



Deployment of primary health care teams

Appeal: MDREC031	Hazard: Epidemic	Country: Ecuador	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 140,074	
Glide Number: -	People Affected: 7,625 people	People Targeted: 1,000 people	
Operation Start Date: 07-05-2026	Operation Timeframe: 6 months	Operation End Date: 30-11-2026	DREF Published: 13-05-2026

Targeted Regions: **Morona Santiago**

Description of the Event

Date when the trigger was met

17-04-2026



Deployment of primary health care teams

What happened, where and when?

At the beginning of March 2026, the Taisha canton, in the province of Morona Santiago, registered an unusual increase in respiratory diseases in a context of high territorial vulnerability and limited access to essential services. On March 4, 2026, an alert was received issued by the Political Lieutenant of the Huassaga parish, after the parish festivities, an event attended by approximately 1,500 people from different communities of the canton. This history constitutes a probable amplifying event of community transmission.

As of March 11, 2026, District 14D05 Health reported 109 cases with respiratory symptoms in the communities of Wampuk, Kuserúa and Washintsa, with a predominance in the pediatric population. Preliminary laboratory results confirmed co-circulation of SARS-CoV-2, influenza A(H3N2) and influenza B, including a case of co-infection by influenza A(H3N2) and SARS-CoV-2, evidencing greater epidemiological complexity from the initial phase.

In the weeks that followed, the event evolved rapidly. As of April 12, 2026, 7,625 people with respiratory symptoms were registered in an estimated population of 31,544 inhabitants, distributed in 35 localities of the canton, with the highest concentration in Huasaga (51%) and Pumpuentsa (40%). The highest burden of disease remained in children under 10 years of age, and two deaths were reported in children under 6 months of age, confirming the severity of the outbreak in highly vulnerable groups.

The Technical Office 14D05 Taisha – Health of the Ministry of Public Health reported between Epidemiological Weeks 1 to 14 (January – March) a total of 6,685 respiratory cases in Taisha canton. The analysis by epidemiological weeks shows a sustained growing trend of cases throughout the period, with a more marked acceleration from the beginning of March, coinciding with the notification of the first events of community transmission, and with a progressive increase in the demand for care for respiratory infections, without evidence of stabilization. which confirms the epidemic behavior of the event.



In the same period, the Technical Office reported a total of 2,539 confirmed cases of acute respiratory diseases in Taisha canton. The analysis by epidemiological weeks (EW 1 to EW 14) shows a progressive increase in cases, confirming an active, sustained and expanding transmission dynamic in the territory.

In the period from January to March 2026, about 273 cases were registered that required transfers to a second or third level of care due to worsening health conditions. According to the report issued by the Technical Office, about 50% were not able to be effective referrals, due to external limitations associated with the lack of availability of resources by patients or their relatives and, in some cases, due to saturation of hospital services.

The situation is also developing in a complex institutional context, marked by recent changes in the authorities of the health sector and the transition from zonal coordinations to provincial directorates, which has generated additional challenges for operational continuity and the consolidation of the response in the territory. Faced with this evolution and the gaps identified, on April 17, 2026, the Ministry of Public Health formalized the request for support from the Ecuadorian Red Cross to strengthen the response in the most affected communities.



Medical care for priority groups



Comprehensive Care Brigade (immunization)



Coordinated humanitarian assistance with the Armed Forces and MSP

Scope and Scale

The event in Taisha has characteristics of an acute outbreak of respiratory diseases, due to its rapid territorial expansion, high concentration of cases in a short period, disproportionate impact on the child population and sustained pressure on a health network with limited response capacity. The epidemiological sequence shows an accelerated progression: on March 4, an alert was reported after a massive event in Huasaga; as of March 11, 109 cases had already been identified in Wampuik, Kuseria and Washintsá; and as of April 12, the event had escalated to 7,625 people with respiratory symptoms in 35 locations in the canton.

The magnitude of the event confirms a high-intensity epidemiological behavior. With an estimated population of 31,544, the 7,625 cases represent a cumulative attack rate of 24.2%, indicating that approximately one in four people in the canton fell ill during the event. The geographical concentration in Huasaga (51%) and Pumpuentsá (40%) confirms intense foci of community transmission in a highly vulnerable territory.

The severity of the outbreak is determined by the profile of involvement and documented viral circulation. Between 66.3% and 73% of the cases correspond to children under 10 years of age, which shows a disproportionate impact on the child population, which represents approximately 70% of the cases in line with the epidemiological data reported, and two deaths are reported in children under 6 months of age. Laboratory results confirm co-circulation of SARS-CoV-2, influenza A(H3N2), influenza B, influenza A(H1N1) and respiratory syncytial virus, configuring a scenario of mixed transmission with a greater risk of clinical complications and pressure on services. This behavior is consistent with the national context observed in 2025, the year in which the MSP reported a high burden of SARI, with simultaneous circulation of multiple respiratory viruses and a more aggressive and sustained pattern than in previous years.

The scale of the event is aggravated by the structural restrictions of the territory and by the gaps in effective access to health services. Taisha concentrates 189 communities, about 70% of which are difficult to access, with a strong dependence on air and river transport. In the two prioritized communities, there is a type A health center covering Wampuik and Kuseria and a health post in Saapapentsá, which are located at a great distance and require air mobilization. This configuration limits the continuity of care, the timely referral of cases and the capacity for sustained response to an outbreak of this magnitude.

The Ministry of Public Health itself identifies as critical nodes the limited availability of air transport for brigades and replacement of personnel, delays in the transfer of samples, restricted stock of medicines, absence of supplies and equipment for care of respiratory diseases at the first level of care, in addition to overcrowding, limited access to safe water and inadequate sanitary practices. Although the MSP plans to carry out brigades to the five communities once a month, with stays of two to five days, this frequency is insufficient in the face of the intensity of the outbreak and the territorial dispersion. To date, 14 aeromedical evacuations have been carried out, but demand exceeds available capacity, evidencing a critical gap between the event load and the effective response capacity.

Based on the magnitude of the outbreak, the high attack rate, the impact on the child population and the operational barriers identified, the operation will prioritize the communities of Wampuik and Saapapentsá, where the greatest epidemiological impact and greater access



limitations converge. This targeting will make it possible to concentrate resources in the territories of greatest need and complement the actions of the Ministry of Public Health through a comprehensive response in health, safe water, sanitation, community participation and risk communication.

Source Name	Source Link
1. They demand urgent changes in the administration of hospitals in Taisha. (The Amazonian, 2026)	https://www.elamazonico.com/portal/exigen-cambios-urgentes-en-la-administracion-de-hospitales-en-taisha/
2. Epidemiological Gazette of Respiratory Syndromes SE 14 (Ministry of Public Health, 2026)	https://www.salud.gob.ec/wp-content/uploads/2026/04/Neumonia-SE-14.pdf
3. Pertussis emergency exposed limitations in the health system in Taisha, Morona Santiago (Ecuavisa, 2026)	https://www.ecuavisa.com/ecuador/emergencia-tosferina-expuso-limitaciones-sistema-salud-taisha-morona-santiago-20260315-0043.html

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

The main lessons learned and challenges identified in Operation DREF for the response to the yellow fever outbreak are as follows:

- Local access and transportation management: Given the limitations due to the poor condition of the roads and the long distances between Amazonian communities, the use of local transportation turned out to be an effective mitigation strategy to guarantee access to hard-to-enter areas.
- To work in Amazonian communities with specific cultural dynamics, it is essential to implement culturally relevant approach processes. This implies establishing, prior to the interventions, institutional links that allow an adequate level of acceptance by the community to be achieved, thus guaranteeing the effectiveness of the activities.
- The translation and adaptation of educational communication materials to local languages and cultural environments of the territory, strengthening the understanding of key messages.
- Security and institutional visibility: In contexts of multidimensional crisis and high conflict, strict compliance with security policies, the correct use of uniforms, and institutional visibility were key to avoiding serious incidents with humanitarian personnel.
- Strengthening of inter-institutional coordination: Close collaboration with the Ministry of Public Health (MSP), under the Framework Agreement for Inter-institutional Cooperation, made it possible to strengthen community epidemiological surveillance actions and the monitoring of immunization coverage.
- Protection and well-being of staff: Maintaining the constant preparation of volunteers and providing psychosocial support to ensure their well-being and operational continuity in sensitive environments was identified as a key factor.
- Focus on areas with low vaccination coverage: The challenge of achieving immunization levels above 95% persists in dispersed rural populations and indigenous communities, where logistical difficulties represent a critical barrier.



Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No
What was the risk level for Child Safeguarding Risk Analysis?:	<p>The event presents a high level of risk to children, considering that the highest proportion of cases corresponds to the population under 10 years of age, including infants, and deaths have been registered in children under 6 months of age. The rapid spread of the outbreak, the impact on vulnerable age groups, and limited access to health services increase the risk of complications, delay in care, and possible impacts on child protection and well-being. This risk is compounded by geographic dispersion and barriers to access in prioritized communities.</p> <p>Likewise, the conditions of the event may generate additional risks associated with temporary family separation during transfers for medical care and limitations in community protection mechanisms.</p>

Current National Society Actions

Start date of National Society actions

05-02-2026

Health	The technicians of the National Health and Community Development Program maintain constant communication with the territorial focal points, providing accompaniment and technical advice on the emergency. In addition, guidelines have been issued to reinforce the auxiliary role and humanitarian diplomacy during health promotion, community epidemiological surveillance, and mental health and psychosocial support activities.
Water, Sanitation And Hygiene	From the National Headquarters, in coordination with the WASH Training Center and the local referent, the relevance analysis and the evaluation of sanitary conditions are active, in order to guide complementary interventions in safe water, sanitation and hygiene in the prioritized communities
Coordination	At the national level, the Ecuadorian Red Cross maintains close communication with the national directorates of Epidemiological Surveillance, Immunizations and Risk and Damage Management of the Ministry of Public Health. This technical articulation allows for the exchange of situation analysis, identification of priority gaps, and coordination of joint response actions, in coherence with the guidelines of the health authority.
National Society Readiness	The authorities of the Provincial Board of Morona Santiago of the Ecuadorian Red Cross have participated in meetings of the Technical Working Table 2 (MTT2 – Health), where the epidemiological situation of the Taisha canton and the main needs derived from the emergency have been presented. This participation has allowed the National Society to have an updated analysis of the event, strengthen coordination with the health authority and provide technical guidance for a complementary response in the most affected communities.
Assessment	The survey of territorial needs has been carried out by the Ministry of Public Health, in its capacity as the governing body of the response. This information is detailed in the epidemiological and needs report prepared to support the emergency and guide complementary actions in the territory.
Other	Emergency Operations Center: Through its Situation and Monitoring Room, the Ecuadorian Red Cross follows up on the evolution of the event and monitors the



activities carried out within the framework of the response. This process allows for situational analysis, critical gaps, and operational prioritization guidance in Wampuik and Saapapentsa

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>The IFRC Andean Cluster Delegation provides accompaniment to the National Societies of Bolivia, Ecuador and Peru, maintaining close coordination with the Ecuadorian Red Cross. In this framework, permanent communication is maintained with the different levels of the IFRC, which have made available their technical and financial support for the planning, implementation and reporting of the operation, as necessary.</p> <p>In addition, the National Society has the technical support of the IFRC with a presence in the field, providing support in the planning and monitoring of the operation, as well as in technical, operational, logistical and reporting aspects.</p>
<p>Participating National Societies</p>	<p>Permanent communication is maintained with several partner National Societies (German, Norwegian, Spanish and Italian), which have made available to the Ecuadorian Red Cross their technical and financial support for the planning, implementation and reporting of the operation, if required.</p>

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>No</p>
<p>National authorities</p>	<p>The Ministry of Public Health, as the governing body of the health response, has deployed various actions in the territory to contain the respiratory outbreak in the Taisha canton. The main interventions include the deployment of comprehensive brigades with medical care, immunization, collection and processing of laboratory samples, as well as health promotion and epidemiological surveillance activities. These actions have been especially aimed at priority groups and communities with the greatest impact.</p> <p>However, important gaps persist associated with geographical dispersion, access limitations, dependence on air and river transport, the continuity of brigades in hard-to-reach communities, the need to strengthen safe water and sanitation, and insufficient operational capacity to respond in a timely manner to the magnitude of the event. In the pre-hospital care component, the MSP is making arrangements for the air transfer of patients who require urgent care, in a context where the demand for evacuations exceeds the currently available capacity.</p>
<p>UN or other actors</p>	<p>The Pan American Health Organization (PAHO) and other cooperation actors, including non-governmental organizations supported by the European Union, are supporting the response led by the Ministry of Public Health; however, its contribution is mainly focused on technical assistance, accompaniment and capacity building, rather than on the direct execution of activities or sustained operational implementation in the prioritized communities, so that significant gaps in coverage, access and continuity of the response in the territory persist.</p>



Are there major coordination mechanism in place?

Coordination between the Ecuadorian Red Cross and the Ministry of Public Health is carried out within the framework of the Framework Agreement for Inter-institutional Cooperation in force, which facilitates technical and operational coordination for the public health response.

In the context of the emergency in Taisha, this mechanism has made it possible to maintain coordination with the National Directorate of Epidemiological Surveillance, Immunizations, Risk and Damage Management of the MSP, as well as participation at the territorial level in technical spaces such as the MTT-2 Health for the monitoring of the situation, the exchange of information and the identification of priority gaps. This articulation makes it possible to guide a complementary response, focused on the prioritized communities and aligned with the needs defined by the health authority.

Needs (Gaps) Identified



Health

Taisha presents important challenges for health care, mainly associated with geographical dispersion and limitations in access to health services in hard-to-reach communities.

The evolution of the outbreak of respiratory diseases has increased the demand for care, especially in children, generating pressure on a health network with limited operational capacity. Gaps are identified in timely access to diagnosis, early care, and referral of cases to higher levels.

There are also challenges in epidemiological surveillance, case monitoring and the availability of health personnel in the territory, which limits the capacity for sustained response to the outbreak.

In this context, it is necessary to strengthen the deployment of community health brigades in hard-to-reach areas, as well as health promotion and disease prevention actions, in order to improve early identification of cases and timely access to services.

In addition, limitations are identified in access to drinking water and the use of unsafe water sources, such as rainwater without adequate treatment, which can affect the health conditions of the affected population.



Protection, Gender And Inclusion

The respiratory disease event in Taisha generates significant risks in terms of protection, gender and inclusion, particularly for the child population, which concentrates the greatest burden of disease. In a context of high geographical dispersion, limited access to health services, and cultural and linguistic barriers, the dynamics of the outbreak increase the risks of rights violations, especially for women, children, the elderly, and people with disabilities, who may face greater levels of exclusion and difficulties in timely access to services.

In this sense, the capacities of the staff and volunteers of the Provincial Board of Morona Santiago will be strengthened in the prevention of sexual exploitation and abuse and child protection, through awareness-raising and training actions.

Access to information and protection mechanisms will also be promoted at the community level, through the provision of materials adapted to the cultural context, in order to strengthen the prevention of protection risks, promote equitable relations and facilitate access to complaint and referral mechanisms.

In addition, risks of family separation associated with geographical conditions and limitations in connectivity and transportation are identified, which can affect the location of family members during transfers for health care reasons. In this sense, actions to Reestablish Links between Family Members (RCF) will be strengthened, adapted to the local context.

Finally, risks associated with the interaction of staff and volunteers with children during the implementation of community activities are identified. These risks include possible situations of inappropriate treatment or ignorance of protection protocols.

To mitigate these risks, the Ecuadorian Red Cross will train volunteer and humanitarian personnel in the application of child protection protocols with a PGI approach, as well as continuous monitoring of community activities.



Any identified gaps/limitations in the assessment

Needs assessment in Taisha faces significant constraints due to the high geographical dispersion of communities, access restrictions and reliance on air and river transport to reach affected areas. In many cases, the distances between communities and points of attention, added to the conditions of the territory, make access only possible by air or river, which increases logistical complexity, mobilization times and the continuity of information collection in the field. These conditions can lead to underreporting or delays in the timely characterization of needs, especially in the communities that are most difficult to access.

In addition, at the governmental level, there are no standardized tools for the rapid collection of information in contexts of public health emergencies at the community level. In this scenario, the main source available for needs analysis corresponds to the official information generated by the Ministry of Public Health. Therefore, operational prioritization depends on the progressive consolidation of official epidemiological information, territorial reports, and inter-institutional coordination to guide the response.

In the face of the fragmentation of the social fabric and the presence of pre-existing diseases, there are effects that are not limited to physical health, but include significant impacts on the mental health and psychosocial well-being of communities. These conditions are aggravated by the weakening of community networks and local support mechanisms, which has a direct impact on social cohesion.

In this context, it is also key to incorporate health interventions with a community approach aimed at collective emotional management, the strengthening of community skills and the promotion of peaceful conflict resolution. As well as strengthening the capacities of community leaders and social support networks as integrating factors for humanitarian response.

Similarly, community health promotion strategies should be promoted that include awareness-raising processes, collective psychosocial support, strengthening of co-responsibility in care, and community solidarity actions. All this contributes to comprehensive well-being, strengthening both mental health and social cohesion in contexts of vulnerability.

The identified communication needs are aimed at the design and implementation of a communication strategy adapted to the sociocultural and geographical context of Taisha. This includes the development, translation and cross-cultural validation of key messages in Shuar and Achuar on the prevention of respiratory diseases, vaccination and good hygiene practices; the production of multi-format communication pieces for community radio, WhatsApp and social networks; and the strengthening of the capacities of community leaders and spokespersons for the replication and effective dissemination of information.

The distance between the population centers and the communities in which the interventions will be carried out are in areas where there is no mobile phone coverage and internet access, which mimics access to information for the population of the sector and the reporting of incidents or emergency communications in cases of security incidents. or situations that compromise the integrity or safety of humanitarian personnel and volunteers in the sector, generating a need to guarantee permanent communication with intervention teams for their monitoring and coordination of response in cases of emergencies.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

Contribute to the health response to the acute outbreak of respiratory diseases in the prioritized communities of the Taisha canton, through comprehensive health actions that strengthen community detection and response, reduce health risks, and complement the response led by the health authority.

Operation strategy rationale

The strategy is aimed at complementing the response led by the Ministry of Public Health in the prioritized communities, through an intervention based on the auxiliary role of the Ecuadorian Red Cross in the face of the crisis presented, in order to strengthen access to health services, support for health brigades and immunization actions. The operation will provide technical, operational and logistical support through the following activities:

1. Deployment of volunteer and/or rented personnel for comprehensive health brigades. The mobilization of approximately 25–30 volunteers from the Provincial Board of Morona Santiago is planned, with the support of the humanitarian staff of the National Headquarters, who will coordinate actions with the MSP – Provincial Directorate of Morona Santiago and the Technical Office of Taisha. These brigades will carry out actions of care, health promotion, prevention and epidemiological surveillance in dispersed, rural and difficult to access communities, considering that the roads are mainly of a river and air nature. In addition, there will be key functions at the provincial level through an operational focal point, in coordination with PMER and National Headquarters Finance, to ensure the proper implementation and monitoring of the operation.



2. Strengthening of a community epidemiological surveillance system through coordinated work with community committees and monitors, in coordination with the MSP, to improve the identification, notification, and follow-up of cases in prioritized communities. To this end, the provision of toolboxes on epidemiological surveillance and communicable diseases for a health center, a health post and the Provincial Board is contemplated, in order to consolidate a community surveillance system articulated with the governing body in health.
3. Promotion and prevention aimed at the timely search for care, immunization, prevention of chronic child malnutrition and strengthening of care practices in the prioritized population. To this end, edu-communication and community actions will be implemented through culturally adapted materials translated into the local language, as well as operational inputs aimed at strengthening the health promotion activities carried out by the Provincial Board, health establishments and prioritized communities.
4. Mental health and psychosocial support as part of the comprehensive approach to the outbreak. Community actions will be developed aimed at emotional well-being, strengthening of care networks, community co-responsibility and social cohesion, recognizing that the impact of the event is not limited to physical health. At the institutional level, priority will be given to strengthening the capacities of the Ecuadorian Red Cross through comprehensive care and self-care actions aimed at volunteer and paid personnel and, subsequently, health personnel of the MSP, along with refreshment processes in community health and updating of clinical guidelines to strengthen the quality of the response.

All health intervention will be implemented with an intercultural approach and territorial relevance, incorporating in a transversal way criteria of protection, gender and inclusion, Prevention of Sexual Exploitation and Abuse, operational security, auxiliary role, humanitarian diplomacy, communication and community participation. This will allow the response to be technically sound, culturally relevant, and operationally viable.

In relation to the management of volunteers, the volunteer insurance is covered through the current emergency appeal, so it is not included as an additional line within the DREF budget.

Community participation and accountability will be central elements of the response in the prioritized communities. Community meetings will be held to collect local perceptions of health, identify barriers and strengthen coordination with the territorial strategies of the MSP. In addition, accessible mechanisms for feedback and community listening will be implemented to adjust the response, strengthen transparency, and promote greater ownership of actions by leaders, families, and community actors.

Protection, gender and inclusion

PGI's approach will be mainstreamed across the operation to ensure a safe, inclusive, and culturally relevant response in prioritized communities. The operation will strengthen the capacities of volunteer and paid personnel in the Prevention of Sexual Exploitation and Abuse and child protection, and will promote community actions adapted to the local context to strengthen protective environments, family ties, equitable access to assistance and prevention of rights violations in emergency contexts.

Communication and operational security

The response will be based on a communication strategy with an intercultural approach and territorial relevance, adapted to the local context of the prioritized communities, including their languages, forms of communication, community dynamics and sociocultural references. This will make it possible to disseminate clear, understandable and culturally relevant messages on prevention, care, immunization, hygiene and the auxiliary role of the Ecuadorian Red Cross, favoring its appropriation and acceptance by the population. In addition, the operation will strengthen operational security through guidelines, materials and self-protection measures adapted to the territorial context, in order to guarantee a safe deployment of humanitarian personnel and reinforce community acceptance in the prioritized communities.

Targeting Strategy

Who will be targeted through this operation?

The operation will assist the population of the prioritized communities of Wampuik and Saapapentsa in the Taisha canton, Morona Santiago province. The targeting responds to criteria of epidemiological impact, access barriers, territorial vulnerability and the need to complement the response of the Ministry of Public Health in rural and hard-to-reach communities affected by the acute outbreak of respiratory diseases.

Explain the selection criteria for the targeted population

The selection criteria include: location in the communities prioritized by the operation; high affectation by the respiratory outbreak; presence of groups with greater vulnerability, especially children, adolescents, pregnant women, newborns and the elderly; and socio-structural conditions that limit timely access to health, safe water, and sanitation services, including rurality, geographic dispersion, and dependence on air and river transport.

The operation will have a community and territorial focus, aimed at strengthening the response in predominantly rural communities, with an emphasis on households and people in conditions of greater vulnerability to health threats and with greater barriers to access to



essential services. In a cross-cutting manner, the intervention will incorporate protection, gender and inclusion criteria to ensure a relevant, safe response adapted to the sociocultural context of the prioritized communities.

The operation will incorporate the use of sex, age, and disability disaggregated data (SADDD) to guide targeting, as well as for monitoring and data collection during implementation.

Total Targeted Population

Women	328	Rural	36%
Girls (under 18)	192	Urban	64%
Men	302	People with disabilities (estimated)	7%
Boys (under 18)	178		
Total targeted population	1,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Physical and emotional overload of personnel due to prolonged response days in highly complex contexts.	Shift organization and team rotation; briefing and debriefing spaces; care and self-care actions; follow-up and psychosocial support for the personnel involved.
Low community acceptance, misinformation or rumors that affect the implementation of health and WASH activities.	Implementation of communication with an intercultural approach; previous work with community leaders and actors; dissemination of clear and context-sensitive messages; active listening and monitoring of community perceptions. Strengthening community leadership capacities and skills, in order to guarantee an efficient and sustainable response,



	promoting co-responsibility in the care, access and appropriate use of family and community resources.
Safety and security risks for staff and communities during the implementation of activities.	Application of operational safety guidelines; compliance with the CRE's PGI Policy and PSEA measures; use of institutional visibility; Activation of incident reporting protocols.
Risk of contagion of volunteer and humanitarian personnel due to exposure to infectious diseases during community activities and brigades.	Verification of the vaccination schedule of the personnel; use of personal protective equipment according to activity; implementation of infection prevention and control measures; Symptom monitoring and timely reporting
Reputational impact on the CRE that compromises acceptance and operational continuity.	Strengthening the auxiliary role, humanitarian principles and diplomacy; alignment of institutional messages; close coordination with MSPs and local actors; Timely handling of incidents and rumors.
Social fragmentation, internal conflicts, and weakening of community support and care networks, associated with limitations in socio-community organization, which hinder the access of external actors and the implementation of humanitarian response.	Strengthening of community care networks, activation of the establishment of community early warning systems at the comprehensive level, accompaniment of families in vulnerable conditions; and promotion of community co-responsibility through local leadership with an inclusive approach. Development of integrating community activities (mingas, collective days, cultural spaces) Facilitation of spaces for inclusive dialogue such as collective care and promotion of mechanisms for peaceful conflict resolution during humanitarian response interventions.
Limitations in the availability, operation, or proper use of telecommunications systems in the territory (technical failures, adverse weather conditions, lack of knowledge of personnel, or connectivity restrictions), which affect the timely flow of information, operational coordination, and personnel safety.	Implementation of a comprehensive telecommunications management system that includes technical verification and maintenance of equipment, timely activation of satellite services, training of personnel in their use and the establishment of communication protocols.
Limited access to communities prioritized by geographic dispersion, climatic conditions, and dependence on air and river transportation.	Permanent monitoring of access conditions; prior coordination with authorities and community leaders; definition of safe routes and modalities of entry; operational adjustment according to territorial context.



Please indicate any security and safety concerns for this operation:

In recent years, Ecuador has experienced a significant deterioration in internal security conditions, characterized by a sustained increase in violent crime, the territorial expansion of organized crime structures, and the strengthening of illicit economies linked to drug trafficking, illegal mining, fuel smuggling and trafficking, and other risks related to child protection. This phenomenon has generated direct impacts on the functioning of various public institutions, including the national health system, creating emerging risks for health personnel, patients and health infrastructure, particularly in territories with a greater presence of criminal activities, illegal economies or that are located in isolated or difficult to access areas due to limitations in health services. transport.

During the year 2025, official data from the Ministry of the Interior indicate that between January and December, 9,235 homicides were registered, exceeding the annual total of 2024 representing an increase of more than 30.8%. The increase in violence is closely linked to disputes between criminal organizations for control of strategic drug trafficking routes, logistics corridors and illicit economies. The fragmentation of criminal groups and the emergence of new criminal structures have increased the levels of armed confrontation, generating scenarios of insecurity that affect both urban and rural areas, as well as increasing the geographical reach and influence of the GDOs in new territories.

While the highest homicide rates are concentrated in provinces in the Coast region and in port areas used for international drug trafficking, other provinces in the country also have specific risk dynamics based on their geographical, socio-cultural, economic conditions and related to access to basic services. In the case of the province of Morona Santiago, located in the Amazon region, a growth in activities related to illegal mining has been identified in areas that are difficult to access, particularly in areas close to watersheds and rural territories. These illicit activities are usually associated with criminal networks that operate in the illegal extraction of minerals, trafficking of controlled substances and fuels and territorial control, generating social conflicts, environmental deterioration.

The security context, characterized by the presence of illicit economies, territorial disputes between criminal organizations, and the weakening of security conditions in various regions of the country, poses significant challenges to the continuity of and access to health services. In particular, the exposure of humanitarian and health personnel and health infrastructures to incidents of violence, threats and situations of risk during the development of humanitarian activities and mobilizations during interventions increases, reinforcing the need to strengthen institutional strategies aimed at protection and respect for humanitarian work.

In this scenario, the Ecuadorian Red Cross needs to reinforce the preparation and protection of its personnel and volunteers, provide psychosocial support, and promote mitigation and humanitarian diplomacy strategies that guarantee safe and sustained access in sensitive environments, reaffirming fundamental principles.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Budget: CHF 58,650

Targeted Persons: 1,000

Indicators

Title	Target
Number of people treated in health facilities and through the support of comprehensive brigades (care, immunization) coordination with the MSP	350
Number of people reached with health promotion activities	1,000
Number of people receiving psychosocial support and strengthening their community care networks, co-responsibility and community leadership	300



Number of volunteer and paid personnel of the Ecuadorian Red Cross, health personnel of the MSP, who receive comprehensive care and self-care actions.	30
Number of volunteers participating in community health refreshment	20
Number of community epidemiological guards strengthened and articulated with the MSP	10
Number of primary care workers involved in clinical guideline refreshment	25
Number of tracking and monitoring reports to equipment deployed via satellite telephony	15
Number of tents purchased and installed to support health care	3

Priority Actions

- Technical, operational and logistical support for the deployment of comprehensive brigades in the prioritized communities, especially for medical care and immunization in coordination with the Provincial-District Directorate of the MSP.
- Provision of toolboxes in surveillance, communicable diseases and self-care
- Health promotion activities, including mental health and psychosocial support.
- Health promotion activities, including mental health and psychosocial support.
- Comprehensive care and self-care actions for volunteer and paid personnel of the Ecuadorian Red Cross, and later for health personnel of the MSP.
- Refreshment of clinical guidelines for primary care personnel of the MSP and the Ecuadorian Red Cross.
- Refreshment of the volunteers of the Provincial Board in community health.
- Strengthening of community epidemiological surveillance and coordination with community committees and vigilantes.
- Strengthening of community care networks, co-responsibility and local leadership.



Protection, Gender And Inclusion

Budget: CHF 2,658

Targeted Persons: 100

Indicators

Title	Target
Number of people reached through community play actions adapted to the local language to prevent the breakdown of family ties in schools	100
Number of people who receive a talk on the correct management of patient identification during referrals and their communication to family members.	25
Number of volunteers and humanitarian staff trained in Gender Protection and Inclusion (including Gender-Based Violence, Prevention of Sexual Exploitation and Abuse and Child Safeguarding)	20

Priority Actions

- Implementation of community awareness actions to strengthen the union of family ties, through the use of RCF play kits aimed at adults, children and adolescents adapted to the local language.
- Dissemination of the range of RCF services, with emphasis on maintaining family contact and the importance of family news awareness in adverse events.
- Capacity building in PGI, including prevention of gender-based violence (GBV), and child protection. (PSEA)





Community Engagement And Accountability

Budget: CHF 5,813

Targeted Persons: 400

Indicators

Title	Target
Number of community meetings held to gather information and identify needs and compile local health perceptions in coordination with the territorial strategies of the MSP.	2
Number of spaces for socializations developed with communities and key actors on the actions to be carried out	2
Number of Community Feedback Reports implemented during operation	2
Number of people reached with information on the auxiliary role and fundamental principles of the Ecuadorian Red Cross.	400

Priority Actions

- Community meetings to collect local health perceptions and provide inputs to the territorial strategies of the MSP.
- Dissemination of planned actions with communities and key actors to strengthen transparency and accountability
- Establish community listening channels to collect, analyze, and use feedback
- Strengthening community participation in the response and dissemination of key messages on auxiliary role and fundamental principles
- Implementation of child safeguarding measures, including risk identification, sensitization of personnel and volunteers, and application of protocols during operation.



Secretariat Services

Budget: CHF 21,218

Targeted Persons: -

Indicators

Title	Target
Number of field accompaniments carried out in conjunction with the SN	4

Priority Actions

- Technical, operational and administrative coordination of the DREF operation from the Ecuadorian Red Cross, including planning, monitoring and articulation with key actors.
- Financial, administrative and logistical management of the operation, including budget control, acquisitions, payments and compliance with institutional procedures.
- Monitoring of the implementation of the operation and preparation of technical and financial reports, ensuring compliance with IFRC standards





Budget: CHF 51,735

Targeted Persons: 5,000

Indicators

Title	Target
Number of people reached with a communication campaign with an intercultural focus and territorial relevance.	5,000
Number of volunteers and humanitarian staff strengthened in health and PGI for the response	20
Number of strengthening actions implemented in health and PGI	2

Priority Actions

- Implementation of a communication plan with an intercultural approach and territorial relevance.
- Technical and operational monitoring of the response from the national and territorial teams of the Ecuadorian Red Cross.
- Key messages with a focus on solidarity, co-responsibility and environmental and community care for the strengthening of the social fabric, with cultural relevance

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The operation will have the participation of hired personnel and volunteers from the Provincial Board of Morona Santiago, in coordination with the National Headquarters of the Ecuadorian Red Cross, for the implementation of the actions planned in the prioritized communities of Wampuik and Saapapentsa.

The mobilized team will have technical, operational and logistical support functions for the deployment of integral brigades, health promotion, community epidemiological surveillance, community participation, psychosocial support, communication and operational monitoring. The general coordination of the operation will be carried out from the National Headquarters, in conjunction with the Provincial Board of Morona Santiago, ensuring articulation with the Ministry of Public Health, monitoring of activities and compliance with indicators.

The personnel involved have experience in emergency response and in areas such as health in emergencies, community epidemiological surveillance, health promotion, risk communication, mental health and psychosocial support, as well as accompaniment to community interventions in the territory.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Ecuadorian Red Cross volunteering reflects the diversity of the communities it supports. Currently, the institution has 7,971 volunteers distributed in the 24 provinces of the country, which guarantees a territorial presence at the national level and a close link with different social, cultural and community contexts.



Participation in volunteering is open from the age of 16 with no maximum age limit, thus promoting intergenerational inclusion. In terms of gender, 60% of volunteering is made up of women and 40% of men, which shows a significant participation of women in humanitarian actions.

Regarding the age distribution, 66% of the volunteers are between 16 and 30 years old, 26% between 31 and 50 years old, 5% between 51 and 65 years old, and 3% correspond to people over 66 years old, which shows a wide participation of young people, complemented by the experience of volunteers from other age groups.

In relation to cultural diversity, volunteers are mostly identified as mestizo (87%), followed by Afro-Ecuadorian (2.91%) and indigenous (2.77%). The remaining percentage identifies between white and other cultural identities. This composition promotes a diverse volunteer team that contributes to strengthening the understanding of different social and cultural contexts in the territory.

This diversity of gender, age and cultural origin allows the Ecuadorian Red Cross to have volunteer teams representative of Ecuadorian society, facilitating the building of trust with communities and the provision of relevant and inclusive humanitarian assistance.

If there is procurement, will it be done by National Society or IFRC?

All procurement will be made at the country level, through the application of the SN's internal procurement processes in force and in compliance with the guidelines established by the IFRC.

How will this operation be monitored?

The Ecuadorian Red Cross has the Planning and Quality Management Department, which is institutionally responsible for monitoring and evaluating projects. During this process, alerts are issued about deviations in time, scope and cost with respect to the planning and underexecution of activities or indicators.

- The tools used allow each of the activities and indicators to be planned as a schedule, identifying and assigning those responsible, deadlines and verifiable, all aligned with the planned results. For monitoring, 3 types of evaluation spaces are maintained:
- Follow-up spaces: Review of progress schedule, compliance with agreements, financial aspects, biweekly periodicity,
- Monitoring spaces: Evaluation of objectives, deadlines and framework level indicators. The participation of IFRC is linked on a monthly basis.
- Areas for continuous improvement: Identification of knots and their causes; Identification of successes and their causes.

Please briefly explain the National Societies communication strategy for this operation

The communication strategy will be aimed at strengthening community understanding, acceptance and ownership of the operation's actions in the prioritized communities. To this end, a communication plan with an intercultural approach and territorial relevance will be implemented, based on clear messages adapted to the local context on the prevention of respiratory diseases, vaccination, hygiene, collective care and the auxiliary role of the Ecuadorian Red Cross.

Considering that the population of the prioritized communities is mostly Shuar and Achuar speakers, the dissemination will prioritize culturally relevant content and highly trusted channels, such as community leadership, local radio, WhatsApp networks and materials adapted to the territory. This strategy will strengthen both health prevention and confidence in the humanitarian response.



Budget Overview



DREF OPERATION

MDRCCxxx - Cruz Roja Ecuatoriana
DREF INFECCIONES RESPIRATORIAS

Operating Budget by Output Codes

	Total
Planned Operations	67.121
Shelter and Basic Household Items	0
AP005 Shelter assistance to households	0
Livelihoods	0
AP007 Improvement of income sources	0
Multi-purpose Cash	0
AP081 Multipurpose cash grants	0
Health	58.650
AP107 NS health capacity	0
AP108 Health services	0
AP109 Health services in emergencies	58.650
Water, Sanitation & Hygiene	0
AP110 WASH	0
AP111 WASH in emergencies	0
Protection, Gender and Inclusion	2.658
AP114 Humanitarian values and principles	0
AP116 Protection/gender/inclusion services	2.658
AP117 Protection/gender/inclusion capacity	0
Education	0
AP115 Access to education	0
Migration	0
AP112 Support to migrants and displaced	0
AP113 NS Migration & Displacement Capacity	0
Risk Red., Climate Adapt. and Recovery	0
AP101 Climate change adaptation	0
AP103 Comm. risk reduction and resilience	0
AP104 Assistance to people affected	0
AP105 NS DM Capacity	0
AP106 Disaster Law	0
Community Engage. and Accountability	5.813
AP129 Community engagement/accountability	5.813
Environmental Sustainability	0
AP102 Climate change mitigation&greening	0
Enabling Approaches	72.953
Coordination and Partnerships	0
AP049 IFRC coord. in humanitarian system	0
AP118 Engagement w. stakeholders	0
AP119 Influencing and hum. diplomacy	0
AP120 Innovation	0
AP121 Digital Transformation	0
AP127 Membership Coordination	0
AP128 Movement Cooperation	0
Secretariat Services	21.218
AP122 Secretariat services strengthening	21.218
National Society Strengthening	51.735
AP124 National Society Development	47.001
AP125 Volunteering development	4.734
AP126 Leadership development	0
TOTAL BUDGET	140.074

all amounts in Swiss Francs (CHF)



Contact Information

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