

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

BURKINA FASO **MENINGITIS EPIDEMICS**

23 May 2002

This Ops Update is intended for reporting on emergency appeals.

Appeal No. 09/2002

Launched on 15 April 2002 for CHF 103,000 for one month.

Disaster Relief Emergency Fund (DREF) Allocated: CHF 100,000

Beneficiaries: 1,900,000

Operations Update No. 1 Period covered: April -May, 2002

"At a Glance"

Appeal coverage: 94.6%

Related Appeals: Western Africa regional programmes (01.01/2002)

Outstanding needs: CHF 5,576

The Disaster/Situation: The Appeal launched by the Federation has been almost fully covered and has enabled an effective response by the local National Society to the epidemic. Significant progress has been made in many areas of public health.

Operational Developments:

Burkina Faso is a sub-Saharan country which forms part of the Meningitis belt - the disease being endemic in this part of the world. Since January 2002, Burkina Faso was struck by another meningitis epidemic. During last year's epidemic, the government and partners completed a mass vaccination campaign using vaccines against the A&C variants of the disease. This year, however, a non-native strain of meningitis called W 135 termed one of the most virulent forms of the disease appeared. It was first reported in 2000 among pilgrims returning from Mecca. The vaccine against this type of meningitis is not readily available.

By 6 May, 11,453 people have been infected with the disease leading to 1,463 deaths. Twenty one of the 53 districts are worst hit by the disease reaching the epidemic threshold (10 cases for 100,000 people over a period of one week). Nine districts remain in a state of alert with (5 cases for every 100,000 people over a period of one week). This could be attributed to the work done in the communities by the volunteers and the return of the rainy season during which the atmosphere is cleaned of the bacteria responsible for the disease. The mortality rate decreased due to earlier self-diagnosis by patients and better care given to them in hospitals.

Although the total number of cases is in decline the districts surrounding the capital city still report high numbers of people being infected.

As of 21 April, WHO reported cases in neighbouring countries like Niger where 3,518 have been infected leading to 308 deaths, IRIN said. In Côte d'Ivoire 244 cases were reported with 43 deaths. In Gambia, there are 50 cases with three deaths, Guinea, 123 cases with 23 deaths, Mali has 382 cases with 33 deaths and Senegal has 121 cases with seven deaths. But none of the countries has reached the epidemic level, the report said.

Red Cross Red Crescent action w

In response to the epidemic, the Burkina Faso Red Cross (BFRCs) began a social mobilisation and three week awareness campaign beginning on April 15. With support from the Federation, the BFRCs launched an appeal of CHF 103,000 targeting 1,900,000 people involving over 1000 volunteers. The main objective of the campaign is to provide information to the population for early self-diagnosis and treatment of the disease.

Health

Objective 1 : Awareness and social mobilisation: To make 1,900,000 people aware of the epidemic, the symptoms of the disease and what actions to take as a consequence

With support from the Federation, the Burkina Faso Red Cross trained 1,237 volunteers in 14 districts from April 15-17. The trainers were the district medical officers (DMO) and other health personnel. The training focused on informing volunteers of the presence of the W135 strain of meningitis coupled with the lack of available vaccines, the telltale signs necessary to self-diagnose the disease such as fever and headache, and the need to inform people of the location of the local health centre where treatment is available for free.

The NS made a supervision plan in each district for volunteers to meet the DMOs for feed back. Equipped with leaflets in local languages, volunteers began door-to-door visits a day after the training. They used bicycles and mopeds acquired by the local branches during the measles campaign to reach families. The volunteers worked for a whole day in groups of two with short breaks in the afternoon because of the hot weather. The 1,237 volunteers were able to reach 2, 500 000 persons after two weeks.

Objective 2 Epidemiological surveillance: To assist health authorities in keeping track of the meningitis epidemic.

During family visits, volunteers shared information about the disease and referred any sick persons to local health centre. The DMO and the district RC coach supervised all the volunteer teams every second day. Part of the supervision involved checking whether the referred persons reported to the health centre and the outcome of the consultation. Out of 468 cases of fever and headache referred by volunteers to health centres, 178 were confirmed to be a result of meningitis.

Objective 3: Co-ordination and advocacy: To lobby community leaders involving them in the awareness campaign.

In each district, the local branch members visited, family heads, community and religious leaders providing them with information about the epidemic, particularly about the W 135 strain not covered by previous vaccinations. Community leaders and beneficiaries alike were taught to look out for telltale signs of the disease and informed where treatment could be gotten for free. The media co-operated equally in the campaign as eight local radio stations in the areas aired the messages prepared by the volunteers to the public.

Objective 4: Auxiliary support to government response: to assist the MoH with treating those already infected.

The Federation has supported the NS sending of 5 000 vials of chloramphenicol in order to support the Ministry of Health for the treatment of patients admitted in different health centres countrywide. Two health centres in Ouagadougou, the capital, suffered from overcrowding. With Federation support, the NS built two tents to house 50 patients and donated 30 beds to a centre called Pissy.

Coordination

Through the countrywide network of volunteers, the NS has been conducting activities in co-ordination with civil servants, other NGOs, WHO and the community. An NGO offered 400 doses of the tetravalent vaccine (A,C, W135 & Y) to the NS for the immunisation of the volunteers participating in the campaign. WHO provided 25,000 doses of W 135 vaccine for health workers while *Agence Cooperative Francais* donated various materials for hospitals and MSF is running a treatment centre in Ouagadougou.

Co-ordination was operational at the district level as well. As at the first week of April, WHO, MSF, BFRCS and few representatives from the MoH attended co-ordination meeting regularly. Though data from provinces is not sent regularly to the interagency committee, activities were carried out according to the plan of action agreed upon by the co-ordinating committee.

For further details please contact: Anne Kirsti Vartdal, Phone : 41 22 730 4485; Fax: 41 22 733 03 95; email: vartdal@ifrc.org.

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support, and these programmes are outlined on the Federation's web site.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

John Horekens
Head
Relationship Management Department

Bekele Geleta
Head
Africa Department

Burkina Faso - meningitis						ANNEX 1
APPEAL No. 09/2002		PLEDGES RECEIVED				22.05.2002
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				103'000		TOTAL COVERAGE 94.6%
BRITISH - GOVT/DFID		24'510	GBP	57'211	17.04.2002	
DANISH - RC		92'500	DKK	18'223	24.04.2002	
FINNISH - RC		15'000	EUR	21'990	22.04.2002	
SUB/TOTAL RECEIVED IN CASH				97'424	CHF	94.6%