

# INFORMATION BULLETIN



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## **COTE D'IVOIRE: POPULATION MOVEMENT**

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*This Bulletin is being issued based on the needs described below reflecting the information available at this time. While there is no intention of launching an emergency appeal at this time, based on further updates and details from assessment reports, or should the situation deteriorate, the Federation may consider further support through a request for international support.*

### **The Situation**

The Liberian government has been engaged in armed conflict with the opposition Liberians United for Reconciliation and Democracy (LURD) since 1998. The violence escalated in late January 2002 when fighting broke out in Klay town, just 35 kilometers from the capital city Monrovia. Since then, combat between opposition LURD forces and government troops has spread from Lofa to three other counties - Tubmanburg, Gbarpolu and Bong. At least 19 different towns have been the scene of what can be described as a back and forth struggle over territory. The closest the battle came to Monrovia was in May when gun shots could be heard in Arthington and Po River Bridge, both towns being about 15 kilometres from the capital.

Liberia continues to feel the pressure of economic sanctions backed by UN Resolution 1342 of March 2001 which seek to stop Liberia from arming RUF opposition forces in neighbouring Sierra Leone. In March of this year, a UN inspection team reevaluated the situation based on the conclusion that sanctions continue on grounds that there is evidence of Liberia continuing to buy arms in clear violation of the UN Resolution.



The ongoing instability in Liberia has prompted large population movements. In June, the UN's IRIN estimated that there were approximately 110,000 IDPs within the country. Since the beginning of the year many have fled by crossing over into neighbouring Sierra Leone (24,000), Guinea (15,000), and Cote d'Ivoire (13,000). According to the most recent figures given by UNHCR, there are close to 65,000 refugees living in Cote d'Ivoire in villages and towns on a 500-km-long and 50-km-wide stretch of land bordering Liberia known as the "Zone d'Accueil des Réfugiés" (ZAR). Of the total, close to 9,000 are Liberian refugees who arrived since the

beginning of this year. The bulk of the remainder are previous Liberian refugees as well as about 1,000 Sierra Leoneans. Some 4,000 Liberian refugees have been accommodated in Nicla Camp situated about 10 kilometres from the town of Guiglo. Most refugees arriving to Cote d'Ivoire pass through a transit centre in Danane, a border town, where they are registered. In the past month the influx of new arrivals has decreased to about 10 to 15 or less per day.

A joint food assessment mission was carried out by the government of Cote d'Ivoire, UNHCR, and WFP between 3-6 June to evaluate food security among the refugees in Nicla camp and Danane transit centre. Based on the recommendations of the mission, the WFP, in collaboration with CARITAS, has been providing food assistance to those who settle in Nicla camp. The WFP will also take over feeding refugees in Danane transit centre by providing them with a full day's rations.

Although Liberia has remained relatively calm during the past month, the situation remains fluid. The fact that no open dialogue exists between belligerents begs the question how long will the peace last. The size of further population movements will depend on the scale and ferocity of fighting between the LURD and government forces which, according to BBC news reports, has not spared civilians from harm. The appearance of over 9,000 new refugees this year places added strain on the local population in Cote d'Ivoire who have had to absorb the bulk of new arrivals. Most of the local population themselves live close or under the poverty line. Local health facilities, barely adequate during the best of times, are now simply overwhelmed.

## ***Red Cross and Red Crescent Action***

The onset of fighting in Liberia in late January 2002 has caused a new large influx Liberian refugees into Cote d'Ivoire. Responding to the needs the Cote d'Ivoire Red Cross has been working in close collaboration with the Ivorian government agency for refugees (SAARA); the main co-ordinating body for assisting refugees in the country. The national society has regularly participated in meetings with SAARA and partners such as UNHCR, WFP, UNICEF, Save the Children UK, MSF as well as other humanitarian organisations/agencies.

Through this collaboration and in co-ordination with other humanitarian players in the field the Cote d'Ivoire Red Cross has been able to identify areas of intervention where its resources and expertise can be best used to assist refugees. At its disposal in the ZAR area the national society has nine local Red Cross committees, six health centers cum dispensaries (Danané, Zouan-Hounien, Bin-Houyé, Tabou, Grabo, and Toulépleu), 77 community health posts, 232 community health workers, 4 researchers, and a network of 2,234 volunteers who can be mobilized at the shortest notice.

The national society has come up with a modest plan of action to assist refugees in two towns, Danane and Toulepleu. A total of 232 volunteers / community health workers will be involved in the operation. Volunteers will promote and work with local health posts and public health centres as well as encourage refugees to use these health facilities. Through this project the national society hopes to not only address current needs but have ongoing activities in place which can be easily scaled up and/or modified should the situation change in the future.

In co-operation with the Regional Delegation, the Cote d'Ivoire Red Cross has developed a plan of action whose degree of implementation will depend on how the situation in Liberia evolves, taking into account both the level of emergency and available funding. The plan of action consists of four components:

- **Vaccination:** The national society plans to dispatch 30 volunteers in a door-to-door campaign to check the vaccination status of children between the ages of 0-23 months. Mothers would be encouraged to vaccinate their children with instructions on where this can be done. Volunteers would make public presentations encouraging vaccination as well as mobilising community leaders to help pass the message along.
- **STD/HIV Prevention:** The national society plans to have volunteers educate young people on STDs, HIV/AIDS and prevention through regular and proper use of condoms. This would include public education as well as presentations at individual households. The plan proposes to provide a donation of some 15,000 condoms to the health centres which would in turn sell them at a discount price. Profits would be used to resupply the health centres.

- **Malaria and Epidemic Prevention:** The national society plans to pursue an awareness campaign targeting a total of 6,000 households. Residents would be taught about the prevention of malaria through the use of treated mosquito nets. Beneficiaries would be instructed to identify the symptoms and what to do in case of malaria as well as about other infectious diseases such as cholera and yellow fever. Cases of malaria would be referred to public health centres for treatment. Residents would be shown how to do environmental modification to stem the growth of mosquito larvae. Moreover, during the course of their visits to communities, volunteers would take the opportunity to perform epidemiological surveillance.
- **Environmental Sanitation and Hygiene:** The national society plans to have volunteers target 6,000 households, teaching them about the correlation between environment, hygiene and health with focus on diarrhoeal diseases and malaria. Activities would include volunteers organising “clean village days” whereby residents would be mobilised to clean village surroundings concentrating on garbage removal, cleaning of drainage canals, wells and water pumps. Beneficiaries would be taught to perform their own community health surveillance.

For a full description of the National Society profile, see [www.ifrc.org](http://www.ifrc.org)

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*For longer-term programmes, please refer to the Federation’s Annual Appeal.*

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