

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Burkina Faso: Meningitis

DREF operation n° MDRBF005
GLIDE n° EP-2008-000029-BFA
22 September, 2008

The International Federation's 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 Red Crescent response to emergencies. 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.

Summary: CHF 95,000 (USD 89,338 or EUR 59,229) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) in February 2008, to support the Burkinabe Red Cross Society respond to the meningitis outbreak and assist some 2,260,800 beneficiaries.

The Netherlands Red Cross (NRC) together with the Netherlands government kindly contributed **€ 40,000 (CHF 65,400)** to reimburse DREF funds for the emergency operation in Costa Rica and Nicaragua from the NRC Silent Emergency Fund.

To respond to the meningitis outbreak in Burkina Faso and concerns that the disease may spread further, the Burkinabe Red Cross Society mobilized 800 trained volunteers and trained an additional 825 volunteers to raise awareness and carry out sensitization activities. These activities aimed to appeal to preventive measures, underline the importance of seeking early treatment, and assist the Ministry of Health (MoH) in planned vaccination campaigns.

The strategy of the national society was to work closely with the MoH and assist in targeting, supporting and supervising volunteers in affected districts through social mobilization, community training, and capacity building activities.

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The situation

In Burkina Faso a meningitis epidemic caused nearly 2,000 cases and over 250 deaths in the first seven weeks of 2008, with a lethality rate of more than 13% according to the MoH and WHO. In the early weeks of January 2008, the district of Sapouy (Middle West of the country) recorded the first cases and rang the alert bell. Fourteen (14) health districts were most concerned. These districts either reached the epidemic phase (Gaoua and Mangodar) or the alert phase (Banfora, Batié, Boromo, Diébougou, Houndé, Kaya, Nanoro, Orodara, Réo, Séguénéga, Titao, and Toma).

The Ministry of Health (MoH) declared the meningitis outbreak in these districts where the number of cases exceeded the epidemic threshold; vaccination campaigns were carried out in the two districts. In the other districts, the number of cases exceeded the alert threshold but not the epidemic threshold yet, thus intense surveillance was implemented.

Though numbers of cases in 2008 were slightly lower than at the same period in 2006 and 2007, the risk for a high level epidemic as announced by the World Health Organization in October was still present.

The Burkinabe Red Cross Society (BRCS) annually accompanies the Ministry of Health as an auxiliary to the government in its epidemic response plan. For 2008, with the technical and financial support of the Federation, the national society developed and implemented a plan of action.

Red Cross and Red Crescent action

The Red Cross action did not only directly focus on affected districts, but also on neighbouring districts to avoid further spread of the outbreak through community preparedness and information activities.

Objective: The Red Cross contributes to the control of the epidemic in affected health districts for a three-month period.

Activities planned:

- Mobilization of 1,000 volunteers and 45 supervisors/team leaders to deliver key-messages on health and hygiene through door-to-door sensitization and organize community mobilization and sensitization activities through focus group discussions;
- Diffusion of broadcast campaigns through rural radio stations;
- Increase of preparedness activities in districts on alert and in neighbouring districts.

Progress towards objectives

Emergency health

Volunteer Training

Fifty-nine (59) supervisors/team leaders and 825 volunteers were trained in 28 provinces of Burkina Faso. The number of trained volunteers was brought down from 1,000 to 825 and the number of supervisors increased to 56 instead of 45 because the BRCS had already trained some volunteers during the first meningitis operation in May 2007. These trained volunteers only needed to be supervised. In total, 1,625 volunteers have been trained to fight against meningitis and are ready to intervene when needed.

The mass media (especially community radios) were utilized to spread the message in eight provinces. In Poni, for example two community radios were used with an estimated audience of 800,000 listeners. In Koudougou (in the Middle West), the radio programme «Radio Palabre» was diffused in three languages and allowed the message to reach an estimated 400,000 targeted persons.

To prepare districts that are on alert and the neighbouring districts, the BFRC carried out the following activities: provision of IEC and sensitization materials; purchase communication and protection material (10 megaphones and 1,000 protection masks); production of 1,400 tee shirts; printing of 10,000 booklets with key-messages on meningitis prevention.

Door-to-door sensitization consisted of home visits and gathering household demographic information such as the number of household members, the number of persons between 2 and 30 years, the number of vaccinated persons and suspect cases in the house. The sensitization on meningitis is offered based on the information collected. Sensitization consisted of providing information on meningitis, transmission modes, prevention, signs and symptoms and risky behaviours. Household members were advised to refer to health centres as soon as first signs and symptoms of meningitis are detected. Sensitization activities allowed reaching 36,858 houses that were visited in the provinces.



Home visit in Yako (in the northern region, 100km from Ouagadougou)

Targeted groups in markets and yards, primary and secondary schools, car stations, have been sensitized through talks/debates. About 2,503 focus groups were conducted.

Most affected areas received reactive vaccination campaigns during which Red Cross volunteers supported health workers to inform populations on the vaccination campaign dates and the necessity of being vaccinated; fill out vaccination cards in areas such as Mangodara; maintain discipline in vaccination lines, giving priority to children; and transport the vaccines. About 25 districts organized vaccination campaigns during this epidemic season and all volunteers have been vaccinated regardless of age.

Impact

Branch capacity building has been achieved through the training of 825 new volunteers on meningitis in 28 provincial committees, and the reinforcement of practice with 800 experienced volunteers. About 30 districts were supported during social mobilisation campaigns and 2,260,800 persons have been reached. These activities reinforced collaboration between provincial committees and health authorities. Some provincial committees appreciate to be now automatically associated in health district activities (Soum, Kossi, Sissili). The number of meningitis cases stayed below the ones of 2007 and 2006 for the same duration of the epidemic. This could be explained by the reactive vaccination campaigns, the correct handling of declared cases and sensitization activities that enabled and encouraged populations to adopt preventive behaviors. This insured also reinforcement of Red Cross visibility.

Challenges

The main challenge was problem of transportation for volunteers that had to be deployed in remote areas.

Conclusion

The Burkinabe Red Cross Society was able to surpass the original expected results that 1,000 volunteers and 45 supervisor/team leaders would be mobilized, and that 2,000,000 people would be reached through sensitization activities. The BRCS reached well beyond the 14 districts that reached the epidemic or alert phase, and carried out sensitization in neighbouring districts and to insure risk reduction. The effectiveness of this response beyond national society and community level capacity building are difficult to quantify. However, it could be assumed that this campaign, because of its wide reach, effective sensitization techniques, and reinforcement through cooperation with provincial committees and health authorities, had a positive effect and hampered the spread of meningitis in Burkina Faso.

How we work

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.

The International Federation's activities are aligned with its 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.

Contact information

For further information specifically related to this operation please contact:

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International Federation of Red Cross and Red Crescent Societies

MDRBF005 - Burkina Faso - Meningitis

Final Financial Report

Selected Parameters	
Reporting Timeframe	2008/1-2008/9
Budget Timeframe	2008/1-2008/12
Appeal	MDRBF005
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	95,000					95,000
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>Voluntary Income</i>	89,847					89,847
C5. Other Income	89,847					89,847
C. Total Income = SUM(C1..C5)	89,847					89,847
D. Total Funding = B + C	89,847					89,847
Appeal Coverage	95%					95%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	89,847					89,847
E. Expenditure	-89,847					-89,847
F. Closing Balance = (B + C + E)	0					0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		95,000					95,000	
Supplies								
Teaching Materials	6,880							6,880
Total Supplies	6,880							6,880
Transport & Storage								
Transport & Vehicle Costs	2,850	3,646				3,646		-796
Total Transport & Storage	2,850	3,646				3,646		-796
Personnel								
National Staff		4,370				4,370		-4,370
National Society Staff	66,281	60,344				60,344		5,937
Total Personnel	66,281	64,714				64,714		1,567
General Expenditure								
Travel	3,314	2,413				2,413		901
Information & Public Relation	2,500	4,759				4,759		-2,259
Office Costs	2,500	7,132				7,132		-4,632
Communications	750	2,755				2,755		-2,005
Financial Charges		-1,461				-1,461		1,461
Other General Expenses	3,750	50				50		3,700
Total General Expenditure	12,814	15,646				15,646		-2,833
Programme Support								
Program Support	6,175	5,840				5,840		335
Total Programme Support	6,175	5,840				5,840		335
TOTAL EXPENDITURE (D)	95,000	89,847				89,847		5,153
VARIANCE (C - D)		5,153				5,153		