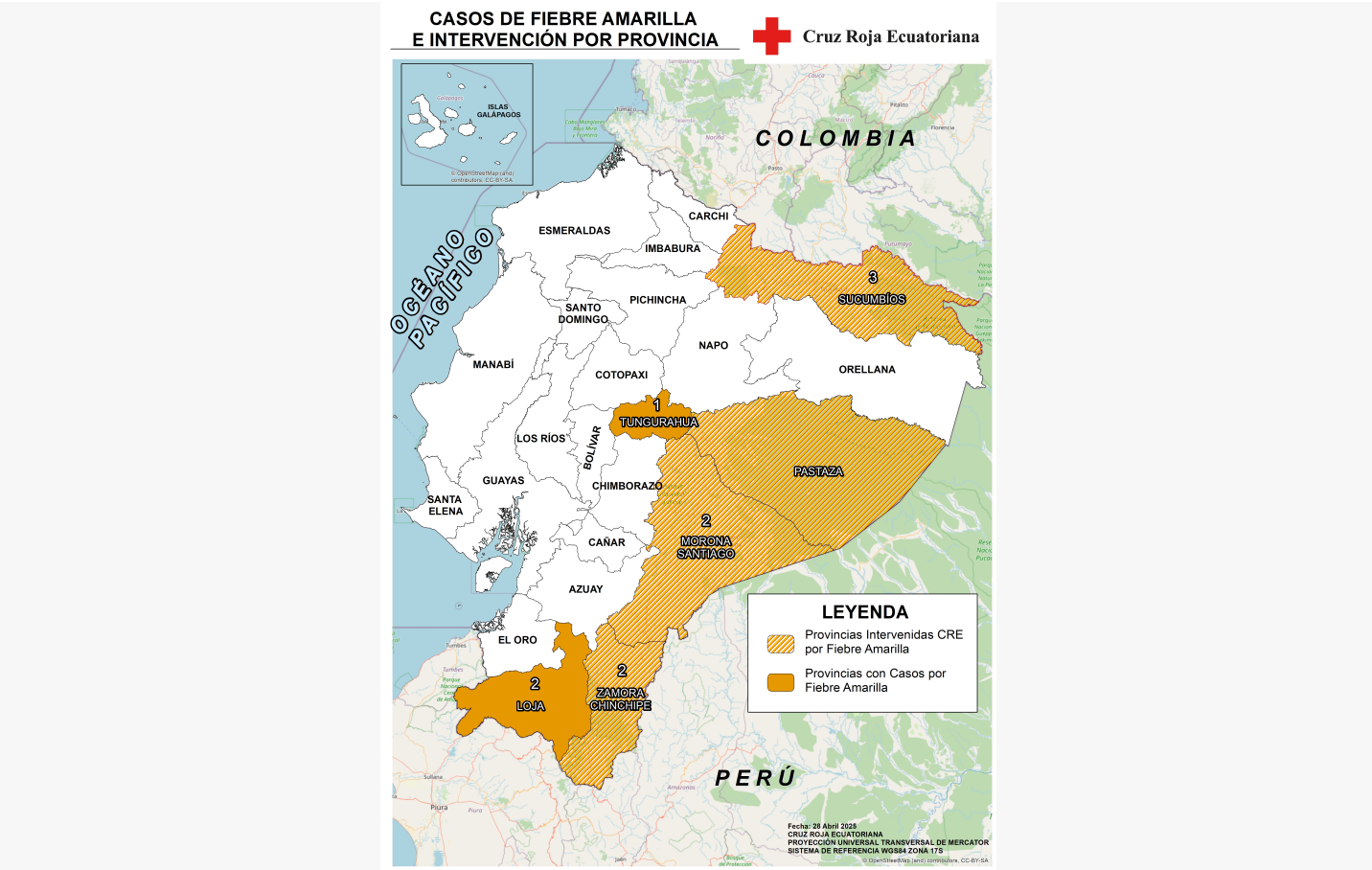




Support for the prevention of yellow fever during the immunization campaign

Appeal: MDREC028	Total DREF Allocation: CHF 137,064	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: -	People at Risk: 14,852 people	People Targeted: 5,440 people	
Event Onset: Slow	Operation Start Date: 14-05-2025	New Operational End Date: 30-09-2025	Total Operating Timeframe: 4 months
Reporting Timeframe Start Date: 14-05-2025		Reporting Timeframe End Date: 25-07-2025	
Additional Allocation Requested: 0		Targeted Regions: Morona Santiago, Pastaza, Zamora Chinchipe, Sucumbios	

Description of the Event



Regions at risk of yellow fever.

Approximate date of impact

As of 28 June, Ecuador reported 11 yellow fever cases and 8 deaths, mainly in Amazonian provinces. New cases in Sucumbíos raise concerns due to frequent cross-border movement with Colombia and Peru. Vaccination coverage remains below the 95% target, with Morona Santiago at 82%. Strengthening surveillance, vector control, and immunization remains essential.

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

Epidemiological Overview

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

This resurgence follows a regional epidemiological alert issued by PAHO in March 2025, in response to outbreaks in Brazil, Bolivia, Colombia, and Peru. In its latest update on 24 April, PAHO reported 189 confirmed human cases and 74 deaths across the region. PAHO continues to recommend maintaining at least 95% vaccination coverage in endemic areas, vaccinating children over 12 months, strengthening surveillance and clinical readiness, and ensuring emergency vaccine stockpiles.

In response, 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 *Haemagogus* spp and *Sabethes* spp mosquito vectors. However, average vaccination coverage in these areas remains at 88%, below the 95% threshold. Coverage disparities are evident at the canton level: in Zamora Chinchipe, although overall coverage in 2024 was around 100%, two-thirds of cantons fell below 95%, including Centinela del Cóndor (74.36%), Chinchipe (88.18%), and Yacuambi



(83.20%). Similar gaps are seen in Pastaza and Morona Santiago.

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 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 nationwide. The ministry also vaccinates travelers from border areas 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 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 migrant populations and cross-border immunization of non-residents.

Synergistic Risk: Yellow Fever + Dengue

The simultaneous circulation of dengue fever adds complexity. As of epidemiological week 17, Ecuador reported 18,486 confirmed dengue cases and 28 deaths. Provinces such as Napo, Zamora, Orellana, Pastaza, Morona, Guayas, and Manabí are severely affected. Co-circulation increases pressure on the health system and raises the risk of urban yellow fever transmission via *Aedes aegypti*, requiring integrated surveillance, risk communication, and vector control.

Risk Factors in Border Regions

The Putumayo–Sucumbíos and Huaquillas–Aguas Verdes border corridors are key transmission areas 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. 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 heightens transmission risk. Poverty, limited healthcare access, frequent mobility of oil and forestry workers, and rapid deforestation further complicate the situation.

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

Drivers of Increased Yellow Fever Risk

(1) Transmission Risk: High, due to suboptimal vaccination coverage in high-risk areas.

Health System Capacity: Moderate. National coverage is high, but priority provinces average 88%, below the safety threshold.

(2) Surveillance and Diagnostics: Moderate. Active networks exist, but rural diagnostic capacity and primate epizootic surveillance are limited.

(3) Social and Cultural Factors: Moderate. Misinformation and vaccine hesitancy persist, especially among young, rural, and Indigenous populations. Risk communication lacks territorial and intercultural relevance.



Coordination meetings with district management MSP – Morona Santiago



Monitoring Room – Yellow Fever Source: Ecuadorian Red Cross



Health Promotion Activities for Vector Disease Prevention – Taisha Community

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.

Several meetings and inter-institutional activities have been held CRE – MSP in order to strengthen the capacities of both humanitarian personnel and health personnel, community actions have been carried out in order to prevent more cases.

Scope and Scale

The threat affects approximately 928,251 people (INEC) living in Ecuador’s Amazon region, where multidimensional poverty (46%), deforestation, and limited sanitation infrastructure increase exposure to yellow fever. Indigenous communities—Kichwa, Shuar, and Achuar—and migrant workers in the oil and timber sectors are among the most vulnerable due to vaccination coverage below 95%, dispersed housing with difficult river access, and limited health services (≤1 health post per 10,000 inhabitants).

In 2024, Zamora Chinchipe had a population of 24,719. Its two main cantons were Centinela del Cóndor, with 8,300 residents and a 74% immunisation rate, and Zamora, with 16,500 residents and a 94% rate. Morona Santiago had 54,935 residents, with Morona canton accounting for 41,200 people and a 79% immunisation rate, while Palora had 13,700 residents and an 86% rate. Pastaza was the most populous of the three provinces, with 111,915 residents. Mera canton had 16,200 people and a 93% immunisation rate.

Immunisation coverage varied across regions. In Zamora Chinchipe, Zamora canton achieved 94%, while Centinela del Cóndor lagged at 74%. In Morona Santiago, Palora reached 86%, surpassing Morona canton’s 79%. Pastaza’s Mera canton reported 93%, placing it among the highest in the prioritized areas.

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



7. MSP - Yellow Fever Vector Gazette – August 2, 2025

https://www.salud.gob.ec/wp-content/uploads/2025/08/Fiebre-amarilla-DNVE-SE-31_.pdf

8. MoH – Yellow Fever Vector Gazette, EW 23 – August 16, 2025

https://www.salud.gob.ec/wp-content/uploads/2025/06/Eventos-Fiebre-amarilla-DNVE-SE-23_2025.pdf

Summary of Changes

Are you changing the timeframe of the operation

Yes

Are you changing the operational strategy

No

Are you changing the target population of the operation

Yes

Are you changing the geographical location

Yes

Are you making changes to the budget

No

Are you requesting an additional allocation?

No

Please explain the summary of changes and justification:

Through this operations update no. 1, the Ecuadorian Red Cross aims to inform about:

1. A 1-month no cost timeframe extension (new end date: 30 September 2025).
2. An adjustment in the geographical areas of implementation.

Changes Required in the Operation Timeframe

Several operational challenges have emerged, requiring adjustments to the implementation timeline:

- * Coordination Delays: Inter-institutional coordination with the Ministry of Public Health (MSP) has faced delays due to the complexity of managing actions across affected territories during the health emergency.
- * Access Constraints: The rainy season, with a yellow alert in effect across all three provinces, has limited access to remote communities and disrupted planned activities.
- * Training Gaps: Of the 120 health workers scheduled for training, only 60 have completed the process. Additional time is needed to finalize capacity-building efforts.

Changes in Geographical Location

As of 28 June 2025, the Ecuadorian Ministry of Public Health reported 11 confirmed fatal cases of yellow fever and 8 related deaths, primarily in the provinces of Morona Santiago and Zamora Chinchipe. Additionally, confirmed cases in Sucumbíos and the emergence of the Putumayo–Sucumbíos corridor—an area with approximately 1,200 daily cross-border movements—have highlighted the need to expand the geographical scope of the response to address potential transmission risks. Since the onset of the epidemiological alert, a total of 336 epidemiological investigations have been conducted, ruling out 322 cases. At present, there are 3 cases with clinical suspicion that remain under epidemiological investigation

Rapid Vaccination Monitoring in Morona Santiago revealed an average coverage of 82%, which remains below the 95% threshold required for effective population-level protection. This finding supports the need for continued vaccination efforts in the area.

Please explain how the operation is transitioning from Anticipatory to Response:

As of 28 June 2025, the Ecuadorian Ministry of Public Health has reported a total of 11 confirmed fatal cases of yellow fever and 8 related deaths, primarily in the provinces of Morona Santiago and Zamora Chinchipe. This represents an increase from the initial report of three confirmed cases as of 30 April 2025.

While the number of cases remains relatively contained, the case fatality rate of 40% at the regional level highlights the seriousness of the disease. The geographic concentration of cases aligns with the areas identified in the initial risk analysis, and the situation continues to be monitored closely to inform ongoing response efforts (PAHO, 2025).

Source: WHO Disease Outbreak News – Yellow Fever in Ecuador



IFRC Network Actions Related To The Current Event

Secretariat	The IFRC has provided the National Society with comprehensive technical, operational, logistical and reporting assistance. In addition, it has provided specialized support through two Canadian Red Cross Public Health Emergency Public Health Delegates, who provided technical assistance to the national health team.
Participating National Societies	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.

ICRC Actions Related To The Current Event

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.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	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. 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.
UN or other actors	The Pan American Health Organisation (PAHO) actively supports the MoPH by providing technical advice for epidemiological surveillance and strengthening immunisation 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 a 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 by reducing transmission risk and strengthening community readiness in high-risk areas—Zamora Chinchipe, Morona Santiago, Pastaza, and Sucumbíos. Activities include monitoring immunization coverage, enhancing community surveillance, and delivering culturally appropriate risk communication over a four-month period.

The operation also focuses on strengthening the capacities of health personnel and community health committees to ensure sustained coordination between communities and health centers for promotion and prevention activities. Basic equipment will be provided to encourage community participation.

As of epidemiological week 22, the Ministry of Public Health has officially reported nine laboratory-confirmed cases of yellow fever, with



four deaths. All fatalities occurred among individuals with occupational exposure in Zamora Chinchipe and Morona Santiago provinces.

Due to the epidemiological evolution of the outbreak and the confirmation of cases in the Amazon region, the geographical scope of the operation has been expanded to include Sucumbíos. This expansion responds to the presence of confirmed cases in this border province and the need to strengthen surveillance and response measures in an area with high cross-border mobility and the presence of wild vectors in the Putumayo–Sucumbíos corridor.

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, Zamora Chinchipe, and Sucumbíos. 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:

The activities of health promotion, disease prevention, and mental health support will be carried out in coordination with the Ministry of Public Health (MoPH), with the active participation of Ecuadorian Red Cross (ERC) staff in the prioritized provinces of Morona Santiago, Pastaza, Zamora Chinchipe, and Sucumbíos. These efforts align with the framework agreement between the MoPH and the ERC, which establishes the role of the ERC in identifying and reporting cases, while the MSP is responsible for responding to and implementing targeted intervention measures. The distribution of vector control kits and educational materials will be extended to high-risk communities in the four provinces, including Sucumbíos due to its border condition and the presence of confirmed cases in this region.

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 community epidemiological surveillance, incorporating a "One Health" approach. This includes early identification and reporting of suspected cases and deaths of primates, while strengthening communication channels between communities and health facilities. In addition, volunteers will receive the required vaccinations at least 10 days before their deployment and will be equipped with appropriate uniforms and personal protective equipment to ensure their safety in the context of the health alert.

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

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

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 Community Engagement and Accountability (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, Pastaza, and Sucumbios, 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

Who will be targeted through this operation?

The operation will directly benefit 1,700 families (approximately 5,440 people with a household size of 3.2 per family) who will receive vector elimination kits, residents of rural and peri-urban communities with high epidemiological risk of yellow fever, located in the Amazonian provinces of Morona Santiago, Pastaza, Zamora Chinchipe, and Sucumbíos. The target population includes indigenous communities, dispersed rural communities, and settlements close to forested areas, due to their vulnerability to the transmission of vector-borne diseases and limited access to health services and vaccination.

The selection of Zamora Chinchipe, Morona Santiago, Pastaza, and Sucumbíos for this operation is directly driven by the national strategy of the Ministry of Health, which identifies these provinces as high risk. This designation is based on their suboptimal vaccination coverage, which is below the critical threshold of 95%, 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	1,928	Rural	56%
Girls (under 18)	862	Urban	44%
Men	1,831	People with disabilities (estimated)	2.3%
Boys (under 18)	819		
Total targeted population	5,440		

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 assaults or retention of volunteer and contract staff	Prior coordination with community leaders, dissemination of the auxiliary role of the ERC, and clear communication of safe practices to staff. Despite the low risk due to familiarity with the area and the community, safety and security 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 the database of national suppliers and early management of key acquisitions.
Risk of traffic incidents	Traffic safety will be reinforced through verification of vehicle documentation, driver training, and continuous monitoring by the Situation Room.
Probability of disturbances in the areas of intervention	Implementation of the ERC Operational Security Plan and contextual assessment prior to deployment in the field.
Effects on staff health	Vaccination will be arranged for Ecuadorian Red Cross (ERC) staff and volunteers who have not previously received the yellow fever vaccine, prior to their deployment. All ERC personnel have free access to the vaccine through the national immunization program.

	Additionally, insect repellent will be provided to all deployed staff and volunteers to reduce exposure to vector-borne diseases during field activities.
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	- 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.
Connectivity constraints for community reporting and coordination	Delivery of physical formats and activation of asynchronous channels between National Headquarters and Provincial Boards.
Access limited by adverse weather or geographical conditions	Permanent climate monitoring, planning with alternative routes and flexible scheduling of activities.
Psychosocial risk of humanitarian workers and emotional crises in communities	Activation of psychological first aid protocols

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, 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.

In response to hazardous weather events linked to heavy rainfall, the National Secretariat for Risk Management, through Resolution No. SNGR-046-2025, has declared a yellow alert for the provinces of Pastaza, Morona Santiago, and Zamora Chinchipe.

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
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Planned Intervention



Budget: CHF 93,787

Targeted Persons: 5,440

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of people receiving health promotion in support of MOH immunization campaigns	3,000	798
Number of Community Committees trained in Community Epidemiological Surveillance and equipped	8	8
Number of health workers and ERC volunteers trained in clinical practice guidelines for Yellow Fever.	120	60
Number of vector control kits distributed	1,700	0
Number of people reached with psychosocial support activities	400	269

Progress Towards Outcome

* Number of people receiving health promotion in support of MOH immunization campaigns

The operation has supported immunization campaigns across multiple communities in three provinces. In Morona Santiago, activities were carried out in Surik Nuevo and Morona. In Pastaza, support was extended to the communities of Canelos and Shell. In Zamora Chinchipe, the intervention reached Yantzaza, Zumbi, Guadalupe, Zamora, 28 de Mayo, El Dorado, Nanguipa Alto, and Tunkltan. These efforts have contributed to strengthening local health systems and improving access to essential immunization services in underserved areas.

- Number of Community Committees trained in Community Epidemiological Surveillance and equipped

Eight Community Committees have been trained in community-based epidemiological surveillance across three provinces: three in Morona Santiago, three in Zamora Chinchipe, and two in Pastaza. The training focused on surveillance methodologies and practical techniques to enable early detection and reporting of health risks at the community level. The technical team is currently in the process of equipping these committees with the necessary tools and materials to initiate surveillance activities in their respective areas.

- Number of health workers and ERC volunteers trained in clinical practice guidelines for Yellow Fever.

A total of 60 health workers and Ecuadorian Red Cross volunteers in Morona Santiago were trained in clinical practice guidelines for Yellow Fever. These sessions aimed to strengthen clinical response capacities and improve early detection and case management. Trainings planned for Zamora Chinchipe and Pastaza—each targeting 20 participants—have not yet been conducted. The technical team is currently working to compile and validate the documentation related to the completed training in Morona Santiago.

- Number of vector control kits distributed.

A total of 1,700 health kits will be distributed to the Provincial Branches of the Ecuadorian Red Cross as follows: 500 kits to Morona Santiago, 500 to Zamora Chinchipe, 400 to Pastaza, and 300 to Sucumbíos. The final distribution to assisted individuals is scheduled to take place during the second half of August 2025, led by the respective Provincial Branches



For the calculation of beneficiaries, it is assumed that the delivery of vector control kits is carried out under the criterion of one kit per family. According to information from the National Institute of Statistics and Census (INEC, 2022), the average household size in Ecuador is 3.2 people per family; Consequently, the number of kits distributed is multiplied by this factor to estimate the population reached.

- Number of people reached with psychosocial support activities

Psychosocial support activities reached a total of 269 individuals across the three target provinces. The distribution by community was as follows: 107 people in El Pangui (Zamora Chinchipe), 4 in Tuutinentza and 15 in San Luis de Inimías (Morona Santiago), and 8 in Canelos and 14 in Puyo (Pastaza). Of the total participants, 148 were women and 115 were men. This represents 67% progress toward the established target of reaching 400 individuals with psychosocial support services.



Community Engagement And Accountability

Budget: CHF 13,790

Targeted Persons: 340

Targeted Male: -

Targeted Female: -

Indicators

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

Progress Towards Outcome

- * Number of volunteers strengthened with training in the CEA approach

Thirty volunteers were trained in Communication with Communities and Accountability, with equal participation across the three provinces of intervention: 10 volunteers from Morona Santiago, 10 from Pastaza, and 10 from Zamora Chinchipe. This represents 100% achievement of the training target set for each province.

- * Number of communities reached through baseline surveys assessing perceptions, barriers, and misinformation related to vaccines

Eight communities were reached through baseline surveys designed to assess perceptions, barriers, and misinformation related to vaccines. In Zamora Chinchipe, surveys were conducted in Zumbi, Yantzaza, and Zamora; in Morona Santiago, the communities of Morona, Palora, and Taisha were covered; and in Pastaza, the surveys included Puyo and Mera. This activity achieved 100% of the target set for the community-level assessment.

Key findings from the surveys include:

- 90% of respondents prefer receiving messages in Spanish.
- There is notable resistance to vaccination and limited trust in the Ministry of Public Health.
- Awareness of yellow fever and the role of the Ecuadorian Red Cross is generally low.
- Communities face significant challenges accessing health services due to long travel distances to health centers.

Use of findings in the operational strategy

The survey results were incorporated as follows:

Language of communication: Spanish was prioritized in community materials and messaging.

Institutional trust: Given the low level of trust in the Ministry of Public Health, the Ecuadorian Red Cross reinforced its role as a key community actor in delivering messages and leading sensitization activities.

Awareness of yellow fever: Health education and information activities were strengthened to increase knowledge of the disease and the importance of vaccination.

Access to health services: Since distance to health centers was identified as a barrier, vaccination campaigns were planned closer to communities through inter-institutional coordination.



In this way, the community perception surveys not only validated the ongoing strategy but also guided operational adjustments that enhance the relevance and effectiveness of the intervention.



Secretariat Services

Budget: CHF 2,829

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of monitoring visits made during the operation	1	0

Progress Towards Outcome

Monitoring and Technical Support Visits

A monitoring and technical support visit is scheduled for September, aligned with the Ecuadorian Red Cross's lessons learned workshop. This visit will provide an opportunity to engage with field teams, gather feedback, and contribute to the reflection and documentation of operational experiences.



National Society Strengthening

Budget: CHF 26,658

Targeted Persons: 0

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Lessons learned workshops conducted	1	0
Number of volunteers and staff receiving Personal Protection Equipment	100	0

Progress Towards Outcome

Lessons Learned Workshop

The planning phase for the lessons learned workshop is currently underway. The technical team is developing the methodology, identifying key participants, and defining the thematic agenda for these sessions, which aim to foster reflection and systematize the experience of the operation.

Distribution of Personal Protective Equipment (PPE)

The procurement process for Personal Protective Equipment (PPE) for volunteers and staff is currently underway. The award phase is in progress, and once finalized, distribution will begin. This process includes replenishment of PPE already being used by deployed personnel, ensuring continued protection and operational safety throughout the response.



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 volunteers and 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, Sucumbios 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.

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 are being held with the Provincial Boards involved, at which progress in implementation and compliance with indicators are evaluated and possible operational adjustments analyzed.

An operational and budgetary monitoring matrix is implemented, updated in real time through virtual platforms, enabling informed decision-making. In addition, specific tracking of health indicators, community participation and accountability that is 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 was 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 is 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 published 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 produced focused on highlight the ERC's response efforts. Materials consider inclusive communication, like sign language and/or be adapted into Indigenous languages to ensure accessibility, especially for Indigenous communities.
- * The communication strategy remains 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

- 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:

National Society contact: Jorge Augusto Arteaga López, National Manager of Essential Areas, jarteaga@cruzroja.org.ec, +593 98 830 7156

IFRC Appeal Manager: Stephen McAndrew, Head of Delegation, stephen.mcandrew@ifrc.org

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

IFRC focal point for the emergency: Julian Perez, Coordinator, Program and Operations, julian.perez@ifrc.org

Media Contact: Susana Arroyo, Manager, Regional Communications, susana.arroyo@ifrc.org

[Click here for the reference](#)

