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Disaster relief emergency fund (DREF) Côte d'Ivoire: Meningitis outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRCI005
GLIDE n° EP-2012-000021-CIV
16 February, 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

CHF 61,402 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to 254,050 households. Unearmarked funds to repay DREF are encouraged.

Summary

On the 9th of January, an outbreak of meningococcal meningitis was reported in the districts in Central and Northern Cote d'Ivoire. According to the National Institute of Public Hygiene, the epidemic was initially limited to only two locations; Tengrela and Bouaké, but has now affected almost all districts in the North (Tengrela, Boundiali, Korhogo, Ferke, Seguela, Bouna) as well as in Bandama Valley Region in central Cote d'Ivoire. By week 5 of 2012, the Institute reports 39 cases, including 6 deaths.



Volunteers conducting house to house visits /photo CRCI

In some localities in northern Côte d'Ivoire such as Kouto, there has been a sharp increase in the number of reported cases from week 2 to week 4 of 2012. The Red Cross of Cote d'Ivoire (CRCI) has drawn on technical support from the West Coast Regional Representation of IFRC to develop a plan of action to scale up CRCI's humanitarian assistance to the affected communities. It involves orientation of volunteers to enable them to carry out social mobilization activities in support of the national meningitis vaccination campaign.

This operation is expected to be implemented over 1 month, and will therefore be completed by March 2012; a Final Report will be made available three months after the end of the operation (by 31st June 2012).

[<click here for the DREF budget; here for contact details; here to view a map of the affected area>](#)

The situation

From 9th to 15th January, outbreaks of meningococcal meningitis have been reported in Central and Northern Côte d'Ivoire. According to the National Institute of Public Hygiene, the epidemic was initially limited to only two locations; Tengrela and Bouaké, but now affects almost all districts in the North (Tengrela, Boundiali, Korhogo, Ferke, Seguela, Bouna) as well as in Bandama Valley Region. In some localities in northern Côte d'Ivoire such as Kouto, there has been a dramatic increase in the number of reported cases between week 2 and week 4 of 2012.

Country-wide, according to the National Institute of Public Hygiene (INHP), the arm of the Ministry of Health in charge of managing the epidemic, the number of confirmed cases rose from 14 cases in week 2, to 39 cases in week 5 with 6 deaths occurring in that time period. The 39 cases are divided as follows; 16 male and 23 female including 11 cases in patients aged 0 to 4 years, 14 cases in patient's aged 5-15 years, and 14 cases ages 15 and above.

The Northern part of Côte d'Ivoire has always been subject to outbreaks of meningitis of varying degrees during the dry season (December-March). The epidemic is most often potentiated by the dry *harmattan* winds that occur during the same period. In 2011, a few cases of meningitis were reported in the area, but the situation did not develop into an epidemic. The total number of cases for 2011 was 144, with 26 deaths.

Meningitis is an infection of the thin lining around the brain and spinal cord. Even when meningitis is diagnosed early and adequate therapy is available, between 5 and 10 percent of patients die, typically within 24 and 48 hours of experiencing the first symptoms. Many thousands of survivors live on with brain damage, hearing loss, or learning disabilities. The strong, dust-laden winds and cold nights make people more prone to respiratory infections. The meningitis bacterium is then transmitted by sneezing or coughing.

Faced with this major epidemic, the government of Côte d'Ivoire is seeking the support of partners to provide emergency response through the organization of vaccination campaigns against meningitis in epidemic areas.

Coordination and partnerships

The CRCI participate in various meetings with the Federal Ministry of Health (National Institute of Public Hygiene), WHO, UNICEF, and Rotary Club concerning this epidemic. WHO and UNICEF work with the Ministry of Health in the acquisition of vaccines. The Rotary Club is also involved in social mobilization in areas where the CRCI will not reach. The Department of Health has given the responsibility of social mobilization during national immunization days to the CRCI. The Ministry of the Health intensifies epidemiological surveillance, identifies new cases, and notifies the concerned health districts.

Red Cross and Red Crescent action

The Red Cross of Côte d'Ivoire, as the lead agency in social mobilization in emergencies has mobilized its volunteers in the affected districts to assist the Ministry of Health staff to conduct house to house health education, case tracing and clean up campaigns. The national society hopes to intensify its humanitarian activities by mobilizing and training volunteers in the most vulnerable communities. The volunteers will be equipped and deployed to carry out house-to-house sensitization activities on good hygiene practices, risk factors, prevention and control of the disease, the importance of meningitis vaccination, symptoms identification, early referral to health facilities and other steps to take if a case is detected.

The IFRC, through its delegation in Abidjan, Côte d'Ivoire, continues to work closely with the National Society by supporting its staff and volunteers in all activities and ensuring that management as well as operational issues are directed and implemented within the principles and core values of the Red Cross Movement.

The needs

Selection of people to be reached:

The CRCI plans to support the government through the orientation of volunteers to carry out social mobilization activities in 9 health districts. The CRCI plans to reach 80% of the 317,563 households in the 9

districts which corresponds to 254,050 households. 150,000 households will be reached through household visits using 361 Red Cross volunteers, while the remaining 104,050 households will be reached through town criers, and 240 trained and equipped community volunteers in hard to reach areas. Radio jingles will also be used to reach a wider population.

The **social mobilization activities are meant to** contribute to achieving immunization coverage of at least 95% of the target population (aged 18 months and over) against meningitis.

The choice of districts that benefit from the interventions of the CRCI during the vaccination campaign against meningitis is based primarily on the existence of cases of meningitis identified in those areas and the existence of a local Red Cross branch to assist in the orientation of volunteers. The table below shows the details of the districts targeted for the intervention

DISTRICTS	TOTAL POPULATION	NUMBER OF HOUSEHOLDS	TARGET POPULATION
TENGRELA	63 640	7 379	61 731
ODIENNE	222 446	29 262	215 772
SEQUELA	172 358	26 404	167 187
BOUNDIALI	163 425	22 137	158 622
KORHOGO	453 006	84 656	439 415
FERKESSEDOUGOU	77 590	13 234	75 262
BOUNA	178 769	27 502	173 405
BOUAKE	612 791	101 034	594 407
KONG	39 604	5 955	38 415
TOTAL	1 983 629	317 563	1 924 216

The Red Cross volunteers will be engaged in social mobilization and community sensitization for the national immunization day which comes up on 15th February. 361 volunteers (33 of which are supervisors), and 240 community volunteers will undergo rapid orientation to support the Ministry of health for immunization, hygiene promotion and health education. The communities at large as well as Red Cross volunteers and staff will benefit from the operation through health education and training in the prevention and response to epidemics. Red Cross volunteers from local branches who are community based are being used for the operation because of their knowledge of the culture and traditions of the community. This will enable them to effectively penetrate the community during the exercise.

The needs of the beneficiaries are basically hygiene promotion and health education.

The proposed operation

Emergency health	
Outcome: To reduce the further spread of meningitis and related morbidity and mortality, through the sensitization and social mobilization of 254,050 households in 9 districts for 1 month.	
Outputs: <ul style="list-style-type: none"> All Red Cross activities are implemented in a coordinated way thus avoiding duplication of services with other actors. Red Cross experience is also shared with others at coordination meetings and during surveillance, reporting, response and advocacy activities at the national and district levels. 	Activities planned: <ul style="list-style-type: none"> Participate actively at coordination meetings at the national and local levels in order to obtain the relevant statistics and collaborate with the MoH and, WHO, UNICEF.
<ul style="list-style-type: none"> 601 volunteers have knowledge on epidemic control for volunteers (ECV) toolkit, including case surveillance and case referral. 	<ul style="list-style-type: none"> Carry out rapid orientation of 601 volunteers on epidemic control for volunteers (ECV) tool kit including case surveillance and case referral

<ul style="list-style-type: none"> Volunteers have been provided with materials for health education and hygiene promotion. 	<ul style="list-style-type: none"> Distribute IEC materials to volunteers for health education and hygiene promotion.
<ul style="list-style-type: none"> Hygiene and health education, early case detection and referral activities have been carried out, so as to reduce the number of new cases. 	<ul style="list-style-type: none"> Volunteers engage in community meningitis prevention activities such as surveillance, referrals, sensitization, education and immunization (vaccination). Collaborate with the MoH, WHO, UNICEF, in efforts to engage in community meningitis prevention activities such as surveillance, referrals, sensitization, education Promote and respect the fundamental principles of the Red Cross/Red Crescent Movement.

Contact information

For further information specifically related to this operation please contact:

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For Performance and Accountability (planning, monitoring, evaluation and reporting)

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[Click here](#)

- DREF budget [below](#)**
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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian

activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

- 1.** Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 - 2.** Enable healthy and safe living.
 - 3.** Promote social inclusion and a culture of non-violence and peace.
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DREF OPERATION

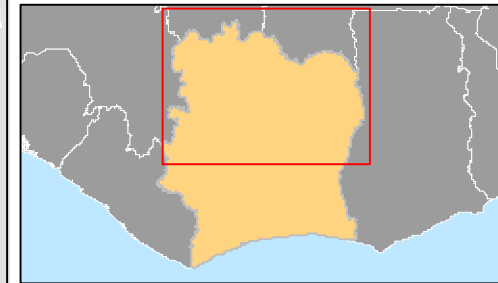
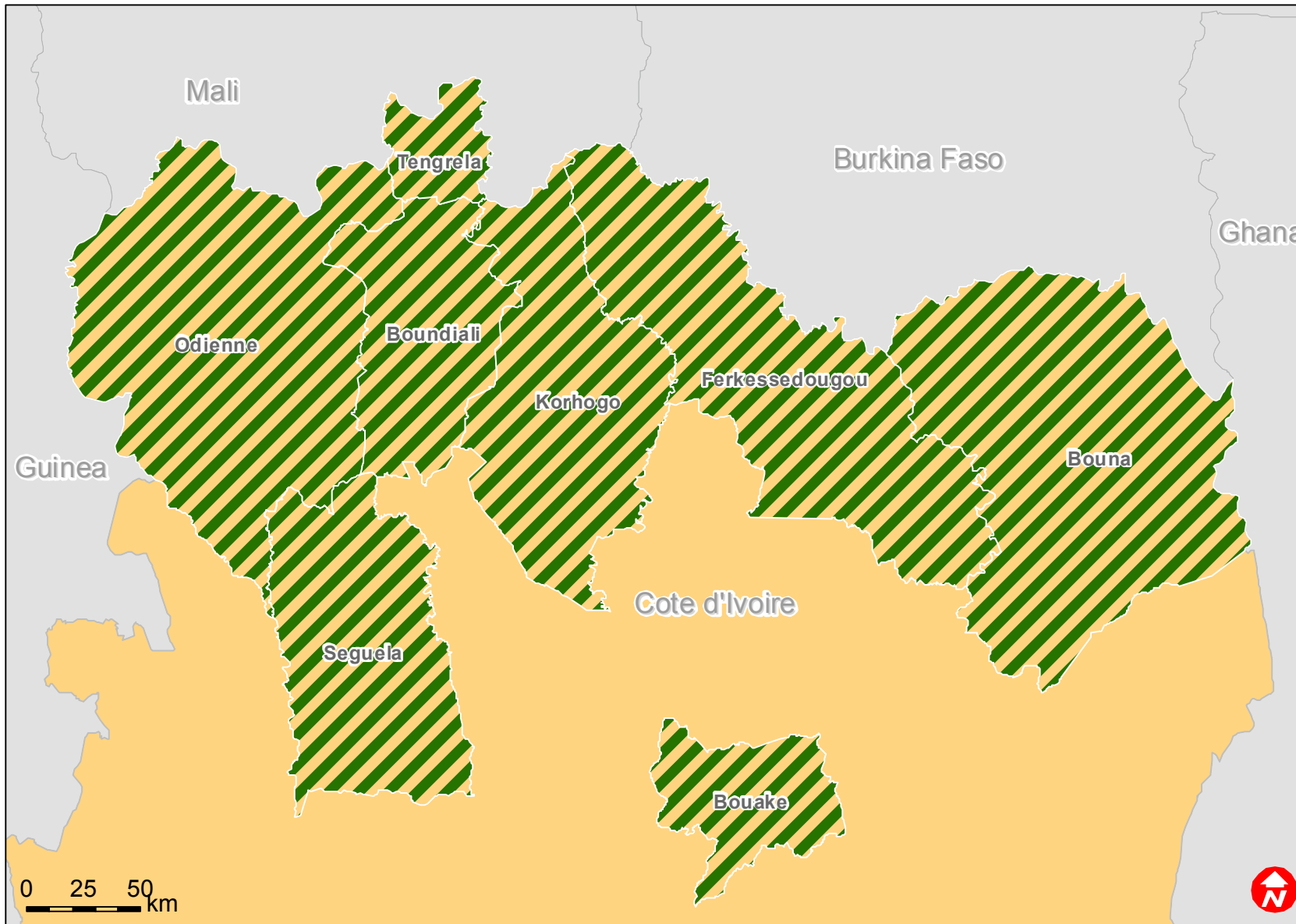
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Cote d'Ivoire: Meningitis (MDRCI005)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	0
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	0
Land & Buildings	0
Vehicles Purchase	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	4,104
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	4,104
International Staff	0
National Staff	0
National Society Staff	8,977
Volunteers	16,022
Total PERSONNEL	24,999
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	2,196
Total WORKSHOP & TRAINING	2,196
Travel	2,110
Information & Public Relations	15,569
Office Costs	2,796
Communications	5,380
Financial Charges	500
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	26,355
Programme and Supplementary Services Recovery	3,748
Total INDIRECT COSTS	3,748
TOTAL BUDGET	61,402



Côte d'Ivoire: Epidemic



 Targeted districts