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Disaster relief emergency fund (DREF)

Ghana: Meningitis

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRGH006

GLIDE n° EP-2012-000034-GHA

5 March, 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 76,060 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 16,000 beneficiaries (3,200 households). Unearmarked funds to repay DREF are encouraged.

Summary: An outbreak of Cerebro-Spinal Meningitis (CSM) in the Upper East Region has claimed 23 lives in two months. As of 27 February, 2012, the number of people affected has climbed to 158, giving a case fatality rate (CFR) of 14.6 (Ghana Health Service, Upper East). Health authorities in the region are stepping up efforts to halt the spread of the disease which has assumed epidemic proportions.



Red Cross volunteers at work/ Photo GRCS

The Ghana Red Cross Society, with its immense volunteer base, intends to implement activities primarily in the field of social mobilisation to support and complement the efforts of the Ghana Health Services and other Partners to help curb the spread of the CSM epidemic. More specifically, a vital aspect of the campaign consists of some 40,000 vaccine doses that are being resourced by the International Coordination Group (ICG; a World Health Organization-sponsored coordinating mechanism). It's important to note for this operation that the severity and spreading trend of this meningitis outbreak actually requires an estimated 130,000 doses, but only 40,000 are currently available internationally at this time. The WHO has potentially identified an additional supply of doses, and this social mobilization operation may be adjusted accordingly based on needs and the outcome of the search for additional doses.

This operation is expected to be implemented over 3 months, and will therefore be completed by 5 June, 2012. A Final Report will be made available three months after the end of the operation (by September, 2012).

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

The situation

The cases of CSM being detected in Ghana have been on the rise. The Upper East Region of Ghana has recorded 158 confirmed cases of CSM with 23 deaths this year (2012) with three districts having the outbreak. These districts include Builsa, Kasena Nakana District and Kasena Nakana West. In 2011, there were cases detected in New Nsuta, a suburb of Obuasi in the Ashanti Region around August where 14 cases were identified with 5 deaths recorded. According to Ghana Web, there were reports that in 2010, 54 cases were detected with 27 deaths. The three Northern regions of Ghana are in the CSM belt of the country and record recurrent outbreaks, mostly in the dry seasons, with the peak of outbreak in February to April. This year, outbreak came in two types: Streptococcus and Neisseria meningitidis (subtype W135), with no appropriate vaccine available in the country making it worse than in previous years.

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 to 48 hours of experiencing the first symptoms. Many thousands of survivors live on with brain damage, hearing loss, or learning disabilities. Semi-arid countries are hit each year by outbreaks of meningitis during the dry seasons between December and June when strong, dust-laden winds and cold nights make people more prone to respiratory infections. The meningitis bacterium is transmitted by sneezing or coughing.

The Ghana Health Service is mobilizing vaccines to conduct a reactive campaign to cover the affected districts in the region. The Red Cross, as the lead volunteer based organization, intends to train volunteers to mobilize the communities for the vaccination and educate household's education on the preventions and control.

Summary of CSM cases by type:

Districts/Muni	CSM cases						
	Type A	Strep	H. influ	W135	Confirmed	All cases	Deaths
Bawku Municipal	0	0	0	1	1	4	0
Bawku West	0	0	0	0	0	0	0
Bolga Municipal	0	0	0	0	0	2	0
Bongo	0	1	0	0	1	1	1
Builsa	0	10	0	18	28	64	8
GTD	0	0	0	0	0	2	1
Kasena Nakana	0	4	0	21	25	51	6
Kasena Nakana West	0	3	0	16	19	33	7
Talansi Namdom District	0	0	0	0	0	1	0
Total	0	18	0	56	74	158	23

To check the spread of this disease, the Ghana health service / Ministry of Health is embarking on reactive campaigns to check the spread of the deadly disease and to safeguard the health of all by obtaining vaccines to immunize the affected districts in the region. Three districts will be involved in the reactive campaign, which will be followed by a preventive mass campaign latter in October this year. This reactive campaign will be in March as soon as the Ministry receives vaccine (Deputy Direct of Public Health, Upper East Region). The Regional Health Directorate expects to receive the vaccine from Accra in early March, 2012. As soon as the vaccines are received, Health Personnel will be trained for the exercise.

Participating districts for this vaccination are as follows: Builsa, Kasena Nakana District and Kasena Nakana West.

The Ghana Red Cross Society intends to implement activities primarily in the field of Social Mobilization and community sensitization in 35 communities in 3 districts, especially among the most vulnerable population being women and children, to support and complement the efforts of the Ghana Health Services and other Partners to help curb the spread of the CSM epidemic. Community sensitization will include health education on CSM and provision of psychosocial support to the affected families through its network of Chapters, Mothers' Clubs and Youth links. The three targeted district have a total population of 257,467 (Ghana Health Service Disease Surveillance unit, Upper East)

Ghana Health Service is embarking on reactive campaign in March in the affected districts in the region targeting at least 30% of total population with ages 2 to 29 years due to vaccine limitation. The DREF will support the Ghana Red Cross Society to train 160 volunteers to mobilize communities for the vaccination, prevention and to halt the epidemic. The volunteers will carry out the following activities:

- House to house education on the prevention and control. This is very important because not everyone will be covered because of the limited vaccines.
- Awareness creation for the vaccination
- Directing target groups to vaccination points
- Tallying of houses covered during social mobilization
- Assisting Health Workers during vaccination days

Coordination and partnerships

The Ghana Red Cross Society is a member of the Emergency Health Committee and also the Epidemic Management Committee set up by the Health Sector Emergency preparedness and response Advisory Committee of the Ministry of Health, and has been assigned the lead role in social mobilization during emergencies. The GRCS will also be collaborating with the Ghana Health services, WHO, UNICEF, UNFPA who are also members of the Epidemic Management Committee.

Red Cross and Red Crescent action

The Ghana Red Cross Society, as the lead agency in social mobilization in emergencies has mobilized 160 volunteers in the affected districts to assist the GHS staff to conduct house to house health education, case tracing and referrals. The national society hopes to intensify its humanitarian activities by mobilizing and training her volunteers in the most vulnerable communities. The volunteers will be equipped and deployed to carry out house-to-house sensitization activities sensitizing communities on the need for open ventilation in houses, good practices, prevention and control of risk factors, uptake of CSM vaccination, symptoms identification and steps to take if a case is detected, including early referral to health facilities.

The International Federation, through its delegation in Abidjan, Cote d'Ivoire, continues to work closely with the national society by supporting its staff and volunteers in all activities of the Red Cross and ensuring that management as well as operational issues are directed and implemented within the principles and core values of the Red Cross Movement to reach the needs of the most vulnerable.

The needs

The beneficiaries of this operation are 3,200 families from 35 most vulnerable communities in 3 districts. The 35 communities that the Red Cross will be concentrating on for the social mobilization are hard to reach communities with some having no health or hospital facilities. For example, Kasena Nakana West District recorded 33 cases with 7 deaths and has a total population of 87,869 with 112 communities without a hospital which can detect CSM cases; it has no community-based organization (CBO) involved in health related programs. The Ministry during emergency meeting counts on the Red Cross for the social mobilization in the districts. Other communities were chosen due to being hard to reach by health services.

Summary table for affected districts

Districts	No population	No. of communities	No communities targeted by Red Cross	Expected volunteers to be trained
Builsa	86,312	140	10	50
Kasena Nakana District	83,286	108	15	60
Kasena Nakana West	87,869	112	10	50
Total	257,467	360	35	160

These districts were chosen because they there reported cases above their thresholds and were actually declared epidemic for CSM by the Ministry of Health. The number of cases reported from these districts can be seen in the table above. The Red Cross volunteers were engaged in social mobilization and community sensitization at the time the Ministry declared the epidemic for the districts. In all, 160 volunteers will be trained to support the Ghana Health Service for immunization and health education. Each volunteer will reach 20 households which will give a total of 3,200 households with an estimated population of 16,000 as beneficiaries of the Red Cross Intervention .The whole of the communities, as well as Red Cross volunteers and staff themselves are expected to 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. Beyond antibiotic treatment for those infected and preventive vaccination, the needs of the beneficiaries are primarily health education and good ventilation.

The proposed operation

Emergency health	
Outcome: Further spread of CSM epidemics is controlled through prevention, resulting in reduced morbidity and mortality in the affected region.	
Activities planned	Outputs
<ul style="list-style-type: none"> Participate actively at coordination meetings at the national and local levels in order to obtain the relevant statistics; Train 10 regional managers on epidemic control for volunteers (ECV) tool kit, including case surveillance and case referral. Train 160 Red Cross volunteers from 3 districts on social Health Education (house to house), psychosocial support, contact 	<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; 160 well trained and motivated volunteers have been able to reach the beneficiaries and have provided life saving support to

<p>tracing and case referral.</p> <ul style="list-style-type: none"> • Distribute IEC materials to volunteers (100 posters per community and 100 leaflets per community); • Collaboration with the MoH and GHS, WHO, UNICEF, and other members of the epidemic management committee (EMC) in efforts to engage in community CSM prevention activities such as surveillance, referrals, sensitization, education • Provide the volunteers and team with welfare and logistics support as detailed in the budget attached; • Promote and respect the fundamental principles of the Red Cross/Red Crescent Movement. 	<p>those falling sick from the epidemic;</p> <ul style="list-style-type: none"> • 160 volunteers IEC materials supplied to the volunteers; • Sensitization, health education, early case detection and referral reduce morbidity and mortality; • Volunteers have been provided with welfare and logistics; • The fundamental principles of the Red Cross/Red Crescent Movement are understood and respected.
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Contact information

For further information specifically related to this operation please contact:

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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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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

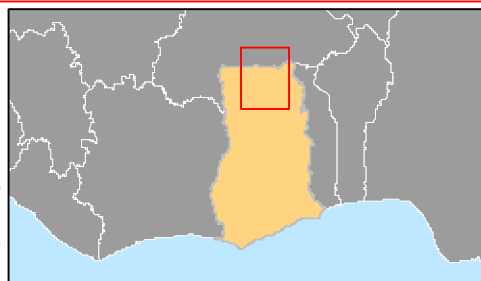
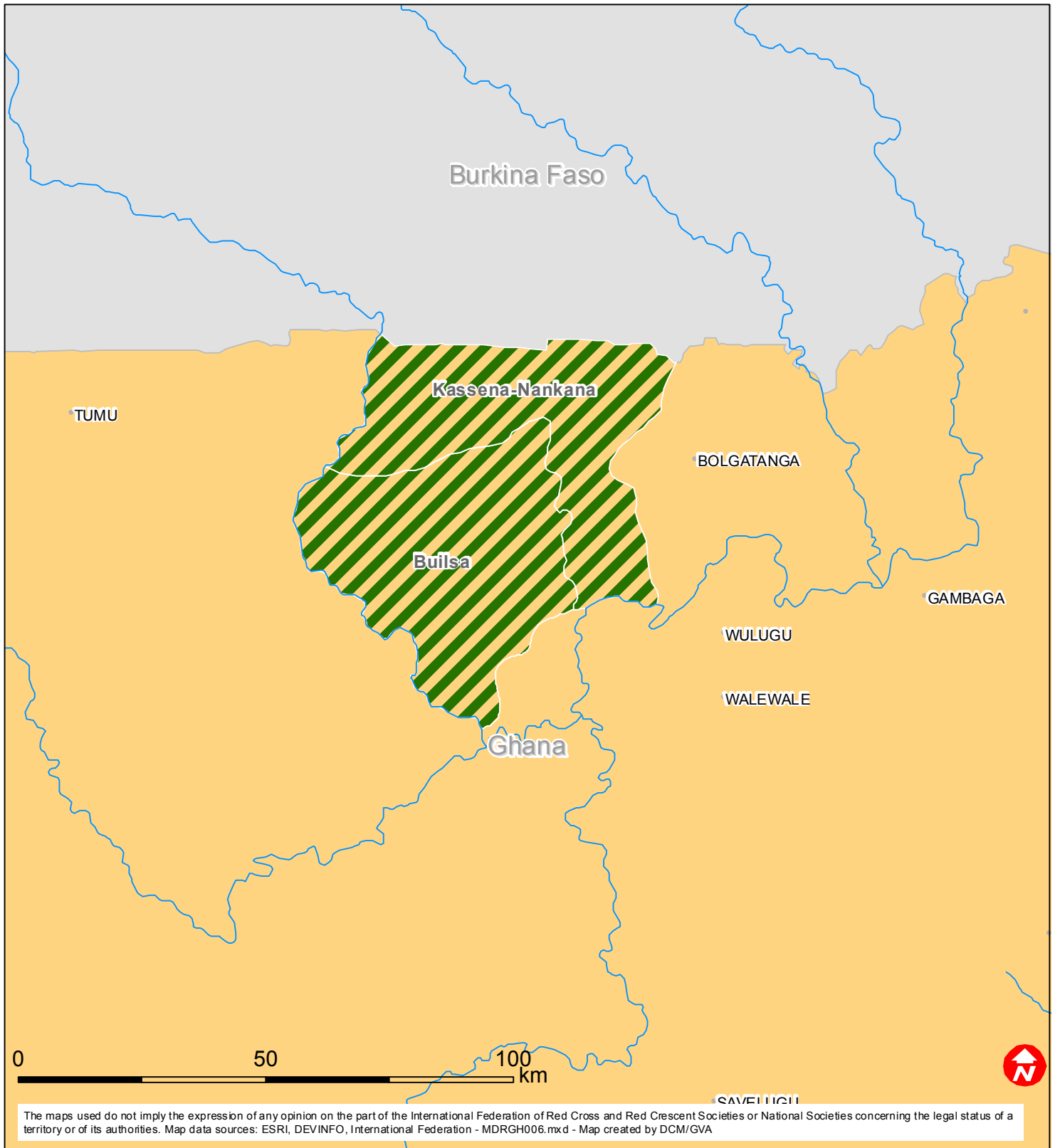
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Ghana: Meningitis (MDRGH006)

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	2,870
Ustensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	2,870
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	1,600
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	1,600
International Staff	0
National Staff	0
National Society Staff	3,900
Volunteers	32,160
Total PERSONNEL	36,060
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	10,665
Total WORKSHOP & TRAINING	10,665
Travel	0
Information & Public Relations	19,279
Office Costs	150
Communications	294
Financial Charges	500
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	20,223
Programme and Supplementary Services Recovery	4,642
Total INDIRECT COSTS	4,642
TOTAL BUDGET	76,060



Ghana: Epidemic



 Affected districts