

FINAL REPORT



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

CÔTE D'IVOIRE: YELLOW FEVER IN ABIDJAN

*18 January,
2002*

This Final Report is intended for reporting on emergency appeals

Appeal No. 30/01

Launched on: 18 September 2001 for 2 weeks for CHF 278,652 to assist approximately 3 million beneficiaries

Disaster Relief Emergency Funds (DREF) Allocated: CHF 50,000

"At a Glance"

Appeal coverage: 104.9%

Related Appeals: N/A

Outstanding needs: None

Update/Summary: Timely donor support and assistance from the Federation enabled the national society in the Cote d'Ivoire to carry out the planned activities for this brief operation to respond to a yellow fever outbreak. Pledges in the amount of CHF 37,356 remain outstanding, and these will be used to reimburse the DREF allocated to start the operation.

Operational Developments

The first case of yellow fever was discovered in March 2001 in the western part of Côte d'Ivoire. In July, when the Minister of Health announced the epidemic, there were already 143 suspected cases and 16 deaths reported. Of these, 27 suspected cases and 5 fatalities were reported in the economic capital of Abidjan. Other neighbouring towns such as Duekoue, Ouragahio, Gagnoa, Tiassale, Lakota and Issia were affected. The Ministry of Health immediately put in place a vaccination plan to control the outbreak.

This campaign targeting 2,858,826 persons began 21 September. A crisis committee consisting of international and local agencies including the World Health Organization (WHO), the Federation and Côte d'Ivoire Red Cross (CIRC), developed a plan of action and divided the responsibilities and expertise of each agency to immunize the population and sensitize them for long-term preventive measures. The government ordered 820,000 vaccines and WHO ordered 300,000; by the end of the 10-day campaign, 2,610,994 persons were vaccinated - 91.3% of the targeted population. Active surveillance programmes have been put in place. Vector control activities started midway through the campaign and continued in each of the districts of Abidjan till 7 October. As there was a cholera epidemic spreading through the capital as well, the Red Cross included cholera awareness in its sensitization campaign. As of 21 September, 3152 cases, including 175 deaths had been reported in the entire country - 2012 cases, including 51 deaths have been reported in Abidjan (WHO).

Red Cross and Red Crescent action w

The Federation appealed for CHF 278,000 for the campaign - of which CHF 200,000 was towards the purchase of vaccines (WHO). CHF 50,000 was released from the Disaster Relief Emergency Fund (DREF) towards a massive mobilization campaign by the Côte d'Ivoire Red Cross against yellow fever and cholera. In addition to helping with the development of the plan of action, the Federation supported the National Society mobilization teams during the operation.

The Côte d'Ivoire Red Cross (CIRC), supported by the Federation and its network of volunteers (including several medical personnel), implemented a laudable campaign which contributed to the success of the crisis committee. After the operation, CIRC volunteers continued doing vector control activities. Below is an account of the operation based on the objectives of the appeal.

Objectives planned; activities implemented

Objective 1 Volunteer Preparation As reported in the previous Operations Update, a medical doctor volunteering for the National Society's Health Department organised a refresher course for 22 team leaders from the 11 districts of Abidjan. The doctor taught the team leaders yellow fever pathology, transmission, symptoms and prevention as well as community sensitisation techniques. These team leaders conducted similar refresher courses in their local committees and passed on knowledge to 660 volunteers. Each volunteer was equipped with CIRC bibs. And each team was provided with a megaphone, 30 two-colour posters and around 500 leaflets on both yellow fever and cholera.

Objective 2 Volunteer Mobilization The local committees collected the list of immunization points for each district as decided by the Ministry of Health (MoH). Using the ARCHI 2010 approach, volunteers went door-to-door and into market places making announcements on their megaphones. Leaflets describing yellow fever symptoms were distributed and information on location of immunisation points were made daily in the media. For example, the two local radio stations announced where the public could go to get immunized many times throughout the day. A public announcement was made before and after the news on the two TV channels in the capital. This was equally done in supermarkets, motor parks, religious centres and other public places in all 10 districts of Abidjan. Working sessions were held with religious and local authorities. Three vehicles from the Federation and two from the National Society were put at the disposal of the MoH for mobilization purposes.

Vaccination (including transport and storage)

The WHO purchased vaccines in Geneva (with the Federation's support and funded in part by the German Red Cross and Government) through the International Coordinating Group of which the Federation is a member. The vaccines were transported by air to Abidjan International airport. Using refrigerator trucks from the Institute of Public Health, the government transported the vaccines to the cold storage facility at both the Institute of Public Health and Public Health Pharmacy. From these points, the vaccines were transported to a base in each of the capital's five zones. They were then transported daily in coolers to the vaccination points using vehicles provided by the Federation and Côte d'Ivoire Red Cross (CIRC).

CIRC doctors and nurses and qualified volunteers also assisted the MoH to administer the 2.6 million vaccinations. Throughout the 10-day vaccination period, the vaccination points operated from 8.00-18.00 daily with about 20,000 people being vaccinated daily. The following districts in Abidjan were focused on:

| Zones | Districts |
|---------|--|
| Central | Plateau, Adjame, Attiecoubé |
| South | Treichville, Marcory, Koumassi, Port-Bouet |
| North | Abobo, Anyama |
| Est | Bingerville, Cocody |
| Ouest | Songon, Yopougon |

In each zone, the CIRC and the MoH made available supplies such as cold storage facilities, vaccines, vaccination materials and other vaccination supplies.

CIRC, together with 330 volunteers and support from the Federation, contributed at the vaccination points by checking vaccination cards to establish people's immunisation needs. The vaccination was realized with 200 vaccination teams within 10 days. Each team administered 1,500 vaccinations per day. The task of each team was divided as follows:

- Two nurses diluted and filled syringes in two-hour rotations.
- Two nurses administered the vaccines.
- Four assistants registered patients on the government register and recorded their vaccinations on their vaccination cards.
- Two people maintained order in the queues.

Vaccinations were administered only to people over 9 months of age, who had never been immunized or whose immunization had elapsed. (During the operation, it was discovered that many people had never been immunised.)

Cholera

Though yellow fever was the main focus, CIRC volunteers received training on the symptoms and pathology of cholera, as well as on prevention measures which they disseminated during their door-to-door and market place information campaigns. Cholera leaflets and yellow fever leaflets were distributed together.

CIRC volunteers were informed to report suspected yellow fever and cholera cases discovered during their campaigns to team leaders who would coordinate referral to the nearest health point. Although no suspected cases were discovered by the volunteers, two new yellow fever cases were registered by the MoH.



Objective 3 Vector Control Midway through the mobilization campaign, CIRC volunteers identified places in need of vector control, such as slaughterhouses and marketplaces. On 28 September, using equipment acquired for the operation (see table below) 330 volunteers led a 10-day cleanup operation in the 11 districts initially targeted in the plan of action. There were 30 committees per local committee. In collaboration with the city council and the community members, who also joined the cleaning campaign, the teams cleaned gutters, destroyed old tyres that served as mosquito breeding points, cleared garbage heaps in various communities. They spoke to the population on maintaining a healthy environment to prevent diseases such as yellow fever and cholera. The cleanup committees have kept the supplies and although the operation ended on 7 October they will reinitiate cleanups at other times during the year.

Supplies purchased for this operation:

| Items | Quantity |
|--------------|-----------|
| Rakes | 33 |
| Wheelbarrows | 33 |
| Dustpans | 33 |
| Boots | 330 pairs |
| Long brooms | 33 |
| Gloves | 330 pairs |

Objective 4 Follow-Up Data was collected through a centralized process from the health points to the MoH, who then collated and distributed it to the partners in the operation. The CIRC Project Manager met the team leaders and technical personnel from the personnel twice weekly to discuss the CIRC plan of action. The Project Manager travelled daily to various health points and committee offices to monitor the activities.

Lessons Learned w

Evaluation after the campaign showed that:

- This yellow fever campaign was very successful. Volunteers were welcomed favourably by the community. Some offered the volunteers refreshments while others joined in the cleanup or helped in various ways.
- The corporate image of the Red Cross was strengthened among government authorities and communities.

- The idea of volunteering for the cause of the Red Cross was reinforced with the volunteers as the ARCHI 2010 was applied.
- Logistically, the operational capacity of the local committees was improved. The knowledge of volunteers in managing epidemics was strengthened although it still needs to be improved through more training. The relationships between local committees and local authorities were improved.
- The National Society was helped to revive its list of volunteers.
- Through the support of the Federation, the campaign helped the National Society to actualize the different strategies of combating epidemics.
- The ARCHI 2010 methodology enabled the volunteers and local committees to be more effective to families.



National Society Capacity Building w

The National Society renewed and strengthened its bonds with its professional volunteers through its refresher courses. The National Society received material assistance and capacity building that will enable it to continue during non-emergency times without external financial assistance. The National Society believes that the expertise among its own staff in conducting social mobilization campaigns has been enhanced. Similarly, the image of the National Society has been enhanced among its international, governmental and local non-governmental partners.

Coordination

This immunization campaign was successful largely due to the coordination efforts of the Crisis Committee, of which the Ministry of Health, WHO, UNICEF, *Médecins sans Frontières*, *Médecins du Monde*, *Association de la Médecine Préventive*, European Union, *Coopération Française*, Save the Children, the Federation, the Centre for Disease Control, CIRC and other national non-governmental organizations were a part. The Crisis Committee met twice a week to report on activities. The plan of action was divided among partners thereby preventing duplication of efforts. The CIRC and the MoH were responsible for managing the immunisation points while the CIRC managed the social mobilization efforts. CIRC worked in collaboration with Abidjan Sanitation Department on the vector control activities.

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All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation's website.

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