



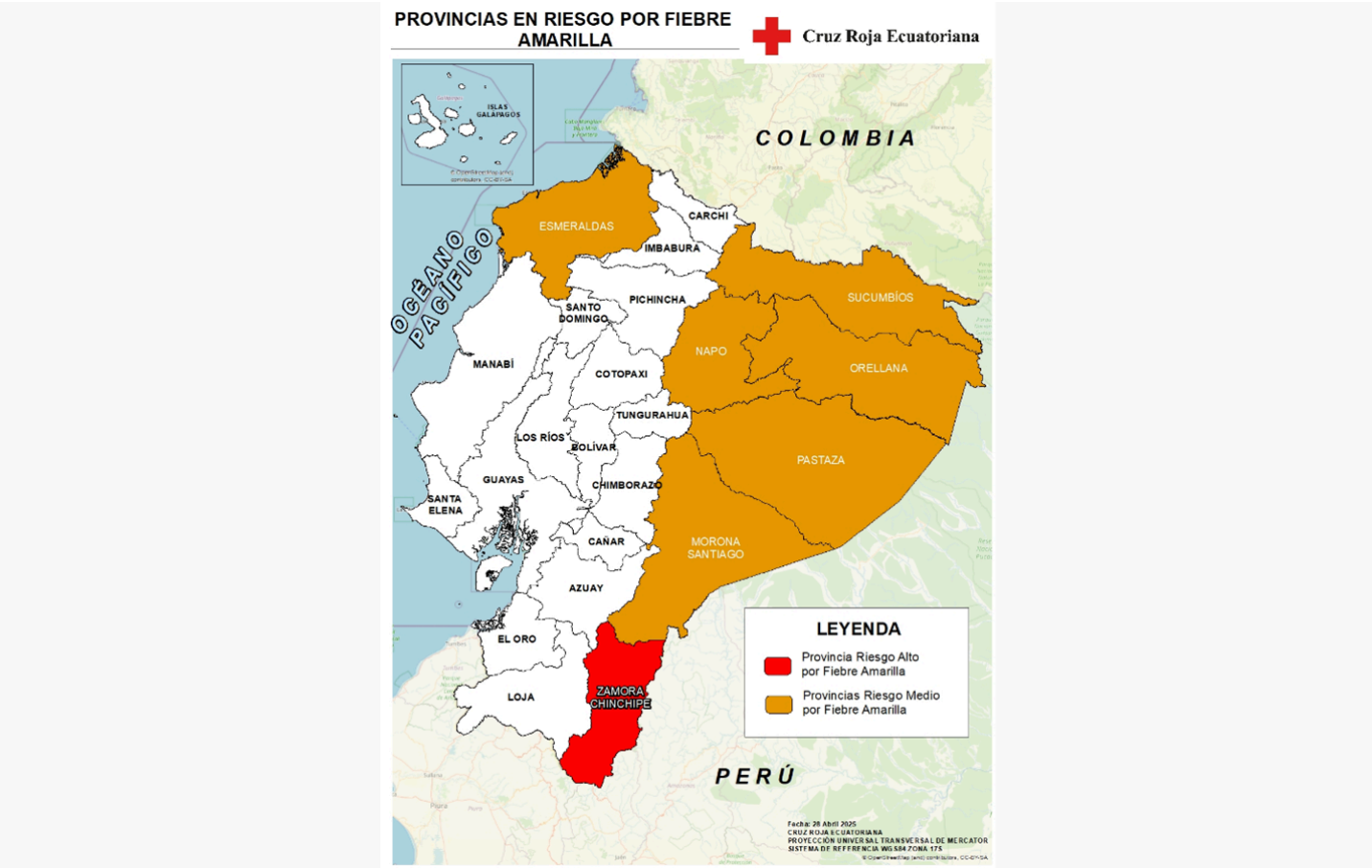
Capacity building of a Community Committee in the Morona Santiago Province. Source: Ecuadorian Red Cross.

Appeal: MDREC028	Country: Ecuador	Hazard: Epidemic	Type of DREF: Imminent
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 137,064	
Glide Number: -	People Affected: 14,852 people	People Targeted: 3,000 people	
Operation Start Date: 14-05-2025	Operation Timeframe: 3 months	Operation End Date: 31-08-2025	DREF Published: 15-05-2025
Targeted Regions: Morona Santiago, Pastaza, Zamora Chinchipe			

Description of the Event

Approximate date of impact

As of 30 April, three cases were reported in Ecuador. Predicting new cases is uncertain due to virus transmission dynamics and irregular border crossings, especially from Colombia and Peru, where outbreaks persist. Risk is higher in Amazonian provinces with 88% vaccination—below the 95% target recommended by the Ministry of Public Health. Low coverage has led to rapid spread before. Strengthening surveillance, vector control, and immunization is key to protecting vulnerable populations.



Regions at risk of yellow fever. In red, those at high risk; in yellow, those at medium risk. Source: Ecuadorian Red Cross.

Provide any updates in the situation since the field report and explain what is expected to happen.

On 24 April 2025, the Ministry of Public Health (MoPH) of Ecuador confirmed the first locally transmitted case of yellow fever in the country since 2017. The patient, a 26-year-old man from Loja, had been working in Zamora Chinchipe Province when he began experiencing symptoms. He was admitted to the Intensive Care Unit in Loja on 10 April and, unfortunately, passed away on 17 April. As of epidemiological week 17 (20 - 26 April), three confirmed cases have been reported, all male and all with occupational exposure in Zamora Chinchipe.

This resurgence comes in the context of a regional epidemiological alert issued by the Pan American Health Organization (PAHO) in March 2025, following outbreaks in Brazil, Bolivia, Colombia, and Peru. In its latest update on 24 April, PAHO reported a total of 189 confirmed human cases of yellow fever and 74 deaths across the region, reflecting a worsening trend. The organization continues to recommend maintaining at least 95% vaccination coverage in endemic areas, vaccinating children over 12 months of age, strengthening surveillance and clinical readiness, and ensuring the availability of emergency vaccine stockpiles.

In response to the increased risk, the MoPH activated reinforced epidemiological surveillance on 17 April in the Amazonian provinces of Sucumbíos, Orellana, Napo, Pastaza, Morona Santiago, and Zamora Chinchipe. These provinces, along with Esmeraldas, are considered endemic due to the presence of the mosquito vectors *Haemagogus* spp and *Sabethes* spp. However, average vaccination coverage in these areas remains at 88%, below the 95% threshold required to prevent outbreaks. Coverage disparities are evident at the canton level.



For example, in Zamora Chinchipe, although the overall coverage in 2024 was reported around 100%, two-thirds of the cantons fell below the 95% mark, with Centinela del Cóndor at 74.36%, Chinchipe at 88.18%, and Yacuambi at 83.20%. Similar gaps are seen in Pastaza and Morona Santiago, where several cantons also reported coverage below the recommended level.

The yellow fever vaccine has been part of Ecuador's national immunization schedule since 2009 and is provided free of charge. It is administered as a single dose at 12 months of age, or up to 59 years of age for individuals at risk in endemic areas. As of 14 April 2025, the MoPH reported a national stock of 444,429 vials (10-dose format), ensuring availability across the country. The ministry also vaccinates travellers from border areas who are heading to at-risk zones. Additional response measures include intensified vector control and public education campaigns.

Although national immunization coverage was affected by the COVID-19 pandemic, the MoPH has since implemented rapid monitoring and vaccination sweeps to close immunity gaps. By 2024, national coverage was estimated at 96%, but WHO/UNICEF (WUENIC) placed Ecuador's 2023 coverage at just 70%, suggesting possible overestimation due to factors such as migrant populations and cross-border immunization of non-residents.

Synergistic Risk: Yellow Fever + Dengue

The simultaneous circulation of dengue fever adds another layer of complexity. As of epidemiological week 17, Ecuador has reported 18,486 confirmed dengue cases and 28 deaths, with provinces such as Napo, Zamora, Orellana, Pastaza, Morona, Guayas, and Manabí being severely affected. The co-circulation of yellow fever and dengue increases the burden on the public health system and raises the risk of urban yellow fever transmission via *Aedes aegypti*, necessitating integrated surveillance, risk communication, and vector control strategies.

Risk Factors in Border Regions

The Putumayo-Sucumbíos and Huaquillas-Aguas Verdes border corridors are key areas for yellow fever transmission due to high cross-border movement. The Putumayo-Sucumbíos corridor sees 1,200 daily crossings, with low adult vaccination coverage (88%) and numerous informal routes, increasing the risk. Likewise, the Huaquillas-Aguas Verdes and Macará border complexes experience over 21,000 daily crossings, with under-immunized populations and more than 40 informal crossings.

The presence of both sylvatic (*Haemagogus*, *Sabethes*) and urban (*Aedes aegypti*) vectors further heightens transmission risk. Poverty, limited healthcare access, frequent mobility of oil and forestry workers, and rapid deforestation exacerbate the challenge.

The ongoing national dengue outbreak calls for enhanced community surveillance, targeted vaccination, and coordinated vector control efforts involving volunteers, health authorities, and local communities.

Drivers of Increased Yellow Fever Risk

(1) The risk of disease spread is also considered high, primarily because of suboptimal vaccination coverage in certain high-risk areas, which increases the likelihood of transmission.

(2) In terms of vaccination coverage and health system response, the risk is rated as moderate. While national coverage exceeds 95%, priority Amazonian provinces report an average of 88%, falling below the safety threshold for a country classified as epizootic-prone.

(3) Epidemiological surveillance and diagnostic capacity are also assessed as moderate. Although an active surveillance network exists, local capacity for timely differential diagnosis—especially in rural areas—is limited. Surveillance of epizootics in non-human primates remains weak or absent.

(4) Social and cultural factors, including risk perception, contribute to a moderate risk level. Misinformation and vaccine hesitancy persist, particularly among young, rural, and Indigenous populations. Risk communication strategies still lack territorial and intercultural relevance.

Why your National Society is acting now and what criteria is used to launch this operation.

The report of the first confirmed case of yellow fever in the province of Zamora Chinchipe on 24 April is a determining factor for the activation of prevention and response measures. This case, coupled with vaccination coverage below 95% in several Amazonian provinces, has increased the risk of the virus spreading. The situation is aggravated by the high population mobility in border areas and the presence of active outbreaks in neighbouring countries. As of 30 April 2025, three more confirmed cases of yellow fever have been reported in the same province.



The Ministry of Public Health has requested the support of the Ecuadorian Red Cross (ERC) to intensify rapid immunization monitoring and follow-up of yellow fever vaccination coverage, especially in hard-to-reach communities. ERC-supported community committees are a key axis for epidemiological surveillance, strengthening local capacity to identify and report suspected cases in a timely manner in these hard-to-reach areas.

The Ministry of Public Health of Ecuador requested the support of the National Society in the face of the Yellow Fever Epidemiological Alert to run preventive health measures such as community epidemiological surveillance, reinforcement of awareness-raising and health promotion actions, as well as support for rapid vaccination monitoring.

Scope and Scale

The threat involves 928,251 people (INEC) residing in jungle areas of the Ecuadorian Amazon, where multidimensional poverty rates (46%), deforestation and limited sanitation infrastructure increase exposure. Indigenous communities (Kichwa, Shuar, Achuar) and migrant workers in the oil and timber sectors present the highest vulnerability due to: vaccination coverage < 95%, dispersed housing with difficult river access, and low availability of health services (≤ 1 health post per 10 000 inhabitants).

In 2024, the province of Zamora Chinchipe had a population of 24,719, with its two main cantons being Sentinel of the Condor, which had 8,300 residents and an immunisation rate of 74%, and Zamora, with 16,500 residents and a 94% immunisation rate. Morona Santiago had a total population of 54,935, with Morona canton accounting for 41,200 people and a 79% immunisation rate, while Palora had 13,700 residents and an 86% immunisation rate. The province of Pastaza had the highest population among the three, with 111,915 people, and its Mera canton had 16,200 residents and a 93% immunisation rate.

Immunisation coverage varied across the regions. In Zamora Chinchipe, Zamora canton achieved a high immunisation rate of 94%, while Sentinel of the Condor lagged behind at 74%. In Morona Santiago, Palora reached 86%, surpassing Morona canton, which had a rate of 79%. Pastaza's Mera canton reported a strong immunisation rate of 93%, placing it among the highest of the prioritized areas.

[Supporting Documentation](#)

Source Information

Source Name	Source Link
1. ERC Situation report- April 24, 2025	https://go.ifrc.org/emergencies/7485/details
2. Ministry of Public Health of Ecuador- Key messages- Yellow Fever	https://www.salud.gob.ec/fiebre-amarilla/
3. PAHO. Epidemiological Update on Yellow Fever in the Region of the Americas - 24 April 2025	https://www.paho.org/es/documentos/actualizacion-epidemiologica-fiebre-amarilla-region-americas-24-abril-2025
4. Colombian Ministry of Health	https://www.minsalud.gov.co/salud/publica/PET/Paginas/fiebre-amarilla.aspx
5. WHO and UNICEF Estimates of National Immunization Coverage (WUENIC). Ecuador. 2023 revision	https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2024-country-profiles/immunization-2024-ecu.pdf?sfvrsn=4f29d8fb_3&download=true
6. Ministry of Health of Peru. Outbreak Situation Room and other EVISAP. 20 March 2025	https://www.dge.gob.pe/portal/docs/tools/teleconferencia/2025/S-E122025/02.pdf

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-



Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-
<p>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:</p> <p>-</p>	
<p>Lessons learned:</p> <p>* Community Engagement is Essential for Sustainability: Involving communities from the outset—through awareness campaigns, participatory planning, and culturally adapted materials—proved vital for ensuring long-term impact. Empowered communities were more likely to adopt preventive practices and sustain health promotion efforts.</p> <p>* Preparedness and Continuous Training Enhance Response Capacity: Ongoing training for volunteers and staff, along with clear protocols and simulation exercises, significantly improved emergency response. Refresher courses before each activity ensured that teams remained agile and adapted to evolving contexts.</p> <p>* Health System Coordination: Overloaded health facilities during crises underscored the importance of activating public and complementary health networks. Coordination with ministries and local health units ensures better patient flow and resource allocation.</p> <p>* Integration of Mental Health is Crucial: Mental health support must be embedded in all humanitarian responses. Addressing emotional well-being, reducing stigma, and ensuring access to psychosocial services are essential, especially in communities affected by trauma and displacement.</p>	
Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
What was the risk level for Child Safeguarding Risk Analysis?:	<p>A Child Safeguarding Risk Analysis was conducted during the previous operation MDREC027, which supports the Ecuadorian Red Cross's response to flooding events during the first quarter and the oil spill in Esmeraldas Province.</p> <p>The programmatic risk was assessed as low, as the operation did not involve direct contact between staff or volunteers and children.</p> <p>The organizational risk was rated as moderate. Although the Ecuadorian Red Cross has a National Policy on Protection, Gender, and Inclusion—with a chapter on Child and Adolescent Protection—they are still developing a comprehensive Child Safeguarding Policy. An action plan was recommended to address these gaps and strengthen safeguards for future operations.</p>

Current National Society Actions

Health	<ul style="list-style-type: none"> - The ERC is maintaining continuous coordination with the Ministry of Public Health (MoPH), particularly through the National Technical Working Table 2 (MTT2), ensuring alignment of inter-institutional efforts and the timely exchange of critical information for decision-making. - General operational guidelines have been developed to steer both preventive measures and response strategies aimed at mitigating the spread of Yellow Fever. - A permanent monitoring system has been established, utilizing up-to-date technical
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	<p>and scientific data. This includes risk scenario assessments, impact mapping, and the identification of priority intervention zones.</p> <ul style="list-style-type: none"> - Ongoing communication is upheld between the National Headquarters' technical team and the Provincial Boards to evaluate the evolving epidemiological landscape and coordinate prompt, effective responses. - The ERC is reinforcing collaboration with community committees to enhance epidemiological surveillance, enabling the early detection and immediate reporting of suspected Yellow Fever cases.
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IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC's Andean Cluster, based in Lima, provides continuous support to Bolivia, Ecuador and Peru, in close coordination with the Ecuadorian Red Cross (ERC). In this context, the IFRC has provided the National Society with comprehensive technical, operational, logistical and reporting assistance, as well as additional support through two delegates specialized in Public Health in Emergencies from the Canadian Red Cross, who are currently providing technical assistance to the national health team.</p>
Participating National Societies	<p>The ERC receives support and funding from the Spanish, Italian, German, and Norwegian Red Cross National Societies through the National Preparedness and Response Plan, developed in 2024. This plan includes a coordination module outlining the support capacities and areas of intervention for each partner. However, in this specific operation, the ERC will not receive additional support from these partner national societies.</p>

ICRC Actions Related To The Current Event

<p>The International Committee of the Red Cross (ICRC) actively participates as a key partner in the National Preparedness and Response Plan of the ERC. It maintains constant communication with the ERC on technical advice under the 2025 Cooperation Agreement, in order to strengthen institutional capacities, improve emergency care, promote protection actions, ensure respect for health care, and promote safe access in accordance with international humanitarian law.</p>

Other Actors Actions Related To The Current Event

Government has requested international assistance	<p>No</p>
National authorities	<p>The Ministry of Public Health (MoPH), as the national authority in charge of public health, is leading the response to the current Yellow Fever epidemiological alert. In line with established health containment protocols, the MoPH has activated its epidemiological surveillance technical team to conduct case investigations, trace and monitor close contacts, and carry out detailed assessments of locations visited by the confirmed case prior to symptom onset to identify potential sources of infection.</p> <p>The MoPH is maintaining active surveillance in coordination with regional health zones, issuing continuous alerts through official memoranda. Specific strategies have been deployed to increase immunization coverage in high-risk areas, including rapid door-to-door vaccination monitoring. Simultaneously, national and provincial epidemiological surveillance directorates are conducting active case finding, focusing on individuals presenting with symptoms consistent with the suspected case definition or acute febrile-icteric syndrome in priority areas.</p>
UN or other actors	<p>The Pan American Health Organisation (PAHO) actively supports the MoPH by providing technical advice for epidemiological surveillance and strengthening immunisation</p>



coverage in areas identified as vulnerable. PAHO warns of an increase in yellow fever cases in the Americas and recommends intensifying vaccination. International health agencies continuously monitor the Yellow Fever situation globally and regionally.

Are there major coordination mechanism in place?

Through Technical Working Group #2 (Health and Pre-Hospital Care), the confirmed Yellow Fever case and the regional epidemiological alert—particularly in light of Colombia’s declaration of a health emergency—were formally communicated. In response, coordination meetings were held with the National Directorate of Immunization and the National Directorate of Epidemiological Surveillance of the Ministry of Public Health (MoPH), ensuring the effective and timely implementation of risk reduction and preventive measures.

Building on a history of inter-institutional collaboration, the Ecuadorian Red Cross (ERC) has worked closely with the MoPH under the Framework Agreement for Inter-Institutional Cooperation to strengthen community-based health capacities. This partnership has supported the training of volunteers, humanitarian personnel, and community members on vector-borne disease prevention and response. Notably, in November 2024, a joint health simulation exercise was conducted in the Estrella del Oriente community, Sucumbíos Province, to assess the implementation of the community epidemiology strategy—particularly the identification and notification processes led by Community Committees and MoPH health centers—in the context of rising dengue cases in the Amazon region.

In the provinces of Pastaza, Zamora Chinchipe, Napo, and Morona Santiago, these collaborative efforts have also included community clean-up campaigns, distribution of mosquito breeding site elimination kits, and public awareness initiatives aimed at reducing the risk of dengue transmission.

Needs (Gaps) Identified



According to the Ministry of Public Health (MoPH) and the PAHO/WHO Epidemiological Alert (26 March 2025), the following priority needs have been identified in the Amazonian provinces of Ecuador:

- * Insufficient vaccination coverage: The MoPH reported Yellow Fever immunisation coverage below the 95% threshold required to prevent sustained transmission. In line with PAHO/WHO recommendations, all individuals over one year of age residing in endemic urban, rural, or jungle areas—as well as those in regions with migratory links to epizootic zones—should be vaccinated. The 80% safety threshold for the general population and 95% for high-risk areas remains a critical benchmark.
- Deficit in community epidemiological surveillance: PAHO/WHO recommends strengthening active surveillance and immediate notification of suspected cases and epizootics to prevent further spread from the Putumayo–Sucumbíos epidemiological corridor. There is an urgent need to reinforce the technical and operational capacities of Community Committees to ensure timely detection and reporting.
- Limited vector control: The confirmed presence of sylvatic vectors (*Haemagogus* spp. and *Sabethes* spp.), along with the potential introduction of the urban vector (*Aedes aegypti*), poses a significant risk of transmission. Immediate implementation of integrated vector management strategies—including breeding site elimination, environmental sanitation, and personal protection measures—is essential.
- Insufficient risk communication: Effective and culturally appropriate communication strategies are needed to counter misinformation, reduce vaccine hesitancy, and promote preventive behaviours. In the Amazonian provinces, particularly among Indigenous populations, it is essential to deliver messages in both Spanish and local languages, aligned with community worldviews and cultural practices.
- Mental health risks in affected communities: The Yellow Fever alert has generated emotional distress, fear, and stigma in communities across Zamora Chinchipe, Morona Santiago, and Pastaza—exacerbated by high case fatality rates and the concurrent dengue outbreak. These impacts are particularly acute among Kichwa and Shuar Indigenous populations, who face multidimensional poverty and cultural barriers to healthcare access. Priority actions include the provision of psychological first aid, culturally adapted emotional self-care messaging, and the establishment of community-based support spaces. Support for frontline health and volunteer personnel is also essential to mitigate emotional overload and maintain responder well-being.

The MoPH formally requested the support of the Ecuadorian Red Cross (ERC) through Official Letter No. MSP-SVPCS-2025-0252-O (22 April 2025), and reiterated this request during Technical Working Table 2 (MTT2) following the confirmation of the Yellow Fever case.



Operational Strategy

Overall objective of the operation

Through this DREF operation, the Ecuadorian Red Cross aims to support national Yellow Fever prevention efforts to reduce transmission risk and strengthen community readiness in high-risk areas of Zamora Chinchipe, Morona Santiago, and Pastaza, by monitoring immunization coverage, enhancing community surveillance, and delivering culturally appropriate risk communication over a three-month period.

This proposal includes strengthening the capacities of health personnel and committees so that community-health center coordination in promotion and prevention actions is maintained over time. Basic equipment is part of the plan, promoting community participation. This is within the context that, as of 10 May, 2025, six cases of yellow fever have been laboratory-confirmed, of which four have died. Following information from the Ministry of Health, all those who passed away worked in the provinces of Zamora Chinchipe and Morona Santiago.

Operation strategy rationale

The implementation of the outbreak preparedness and response strategy will be carried out through close coordination between the Ecuadorian Red Cross (ERC) National Headquarters and the Provincial Branches of Morona Santiago, Pastaza, and Zamora Chinchipe. This approach leverages local capacities while ensuring technical oversight and support from the National Headquarters to guarantee the quality and effectiveness of interventions.

Furthermore, the Provincial Branches of Zamora, Morona, and Pastaza have a volunteer representative trained in epidemiological surveillance and health promotion, and established community committees. The proposal bases its strategy on expanding this capacity of health representatives and strengthening their community knowledge.

Health:

Health promotion, disease prevention, and mental health support activities will be carried out in coordination with the Ministry of Public Health (MoPH), with active participation from ERC staff in the prioritized provinces. These efforts align with the framework agreement between the MoPH and the ERC, which establishes the ERC's role in identifying and notifying cases, while the MoPH is responsible for responding and implementing targeted intervention measures.

Key actions include:

- * Rapid immunization monitoring through home visits, school outreach, and community fairs to identify individuals with incomplete vaccination schedules and assess Yellow Fever coverage.
- * Development and dissemination of educational materials on Yellow Fever and other vector-borne diseases. This is crucial, along with the previous key action, in cases of people who have incomplete vaccination schedules, in order to raise awareness on the importance of vaccination.
- * Procurement of outreach supplies (e.g., portable speakers, blackboards, tents) to support community health promotion activities.
- * Training will also be provided to rural health personnel newly assigned to health centers in the prioritized provinces, focusing on clinical management of Yellow Fever, with support from ERC Provincial Branches staff.

Volunteer teams and Community Committees will be trained to strengthen their capacity for community-based epidemiological surveillance, using a One Health approach. The training will emphasize the early recognition of warning signs, including symptom identification, detection of suspected cases, and reporting of deceased simians, which may indicate a potential outbreak. As part of this effort, communication channels between communities and health centers will be reinforced to facilitate timely reporting and ensure an effective and coordinated response. In preparation for deployment, volunteers will receive the necessary vaccinations at least 10 days in advance and will be provided with appropriate uniforms and personal protective equipment to ensure their safety in the context of the sanitary alert.

Basic equipment will be provided to Provincial Branches and communities (e.g., printed protocols, educational materials) to support surveillance and outreach.

Given the increased incidence of dengue, Hygiene and Cleaning Materials (gloves, brushes, repellents, garbage bags) will be distributed to support breeding site elimination and reduce transmission risk.

To address the emotional impact of the outbreak and response activities:

- * Psychological first aid and self-care protocols (CAI) will be implemented for ERC volunteers and staff.



- * Community-based psychosocial support will include recreational activities that promote mental health awareness and emotional well-being.
- * Educational and recreational materials will be developed to support these interventions.

The ERC National Headquarters will provide continuous oversight through the Situation and Monitoring Room, ensuring technical support, documentation of activities, and alignment with operational objectives.

Communication Strategy:

A risk communication strategy with a Community Engagement and Accountability (CEA) approach will be implemented adapted to this specific context to promote health-seeking behaviors and vaccination uptake. This strategy will:

- * Respect cultural, linguistic, and territorial specificities.
- * Utilize locally appropriate channels such as loudspeaker announcements, social media, and community radio.
- * Disseminate key messages on Yellow Fever prevention, vector control, and immunization in coordination with Community Committees and under the guidance of the National Headquarters.

Community Engagement and Accountability:

Building on lessons learned from previous responses—particularly during the COVID-19 pandemic—the ERC will implement an intercultural CEA strategy to address vaccine hesitancy and misinformation in Indigenous communities. This strategy includes:

- * Conducting a baseline survey to assess perceptions, barriers, and rumors related to vaccination.
- * Co-creating key messages with communities, adapted to local languages and cultural contexts.
- * Facilitating safe spaces for dialogue to address concerns and build trust.
- * Training local volunteers of the prioritized branches in CEA principles and effective communication during emergencies.

Local Implementation Capacity in Target Provinces

The implementation of this operation will leverage the existing strengths of the provincial branches. In Zamora Chinchipe, Morona, and Pastaza, trained volunteer representatives are proficient in epidemiological surveillance and health promotion, supported by established community committees that facilitate local health initiatives and community engagement. The operational strategy focuses on further developing the capabilities of these health representatives and reinforcing health knowledge within the community structures to optimize population protection efforts.

Operation Scale-Up:

Should the Ministry of Public Health determine that conditions for a sanitary or epidemic emergency are met, the operation will be updated to include prepositioning or response actions, as necessary. The declaration of a sanitary emergency by the Ministry of Public Health will trigger the scaling up of the operation, as this decision is based on factors such as transmission rate, case severity, resource availability, and healthcare system capacity. The situation will continue to be closely monitored for timely adjustments.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The operation will directly benefit 3,000 people (approximately 1,000 families), residents in rural and peri-urban communities at high epidemiological risk for yellow fever, located in the Amazonian provinces of Morona Santiago, Pastaza and Zamora Chinchipe. The target population includes indigenous, dispersed rural communities and settlements near forested areas, due to their vulnerability to vector-borne disease transmission and limited access to health services and vaccination.

The selection of Zamora Chinchipe, Morona Santiago, and Pastaza for this operation is directly driven by the Ministry of Health's national strategy, which identifies these southern provinces as high-risk. This designation is based on their suboptimal vaccination coverage, falling below the critical 95% threshold, and the documented presence of confirmed cases.

Explain the selection criteria for the targeted population

The selection of the target population will be based on criteria, especially considering epidemiological, social, and logistical vulnerability factors:



- Communities in areas identified by the MoPH as high-risk areas for yellow fever transmission.
- Population living in communities with insufficient vaccination coverage (<95%), according to the latest Expanded Programme on Immunization (EPI) reports.
- Communities with limited response capacity and restricted access to health services, determined by the MoPH, including factors such as limited equipment or medical personnel, historical challenges in the reach of government health promotion activities, geographical remoteness, among others.
- Presence of recent suspected or confirmed cases in border regions or close to identified epidemiological corridors (Ecuador-Colombia border).

Total Targeted Population

Women	887	Rural	56%
Girls (under 18)	643	Urban	44%
Men	853	People with disabilities (estimated)	2.6%
Boys (under 18)	617		
Total targeted population	3,000		

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?	Yes
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
Likelihood of disturbances in intervention zones	Implementation of the ERC Operational Security Plan and contextual assessment prior to deployment on the ground.
Health effects on staff	Vaccination will be arranged for ERC volunteers and staff who have not previously received the Yellow Fever vaccine, prior to their deployment. ERC staff and volunteers have free access to the vaccine. In addition, insect repellent will be provided to all deployed staff to reduce exposure to vector-borne diseases.
Access limited by adverse climatic or geographic conditions	Permanent climate monitoring, planning with alternative routes, and flexible scheduling of activities.
Humanitarian workers' psychosocial risk and emotional crises in	Activation of psychological first aid protocols.



communities	
Physical and emotional strain on volunteers	Application of the protocol for the deactivation of volunteers, operational pauses and monitoring by the national coordination.
Likelihood of sexual harassment or violence against deployed personnel	Mandatory mixed teams, socialisation of safety standards, knowledge of the nearest UPC and compliance with safe operating hours.
Likelihood of assaults on or retention of volunteer and hired staff	<ul style="list-style-type: none"> - Prior coordination with community leaders, dissemination of the auxiliary role of the ERC and socialization of safe behaviours to staff. - Despite the low risk due to familiarity with the area and community, security and protection action plans will be developed to safeguard volunteer and humanitarian personnel in this context. These plans will integrate operational security measures while ensuring respect for health care protocols.
Logistical delays due to shortages or limited availability of inputs	Updating of the national supplier database and early management of key procurements.
Road Traffic Incident Risk	Traffic safety will be reinforced through verification of vehicle documentation, driver training, and continuous monitoring by the Situation Room.
Connectivity constraints for community reporting and coordination	Delivery of physical formats and activation of asynchronous channels between National Headquarters and Provincial Boards.

Please indicate any security and safety concerns for this operation:

In recent years, Ecuador has faced an unprecedented security crisis, reflected in increased levels of violence and insecurity, as a result of the presence of Organised Criminal Groups (OCGs) that fight over territory for illicit activities such as drug trafficking, smuggling, kidnapping, extortion, robbery and the collection of vaccinations, among others.

This situation has led to armed clashes between groups labelled as terrorists and public security forces in the streets, causing serious collateral damage to the civilian population.

According to data from the Ministry of Interior, 7,033 intentional homicides were registered in Ecuador in 2024, of which 93% were attributed to criminal violence, 6.7% to interpersonal violence and 0.3% to socio-political violence. This represents an average of one homicide every hour and 17 minutes, and a rate of almost 39 homicides per 100,000 inhabitants, placing the country among the most violent in the region. Between January and April 2025, 2,361 homicides were recorded, with 94.7% related to criminal violence and 5.3% to interpersonal violence.

In the province of Pastaza, between January and December 2024, 2 intentional homicides were reported, both by criminal and interpersonal violence, with 50% committed with firearms. To date in 2025, no homicides have been recorded in this province.

In Morona Santiago, 17 intentional homicides (murders, homicides and femicides) were registered during 2024, of which 52.9 % were the result of criminal violence and 47.1 % of interpersonal violence. Weapons involved include firearms, bladed weapons, blunt weapons and construction tools. Between January and April 2025, there have been 4 homicides attributed to criminal violence.

In Zamora Chinchipe, 10 homicides (murders, homicides and femicides) were reported in 2024, with 70 % linked to criminal violence and 30 % to interpersonal violence, using firearms, bladed weapons, blunt weapons and construction tools. From January to April 2025, 8 intentional homicides have been registered, of which 75 % correspond to criminal violence and 25 % to interpersonal violence.

On the other hand, in relation to dangerous events associated with the rains, the National Secretariat for Risk Management, by resolution No. SNGR-046-2025, declared the provinces of Pastaza, Morona Santiago and Zamora Chinchipe to be on yellow alert.

These scenarios generate significant risks for the National Society's operations, both from the actions of groups generating violence and from confrontations with public security forces. Among the main risks identified are physical, emotional, and reputational impacts, as well as limitations of access to communities with humanitarian needs, due to the high risk of violence and natural hazards.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Budget: CHF 93,787

Targeted Persons: 3,000

Indicators

Title	Target
Number of people receiving health promotion in support of MOH immunisation campaigns	3,000
Number of Community Committees trained in Community Epidemiological Surveillance and equipped	8
Number of health workers and ERC volunteers trained in clinical practice guidelines for Yellow Fever.	120
Number of vector control kits distributed	1,000
Number of people reached with psychosocial support activities	400

Priority Actions

- Community Health Promotion: Educational sessions will be conducted in support of MoPH-led immunisation campaigns, with a focus on reaching remote and underserved communities.
- Immunisation Monitoring: ERC volunteers will assist in rapid monitoring of immunisation coverage in selected cantons to identify gaps and support timely follow-up.
- Community Epidemiological Surveillance: The capacities of Community Health Committees will be strengthened through targeted training and provision of basic surveillance equipment.
- Operational Equipment: Provincial Boards will receive essential materials to assist with the objective of the operation in order to facilitate community-based health promotion activities.
- Volunteer Training: Technical sessions will be delivered to enhance volunteer competencies in vector-borne disease prevention and health surveillance.
- Mental Health Support for Responders: Preventive measures will be implemented to promote the mental well-being of volunteers and humanitarian personnel, including care and self-care strategies.
- Community Psychosocial Support: Activities will be carried out to promote mental health awareness and psychosocial well-being within communities and Community Committees.



Community Engagement And Accountability

Budget: CHF 13,790

Targeted Persons: 340

Indicators

Title	Target
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Number of volunteers strengthened with training CEA approach	30
Number of communities reached through baseline surveys assessing perceptions, barriers, and misinformation related to vaccines.	8

Priority Actions

- Baseline survey: community perceptions of vaccines
- Development of key messages with a CEA approach adapted to local language.
- Training on the importance of the Community Engagement and Accountability (CEA) approach for the staff of the Provincial Boards (Zamora and Morona).
- Community meetings to address rumours and generate dialogue



Secretariat Services

Budget: CHF 2,829

Targeted Persons: 0

Indicators

Title	Target
Number of monitoring visits made during the operation	1

Priority Actions

- Monitoring and/or technical support visits conducted



National Society Strengthening

Budget: CHF 26,658

Targeted Persons: 0

Indicators

Title	Target
Lessons learned workshops conducted	1
Number of volunteers and staff receiving Personal Protection Equipment	100

Priority Actions

- Procurement of personal protective equipment and uniforms for the proper identification of personnel.
- Recruitment of project coordinator
- Follow-up and monitoring of activities
- Evaluation meetings and presentation of results



About Support Services

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

A total of 100 Ecuadorian Red Cross staff (80 volunteers and 20 hired personnel) will actively participate in this operation, with presence in the Provincial Branches of Morona Santiago, Pastaza, Zamora Chinchipe and from the National Headquarters. In addition, staff from other provinces with available capacities will support the operation, in case territorial reinforcements are required.

The staff involved have experience in emergency response and training in community epidemiological surveillance, health in emergencies, risk communication, community epidemiological surveillance, vector control, mental health and psychosocial support (MHPS). Their role will be key in supporting the Ministry of Health, community articulation, implementation of preventive activities, strengthening community committees and supporting immunization strategies led by the MoPH.

The following professionals will be hired to assist in the operation:

- 1x Project Coordinator (100% x 3 months), responsible for leading actions in the field and at the national headquarters, organizing activities with provincial councils, developing and reviewing verifiable reports, and ensuring compliance with indicators.
- 1x Financial Technician (60% x 3 months), in charge of justifying expenses and submitting financial reports.

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?

The volunteer team comprises members from across the country and aims to reflect the diversity present within the national context. The Ecuadorian Red Cross recognizes the importance of ensuring that volunteer teams adequately represent the gender, age, and cultural diversity of the communities they serve. These efforts are supported by the National Society's Protection, Gender, and Inclusion (PGI) Policy, approved in 2024, which provides a solid foundation for delivering inclusive and appropriate support. In addition, tools, training, and methodologies are being implemented to strengthen internal capacities and promote equitable and safe community engagement.

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

All procurement processes will be carried out by the National Society, following its established procurement and logistics procedures.

How will this operation be monitored?

Monitoring will be coordinated from the Situation and Monitoring Room at the National Headquarters, with the participation of the health and planning technical team. Bi-weekly follow-up meetings will be held with the Provincial Boards involved, at which progress in implementation and compliance with indicators will be evaluated and possible operational adjustments will be analysed.

An operational and budgetary monitoring matrix will be implemented, updated in real time through virtual platforms, enabling informed decision-making. In addition, specific tracking of health indicators, community participation and accountability will be incorporated. Monitoring visits will be conducted. The entire intervention will end with a lessons learned workshop.

Please briefly explain the National Societies communication strategy for this operation

In light of the characteristics of the affected population, priority will be given to disseminating clear, concise, and accessible information. Messages will be short and direct to ensure comprehension across all audiences, including individuals with low literacy levels or limited access to digital technologies. All communication efforts will integrate the principles of Community Engagement and Accountability (CEA), and the community feedback system will be used to tailor messages based on local beliefs, questions, and suggestions.

To ensure effective and inclusive communication throughout the response, a multi-channel strategy will be implemented:

- * Social Media: The Ecuadorian Red Cross will publish information notes, infographics, and audiovisual content across its social media platforms to inform the public about the situation and ongoing response activities. These include updates on psychosocial support services, mental health, restoring family links, water and sanitation, and pre-hospital care.
- * Radio Broadcasting: Short, clear, and culturally appropriate messages will be aired on local and national radio stations to reach broader audiences, particularly in remote areas. This channel is essential for populations with limited internet access.
- * Audiovisual Materials: Inclusive audiovisual content will be produced to highlight the ERC's response efforts. Materials will incorporate sign language and/or be adapted into Indigenous languages to ensure accessibility, especially for Indigenous communities.
- * The communication strategy will remain flexible and responsive, with ongoing monitoring to adapt messages as the situation develops. Efforts will continue beyond the DREF timeframe to maintain consistent and relevant outreach.



Budget Overview



DREF OPERATION

MDREC028 - Ecuadorian Red Cross
Ecuador: Yellow Fever

Operating Budget

Planned Operations	107,577
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	93,787
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	13,790
Environmental Sustainability	0
Enabling Approaches	29,487
Coordination and Partnerships	0
Secretariat Services	2,829
National Society Strengthening	26,658
TOTAL BUDGET	137,064

all amounts in Swiss Francs (CHF)



Contact Information

For further information, specifically related to this operation please contact:

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IFRC Project Manager: Julian Perez, Coordinator, Program and Operations, julian.perez@ifrc.org

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[Click here for the reference](#)

