



Plan of Action: Cote d'Ivoire Civil Unrest 2011

1. GENERAL DATA

DOCUMENT INFORMATION		
Version: two		
Submitted by: FACT Cote d'Ivoire 2011		
OPERATION INFORMATION		
Host NS: Côte d'Ivoire Red Cross	Type of disaster: Political Unrest – Population Movement	Budget: 6,436,000 CHF
Target number of beneficiaries: 10,000	Operation start date: TBD	Expected duration: One year
National Societies working in the operation TBD		
Other partner organisations in the operation TBD		

2. DESCRIPTION OF THE DISASTER AND EXPECTED EVOLUTION

Côte d'Ivoire has been plunged into turmoil after the presidential election in November 2010. The main rivals, Laurent Gbagbo and opposition leader and actual President Alassane Ouattara, both claimed victory at the ballot box, leading to rising political tension and violence. This culminated in the arrest of Gbagbo on April 11, 2011, following heavy fighting in the commercial capital of Abidjan. In the weeks after the election, threats and sporadic violence led to thousands of deaths and thousands of people displaced in Côte d'Ivoire creating humanitarian concerns in the country and in the entire sub-region in the five neighbouring countries of Burkina Faso, Ghana, Guinea, Mali and especially in Liberia where many Ivoirians have sought refuge.

Although a fragile peace seems to be returning into the country, tension and apprehension prevails, mostly in the West, as well as fear of reprisal attacks by different factions. This is especially the case in the western part of the country where people are afraid to go back to their villages. The new government has called for calm and public cooperation since the investiture of the newly elected president on May 22nd, while assuring the population of their security as government forces embarked on flushing out militia members from their hideouts--especially those in Abidjan. The leadership of the former president's side has also called on its supporters to join in reuniting the country as some military high chiefs pledged their allegiance to the new president. The government has also called on security agencies to allow the Red Cross to carry out its humanitarian activities in country. Some international organisations and donor agencies have also pledged their support to assist the new government in revamping the economy as well as to rehabilitate damaged infrastructure while economic activities are slowly resuming, with banks and other business entities reopening, especially in Abidjan.

The Red Cross has observed that many of the displaced people in the area of Duékoué, Guiglo, Blolékin and Toulepleu (Moyen Cavally region) remain in the IDP sites and hesitate to return to their towns and villages until there is a greater sense of security. However, the Red Cross has observed some



spontaneous returns. Very slowly, some people have started to go back to their village where most of them have found that their houses were burnt down and their belongings stolen. The Red Cross estimates that about 75% of the villages on the axis Duékoué – Toulepleu, have been seriously affected. The immediate needs identified are:

- Security;
- Shelter;
- Food and food security;
- Watsan;
- Relief;
- Health;
- Livelihood;
- PSP/GBV

Emergency Appeal History

On 23 December 2010, the Federation allocated 200,000 Swiss francs from the Federation's Disaster Relief Emergency Fund (DREF) for the West Africa Population Movement. The Emergency Appeal was initially launched on a preliminary basis on 23 December, 2010 for CHF 1,350,184 for 6 months to assist some 45,000 beneficiaries. Operations Update no. 1, covering the period 24 December 2010 to 03 January 2011, was issued and communicated about the regional coordination mechanism. Operations Update no. 2, covering the period 04 to 12 January 2011, highlighted the relief activities carried out in Liberia.

On March 30th 2011, a Revised Emergency Appeal was issued to address increased numbers of refugees and internally displaced people. The budget was increased to better respond to the dramatic rise in the needs of the affected populations in Côte d'Ivoire itself and the surrounding countries, seeking 3,977,698 CHF in cash, kind, or services to support the Red Cross Societies of Côte d'Ivoire and Liberia, as well as National Societies in other neighbouring countries to assist some 13,500 families (67,500 beneficiaries) for 12 months. The revised appeal targeted a caseload of 2,000 families in Côte d'Ivoire and 11,500 families in neighbouring countries--primarily in Liberia, which accommodates the majority of all Ivoirian refugees--along with Guinea, Mali, Burkina Faso and Ghana.

The Revised Appeal was focused on a number of key areas:

- Relief items;
- Emergency shelter;
- Emergency health care;
- Water and sanitation;
- Support to livelihoods in the form of seeds and tools;
- Strengthening the capacities of the National Societies to respond to the current crisis and to be better prepared for future emergencies.

3. ANALYSIS OF THE SITUATION

3.1. CURRENT RESPONSE

The HNS, supported by ICRC, has four mobile clinics in Abidjan, two in Guiglo and one in Man and has the capacity to scale up if needed. ICRC plans to continue to support the three mobile clinics in the West until the end of October. They also plan to support local health centres, but this plan has not been defined yet. The present weekly case load of each mobile clinic is 500 patients per week. The main pathologies seen are malaria, acute respiratory infections and skin infections.



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The mobile clinics have limited capacities and refer difficult cases to the hospital in Duékoué, which is 60 km from Blolékin (a town located in the middle of the axis covered by the mobile clinics). (See the map in annex 1).

The HNS, supported by ICRC, maintains primary health care clinics in the IDPs camps in Duékoué, Guiglo and in the local committee in Duékoué. They have built latrines and water points in IDPs camps in Duékoué and, supported by IFRC, have disinfected wells and rehabilitated water points in villages affected by the unrest. Additionally, the HNS, supported by ICRC, has distributed NFIs to IDPs and host families in the West.

3.2. OVERVIEW OF THE RCRC MOVEMENT IN COUNTRY

Côte d'Ivoire Red Cross

The HNS's strategic goals as stated in the National Society's Strategic Plan 2008-2012 (see Annex 2) are: meeting the humanitarian challenges through the development of programmes adapted to local vulnerabilities and focused on areas of health, preparation and response to disasters and institutional development, through programmes in:

- Water and Sanitation
- Family links
- Community Health
- Public Health Awareness
- First Aid
- HIV-AIDS
- Psycho-social support
- Education (kindergarten, primary school)
- Community Risk Reduction
- Promotion of Humanitarian principles

The HNS has been effectively collaborating through regular and effective participation in national and sectoral coordination meetings with other humanitarian actors including UN agencies. A weekly coordination meeting is held with the ICRC.

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Prior to the post-electoral crisis, IFRC, through its Abuja Regional Representation, had supported the Red Cross of Côte d'Ivoire in the activation and eventual rolling out of its election contingency plan. The IFRC also prepositioned emergency stock for 300 families in Côte d'Ivoire: mats, blankets, jerry cans, buckets, mosquito nets and bars of soap. The IFRC watsan delegate in Côte d'Ivoire continues to give technical support to the National Society in this specific technical area.

The Federation-contracted consultant based in Abidjan is supporting the NS for better movement cooperation and partnership with authorities and other humanitarian agencies; he also acts as the Federation Representative in country.

The International Committee of the Red Cross

The ICRC delegation supports the national society in its programming: cooperation, health, International Humanitarian Law, finance and HR. Since the beginning of the crisis, the ICRC has supported the National Society in the implementation of a response to help the affected communities: community health



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and mobile clinics, construction of latrines and water points, management of dead bodies and cooperation.

In country the ICRC is also visiting security detainees and responding to internal strife and social unrest. It also promotes the incorporation of IHL into national legislation and into the doctrine, training and operations of the armed forces and works with police forces to incorporate international human rights law applicable to the use of force into theirs (See Annex 3).

Partner National Societies

There were three PNSs working in country before the crisis, French Red Cross, Netherland Red Cross and Spanish Red Cross. Both National Society stopped all their activities and resumed their programming recently.

- The French Red Cross: Building pharmacies in rural areas including Toulepleu. The programme is almost completed. One delegate is based in Abidjan.
- The Spanish Red Cross:
 - o Has built two buildings at the HNS headquarter and is running a protection programme focusing on women and children. Spanish Red Cross has sent containers One delegate is based in Abidjan.
 - o NFIs
- The Netherland Red Cross is involved in the National Society regional alliance and has a project of HIV/AIDS sensitization in Cdl.

The Japanese Red Cross has pledged 15 million CHF to build a warehouse in Abidjan. There is also close discussions on-going with British Red Cross, Canadian Red Cross, Norwegian Red Cross and Swedish Red Cross but no firm engagement yet.

3.3. SUMMARY OF RAPID ASSESSMENT

The FACT conducted three rapid assessments of relief needs and Red Cross capacities in the western area of Côte d'Ivoire, specifically in the region of Des Montagnes and De Moyenne Cavally (Population: 728,045), from 20-24 May 2011 and from May 31st to June 3rd. The region is located approximately seven hours drive from the capital Abidjan. The road is paved and is in fairly good condition: however, the pavement ends about 50 km before Toulepleu on both axes (North and East), which could cause an access problem in light of the upcoming rainy season. The assessments in the West were separated along two different axes, each of which present different challenges and needs (see Annex 1 FACT PoA MAP):

Zone A Duékoué – Bolekin – Toulepleu (including the towns of Duékoué and Toulepleu): The axis between Duékoué and Toulepleu passing by Bolekin is the most affected area: the majority of villages and towns are deserted; several houses were burnt and pillaged. It's difficult to give a clear picture of how many people were displaced as a result of the post-electoral violence as we don't have access to the number of people who fled to the bush, both within Côte d'Ivoire and in neighbouring countries, or who sought refuge with host families. The towns of Duékoué and Guiglo also received people displaced by the violence.. Along the road going South from Blolékin (away from the main axis) the situation is similar to what has been observed on the axis Guiglo – Toulepleu; only a few people returned to their villages:

Departments:

- o *Duékoué (Population: 134,177)*: The town of Duékoué and its surroundings were strongly impacted by the post-electoral unrest. While the town itself was not destroyed, many houses and public offices were damaged and/or pillaged, including the general



hospital and the local committee of HNS. There are two organized camps for displaced people in Duékoué with a total of 28 000 IDPs according to IOM. A third site is being constructed, but there are well a number of spontaneous camps in the area as well.

- *Blolékin (Population: 283,424)*: The town of Blolékin was caught in the middle on the unrest. Local authorities were not able to tell us how many people had come back to town but visual observation and household visits told us that only a few hundred families have returned. According to field observation 80% of the town was destroyed or damaged. Most of houses were pillaged.
- *Guiglo (Population: 238,042)*: The town of Guiglo has not been as affected as the other towns in the area. There are seven IDPs camps in Guiglo for a total of about 5,000 IDPs. Because of its location in the center of the affected area, good road connections and the presence of HNS, the ICRC Sub-delegation and other international actors, well established security, Guiglo would be a good location to base the operations.
- *Toulepleu (Population: 72,402)*: Local authorities have not yet started to assess the damages but first hand assessment showed that some areas of the town were completely destroyed. According to local authorities only about 1,000 people have come back to town. Visual observations support this rough estimate; the town seems empty. As a sign of improved security local administration resumed its presence. Because of its location in the center of the most affected area in Sector A and the availability of warehousing infrastructure of the HNS Toulepleu offers some capacity as a sub-sector hub for the upcoming IFRC supported operation.

Zone B Duékoué – Man – Toulepleu: Villages on the axis between Duékoué and Toulepleu passing by Man were not directly affected by the unrests. There have been some sporadic acts of violence, vandalism and pillage, but not combat as such. In the three villages visited there were a few houses destroyed or damaged but not a majority. There are development concerns in these villages, but these existed before the crisis and were accentuated by the unrest and movement of population.

The assessment teams visited about 30 villages and towns in the triangle: Duékoué, Man, Toulepleu.

Population Demographics: According to Ivorian health authorities, the population on axis A is approximately 206,579 people, of which 56% are under the age of 15 years. It is difficult to estimate at this time the actual demographics of the population in the villages and town on the axis Guiglo - Toulepleu because most of people have not returned yet from the neighboring towns, country or from the forest where they sought refuge during the unrest.

Methodology

The methodology adopted by teams was:

- Review of secondary data, Fact briefing pack, DMIS website, Red Cross Movement and humanitarian community reports and assessments;
- Key informant interviews with the Secretary General of the NS, NS society local committee presidents, NS volunteers, local health authorities and workers, administrative records, local water and sanitation authorities, other humanitarian workers;
- Household visits and village chief interviews;
- Field Observation.

Scope



The assessment team looked at the needs and capacities of the target population in the areas of shelter, water and sanitation, health, relief, livelihoods, PSP and the capacities and opportunities of the NS to address the needs of the population. Note that the first needs expressed by the communities are security. Assessment were conducted in Des Montagnes and De Moyenne Cavally regions from 20-24 May, in Youpougon (affected area in Abidjan) in May 29 and a second assessment in Des Montagnes region from May 29-June 4 2011. It is acknowledged that a more in-depth assessment of other geographical areas should be done, including and the South-West part of the country closer to the border of Liberia, once the security situation permits.

Coordination

At present, weekly inter-agency/organization coordination meetings are held in the following towns:

- Man (on Thursdays),
- Duékoué (on Thursdays every second week),
- Guiglo (on Thursdays every second week)

In parallel, the following Cluster meetings are held weekly in Man:

- Logistics (on Mondays),
- Wat/San (on Tuesdays),
- Shelter & NFIs (on Wednesdays),
- CCCM (on Wednesdays),
- Health (on Wednesdays).

3.3.1 FINDINGS

A. SHELTER

A significant number of villages in Zone A have seen many or all houses completely destroyed. The typical rural housing type, of wattle-and-daub, or mud block with thatch roofs, can be built in a few days by the returning families using traditional skills and locally available materials. However, the current rainy season means that during this construction period the families are exposed to rain, with few other ways of providing immediate coverage and privacy. Without immediate covering the construction of walls may also be hampered if the walls are not protected and are damaged or washed away by the rain. There may also be temporary shortages of some local shelter materials if many members of a village decided to return all at the same time.

For a smaller number of households in urban areas (notably Toulepleu), the damaged or destroyed houses were larger, and built from concrete blocks with metal-sheeting roofs. Support for complete reconstruction would present a significant cost, but it is unlikely that the families themselves would accept support for housing of a rural, non-urban type.

Although some villages in Zone B have a minority of houses which have been damaged, the damage is often not structural and relatively easy to repair by the families themselves. Evidence of repair and reconstruction is already present in some of these villages. Furthermore, the overriding need to avoid exacerbating internal social tensions precludes the targeting of families for individual support.

The local population has traditional knowledge to construct appropriate housing and mostly local materials are used for rural houses. With a supply of readily useable emergency shelter materials such as tarpaulins, accessories and tools the population should be able to re-establish themselves in their places of origin within a short time.



B. RELIEF

In many of the most severely affected villages a significant number of families have lost many if not all of their basic household possessions. Many of these are the primary possessions which would be necessary to the re-settlement of families, and the re-starting of livelihoods in the villages of origin, such as bedding, cooking vessels, and agricultural work tools. While the current small rainy season has already increased the needs in health services, the coming heavy rainy season will further exacerbate the needs for support in the shelter & WASH sectors.

The Camp Coordination and Camp Management Cluster (CCCM) at the Man hub level has published lists of distributions or intentions to distribute NFIs to displaced households, but for the most part this concentrates upon the populations staying in camps identified by the cluster and takes less account of the large displaced population which remains outside the camps, in host villages or other more scattered locations. Even for the population in camps, there appear to be gaps or shortages in the distribution of certain items.

A more detailed assessment of Zone A showed was undertaken by the team early June. A mapping of recovery needs focusing on shelter, NFI, livelihood recovery and health established a detailed insight of needs. The outcome is a list of the affected villages, the degree of damage and a realistic estimate of the number of damaged houses and an estimation of lost household items.

C. HEALTH & PSP

Health status of the population

The baseline health status of the population in both zones A and B are similar. There are a high proportion of women within child-bearing age who are pregnant, and the population of children under 5 is 15.27% of the total population (see annex 4 for a complete summary of regional demographics). There is a prevalence of infectious diseases with high epidemic potential in the region. Basic monitoring is done in health centres for malaria, acute respiratory infections (ARI), diarrheal disease, sexual transmitted infections (STI), moderate malnutrition, severe malnutrition, prenatal visits 1-4. Since the crisis, statistics from health centers have not been available and therefore surveillance and monitoring have ceased since November 2010. Before the crisis, the most common pathologies in the area were malaria, acute respiratory infections (ARI) and diarrheal disease. During the crisis, in all the communities visited, most of the households were completely emptied of personal effects including mosquito nets, water storage containers, etc. Generally, the population currently lives in conditions with exposure to the elements, untreated water sources and limited access to health services.

Health statistics used to evaluate the current context have been mainly from HNS first aid (FA) posts and mobile clinics initiated during the crisis and supported by ICRC. These are consistent with MSF mobile clinic statistics that demonstrate a high incidence of malaria, respiratory infections, skin conditions and diarrheal disease. Some suspected cases of measles in Duékoué prompted an emergency measles vaccination campaign with the assistance of the HNS, as confirmed by the Moyen-Cavally regional health authority. Some cases of malnutrition have also been noted but further evaluations are being carried out in the area by ACF. There are some reports of GBV that occurred mainly during the conflicts that will ultimately need follow-up at the community level.

Access to health services (see annex 5 Tableau évaluations des besoins de santé)



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In Duékoué, 13 health centers out of 14 are currently operational. Medical personnel are back to work but most of the establishments have been pillaged, including vehicles for ambulances, medication, and medical equipment. In the Axe between Guiglo-Blolékin-Toulepleu the large majority of hospitals and health centers have been emptied of equipment and supplies, with the structures left intact albeit with significant damages sustained to doors and doorframes.

The two general hospitals in the most affected area (zone A) (Toulepleu, Blolékin) are not operational. Health personnel in the area have generally made contact with the district health authorities but are unable to return to work due to the absence of equipment and material, and mainly the absence of personal effects that were also taken from their residences forcing them to stay in another town/village. In some cases, the medical personnel's residence was damaged or burned.

Currently, the health care services available are the mobile clinics run by MSF-France, MSF-Belgique, Save the Children and Red Cross (HNS/ICRC) providing primary care. The average period of return of visit per village is about one per week. On the Axe between Péhé-Blolékin, the most severe cases are referred to Guiglo or Duékoué hospitals. On the axis between Blolékin-Tinhou-Toulepleu, the most severe cases are referred to Bin Houye, Danane and Man. HNS continues its mobile clinics with the support of ICRC in coordination with MSF-F and MSF-B. MSF-F is phasing its mobile services into fixed basic health care clinics associated with four health centers needing rehabilitation. MSF-B is continuing its mobile clinics until at least the end of August to substitute health services during the recovery period. COOPI has planned to rehabilitate 11 health centers in and around Toulepleu, but no definitive action so far. Longer term plans beyond these have not yet been communicated. There are currently no health promotion or disease prevention activities associated neither with the mobile clinics nor at the community level.

The health system in Moyen-Cavally had a pre-existing shortage of qualified health workers in the region before the crisis. Therefore the system already depends on international agencies to support its activities. One of the initiatives of the HNS was the establishment of « cases de santé » or health posts for use by “agents de santé communautaires” or community health workers (CHW) and HNS volunteers. The health posts were used by CHWs for basic health care delivery increasing accessibility of health services to under-served communities, and they were also used by trained HNS volunteers to initiate health promotion and disease prevention activities in those areas including government supported immunization campaigns. HNS also has a capacity for PSP activities at the national level.

Currently, HNS volunteers are active in three departments of Guiglo Blolékin and Toulepleu, and supported by the ICRC, doing mobile clinics/FA posts, community clean-ups, and chlorination of surface wells. The population in Blolékin has often verbalized to the local committee volunteers that the presence of the Red Cross in the zone makes them feel more secure. The majority of HNS volunteers have returned to their local committees with the exception of Toulepleu where five Red Cross volunteers died during the crisis. Some of these volunteers remain displaced in Guiglo and Liberia. Psychosocial support is critically needed for this priority group.

Pre-existing tensions need to be taken carefully into account in the implementation of relief and recovery programs in order to respect the *do no harm* humanitarian principle and avoid exacerbating tensions in within the affected communities. The majority of people the team talked to reported atrocities during the crisis. Many people are still living outside their village, too afraid to return to their homes. This fear is may be due to pre-existing tensions between communities that re-surfaced during the post-election crisis. Almost all people met expressed the need to re-establish a peaceful social life and cohesion in the communities. A PSP program including people of different ethnic and religious could facilitate the peaceful return of IDPs and refugees.

D.WATER AND SANITATION



Water-borne and water related diseases were present before the crisis. Malaria, diarrhoea and yellow fever are endemic diseases in the region. Cases of death due to diarrhoeal disease were reported in some communities. With the rainy season already started (see annex 6 seasonal calendar), there is an urgency for a rapid intervention to address watsan identified needs.

As there are confirmed cases of cholera in the capital Abidjan, the situation in the Western part of the country needs to be continuously monitored. As precautionary measures the provision of safe drinking water through chlorination and hygiene promotion measures is recommended.

The watsan needs are more severe in zone A than in zone B. On axis A, several wells and water points have been contaminated or intentionally polluted and water pumps have been damaged in villages. Some people reported that there are still cadavers in some wells. The NS, supported by the ICRC, as well as other NGOs and communities have started to disinfect the water points.

In the biggest IDP camp in Duékoué people have access to water and latrines put in place by HNS/ICRC and some NGOs. In the smaller camps this access is really limited, almost absent.

ICRC is planning to do disinfect and chlorinate wells, as well as repairing pumps in affected villages. To offer an integrated approach, the IFRC is planning on providing minimum standard of water quality access and sanitation at a household level.

Most communities in both regions rely on unprotected shallow wells and boreholes. 50% of existing water points need repair or rehabilitation according to the regional water authorities, the Direction de l'hydraulique territoriale de Man. Most communities adopt open defecation practices.

E. LIVELIHOODS

Farming is the dominant income generator in the area consisting primarily of subsistence farming. In general people in the region live off agriculture. Normally, the planting season for rice (the predominant food) is from March to July and the harvesting season from October to November. The next planting season will be in December. However, people who do lowland farming (bas-fonds) are still able to plant rice as low land rice is not so heavily dependent on the seasons. Other staple foods are maize, banana, cassava and vegetables (gombo, tomatoes, spices, peppers, etc.). (See annex 6 seasonal calendar). Most people in the western part of Côte d'Ivoire did not plant their crops for the current season due to the civil unrest which threatened their immediate security and which prevented them from engaging in their traditional agricultural activities upon which they depend for subsistence.

This has led to severe food insecurity in the area in both the immediate and mid-term. Additionally, the majority of food stocks, seeds and tools were destroyed or pillaged in the recent civil unrest. Also, food prices have risen sharply and there is no hope that they will reduce in the immediate or mid-term (see annex 7 market prices most needed items). Most people have no source of income and rely entirely on NGOs for food provision. WFP has started food distributions in IDP camps and surrounding villages. Additionally, several organizations have started to distribute seeds and tools to a certain number of the affected population.

In order for people to resume their traditional agricultural activities they will need to be provided with basic tools as theirs have been destroyed or stolen. The basic tools that need to be provided are: motor-pumps, wheelbarrows, hoes, rakes, machetes, boots, axes, spades, fertiliser, jerry cans, watering cans, buckets and insecticide spray. With these materials they could plant vegetables and the like around their homes while they wait for the next planting season. Some agricultural materials can be shared among the communities.



G. NATIONAL SOCIETY CAPACITY

The HNS is well represented in some 50 branches all over the country and can quickly mobilize volunteers. They have good geographical coverage and the presence of local RC committees in the regions affected by the crisis. The base is there for an efficient emergency response. However, the HNS infrastructure in the western part of the country has suffered as a result of the crisis. Most of the committees' facilities have been damaged and/or were pillaged, with means of transport and equipment damaged or stolen.

The NS has limited warehouse capacity, both in the capital and in the field needs to be reinforced.

The NS has a medium sized, but old, fleet of 13 vehicles which are maintained by the ICRC garage. Many vehicles cannot be used out of Abidjan because of their age and recurrent technical problems.

The National Society has no e-procurement.

HR is sufficient for the routine work at the headquarters but the implementation of the plan of action will require more staff and a certain measure of capacity building.

SECTORAL TIMETABLE

Sectors	Q1	Q2	Q3	Q4
Shelter	X	X	X	X
NS Capacity Building	X	X	X	
Livelihood/Recovery	X	X	X	X
Watsan	X	X	X	
Health/PSP	X	X	X	X
Relief	X			

*Q = Quarter

4. OPERATIONAL PLAN

SELECTION OF OBJECTIVES – REASONING AND ANALYSIS

The goal of the present plan of action is to improve the living conditions of up to 10,000 families displaced by the post-electoral violence in West Côte d'Ivoire through the provision of shelter, needed NFI's, health services, PSP, livelihoods and potable water and sanitation installations.

As for why the IFRC should concentrate this response in the western region of the country, the humanitarian community is clear; the West is the most affected area in terms of displaced people (see Annex 8 OCHA Displaced Population MAP). This information was confirmed by ICRC, who also advised against travelling further North and West along the border of Liberia, for security reasons. The decision to more thoroughly assess the Duékoué – Blolékin – Toulepleu and Man – Toulepleu axes was based on information collected through document reviews, key informant interviews, formal reports and the HNS/ICRC first-hand observations. Of the two zones assessed, zone A is definitely the most affected; therefore, the IFRC plan of action is focusing on zone A (Guiglo – Toulepleu). Also, since the ICRC is already working in the region, the idea behind this plan is to concentrate the Red Cross Movement actions in the same area to offer a complete response to the affected communities and, therefore, have more impact to help the ones who are in dire need. This said, it is important to highlight the fact that this



plan of action complements HNS and ICRC activities in the area and will avoid duplications of efforts. Close coordination will continue to be needed within the Movement and other actors. At this point, the recommendation is to concentrate efforts in the rural areas as opposed to urban and semi-urban areas since most of the humanitarian organizations on the ground are already present in these areas, including the HNS and ICRC (see Annex 9 MAP OCHA Who does what). It is acknowledged that the situation is volatile and depend on the security situation and return of IDPs. The IFRC should continue to monitor the situation and conduct further assessments once the security situation allows doing so and revise the present PoA accordingly.

The present plan of action targets up to 10,000 families representing an estimated total of 60,000 people. This target has been established according to official administrative documentations, rapid assessments, field observations, consultation within the RC Movement and with other humanitarian organizations. The rationale behind that target is that there are about 207,000 people in Zone A (Guilgo – Toulepleu axis, not including Guiglo town), so about 35,000 families (see Annex 4 Population Moyen Cavally 2010). With a targeted number of 10,000 households the IFRC would roughly support 30% of these people, leaving room for other Movement partners and humanitarian organizations on the ground. For shelter and NFIs, health and watsan distributions, the present plan targets 4,000 families who lost their houses. The rationale behind it is that of all the villages visited, 10 villages had conducted a damage assessment of destroyed or damaged houses (see Annex 10 Table Rapid Assessment Zone A). Based on these figures, there is an average of 72 houses destroyed or damaged per village in Zone A. Considering the fact that there are 43 villages on the Guilgo – Toulepleu axis, the estimation would be that about 3,260 houses need to be rebuilt or repaired, so it is estimated that there are up to 4,000 families with shelter needs. It should be taken into account that at the time of assessment, there were no damage assessment figures available for the towns of Toulepleu and Blolékin, the most populated towns in the area, which have been severely affected by the unrest. This and the ongoing detailed mapping undertaken by the team which aims to establish data on all affected villages and hamlets in the sector will most likely affect the currently targeted number of beneficiaries..

Operations should be field based with an office in Guiglo, with an operations coordinator based in Abidjan doing extensive travels in the field.

The programme plan is based on the following assumptions:

- a) Sector A is the most affected area requiring the highest attention for humanitarian action.
- b) The security situation is stabilizing and people will gradually continue to return to their places of origin.
- c) Coordination of humanitarian response is established and effective.
- d) The humanitarian response contributes to stabilize the security situation in the targeted sector.
- e) The humanitarian support of livelihood recovery and shelter stimulates the return of the affected population and
- f) The resolution of humanitarian needs in the focused area of Côte d'Ivoire is key for the resolution of the humanitarian situation in the sub-region.

Considering the fact that in most of the villages assessed people have started to send messages to their family who escaped in the forest or in the neighbouring countries to tell them to come back, if the security situation continues to stabilize, the assumption is that 60% of the population will be back by the end of June.



CHALLENGES

The rainy season starting in June will be one of the main challenges in implementing this plan of action. The western part of Côte d'Ivoire is a prone to flood area and there is urgency for a rapid intervention. It also adds to the complexity of the intervention: the road to access Toulepleu is unpaved on about 50 km.

There is a need, above all else, to avoid exacerbating social tensions, as social tensions and any resulting violence, which present the much larger threat to both the return process and the sustainability of the peace, rather than any particular lack of shelter or other materials.

As with other sectors, beneficiary identification and material distribution will pose challenges during a protracted and unpredictable return process.

4.1 SHELTER

4.1.1 SELECTION OF OBJECTIVES – REASONING AND ANALYSIS

Emergency shelter materials will be distributed as blanket coverage to all families returning to targeted villages in Zone A--predominantly in rural areas. As a second phase, each household will be given support to access key construction materials in order to upgrade their shelters to durable housing. The methodology and the selection of materials will be designed to provide flexibility of choice to each family, whilst promoting good environmental practice and Disaster Risk Reduction (DRR) measures. To the extent possible the recovering local markets will be engaged. In the case of the first emergency phase, the list of materials will be kept to a minimum in order to facilitate speed and ease of procurement and distribution, and in acknowledgement of the resources that the families themselves can contribute. For the rural emergency shelter materials two plastic sheets per family will be the norm, as well as fixings.

The key construction tools needed are machetes and buckets for carrying water for the mixing of the mud. Shovels (for digging foundations and drainage, and for mixing mud) will also be needed. All of these should be distributed in reduced numbers, for joint use. Each household will further be reimbursed if they use self-accessed bamboo (as opposed to wood) for the structure or roofing frame of their initial shelters, in order to reduce the pressure of deforestation, whilst also reducing the burden on National Society warehouses. Bamboo has also been selected as a key material in the first phase, because of its availability, and the demonstrated understanding of how to use it amongst the affected population (it is a common material for roofing frames). For the second phase, each household will be given vouchers to the equivalent value of 300 USD, which will be redeemable with local merchants, to purchase a selection of key materials necessary for durable construction. The key materials (cement, roofing sheets and nails, as well as prefabricated simple doors and window shutters) are chosen for their importance for the structure of the houses, as well as their contribution to the durability of the houses, and to DRR measures. The families will have to make their own contributions in terms of labour and local materials, but the pricing level of the vouchers is designed to be sufficient to provide at least an entire hard roof for a basic house in the rural areas, or for a 'one safe room' in the urban areas. This pricing level has been based on a rough analysis of current prices of the selected materials, and an estimate of the amounts of materials, particularly roofing materials, which would be necessary for the provision of at least one durably constructed indoor space. However, further monitoring of market prices will be needed over the course of the programme to take into account any inflationary pressures created by national reconstruction as a whole.



The first phase will be overseen by a shelter specialist who will contract and train local craftsmen and volunteers. The shelter specialist will work hand in hand with a shelter officer of the NS. Sufficient staffing capacity will be necessary for the second phase, through a mix of secondments and trainings. Trainings on specific topics could be arranged as inter-organisational events. A close rapport with both the Clusters and the relevant government offices will need to be established to ensure that the strategy conforms in overall to national strategies and priorities.

Current recommendations are relevant to the west-central zone only. The situation in other zones, and in particular the zone of the environs of Abidjan, will need to further develop already initiated rapid assessment. Some lessons learned from the proposed second phase of permanent construction outlined here may offer guidance for any larger urban response in and around Abidjan.

Phase I: Immediate action

The plan is to focus primarily on rural households, which are the mainstay of local economy in this part of the country. Up to 4,000 affected families will receive assistance to repair or reconstruct their homes using emergency shelter materials and tools provided by the Red Cross. Each family will receive two tarpaulins and sufficient accessories and fixings. Tools will be shared in order to stimulate neighbourhoods of families helping each other to provide immediate shelter and to rebuild their houses afterwards. This approach will revive neighbourhoods and contribute to establishing social cohesion within the communities. Each toolset should at least serve two neighbouring families so that in total not more than 400 tool sets will be distributed.

The rationale is that the rural population has constructed their houses themselves using locally available materials such as mud blocks, bamboo and palm straw roofing. The return of families will stimulate other to come back as well.

Priority will be given to rebuilding the houses of health personnel living in or close to health facilities will be provided with materials and tools. They will be assisted by trained volunteers of the NS. The rationale is that lack of accommodation hinders the return of health staff to resume their duties.

Additionally, especially vulnerable families, such as female headed households shall be assisted by trained volunteers of the NS.

Phase II: Medium term

Once the return of the population has accelerated, the assistance shall be enlarged towards the provision of shelter components such as windows, doors and more sophisticated and durable materials (e.g. cement to produce stabilized mud or concrete blocks, CGI, etc). For that the distribution a voucher system is proposed (see 4.1.3. for a more detailed description of the voucher program). The delay between the provision of immediate emergency shelter measures and the provision of durable materials shall be used to train volunteers and local craftsmen in construction techniques which consider aspect of DRR.

For further details of the proposed plan, please see the Relief plan of action (see Annex 11).

SHELTER LOGICAL FRAMEWORK

Outcome 1: 4,000 families (24,000 beneficiaries in total) returning to heavily damaged villages or neighbourhoods, have safe and adequate shelter and settlement solutions through the provision of appropriate emergency shelter materials and access to shelter toolkits.		
Outputs	Activities planned	Indicators
	<ul style="list-style-type: none"> Identify and train national shelter teams members on 	# volunteers trained on



<p>4,000 returning families are provided with and utilize appropriate emergency shelter.</p>	<p>shelter needs assessment techniques;</p> <ul style="list-style-type: none"> Identify beneficiary villages, in coordination with other sectors and other partners, and register beneficiaries; Procure store and distribute (in close collaboration with relief team): <ul style="list-style-type: none"> - 8,000 plastic sheets; - 4,000 sets of fixings (1kg of roofing nails, and 1kg of galvanized wire per household), - 400 selections of tools (machete, shovel, buckets); Work with beneficiary communities to develop an equitable methodology of shared use of construction tools; Develop a methodology for the monitoring and reimbursement for those beneficiary families who construct their shelter frames or roofs with bamboo; Monitor and report on shelter activities. 	<p>shelter assessment techniques</p> <p># of damaged and destroyed houses assessed and identified</p> <p># of villages covered by the emergency shelter distribution</p> <p>4,000 of shelter tool kits distributed</p> <p>% of tools kits shared</p>
<p>Outcome 2: 4,000 families (24,000 total beneficiaries) have received flexible material support for the construction of permanent shelter.</p>		
Outputs	Activities planned	Indicators
<p>4,000 returning families are provided with and utilize appropriate permanent shelter materials.</p>	<ul style="list-style-type: none"> Use beneficiary lists from first emergency phase to identify beneficiaries; Provide trainings in technical issues and distribution methodology to both National Society staff and staff of other partners; Mobilisation of the beneficiary communities concerning the implementation approach, and the actions necessary on all sides; Select, register and sensitise the merchants on the humanitarian voucher methodology; Procure and store 4,000 doors and 12,000 window shutters; Organize the distribution of vouchers; Coordinate with government offices charged with reconstruction; Monitor and report on shelter activities; Develop and implement an exit strategy. 	<p># of volunteers trained in technical issues and distribution methodology</p> <p># of beneficiaries selected and registered on the voucher methodology</p> <p># of vouchers distributed</p> <p>% of the voucher money spent on shelter materials</p> <p>% of house repaired with shelter materials</p>

4.1.2. CHALLENGES

Distribution of materials should not be done at the expense of damaging the recovery of the local markets. Plastic sheeting was not observed in any of the markets visited; (therefore, free distribution of plastic sheeting is less likely to undermine local sales). That was not the case, for instance, with construction tools.

The one single tool most widely used in rural housing construction, the machete, is also the most problematic to distribute, given its potential use as a weapon.

Distribution of the emergency shelter materials will need to be initiated as soon as possible if they are to counteract the effects of the rainy season.



The use of voucher schemes does not have a long history in Côte d'Ivoire and attention will need to be paid to the staff capacity needed for the mobilisation of the communities and the merchants, and the co-ordination and administration of the programme.

For the second phase, a rigorous cycle of field technical monitoring will be necessary to ensure that all construction materials are used appropriately by the beneficiaries.

For both phases the strategy will need to conform with both Cluster and government plans. For the moment the Shelter Cluster is barely functional and the government has offered little in terms of clear descriptions of how it plans to proceed. Any continuing lack of clarity or direction will probably pose more challenges for the second phase than for the first.

Although there are a small number of humanitarian partners who have indicated plans to distribute household NFIs, to date there appear to be no other partners who are planning to be involved in large-scale reconstruction programming. In the absence of other partners in the same sector, there may be greater pressure to cover all emerging needs in the sector, and less potential to spread responsibilities between different partners.

The scale of the proposed response in both phases, and the technical awareness necessary, will mean a large, consistent, and possibly prolonged level of support for capacity building and training for all levels of staff involved in the shelter programme, as well as National Society volunteers.

4.1.3 TARGET POPULATION

4,000 families, 24,000 people

4.1.4 TIMETABLE

Activities	Q1	Q2	Q3	Q4
Phase I : Emergency Shelter	X			
Phase II: Permanent Construction		X	X	X

4.2 RELIEF

4.2.1 SELECTION OF OBJECTIVES – REASONING AND ANALYSIS

In many of the most severely affected villages, a significant number of families have lost many if not all of their basic household possessions. Many of these are the primary possessions which would be necessary to the resettlement of families and the re-starting of livelihoods in the villages of origin, such as bedding, cooking vessels & tools for agricultural work.

In the first immediate response phase of the operation, a list of NFIs including shelter, health, livelihood and watsan items will be distributed to up to 10,000 households. (see annex 11 Relief PoA).

Appropriate, flexible strategies & methodologies of distribution need to be developed, in order to take into account the unpredictable length and rate of the return process.



The capacity of the Red Cross Society of Côte d'Ivoire in the sector of registration and distribution needs to be assessed and, if need be, to be developed. Smooth operational coordination mechanism with ICRC, partner agencies/organisations & civilian/military authorities needs to be respected at all time.

The distribution project management will be based in Guiglo and integrated within the HNS local committee structure, while the distribution team will be dispatched along Guiglo and Toulepleu and integrated within the HNS I local committees of Blolékin and Toulepleu.

The recruitment and training of new HNS volunteers among the local communities will facilitate the implementation of the assessment and registration activities, and could help defusing tension among local communities' tension & increase social cohesion.

Close co-ordination with the clusters and with all humanitarian partners will be necessary..

The distribution project management will be based in Guiglo and integrated within the HNS local committee structure, while the distribution team will be dispatched along axis A and integrated within the HNS local committees of Blolékin in Toulepleu.

4.2.1 RELIEF LOGICAL FRAMEWORK

Outcome 1: Up to 4,000 families in zone A benefit from the distribution of non-food items as required	
Outputs	Activities planned
The 4,000 identified and registered IDPs families have received basic relief items.	<ul style="list-style-type: none"> • Support the National Society to conduct rapid mapping of the affected area & detailed beneficiaries targeting/registration; • Recruit among the affected communities and train them on beneficiaries registration and relief distributions based on Sphere standards. • Distribute : <ul style="list-style-type: none"> - 4,000 Household shelter material & tools; - 400 Community shelter tools - 4,000 Household resettlement NFIs - 4,000 Hygienic kits 6 people/month - 10,000 Household water treatment - 2,000 Livelihood and recovery • Monitor relief activities and report.

4.2.2 CHALLENGES

The return process is likely to take a number of months, with a high degree of unpredictability regarding the numbers of families returning to their villages from week to week.

Targeting is a concern. A clear picture has not yet emerged of the intended return packs of items to be given by other humanitarian actors to returning refugees and IDPs. A comprehensive co-ordination of zones of activity is also still in its first stages.

Human resources are a concern. Most of the currently available volunteers in the targeted area of operation are working an ongoing watsan program supported by ICRC. Thus, availability of NS staff might be an issue for the operation.

Considering the road condition prevailing in the Zone A near Toulepleu, the coming rainy season might considerably reduce the time frame available for distribution. Clear attention will need to be paid during relief operations to ensure that the National Society has sufficient capacity to undertake the activities in a



timely manner, not only in terms of personnel or vehicles, but also in terms of capacity to follow systems and procedures.

4.2.3 TARGET POPULATION

4,000 families (24,000 beneficiaries)

The targeted population has settled in the villages located directly along the different roads of the Guiglo-Toulepleu axis and other adjacent roads. While fluctuating greatly, the average number of affected household per village is estimated to 75.

The beneficiary population will be determined as per their level of vulnerability, mostly losses, status and age.

4.2.5 TIMETABLE

Activities	Q1	Q2	Q3	Q4
Recruitment and training of Red Cross volunteers in the affected communities for beneficiary registration & distribution	X			
Procurement & distribution of NFIs, shelter & Wat/San items & sets	X			
Monitoring, consolidating & reporting on distribution activities.	X	X	X	X

4.3 HEALTH

4.3.1 SELECTION OF OBJECTIVES – REASONING AND ANALYSIS

Communicable diseases are a major cause of mortality and morbidity in emergencies, and particularly in complex emergencies, where collapsing health services and disease control programmes, poor access to health care, malnutrition, interrupted supplies and logistics, and poor coordination among the various agencies providing health care often coexist. The main causes of morbidity and mortality in emergencies are diarrhoeal diseases, acute respiratory infections, measles and, in areas where it is endemic, malaria. It is with this perspective that the following analysis was made:

Activation of a Health ERU is not recommended at this time since the majority of the affected population remains somewhat dispersed in the area. Most qualified health workers (QHW) that are present in the area are engaged with mobile clinics. Basic health care through mobile clinics run by MSF, Save the Children and HNS supported by HNS is appropriate for the context in Zone A and should continue until health structures are rehabilitated. However, mobile clinics should have a fixed schedule for visits in the same villages at least twice a week to increase access to services and ensure the stability of curative services. Complementary services can be initiated in villages where there is currently no coverage, where a HNS health posts exists and there is an engaged community health worker (CHW). (see annex 12 map) CHWs were present in many villages assessed and are ready to deliver basic health services if given the necessary supplies. Additionally, mobilization of resources at the community level would imply a disaster preparedness component should conflicts or tension resurface and outside agencies have to leave the area.



The mobile clinics are not currently involved in the prevention of communicable diseases, a vital activity in such a context where malaria, diarrhoea and ARI diseases are endemic and the epidemic potential is high. Pre-existing HNS health posts could be used as a base for HNS volunteers to deliver health messages in collaboration with the watsan sector (see HHWT kits in watsan plan of action annex 13), distribute mosquito nets, condoms and home delivery kits. HNS could also implement PSP activities such as the creation of management, validation and monitoring committees including representatives of each social group in the community once assessments in this area are completed.

Re-establishment of QHW residences such as fixing doors and locks should be considered a priority with regards to shelter and relief activities in order to precipitate a return to the communities where they work. Re-stocking of health centres, in coordination with other agencies, can be initiated once QHWs are occupying the facilities.

HEALTH AND PSP LOGICAL FRAMEWORK

Outcome 1: The immediate risks to the health of 10,000 internally-displaced families are reduced through the provision of community-based health services and PSP activities.	
Outputs	Activities planned
Up to 10,000 families are provided with community-based first-aid services, for the rapid management of injuries and diseases	<ul style="list-style-type: none"> Procurement and distribution of Interagency Emergency Health Kits – 10 basic modules + 10 malaria modules to returning CHWs for use in 10 HNS health posts (see Annexe 12) in under-served communities throughout 3 districts: Guiglo, Blolékin, Toulepleu Support, monitor and supervise activities at the district level through the HNS local committees Rehabilitation of 10 existing health posts through the repair of doors, door frames, locks and windows, and the replenishment of equipment such as tables and chairs
Minimum initial maternal and neonatal health services provided to up to 10,000 families	<ul style="list-style-type: none"> Procurement and distribution of Emergency Reproductive Health kits for home-delivery kits by returning traditional birth attendants (TBA), for use in HNS-supported health posts in under-served communities throughout 3 districts: Guiglo, Blolékin, Toulepleu
Up to 10,000 families are targeted for community-based disease prevention and health promotion activities	<ul style="list-style-type: none"> Identification of 25 HNS volunteers from the 3 different local committees to receive refresher training in Epidemic prevention and control measures with a focus on malaria, ARIs, and diarrhea The training of 25 HNS volunteers, using Epidemic Control for Volunteers Initiation of disease prevention activities in 10 health posts in zone A through the development of health messages and IEC materials Support of surveillance and monitoring activities between 10 health posts and district health authorities Procurement and distribution of 10,000 mosquito nets accompanied by health messages and follow up by trained volunteers within six months Procurement and distribution of condoms to 10 health posts
Psychosocial support provided to the target population	<ul style="list-style-type: none"> Training of HNS volunteers to assess the needs of the community related to PSP activities Initiation of PSP activities by HNS volunteers using rehabilitated health posts as a centre of activities
Outcome 2: The medium-term risks to the health of affected populations are reduced through the rehabilitation of health care access points in zone A	
Outputs	Activities planned



Gaps in the medical infrastructure of Zone A are filled	<ul style="list-style-type: none"> • Recovery of 10 health centres through the repair of broken doors, door frames, locks and windows (see Annexe 12) • Restocking of health centres using the IEHK Basic and Supplementary module until Regional health authority can re-establish pharmaceutical distribution system • Support, monitor and supervise activities at the district level through the NHS local committees
Minimum initial maternal and neonatal health services provided to up to 10,000 families	<ul style="list-style-type: none"> • Procurement and distribution of Emergency Reproductive Health kits for midwife-delivery kits by returning QHW, for use in health centres throughout 3 districts: Guiglo, Blolékin, Toulepleu
Community -based disease prevention and health promotion measures provided	<ul style="list-style-type: none"> • Training of 6 trainers on Epidemic Control for Volunteers from the local committees of the affected districts • The training of 25 additional HNS volunteers, using Epidemic Control for Volunteers to maintain a roster of trained volunteers in each district • Monitoring and supervision of activities from headquarters and at district level

4.3.2 CHALLENGES

Qualified health workers (QHW) will not re-establish health services until their residences are recovered and health centers are structurally secure with appropriate equipment and materials. Until that time they will likely continue to work for agencies supporting mobile clinics. Mobile clinics run by the HNS are equally supported by HNS volunteers creating somewhat of a competition for resources concerning the initiation of health promotion and disease prevention activities. For this reason, CHWs will be targeted for distribution of basic and malaria modules from the IEHK.

Lack of storage facilities at the local committees a short-term challenge for the distribution of above-named modules. Discussions are on-going for the organization of temporary storage space in each locale in the form of a container to facilitate management of supplies at a district level.

Some agencies running mobile health services do not intend to fully initiate recovery activities, potentially increasing the needs during the recovery phase.

Not well coordinated humanitarian activities could increase social tensions in the targeted communities; therefore the Red Cross actions need to be well coordinated within the Movement to avoid exclusion.

4.3.4 TARGET POPULATION

10,000 families, 60,000 beneficiaries

4.1.5 TIMETABLE

Activities	Q1	Q2	Q3	Q4
Re-activation of 10 HNS health posts	X	X		
Mosquito net distribution	X	X		
Refresher training of HNS volunteers in ECV	X	X		



Disease prevention activities	X	X	X	
PSP activities	X	X	X	X
Monitoring and supervision of activities	X	X	X	X

4.4 WATSAN

4.4.1 SELECTION OF OBJECTIVES – REASONING AND ANALYSIS

IFRC will support the construction of latrines, provide household water treatment and conduct hygiene promotion/social mobilization activities in zone A and will coordinate with the relief team to ensure the distribution of hygiene kits in targeted villages in Zone A once a month for three months. (see annex 13 watsan PoA)

It is assumed that other watsan identified needs, such as the access to clean water (wells, chlorination, and hand pump repairs) will be undertaken by Movement partners such as ICRC which will implement well disinfection in targeted communities. If these needs cannot be covered by ICRC or other humanitarian organizations, the IFRC should take responsibility for these activities in order to offer a complete and effective watsan response to this crisis.

Community volunteers will be recruited and trained among targeted communities.

WATER, SANITATION AND HYGIENE PROMOTION LOGICAL FRAMEWORK

Outcome: The risk of waterborne and water related diseases has been reduced through the provision of safe water, sanitation and hygiene promotion to 4,000 internally displaced families in Côte d'Ivoire for six months (24,000 beneficiaries)

Outputs	Activities planned
4,000 displaced families have been provided with hygiene kits in zone A.	<ul style="list-style-type: none"> • Develop/use the relevant tools to assess beneficiary locations and other information relating to the hygiene needs of 4,000 families; • Acquire and distribute 4,000 hygiene kits; • Monitor and report on the distribution.
10,000 displaced people have access to safe drinking water in zone A.	<ul style="list-style-type: none"> • Purchase and distribution of 10,000 household water treatment kits (HHWT); • Rehabilitate 40 water points; • Monitor water quality at household level.



The health status of 4,000 families is improved through behaviour change and hygiene promotion activities in zones A.	<ul style="list-style-type: none"> Identify the trainees for refresher course and to use the relevant training modules; Train community volunteers and supervisors in Participatory Hygiene and Sanitation; Monitor and report on the distribution. Support the volunteers to distribute water purification tablets and sensitize the communities on their use; Support the volunteers to organize community awareness-raising sessions on water treatment and good hygiene.
Improved sanitation for 4,000 families in zone A.	<ul style="list-style-type: none"> Support the construction of 700 emergency household latrines; Train and equip 15 hand pump technicians; Recycle 10 watsan site supervisors for the emergency latrine construction Select and train 50 community volunteers for latrine construction. Social mobilization/monitoring of the use and acceptability of the facilities
Output: Rehabilitation of water and sanitation facilities for health centers.	<ul style="list-style-type: none"> Rehabilitation of 20 water points; Rehabilitation of 20 latrines and bathrooms; Rehabilitation or construction of 20 waste disposal point.

4.4.2 CHALLENGES

Most of the available watsan technical personnel in the NS are working of the ongoing watsan long term developmental program that will resume in the next coming months. Technical human resources will be needed to continue to support the National Society;

The onset of the rainy season will impede the digging of latrine pits in some areas, or in extreme cases will have to be postponed.

4.4.3 TARGET POPULATION

10,000 families total 60,000 beneficiaries

4.4.4 ACTIVITIES TIMETABLE

Activities	Q1	Q2	Q3	Q4
Hygiene kits distribution	X			
Hygiene promotion	X	X		
Latrines construction	X	X		
Household Water Treatment	X	X		



4.5 LIVELIHOODS

4.5.1 SELECTION OF OBJECTIVES – REASONING AND ANALYSIS

It is recommended to continue advocating with specialized food agencies to distribute food distribution through the first harvest period. Though the main priorities have been oriented to shelter, watsan, food and health, livelihoods need to be integrated with them to assure long term recovery. Agricultural tools, seeds and fertilizer should be provided to beneficiaries in order to prevent long period of waiting for planting season.

All activities undertaken in other sectors by the National Society or by IFRC, should seek to take into account their livelihoods impacts, particularly in terms of impact on the local markets and income generating activities.

In the same vein, where possible, tools and other materials distributed by other sectors should be multi-functional and reusable for ongoing livelihoods activities after the initial phase of support is completed. The timing of support will need to be synchronized with the rainy season and the cycle of agricultural activities or else risk lowered impact and wastage of materials.

Further assessment may be needed regarding the wider infrastructure supporting some types of livelihoods, for instance the relative availability and cost of mechanized transport to market of cash crops. As people are used to working in associations (which is an important issue for social cohesion), agriculture and farming should be a way to re-establish their cohesion as a way leading to development.

A strong coordination with other stakeholders and NGOs will be required in order to avoid duplication of assistance. There is a considerable number of NGOs interested in agriculture and some of them have already distributed seeds in different regions.

LIVELIHOOD LOGICAL FRAMEWORK

Outcome 1: (Phase 1: Relief): Re-establish immediate livelihoods for 2,000 families in targeted area, and facilitate their recovery.		
Outputs	Activities planned	Indicators
Improved agricultural production by providing appropriate agricultural kits: tools, seeds and fertilizer to 2,000 families in zone A.	<ul style="list-style-type: none"> • Coordination with integrated sector (shelter and watsan) for identifying and purchasing tools and putting them into kits • Distribution of agricultural and recovery tool kits : <p>Livelihood and Recovery kits:</p> <ul style="list-style-type: none"> - 2pcs Hoe - 1pcs Machete - 2 pcs Gum Boots (2 pairs per family) - 1 bag Fertiliser (Urée: 10kgs and NPK: 15kgs), per family - 1pc Watering can - 2 pcs Jerry can - 1pc Bucket - 1 bag Seeds (50 kg) <ul style="list-style-type: none"> • Monitoring and reporting 	2,000 families received tools for necessary for subsistence agriculture



Outcome 2 (Phase 2: Recovery): Improve livelihoods and capital for the families and reactivate capital for Income Generating Activities (IGA) associations		
Outputs	Activities planned	Indicators
Identify and support 20 Income Generating Activities (IGA) associations through income generating projects (women, youth, pro, farmers)	<ul style="list-style-type: none"> Identify the officially recognized associations which have been most affected Train them on project management Support IGA activities Monitor and report 	Associations will be generating income for the participating families.

4.5.2 CHALLENGES

The planting season is almost over. Rice is normally planted from May to July except in the low lands which does not depend on the planting season. Therefore, if rice seeds were distributed to people doing low land farming they would still be able to plant.

Both the affected population and the agricultural institutions affirm that distribution of seeds shall be one of the strategies for establishing livelihoods in the villages. Even though June, July and August is the rainy season, it is still possible to grow other crops such as maize and vegetables during these months.. The major problem for the families will be the timely availability of agricultural tools so they may plant before the season passes. Consequently, rapid distributions of key agricultural tools may boost activity for agricultural recovery, fields clearing and planting.

As most of the population depends on agriculture, one of the ways to improve livelihoods is to react urgently in agricultural support to them. The crisis and unrest period started in November and from then people could not plan for agricultural activities. Food stocks have been pillaged and/or burnt and people do not have any other means of living and feeding their families. Negative coping mechanisms are being adopted. A considerable number of families remain either in the host families, in the forests or in neighbouring countries. The lack of means of support could lead young girls to prostitution; students will look for jobs to feed their families instead of returning to school, families will go deeper into debt; social cohesion will be affected, etc.

Commerce and livestock were the secondary livelihood activity after agriculture. Almost all livestock and goods were pillaged. People no longer have any supporting income. Most families lost their livestock. Beneficiaries themselves report to have lost all their sheep, goats and pigs.

The increase of prices (which have almost doubled), has led families abstain from the market. For instance, it takes 10 days for a fisher woman to sell the 20 fishes she bought at 10,000 CFA and when she sells all of them, she gets only 12,000 CFA only. People hardly find money to buy food and other domestic necessities.

Current assessments and programming concerns mainly the central-west zone and there remain further needs to develop livelihoods activities for the other zones (Abidjan, Southern region) where the needs are inevitably much more complex.

4.5.3 TARGET POPULATION

2,000 families total 12,000 beneficiaries

4.5.4 ACTIVITIES



Activities	Q1	Q2	Q3	Q4
Livelihoods tools distribution	X			
Seeds distribution (phase I)	X			
Supporting agricultural and farming association through IGA			X	X
Capacity building for the volunteers and the NS (training and equipment)		X	X	X

4.6 NATIONAL SOCIETY CAPACITY BUILDING

4.6.1 SELECTION OF OBJECTIVES – REASONING AND ANALYSIS

NS CAPACITY BUILDING LOGICAL FRAMEWORK

Outcome 1: Emergency and recovery HNS response capacities is reinforced in terms of relief, shelter, health/PSP, watsan, livelihood

Outputs	Activities planned
Emergency and recovery response capacity of the NS reinforced.	<ul style="list-style-type: none"> • Equipment : motorbikes, computers, mobile phones, bought; • Rehabilitation of warehouse; • Train of Red Cross and community volunteers in watsan, health, PSP, livelihood and relief distribution.

4.7 COMMUNICATIONS

4.7.1 SELECTION OF OBJECTIVES – REASONING AND ANALYSIS

Information on the situation and the IFRC plan of action jointly with other Movement partners will be sent to PNS and donors by the resource mobilisation officer in collaboration with the Communications officer of the Dakar office.

Work to gather powerful images and stories of vulnerable people as well as response by the Cote d'Ivoire Red Cross and its volunteers has been carried out by the Dakar Office Communications Officer who is part of the FACT. Other communications missions will be carried out to ensure follow up on fact sheets, press releases, powerpoints presentations, photos, videos and web stories (annex 14 and 15) in coordination with Dakar, Abuja and Johannesburg RC offices

These communication materials will be used to give a human face to the impact of the Côte d'Ivoire crisis and the actions done by the Red Cross of Côte d'Ivoire with support from the Movement partners (IFRC, ICRC, PNS) to raise awareness of the donors.

Photos and human interest stories will continue to be posted to the IFRC web site, humanitarian websites, and others social medias such as Facebook, Twitter and shared with relevant partners. A tour will be organized with selected media in the regions where the Red Cross of Côte d'Ivoire is intervening to strengthen the visibility of the NS. Key messages will also be developed throughout community projects



implemented by the Red Cross of Cote d'Ivoire to consolidate the reconciliation efforts and social cohesion.

4.8 LOGISTIC

4.8.1 SELECTION OF OBJECTIVES – REASONING AND ANALYSIS

The logistics objectives are to set up a supply chain which can react quickly to support different scenarios, while reinforcing the national society's logistics capacity, enabling them to handle supplies from order to delivery and respond efficiently to on-going needs. Programs will receive adequate logistical support and the supply chain will meet demand and changing needs.

A preliminary assessment has been completed and work is ongoing to build a solid base in warehousing, procurement and distribution. In the initial phase, potential procurement and storage facilities of NFIs will be identified locally. Needed items should be procured locally if available or brought in by sea for the replenishment of stocks if absolutely necessary. In the second phase (recovery), any items that cannot be purchased locally will be moved by sea.

Warehouse options have been being identified as follows:

- Preposition stocks in Abidjan to support the sub warehouses in Guiglo and Toulepleu;
- Secure a warehouse or erect a temporary warehouse structure in Guiglo, with the possible use of WFP's warehouse in Man in the short term
- Rehabilitate the Toulepleu NS owned warehouse.

Guiglo warehouse will support programmes implemented from Guiglo to Blolékin and from Guiglo to Duékoué. The Toulepleu warehouse will supporting programmes implemented from Toulepleu to Blolékin and Toulepleu to Guiglo.

A detailed and up-to-date mobilization table is established and available on DMIS under the management of the Dubai Regional Logistics Unit (RLU) (See Annex 16 and 17 Logistic Plan of Action).

LOGISTICS LOGICAL FRAMEWORK

Outcome 1: The logistics capacity of the Côte d'Ivoire Red Cross Society to respond with relief and recovery items is strengthened through pre-positioning of standard items (together with technical assistance) to effectively manage the supply chain from arrival of relief items through to clearance, storage, forwarding and distribution.

Outputs	Activities planned
Coordinated mobilization of relief goods, reception of all incoming goods, warehousing, provision of vehicles as required, and an efficiently coordinated dispatching of goods to the final distribution points.	<ul style="list-style-type: none"> • Purchase and transport of non-food items (NFI) for 4,000 families; • Acquire and transport 4,000 sets of shelter materials, with each set comprising of a: shelter tool kit, corrugated iron sheets, cement, nails, wire; • Procure water purification tablets for 10,000 families; • Dispatch relief supplies and control supply movements from point of dispatching to distribution point • Carry out reception of relief goods and arrange warehousing and transportation to distribution points following the International Federation logistics procedures; • Store non-food items and pre-position NFI sets in warehouses for



	<p>maximum efficiency in compliance with Red Cross policies and procedures;</p> <ul style="list-style-type: none"> • Identify temporary warehouse to pre-position relief items locally; • Support the review and improvement of the National Society's capacities including systems and local procurement procedures; • Coordinate logistic and transport with the Movement partners such as PNSs, the ICRC, and other organizations in country; • Provide reporting on logistic and transport activities.
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4.8.2 CHALLENGES

- The transit time to import goods is not compressible and delays may occur;
- The local sourcing is not able to meet the deliveries targets and creates delay in the implementation of the programmes;
- The security situation does not allow the prepositioning of stocks in the field. The main warehouse will be located in Abidjan and the secondary storage facilities will remain the field. However, if the security situation improves in the both locations (Guiglo, Toulepleu) the Abidjan warehouse will be closed and stock moved to the field.

4.8.3 TARGET POPULATION

10,000 families total 60,000 beneficiaries

4.8.4 ACTIVITIES TIMETABLE

Activities	Q1	Q2	Q3	Q4
Receive and clear air and sea freight.	X	X	X	X
Purchase and transport non-food items (NFIs) for up to 10,000 families comprising: kitchen sets, shelters tool kits, mosquito nets, 4,000 hygiene kits, 8,000 tarpaulins.	X	X	X	X
Procure water and sanitation equipment, shelters materials for 4,000 families and health equipment	X	X	X	
Dispatch relief supplies for up to 10,000 families and control supply movements from point of dispatching to distribution points.. Receive relief goods and arrange warehousing and transportation to distribution points following the IFRC logistics procedures.	X	X	X	X
Rehabilitate the National Society warehouse in Toulepleu to position relief items.	X			
Support the review and improvement of the National Society's capacity, including systems and local procurement procedures. Coordinate logistics and transport with Movement partners and other organizations in country. Provide reporting on logistic and transport activities.	X	X	X	X

4.9 HUMAN RESOURCES

4.9.1 RECOMMENDATIONS



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



Human resources would need to be increased to implement the current PoA. The recommendation is to deploy six specialists and hire eleven local staff to implement the programme. The Operations Coordinator will be based in Abidjan and will travel regularly to the field. It would be preferable to recruit someone with a strong background in one of the sectors needed to implement this operation who could also act as the operations coordinator. There will also be a need for drivers, security agents and labourers. The rest of the needs would be covered by national staff through the actual NS structure, regional resources and community volunteers recruited among targeted communities (see Annex 8 Organizational chart). Secondments to HNS staff would be preferable as it would lower costs on the appeal.

SHELTER

To implement the shelter programme in the first phase one shelter specialist, one shelter officer and two local staff will be needed. During the second phase of the shelter programme one shelter specialist, one administrative assistant (particularly with regards to the processing of the voucher programme) and a data entry officer will be needed. The shelter specialist should have experience in cash and/or voucher approach. Field-based drivers will also be required.

RELIEF

One relief specialist is recommended to implement the first phase of the plan of action (beneficiary identification, distribution), supported by a relief officer.

HEALTH, PSP AND WATSAN

The recommendation is to link health and watsan activities during the first phase of the response. Therefore, it is advisable to have a health specialist overseeing watsan activities with the help of watsan and health officers. The health specialist will also coordinate with the relief delegate for watsan distributions such as hygiene kits and aquatabs. In the second phase of the response a watsan specialist should be deployed to implement sanitation related activities which require specialized technical knowledge. This specialist should start working on the implementation of phase II during phase I of the operation.

A PSP consultant will be needed to provide advice and train local staff.

LIVELIHOOD

Livelihood and recovery item distributions will be undertaken by the relief specialist during Phase I of the response. The recommendation is for IFRC to coordinate activities and to advocate with specialized food agencies for additional response if necessary (food and seed distributions). If livelihood activities are not undertaken by other agencies or Movement partners the IFRC should conduct a detailed assessment and integrate livelihood activities in the programmes during Phase II of the response.

COMMUNICATIONS

There is no full time communications focal point at the HNS. Communications can be looked after by regional resources. HNS plans to hire a full time staff.

LOGISTICS



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
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One logistics specialist with a strong background in procurement is needed to reinforce the HNS staff and will be supported by a finance/administrative specialist along with a finance/administrative assistant, and procurement, warehousing and fleet officers. HNS staff will be prioritized.

5. PROGRAMME SUPPORT STRATEGY

The programme support strategy will need to be developed as part of the project plan and implementation strategy.

5.1 SECURITY

The general security situation in most of the country continues to improve, although the security situation is still a concern in the western region of the country and along the border with Liberia. On zone A, there are many check points guarded with armed men at the entrances of village. UN Forces are patrolling the axis. The road is fairly good between Guiglo and Guibobly. The paved road ends a little bit after Guibobly at coordinate (N 06°34.762' W 008°02.728) and becomes a dirt road. Coming from the North, the dirt road starts in Zouan Hounien. The unpaved road on both sides of Toulepleu is also fairly good and trucks can pass without any problems, but with the beginning of the rainy season (June to August), it might become more difficult to reach Toulepleu.

5.2 PLANNING, MONITORING, EVALUTION AND REPORTING

Means of verification were not developed by the team due to time constraints and the priority placed on analysis of the assessment and the development of indicators. Trend and needs monitoring will be necessary for regular adaptation of the plan.

The plan will require further elaboration. The Performance Monitoring Framework, Risk and Assumptions and Programme Implementation Plan need to be developed, as well as identification of the technical support to be provided to the national society headquarters by the Federation.

5.3 FINANCE

Please see attached budget

5.4 RESOURCE MOBILIZATION

ICRC is already supporting the national society in health and water and sanitation sectors. Federation and/or PNS would need to be identified to support this plan of action.



6. ANNEXES

- Annex 1 : FACT PoA MAP
- Annex 2 : CRCI Strategic Plan 2008 – 2012
- Annex 3 : ICRC PoA Summary (Français)
- Annex 4 : Population Moyen Cavally 2010
- Annex 5 : Tableau Évaluation des besoins santé
- Annex 6 : Seasonal calendar
- Annex 7 : Market prices most needed items
- Annex 8 : OCHA Displaced Population CI MAP (26 April 2011)
- Annex 9 : OCHA Who does what MAP CI (25 April 2011)
- Annex 10 : Table Rapid Assessment Zone A
- Annex 11 : Relief Plan of Action
- Annex 12 : Map health facilities
- Annex 13 : Watsan plan of action
- Annex 14 : Webstory: Humanitarian needs remain immense
- Annex 15 : Webstory: Sleeping out in the open
- Annex 16 : Logistic Plan of Action
- Annex 17 : Org. Chart
- Annex 18: Cluster lead contact list
- Annex 29 : ToR FACT Ivory Coast
- Annex 20 : Budget