

# Operation Update Report

## Iraq: Cholera Outbreak

<b>DREF n° MDRIQ015</b>	<b>GLIDE n° <a href="#">OT-2022-000241-IRQ</a></b>
<b>Operation update n° 1; 01 December 2022</b>	<b>Timeframe covered by this update:</b> 06 July until 29 November 2022
<b>Operation start date:</b> 06 July 2022	<b>Operation timeframe:</b> 6 months- current end date 31 December 2022 (extended for 2 months until 28 February 2023)
<b>Funding requirements (CHF):</b> 362,606	<b>DREF amount initially allocated:</b> CHF 362,606
<b>N° of people being assisted:</b> 18,000 (3,000 families)	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> The International Federation of Red Cross and Red Crescent Societies (IFRC), The International Committee of the Red Cross (ICRC), in-country Participating National Societies (PNSs)	
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health in Baghdad and Kurdish Region of Iraq (KRI), Directorates of Health at Sulaymaniyah, Al Muthanna, World Health Organization (WHO), Médecins Sans Frontières (MSF), and other humanitarian organizations.	

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

This operation update informs on the extension of the implementation timeframe until 28 February 2023 due to the following:

- Delays in the administrative approvals with the Kurdistan region authorities for field-level activities as well as for Mobile Medical Unit (MMU) deployment in the Sulaymaniyah governorate.
- Delays in the procurement of hygiene kits and medicines.
- Arba'een activities were held in October 2022, during which a large number of IRCS staff (doctors, paramedics) MHPSS, and First Aid teams were engaged in healthcare provision activities to visitors.
- Implementation challenges in the Northern region of Iraq due to the unstable security situation.

The overall budget and outcomes remain the same.

## A. SITUATION ANALYSIS

### Description of the disaster

On 19 June 2022, Iraq's health authorities announced a cholera outbreak after at least 13 cases were confirmed across the country and thousands of hospital admissions for acute diarrhea were reported. The number of diarrhea cases kept increasing well beyond the normal ranges witnessed in previous years. As of 02 November 2022, there was a total of 3,063 confirmed cholera cases and 19 deaths across the country.

Cholera remains a threat to public health and an indicator of inequity and lack of awareness in communities. During the health cluster meeting held in Sulaymaniyah on 21 June, the Directorate of Health (DOH) highlighted the challenges to the health department and requested support for providing medicine and medical supplies, including intravenous (IV) fluid (ringer lactate), infusion sets, and Infection Prevention and Control (IPC) materials. The DOH also requested logistic support, such as hiring vehicles to facilitate the activities of rapid response teams, water quality monitoring, and disease surveillance teams. Further, the Ministry of Health in both Baghdad and the Kurdistan region requested in-country humanitarian actors' support to deal with this outbreak.

Experts say that the irrigation of vegetables with sewage water, an increasingly common practice due to water shortages in both the Euphrates and Tigris rivers, is the reason behind the outbreak. The situation is further exacerbated by the COVID-19 pandemic, along with the already-weak state of the overly stretched national health infrastructure.

The table below shows the confirmed cases and deaths in each of the affected provinces.

Province	Confirmed cases	Confirmed deaths
Kirkuk	937	3
Baghdad - Resafa	705	6
Erbil	443	3
Sulaymaniya	385	-
Babylon	167	3
Diyala	135	2
Wasit	88	-
Thi Qar	80	1
Najaf	42	-
Baghdad - Karkh	21	-
Kerbala	19	-
Diwaniya	19	2
Muthanna	14	-
Salah Al Din	8	-
<b>Total (as of 02 November)</b>	<b>3,063</b>	<b>19</b>

## Summary of current response

### Overview of Operating National Society

IRCS has an auxiliary role to the government in the humanitarian field and is one of the leading humanitarian organizations in the country with eighteen governorate branches, as well as activities that cover the entire nation. IRCS is a major national player in disasters and crisis response and works closely with authorities at national and local levels. IRCS has well-trained and experienced staff and volunteers and different tools and mechanisms in place. IRCS has a long history of providing life-saving assistance to people in need in Iraq. IRCS's presence and local networks across the country are exceptionally well established, which enables IRCS to reach vulnerable populations who are not served by other humanitarian actors, including those in highly remote and hard-to-reach areas. IRCS has vast expertise with different types of programming through multilateral projects supported by IFRC, as well as through bilateral programmes with Red Cross Red Crescent Movement partners and with ICRC. This includes youth development, disaster risk management, community-based health, and first aid, restoring family links, community resilience (including Water, Sanitation, and Hygiene (WASH) and livelihoods, etc.), dissemination of international humanitarian law (IHL), humanitarian values & Red Cross/Red Crescent principles, and rehabilitation for the physically disabled among IDPs. IRCS volunteers play a critical role at all stages of the organization's programmes. This includes assessment, identification, and registration of target communities and IDPs.

The ongoing DREF operation targets a total of 3,000 households (18,000 people) equally divided between Sulaymaniyah and Muthanna governorates. The IRCS aimed at providing basic health services through the deployment of two Mobile Medical Units (MMUs) in each governorate. Hygiene kits (1,250) have also been distributed to the households most in need. Further, 270 awareness-raising sessions, out of 300 scheduled, were conducted in Sulaymaniyah, Al Muthanna, Baghdad, Kirkuk, Babel and Al Qadisiyyah governorates. Similarly, 220 sessions on hygiene promotion, out of 400 were scheduled, specifically on handwashing, the use of latrines, and Infection, Prevention, and Control (IPC) activities.

### **Overview of Red Cross Red Crescent Movement in country**

The IRCS Headquarters maintains a regular flow of communication with the IFRC Iraq Country Delegation in Baghdad and with other Movement partners. Coordination and consultation with Movement partners in the country led to the launch of a DREF operation to avoid the duplication of support. The Movement partners present in Iraq include the ICRC and the German, Norwegian, Danish, and Swedish Red Cross Societies. The Iraqi IFRC Delegation has contacted the leadership and technical departments of the IRCS and the regional office to share information about the Sulaymaniyah and Al Muthanna outbreak impact, emergency plans, and rapid response, as well as to provide technical support for the DREF.

### **Overview of non-RCRC actors in country**

The Iraqi Government, through the MOH in Baghdad and KRI, coordinates health interventions performed by the other humanitarian agencies. The Ministry of Health is leading the health cluster with the support of the WHO in Iraq. The government and WHO are working together to effectively improve the public health situation in the country, with special emphasis on health security and prevention and control of communicable diseases, non-communicable diseases, mental health, promoting health through the life-course, health systems strengthening and preparedness, surveillance, and response.

The WASH Cluster coordination mechanism operates at national and sub-national levels by clarifying the roles and responsibilities of each partner, including Non-Governmental Organizations (NGOs), United Nations (UN) agencies, and government authorities of the Government of Iraq, among other stakeholders. The WASH cluster and sector response in Iraq are primarily targeting ten governorates: Duhok, Erbil, and Sulaymaniyah in the Kurdish Region of Iraq; and Ninewa, Kirkuk, Salah al-Din, Diyala, Anbar, Baghdad, and Basra in the Federal Region of Iraq. WASH partners are working in these areas to meet the needs of IDPs in camp, IDPs out of camp, returnees, and refugees. The response aims to meet the minimum WASH service provision needs of affected populations and look at durable solutions for returnees and out-of-camp IDP populations to facilitate resilience and cluster transition. Cluster meetings occur monthly and are coordinated by the respective cluster lead agencies through cluster coordinators. Meetings are attended by cluster partners, members, and observers and aim to strategize and coordinate humanitarian activities at the cluster or sector level, as well as to share information on challenges and bottlenecks faced at the operational level.

The WHO dispatched an urgent consignment of medicines and medical supplies to Sulaymaniyah governorate Iraq to support the regional MoH in stepping up its response to the sudden cholera outbreak in the Region. The consignment comprised medicines and medical supplies, including infusion sets, antibiotics, and IV fluid (ringer lactate) to cover the needs of a population of approximately 5,000 people.

IRCS participates in all coordination meetings in clusters, technical working groups, health, and WASH, including in government-led or other humanitarian organization meetings. Other agencies implementing humanitarian activities related to the health response, include UN Agencies and other International NGOs implementing health and water, and sanitation activities in the country.

### **Needs analysis and scenario planning**

## Needs analysis

The Ministry of Health, in collaboration with the WHO, shared information on the cholera response as well as the outbreak situation. The increase in new cases, especially in Kirkuk, Resafa, Erbil, and Sulaymaniyah, is a reason for concern for WHO and the MOH, as it is coming against the backdrop of the COVID-19 pandemic and other outbreaks that the country is still battling. However, WHO in Iraq has committed to supporting MoH both in Baghdad and in Kurdistan to respond to the outbreak and lower the impact on the population, including on the vulnerable groups of women, children, and low-income communities. The capacity of the national health system became severely overstretched making it difficult to address the country's health needs. The limited availability of primary healthcare services, the lack of sufficient trained health personnel, the destroyed or inadequate healthcare infrastructure, and shortages of medicines and medical supplies.

The Directorate of Health has also noted that they are facing a shortage of medicine in their response and have requested support from the international community. Mental health has been identified as a priority. The risk of communicable diseases is very high in displacement camps, as well as an increase in acute diarrhea cases in Sulaymaniyah and a few other Iraqi governorates. Cholera is a waterborne bacterial infection that can spread quickly through a population. This is an acute diarrheal infection caused by eating food or drinking water that is contaminated with the bacterium *Vibrio cholerae*. Cases of acute watery diarrhea are affecting the households in displaced sites. Acute Watery Diarrhea (AWD) and Crimean Congo Hemorrhagic Fever (CCHF) are more prevalent than previously reported. Existing health services are unable to cope with the increased demand in the areas of origin and are now out of essential medicines and supplies.

WHO Representative and Head of Mission in Iraq mentioned during the meeting that they calling upon their funding partners, stakeholders, WASH sector, and health cluster members to enhance collaboration with the local health authorities to ensure a proactive and coordinated approach to the cholera response across Iraq. Daily updates and summaries provided by the MOH in collaboration with WHO in KRI, highlight the extent and trends of the outbreaks. Health cluster coordination meetings in Sulaymaniyah at the regional level have helped to outline the gaps that require partners' attention for a coordinated response to the outbreak. Among these gaps identified at the last cluster meetings held on 21 June 2022, the key ones include:

- Inadequate access to basic social services in the areas where the outbreak occurred.
- Inadequate funding and logistics/supplies for a rapid response to the outbreak.
- Inadequate community-based surveillance in place for early detection of cases and sharing information to assist investigations and responses.
- Insufficient capacity of staff supporting case management.
- Need to scale up WASH interventions to increase common access to safe water.

Through this DREF operation, the National Society has been contributing to addressing some of these gaps to effectively respond to the outbreak. The outbreak, which was initially located in the northern regions in Sulaymaniyah and Kirkuk in south Al Muthanna at the beginning, has spread to other governorates due to the persistent movement of the people across the country. The target population is found mostly in areas where no other organization is providing the much-needed support for health services and outbreak response. Other drivers of the epidemic to be considered are contaminated water, lack of access to safe water for daily usage in remote areas that are currently affecting the country, and especially cholera-affecting areas and the perception of some communities not to consume water treated with chlorine (natural denatured taste), the use of traditional treatment, the lack of information on the disease and prevention measures, and the lack of early case detection and management system. The affected areas are also known to be affected by the protracted crisis, COVID-19, food insecurity, and malnutrition, especially at this time of lean period due to the consecutive drought spells in the country.

## Operation Risk Assessment

The situation in Iraq is punctuated with episodes of extreme violence, which requires the implementation of stringent security measures for IRCS to operate. Besides the complex humanitarian situation compounded with AWD and Cholera, there are several risks directly associated with the outbreak, including COVID-19, protracted droughts, and CCHF, affecting the whole country in general, as well as the weak community-based surveillance and health management information systems (HMIS). Potential resurgence and new waves of COVID-19, predictable during these days, could potentially further overstrain the fragile health system.

While Iraq continues to steadily recover from years of conflict, thousands of vulnerable families across the country remain displaced and in acute need of protection and assistance for IDPs, IDP returnees, and Syrian refugees who live in Iraq and KRI, in Erbil, Duhok, and Sulaymaniyah governorates. Affected families may relocate to other areas, and proper tools and good understanding need to be considered. IRCS is working closely with the government to jointly find the best approach to ensure humanitarian assistance is provided to displaced families.

Community perception of water treated with chlorine or Aqua tabs can equally affect the successful implementation of planned interventions under the DREF operation. Generally, the community has some hesitation in drinking water treated with Aqua tabs with the complaint that the natural taste is lost. Sustained community sensitization in weighing heavily on the derived benefits from chlorinated water would help change the perception of water treated with chlorine or Aqua tabs.

The IRCS continues to apply all necessary measures to ensure the safety and security of staff and volunteers engaged in this operation with a heavy reliance on its strong acceptance within the community. IRCS will continue to monitor the security situation and liaise closely with security institutions to reduce identified risks in the field. The staff and volunteers involved in the operation may be at risk of contracting other diseases, including COVID-19 and water-borne diseases. Exposure is reduced through strict observation of the COVID-19 national guidelines, where required, to ensure good hygiene practices. The current DREF operation and its operational strategy are aligned with the IFRC global emergency appeal, which supports National Societies to deliver assistance and support to affected communities or the communities at risk of being affected by the COVID-19 pandemic. IRCS has been incorporating hygiene and health promotion activities in this operation in line with the IRCS COVID-19 action plan and hygiene promotion activities, to assure government measures are complied with.

## B. OPERATIONAL STRATEGY

### Proposed strategy

The overall objective of this operation is to reduce the risk to the health of the affected population, especially in relation to the cholera outbreak, with interventions including (1) deployment of two MMUs in Sulaymaniyah and Muthanna; (2) conduction of community-level awareness sessions; (3) conduction of personal hygiene promotion sessions; (4) distribution of hygiene kits; (5) creation and dissemination of Information, Education and Communication (IEC) material; (6) training volunteers on Oral Rehydration Therapy (ORT) usage, and (7) training community leaders on cholera and its treatments.

IRCS response aims at enhancing the overall well-being of the affected families through a comprehensive **WASH** and **Health** response. IRCS' approach includes awareness, disability support, social cohesion, protection, gender, and inclusion (PGI), considering them vital components for enhancing the resilience of the target population. IRCS is working closely with other stakeholders to ensure no duplication of work and efforts. At present, IRCS has a CBHFA team, community health workers, trained volunteers, and staff who are the main technical focal points. By providing this support, IRCS aims to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.


There were some delays in the activities' implementation, mainly due to the security situation, administrative approvals with the Kurdistan regional authorities for field-level activities and MMU deployment in Sulaymaniyah, and the Arba'een activities held in the country in October. Further delays in the procurement of hygiene kits and medications were faced, leading IRCS to use materials already available in its contingency stocks. Therefore, a 2-month extension has been requested in order to complete the activities as per the set operational plan.

**Up until the time of writing, IRCS has achieved the following:**

- **Deployment of two MMUs:**
  - o In Al Muthanna – deployed in September 2022: 70% of the target achieved.
  - o In Sulaymaniyah – deployed in October 2022: 55% of the target achieved.
- **Awareness sessions:**
  - o 270 out of 300 awareness sessions at the community level were conducted in Sulaymaniyah, Al Muthanna, Baghdad, Kirkuk and Al Qadisiyyah governorates.
  - o 220 out of 400 sessions on hygiene promotion, especially hand washing, latrine usage, and IPC activities with MMU teams, were conducted in all 6 governorates.
- **Trainings:**
  - o 40 staff and volunteers were trained on ORT/ORP management (100% target achieved).
  - o 60 community leaders (male & female) were trained on cholera prevention, including environmental health management, as well as community-based surveillance (100% target achieved).
- **Hygiene kits:**
  - o 1,250 hygiene kits were distributed from pre-existing stocks.
  - o New procurement is under process. The new contract was signed and finalized with the supplier on 23 November, and the kits will be delivered within 10 days to the IRCS warehouse.
  - o A total of 2,000 hygiene kits are set to be distributed.
- **IEC material dissemination**
  - o A total of 5 videos were produced according to the Ministry of Health guidelines and were distributed and communicated through different mediums in the targeted governorates.

To ensure the timely completion of the remaining operation activities within the extended timeframe, the IFRC Iraq country delegation will revise the M&E plan with the NS and follow up on a daily basis with the technical teams and organize a weekly meeting. The delegation will also be following up with the management to expedite the processes for approvals and avoid any unnecessary delays to achieve the operation targets on time.

**C. DETAILED OPERATIONAL PLAN**

	<p><b>Health</b>  <b>People reached: 18,000</b>          Male: 9,108          Female: 8,892</p>	
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached by NS with services to reduce relevant health risk factors	18,000	11,250
# of Mobile Medical Units deployed to provide health services support	2	2
# of targeted population reached with awareness-raising activities	18,000	16,200
% reduction of cholera cases in the affected areas	100%	90%
# of volunteers trained on ORT/ORP	40	40

# of community leaders trained	60	60
# of people supported through the ORPs	50%	
# of cases identified through community-based surveillance referred	100%	0%
% of the target population that have access to information pertaining to the cholera epidemic prevention	100%	90%
# of videos produced for cholera epidemic	5	5

**Progress towards outcomes**

Under this operation, IRCS has deployed two Mobile Medical Units (MMU) in both Al Muthanna (September 2022) and Sulaymaniyah (October 2022) governorates, to provide basic health services to those in need. Awareness-raising activities were also conducted (270 out of 300 sessions) in Sulaymaniyah, Al Muthanna, Baghdad, Kirkuk, and Al Qadisiyyah governorates. Further, 40 volunteers were trained on Oral Rehydration Therapy (ORP) usage, along with cholera prevention and management. These trainings occurred on the 16<sup>th</sup> and 17<sup>th</sup> of September for 20 volunteers in Diwaniya, Muthanna, and Babylon, and on the 20<sup>th</sup> and 21<sup>st</sup> of September for 20 volunteers in Sulaymaniyah, Kirkuk, and Baghdad. Similarly, 60 community leaders were also trained on cholera prevention and management, including environmental health management, as well as community-based surveillance in all 6 governorates during September 2022.

Under Risk Communication and Community Engagement (RCCE), activities are ongoing to promote community-based disease control and health promotion by engaging traditional leaders. Further, communication and engagement with target communities related to case detection and referral systems were established and are well functioning. Last, IEC materials were produced according to the Ministry of Health guidelines, including 5 videos that were completed in October 2022, which were distributed through various mediums in the target governorates.

All MMU patients were treated in clinics directly and did not require any referrals.



*Healthcare services provision through Mobile Medical Units (Photo by: IRCS)*



## Water, sanitation and hygiene

People reached: 18,000

Male: 9,108

Female: 8,892

Indicators:	Target	Actual
# of the targeted people who have access to clean water, and sanitation	18,000	7,000
% change in knowledge and practice of personal hygiene according to Sphere standards	80%	N/A
# of assessment of water, sanitation and hygiene situation in targeted communities are carried out	10	10
# of hygiene promotion sessions conducted	200	220
# of IPC activities organized with MMUs teams	200	200
# of hygiene kits distributed to target communities	2,000	1,250

### Progress towards outcomes

Under the WASH component, prior to implementation, assessments were carried out to identify the hygiene situation in the targeted communities, along with water and sanitation quality. A pre-KAP survey was also conducted in September 2022, and a post-KAP is scheduled to be conducted at the end of WASH activities. A total of 220 sessions on hygiene promotion were conducted, out of 400, focusing mainly on the use of latrines, handwashing, and IPC activities with MMU teams in all 6 governorates.

Due to delays in procurement, IRCS has not yet distributed the 2,000 hygiene kits as initially planned. Instead, 1,250 kits were distributed from existing stocks while awaiting the finalization of the procurement process. The new contract was signed and finalized with the supplier on the 23rd of November, and the kits will be delivered within 10 days to the IRCS warehouse.

Households that have already received kits were trained on how to use them, and IRCS is continuously monitoring the water, sanitation and hygiene situation in the targeted communities.



Awareness sessions for cholera prevention (Photo by: IRCS)

## Strengthen National Society

Indicators:	Target	Actual
# of IRCS branches that are well functioning (for the operation)	6	6
# of insured volunteers	40	40

# of volunteers who know their roles and responsibilities	40	40
# of volunteers properly trained	40	40
<b>Progress towards outcomes</b>		
<p>IRCS has a strong network in the country with all 18 governorate branches, which are well capable of providing relief in times of emergencies. A number of staff and volunteers are trained in disaster response, specialized in health, PSS and hygiene promotion. These members are well-trained on life-saving techniques to assist rescue operations in times of need. The IRCS is implementing this operation through its three governorate branches, supported by the national headquarters and national/branch response teams (N/BRT). They are directly supporting the DREF operation activities through more than 168 insured volunteers. Furthermore, implementation is supported by both IRCS HQ and the IFRC delegation in Iraq.</p>		

<b>International Disaster Response</b>		
Indicators:	Target	Actual
Effective and coordinated international disaster response ensured.	Yes	Yes
# of surge deployments in support of the operation	1	1
% of feedback received and acted on	50%	N/A
<b>Progress towards outcomes</b>		
<p>IFRC delegation in Iraq is providing constant support to IRCS for this operation. The Disaster Risk Management Delegate with the support of the MENA Regional Health, Disasters, Climate and Crises (HDCC) team and in regular coordination with the National Society, are providing ongoing technical support. In addition, PMER support from the MENA Regional Office was deployed.</p> <p>Regular meetings are taking place with the National Society to discuss progress and challenges faced by the operation. Appropriate mitigation actions are being identified and carried out to address the challenges.</p>		

<b>Influence others as leading strategic partner</b>		
Indicators:	Target	Actual
IFRC and NS are visible, trusted, and effective advocates on humanitarian issues.	Yes	Yes
# of lessons learned workshop conducted	1	N/A
<b>Progress towards outcomes</b>		
<p>IRCS has earned the acceptance of local communities, as it is present in all governorates and is assisting vulnerable people.</p> <p><b>Communications materials produced (social media)</b>  IRCS posts regular updates on social media, including Facebook and Twitter. Furthermore, the IRCS website is regularly updated to share updates on the operation.</p> <p><b>Post-Distribution Monitoring (PDM)</b>  Post-distribution monitoring is set to take place under the WASH component once all hygiene kits are distributed.</p> <p><b>Lesson Learned Workshop (LLW)</b>  The lessons learned workshop is scheduled to take place at the end of the operation, in February 2023.</p>		

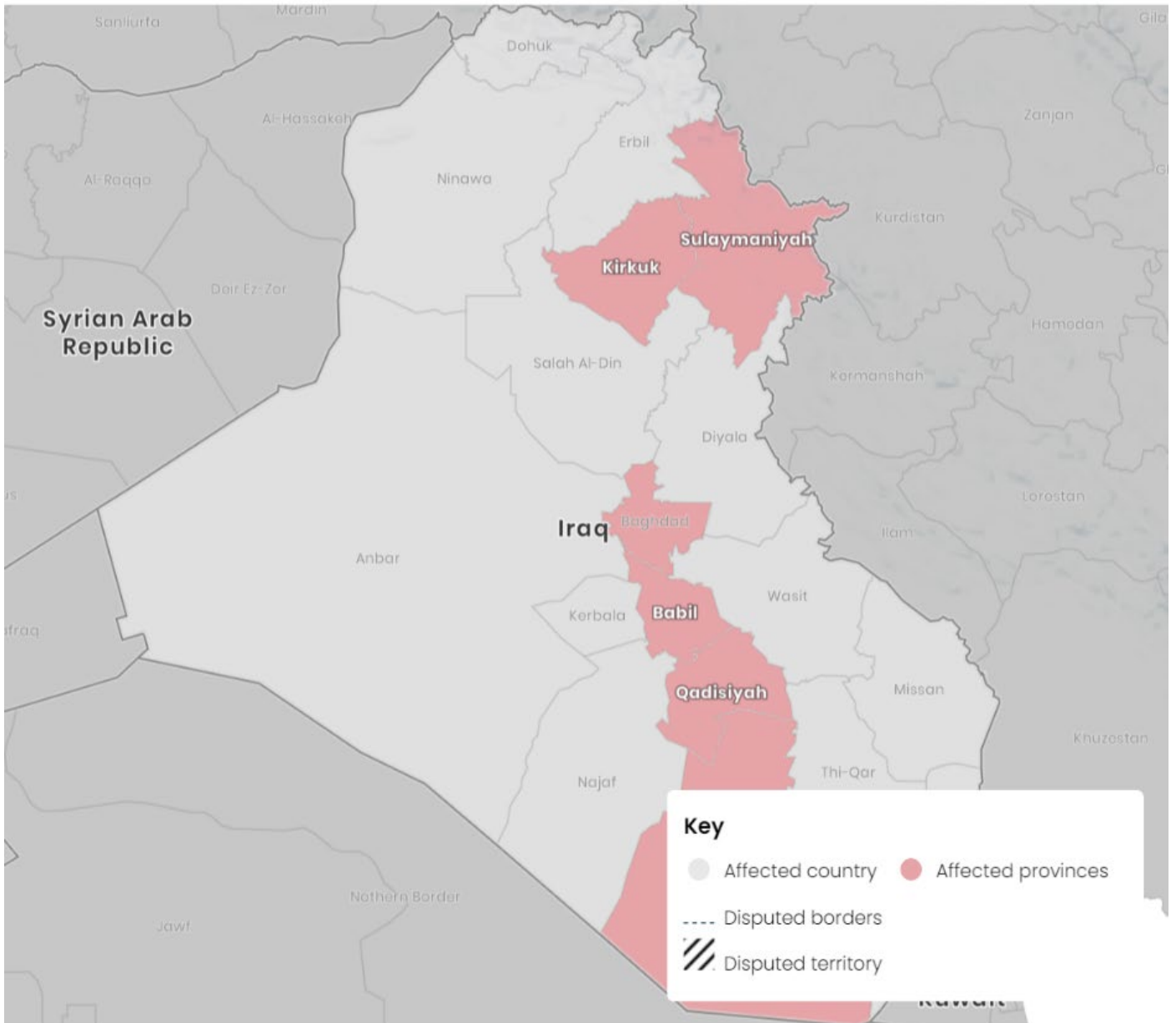
## D. Financial Report

*The operating budget and response activities remain unchanged. The financial report will be included in the final report.*



# IRQ: Other - 2022-06 - The response of the Iraqi Red Crescent Society to the outbreak of cholera

June 30, 2022



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities, Data sources: IFRC, OSM contributors, Map box.

## Reference documents



Click here for:

- Previous Appeals and updates
- [Emergency Plan of Action \(EPoA\)](#)

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## How we work

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