

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

WEST AND CENTRAL AFRICA: MENINGITIS

30 May, 2001

This Ops Update is intended for reporting on emergency appeals.

Appeal No. 14/01

Launched on 25 April 2001 for CHF 480,028 for 3 months.

DREF Allocated: CHF 200,000

Beneficiaries: 520,000 (appeal figure)

Operations Update No. 1; Period covered: 25 April - 25 May, 2001; Final Report expected August 2001

"At a Glance"

Appeal coverage: 69.3%

Related Appeals: 01.02/2001; West Africa Regional Annual Appeal

Outstanding needs: None

The Disaster/Situation: This appeal was launched on 25 April to provide assistance to the national societies of Burkina Faso, Benin, Niger, Chad, the Central African Republic, Ghana and Côte d'Ivoire. The primary aim is to strengthen prevention activities by providing material and technical assistance to help increase the capacity of the national societies to effectively take part in reducing meningitis-related morbidity and mortality. CHF 200,000 allocated from the Federation's Disaster Relief Emergency Fund (DREF) has helped to start the activities described below, and timely donor support has enabled the operation to be implemented as planned.

Operational Developments

Burkina Faso

According to the National Society, government figures for week 19 report that meningitis has claimed 1,744 lives out of 12,602 reported cases in Burkina Faso. Health authorities believe the epidemic is under control now, however, largely due to external assistance.

Benin

Health authorities have documented 6,650 cases of meningitis in four districts in the north: Atacora, Donga, Borgou and Alibori. Some 275 meningitis deaths have been reported.. The district of Borgou and Alibori have been the most affected by the epidemic. 600,000 doses of vaccine have been sent to these districts.

Niger

The Ministry of Health documented 3,013 of meningitis and 258 deaths (PANA). A 'vaccine belt' has been set up in the neighbouring regions with Benin, Chad, Nigeria, and Burkina Faso borders. A stock of 1,200,000 doses of vaccine has been distributed in the different regions of the country.

Chad

The government received vaccines from the World Health Organization (WHO) and *Medecins sans Frontières* (MSF). The population of Moyen Chari, Mayo-Kebi, Logonne oriental, Salamat and Chair-Baguirmi were vaccinated. With the first rains, no new cases have been reported since the beginning of May.

Central African Republic

The last case of meningitis was documented in mid-April. Only the Ministry of Health continues to monitor the situation as it was impossible for the national society's vaccination team to go into the Ouham and Ouham-Pende provinces for security reasons. Security concerns and incidents have constrained the operation.

Ghana

No new information has been made available since the report of 733 cases of meningitis at the beginning of the year.

Côte d'Ivoire

The outbreak of meningitis was mostly restricted to the northern border of the country, along Burkina Faso. The number of cases has not been established.

Red Cross and Red Crescent Action •

The Federation launched this appeal 30 days ago on behalf of the national societies of Burkina Faso, Benin, Niger, Chad, Central African Republic, Ghana and Côte d'Ivoire which sought to contribute to national appeals for assistance to an outbreak of meningitis in their countries. The aim of the appeal is to strengthen prevention activities (material and technical) and to help increase the capacity of the national societies to effectively take part in reducing meningitis-related morbidity and mortality. CHF 200,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to start the planned activities. Although the disbursement of funds has been slower than anticipated, the National Societies aggressively launched the social mobilization aspect of the appeal according to their capacities.

The Burkina Faso, Benin, Niger, Chad and Central African Republic national societies still plan to obtain 5,000 vials of chloramphenicol-in-oil, 5,000 syringes and other relief supplies for distribution to the Ministry of Health. Although the epidemic may be winding down and national vaccination campaigns have come to an end, the disease is endemic and stocks are needed to replenish supplies as they were depleted by this season's campaign.

In addition to supporting the National Societies, the Federation, as part of the International Coordination Group (ICG), has committed CHF 200,000 to WHO for its procurement of 400,000 doses of vaccine for Burkina Faso. The vaccine was received by the national society during the second week of May and transferred to the Ministry of Health for distribution countrywide.

The national societies are continuing with their post-emergency plans of action. The West Africa Regional Health Surveillance Team will visit Niger, Burkina Faso and Benin from the second week of June to provide technical assistance and to assess the operation. Their observations and recommendations will be presented at the evaluation workshop scheduled for 16-19 July, in Abidjan. The workshop will review the effectiveness of the early warning system and the response before, during and after the epidemic, in preparation for future epidemics.

Objectives •

- Increase treatment of persons with meningitis through support to the Ministries of Health in the countries concerned.
- Ensure maximum vaccination coverage in the communities affected in Burkina Faso, Benin, Chad, the Central African Republic, Côte d'Ivoire, Ghana and Niger through cooperation with the respective Ministries of Health.
- Increase the communities' awareness of how to prevent meningitis and teach them to detect the first symptoms of the disease.
- As epidemics recur in the three countries, learn lessons from the operations carried out in the present epidemic so as to improve the preparedness and response strategy.
- Strengthen the capacities of the national societies so that they can react earlier to stop the spread of the epidemic.
- Help the national societies implement the ARCHI 2010 initiative in crisis situations by strengthening the networks of volunteers.

Activities Planned and Achievements

Burkina Faso, Benin and Niger •

To achieve the objectives indicated (above), two phases of activity were planned.

Emergency phase: between 15-30 April 2001

Activity 1 The target regions will receive supplies, vaccines, medication, syringes and the material required to carry out an intensive 10-day vaccination campaign, in partnership with the respective Ministries of Health, within the affected communities.

Activity 2 Red Cross volunteers will help the personnel designated by the respective Ministries of Health to ensure appropriate vaccination coverage.

Activity 3 During the intensive 10-day campaign and up to the end of the month, Red Cross volunteers will increase the awareness of communities. To this end they will receive training information, education and communication techniques or will be offered relevant refresher courses. Volunteers from the three countries will also be initiated in data collection and keeping files. Refresher courses are also planned so that they recognize the symptoms of meningitis and are able to refer the persons with the disease to the appropriate care structures immediately.

Activity 4 Health messages will be strengthened for the target population and will subsequently be widely disseminated.

Activity 5 Volunteers will serve as relays between the Red Cross local sections and the Society's headquarters and will transmit information on how the epidemic is evolving.

Activity 6 (Niger only) To improve the hygiene conditions at the hospital in Niamey, the network of Red Cross volunteers in Niger will organize an intensive one-day cleaning operation there.

Post-Emergency phase: between 1-15 May 2001

Activity 7 (Niger only) The Red Cross of Niger will continue to cooperate with the hospital in Niamey where rooms will be fitted out for patients with meningitis. Red Cross volunteers will help the hospital staff treat these patients and will provide them care.

Activity 6 (Benin and Burkina Faso only) In Benin and Burkina Faso, the network of volunteers will continue awareness activities as part of National Society participation in community surveillance outposts.

Burkina Faso

1. During the emergency phase, the following regions were targeted: Dano, Koupela, Bogandé (Est), Gaoua (Sud Ouest). Due to its limited capacity, the national society focused its initial community mobilization activities in Koupela and the urban areas of Ouagadougou, Bobo-Dioulasso and Djibo. The table below reflects the national immunization campaign and the National Society’s contribution to it.

Target population for vaccination	6,400,000
Total population immunized	6,003,000
Red Cross Centre Immunizations	People immunized
Ouagadougou	2,900
Bobo-Dioulasso	550
Djibo	400

2. In Ouagadougou 60 volunteers and in Koupela 50 volunteers assisted the Ministry of Health’s personnel in social mobilization for the national vaccination campaign, by taking Federation posters and leaflets into the communities and giving health talks on meningitis.

3. To increase the awareness of the communities, the volunteers were trained:

- to recognize signs and symptoms of meningitis or other potential epidemic diseases which could affect the country;
- to provide continuous information and health education to the community members;
- to disseminate information on the current vaccination campaign; and
- to help health authorities to organize the national vaccination campaign.

4. Volunteers investigated suspected meningitis cases in the community and immediately reported these cases to the health authorities and assisted in transporting patients to the hospitals.

5. 600 posters and leaflets on how to avoid meningitis (based on the Federation’s poster and leaflet) were printed in the four local languages and posted in most health centres and distributed in the communities. The volunteers also spoke at market places, mosques, churches and other public gathering places.

6. Excellent coordination existed between the Ministry of Health and the national society’s headquarters in terms of using volunteers to facilitate the rapid relay of information, enabling the Red Cross to transmit information on how the epidemic was evolving to the Ministry of Health.

7. In the post-emergency phase, 3,000 Red Cross volunteers are being mobilized to create awareness about meningitis in the less accessible areas. This is possible because a number of the volunteers belong to these communities, making an otherwise difficult and costly task easy. Early detection is also continuing with the aid of volunteers. As they distribute the IEC material, the volunteers take time to explain the content to the recipients.

Lessons Learned

During the first 30 days, the National Society suffered from a lack of effective coordination. Only 600 leaflets and posters were printed in the local languages. limiting the supplies left behind in the communities. Transportation difficulties were encountered, making it difficult to motivated the 3,000 volunteers to action. Nevertheless, it did manage to reach a few communities with IEC materials and volunteers who sensitized the communities on meningitis.

For the next two months, the national society will focus on:

- Trainings more volunteers
- Increasing door-to-door social mobilization in the communities
- Providing home visits to meningitis survivors.

Benin

1. During the emergency phase, the following regions were targeted: Banikoara, Kerou, Pehonco, Kouadé, Bourgou, Kobli, Materi, Tanguieta, Toucountouna. Bourgou and Atakora were the worst affected. Unfortunately the regions could not be fully covered due to a lack of vaccines. The Ministry of Health estimated 1,000,000 doses of vaccine were needed for the vaccination campaign. WHO was able to provide only 60,000 doses due to a global shortage of meningococcal vaccines. The National Society contributed other supplies and volunteers. Interagency cooperation during the national vaccination campaign was considered good thanks to coordination mechanisms in place between the Ministry of Health, MSF, UNICEF, the National Society and the Rotary Club.

2. 845 volunteers assisted the Ministry of Health's personnel in covering the national vaccination campaign.

3. Prior to the epidemic, the volunteers had already been trained:

- to recognize signs and symptoms of meningitis or other potential epidemic diseases which could hit the country;
- to provide continuous information and health education to the community members;
- to disseminate information on the current vaccination campaign; and
- to help health authorities to organize the national vaccination campaign.



4. The Federation's poster and leaflets (400) on how to avoid meningitis were printed in the local language and posted in most health centres and distributed in the communities. Volunteers also spoke at market places and other public gathering places.

5. Volunteers facilitated the rapid relay of information so that the Red Cross could transmit information on how the epidemic was evolving to the Ministry of Health. There was excellent coordination between the Ministry of Health and the National Society. Information coming from the volunteers in the field was immediately transmitted from the local branch through the headquarters to the Ministry of Health who investigated the reports.

6. In the post-emergency phase, the Red Cross volunteers are taking awareness about meningitis back to their home villages. The volunteers are also working continuously in the 14 Red Cross medical centres. Early detection of meningitis cases continues with the aid of volunteers.

Lessons Learned

During the first 30 days, despite the limited availability of doses of vaccine, the National Society made reasonable efforts to achieve the overall objectives largely due to the availability of well-trained volunteers in the field.

For the next two months, the National Society will focus on:

- refresher training for volunteers taking account of lessons learned;
- continuous sensitization on meningitis to raise the awareness of the population so that it adopts safe behaviour during epidemics;
- printing more IEC material; and
- creating better alert and communications systems among its volunteers, their communities and the National Society headquarters.



Niger

1. During the emergency phase, the following regions were targeted: the urban area of Niamey, Madaoua, Boboye, Gaya and Tillabéry. The Ministry of Health received 700,000 doses of vaccine for the campaign. Aware of its limited capacity, the national society focused its initial community mobilization activities in Niamey. Satisfactory coordination mechanisms are in place in Niger

between the Ministry of Health, MSF, UNICEF, the National Society and the Rotary Club, thanks to the ongoing national polio programme.

2. 150 volunteers assisted the Ministry of Health's personnel in covering the national vaccination campaign.

3. During the emergency phase, the volunteers were trained:

- to recognize signs and symptoms of meningitis or other potential epidemic diseases which could hit the country;
- to provide continuous information and health education to the community members;
- to disseminate information on the current vaccination campaign; and
- to help health authorities to organize the national vaccination campaign.

The volunteers were already familiar with the data collection methodology of the National Society's polio programme. The volunteers also relayed suspected meningitis cases to the local health authorities.

4. For the emergency phase, the National Society used remaining posters and leaflets supplied by the Federation last year. For the post-emergency phase, the National Society prepared a model poster and leaflet in the local language and will print up enough copies for its continued community awareness campaign.



5. Lazaret Hospital in Niamey, where large numbers of people with acute meningitis are quarantined during their treatment, is overwhelmed each year by an influx of patients during meningitis outbreaks in overcrowded and unhygienic conditions. This year 25 volunteers organized an intensive one-day cleaning operation of the hospital to improve the hygienic conditions.

6. In the post-emergency phase, volunteers will continue to improve the hygienic conditions at the hospital in order to prevent the further outbreak of diarrhoeal and other diseases. 150 volunteers already involved in the polio social mobilization and sensitization, will contribute to this effort.

Lessons Learned

During the first 30 days, the National Society suffered from a lack of communication and coordination. Thus, the National Society focused on what it could achieve, which was cleaning the Lazaret Hospital. The mobilization was rather successful, and as a result volunteers cleaned other hospitals in the city. Red Cross visibility was increased at the grass-root level.

For the next two months, the National Society will focus on:

- better communication and coordination within the National Society and with the Ministry of Health;
- expanding the social mobilization activities; and
- developing more IEC material in the local language.

Central African Republic, Chad, Ghana and Côte d'Ivoire

The National Societies in these countries planned to focus on increasing awareness and social mobilization with volunteers, devoting three days a week to increasing awareness and early diagnosis of cases. One coach per district was planned, and the network set up for polio will continue to be used. The following reports on the activities achieved against the planned objectives within this 30-day period.

Central Africa Republic

Despite its intention to mobilize 150 volunteers in Ouham and Ouham-Pende to increase awareness, the National Society was able to mobilize only 100 volunteers - those living in the villages - due to fighting in the regions. The volunteers carried out awareness on the disease and the importance of

reporting to the nearest health centre at the appearance of the first sign or symptom. As a result of their efforts, 50 patients were transported to hospitals. 10,000 leaflets were printed in French and Sango and are currently being distributed. The need to set up a permanent surveillance network is obvious as the Ministry of Health relied on the National Society for information.

Chad

500 volunteers were mobilized to visit villages, distributing leaflets and posters on the disease and teaching the communities how to look for early signs and symptoms of meningitis. For the national polio immunization days (23-27 March and again 20-25 April), 1,500 volunteers were mobilized to increase awareness and educate the public on how to make early diagnoses of meningitis. An information network was set up, relaying statistics every two days to headquarters to share with the Ministry of Health. Currently, 20 versions of leaflet are being edited for distribution. The aim for the next two months is to make the population aware, so next year the disease will be recognized more easily and will not be mistaken as a symptom of witchcraft. The National Society will also focus on setting up a permanent surveillance network.

Ghana

The National Society, through its very active and well-organized Mothers Clubs, had volunteers provide continuous information and health education to community members three days a week. On an *ad hoc* basis, it relayed information on meningitis cases detected by its volunteers to local health authorities. The National Society was unable to set up a coach per district since it just started developing its Health and Care programming in accordance to ARCHI 2010. Nor has the National Society a polio programme. In the future, as it develops these areas, the National Society will focus on door-to-door dissemination of information.

Côte d'Ivoire

The National Society and the Ministry of Health developed a vaccination campaign for the 8th of May. Fifteen volunteers, including three doctors, went into the urban communities of Abidjan and, via door-to-door and market place dissemination, mobilized the community to come to Red Cross centres for vaccinations. The Ministry of Health and the National Society provided medical personnel (volunteers in the National Society's case) to administer the vaccines to approximately 447 people.

Coordination

In all the countries, cooperation between the Ministries of Health, the national societies, and other actors have been excellent. No duplication of efforts or overlaps occurred.

Outstanding needs

With the CHF 200,000 made available from DREF and confirmed pledges (see the attached list of contributions) the appeal is fully covered.

For further details please contact: Anne Kirsti Vartdal or Terry Carney, Federation Desk Officers, Phone : 41 22 730 4485 or 4298; Fax: 41 22 733 03 95; email: vartdal@ifrc.org or carney@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 website.

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

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Meningitis in West and Central Africa						ANNEX 1
APPEAL No. 14/2001		PLEDGES RECEIVED				31.05.2001
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				480'028		TOTAL COVERAGE 69.3%
CASH CARRIED FORWARD						
FINNISH - RC		42'047	EUR	63'882	07.05.2001	
SWEDISH - RC		500'000	SEK	84'250	10.05.2001	
BRITISH - RC		75'000	GBP	184'500	30.05.2001	
SUB/TOTAL RECEIVED IN CASH				332'632	CHF	69.3%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	
THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:						