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# DREF final report

## Cote d'Ivoire/West Coast: Yellow Fever Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRCI002**  
**GLIDE n° EP-2011-000008-CIV**  
**24 November, 2011**

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

**Summary:** CHF 73,659 was allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to support the Red Cross Society of Côte d'Ivoire (RCSCI) in social mobilization of communities to some 89,582 households.

The Red Cross Society of Côte d'Ivoire worked in collaboration with health authorities and other humanitarian agencies in the country to curtail the spread of yellow fever epidemic that reappeared in 4 districts of the country in December 2010. The National Society, with support from the IFRC was able to reach 76.72% of the targeted 111,977 households in the districts of Katiola, Séguéla, Béoumi, and Mankono with messages on the importance of vaccination against epidemics such as yellow fever. The Red Cross of Côte d'Ivoire with the districts health authorities in the target areas identified and trained 320 community volunteers on community sensitization and mobilization techniques and the volunteers equipped with sensitization tools such as megaphones and IEC materials carried out sensitization activities using door-to-door and public gathering approaches to reach a total of 226,395 persons with campaign messages in the 4 districts. The National Society also collaborated with local radio stations in the target districts to carry out jingles and other sensitization messages through their media.



Red Cross volunteers ensured sensitization messages in the remotest communities in target areas. **RCSCI**

The collaborative efforts of the Red Cross and other actors including community and religious leaders contributed to increased awareness on the importance of vaccination among the target population. The Red Cross volunteers were able to identify those that had not been vaccinated during the previous exercise and notified health authorities on the readiness of the concerned population for vaccination. The exercise has also enhanced the image of the Red Cross among the population, government and other humanitarian actors involved in the campaigns.

However, there is need for government to provide for adequate vaccines for populations in remote communities during any subsequent exercise. Understandably, the socio-political situation during the operation period and the resulting fear and apprehension among the population impacted significantly on the exercise.

The major donors and partners of DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the U.S.A., as well as DG-ECHO, the U.K. Department for International Development (DFID), the Medtronic and Z Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the National Society, thanks all for their generous contributions.

Details of contributions to DREF are found at: [www.ifrc.org/docs/appeals/Active/MAA00010\\_2010.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2010.pdf) for 2010, and at: [www.ifrc.org/docs/appeals/Active/MAA00010\\_2011.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf) for 2011.

*<click here for the final financial report, or here to view contact details>*

## The situation

A resurgence of suspected yellow fever epidemic was reported in the districts of Katiola, Séguéla, Béoumi, and Mankono in Côte d'Ivoire during December 2010. As at 15 January 2011, a total of 66 suspected cases with 11 deaths were recorded in these four districts. The reported outbreak towards the end of 2010 was attributed among other factors to the deteriorated state of public health structures in the country and the fear by the rural population caused by the prolonged political crisis in the country.

The first outbreak had earlier occurred in July 2010 when the National Epidemiological Service reported 250 cases out of which 62 were confirmed following full laboratory analysis. During the first outbreak, 19 deaths were recorded in the districts of Marcory, Cocody, Bingerville, Western Yopougon, Yopougon Is, Port-Bouët, Adjamé-Plateau, Grand-Bassam, Séguéla, Man, Southern Bouake, Western Bouaké, Mankono, Boundiali, Katiola, Béoumi, and Aboisso. The Ministry of Health (MoH) carried out vaccination campaigns in the affected districts during that period. However, all the targeted districts could not be fully covered as a result of insufficient vaccines.

With the December outbreak, the Red Cross of Côte d'Ivoire and other humanitarian agencies supported health authorities' effort in addressing this humanitarian need through targeted follow-up vaccination campaigns to reach the target population in all the four affected districts.

## Red Cross and Red Crescent action

The Red Cross of Côte d'Ivoire collaborated with the Ministry of Health in mobilization and sensitization of the target population in Mankono, Katiola, Seguela and Beoumi. Being a strategic partner to the MoH, the National Society worked with health authorities at national and district level in coordination and health promotion activities. The National Society collaborated with the district health authorities in mobilization, training and deployment of community volunteers to carry out sensitization activities in the target districts. The Red Cross also collaborated with local, religious and community leaders in ensuring wider reach during the campaign.

The Red Cross of Côte d'Ivoire with support from IFRC strengthened the capacity of its local branches through their volunteers and carried out active case detection at household level and prompt referral of such cases to health facilities. The National Society also produced IEC materials, radio jingles and carried out house-to-house visits during the exercise.

The Red Cross of Côte d'Ivoire as an active participant in various national health coordination activities collaborated with the MoH, WHO, UNICEF and other institutions within the health coordination platform to effectively respond to the outbreak. The National Society was also an active member of the national task force on yellow fever set up by the government.

## Achievements against outcomes

### Emergency health

**Outcome 1: Improved yellow fever and immunization awareness before, during and after the national campaign by targeting the communities in four districts with social mobilization, health promotion and campaigns support.**

Expected outputs	Activities planned
<ul style="list-style-type: none"> <li>The affected population in the most affected</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment and training of 320 volunteers for</li> </ul>

<p>districts of Mankono, Séguéla, Katiola and Béoumi is effectively and efficiently sensitized</p> <ul style="list-style-type: none"> <li>Improved early detection, reporting and referral of suspected cases through active surveillance.</li> <li>Improved awareness for increased uptake of yellow fever emergency vaccination leading to 80% coverage in the 4 affected districts.</li> </ul>	<p>social mobilization and sensitization;</p> <ul style="list-style-type: none"> <li>Promotion of mosquito nets usage to 89,582 households in the affected districts;</li> <li>Sourcing and printing 2,400 copies of available IEC materials (posters and pamphlets) for outbreak risk reduction sensitization activities;</li> <li>Prompt referral of detected cases to health centres within the affected districts;</li> <li>Production of visibility tools (procurement of 804 fez caps, t-shirts, banners);</li> <li>Health sensitization activities for the most affected communities in the 4 districts with dissemination of messages for ten days;</li> <li>Production and airing of 20 sessions of radio jingles containing health messages.</li> </ul>
<p><b>Outcome 2: Increase the pool of the RCSCI supervisors and volunteers with skills in responding to current and future outbreaks of epidemics.</b></p>	
<p><b>Expected outputs</b></p>	<p><b>Activities planned</b></p>
<ul style="list-style-type: none"> <li>18 supervisors of the RCSCI are trained on the epidemic control manual for volunteers in order to build their capacity to handle the present situation and future outbreaks.</li> <li>The National Society has appropriate level of competence to carry out social mobilization activities in the affected districts and other districts regularly affected by outbreaks.</li> </ul>	<ul style="list-style-type: none"> <li>Training of 18 supervisors (on Epidemic Control for Volunteers for 3 days) from the affected districts and other epidemic prone districts;</li> <li>A 1-day Epidemic Control for Volunteers (ECV) workshop to train 320 volunteers on yellow fever from the affected communities;</li> <li>Contingency plan for the 4 affected branches developed and tested to ensure effective preparedness at branch level;</li> <li>Monitoring and supervision of activities from Headquarters and at districts level.</li> </ul>

**Achievements and impact:** In collaboration with the district health authorities, the Red Cross identified and selected 320 community volunteers and trained them on community sensitization with focus on change of attitude towards vaccination against epidemics including yellow fever. Personnel from the National Institute for Public Health supported the Red Cross in training its volunteers. The training manual used was developed based on the recommendations of the MoH and the IFRC manuals on epidemics control (ECV and CBHFA manuals).

The trained volunteers also had their knowledge enhanced in community mobilization techniques and Red Cross principles and mandate. The involvement of the district health authorities in the selection of volunteers was useful as the selected volunteers had been serving as link between their communities and health authorities in health related sensitization activities. The volunteers carried out door-to-door sensitization in the villages while the exercise was carried at markets, motor parks and other public gathering in towns with the help of megaphones in local languages mainly. The Red Cross messages were well received by the target population as those who refused to participate in the mid-year vaccination promised and decided to participate in the new campaigns as they now have a better understanding of the importance of vaccination. *"Nobody explained to me like this the last time. They only asked us to come for vaccination. So I did not*

*bother. I just went to the farm with my children. But now, I will be the first on the queue when the vaccination commences”* said Adjia, a mother of four children.

To enhance its activities during the exercise, the National Society produced the items shown in the table below:

Districts	T-shirts	Posters	Banners	Megaphones	Leaflets	CAPS
Mankono	80	80	01	02	400	80
Katiola	80	80	01	02	400	80
Seguela	80	80	01	02	400	80
Beoumi	80	80	01	02	400	80
<b>Total</b>	<b>320</b>	<b>320</b>	<b>04</b>	<b>08</b>	<b>1,600</b>	<b>320</b>

The Red Cross implementation team and the National Institute for Public Health partnered with four local radio stations (see table below) in the target districts to reach further target communities with sensitization messages in local languages. Apart from jingles, discussion programmes were also aired on these stations with the participation of Red Cross and public health personnel. This strategy also contributed to the large turn out during the vaccination period.

District	Radio Station	Number of messages produced	Number of radio discussions
Seguela	Radio Séguéla, la voix du Worodougou	40	4
Mankono	Radio Djely FM de Mankono	40	8
Beoumi	Radio Goli-Dandy	40	4
Katiola	Radio Pulsar, la voix du Hambol	40	4
<b>Total</b>	<b>04</b>	<b>160</b>	<b>20</b>

The Health Coordinator of the Red Cross of Cote d'Ivoire carried out a monitoring and evaluation mission to the target districts during the campaigns. The Coordinator interacted with local and health authorities on way to further strengthen collaboration in future exercise. He also had interaction with some community leaders who expressed their satisfaction with the Red Cross mobilization strategy and requested the National Society to carry out such exercise before outbreak of any epidemic in the future. He also monitored the activities of the volunteers in the field and interacted with them to assess their understanding of the campaign messages.

Districts	Number of target households	Number of households visited	Number of persons sensitized	Number of public places reached	Number of persons identified as not vaccinated
Seguela	26,402	20,648	60,345	78	1,155
Mankono	30,946	21,361	59,049	52	1,226
Beoumi	20,601	18,105	39,845	71	1,394
Katiola	34,028	25,800	67,156	42	1,455
<b>Total</b>	<b>111,977</b>	<b>85,914</b>	<b>226,395</b>	<b>243</b>	<b>5,230</b>

The Red Cross volunteers visited 85,914 of the 111,977 households (76.72%) in the 4 districts and sensitized 226,395 of the total population of 663,443 inhabitants (34.12%) in the 4 districts. The target reached were mainly communities where the previous vaccination round recorded low turn out hence the concentration of mobilization activities in these localities. The 5,230 yet-to-be vaccinated expressed their willingness for vaccination to the Red Cross and the National Society referred their cases to health authorities for necessary action.

The participation of the Red Cross in the campaigns has increased the knowledge of the community dwellers on the importance of vaccination and has also strengthened the Red Cross collaboration with government health authorities at national and districts level. The collaboration with community and religious leaders as well as local radio stations has further enhanced collaboration at community level and also increased Red Cross visibility in the beneficiary communities.

**Challenges:** Inadequate vaccines were one of the major challenges during the exercise. This could be attributed to the socio-political crisis caused by the outcome of the October/November 2010 presidential election. Many of the health facilities in the country faced with organizational and financial constraints to effectively operate during the crisis. The post-electoral crisis also restricted movement of population and

caused fear and apprehension among the target population. Because of the tense security situation in the country during the campaigns, the Red Cross of Côte d'Ivoire collaborated with local authorities for adequate security for its volunteers and staff deployed during the campaigns.

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## DREF history:

- This DREF was initially allocated on 26 January, 2011 for CHF 73,659 for three months to assist 89,582 households.



**Click here**

1. DREF final budget **[below](#)**
2. Click **[here](#)** to return to the title page

## 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 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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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
  2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
-

Selected Parameters	
Reporting Timeframe	2010/1-2011/8
Budget Timeframe	2010/1-2011/04
Appeal	MDRCI002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>73,659</b>					<b>73,659</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<u>Other Income</u>						
<i>DREF Allocations</i>	73,601					73,601
<b>C4. Other Income</b>	<b>73,601</b>					<b>73,601</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>73,601</b>					<b>73,601</b>
<b>D. Total Funding = B + C</b>	<b>73,601</b>					<b>73,601</b>
<b>Appeal Coverage</b>	<b>100%</b>					<b>100%</b>

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>C. Income</b>	<b>73,601</b>					<b>73,601</b>
<b>E. Expenditure</b>	<b>-73,601</b>					<b>-73,601</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>0</b>					<b>0</b>

International Federation of Red Cross and Red Crescent Societies  
MDRCI002 - Cote D'Ivoire - Yellow Fever

Appeal Launch Date: 21 jan 11

Appeal Timeframe: 21 jan 11 to 21 apr 11

Final Report

Selected Parameters	
Reporting Timeframe	2010/1-2011/8
Budget Timeframe	2010/1-2011/04
Appeal	MDRCI002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
<b>BUDGET (C)</b>		<b>73,659</b>					<b>73,659</b>	
<b>Relief items, Construction, Supplies</b>								
Teaching Materials	13,380							13,380
<b>Total Relief items, Construction, Suj</b>	<b>13,380</b>							<b>13,380</b>
<b>Land, vehicles &amp; equipment</b>								
Office & Household Equipment		2,110				2,110		-2,110
<b>Total Land, vehicles &amp; equipment</b>		<b>2,110</b>				<b>2,110</b>		<b>-2,110</b>
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	18,000	1,973				1,973		16,027
Transport & Vehicles Costs	7,093	5,902				5,902		1,191
<b>Total Logistics, Transport &amp; Storage</b>	<b>25,093</b>	<b>7,875</b>				<b>7,875</b>		<b>17,218</b>
<b>Personnel</b>								
National Society Staff	13,240	16,835				16,835		-3,595
Volunteers		13,387				13,387		-13,387
<b>Total Personnel</b>	<b>13,240</b>	<b>30,222</b>				<b>30,222</b>		<b>-16,982</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	12,150	9,062				9,062		3,088
<b>Total Workshops &amp; Training</b>	<b>12,150</b>	<b>9,062</b>				<b>9,062</b>		<b>3,088</b>
<b>General Expenditure</b>								
Travel		3,825				3,825		-3,825
Information & Public Relations		12,272				12,272		-12,272
Office Costs	450							450
Communications	3,550	359				359		3,191
Financial Charges	600	1,130				1,130		-530
Other General Expenses	700	2,256				2,256		-1,556
<b>Total General Expenditure</b>	<b>5,300</b>	<b>19,840</b>				<b>19,840</b>		<b>-14,540</b>
<b>Indirect Costs</b>								
Programme & Services Support Recov	4,496	4,492				4,492		4
<b>Total Indirect Costs</b>	<b>4,496</b>	<b>4,492</b>				<b>4,492</b>		<b>4</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>73,659</b>	<b>73,601</b>				<b>73,601</b>		<b>58</b>
<b>VARIANCE (C - D)</b>		<b>58</b>					<b>58</b>	