



CÔTE D'IVOIRE: HEALTH HAZARD FINAL REPORT

DREF Bulletin No. MDRCI001

11 July 2007

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

Period covered by this Final Report: 15 September to 10 November 2006.

History of this Disaster Relief Emergency Fund (DREF)-funded operation:

- CHF 120,000 (USD 97,704 or EUR 76,164) was allocated from the Federation's DREF on 14 September 2006 to respond to the needs in this operation (refer to [DREF Bulletin no. MDRCI001](#)).
- This operation was implemented over two months, and was completed by end of November 2006.

[<Click here to go directly to the attached financial report>](#)

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal.

Background and Summary

In the night of 22 to 23 September 2006, an alarm was raised over a suffocating odour emanating from some waste in different parts of Abidjan, the economic capital of Côte d'Ivoire. The most affected areas were Cocody, Abobo, Port-Bouet and Bingerville. The gas emanations from the waste not only polluted the environment, but also caused various pathological problems in these communities. Among the effects were breathing, digestive and dermatological problems, which mostly affected youths and children aged under 15 years.

Thousand of affected people sought medical attention and the Ivorian Government provided treatment, including X-ray scans and medicines, free of charge. The Red Cross Society of Côte d'Ivoire (RCSCI) complemented government efforts by providing essential services. The Red Cross operation focused on the provision of first aid and community-based health care, while enforcing awareness on the risk of contamination and prevention within the Abidjan communities. The National Society also conducted hygiene promotion and sanitation activities in the affected areas of Abidjan.

According to the Ivorian Civil Protection Department, 26,000 people were affected. Preliminary reports from laboratories of the Centre Ivoirien Anti-Pollution (CIAPOL) and Society of International Radiology (SIR) revealed a product containing acutely toxic high hydrogen sulphide concentration which, if allowed to stay in the environment, could permeate the soil and seep into ground water, thereby causing long-term damage and pollution.

On 14 September 2006, the International Federation allocated CHF 120,000 (USD 97,704 or EUR 76,164) from its Disaster Relief Emergency Fund (DREF) to enable the National Society effectively respond to this crisis. The RCSCI implemented a two months operation, with technical support from the Federation's sub-regional office in Lagos. The response was also supported by the International Committee of the Red Cross (ICRC) and the Spanish Red Cross.

Coordination

The Red Cross Society of Côte d'Ivoire, as a long time partner of the government and as an auxiliary of public authorities, worked with the Ministry of Health (MoH) in the affected areas. In its effort to coordinate all activities during the operation, the Government, through the MoH, set up an ORSEC¹ plan in which the RCSCI played a prominent role. In the plan, MoH had two possible response strategies: relocating people living around the dumping sites or retaining them where they lived and having medical teams visit them for treatment.

The RCSCI opted for the second strategy; its medical teams (with mobile clinics) visited the affected people and treated them. ICRC supported the intervention by providing generic medicines, and the Spanish Red Cross motivated Red Cross volunteers and staff in the field.



Some of the affected people received treatment from Red Cross medical teams.

Analysis of the operation - objectives, achievements and impact

Objective: The Red Cross Society of Côte d'Ivoire (RCSCI) contributes to controlling the consequences of toxic waste in the most affected and exposed zones of Abidjan in two months.

Expected result 1: First aid assistance, including essential drugs, is provided to the populations in the affected areas.

Expected results 2: 80% of the poor affected families have received medical treatment from the Red Cross emergency clinics.

Achievements

A total of 17,160 persons visited the Red Cross mobile clinics for consultation and treatment. About 7,786 others were treated at home while 152 were evacuated to health centres.

Expected result 3: The population in the affected zones has become knowledgeable of hygienic practices and sanitation.

Achievements

Red Cross Society of Côte d'Ivoire volunteers visited the affected areas to create awareness on advantages of proper hygiene and sanitation practices.

Expected result 4: Some 30,000 families in high risk zones are sensitized to take cautious measures towards toxic waste and cholera.

Achievements

Using megaphones and house-to-house campaigns in the affected areas and neighbouring villages, Red Cross volunteers disseminated information on measures to be taken in case people came into contact with toxic wastes. They also sensitized them on the prevention of health risks that could be caused by toxic wastes. To continue the sensitization efforts, a permanent consultation post was established in the village of Djibi.

Expected result 5: About 160 volunteers from the eight local branches are implementing sensitization activities.

Achievements

¹ In French: Organisation des secours (ORSEC). The ORSEC plan – or response plan – provides a description of missions (who is in charge of what), listing of the means (such as personnel and equipment) and how the means are mobilized.

The RCSCI mobilized its volunteers from all the local branches of Abidjan for the operation. Among the volunteers were 15 medical doctors, 16 nurses, four first aid workers and community health workers. Additionally, the headquarters provided two drivers and two doctors. Other volunteers, who were not medical professionals, were involved in sensitization campaigns.

Expected result 6: Eight emergency brigades are mobilized and deployed in the affected zones.

Achievements

Medical teams were set up at the local Red Cross branches in the affected areas, including Cocody, Yopougon, Adjame, Marcory, Port-Bouet and Abobo. Each team was composed of a doctor, two nurses, one social assistant and five volunteer health workers. Considering the special situation in Djibi village, a special post was established to take care of people on the Abobo-Alepe axis of Abidjan. Furthermore, the Red Cross medical centre located at the *Cité de l’enfance* was equipped with doctors from the headquarters.

Impact

- By assisting the affected people, the RCSCI got an opportunity to implement its contingency plan and to enhance its visibility.
- The populations appreciated the activities of the National Society and Red Cross volunteers were well received in every household/area they visited. Because of that assistance, people were eager to know more about Red Cross activities.
- Collaboration with the MoH ensured a coordinated delivery of services to vulnerable populations. In some areas, the MoH requested for technical assistance from the Red Cross, such as in evacuating affected people who needed further medical attention.

Constraints

- Difficulties were experienced in the supply of drugs because the central pharmacy of the RCSCI ran out of stock. However ICRC provided generic medicines to the National Society.
- Because the National Society opted to visit the affected people and treat them where they lived, Red Cross volunteers were also exposed to the toxic sites.
- The National Society experienced some logistical difficulties in evacuating the most affected people to health centres.

Recommendations

The toxic waste crisis brought to the fore some difficulties faced by local Red Cross branches in Abidjan. To this effect, the RCSCI recommends the following:

- Donation of emergency tools to local branches and providing them with medical equipment such as stethoscopes, tensiometers, thermometers and boxes for minor surgery;
- Building the capacity of volunteers by training the on the ARCHI 2010²;
- Ensuring adequate stocking of essential drugs at the National Society’s headquarters;
- Follow up of cases by social workers.

How we work

All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation’s website at <http://www.ifrc.org>

² Refer to: <http://www.ifrc.org/WHAT/health/archi/>

The Federation's Global Agenda

The International Federation's activities are aligned with under a Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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[Financial report below; click here to return to the title page](#)

International Federation of Red Cross and Red Crescent Societies

MDRCI001 - COTE D'IVOIRE - HEALTH HAZARD

Final Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2007/5
Budget Timeframe	2006/1-2007/5
Appeal	MDRCI001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	120,000					120,000
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
DREF	-984					-984
C1. Cash contributions	-984					-984
<u>Reallocations (within appeal or from/to another appeal)</u>						
DREF	120,000					120,000
C3. Reallocations (within appeal or	120,000					120,000
C. Total Income = SUM(C1..C6)	119,016					119,016
D. Total Funding = B +C	119,016					119,016

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	0					0
C. Income	119,016					119,016
E. Expenditure	-119,016					-119,016
F. Closing Balance = (B + C + E)	0					0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		120,000					120,000	
Supplies								
Medical & First Aid	53,520	4,800					4,800	48,720
Total Supplies	53,520	4,800					4,800	48,720
Land, vehicles & equipment								
Vehicles		21,576					21,576	-21,576
Office/Household Furniture & Equipm.		10,027					10,027	-10,027
Others Machinery & Equipment		722					722	-722
Total Land, vehicles & equipment		32,326					32,326	-32,326
Transport & Storage								
Storage		3,302					3,302	-3,302
Transport & Vehicle Costs	2,170	6,168					6,168	-3,998
Total Transport & Storage	2,170	9,469					9,469	-7,299
Personnel Expenditures								
Delegate Benefits		469					469	-469
National Staff		23,575					23,575	-23,575
National Society Staff	34,416	17,568					17,568	16,848
Total Personnel Expenditures	34,416	41,612					41,612	-7,196
Workshops & Training								
Workshops & Training	716	148					148	568
Total Workshops & Training	716	148					148	568
General Expenditure								
Travel	6,789	1,787					1,787	5,002
Information & Public Relation	13,029	7,955					7,955	5,074
Office Costs	1,560	6,502					6,502	-4,942
Communications		1,404					1,404	-1,404
Financial Charges		222					222	-222
Other General Expenses		5,054					5,054	-5,054
Total General Expenditure	21,378	22,925					22,925	-1,547
Program Support								
Program Support	7,800	7,736					7,736	64
Total Program Support	7,800	7,736					7,736	64
TOTAL EXPENDITURE (D)	120,000	119,016					119,016	984
VARIANCE (C - D)		984					984	