



BURKINA FASO: MENINGITIS

No. MDRBF001

10 January 2007

FINAL REPORT

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

Period covered by this Final Report: 16 March to 15 May 2006.

History of this Disaster Relief Emergency Fund (DREF)-funded operation:

- CHF 30,000 was allocated from the Federations DREF on 16 March 2006 to respond to the needs of this operation. Refer to <http://www.ifrc.org/docs/appeals/06/MDRBF001.pdf>
- This operation was implemented in 2 months and was completed by 15 May 2006.
- An [Interim Final Report](#) was issued on 31 July 2006.

[<Click here to go directly to the attached final financial report>](#)

This operation was aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Background and summary

Burkina Faso, a landlocked country in the Sahel region, is ranked as the world's third poorest country in the UN 2005 Human Development Index (HDI). Half of its 1.3 million people live on less than UDS 1 a day. The country lies in Africa's impoverished "meningitis belt", which stretches from Senegal and Gambia (in the West) to Ethiopia (in the East).

On 13 March 2006, a meningitis outbreak was declared by Burkina Faso's Ministry of Health (MoH) in 13 health districts of the country. During the 12 week of the outbreak, 784 people out of 8,186 reported cases died from the disease which affects the brain and the spinal cord. During this epidemic, 12 of Burkina Faso's 55 health districts were put on alert.

The Burkina Faso government, through the MoH, began a social mobilization and vaccine campaign with the technical and financial support of partners. The campaign was conducted country-wide free of charge. The Burkinabe Red Cross Society (BRCS) offered its assistance to the government in the North and South West regions through social mobilization by Red Cross volunteers in four of the most affected health districts. Experts said that effective treatment and awareness campaigns helped to reduce the overall mortality rate by 9.6 percent compared to 22.1 percent (432 deaths out of 1,951 cases) in 2005.

Coordination

The Burkinabe Red Cross Society (BRCS) worked closely with the MoH in the evaluation and mobilization of the community for the campaign in the affected districts. The BRCS took part in implementing the government's plan of action (PoA) in the identified zones. The Red Cross volunteers supported the process of identifying cases.

The BRCS conducted a major awareness campaign, using the CHF 30,000 allocated from DREF. The NS assisted the MoH's action to target 45,000 beneficiaries in the four most affected districts through social mobilization, community training and capacity building activities.

Public health specialists sent by the regional delegation for West and Central Africa, in Dakar, assisted the Burkinabe Red Cross Society throughout this emergency intervention. The mobilization done by the volunteers contributed to addressing the outbreak, with significant results, within two months.

Analysis of the operation

Objective: To vaccinate 4,500 children aged under five years in the four most affected districts.

Implementation strategies

The following priorities were adopted:

- Identify and recruit local volunteers in the Northern region;
- Organize mobilization before and during meningitis outbreak intervention;
- Carry out door-to-door sensitization on meningitis prevention;
- Identify targets and areas for the programme, based on the profile of the epidemic;
- Supervise social mobilization activities;
- Conduct a quick evaluation of activities before and after the intervention.

Achievements

Training of volunteers: The training was carried out in the form of a seminar using a participatory approach. The facilitators were selected from the disease control unit of the Directorate of Health Services, under the Department of State for Health and Social Welfare, and from divisional health authorities. Trainers were allocated with a specific time to lead the discussion and trainees were provided with handouts for future reference. Post-training evaluation was carried out after each training session to gauge the level of understanding of the concepts and the topics discussed. The scope of the training was drawn on the basic information on meningitis. Volunteers were trained in the following areas: etiology and epidemiology of meningitis, signs and symptoms of meningitis, identification and referral of meningitis cases, prevention and control mechanisms and community entry approach during social mobilization. The role and added value of Red Cross volunteers during disasters were also developed.

Community mobilization/sensitization during vaccination campaigns: Major awareness campaigns with the support from the Federation, were conducted. The BRSC assisted the MoH's action that targeted more than 45,000 beneficiaries in the four districts through social mobilization, community training and capacity building activities.

Daily campaigns were conducted for two months with sensitization of rural population about meningitis. The advocacy campaigns, especially in public places, were done by the Burkinabe Red Cross Society volunteers led by coaches. A total of 2,080 volunteers were mobilized for the operation after having participated in training sessions. Through peer interactions and door-to-door campaigns, they were also able to visit local leaders and almost all families in the region.

The rapid and early diagnosis carried out by volunteers in their community helped to reduce the mortality and morbidity rates in those geographic areas. The use of volunteers at the community level, in reference to ARCHI 2010 Strategy, illustrated well the ongoing Algiers's PoA implementation by the NS.

Vaccination campaigns results: 13 health districts completed the vaccination process. More than 100% of the targeted population of 862,923 beneficiaries received vaccinations. Six out of the 13 districts targeted for the

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vaccination campaign registered coverage rates of more than 100%; Bobo secteur 15 (108.78%), Dano (105.02%), Kongoussi (104.97%), Gourcy (101.37%), Banfora (104.25%) and Barsalogo (103.75%). The initial target population was under estimated, explaining coverage rates of over 100%. In the remaining seven localities, an 80% coverage rate was recorded. Five of the six districts that registered 100% coverage were managed by the Burkinabe Red Cross Society, clearly demonstrating the added value of the Movement in this national vaccination campaign.

Impact

- The community mobilization and sensitization activities conducted by the BRCS volunteers as well as the rapid and early diagnosis saw a reduction in the number of meningitis cases as there was increased understanding of preventive actions. This helped to protect more than 45,000 children aged under five years from contracting the disease.
- The training provided to 2,080 Red Cross volunteers increased their capacity to conduct social mobilization and identify early cases. Since the volunteers were drawn from several branches, the social mobilization capacity of the branches was strengthened. In addition, this resulted to a higher coverage rate for the districts reached by the BRCS.
- Collaboration with the MoH and partners such as United Nations (UN) agencies, including the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), strengthened partnerships and increased the visibility of the BRCS. The MoH and partners recognized and complimented the BRCS for its good work. As a result, the NS is now identified as a reliable and leading humanitarian actor.

Constraint

- The DREF funds allocated were not sufficient for implementing all the planned activities. This, coupled with difficult administrative and financial procedures, was not helped by the fact that there was no precision in the figures of targeted beneficiaries provided earlier.

Recommendations

- The NS should ensure enforcement and sustainability of the medical staff involved in developing strategies.
- The MoH should continue involving all health partners in the process, including training in information, educational and communication (IEC) materials and behavioural change communication (BCC) strategies.
- The Federation should maintain financial and technical support to the NS for meningitis and other epidemics in the region as well as assure timely funding process and availability of funds so as to reinforce the NS capacity by supporting training of volunteers.

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All International Federation assistance seeks to adhere to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) (Sphere) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

<[Final financial report below; click here to return to the title page](#)>

International Federation of Red Cross and Red Crescent Societies

MDRBF001 - BURKINA FASO - MENINGITIS

Final financial report

Selected Parameters	
Reporting Timeframe	2006/3-2006/12
Budget Timeframe	2006/3-2006/12
Appeal	MDRBF001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		0				0
B. Opening Balance		0				0
Income						
Reallocations (within appeal or from/to another appeal)						
DREF		30'000				30'000
C3. Reallocations (within appeal)		30'000				30'000
C. Total Income = SUM(C1..C6)		30'000				30'000
D. Total Funding = B + C		30'000				30'000

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		30'000				30'000
E. Expenditure		-30'000				-30'000
F. Closing Balance = (B + C + E)		0				0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		0					0	
Land, vehicles & equipment								
Others Machinery & Equipment			342				342	-342
Total Land, vehicles & equipment			342				342	-342
Transport & Storage								
Transport & Vehicle Costs			914				914	-914
Total Transport & Storage			914				914	-914
Personnel Expenditures								
Delegate Benefits			23				23	-23
National Staff			607				607	-607
National Society Staff			7'548				7'548	-7'548
Total Personnel Expenditures			8'178				8'178	-8'178
Workshops & Training								
Workshops & Training			3'719				3'719	-3'719
Total Workshops & Training			3'719				3'719	-3'719
General Expenditure								
Travel			2'023				2'023	-2'023
Information & Public Relation			9'770				9'770	-9'770
Office Costs			937				937	-937
Communications			1'102				1'102	-1'102
Financial Charges			92				92	-92
Other General Expenses			974				974	-974
Total General Expenditure			14'897				14'897	-14'897
Program Support								
Program Support			1'950				1'950	-1'950
Total Program Support			1'950				1'950	-1'950
TOTAL EXPENDITURE (D)			30'000				30'000	-30'000
VARIANCE (C - D)			-30'000				-30'000	