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## Emergency Plan of Action (EPoA) Mongolia: Air Pollution and Influenza A

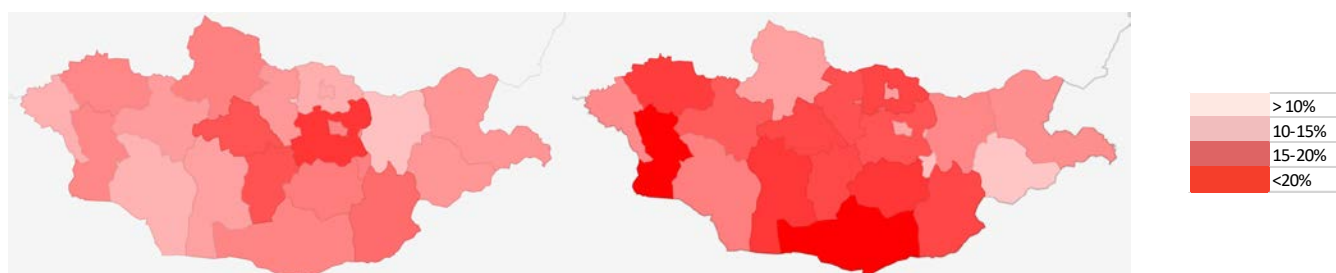
 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n° MDRMN009</b>	<b>Glide n° <a href="#">EP-2019-000007-MNG</a></b>
<b>Date of issue:</b> 28 January 2019	<b>Expected timeframe:</b> 3 months <b>Expected end date:</b> 28 April 2019
<b>Category allocated to the of the disaster or crisis:</b> Yellow	
<b>DREF allocated:</b> CHF 112,847	
<b>Total number of people affected:</b> 21,080 <sup>1</sup>	<b>Number of people to be assisted:</b> 39,935
<b>Host National Society(ies) presence:</b> The Mongolian Red Cross Society (MRCS) has 34 mid-level branches and over 700 primary level branches covering all provinces of Mongolia. MRCS has 7000 volunteers and 75,000 youth members.	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> MRCS is working with the International Federation of Red Cross and Red Crescent Societies (IFRC) in this operation.	
<b>Other partner organizations actively involved in the operation:</b> Government ministries and agencies including the State Emergency Commission, Ministry of Health, Local Health Departments and Second-level Hospitals are providing assistance to affected households.	

### A. Situation analysis

#### Description of the disaster

On 15 January 2019, due to the outbreak of Influenza A (H1N1) virus in Mongolia, the State Emergency Commission meeting was called. The Ministry of Health stated that Influenza A cases were confirmed to be H1N1 in the end of December 2018 and since then it had rapidly spread within a short period of time. By January 2019, 9 districts of Ulaanbaatar city and 11 provinces have been spread to outbreak, ranging from 11-23.5 per cent with a national average of 10.6 per cent of total outpatient examinations. From the total number of Influenza cases, 30.9 per cent are children aged 0-1 year, 26.5 per cent children aged 2-4 years and 14.1 per cent children aged 5-9 years. As of 3 January, the outbreak became higher than three years' average and four deaths have been registered in January.



Percentage of outpatient visits with Influenza and influenza-like illness. Statistics for the third week of December 2018 (left) is compared with the third week of January 2019 (right), ([Source: http://flu.mn/report](http://flu.mn/report))

The situation has worsened, and the risk of outbreak rapid increase is high in urban areas due to several factors including air pollution, high population density, extremely cold temperatures dropping lower than -40°C and socioeconomic situation of households. It must be emphasized that due to poor air conditions in Ulaanbaatar<sup>2</sup>, the infants and children in the city are most exposed and vulnerable to the outbreak<sup>3</sup>. The air pollution is mainly caused by coal combustion of individual households which mainly emits PM10, PM2.5 pollution that increases during the cold season that continues from October to April. The fatality risk is high due to the Ulaanbaatar City air quality is 133 times worse than WHO

<sup>1</sup> 73 H1N1 Influenza cases are detected in every 10,000 people.

<sup>2</sup> [https://www.unicef.org/mongolia/Mongolia\\_air\\_pollution\\_crisis\\_ENG.pdf](https://www.unicef.org/mongolia/Mongolia_air_pollution_crisis_ENG.pdf)

<sup>3</sup> [https://www.unicef.org/eap/sites/unicef.org/eap/files/press-releases/eap-media-Mongolia\\_air\\_pollution\\_crisis\\_ENG.pdf](https://www.unicef.org/eap/sites/unicef.org/eap/files/press-releases/eap-media-Mongolia_air_pollution_crisis_ENG.pdf)

standard level. For the last 10 years, incidences of respiratory diseases increased 2.7-fold in respiratory infections per 10,000 population. Children aged 0-5 years are the most vulnerable, pneumonia becoming the second leading cause of death of children aged 0-5 years. In 2018, the pneumonia death among children increased by 40 per cent and the total ambulatory screening of children increased by 76.8 per cent compared to the previous year.

According to the Ministry of Health (MoH), the outbreak is expected to rise over the coming weeks as Influenza is dominantly (40 per cent) caused by Influenza A (H1N1) virus. Hospitals of Ulaanbaatar City are capacitated to hospitalize 977 children, which now has exceeded by 53.2 per cent. In the hospitals, 423 beds are transferred from adult floor and 354 portable beds are being used additionally to handle the situation. According to the MoH, on average about 139 new patients are hospitalized every day, therefore at least 500 more portable beds are needed urgently. According to the MoH contingency plan, if influenza is detected in more than 15 per cent of the total outpatient examinations, local and national authorities will take measures to discourage public gathering.

**Table 1: Influenza information. Source: Ministry of health**

No.	Districts/ Provinces	# of case	# of hospital beds	# of beds at pediatric units	# of admitted patients with influenza	# of admitted child patients	% of exceeded # of beds	% of Influenza cases of total outpatient examinations
1	Arkhangai	4,798	422	85	415	156	83.5	16.9
2	Bayan-Ulgii	3,271	574	89	451	121	36	10.7
3	Bayankhongor	6,226	547	94	368	97	3.2	18.3
4	Bulgan	3,021	372	57	227	82	43.9	16.2
5	Govi-Altai	2,716	449	69	295	72	4.3	11.8
6	Govisumber	1,466	124	20	120	44	120	5.7
7	Darkhan-Uul	9,773	742	110	424	99	-10	9
8	Dornogovi	7,772	464	74	310	97	31.1	17
9	Dornod	8,243	550	70	357	128	82.9	10.3
10	Dundgovi	3,373	301	59	232	83	40.7	18.5
11	Zavkhan	4,004	587	82	385	101	23.2	15.1
12	Orkhon	8,839	645	59	560	115	94.9	13.3
13	Uvurkhangai	6,145	835	134	495	153	14.2	16.8
14	Umnugovi	5,381	663	89	341	99	11.2	23.5
15	Sukhbaatar	5,858	405	76	336	130	71.1	5.3
16	Selenge	8,270	708	145	637	209	44.1	17.1
17	Tuv	4,499	504	87	189	29	-66.7	15.8
18	Uvs	5,825	551	94	441	157	67	17.9
19	Khovd	7,781	577	94	629	174	85.1	23.3
20	Khuvsgul	6,452	783	150	206	59	-60.7	8.6
21	Khentii	4,878	471	84	358	136	61.9	11
22	Bayanzurkh	14,988	458	230	359	133	-42.2	5.9
23	Chingiltei	8,716	227	80	193	78	-2.5	7
24	Bayangol	11,816	400	200	321	130	-35	5.3
25	Sukhbaatar	5,637	325	125	264	92	-26.4	10.6
26	Khan-Uul	8,880	196	80	143	81	1.3	7.9
27	Baganuur	2,662	226	42	158	22	-47.6	9.4
28	Nalaikh	2,847	227	50	162	55	10	7
29	Bagakhangai	336	15	5	9	3	-40	5.1
30	Songinokhairkhan	19,499	165	165	155	155	-6.1	8.3
<b>Total</b>		<b>193,972</b>	<b>13,513</b>	<b>2,798</b>	<b>9,540</b>	<b>3,090</b>	<b>n/a</b>	<b>n/a</b>

The Ministry of Health is concerned about the speed and scale of the outbreak. There is a high risk that it may spread at a national scale during the Lunar New Year (5-7 February) as the population movement becomes highest during the year, because population moves from Ulaanbaatar City to more remote areas to meet and greet their families. In Mongolia, the peak of the outbreak has not come yet as the country is in the midst of winter which will continue for another two months. The MoH has sent an official request to Mongolian Red Cross Society to support the health facilities and to organize public awareness campaigns to prevent from the further spread of the outbreak.

## Summary of the current response

### Overview of Host National Society.

MRCS is the member of State Emergency Commission and has been closely monitoring the situation since the start of the outbreak. MRCS is working closely with the MoH to better understand the situation and coordinate the activities. Having implemented community-based health and first aid program in the recent past, MRCS has some trained human resources readily available at its branches who are on high alert and can be mobilized for public awareness and information dissemination. Public awareness information on epidemic prevention is currently being distributed to the public through MRCS Facebook and social media page. Based on the request and needs, MRCS has provided

Songinokhairkhan and Khan-Uul district hospitals with 70 portable beds. Currently, further needs assessment is being conducted by branches (BDRT) and national (NDRT) disaster response team members.

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

Through its Country Cluster Support Team (CCST) office in Beijing, the IFRC is supporting coordination of disaster response efforts of its secretariat in assisting the MRCS. IFRC will support the MRCS in the implementation of activities through technical assistance, monitoring and evaluation as well as any required logistical and administrative support. There is no Partner National Society present in country, therefore surge support from RDRT in health sector needs to be optimized in this operation.

### Overview of non-RCRC actors in country

#### Government actions

The Government of Mongolia has taken several actions to take measure and prevent further spread of the outbreak. An Emergency operation team on influenza has been established to carry out immediate measures. The MoH has set up 24/7 hotline for monitoring the influenza related cases and communicating with public, giving out medical advices. Around 21 infographic posters, 6 videos, 7 types of flyers have been developed and being shared through social media channels and TVs. In 10 provinces, secondary school winter vacation is extended to 8 February and public gathering is discouraged by the decree of the Minister of Education. The school authorities are ordered to take necessary action to prevent from Influenza spread among school children. The Ministry of Social Protection and Labor issued a decree to give paid leave of five working days for the parents of children infected by Influenza A. The current priorities of the government are focusing on to increase the number of beds in the district hospitals by at least 500 folding beds to accommodate more patients.

#### Non-Government organization action

WHO has handed over 500 Tamiflu medicine and ordered 1,600 more to support the hospitals. Medications, equipment worth of USD 107,000 is distributed to the hospitals with support from UNICEF. Some 130,000 children under the age of 5 are provided with high dose Vitamin A and zinc supplement, and 22,300 pregnant women are provided with D3 vitamin to support their immune system. Around 122,277 children and adults from kindergartens, the vulnerable population are vaccinated for immunization.

### Needs analysis, targeting, scenario planning and risk assessment

#### Needs analysis



NDRT, BDRT members conducting assessment at Songinokhairkhan district hospital, (Photo: MRCS)

MRCS is a member of the State Emergency Commission and through the State Red Cross Cooperation Council has been receiving timely information, situation report and update from the MoH, WHO and other organizations. Secondary and primary data collection was also conducted.

From 14-18 January, MRCS has conducted three field assessment missions (Songinokhairkhan, Khan-Uul district and Tuv province) – two districts and one province to assess the immediate and potential needs of the influenza affected population. Interviews with relevant stakeholders and affected population were also carried out.

Multiple factors contribute to an increased risk of spread or health impact of Influenza A at the national level: poor air quality with Particulate Matter (PM) pollution higher than the WHO standard level, non-regular use of face mask, lack of knowledge on the signs and symptoms of the Influenza and not enough information and what measures to take and how to prevent from Influenza and establish a referral pathway for suspected cases of pneumonia and influenza. In some cases when immediate action is not taken, the Influenza is easily being complicated by pneumonia.

	100 Ail	Tolgoit	Nisekh	Zuragt	Bayankhoshuu	13th district	Baruun 4 zam	Angalan	Tsahilgaan stants	Misheel expo	Urgakh naran
2019.01.14	PM 10	PM 10	PM 2.5	PM 10	PM 10	NO2	NO2	PM 10	PM 10		
2019.01.15	PM 10	PM 2.5	PM 2.5	PM 2.5	PM 2.5	PM 10	PM 2.5	PM 2.5	PM 10	PM 10	PM 10
2019.01.16	PM 10	PM 2.5	PM 2.5	PM 2.5	PM 2.5	PM 10	PM 2.5	PM 10	PM 10	PM 10	PM 10
2019.01.17	PM 10	PM 2.5	PM 2.5	PM 2.5	PM 2.5	PM 10	PM 10	PM 10	PM 10	PM 10	PM 10
2019.01.18	PM 10	PM 2.5	PM 2.5	PM 2.5	PM 2.5	PM 10	PM 10	PM 2.5	PM 10	PM 10	PM 10
2019.01.19	PM 10	PM 2.5	PM 2.5	PM 2.5	PM 2.5	PM 10	PM 2.5	PM 2.5	PM 10	PM 10	PM 10
2019.01.20	PM 10	PM 2.5	PM 2.5	PM 2.5	PM 2.5	PM 10	PM 2.5	PM 2.5	PM 10	PM 10	PM 10

	Moderate
	Unhealthy for sensitive groups
	Unhealthy
	Very unhealthy
	Hazardous

Ulaanbaatar city air pollution level from 14-20 January 2019, (Source: [www.aqaar.mn](http://www.aqaar.mn))

The following needs have been identified:

- The second-level hospitals of Ulaanbaatar City is over capacitated by 53.2 per cent, hospitalizing children in the corridors and hallways of the hospitals. The hospitals are short in human resource and the current doctors and nurses are working two nightshifts a week and extended long hours. Foldable temporary beds are set up in the corridors and the MoH has been mobilizing senior students of the Mongolian University of Medical Science, and is seeking to find additional 500 beds to be able to admit children that needs to be hospitalized.
- The Lunar new year is approaching in the second week of February and there is a high risk of spread of Influenza at national scale with a more than 15 per cent of influenza case in total number of outpatients. The greeting of Lunar New year includes close contact between adult and children. Therefore, there is a need to scale up social mobilization component and public campaigns in the prevention and control of the Influenza outbreak and hygiene promotion targeting the high-risk population.
- Due to re-infection and re-admittance to the hospitals, the household economy is greatly affected, those especially with young children.
- The winter break of school children was extended from 21 January to 8 February, to allow time to make efforts to not further spread the outbreak.

The official request from the State Emergency Commission and MoH to the Mongolian Red Cross Society is to support the efforts of public health campaigns on identifying sign and symptoms of Influenza, how to prevent from the spread and personal hygiene promotion to the high-risk population. In case the MoH will activate an immunization campaign, the MRCS is ready to support with activities related to that by mobilizing volunteers, and the EPoA will be revised as necessary to implement any further request.

### **Targeting**

The operation aims to directly reach 30,935 (10 per cent of the total number of elementary school children, ages 6 to 10 years) through Influenza and pneumonia prevention and health promotion activities and 9000 parents of under 5 and kinder garden children will be reached through public awareness campaign. The indirect reach will be 111,366 parents and family members of the elementary school children.

### **Scenario planning**

**Best case scenario-** The best-case scenario is that the average percentage of influenza cases of total outpatients' examinations decrease over the coming weeks regardless of the Lunar New Year celebration. Public awareness is increased, people have enough knowledge to protect their families from Influenza and have the knowledge to detect the signs and symptoms early. Therefore, the influenza outbreak will be under control.

**Most likely case scenario –** the Influenza outbreak spreads during the Lunar new year celebration and when the school winter break resumes. Through public awareness campaigns and volunteer mobilization for information dissemination people receive knowledge on influenza prevention, early detection signs and symptoms, as well as hygiene practice. Even if the influenza cases increase at province/district levels, people would know how to take necessary measures to protect themselves. Therefore, the influenza outbreak is handled properly.

**Worst case scenario –** The influenza outbreak exacerbated by the poor air quality gets worse and the percentage of influenza cases of total outpatient examinations exceed 15 per cent at all province and districts. The number of death especially among most vulnerable (children under 5, elderly people and people with weakened immune system) increases rapidly and the State calls for national emergency.

### **Operation Risk Assessment**

The possible risk is the weather and road conditions given the temperature dropping as low as -40°C. The weather and road conditions will be closely monitored and regular information from the Meteorological office and National Emergency Management Agency will be collected to ensure road safety before traveling to the provinces. Safety and security regulation will be followed.

Volunteers working on the operation will be provided with personal protection equipment such as face masks and hand sanitizer and receive a refresher training on ECV and provided information about the signs and symptoms, and epidemic control measures. As part of the refresher training, volunteers will be encouraged to do self-monitoring and advised to withdraw from the operation if they are showing symptoms.

## B. Operational strategy

### Overall objective

The overall operational objective is to ensure MRCS bring added value to surge capacity of health care services in Mongolia and prevent further spreading the H1N1 virus and limit the effect of air pollution by improving hygiene practices, adequate protection (face mask) and infection control standards and raising general public health and hygiene awareness and care-seeking behaviour, including vaccination where available, in the affected areas. Operation will target 10 per cent of the total number of elementary school children (approx. 30,935) and 9,000 parents of kindergarten children through health and hygiene promotion activities.

### Proposed strategy

The MRCS, utilizing its presence of staff and volunteers across the affected areas, has been actively engaged in response over the past week, since the outbreak started. The operation is relief focused, providing the affected population with essential personal protective items and dissemination of preventive messages. MRCS will produce and distribute information, education, communication (IEC) materials or public, workplaces and all levels of health facilities. The MRCS will produce posters on H1N1 prevention for nationwide dissemination to all cities and provinces using the health system and Red Cross network in coordination with the MoH and educational institutes at both national and local level.

A member of health Regional Disaster Response Team (RDRT) will be deployed to support the MRCS in organizing training, developing key messages and communication plan on epidemic preparedness, mitigation and response which will be attended by representatives from all MRCS affected branches.

### Assessment and beneficiary selection

The direct beneficiaries include parents of under 5 children through public campaigns and school children as they are part of the most-at-risk population. More specifically, the direct beneficiaries within the local populations will be identified based on their level of vulnerability in coping with the disease. Such factors considered in their selection include socio-economic status of the beneficiaries prioritized in areas most-at-risk.

### Operational support services

#### Human resources

MRCS is coordinating its activities with Ministry of Health and Branch Response Team Members are working closely with local authorities to disseminate information to general public. Details of human resources planning is tabulated below:

**Table 2: Human resource planning**

Human resources planning table			
Position, title	Sector area	Time	Specific roles and responsibilities, task
Branch volunteers (150)	Health	3 months	Participate in organizing public campaign to prevent from Influenza A and effects of air pollutions
Branch disaster response team (30)	Health	3 months	Participate in organizing public campaign to prevent from Influenza A, oversee volunteers and monitoring and evaluation of the operation.
National disaster response team (10)	Health	3 months	Oversee the operation, support BDRT members and volunteers
RDRT members	Health	1 month	Support NS with "Emergency health promotion" training and develop public health promotion campaign, communication plan

The operation is expected to involve 150 voluntary members of MRCS's Relief Emergency Response Teams (ERT) in affected Provinces and up to 40 staff members. This DREF covers travel, accommodation and per-diem costs related to the staff and volunteers. The DREF covers insurance for the volunteers used in the operation through the IFRC global volunteer insurance scheme. Given the likelihood of more infection in the coming weeks, this DREF contains provisions for the deployment of one RDRT member.

#### Logistics and Supply Chain

Logistics activities aim to effectively manage the supply chain. National Society logistics team will take the lead on extending logistics support to this operation including local procurement, fleet, storage and transport in accordance with the operation's requirements.

MRCS has sufficient warehouse capacities at its Headquarters in Ulan Bator and affected provinces. Transport and distribution costs within the country will be included in this DREF budget. The IFRC CO and IFRC AP Operational Logistics, Procurement and Supply Chain Management (OLPSCM) department will extend technical logistics support to the NS as required.

#### **Information technologies (IT)**

The cost of communication will be low and mainly relates to the use of mobile phones and mobile internet by assessment teams. NDRT members will also use mobile phones to collect surveys from beneficiaries' post-distribution.

#### **Community engagement and accountability (CEA)**

Community engagement and accountability will be ensured by close coordination with the affected population - a key point for consideration during this response operation, so that the response is adjusted according to the expectation and needs of affected families and addresses their concerns. Two-way communication with the affected population will be strengthened.

#### **Planning, monitoring, evaluation, & reporting (PMER)**

MRCS will oversee all operational, implementation, monitoring and evaluation, and reporting aspects of the present operation in the affected provinces through its country-wide network of branches and volunteers. IFRC, through CCST office in Beijing will provide technical support in programme management to ensure the programme objective is met.

The responsibility for day-to-day monitoring of the operation will be with MRCS provincial branches but supervised MRCS headquarters to ensure appropriate accountability, transparency and financial management of the operation. Operation updates will be issued to report progress of the implementation of the proposed programmes and lesson learned workshop will be conducted towards the end of operation.



AP021	Demonstration of hand washing practices in the school																		
AP021	Procurement of hand-sanitizer for school children																		
AP021	Procurement of PPE for volunteers																		
AP021	Distribution of hand-sanitizer along with health promotion for school children																		
AP021	Establish a Referral pathway for suspected cases of Pneumonia and Influenza																		
AP021	Referral of people with sign and symptoms of Pneumonia and Influenza to the health facility																		

## Strategies for Implementation

Requirements (CHF): 31,225

P&B Output Code	<b>Outcome S1.1: NS have trained and skilled human resources for better implementation</b>	<i># of branches that are well functioning (Target: 30 mid-level branches)</i>																	
	<b>Output S1.1.1: NS have effective and motivated volunteers</b>	<i># of volunteers and branch response team members involved in the operation, and awareness from community of RC presence (Target: 150)</i>																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13					
AP040	NS's visibility is ensured throughout the operation																		
AP040	Ensure that volunteers are insured																		
P&B Output Code	<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>	<i>Effective and coordinated international disaster response is ensured (Yes)</i>																	
	<b>Output S2.1.1: Effective response preparedness and NS surge capacity mechanism maintained</b>	<i>#RDRT member is deployed on time to assist with NS on WASH components (Target: 1 RDRT deployed for 1 month)</i>																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13					
AP046	RDRT deployed to support NS in Health																		
P&B Output Code	<b>Output S2.1.2: Supply chain and fleet services meet recognized quality and accountability</b>	<i>Procured items and IEC materials are delivered in timely matter and meets standard (Target: Yes)</i>																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13					
	AP050	Transportation of relief items/ hand sanitizer, IEC material/ to affected areas																	
P&B Output	<b>Outcome S3.1: NS together with IFRC uses its unique position to influence decisions at local, national and international levels that affect the most vulnerable</b>	<i>IFRC and NS are visible, trusted and effective advocates on humanitarian issues (Target: Yes)</i>																	





## Budget

### DREF OPERATION

Mongolia: Air Pollution and Influenza A

Budget Group	DREF Budget CHF
Water, Sanitation & Hygiene	30,935
Teaching Materials	12,000
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>42,935</b>
Distribution & Monitoring	1,000
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>1,000</b>
National Society Staff	6,000
Volunteers	21,225
Other Staff Benefits	1,800
<b>Total PERSONNEL</b>	<b>29,025</b>
Workshops & Training	5,000
<b>Total WORKSHOP &amp; TRAINING</b>	<b>5,000</b>
Travel	8,500
Information & Public Relations	18,000
Communications	1,500
<b>Total GENERAL EXPENDITURES</b>	<b>28,000</b>
Programme and Services Support Recovery	6,887
<b>Total INDIRECT COSTS</b>	<b>6,887</b>
<b>TOTAL BUDGET</b>	<b>112,847</b>

## Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

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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 (NGOs) 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**.