95% vaccination target.



Province	Cases	Deaths
Bulawayo	22	0
Harare	321	1
Manicaland	3084	347
Mashonaland Central	314	2
Mashonaland East	741	92
Mashonaland West	856	141
Masvingo	411	50
Matabeleland North	112	0
Matabeleland South	68	11
Midlands	622	60

### Summary of current response

#### Overview of Host National Society

The Zimbabwe Red Cross Society (ZRCS) have responded to the outbreak through various ways noted below:

1. Engaged the MOHCC on ways to organize emergency relief to relieve suffering and promote health and welfare of the community. Through the help of the MOHCC the NS developed and submitted a DREF application to IFRC to help in administering the vaccines in the hotspot areas. The DREF was approved on 1 September 2022. Also, through technical and funding support from American Red Cross and MOHCC the NS also developed a proposal to support social mobilisation for measles vaccination campaign in Gokwe remote areas and informal settlements of Harare.
2. ZRCS utilised a wide network of volunteers within communities to support response initiatives and these volunteers were recognised even within government system as a vital cog in community development and disaster response. The volunteers are instrumental in social mobilisation of Red Cross activities and thus have this vital skill and recognition in the communities.
3. At district level, ZRCS participate in the coordination meetings and start planning and information sharing internally with the support of information from committees.
4. Zimbabwe Red Cross Society as a member of the Risk Communication and Community Engagement (RCCE) working group, has been working together with the Ministry of Health in designing the response plan.
5. The ZRCS is also known for having an extensive experience in community Social Mobilisation from the past epidemics and pandemics such as Cholera, Typhoid, HIV and AIDS and COVID-19. In this outbreak the NS undertook social mobilisation campaigns in two of the affected districts; supporting the vaccination logistics, challenges faced by providing material and resources so that they can cover all parts of the targeted districts.

## Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provides technical support to the ZRCS through its Harare Country Cluster Delegation which covers Zimbabwe, Malawi, and Zambia. The IFRC is providing support in planning, monitoring, and evaluation of the DREF operations. Technical input is being provided throughout the operation. IFRC will support the planning and conducting of an end-term survey to measure change in attitudes and behaviour in relation to measles vaccinations. The idea will be to take some inspiration from a KAP methodology and simplify it to fit in a short survey tool to be used at the end of the operation. It will serve to analyse the impact of this response and for immunisation system and could be helpful for future operations. ZRCS has been updating the IFRC Go platform on the epidemic and has been attending coordination meetings at various levels of the government.

American Red Cross has committed to support the measles vaccination process and they have provided funds to support social mobilisation by ZRCS in 4 locations/areas. Out of the 4 locations/areas, three are informal settlements spread around Harare, the Capital city. The fourth is a rural district to the North-western part of the country. the locations in Harare include Southlea Park, Hopely and Epworth. The AmCross are also technically supporting National society in the implementation of the approved plan under this funding.

## Overview of non-RCRC actors in country

The Government of Zimbabwe (GoZ), through the Ministry of Health and Child Care (MoHCC) has instituted several initiatives to contain this measles outbreak in the country and is working with some partners. MoHCC issued a statement to alert the communities after the initial escalation in number of the affected people on 11 August 2022, calling for vigilance and providing information on the disease. The government initiated a mass awareness campaign to curb the further spread of the disease as highlighted in the statement shared with partners by secretary for health and childcare. The statement has brought more actions or started interventions from other partners that usually support the Government response. ZRCS continues to engage the MoHCC through coordination meetings at province and national levels. The Ministry of Health and Child Care is also getting support from UNICEF, the World Health Organisation, and other partners ever since the beginning of the outbreak and they embarked on a massive nationwide measles vaccination campaign targeting children from 6 months to 59 months.

The Government of Zimbabwe through support from different humanitarian actors by mid-October had achieved 85% immunization leaving a 10% gap from the 95% target. Of the 7 413 children affected by measles as of 02 October 2022, 5 600 had fully recovered and the rest being monitored by 20 October 2022.

## Needs analysis and scenario planning

### Needs analysis

The establishment of needs was mainly through the inquiry and data provided by the Ministry of Health and published through the public domain. In as much as there was no independent inquiry from the ZRCS, quantitative data from the MoHCC as well as updates from the MoHCC and the meetings and interviews with government officials filled the gap as the MoHCC received real-time data from the provinces. In Masvingo province as of 06 September 2022, more than 411 measles cases and 50 deaths were reported. Vaccination statistics at provincial level are not yet clear but Mwenezi district MOHCC indicated that only 57% had been vaccinated against the target of 95%.

As anticipated in the Emergency Plan of Action the number of deaths increased from 150 in August by close to 500% in a space of a month but however according to the last situational report in mid-September by the MoHCC it had now started to drop significantly.



*Picture Combo 1 Training of trainers for 19 Supervisors in Epworth and inception meeting in Gokwe South*

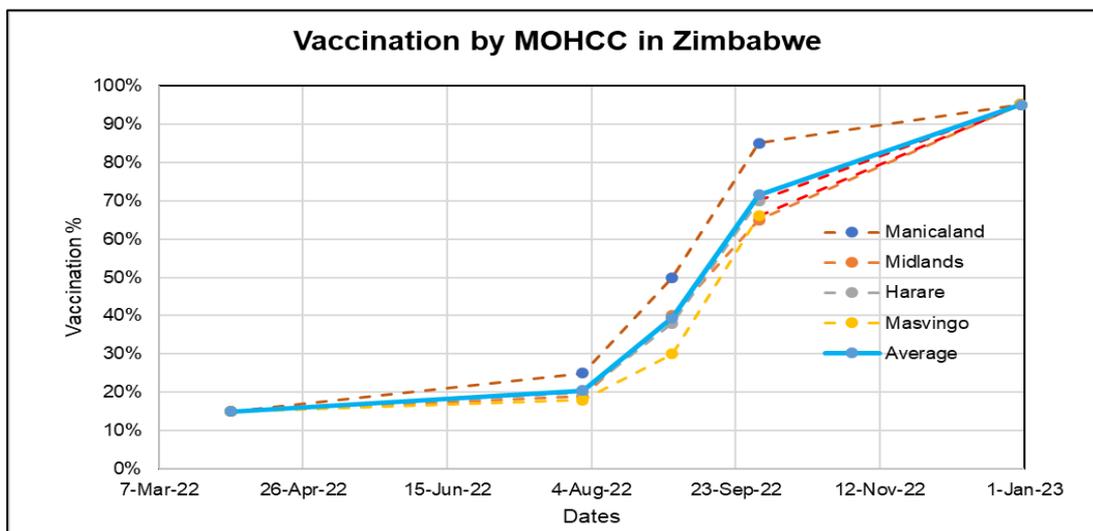


Figure 1 Vaccination status by the GoZ as of 02 October 2022 and the targeted percentage as at end of year.

Table 2 Vaccination percentages for the two DREF targeted districts

District	Vaccination Target % by end of Campaign	Vaccination Status % as at 21 October 2022
Mwenezi	95%	57%
Gokwe North	95%	25%
Average	95%	41%

At a national level the GoZ has reported through various media to have won the fight against measles with 85% of the targeted children having received the vaccinations in Manicaland Province (Measles Hotspot). However, the case is different in DREF supported districts. Gokwe North district has reported a very low vaccination turn out at 26% due to inaccessibility of other areas and shortage of staff to administer vaccines. Both Gokwe North and Mwenezi districts are below the National Vaccination Average of 70% as shown on Figure 3 above.

### Scenario Planning

The situation is unfolding as anticipated by the Most Likely Scenario in the EPoA as shown on the snippet below.

Scenario	Humanitarian consequence	Potential Response
<b>Best Case Scenario:</b> The number of deaths due to measles dropped sharply across the country from September with only fewer measles cases reported over the coming weeks. However isolated deaths are reported in	<ol style="list-style-type: none"> <li>1. Few children dying due to measles</li> <li>2. Few Measles Cases reported</li> <li>3. All people have access to information on prevention measures and vaccination</li> </ol>	<ol style="list-style-type: none"> <li>1. Educational Awareness Campaigns particularly targeting hard to reach groups and groups having sociocultural negative perception of vaccines</li> <li>2. Advocating for Immunization in high measles deaths reported areas</li> <li>3. Training volunteers to provide awareness campaigns in communities</li> </ol>
<b>Most Likely Scenario:</b> The number of reported measles related deaths increased sharply by more than 50%. Vaccination due to cultural, traditional and religious factors remains low and needed more social mobilisation. Cases spread over the current localities and even over the current affected districts	<ol style="list-style-type: none"> <li>1. High mortality threat among children.</li> <li>2. Very low or insignificant turn out for vaccination linked with vaccination misconceptions</li> <li>3. Lack of information on prevention measures and vaccination amongst community members</li> <li>4. 50% increase of measles cases across the country with more districts affected</li> <li>5. Mortality rate increased especially after vulnerable groups are affected.</li> <li>6. Children from 5 to 16 years old cases are increasing</li> </ol>	<ol style="list-style-type: none"> <li>1. Educational Awareness Campaigns across the country i particularly targeting hard to reach groups and groups having sociocultural negative perception of vaccines</li> <li>2. Advocating for vaccination in high measles deaths reported areas and supporting Ministry of Health in administering vaccines</li> <li>3. Training volunteers to provide awareness campaigns and Social Mobilisation in communities</li> <li>4. Support Government of Zimbabwe with resources required for rolling out measles vaccination</li> <li>5. Apply and launch a DREF to support the above-mentioned actions.</li> <li>6. Develop and launch an Anticipatory action to strengthen country capacity to face vaccine preventable diseases outbreaks</li> </ol>

Figure 2 Anticipated scenario by the NS during the development of the EPoA for the outbreak

## Operation Risk Assessment

**Vaccine hesitancy:** The anticipated vaccination hesitancy has been tackled with robust social mobilization campaigns in areas with the lowest immunisation rates. Currently the vaccination campaigns have been going on smoothly and the project has not been hindered by the vaccination hesitancy.

**COVID-19-** To date, the operation has not been directly affected by the Covid19 situation in the country, however, the volunteers and staff involved are adhering to preventative measures set by WHO and GoZ.

**Economic situation** – The economic situation seems not to affect the ongoing measles vaccination campaign as the GoZ has reported early success towards fighting measles.

**Socio-political situation toward 2023 elections:** The NS is currently monitoring the socio-political situation and its implications to the operation, and, to date, there haven't been any reported issues of socio-political violence hindering the vaccination campaign.

**Raising of cholera transmission:** The rainy season hasn't yet started hence no reports of cholera transmission across the country. The NS will continue to monitor the situation as the country is about to step into an above-normal rain season.

## B. OPERATIONAL STRATEGY

### Proposed strategy

As it stands, the proposed operational strategy in the Emergency Plan of Action haven't changed however following consultations with the MOHCC the plan must be adjusted to fall into the government vaccination plan. The implementation of the project is being delayed due to the unconformity of the IFRC DREF spending requirements with the proposed government plan. There is a high probability that some of the proposed activities will not be implemented since the Measles Vaccination Campaign by the Government of Zimbabwe will end on 30 October 2022. Below are the updates on the activities proposed in the EPoA and some of the actions done by the NS with support from American Red Cross:

### ACTIVITIES

#### 1. Stakeholder engagements and response coordination

Despite challenges on the accessibility of operation funds the NS has successfully conducted two provincial inception workshops in both Masvingo and Midlands provinces using DREF funds. Mwenezi District has conducted the inception workshop and the key indications are that the Measles vaccination is much lower than expected and NS has been encouraged by the GoZ to expedite its processes to support the campaign. The planned inception workshop at district level will be conducted in the next few days in Gokwe North. on the other hand, through the American Red Cross funded social mobilization for measles vaccination campaign project 3 inception meetings were held in Hopely and Southlea Park, Gokwe South and Epworth.

#### 2. Social mobilization and support to the delivery of measles vaccination campaign

##### a. Training of volunteers and Community Health Workers

Under this DREF this activity hasn't been done due to the unconformity of the IFRC DREF spending requirements with the proposed government plan. However, in Harare and Gokwe South district supervisor and volunteers were trained on Signs and Symptoms of Measles, Social Mobilization and data collection under the funding from American Red Cross as shown on the table below:

District	Supervisors	Volunteers	Data Managers
Harare	40	400	8
Gokwe South	31	310	6
<b>Total</b>	<b>71</b>	<b>710</b>	<b>14</b>

##### b. Increased human resource capacity for the social mobilization and delivery of measles vaccination campaign.

Under this DREF this activity hasn't been done due to the unconformity of the IFRC DREF spending requirements with the proposed government plan. However, through funding from American Red Cross 710 volunteers across the country have been activated to support the campaign.

##### c. Community-based surveillance

Under this DREF this activity hasn't been done due to the unconformity of the IFRC DREF spending requirements with the proposed government plan.

### 3. Hygiene kits distribution

The planned procurement and distribution of hygiene kits to the affected have not yet been done sighting procurement delays.

### 4. Psychosocial Support

Under this DREF the planned psychosocial support to the affected as well as the volunteers hasn't been done. The activity will complement the above activities which are also yet to be started.

### 5. Risk Communication and Community Engagement and accountability

Through engaging stakeholders and intended beneficiaries of the operation negative issues have been coming up which relates to the late implementation of the planned activities. Under the Social Mobilization for Measles vaccination campaign project funded by the American Red Cross standard risk communication and community engagement and accountability principles have been followed.

### 6. Protection, Gender, and Inclusion (PGI)

Under this operation a few or none of the PGI related activities have been done since the plan was to merge with social mobilization and awareness campaigns. The Social Mobilization for Measles vaccination campaign project funded by the American Red Cross volunteer selection criteria in Harare was dominated by females.

## C. DETAILED OPERATIONAL PLAN

Please Note: This operation is not working in isolation but rather supporting the Social Mobilization for Measles vaccination campaign project funded by the American Red Cross, hence the more numbers have been achieved with very minimum funds utilized as planned in the EPoA.

	<p><b>Health</b>  <b>People reached: 20,664 (Mwenezi &amp; Gokwe North)</b>  Male: TBA  Female: TBA</p>	
<b>Health Outcome 4: Transmission of diseases of epidemic potential is reduced</b>		
<b>Health Output 4.5: Transmission of new cases is limited through support for vaccination campaigns</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of children vaccinated	50,400	20,664
Number of volunteers and community health workers engaged in social mobilization	500	795
Number of volunteers and community health workers trained in CEA	500	795
Number of volunteers and community health workers trained in vaccination process	500	795
Number of volunteers and community health workers trained in community mobilization	500	795
Number of volunteers and community health workers trained in CBS	500	795
Number of volunteers and community health workers trained in MHPSS	500	795
Number of visibility materials produced	2000	0
Number of hygiene kits procured and distributed	450	0
Number of HH provided with Hygiene kit	450	0
<b>Health Output 4.6: Improved knowledge about public health issues among the targeted localities on measles</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of videos/ documentaries, newspaper articles published	2	0
Number of media engaged for awareness messages diffusion	3	0
<b>Health Outcome 6: The psychosocial impacts of the emergency are lessened</b>		
<b>Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of volunteers and staff attended the session on MHPSS	40	71

Number of volunteers and staff receiving MHPSS	40	0
Number of people in the communities requesting MHPSS	1000	0
<b>Health Outcome 7: National Society has increased capacity to manage and respond to health risks</b>		
<b>Health Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of volunteers and staff attended the session on minimum standards	500	795
Number of volunteers screened for and sign child protection policy/guidelines	500	0
Number of volunteers receiving RCCE/CEA briefing	500	795
<b>Progress towards outcomes</b>		
<p>One of the major operational challenges in this intervention was the situational changes by the time the DREF was launched. The situation on the ground had evolved significantly with Manicaland Province oversubscribed with other agencies intervention. Indeed, the Government of Zimbabwe through Ministry of Health and Child Care indicated to Zimbabwe Red Cross to shift from the targeted Midland Provinces districts to Masvingo which presents important gaps resulting in an increase of cases.</p> <p>The DREF programme engagement was scaled up with the targeted Masvingo (Mwenezi District) and Midlands Province (Gokwe North District) and during the inception meetings held for the two districts, both at Provincial and District level, ZRCS and MoHCC agreed to come up with an implementation strategy and monitoring system that took into consideration the context and needs of the two Districts.</p> <p>The request for change was coordinated and an implementation plan for the new define target has been agreed with the MoH leading the response.</p> <p>The current operation update ensures greenlight for the target changes which comes with budget revision to adapt the costing to the new implementation location and, Implementation strategy (the original strategy was that vaccination teams would travel on a daily basis to the fields of which that was changed after consultation with the MOHCC at provincial level were now teams are supposed to camp in remote areas and administer vaccines.) but maintaining the core activities and total budget for the DREF. The budget revision follows the Ministry of Health needs to enhance the response in Masvingo now targeted (See details in need section). Hence, the ZRCS took a bold step to engage the IFRC for a budget revision that would ensure:</p> <ul style="list-style-type: none"> <li>• Inclusion of appropriate logistic support to ensure impact and timely intervention according to the districts plans and Provincial monitoring mechanisms. Logistic implementation of activities varies according to the contexts and needs of the various MoHCC districts.</li> <li>• The IFRC logistics was also challenged with provision of the DREF vehicles, but the different stakeholders have managed to mobilize some of the vehicles required to support the immunization days while the DREF budget continues to support with fuel and allowances for the teams without requesting for extra budget allocations.</li> <li>• Increase support to vaccination camps teams who are forced, due to distance to find a settlement near the camps. Hence, the budget revision includes for Vaccination camps teams, hotel accommodation aligned with ZRCS Policy. These measures make it easy for teams to go out and camp in some of the targeted remote areas where there are limited standard accommodation facilities like in Gokwe North.</li> </ul> <p>After the GoZ indicated that the project will not be implemented in Manicaland the NS engaged the local stakeholders in new target areas led to the change of the original implementation plan but however if the change in the implementation plan is approved by IFRC the NS will stick to the GoZ immunisation timelines and there will be no need for the project extension.</p>		

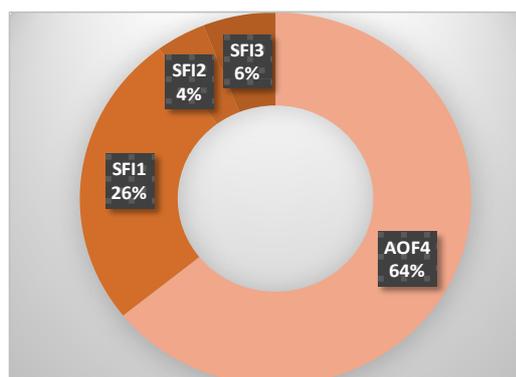
<b>Strengthen National Society</b>		
<b>Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform</b>		
<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of volunteers engaged and registered, motivated to support the operation	500	795
Number of ZRCS HQ team deployed in local branch	2	0

<b>Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.</b>		
<b>Output S3.2.1: Resource generation and related accountability models are developed and improved</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of lessons learnt organized	1	0
Number of monitoring missions by IFRC	4	0
Number of surveys conducted	2	1
Number of reports received from district on the activities conducted	30	7
<b>Progress towards outcomes</b>		
The delayed implementation of the operation due to the unconformity of the IFRC DREF spending requirements with the proposed government plan deemed a great obstacle in the implementation of the proposed activities. However, the support NS received from American Red Cross is being utilized to shadow this challenge. The NS will continue engaging the IFRC counterparts to look for practical ways to implement the activities within the set deadlines.		

## D. Financial Report

Of the CHF260 658 requested for this DREF Operation, CHF35,398.57 was transferred to the Zimbabwe Red Cross Society. Below is the budget summary with changes integrated. Changes linked to volunteers, logistic and general expenditures costs adjustments to fit in the revised target.

International Federation of Red Cross and Red Crescent Societies		all amounts in Swiss Francs (CHF)
<b>DREF OPERATION</b>		
APPEAL CODE - ZIMBABWE - ZIMBABWE MEASLES IMMUNIZATION SUPPORT		09/11/2022
<b>Budget by Resource</b>		
<b>Budget Group</b>		<b>Budget</b>
Medical & First Aid		8,823
<b>Relief items, Construction, Supplies</b>		<b>8,823</b>
Transport & Vehicles Costs		29,887
<b>Logistics, Transport &amp; Storage</b>		<b>29,887</b>
Volunteers		100,788
<b>Personnel</b>		<b>100,788</b>
Workshops & Training		17,136
<b>Workshops &amp; Training</b>		<b>17,136</b>
Travel		56,820
Information & Public Relations		9,343
Office Costs		833
Communications		2,853
Financial Charges		2,255
Other General Expenses		16,012
<b>General Expenditure</b>		<b>88,115</b>
DIRECT COSTS		244,749
INDIRECT COSTS		15,909
<b>TOTAL BUDGET</b>		<b>260,658</b>
<b>Budget by Area of Intervention</b>		
AOF1 Disaster Risk Reduction		
AOF2 Shelter		
AOF3 Livelihoods and Basic Needs		
AOF4 Health	167,364	
AOF5 Water, Sanitation and Hygiene		
AOF6 Protection, Gender and Inclusion		
AOF7 Migration		
SF11 Strengthen National Societies	66,817	
SF12 Effective International Disaster Management	10,816	
SF13 Influence others as leading strategic partners	15,661	
SF14 Ensure a strong IFRC		
<b>TOTAL</b>	<b>260,658</b>	



#### Reference documents

Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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## How we work

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