

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Burkina Faso: Meningitis

DREF operation n° MDRBF009
GLIDE n° FL-2010-000039-BFA
12 November, 2010

The International Federation of Red Cross and Red Crescent (IFRC) 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 172,928 (USD 160,669 or EUR 118,071) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Burkinabe Red Cross Society (BRCS) in delivering immediate assistance to some 500,000 beneficiaries (direct or indirect). Unearmarked funds to repay DREF are encouraged.



Burkinabe Red Cross volunteer helping during a meningitis vaccination session/BRC

Summary: Burkina-Faso has again been afflicted by a new meningitis outbreak, with some 1,251 cases and 193 deaths registered within six weeks. Considering the rapid spread of the disease and the high lethality rate, the BRCS, with support from the International Federation's Regional Health Department in Dakar, has initiated an immediate response by working with the Ministry of Health to conduct a social mobilization campaign to mitigate the effects of the epidemic. This DREF operation aims at supporting the National Society to carry out the planned activities for an estimated 500,000 vulnerable people (directly or indirectly) in the affected areas. Despite the fact that the Federation has made considerable efforts to reinforce preparation efforts for eventual meningitis outbreaks, funding prior to these events remains elusive and therefore National Societies unfortunately often find themselves reacting by requesting support from resources such as the Federation's DREF to contain the threat.

The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on: <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>
<click here for the final financial report, or here to view contact details>

The situation

The Government of Burkina Faso has made the fight against epidemics a priority by increasing the control activities through the establishment of case-based surveillance (documentation of suspected cases with sample-taking for biological confirmation), organization of a national mass immunization campaign (measles, meningitis, polio, yellow fever...), strengthening of the routine Expanded Programme on Immunization (EPI).

Despite these efforts, the country has been experiencing recurrent epidemics of meningitis for a decade. Thus, from the 1st to the 22nd week of 2010, 5,980 suspected cases of meningitis have been notified, unfortunately with 841 deaths, or 14.1% of lethality. The specificity of this year's epidemic is that it is multigerm. The major germ responsible was the meningococcus X against which there is no vaccine, followed by the pneumococcus

and the meningococcus A. In such a context, the Burkina Faso Red Cross (BFRC) which has a lot of experience in sensitization and social mobilization played a key role thanks to the technical and financial support of the IFRC. This report takes stock of the interventions of the BFRC as part of the response to the 2010 meningitis epidemic.

Red Cross and Red Crescent action

The BRCS has the knowledge and experience of the management of meningitis epidemic that has been made use once more in this outbreak. The actions that have been taken were:

- The National Society member staff and volunteers are alerted enabling the central level to remain in contact with the health authorities at the highest level;
- The National Society has contacted the RC branches in the affected areas seeking for more information on the needs;
- BRCS is part of the MoH/inter-agency coordination committee that monitors the epidemiological situation on a weekly basis;
- The BRCS has proposed this urgent action to support the vaccination campaign through social mobilization and public awareness efforts in the affected areas.

Achievements against outcomes

Emergency health	
Objective 1: To provide 840 BRCS volunteers and 70 supervisors with basic knowledge about the causes, signs and symptoms, prevention and effects of meningitis.	
<p>Expected results</p> <p>BRCS volunteers and supervisors have acquired basic knowledge about causes, signs, prevention and effects of meningitis and have attained the necessary skills to create awareness on meningitis among the target population.</p>	<p>Activities planned</p> <p>The BRCS with its network of volunteers in the affected districts will train and retrain a brigade of 840 health volunteers.</p>
Objective 2: To organize BRCS volunteers to reach about 500,000 people (directly and indirectly) throughout awareness and social mobilization during immunization campaigns.	
<p>Expected result: some 840 BRCS volunteers have reached 500,000 people with correct information on preventive measures against meningitis.</p>	<ul style="list-style-type: none"> • The brigade (teams) of health volunteers will conduct household visits and group discussions. They will work on awareness raising, active case finding and referral to health centres and health posts during two campaigns • These teams will be supervised and monitored by 70 supervisors who have not only the responsibility for data collection, but they will also ensure the proper coordination of burden-sharing among different teams. • The health coordinator, the volunteering focal point and the communication coordinator will oversee communication, in all selected departments where activities will be running by volunteers.

Intervention areas

Thirty five health districts within nine health regions had been considered as at risk of outbreak of a meningitis epidemic in 2010, following an analysis that takes into account: the last year of vaccination (districts that had been vaccinated three years ago or more are at risk); and the cross-border movement of certain populations (border districts). Unfortunately, districts that were not identified as high risk areas had been affected by the epidemic and had been taken into account in our intervention.

Activities conducted and achievements

Organization of sensitization and social mobilization activities

- **Door-to-door sensitization**

This included: Meetings with households; securing information on the household such as: size, number of people with age brackets, number of people immunized and suspected cases in households. Based on this information, the proper sensitization was conducted on meningitis. This consisted in providing information on what meningitis is, the mode of transmission, the prevention measures, the signs of the disease, and the risky behaviours. These households are advised to go to the nearest health centres as soon as the first signs

appear. In total, 47,862 households were visited in the provincial committees, thus directly reaching 622,201 persons.

- **Focus groups**

Target groups in markets and yards, primary and secondary schools, car stations, worship places, and cabarets were sensitized through talks and debates. In total 4,714 focus groups were conducted and about 169,692 persons have been reached. The specificity of this epidemic is that it was largely due to meningococcus X, and outreach sensitization (door-to-door and focus groups) was of great importance since there was no vaccination against this germ.

- **Use of community radios**

The mass media (in particular community radios) were used to convey the messages on meningitis in local language in nine provinces. The use of radio broadcasting allowed reaching the maximum of people in the provinces, as shown in the following table:

Table 1: Broadcasting radio' activities and outcomes

Regions	Provinces	Radio stations	Scope of coverage (Km)	Estimated number of listeners	Number of disseminated messages
B.Mouhoun	Mouhoun	Radio Salaky	100	600,000	20
	Banwa	Radio Vératamu	120	800,000	80
Centre-Sud	Zoundweogo	Radio Pax	80	300,000	5
	Nahouri	Radio Goulou	70	262,000	4
Centre-Est	Kourittenga	Radio Kouritta	100	320,000	2
Est	Gourma	Radio Taamba	80	200,000	12
		Radio Rurale	100	250,000	2
	Bogandé	Radio Bogandé	110	300,000	8
Nord	Ouahigouya	Radio HFM	100	400,000	10
Cascades	Banfora	Radio Munyu	80	250,000	12
6 Regions	9 Provinces	10 Radios		3,682,000	155

Source: Reports from community radios and Red Cross local branches.

- **Support to the organization of vaccination campaigns**

The Burkina Faso Red Cross has mobilized its volunteers to provide assistance to the organisation of reactive vaccination campaigns by the Ministry of Health in four districts that were affected by the meningococcus A. The volunteers conducted sensitization and social mobilization activities in the four districts (Pama, Léo, and Sapouy Titao) concerned. They also helped inform the population of the holding of the vaccination campaign and give them accurate information on the places and dates of vaccination activities. During the vaccinations, the volunteers provided support to the organization, in particular by helping to fill in the beneficiaries' vaccination records. A total of 48,838 persons aged 2 to 30 (which represents 70% of the population) have been vaccinated in the four target districts.

- **Capacity building for the National Society**

All volunteers and supervisors received refresher training on meningitis. The modules on the modes of transmission, signs, prevention means were delivered by the health agents in the districts concerned, and the sensitization techniques by the Red Cross supervisors. After the epidemic, the NS proceeded to capacity building for its branches. It is to that end that three (3) training sessions on endemic diseases were organized for the volunteers: one training session in Ouagadougou, a second one in Bobo Dioulasso, and another one in Koupela.

The training generally focused on diseases with epidemic potential and other diseases under epidemiological surveillance; the role of Red Cross volunteers in epidemic preparedness and response; sensitization and social mobilization techniques; data collection and the writing of narrative and financial reports.

About 110 supervisors from the 45 committees were trained and are able to train other volunteers in their committees for the response to potential epidemics.

- **Partnership building**

The implementation of the BRCS activities during the 2010 epidemic contributed strengthening the collaboration with the actors in the Ministry of Health. At national level, the BRCS is a member of the National Epidemic Management Committee and has always been represented at the meetings every week. At provincial level, the health district managers have well appreciated the mobilization capacity of our volunteers.

These districts systematically use Red Cross volunteers for community-based activities such as polio campaign, maternal and neonatal tetanus, filariasis, etc. The National Society also received support from the Luxembourg Red Cross as part of a bilateral partnership. This support has made it possible to vaccinate the staff, their families and some volunteers at the onset of the epidemic.

Table 2: Direct beneficiaries reached through community radios

Region	Health districts	2010 population	Households visited	People affected	Focus groups	People reached	Total
Cascades	Banfora	291,895	1,497	19,460	147	5,307	24,767
	Sindou	182,676	937	12,178	92	3,321	15,500
Centre	Baskuy	211,957	1,087	14,130	107	3,854	17,984
	Bogodogo	615,481	3,156	41,032	311	11,191	52,223
	Boulmiougou	697,337	3576	46,489	352	12,679	59,168
	Nongr-Massom	262,658	1,347	17,511	133	4,776	22,286
	Sig-Nonghin	256,511	1,315	17,101	130	4,664	21,765
Centre-Est	Bittou	108,425	556	7,228	55	1,971	9,200
	Garango	176,246	904	11,750	89	3,204	14,954
	Koupéla	195,770	1,004	13,051	99	3,559	16,611
	Ouargaye	290,625	1,490	19,375	147	5,284	24,659
	Pouytenga	171,655	880	11,444	87	3,121	14,565
	Tenkodogo	195,925	1,005	13,062	99	3,562	16,624
Centre-Sud	Zabré	124,137	637	8,276	63	2,257	10,533
Centre-Sud	Kombissiri	165,644	849	11,043	84	3,012	14,055
	Manga	262,825	1,348	17,522	133	4,779	22,300
	Pô	175,078	898	11,672	88	3,183	14,855
	Saponé	91,834	471	6,122	46	1,670	7,792
Centre-Ouest	Sapouy	190,356	976	12,690	96	3,461	16,151
	Léo	241,792	1,240	16,119	122	4,396	20,516
Centre-Nord	Kongoussi	259,477	1,331	17,298	131	4,718	22,016
Nord	Titao	153,944	789	10,263	78	2,799	13,062
Est	Bogandé	306,661	1,573	20,444	155	5,576	26,020
	Fada	343,942	1,764	22,929	174	6,253	29,183
	Gayeri	95,347	489	6,356	48	1,734	8,090
	Pama	89,955	461	5997	45	1,636	7,633
Boucle du Mouhoun	Dédougou	326,482	1,674	21,765	165	5,936	27,702

	Nouna	300,360	1,540	20,024	152	5,461	25,485
	Solenzo	297,234	1,524	19,816	150	5,404	25,220
	Toma	175,652	901	11,710	89	3,194	14,904
	Tougan	234,983	1,205	15,666	119	4,272	19,938
Plateau central	Zorgho	352,003	1,805	23,467	178	6,400	29,867
	Djibo	389,839	1,999	25,989	197	7,088	33,077
	Dori	295,027	1,513	19,668	149	5,364	25,033
	Gorom - G	221,565	1,136	14,771	112	4,028	18,799
Sahel	Sebba	179,819	922	11,988	91	3,269	15,257
	Batié	78,474	402	5232	40	1,427	6,658
Sud-Ouest	Dano	210,267	1078	14018	106	3,823	17,841
Districts	38	9,333, 021	47,862	622,201	4,714	169,692	791 3

Source: Reports from local committees.

Impact

At least 47,862 households were visited in the provincial committees, thus directly reaching 622,201 persons; and 4,714 focus groups were conducted reaching about 169,692 persons. Community radios were used in local language and in the nine provinces and helped reaching hard to reach targets beneficiaries. Build the human capacities of the branches through the training of 840 volunteers on meningitis in the provincial committees. Some 110 supervisors were trained on all potentially endemic diseases; and 38 districts received support for social mobilization. In terms of health, these activities have contributed to strengthening the collaboration between provincial committees and health authorities. Some provincial committees welcome the fact that they are now systematically involved in the district activities. The number of cases of meningitis has remained below those of 2007 and 2008 for the same period, which could be accounted for the reactive vaccination campaigns, the proper management of cases but also, the awareness raising activities that enable the population to adopt preventive behaviours. The lethality rate was above 10%, but many district agents have testified that the BRCS intervention which is a proximity sensitization helped reduce the waiting period for consultations. A survey by the Ministry of Health was ongoing to determine the causes of this high lethality. The enhancement of the Red Cross visibility was ensured by the supply of provincial committees with bibs, and the *Sidwaya* newspaper published entitled "The contribution of the Red Cross to the response to the meningitis epidemic in 2010" on April 7, 2010.

Constraints

The insufficient number of volunteers trained at department level means that they have to be deployed over long distances without any mobility aid (volunteers remain concentrated in the administrative centres of the provincial committees).

Low collaboration between provincial committees and health authorities was noticed. Some committees had no strong connections with the districts, so much so that they were not even informed that there was an epidemic in the district. Some actors were not aware that sensitization plays an important role in the response to a meningitis epidemic, but a press release by the Minister of Health reminded people that sensitization, particularly outreach sensitization, plays a decisive role in such situations, since it helps reduce the waiting period for consultations. The Red Cross is seen as a technical and financial partner, which enables it to have internal funding to carry out activities.

Recommendations and suggestions

- Build the human capacities of the branches through the recruitment and training of volunteers at department level ;
- Build the logistic capacities of the branches (bicycles, motorbikes, bibs...);
- Build the technical skills of the volunteers through training sessions on potentially epidemic diseases (Meningitis, Cholera, Yellow Fever, and Shigellosis);
- Increase the dissemination of the core principles and mandate of the Red Cross;

- The provincial committees should strengthen their collaboration with health authorities;
- Provide vaccines for all staff and volunteers who will be mobilized in case of epidemic;
- Burkina Faso has been selected as one of the three pilot countries, and it will be interesting for the BRCS to be able to support this large immunization campaign.

Conclusion

The involvement of the BRCS volunteers in the response to meningitis epidemic has certainly contributed to reaching the goals set by the Ministry of Health. This intervention was made possible only by the technical and financial support of the Federation.

How we work

All IFRC 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 the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Contact information

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

MDRBF009 - Burkina Faso - Meningitis

Appeal Launch Date: 02 mar 10

Appeal Timeframe: 02 mar 10 to 02 jun 10

FINAL Financial Report

Selected Parameters	
Reporting Timeframe	2010/3-2010/10
Budget Timeframe	2010/3-2010/6
Appeal	MDRBF009
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	172,928					172,928
B. Opening Balance	0					0
Income						
Other Income						
<i>Voluntary Income</i>	172,757					172,757
C6. Other Income	172,757					172,757
C. Total Income = SUM(C1..C6)	172,757					172,757
D. Total Funding = B + C	172,757					172,757
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	172,757					172,757
E. Expenditure	-172,757					-172,757
F. Closing Balance = (B + C + E)	0					0

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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		172,928					172,928	
Supplies								
Clothing & textiles	6,370						6,370	
Medical & First Aid	11,066	8,117				8,117	2,949	
Teaching Materials	4,848						4,848	
Total Supplies	22,284	8,117				8,117	14,168	
Transport & Storage								
Distribution & Monitoring	4,396						4,396	
Transport & Vehicle Costs	3,777	2,728				2,728	1,049	
Total Transport & Storage	8,173	2,728				2,728	5,445	
Personnel								
National Society Staff	117,084	7,910				7,910	109,174	
Total Personnel	117,084	7,910				7,910	109,174	
Workshops & Training								
Workshops & Training	8,192	115,845				115,845	-107,653	
Total Workshops & Training	8,192	115,845				115,845	-107,653	
General Expenditure								
Travel	3,500	2,466				2,466	1,034	
Information & Public Relation	1,867	6,126				6,126	-4,258	
Communications	1,273	295				295	978	
Financial Charges		8,568				8,568	-8,568	
Other General Expenses		3,636				3,636	-3,636	
Total General Expenditure	6,640	21,092				21,092	-14,452	
Programme Support								
Program Support	10,554	10,544				10,544	10	
Total Programme Support	10,554	10,544				10,544	10	
Services								
Shared Services		6,521				6,521	-6,521	
Total Services		6,521				6,521	-6,521	
TOTAL EXPENDITURE (D)	172,928	172,757				172,757	171	
VARIANCE (C - D)		171				171		