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Emergency appeal
Madagascar: Plague Outbreak

International Federation of Red Cross and Red Crescent Societies

(Revised) Appeal **n° MDRMG013**	**2 million people** to be assisted	Appeal launched **October 2017**
Glide n° **EP-2017-000144-MDG**	**1 million Swiss francs** DREF allocated	Appeal ends **April 2019**
	5.5 million Swiss francs current Appeal budget	

This Emergency Appeal seeks a total of some **5.5 million** Swiss francs to enable the **International Federation of Red Cross and Red Crescent Societies** (**IFRC)** to support the **Malagasy Red Cross Society (MRCS)** to deliver assistance and support to some **two million people over 18 months**, to contribute to the reduction in mortality and morbidity due to the plague outbreak in 22 priority regions through effective prevention and response activates. The focus of the appeal is on **Health (including health preparedness and prevention) for individuals or households affected by the plague outbreak**. **This appeal also includes the Plague Treatment Centre (PTC) component valued at some 1.5 million Swiss francs.** The appeal will also support further assessments to consider other needs and will look to scale up in new areas of health activities and in other areas relevant to the response. The planned response reflects the current situation and information available at this time of the evolving operation, and the targets and content will be adjusted based on developments and such detailed assessments.
Details are available in the Emergency Plan of Action (EPoA) <*click here*>

The disaster and the Red Cross Red Crescent response to date

August 2017: First death is recorded of a patient infected with plague in Madagascar.

September 2017: MRCS is responding with initial actions in sensitization, identification of suspected cases and training in communities affected.

3rd October 2017: Cases are quickly escalating. A total of 20 districts across Madagascar reported cases, the cumulative number of cases was 194 with 50 deaths recorded. By **12th October**, a total of 31 districts across Madagascar had reported cases of the plague, with 684 cases in total and 57 deaths recorded. 474 of these cases are pneumonic transmission.[1]

6th October 2017: 1,000,000 Swiss francs is allocated from the IFRC's Disaster Relief Emergency Fund (DREF);

9th October 2017: Field Assessment and Coordination Team (FACT) arrives in country.

16th October 2017: IFRC launches an emergency appeal for 5.5 million Swiss francs. Surge Capacity is on the ground – Head of Emergency Operations, Regional Disaster Response Teams (RDRT), FACT and IFRC-led Emergency Response Unit (ERU).

MRCS responds to the outbreak of Plague through sensitization and contact tracing, October 2017.

[1] WHO, (October 12, 2017). Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/Ext-PlagueMadagascar13102017.pdf

The operational strategy

Needs assessment and beneficiary selection

While the National Society and institutions in Madagascar have good experience in responding to the bubonic form of plague, there is limited knowledge in the detection and control of the deadlier pneumonic form. Outbreaks of pneumonic plague are very rare and require specific expertise to ensure adequate response. Limited knowledge of the pneumonic plague within the community is fuelling rumours, fear and panic and this has the potential to limit the impact of social mobilization activities and the access of MRCS and local authorities to respond if community engagement is not managed effectively.

The pneumonic plague disease enters through the lungs via droplet transmission. Infection can be cured with early and appropriate antibiotic treatment. Without treatment, the disease is most often fatal. The risk of spread of the plague via droplet transmission is very high, especially in densely populated urban areas and if cases are not identified, reported and treated. Although treatable and preventable, the weak and overburdened health system in Madagascar is not able to respond effectively, and may, without support, enable the further spread of the disease. At present the numbers affected by the disease are increasing at an alarming rate, from 60 cases at the beginning of October to around 60 cases per day in recent days. To date there are over 684 cases reported (with around 70% of that cases of pneumonic plague). The current case fatality rate is 8.3%. The disease is also infecting health workers, with 15 affected to date and there is a need for more support and assistance to for health staff in country.

Prevention and response to both forms of the disease are imperative, and therefore a focus on case identification and treatment, early referral, reduction of vectors, risk communication and control of rumours and fear is key to controlling the diseases quickly.

There is an urgent need to support the MRCS to develop effective prevention and response strategies in coordination with partners. This includes the scaling up of their community mobilisation and sensitization work across all 22 regions of the country, and developing their capacity in community surveillance and contact tracing. There will be a strong focus on ensuring, clear, simple and updated health information on the pneumonic plague for community information, the training of volunteers and staff in community sensitization and community engagement, and the further development of MRCS' capacity in using a community-based surveillance (CBS) tool to carry out contact tracing and early referral. Training and material support will also be provided around the other pillars of the intervention and to support MRCS set up an internal structure to work closely with the five commissions set up by the Government in coordination with the WHO.

MRCS with support from IFRC and International Red Cross and Red Crescent Movement partners will prioritise the roll out of training to build the capacity and knowledge of volunteers on pneumonic plague, as well as developing their community engagement and social mobilization skills. MRCS will also use community mobilization activities to manage rumours and fears among the affected communities and ensure acceptance of and trust in the information shared with communities by MRCS. National Society volunteers responding in tasks with potential risk of exposure to symptomatic persons are to be equipped with Personal Protective Equipment (PPE) and prophylactic antibiotics.

MRCS will target the most affected regions of the country with a more intensive support around the six pillars outlined in this appeal and will focus on community information and sensitization in the other regions to help prevent the spread of the disease.

Lessons learned from the Ebola response show that consideration should be given to addressing the response in an urban environment and how this differs from working in rural environments. In addition, attention should be given to anticipating scenarios and epidemiological curves as well as early recovery and livelihood needs. Community engagement, and two-way communication, is a critical component of a health response as mentioned above.

Coordination and partnerships

Overview of International Red Cross Red Crescent Movement in country

The MRCS has had regular experience of working in plague response across the country over the past years. In response to this outbreak, it has immediately mobilised nearly 1,000 volunteers to initiate community sensitization and information across seven regions, as part of the DREF funded operation. The National Society is now working hard to scale up its response for this outbreak of pneumonic plague, with all the adaptations of approach this requires, and to scale up the work in terms of activities, districts and numbers of volunteers. The MRCS will be mobilising 2,664 volunteers across the country to work in 22 regions and 44 districts, providing support according to the agreed areas of plague response and in relation to needs. It will also set up a structure within its Health and Programmes team to work in the five areas prioritised by the Government / WHO and in line with the six pillars in this appeal.

The IFRC is already supporting the MRCS in the implementation of an emergency appeal operation launched after the Enawo Cyclone disaster that affected the country in March 2017. The focus of the operation is to meet the needs of 25,000 people affected by the cyclone through improved access to Shelter, Water Sanitation and Hygiene. The operation is being implemented in three regions; Sava, Analanjirofo and Atsinanana. To enhance the quality of the operation and response the IFRC deployed an Operations Manager who is based in the MRCS HQ and works with the technical staff in the implementation of the operation.

The IFRC provides technical and strategic support to MRCS through the Eastern Africa and Indian Oceans Islands (EAIOI) cluster in Nairobi and the Regional Office in Nairobi. The IFRC's EAIOI Cluster and the Regional Office for Africa are providing technical support in Logistics, PMER, Finance and Security to ensure an efficient operational set-up.

To support the Plague response, IFRC will deploy surge capacity, including FACT, RDRTs and an Advance Team for the PTC, with the following profiles to work with MRCS staff and volunteers;

- Head of Emergency Operations
- FACT Team Leader
- Infection Specialist
- Epidemiologist
- Health Promotion
- Public Health
- Community Engagement and Accountability (CEA)
- Logistics
- Finance
- PMER
- Communications
- Cash transfer programming (CTP)
- Information Management (IM)
- PTC advance team composed by a team leader, doctors, nurses, WASH specialist, medical logistician and technicians.

The National Societies contributing to the above surge capacity are: Benin Red Cross, Canadian Red Cross, French Red Cross, German Red Cross, Finnish Red Cross, Netherland Red Cross, Norwegian Red Cross, Rwanda Red Cross and Senegal Red Cross.

The IFRC is also deploying a Plague Treatment Centre advance team, materials and equipment to support the Ministry of Public Health (MoH) as assigned (in support of existing facilities or as a specific centre). This is being coordinated by the IFRC and supported by the German RC, with personnel and materials from the Canadian, Finnish and French RC.

Movement Coordination

In-country Partner National Societies (PNS) and IFRC are working closely with MRCS to plan for the response. The partners are monitoring the situation and assisting MRCS to develop a response plan with available resources. The Head of Health for MRCS is convening meetings to update partners.

A number of National Societies are working with the MRCS in-country. The Norwegian and Danish Red Cross' have implemented plague prevention and response programmes which have enhanced the capacity of the MRCS to respond to related outbreaks. The Norwegian Red Cross supported the National Society with a Community Based Surveillance project which presents a good starting point for the planned response. Norwegian Red Cross with support from IFRC Regional Office for Africa has also been supporting efforts to roll out CEA. The French RC Indian Ocean Regional Intervention Platform (**PIROI)** is supporting the current response through technical support and personnel to the IFRC and MRCS. In addition to technical support, PIROI is supporting the response in the area of logistics, through PPE and other equipment for volunteers and staff responding to the plague in collaboration with the IFRC Africa Region and Geneva Logistics department. The PIROI has previously trained MRCS in CTP alongside the Danish Red Cross. In addition, the Danish Red Cross (with ECHO funding support) is funding a current training on surveillance and contact tracing, enabling MRCS volunteers to start outreach work in this area in the coming days. This has included coordination with MoH and WHO staff.

ICRC has activated a plague programme in prisons in Madagascar.

Overview of non-Red Cross Red Crescent actors in country
WHO has deployed experts to work with the Ministry of Public Health to develop a response plan and support the development of key messages for the community sensitization campaigns. Crisis meetings and specific technical meetings covering all the areas of the response are being convened by the Ministry of Public Health where MRCS is participating, alongside colleagues from the IFRC, including the FACT. There have been discussions with the Government of Madagascar to enable the deployment of technical experts from the Centres for Disease Control and Prevention (CDC) and other technical partners.

MSF, MDM and ACF are also working in country in response to the plague outbreak and are participating in coordination meetings. All are, with the Red Cross, part of the Government established working group to look into support to hospitals and treatment centres and enhance capacity in this area.

Proposed Areas for intervention

The overall objective of the operation is to contribute to the reduction in mortality and morbidity due to the plague in 22 priority regions through effective prevention and response activates for both bubonic and pneumonic forms of transmission to support some 2 million people affected or at risk.

As mentioned above, the MRCS is working on a plan to scale the response according to the levels of plague cases and risk. Initial districts will receive support according to the six pillars of the response outlined below to respond to the outbreak of the plague and to arrest the spread. In the other districts, the focus will be more on information and sensitization to ensure communities are informed of the risks and take appropriate actions and make behavioural change to prevent the spread of the disease.

Areas of Focus

Health

People targeted: 400,000 Households (2 million people).[2]
Male: 40%
Female: 60%
Requirements (CHF): 4,510,000

Proposed intervention

[2] One 50 bed PTC could treat approx. 200 patients / month if one patient stays in seven days. The attack rate of around 8% of total Madagascar population is 2 million people.

Initial discussions between the MRCS, WHO and Ministry of Public Health identified four main areas of focus in which MRCS would act as lead agency, as part of a coordinated response effort. Given the continued spread and increased caseload of the outbreak, response activities have been revised to reflect the changing situation. The response will therefore be grouped under **six pillars.**

1. Health promotion and community engagement for behaviour change

The IFRC will work with the MRCS in building the capacity of staff and volunteers through trainings and technical support to ensure quality implementation. The community mobilization activities will focus on sharing clear, simple health information with communities through trusted channels, listening, tracking and responding to rumours, perceptions and fears alongside social and behaviour change communication activities. This work has already started across the country with community meetings / focus groups, information campaigns in public places (airport, train / bus stations) and through other channels, but needs to be scaled up to cover affected areas more intensively and to extend to new areas where there is a perceived risk of transmission (main transport connections and hubs).

MRCS staff and volunteers through contact tracing focus group discussions, home visits and community meetings will also collect information and data on perceptions, feelings, rumours and fear of the population related to the plague. The feedback will be used to better develop key messages for community engagement and health promotion approaches to be used in social mobilization. The data will contribute to the development of a strategy to ensure quality and accountable community outreach activities by volunteers, with the intention to raise awareness and health literacy in communities on the plague and related key issues on infectious disease outbreaks. Community mobilization activities will also focus on rumour management, in relation to social and behaviour change.

To address the above issues, activities planned to be carried out include:

- System to monitor community knowledge, attitudes, beliefs and rumours is established and used to inform social mobilization approaches
- Development of social mobilization campaign and community engagement strategy
- Training in social mobilization and community engagement
- Social mobilization through animation, door to door visits and community meetings is implemented and adapted based on epidemiological data and community feedback, perceptions, rumours and knowledge
- Integration of community engagement approaches into prevention and response activities to increase acceptance and trust in communities

2. Community-based surveillance (CBS) and contact tracing

Early detection and contact tracing is a crucial element of any outbreak response. The IFRC will work with other National Societies to build the capacity of MRCS staff and volunteers, to ensure quality implementation of CBS (both animal and human) and contact tracing activities in the identified regions. Contact tracing will follow the MoH contact tracing strategy and set-up systems contributing to the coordinated and harmonised contact tracing approach.

Training on this has already taken place and will be further expanded and it is planned for the contact tracing and surveillance to start in Antananarivo in the coming days. CBS activities for early notification (animal and human cases) and referral will be expanded across the 22 regions as required and viable. Trainings and technical support will be provided combining the development of information management systems and activities to ensure the increased safety and well-being of volunteers through the provision of PPE and antibiotics.

To address the above issues, activities planned to be carried out include:

- Training of volunteers and staff on contact tracing and contributing to the MoH contact tracing system
- Training community volunteers on CBS for early detection and referral
- Support, supervision and monitoring to contact tracing and CBS activities

- Necessary staff and volunteer protection is provided to enable staff and volunteers to carry out these activities safely (PPE and prophylaxis)

3. Safe and dignified burials (SDB)

Managing the safe and dignified burial of the deceased is a challenging, but necessary, task in an infectious disease outbreak like the plague. To ensure that this is done effectively, interaction with communities must be timely and transparent to enhance community cooperation and trust in order to limit transmission, encourage safe practices with the deceased and admit and/or isolate those community members that are indicating symptoms. Staff and volunteer safety and security will remain a cross-cutting priority integrated across all pillars, but will remain of critical importance in pillar three due to the challenging nature of the work to be undertaken by staff and volunteers.

The IFRC will draw on significant institutional knowledge on this subject developed from previous experience and lessons learned on recent operations. Activities will focus on strengthening the capacity of Red Cross volunteers and staff using the Safe Burial Protocols developed for the plague, as well as the effective engagement with other actors such as the MoH and WHO (who have launched their guidance). The MRCS has been given a key role in this area. Dedicated trainings will ensure the safe implementation of safe and dignified burials that align with Safe Burial Protocols to enable the MRCS to fulfil this role; these capacity building efforts will continue beyond the initial emergency response phase.

To address the above issues, activities planned to be carried out include:

- Training MRCS SDB teams in collaboration with MoH
- Establishment of system for mobilising SDB teams
- Equipping the team to be able to carry out SDBs in line with relevant safety standards and protocols
- Provision of Staff and volunteer protection equipment and medicines (PPE and prophylaxis)
- Provision of specialised supervision, support and monitoring to the teams
- Effective coordination with Government Commission and other partners on SDB

4. Psychosocial support (PSS) for affected communities

Psychosocial support must be a high priority from the onset of every serious epidemic and importantly, it must be sustained throughout the epidemic response. Two entry points to PSS in epidemics are care and support for staff and volunteers, and psychosocial support interventions for the affected population. PSS is not only vital to ensure the well-being of the affected population, but also to counter-act the threats to public health and safety that fear, stigmatization and misconception pose. Furthermore, everyone involved in the response are working under very stressful conditions and the need to ensure their health and well-being cannot be ignored.

To address the above issues, activities planned to be carried out include:

- PSS training will be provided to staff and volunteers, ensuring PSS support is available for both the affected population, as well as staff and volunteers responding to the outbreak. The training will be supported by technical experts, emphasising the role that effective community engagement, and the role that Red Cross volunteers play in alleviating many of the misconceptions, fears and anxieties around disease outbreaks such as this
- Community visits and dedicated communication campaigns across numerous mediums that are targeted and tailored to the audience will be delivered by the National Society volunteers with an intimate knowledge of the communities they are serving
- Dedicated PSS services will also be made available to discharged patients from the PTC ensuring they are provided with the necessary support to return back to their communities

5. Clinical case management

The outbreak has strained and stretched the capacity of health centres, and most of the health centres are overburdened. A need was therefore identified for additional support to national hospitals (five identified centres in Antananarivo) and to treatment centres or additional support in addition to this focused on the plague response. All plague suspected and confirmed cases will be referred to these centres. WHO has identified and

recommended that at least 10 treatment centres to be set up in 6 priority regions and assessments are underway to identify the best options for support and for set up. Drawing on the capacity of the wider Federation, the IFRC will establish and run the PTC and provide materials and human resources to support the clinical management of cases and in close coordination with the national set up.

Another need identified in the sector meetings is communication with patients and their families as they are admitted into hospital including explanation of treatment and assurance of safety, explaining to families what is happening to their loved ones, explaining the risk of transmission of infection if people leave the treatment centre before they have recovered and addressing issues linked to the stigma attached to those who have had plague and recovered. The IFRC will use people with expertise in communication and community engagement to train staff and volunteers working in the treatment centre to effectively address these needs. This links to the PSS element above.

To address the above issues, activities planned to be carried out include:

- Procurement and distribution of PPE and prophylaxis to ensure staff and volunteers are able to effectively carry out their responsibilities, given accessed risks associated with operating during this outbreak
- Recruitment, training and deployment of necessary human resources, both clinical and support services, to ensure the effective running of the PTC. In its commitment to quality standards, key profiles related to management of the PTC, clinical care, infection prevention and control, WASH, PSS and discharge /outreach coordination will be included in the deployment
- Evacuation and transfer of suspected cases identified by local health officials as part of the PTC triage.
- Integrated response with MoH and other actors contributing to clinical case management, linking with CBS, contract tracing and SDBs

6. Vector control

A key element of plague control is vector control for fleas and rats. Vector control for plague response includes separating humans from rats, chemical control of fleas, and rat control. As they are undertaken at household level, these activities are time and labour intensive. A great deal of community engagement will be necessary in order to gain access to at risk households.

It must be emphasized that vector control in plague response is a highly complicated intervention. If done improperly it can result in increased infection risk for response personnel and the general population.

Staff and volunteers will receive training from qualified experts and a sound response strategy will be ensured. To this end, the IFRC will work with the MENTOR[3] Initiative in collaboration with MRCS to support the roll-out of vector control activities. This will include a training in vector control in the context of the plague epidemic.

To ensure there is no further risk to affected families MRCS volunteers will be trained and equipped to conduct household disinfection where there are confirmed cases of the plague. The volunteers conducting contact tracing and community based surveillance will notify the disinfection team on identified households. The IFRC will support MRCS with the procurement of disinfection materials and required protective equipment. As MRCS will be the only agency doing household disinfection, the National Society will coordinate with WHO, UNICEF and other agencies to ensure the disinfection teams are not only notified of MRCS volunteer disinfection needs.

Water and sanitation services for PTCs will also be undertaken in this operation. Large quantities of water are required for disinfection of clinical facilities. In urban settings, sludge removal may be necessary. This is complicated by the highly infectious nature of human waste in plague treatment centres.

To address the above issues, activities planned to be carried out include:

[3] The MENTOR Initiative saves lives in emergencies through tropical disease control and then stays to help people recover from crisis with dignity, working side by side with communities, health workers and health authorities to leave a lasting impact.

- With the support of key technical vector control specialist partners, training will be conducted for staff and volunteers in safe plague specific vector control activities including the promotion of rat traps and other mechanical methods
- Public and household pits will be installed and rehabilitated where needed to ensure effective solid waste management for rat reduction
- Fumigation and disinfection of households where there are confirmed cases will be carried out.

Health Preparedness and Prevention (Epidemic Risk Reduction/ Management)

To reduce the impact of future outbreaks, there is a need to address an **overarching risk reduction/management** component in this emergency appeal with a focus on health preparedness and prevention. The activities in this area are integrated into the relevant sections above and include pre-positioning of equipment, vector control kits, PPE and antibiotics and prophylaxis.

In addition, the extensive training support provided to MRCS will provide **capacity building to respond to future outbreaks** in addition to future competencies in areas within Health and CEA. All the response activities will be implemented with maximum caution that they won't create new vulnerabilities or exacerbate existing ones.

In addition, once the epidemic is brought under control, the recovery process will start immediately with a thorough analysis of the underlying risk factors for the epidemic that will inform long-term actions which can effectively reduce the chance of similar future outbreaks.

Strategies for Implementation

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: **human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration**. More details are in the Emergency Plan of Action.

To support the MRCS and country team now in place, specific support on Administration, Logistics, Finance, Communications and PMER are being sent to reinforce the team in country.

Budget

See attached IFRC Secretariat budget (Annex 1) for details.

Jagan Chapagain
Under Secretary General
Programmes and Operations Division

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Elhadj As Sy
Secretary General

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	Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
500	Shelter - Relief	0			0
501	Shelter - Transitional	0			0
502	Construction - Housing	0			0
503	Construction - Facilities	0			0
505	Construction - Materials	0			0
510	Clothing & Textiles	0			0
520	Food	0			0
523	Seeds & Plants	0			0
530	Water, Sanitation & Hygiene	130,000			130,000
540	Medical & First Aid	2,200,000			2,200,000
550	Teaching Materials	120,000			120,000
560	Ustensils & Tools	0			0
570	Other Supplies & Services	100,000			100,000
571	Emergency Response Units	0			0
578	Cash Disbursments	0			0
	Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**2,550,000**	**0**	**0**	**2,550,000**
580	Land & Buildings	0			0
581	Vehicles	0			0
582	Computer & Telecom Equipment	100,000			100,000
584	Office/Household Furniture & Equipment	0			0
587	Medical Equipment	0			0
589	Other Machiney & Equipment	0			0
	Total LAND, VEHICLES AND EQUIPMENT	**100,000**	**0**	**0**	**100,000**
590	Storage, Warehousing	0			0
592	Dsitribution & Monitoring	28,640			28,640
593	Transport & Vehicle Costs	515,120			515,120
594	Logistics Services	0			0
	Total LOGISTICS, TRANSPORT AND STORAGE	**543,760**	**0**	**0**	**543,760**
600	International Staff	857,000			857,000
661	National Staff	42,852			42,852
662	National Society Staff	82,482			82,482
667	Volunteers	3,996			3,996
669	Other Staff Benefits	0			0
	Total PERSONNEL	**986,330**	**0**	**0**	**986,330**
670	Consultants	0			0
750	Professional Fees	0			0
	Total CONSULTANTS & PROFESSIONAL FEES	**0**	**0**	**0**	**0**
680	Workshops & Training	394,000			394,000
	Total WORKSHOP & TRAINING	**394,000**	**0**	**0**	**394,000**
700	Travel	73,950			73,950
710	Information & Public Relations	492,000			492,000
730	Office Costs	9,600			9,600
740	Communications	11,780			11,780
760	Financial Charges	6,000			6,000
790	Other General Expenses	0			0
799	Shared Office and Services Costs	0			0
	Total GENERAL EXPENDITURES	**593,330**	**0**	**0**	**593,330**
		0			0
830	Partner National Societies	0			0
831	Other Partners (NGOs, UN, other)	0			0
	Total TRANSFER TO PARTNERS		**0**	**0**	**0**
599	Programme and Services Support Recovery	335,882	0	0	335,882
	Total INDIRECT COSTS	**335,882**	**0**	**0**	**335,882**
	TOTAL BUDGET	**5,503,302**	**0**	**0**	**5,503,302**

Reference documents ↘

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

In the National Society

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- **Regional Logistics Unit (RLU):** Rishi Ramrakha, Head of Africa Region Logistics Unit; phone: +254 733888022 / Fax +254 202712777; email: rishi.ramrakha@ifrc.org

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

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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.