

FINAL REPORT



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

18 December,
2001

This Final Report is intended for reporting on emergency appeals

Appeal No. 14/01

Launched on: 25 April 2001 for 3 months for CHF 480,028. Programme extended by 2 months to 25 September 2001

DREF Allocated: CHF 200,000

Beneficiaries: 520,000

Operations Update No. 2 (Final); Period covered: June - 15 October 2001; last Operations Update (no. 1) issued 30 May 2001

“At a glance”

Appeal coverage: 117.1%

Related Appeals 01.01/2001 and 01.07/2001; West and Central Africa Annual Appeals

Update/Summary: In addition to achieving the objectives established in the appeal, the national societies, supported by the Federation, have been working with their respective Ministries of Health and with partners such as WHO and UNICEF to take stock of their operations and lessons learned for future similar operations. These meetings allowed the national societies to realize the need for collaboration between partners involved in the prevention of meningitis and other epidemic diseases that are easily avoidable through immunization.

The remaining balance of CHF 195,000 will serve to reimburse the Disaster Relief Emergency Fund (DREF) allocation.

Operational Developments

Meningococcal meningitis occurs globally. According to the World Health Organization (WHO), the disease is endemic in temperate climates causing a steady number of sporadic cases or small clusters with a seasonal increase in winter and spring. A different pattern, with epidemics flaring for two to three consecutive years, has been observed in countries in sub-Saharan Africa. This area has experienced epidemic cycles every eight to 12 years in the past, and the intervals between major epidemics have become shorter and more irregular since the beginning of the 1980s.

The largest epidemics of meningococcal meningitis are experienced by sub-Saharan African countries within the so-called 'Lapersonnia belt' which extends from Ethiopia in the east to Senegal in the west. Epidemics occur in the dry season in this area. While the highest disease rates are found in young children, during epidemics older children, teenagers and young adults are also affected. The most recent meningococcal meningitis pandemic, which began in 1996, has resulted in approximately 300,000 cases being reported to WHO from Africa out of 500,000 cases reported world-wide.

A large widespread epidemic can follow on from a localized outbreak the previous year and incidence rates remain elevated during the following 1-2 years unless the appropriate control measures including mass immunization are instituted. For example:

Country	2000		2001	
	cases	deaths	cases	deaths
Benin	1,328	89	8'998	357
Burkina Faso	3,178	647	12'525	1'835
Niger	14,874	1'065	6'814	521

The governments of these countries launched National Immunization Days (NIDs) in the spring, the World Health Organization (WHO) rallied together millions of vaccinations, and the National Societies launched this appeal to assist with the mobilization of the population to get vaccinated.

CHF 200,000 was allocated from the Federation's Disaster Response Emergency Fund for activities that will continue to help the National Societies of Benin, Burkina Faso, Côte d'Ivoire, Ghana, Niger, Chad and the Central African Republic to increase their capacities to fight meningitis.

Red Cross Red Crescent action w

The Federation launched an appeal seven months ago on behalf of the national societies of Burkina Faso, Benin, Niger, Chad, Central African Republic, Ghana and Côte d'Ivoire. These National Societies sought not only to contribute to national appeals for assistance to an outbreak of meningitis in their countries but also to strengthen their prevention activities - material and technical - to reduce meningitis-related morbidity and mortality over the long term. Although release of funding was disbursed slower than anticipated (the first of three tranches was released 11 June 2001), the National Societies aggressively launched the social mobilization aspect of the appeal according to their capacities.



In the second half of June, four members of the Regional Health Surveillance Team (RHST) went to Benin, Niger and Burkina Faso to provide technical assistance and to take stock of the operation. More than 3,000 volunteers received refresher training. More than 500,000 posters and leaflets on meningitis awareness were printed and distributed. Door-to-door social mobilization within communities was increased. The Red Cross, through its volunteers, built collaboration between communities and local authorities. Continuous information and health education was given to community members.

Their findings were brought forward in an evaluation meeting on the meningitis operation held from 17-19 July in Abidjan at which the seven National Societies and partners such as WHO, UNICEF and *Association pour la Médecine Préventive* (AMP) participated. This meeting revealed that this

operation helped to implement the ARCHI 2010 approach and, by the same token, got communities more involved in health management.

While the overall objectives were achieved, it appears that most of the National Societies involved in this operation needed more time to finish. Thus, although it was merely a question of the National Societies continuing with their post-emergency plans of action, the final report was postponed until now. Even so, only the Benin Red Cross managed to complete all its planned activities.

The National Societies who still have not exhausted their second tranche of funding will use the money to prepare for a campaign against meningitis leading up to the next season, which starts in December.

Main achievements

- The volunteer networks within some societies that were already involved in polio surveillance activities, were even further strengthened by this operation.
- The collaboration between National Societies and health authorities was positive and it is expected that it will improve in future operations.
- Partnerships between National Societies and NGOs present in the area (MSF, AFRICARE, WHO) were strengthened.
- A system of communication between headquarters and local branches was established.
- Utilization of proximity strategy and of the group for sensitization and social mobilization purposes.

Constraints

- There were delays in forwarding funds to each of the National Societies.
- Delays were experienced in forwarding reports and financial justifications at both regional and national levels.
- There was little actual coordination between National Societies and health authorities.
- Overall, there was poor collaboration between the National Society governance and the technical teams.
- There was lack of consultation between some National Societies and Ministries of Health in carrying out activities (case of immunization initiated by CAR Red Cross).

Lessons learned

Some major points of the meningitis activities taken in Central Africa.

- The rapid beginning of the social mobilization of Red Cross/Red Crescent volunteers was crucial.
- The need of having a potentially epidemic diseases surveillance network made of volunteers, and technical and financial support from the Federation was necessary.
- The delay of declaring epidemics increases the difficulties in running an effective campaign.
- Regrettably, there was not enough coordination between the Central African National Societies and health authorities.
- A Regional Health Surveillance Team like the one already existing in West Africa needs to be created in Central Africa and collaboration between the two regions would ensure better handling of activities against epidemics.

On the whole:

- Social mobilization needs to start as early as December - training volunteers - due to the cyclic nature of epidemics.
- The epidemiological surveillance network needs to be reactivated, and the activities should not only be focused on immunization, but on information, education and communication as well. This means there is a need to have appropriate educational materials related to each cultural context.

Red Cross and Red Crescent Society w

Objectives •

- Increase treatment of persons with meningitis by 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 put the ARCHI 2010 initiative into practice in crisis situations by reactivating the networks of volunteers.

Achievements and Constraints by Country •

Burkina Faso, Benin and Niger •

In order to achieve the objectives above, the following three National Societies planned two phases of activity. The emergency phase was completed by the end of May as the spread of meningitis was greatly reduced by the onset of the rainy season. The post-emergency phase continued through October. The following reports on the progress made in the activities to be achieved during this phase (June - October) as well as in areas identified by the National Societies to be improved from the emergency phase.

Burkina Faso

Activity Planned for Post-Emergency Phase: The network of volunteers will continue awareness activities as part of National Society participation in community surveillance outposts.

The Burkina Faso Red Cross (BFRC) had noted during the emergency phase that it wanted to concentrate on training more volunteers; increasing door-to-door social mobilization in the communities; and providing home visits to meningitis survivors. At the recommendation of the RHST, the BFRC abandoned its plan to provide home visits to meningitis survivors and instead focused on ARCHI 2010 activities: social mobilization for vaccinations, training of volunteers for better response in the communities, and prevention of meningitis through IEC material.



Since the update of May, volunteers were mobilized to assist health staff in Koupela, Ouagadougou and Boulso in their daily vaccination programming. In Kourittenga, 60 volunteers accompanied by seven coaches reached approximately 153,600 people via door-to-door social mobilization. During their door-to-door visits, volunteers checked vaccination cards. The epidemiological surveillance system will be reinforced by an early warning system developed by the trained volunteers in the community. To assist in the social mobilization, 80,000 leaflets in national languages were printed and a megaphone was purchased.

The BFRC obtained and donated 5,000 vials of chloramphenicol-in-oil, 5,000 syringes and other relief supplies to the Ministry of Health. Immunization sessions were organized in three free clinics at :

- Ouagadougou 2,900 people
 - Bobo-Dioulasso 400 people
 - Djibo 300 people
- Total immunized: 3,600 people*

Nevertheless, the BFRC experienced delays in its plan of action due to an internal problem in governance. Thus the BFRC had to pause and restart its operation, extending it through mid-October to complete the remaining 65 percent of scheduled activities.

Benin

Activity Planned for Post-Emergency Phase: The network of volunteers will continue awareness activities as part of National Society participation in community surveillance outposts.

The Benin Red Cross (BRC) had noted during the emergency phase that it wanted to concentrate on refresher training for volunteers taking account of lessons learned, printing more IEC material, and creating better alert and communications systems among its volunteers, their communities and the National Society headquarters.

Since then, the BRC has reached over 10,000 people with meningitis awareness, prevention and safe behaviour during epidemics. In addition to holding refresher training workshops for volunteers, the BRC recruited an additional 603 volunteers who received training on not only on meningitis but also on first aid in the event of meningitis (how to recognize meningitis, definition of cases, how to deal with a suspected case, role of Red Cross volunteers in vaccination campaign). Volunteers in turn made communities aware of meningitis and airborne diseases through health education.

The following are the accomplishments of the BRC during the post-emergency phase:

- Eight training offices (one per district) were set up.
- All volunteers trained at the eight training offices (30 training hours/office)
- The following education materials were designed and produced: 706,000 leaflets, 1,000 posters, and 2,000 questionnaires to assist volunteers in collecting data for a database, which would contribute to a better alert and communications system.
- Sensitization teams targeted and visited 2,100 families.
- 21 public meetings held with more women participation
- 55 to 60 sessions under-the-palaver-tree were organized

The following lessons were noted as a result of constraints encountered:

- Dispatch reports as well as financial justifications on time
- Stick to the implementation schedule
- Work in collaboration with health authorities
- Look for local partnerships

Niger

Activity Planned for Post-Emergency Phase: The Niger Red Cross (NRC) 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 who treat these patients, by maintaining the hospital wards and compound.

The Niger Red Cross (NRC) had noted during the emergency phase that it wanted to concentrate 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 languages. Unfortunately, it was unable to do so before the end of the operation.

According to the RHST, difficulties in transferring funds from the Regional Delegation to the NRC had kept the NRC unable to follow the plan of action, much less meet the changing needs of the environment. The RHST suggested a re-examination of the plan of action in order to adapt it to the reality in the field. With agreement from the national health coordinator, the fight against the other diseases with epidemic potential and the follow-up of the Child Immunization Programme (CIP) were taken into account in the new plan.

At the recommendation of the RHST the NRC extended its operations to mid-October so that the NRC could accomplish its revised objectives, including training volunteers and explaining the working methodology with team leaders. It also needed to organize vaccination meetings with medical districts according to the recommendations of the national medical policy.

By the end of the operation, 200 first aid workers (50 in Boboye, 50 in Tillabéry 50 in Gaya and 50 in Madaoua) received refresher courses and training on meningitis awareness to be transferred to their communities.

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

The following four National Societies did not have an emergency phase to deal with at the outset of the operation. Instead, they focused on the following activity to achieve the objectives above.

The National Societies in these countries will focus on increasing awareness and social mobilization with volunteers, devoting three days a week to increasing awareness and early diagnosis of cases. There will be one coach per district, and the network set up for polio will continue to be used.

The following reports on the status of the activities to be achieved during this phase as well as the improvements to be made from the lessons learned from the first 30 days.

Central Africa Republic

Refresher courses were given to 71 intermediate coaches (volunteers) to supervise 971 volunteers who were involved in the operation. 221 volunteers in 3 districts received refresher courses. Coaches paired with volunteers raised awareness on meningitis and mobilized communities to be vaccinated in 34 villages, reaching 1,200 families. Their door-to-door sensitization led to the detection of 102 potential cases - 52 tested positive for meningitis. The Central Africa Republic Red Cross (CARRC) participated in the national crisis committee as well as in the immunization campaigns organized by the Ministry of Health, to which the CARRC donated 39,800 doses of vaccine and syringes.

The main constraint the CARRC encountered was that of insecurity in certain areas where the epidemic was declared, which prevented its operations from being fully completed. For security reasons, the Ministry of Health left Ouham and Ouham-Pendé before the end of the national meningitis campaign. Only 150,000 people were vaccinated. Red Cross volunteers and *Medécins Sans Frontières* (MSF) continued to work in these conflict areas until the beginning of May. 971 volunteers were vaccinated and 10,000 leaflets printed in French and Sango (local language) were distributed.

Chad

All the local committees were mobilized to give preventive health messages on meningitis to the population and mobilize them for the vaccination. 500 pamphlets and 3,000 leaflets in French and Arabic were distributed. The 500 volunteers mobilized got refresher courses on meningitis. In total,

300 cases of meningitis were detected and directed to health centres by Red Cross volunteers. This was made through the process of early screening for meningitis cases in the community. 42,300 vaccines and syringes (2 ml) were donated to the Ministry of Health by the Chad Red Cross from remaining 2000 meningitis operation vaccine stocks and 60 volunteers helped the Ministry of Health to vaccinate 65,650 students. Polio materials (bike, megaphone) were very helpful in this meningitis operation.

Ghana

The Ghana Red Cross Society (GRCS) intervention strategy was to use the service of 650 volunteers in the 13 selected districts with an attack rate above 1.5, to disseminate preventive health messages to the affected communities, mobilize community members for immunization and refer suspected cases to treatment centres.

The GRCS printed 40,000 copies of meningitis education leaflets for selected districts (Bolgatanga, Baku, Lawra and Wa) from funds provided through the Federation. In the two uppermost regions of Ghana, the following activities were undertaken:

- Social mobilization and health education was conducted during the immunization exercises.
- Red Cross volunteers assisted the Ministry of Health immunization teams to compile records of people immunized.
- Red Cross volunteers, in collaboration with community sanitation inspectors, sensitized chiefs to ban the keeping of corpses over 24 hours and to ban mass funerals during the outbreak.
- Red Cross volunteers got community members to report all suspected cases to treatment centres.

By the end of the operation, 150 of the existing 250 trained volunteers in all five operational districts assisted the Ministry of Health in immunizing a total of 188,406 people. The local Red Cross branches in the upper eastern region mobilized 250 trained volunteers and mothers' clubs members from six districts who got 35,432 community members to get vaccinated through door-to-door mobilization. The regional also reached 58,000 people with health messages on prevention and management of meningitis.

A total of 98,000 community members were sensitized to the dangers of meningitis in two of the four most affected regions. A total of 223,838 people were immunized by field staff.

Côte d'Ivoire

In June, the National Society planned a four-day training of coaches in the district of Bondoukou. As part of their training, the twelve coaches visited 404 families to sensitize the community and to develop their coaching needs/techniques for volunteers. The coaches reached 2,712 persons (of which 847 were children) with their message on meningitis. 1,627 immunization books were checked by the coaches during their home visits; of those checked 583 revealed a need for a vaccination. These persons were referred to their local hospital/clinic for vaccination. The volunteer coaches took this opportunity to also follow up on the Child Immunization Programme (CIP).

The National Society then sent the coaches in the North to Ferkessedougou to continue the thread of training. There the coaches reached 434 families (2,935 people). The National Society has been facing major changes in management, however, and the normal follow-up of the meningitis operation was disrupted.

National Society Capacity Building w

Despite the numerous constraints, National Societies used this emergency operation as an opportunity to develop their ARCHI 2010-based volunteer management system. The increasing of district and branch capacities in dealing with volunteers and targeting local populations will increase their impact on

the lives of beneficiaries. The capacity building was reinforced through the balance between hardware - megaphones, bibs, bicycles - and software - refresher courses on preventative health education.

Coordination

In addition to working with their respective Ministries of Health, the national societies have been working with partners such as WHO, UNICEF and AMP, who subsequently participated in the National Societies' evaluation meeting in July and in September to take stock of their operations and lessons learned for future similar operations.

These meetings allowed the National Societies to realize the need of collaboration between partners involved in the prevention process of meningitis and other epidemic diseases that are easily avoidable through immunization. The Red Cross can bring much added value to organizations such as WHO in bringing prevention activities to the local communities. Further coordination is the key.

Outstanding needs

The remaining balance of CHF 195,000 will serve to reimburse the Disaster Relief Emergency Fund (DREF) allocation.

For further details please contact: Anne Kirsti Vartdal or Terry Carney, Federation Desk Officers, Phones: 41 22 730 4485 or 4298; Fax: 41 22 733 0395; e-mails: 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.

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

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

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INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	
Final report	X

Appeal No & title: 14/2001 - West and Central Africa meningitis

Period: year 2001 up to 17/12/2001

Project(s): P61504

Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Reallocations	Goods/Services	Personnel	
Appeal budget less Cash brought forward	480,028				
TOTAL ASSISTANCE SOUGHT	480,028				
<u>Contributions from Donors</u>					
DFID - British Government	183,823				183,823
Finnish Red Cross (DNFI)	64,458				64,458
Icelandic Red Cross (DNIS)	3,187				3,187
Japanese Red Cross (DNJ)	16,000				16,000
Monaco Red Cross (DNMC)	11,630				11,630
Swedish Red Cross (DNS)	83,250				83,250
Donor - Disaster Relief Em	200,000				200,000
TOTAL	562,347				562,347
Coverage	117.1%				117.1%

II - Balance of funds

Opening balance	
CASH INCOME Rcv'd	562,347
CASH EXPENDITURE	-366,437

CASH BALANCE	195,910

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III - Budget analysis / Breakdown of expenditures

Description	Appeal Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction						
Clothing & Textiles						
Food/Seeds						
Water						
Medical & First Aid	162,750	194,682			194,682	-31,932
Teaching materials	29,800	2,186			2,186	27,614
Utensils & Tools	2,550					2,550
Other relief supplies	2,000	333			333	1,667
Sub-Total	197,100	197,201			197,201	-101
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles						
Computers & Telecom equip.						
Medical equipment						
Other capital expenditures						
Sub-Total						
<u>TRANSPORT & STORAGE</u>	13,125	7,033			7,033	6,092
Sub-Total	13,125	7,033			7,033	6,092
<u>PERSONNEL</u>						
Personnel (delegates)	157,000	4,174			4,174	152,826
Personnel (local staff)		73,242			73,242	-73,242
Training						
Sub-Total	157,000	77,416			77,416	79,584
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts		2,779			2,779	-2,779
Travel & related expenses	5,000	7,071			7,071	-2,071
Information expenses	5,000	20,849			20,849	-15,849
Administrative expenses	10,000	5,669			5,669	4,331
External workshops & Seminars	40,000	45			45	39,955
Sub-Total	60,000	36,413			36,413	23,587
<u>PROGRAMME SUPPORT</u>	52,803	48,374			48,374	4,429
<u>OPERATIONAL PROVISIONS</u>						
Transfer to National Societies						
TOTAL BUDGET	480,028	366,437			366,437	113,591

Consumption rate: Expenditures versus income 65%
Expenditures versus budget 76%