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Emergency appeal operation update

Nigeria: Floods

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRNG014 GLIDE n° FL-2012-000138-NGA Operation update n°1 27 December, 2012

Period covered by this Ops Update: 22 November to 20 December, 2012.

Appeal target (current): CHF 3,453,527;

Appeal coverage: 65% [<click here for donor response>](#)

Appeal history:

- This Emergency Appeal was initially launched on a [preliminary](#) basis on 29 September, 2012 for CHF 899,094 months to assist 10,000 beneficiaries for 6 months.
- CHF 200,000 was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Nigerian Red Cross Society (NRCS) to respond.
- An [Emergency Appeal](#) was launched on 22 November, 2012 and has expanded this operation in terms of geographic scope, activities, budget and duration, with completion targeted for 25 September 2013.



Wheelbarrows were very practical for the distribution of NFI and shelter tool kits. NRCS/IFRC

Summary: Heavy rains between July and October 2012 in Nigeria led to the overflow of reservoirs, forced the release of dam water and breach of riverbanks, causing damage to roads, bridges and other infrastructure, loss of property, livestock and displacement of people. The intense rains caused flooding in 33 of the 36 states, affected 7 million people, displaced 2.1 million and killed 363, according to the National Emergency Management Authority (NEMA).

IFRC deployed two consecutive Field Assessment and Coordination Teams (FACT) to support the NRCS in needs assessment of the affected populations and to develop a plan of action. An emergency appeal targeting 11 states was subsequently launched. Following an integrated approach, the response to the flood events involved the distribution of relief items, support in emergency shelters, water, sanitation, hygiene promotion, health support and early recovery.

A total of 11,977 beneficiaries have so far received non-food and emergency shelter items (buckets, blankets, sleeping mats, jerry cans, tarpaulins, shelter kits) which have enabled them to meet their immediate needs. In an effort to prevent epidemics and promote better health, sensitization activities have been conducted in the 11 targeted states: Adamawa, Taraba, Plateau, Benue, Kogi, Niger, Edo, Anambra, Delta, Bayelsa and Rivers. In addition, 15 communities located in Edo, Kogi, Jigawa, Katsina and other states have received 2,245 mosquito nets. Complementing the immediate health assistance provided, the Nigerian Red Cross Society has mobilised and distributed 338 Low Flow Dispensary filters (for hand washing) in Illushi, Ifeku Island and Udaba communities (Edo state), 8,926 pieces of soap of 200gr in 9 states as well as 7,608 Aquatabs in 6 states. The Red Cross operation in

Nigeria continues to function in a challenging security environment in different areas of the country. Operations are coordinated and planned considering security restraints and implemented accordingly.

Significant contributions to the appeal have been received from private sector donors such as Shell, Exxon Mobil, FCMB (First City Monument Bank PLC), and Nigeria LNG limited, government donors, including the French Embassy in Abuja, Czech Government and VERC/WHO Voluntary Emergency Relief as well as movement partners such as the American Red Cross, Canadian Red Cross Society (from Canadian Government), Japanese Red Cross Society, Netherlands Red Cross (from Netherlands Government), Swiss Red Cross, Red Cross of Monaco, Swedish Red Cross and also Finnish Red Cross. IFRC, on behalf of the Nigerian Red Cross Society, would like to extend gratitude to all donors and partners for their generous contributions and encourage donors to continue to fund the appeal in order to help meet the evident and urgent needs.

[<click here to view contact details>](#)

The situation

The 2012 rainy season in Nigeria has been worse than earlier years. Heavy rains at the end of August and the beginning of September led to serious floods in most parts of the country. The Nigerian authorities contained the initial excess run-off through contingency measures, but water reservoirs over flowed and authorities were obliged to open dams to relieve pressure in both Nigeria and the neighbouring countries of Cameroon and Niger, leading to destroyed river banks and infrastructure, loss of property and livestock and flash floods in many areas.

On 17 September 2012, spillways for the Shiroro dam on River Niger were opened. Similarly, in neighbouring Niger Republic, excess water was also released from Kainji dam. Subsequently, 7 million Nigerians have been affected by the floods.



Model of assorted collapsed buildings in Ibaji village- NRCS/ IFRC

On the basis of the assessment information, the Nigerian Red Cross Society in collaboration with the International Federation launched a preliminary emergency appeal. The operation was expanded (in relief, shelter, and emergency health and watsan sectors) through this emergency appeal which targets the 11 highly affected states (Adamawa, Taraba, Plateau, Benue, Kogi, Niger, Edo, Anambra, Delta, Bayelsa, and Rivers). At the onset of the flooding, many displaced people were sheltered in camps. In November 2012, most states closed down the IDP camps encouraging residents to return home. However, their houses and food crops had already been damaged, affecting livelihoods. Indeed, large areas of agricultural land were inundated with a crop just before harvest time. Food prices in many flooded areas have risen by 30 to 70 percent increasing food insecurity for the affected people.

The Red Cross Red Crescent Movement is committed to soon shift on rehabilitation and recovery with an expanded Shelter Recovery Program as well as Water and Sanitation programs focusing on returning populations. Currently a shelter recovery assessment is taking place using Red Cross volunteers in the affected communities. The shelter program will identify local techniques to use in the recovery program.

Coordination and partnerships

The International Federation has moved quickly to establish the operation in Nigeria since the beginning of the flooding. The IFRC response system has mobilized all the available disaster management resources, including DREF, Regional Disaster Response Teams (RDRT), Field Assessment and Coordination Teams (FACT), Emergency Response Units (ERU), Emergency Appeal (EA) and Head of Emergency Operations (HEOps). The activation of these groups involves the coordination of Red Cross Red Crescent Movement resources through the supply of staff on loan, to other different contributions from the surrounding National Societies and the Participating National Societies (PNS).

The IFRC operation in Nigeria has been coordinated with the ICRC in Nigeria since the beginning of the operation. States in which ICRC activities are ongoing have benefitted from further Movement support, to address the needs arising from the recent flooding. The newly arrived IFRC delegates, who are working to carry out WASH and Shelter activities, will be working with ICRC technical counterparts seeking to expand areas of collaboration.

Evidently, Save the Children (STC) also provided non food items to compliment the IFRC/NRCS activities outlined in the appeal. The support from Save the Children is outlined in a Memorandum of Understanding (MoU) signed between

NRCS and STC on 14 December, 2012. IFRC/NRCS continues to have good coordination with the Nigerian Emergency Management Agency (NEMA). NEMA representatives are present at State level coordination meetings and activities. NRCS is open to coordination with agencies willing to supply funds, services and in kind donation, in line with Red Cross and Red Crescent Principles.

National Society Capacity Building: All meetings with external stakeholders in the operation have reinforced the same two messages: every entity in Nigeria is looking to the Nigerian Red Cross Society to lead the way in the response, even well above and beyond its capacity and mandate; and secondly, no other agency or organization is better placed and able to react with the speed and capacity with which the National Society is reacting to the disaster. Indeed, the NRCS is represented in all affected states, which have mobilized resources at the branch level. A total of 435 volunteers have been mobilized for this emergency response focused on the most affected areas in the 11 identified states with materials and support for emergency shelter and recovery, basic household items, provision of water and sanitation facilities in camps, household water purification tablets in certain identified areas, first aid, sensitization on flood related health risks; water, sanitation and hygiene promotion activities, targeting 50,000 people.

Red Cross and Red Crescent action

Overview

The International Federation deployed an Emergency Response Unit (ERU) Relief team to Nigeria in November 2012. The ERU team consists of one team leader and one relief delegate. The ERU is working alongside the Relief RDRT Coordinator and Logistics RDRT's with resources from the IFRC Regional Offices in Dakar and Abidjan. The philosophy behind this unique composition of this ERU team is aimed at strengthening the Red Cross Movement as a whole.

The Finnish Red Cross provided a trainee delegate working with another experienced delegate to build the ERU capacity of the Finnish Red Cross as well as strengthen the National Society in disaster response and the Regional Response System, through the RDRT's deployed in Nigeria supporting the Global Response System.

Progress towards outcomes

Emergency Shelter and Non Food Items

Outcome: The immediate shelter and settlement needs of 4,000 households in the five targeted states within 3 months are met.	
Outputs (expected results)	Activities planned
Output 1 - 4,000 identified families receive basic NFIs (Sleeping mats, blankets, kitchen sets, jerry cans, buckets, soap and mosquito nets) including cash and/or cash voucher assistance.	<ul style="list-style-type: none"> • Identification and registration of beneficiaries; • Procurement and distribution of non food items; • Monitor, evaluate and report on distribution.
Output 2 - 2,000 families who are in the process of returning home receive shelter assistance in rebuilding their homes.	<ul style="list-style-type: none"> • Identification and registration of beneficiaries; • Procurement and distribution of shelter materials; • Sensitization of the volunteers for the emergency sheltering activities; • Support the beneficiaries with erection of temporary shelter, providing technical support and raising awareness of proper construction practices; • Monitor, evaluate and report on distribution; • Evaluation of the emergency sheltering response and organize a lessons learned workshop.

Progress: The immediate needs of the flood-displaced people have been identified as adequate shelter, basic items necessary to live, access to potable water, adequate sanitation facilities and basic health care. Relief and early recovery efforts target 4,000 households. The capacity of the National Society has been enhanced through shelter training where 85 volunteers were trained on shelter best practices: 20 volunteers from Idah Local Government Area (LGA), 20 from Ibaji LGA, 5 from Taraba, 5 from Adamawa, 5 from Benue, 30 from Edo, Niger, Plateau, Bayelsa, Rivers and Delta. Furthermore, the distribution of shelter and Non-Food Items was finalized in 17 communities of Adamawa, Benue, Edo and Kogi, Taraba states reaching a total of 1,711 households. Each

household received 2 mosquito nets, 2 sleeping mats, 2 blankets, 2 tarpaulins, 2 buckets, 2 jerry-cans, 1 kitchen set, 1 shelter toolkit, 5 pieces of soap of 200gr, 100 Aquatab tablets.

Table 1: Communities distrusted by area and beneficiary numbers

State	Local Government Area (LGA)	Community	Quantities and types of Items												
			Beneficiaries	Bucket	Blanket	Mat	Soap	Jerry can	Low Flow Dispensary	Kitchen Set	Mosquito Net	Tarpaulin	Aquatab	Shelter Kit	Hygiene kits
Edo	Estako Central	Udaba	539	154	154	154	385	154	77	77	154	154	847	77	0
	Do	Ifeku Island	630	180	180	180	450	180	90	90	180	180	990	90	0
	Essan SE	Illushi	1,197	342	342	342	455	342	171	171	342	342	1,191	171	0
	Estako Central	Igori	1,197	171	513	342	1,881	171	0	171	513	171	0	171	0
Kogi	Kogi LGA	Ozahi	462	132	132	132	330	132	0	66	132	132	660	66	0
	Do	Numaye	189	54	54	54	270	54	0	27	54	54	270	27	0
	Lokoja LGA	Budon	210	60	60	60	150	60	0	30	60	60	300	30	0
	Do	Kinami	490	140	140	140	350	140	0	70	140	140	700	70	0
	Bassa LGA	Ogande	70	20	20	20	50	20	0	10	20	20	200	10	0
	Do	Mozum Ose	630	180	180	180	450	180	0	90	180	180	900	90	0
	Ibaji LGA	Ejule Egebe	560	160	160	160	400	160	0	80	160	160	800	80	0
	Do	Onye dega	245	70	70	70	175	70	0	35	70	70	350	35	0
	Do	Ikumo	140	40	40	40	100	40	0	20	40	40	400	20	0
	Ajaokuta	Koto Karfi	420	100	600	100	600	100	0	40	0	80	0	40	0
Adamawa	Girel Yola	Numan	2,128	304	608	608	1,200	200	0	0	0	200	0	100	0
Benue	Agatu Guma	Logo	420	100	300	100	600	100	0	0	0	80	0	40	0
Jigawa	Dutse	Warwadi	350	0	100	100	0	0	0	20	100	0	0	0	100
Katsina	Maiadua	Maiadua	350	0	100	100	0	0	0	20	100	0	0	0	100
Taraba	Wukari Ibi	Ardo Kola	1,750	250	500	500	1,080	175	0	100	0	200	0	100	0
Total			11,977	2,457	4,253	3,382	8,926	2,278	338	1,117	2,245	2,263	7,608	1,217	200

Challenges: These included long distances and remoteness of the affected communities as well as impassable roads and constant security concerns.

Emergency health and care

Outcome: The health status of 50,000 beneficiaries (7,142 households) in 10 States within 6 months is improved through disease prevention and health promotion activities at the community level.	
Outputs (expected results)	Activities planned
Effective case management and prevention of malaria.	<ul style="list-style-type: none"> Sensitize displaced communities on dangers of malaria and its symptoms; Distribute mosquito nets (part of relief distributions) and sensitize targeted households as to their use.
Effective case management and prevention of diarrhoea.	<ul style="list-style-type: none"> Sensitize communities on signs and symptoms of dehydration. Sensitize targeted beneficiaries on prevention of diarrhoea (linked with hygiene promotion activities in WatSan). Distribution of ORS to targeted households (HH) in conjunction

	with demonstration sessions on ORS use.
Effective case management of skin and Upper Respiratory Tract infections.	<ul style="list-style-type: none"> • Sensitize targeted beneficiaries on symptoms and signs of respiratory distress and skin infections; • Referrals to clinics.
Prevention of sexually transmitted infections (STIs).	<ul style="list-style-type: none"> • Sensitization of targeted communities on methods of transmission and ways of prevention ; • Distribution of condoms.
Clinics in and around camps are able to effectively manage cases of sexual and gender-based violence.	<ul style="list-style-type: none"> • Provision of Post-Exposure Prophylaxis kits to targeted clinics; • Community Sensitization on resources available to those affected by SGBV and importance of early referral to clinics.
Targeted beneficiaries are reached with information, education and communication (IEC) messages on health promotion and disease prevention.	<ul style="list-style-type: none"> • Volunteers trained in epidemic control carry out house-to-house and group education sessions to targeted beneficiaries in disease prevention and health promotion.
Health problems related to child birth and ante-natal care are reduced.	<ul style="list-style-type: none"> • Mobilization for immunization campaign; • Referral of pregnant women to clinics or to traditional birth attendants; • Sensitization on methods of/and contraceptive use and prevention of adolescent pregnancy.

Progress: The NRCS Health and FACT Team assessment revealed that people displaced by the floods were especially and increasingly vulnerable to a variety of illnesses and ailments (malaria, diarrheal disease, respiratory tract infections, skin infections/rashes, injuries from bites) due to their poor living conditions. Some significant progress has been made in the emergency health sector where the health team recruited and trained fifty five (55) volunteers at the community level (5 from each of the 11 states). The trained volunteers trained 10 more community volunteers from each state, reaching about 2,050 households (14,350 people) through house to house sensitization and group education sessions in public places (IECs such as leaflets and posters were also used).

Pregnant women, lactating mothers and women of child bearing age were especially targeted and provided with information on: preparation and use of the oral rehydration salt (ORS) to prevent dehydration due to diarrheal diseases; causes and prevention of cholera and diarrhoea; early identification of health facilities and the need to use them; causes and prevention of malaria, use of mosquito nets and the importance of immunization.

Furthermore, through the support of the emergency appeal, 2,245 mosquito nets were distributed and with NRCS's history of distributing and hanging mosquito nets throughout the country, there has been good evidence of increased impact in reducing malaria.

Challenges: A major constraint has been the bad terrain and the remoteness of some communities.

Water, sanitation, and hygiene promotion

Outcome: Immediate reduction in risk of waterborne and water related diseases in targeted communities through the provision of safe drinking water, sanitation facilities, and knowledge on basic hygiene practices to reduce the risk of contracting waterborne diseases are provided through social mobilization for 7,142 households within 12 months.	
Outputs (expected results)	Activities planned
Hygiene-related goods (NFIs) which meet SPHERE standards are provided to and used by the target population.	<ul style="list-style-type: none"> • Affected and targeted households receive sensitization in hygiene and sanitation practices, water treatment and receive appropriate relief items (target 50,000 people); • Households receive: water treatment chemicals, soap, jerry cans, buckets.
Sanitation facilities are provided to affected and targeted households and communities according to emergency SPHERE standards.	<ul style="list-style-type: none"> • Build 200 latrines according to emergency SPHERE Standards; • Maintain latrines through establishment of community sanitation groups, including appropriate vector control.
	<ul style="list-style-type: none"> • Install water treatment unit and water distribution points in camp and produce water;

Provide affected and targeted communities with safe drinking water (5,000 – 10,000 people).	<ul style="list-style-type: none"> • If needed, install mass water system with sedimentation and chlorination; • Deployment of water and sanitation kit 2 (provides water treatment at household level for up to 2,000 beneficiaries) and kit 5 (designed for the treatment and distribution of up to 75,000 litres of water a day for a population of up to 5,000 people).
Hygiene promotion activities which meet SPHERE standards in terms of the identification and use of hygiene items provided to target population.	<ul style="list-style-type: none"> • Hygiene promotion activities provided to targeted population.

Progress: Based on the assessment, the operation planned to assist 7,142 households across eleven states: Adamawa, Benue, Taraba, Plateau, Kogi, Niger, Delta, Edo, Anambra, Bayelsa and Rivers. However, in view of the quantity of items available and security, it has been decided to first focus on six (6) States: Kogi, Delta, Edo, Bayelsa, Rivers and Anambra. The Watsan activities started in Benin City in the Edo State with the Training of Trainers (TOT) on Hygiene Promotion using PHAST tools from 9 to 14 November 2012. Fifty five (55) Red Cross volunteers and community volunteers from the eleven states (5 per state) were trained, comprising 39 males and 16 females. At the end of the training, participants demonstrated a high level of understanding of good hygiene practices, waste management, and water purification, construction of latrines and use and care of latrines.

The trained Red Cross and community volunteers started sensitizing local authorities about the IFRC/NRCS objective in the flood response as well as the importance of Water and Sanitation, reaching 553 beneficiaries households through house to house sensitization on hygiene promotion and environmental sanitation in Illushi and Udaba communities. Public demonstration and sensitization sessions on the use of water purifiers and Aquatab were conducted in the same communities which were also provided with Watsan Kit 2 (provides water treatment at household level for up to 2,000 beneficiaries).

A total of 150 community members (40 men and 110 women) were sensitized in Abala on water purification and good hygiene practices in Ivrogbo, in addition to 50 community members publicly sensitized on good hygiene practices and 1,278 people (426 men and 852 women) through house to house approach. Furthermore, the construction of 25 household latrines has been achieved in Edo state.

The community sensitization carried out for the use of Watsan facilities including toilets in both Edo and Delta States was completed after the construction of latrines. The mobilisation of target community towards cleaning campaign can also be listed among the activities that have been carried out.

Table 2: Details of water, sanitation, and hygiene promotion activities and beneficiaries reached

Activities	States	Communities	Number of volunteers	Target households	Number of beneficiaries reached
Training	11 States	-	55		
Distribution of HP kits and public sensitization.	EDO	Udaba	15	553	2,700
Registration of beneficiaries for the distribution of Watsan Kits.	DELTA	Abala	15	100	700
		Ihrugun		52	364
		Okogbele		100	700
		Bomadi		100	700
Formation of Watsan Committees, and spot training for Hygiene promotion.	DELTA	Ivrogbo			9 members
		Alaba			5 members
	EDO	Ihrugun			List not get yet
		Udaba			6 members
		Illushi			12 members
Prepositioning of Watsan kits.	KOGI			130	910
Latrines construction.	EDO	Udaba		15	525
		Illushi		10	350
Sensitisation of Local Authorities.	EDO		5		

Challenges: Some communities are still hesitant to use latrines and need extensive sensitisation on sanitation practices.

Disaster Risk Reduction

Outcome: Floods and landslide risk is reduced for targeted communities

Outputs (expected results)	Activities planned
<p>Output Flood and landslide affected communities are better prepared to predict, respond and recover to disasters.</p>	<ul style="list-style-type: none"> • Train 50 volunteers on Vulnerability Capacity Assessment (VCA) guidelines and tools; • Conduct VCA with communities in targeted districts; • Conduct shelter risk mitigation training for 25 volunteers involved in the shelter activities; • Develop community hazard maps for each of the communities; • Develop community contingency plans and community based early warning systems; • Carry out public awareness and public education for DRR activities.

Progress:

There is a pre-existing capacity in the Nigerian Red Cross Society regarding Disaster Risk Reduction. However, for this emergency operation, Vulnerability Capacity Assessment (VCA) is prerequisite to the implementation of the DRR activities. NRGS is moving to conduct a VCA in the identified communities identify issues to be addressed. Regarding the targeted areas, the National Society is still monitoring the ongoing situation.

Logistics

Progress:

The Floods Operations supports logistically the following areas: Procurement, Ware housing and Transport. The Capacity-building of the National Society is also planned.

Regarding procurement, the process for the local items started on 3 November, 2012 with the identification of potential suppliers in Lagos and Abuja. All tendering, request for quotation, requisition, Cost Benefit Analysis (CBA) processes have been launched according to IFRC logistics procedures. The delivery of items was requested in Benin City warehouse within 4 days after the confirmation of the order. At the regional level, requisitions were sent to:

- Benin Republic for the delivery of kitchen sets, tarpaulins and tool kits;
- Abidjan for the delivery of 1 kit WatSan n°5 (designed for the treatment and distribution of up to 75,000 litres of water a day for a population of up to 5,000 people)
- Dakar received a second requisition order for the shipment of shelter tool kits and tarpaulins.

In addition, health items were increased thanks to the donation of condoms by the Nigerian Ministry of Health for the first distribution in Edo state.

On warehousing, all local and regional items were received on time in Benin City warehouse (measuring 700 to 800 m²) located in the operational and logistical hub of Benin City, provided by the Ministry of Health. The facility is more than adequate in terms of space, security and ease of access by trucks. The rehabilitation of Lagos warehouse which belongs to the National Society has been also planned.

Concerning transport, NRCS does not possess sufficient vehicles needed to carry out the operation. Therefore, 7 have been rented (3 locally, 3 by leasing from IFRC Dakar Regional fleet and 1 from NRCS) for the duration of the operation.

Communications – Advocacy and Public Information

A communications strategy has been elaborated to support the operation focusing on two priorities:

- Advocacy on part of disaster-affected people as to size and impact of the floods;
- Improve the image of the National Society.

A 10 day visit by IFRC Sahel Regional Senior Communications Officer and a photographer served to broadcast how Nigerian Red Cross Society is responding to the disaster and to build the capacity of NRCS communications department, promoting the activities of the operation nationally and internationally. Three press releases were issued and several interviews in national and international media have been conducted since the beginning of the floods to increase public and donor awareness of the flooding situation and support resource mobilisation efforts. Photos and human stories have been produced and posted in IFRC web site and referenced by the international media as well as humanitarian portals (please see the websites below).

A media tour was also organized with selected media during the distribution of NFIs in Udagba, Edo State in order to strengthen the visibility of the Nigerian Red Cross Society. A factsheet updating the flooding situation and assistance provided so far to the affected people has been shared as well with partners and donors and some videos are being finalized. High quality, timely communications messages and materials in a range of formats that reach our target audiences with relevant information will continue to be produced.

<http://www.ifrc.org/news-and-media/news-stories/africa/nigeria/food-insecurity-looms-in-many-communities-affected-by-devastating-floods-60431/>

<http://www.ifrc.org/en/news-and-media/news-stories/africa/nigeria/emergency-appeal-to-provide-support-after-devastating-floods-60315/>

<http://www.ifrc.org/en/news-and-media/news-stories/africa/nigeria/urgent-needs-continue-two-months-after-nigerias-worst-flooding-in-40-years-60299/>

Contact information

For further information specifically related to this operation please contact:

- **Nigeria Red Cross Society:** Bello H Diram, Secretary General; phone: +234 805 777 99 93; email: bdiram@nrscng.org
- **IFRC Regional Representation:** Daniel Sayi, Regional Representative for West Coast; Abidjan; phone; +225 66775261 email: daniel.sayi@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **Geneva:** Cristina Estrada, Operations Quality Assurance Senior Officer; phone: +41 22 730 42 60; email: cristina.estrada@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyvaara@ifrc.org

For Resource Mobilization and Pledges:

- **Regional Representation:** Elisabeth Seck, Resource Mobilization Officer, Dakar; phone: +221 33 869 36 60; mobile: +221 77 450 59 49; email: elisabeth.seck@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

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2. Enable healthy and safe living.
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