

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

6 June, 2003

BURKINA-FASO: MENINGITIS

Appeal no. 09/2002 launched on 15 April 2002 for 1 month for CHF 103,000 (USD 59,917 or EUR 68,103) to assist 1.9 million beneficiaries.

IN BRIEF

Appeal coverage: 101.7%

Impact of the operation: This outbreak affected many people before the Burkina Red Cross Society (BFRCS) began a sensitisation campaign. Looking at the evolution of this epidemic, the number of cases remained high but the mortality rate went down because of the early diagnosis carried out by BFRCS volunteers in the community.

The disaster

The first cases of meningitis were registered in Burkina Faso towards the end of December 2001. Epidemiological surveillance started in January 2002. The Burkina Faso Ministry of Health then set up a coordinating committee made up of officials of the different UN agencies, French Co-operation, Italian Co-operation, GTZ, Burkina Faso Red Cross and other NGOs. They met twice a week, to assess the situation and map out a strategy of combating the epidemic. At the end of January 2002, the committee decided to organise a mass vaccination campaign using the A and C vaccine.

With 53 out of the 60 districts in Burkina Faso, the number of recorded cases rose from 4 to 5 in the first week and then to 8,446 with 1,056 deaths at the end of the fifteenth week. Twenty-one districts had attained epidemic proportion (10 new cases/week/100,000 inhabitants) while nine were in a state of alert (5 cases/weeks/100,000 inhabitants). It was recorded that 90% of the patients were under 15 years of age.

The objective of the Burkina Faso Red Cross Society (BFRCS) was to reach 1,900,000 inhabitants by mobilising 1,000 volunteers who will carry out a social mobilisation campaign within three weeks. This was successfully attained and even exceeded.

Results of the 400 samples of cephalo-rachidien liquid taken by experts from the WHO and the Centres for Disease Control (CDC) showed that the new W135 strain was responsible for 54% of reported cases of infection. Although majority of the 12,000,000 Burkinabes had been vaccinated against meningitis A and C in the last two years, they were still exposed to the new W 135 strain that the previous vaccines could not combat. The only solution was an early diagnosis and treatment of patients. The co-ordinating committee had to set up a plan of action with each participating organisation carrying out specific tasks such as:

- Social mobilisation in all the districts of the country.
- Early diagnosis of patients.
- Treating patients according to WHO standards and monitoring the state of health of those in contact with them.

- Provision of 10,000 vials of chloramphenicol apart from the 25,000 vials distributed in different health facilities around the country.

The co-ordinating committee solicited the BFRCS during the elaboration of the plan of action because it has a strong volunteer team. The team contributed to the success of the social mobilisation campaign against measles in December. This led to the Federation's appeal of 103,000CHF to assist the BFRCS.

Red Cross and Red Crescent action

The Federation's appeal was for the provision of 10,000 vials of chloraphenicol and the involvement of the volunteers on the field.

Health Delegates from the Regional Delegation of West and Central Africa assisted the BFRCS throughout the emergency operation. They also assisted the national society in the elaboration of its plan of action and the co-ordination of the activities of its volunteers.

The strong network of Burkina Faso Red Cross volunteers contributed largely to arresting the epidemic in less than two weeks, thus saving several lives.

Health

Objective 1: Awareness and social mobilisation: To make 1,900,000 people aware of the epidemic, the symptoms of the disease and what actions to take as a consequence.

Red Cross officials and the Regional Health Delegate embarked on a mission to the local committees involved in the social mobilisation campaign from 12 - 14 April 2002. The mission strengthened the collaboration between the branches and the Health Officials of the 14 districts that were mostly affected by the epidemic. Though the BFRCS had planned to mobilise 1,000 volunteers, they ended up with 1,237.

District health officials gave a refresher course on meningitis to Red Cross volunteers, with special attention on the W135 strain. Volunteers were briefed on the messages to pass across during the social mobilisation campaign. The co-ordinators also used the opportunity to explain the Red Cross plan of action. Each volunteer was provided with writing materials for data collection and three flyers containing information on the epidemic in Dioula, Moré and Fulfudé (three of the local languages spoken in Burkina Faso).

Volunteers, in pairs, carried out daily door-to-door campaign in their communities with megaphones, explaining the symptoms of the disease to the population. They worked all day, taking a break only when the weather became hot. They referred those with a fever and a headache to the nearest health centre. Bicycles obtained during the social mobilisation against measles were used to reach inhabitants in the remotest parts of the country.

Local government also briefed religious leaders on the epidemic and they played an important role by sensitising their followers during worship services. Within two weeks, 2,500,000 inhabitants were sensitised, which is 600,000 more than was envisaged.

Objective 2 Epidemiological surveillance: To assist health authorities in keeping track of the meningitis epidemic.

While on visits to families, Red Cross volunteers referred 534 persons suspected cases to different health centres and 50% of these persons were cases of meningitis. The early diagnosis led to their being treated and saved from a sure death. The District Health Officer, local coach and Red Cross volunteers met every two days to give report on new cases of meningitis and verify that cases referred

to the health centres had been treated. These meetings, according to the health authorities, gave a precise idea of the spread of the epidemics.

Meetings between the district health officer, the coach and volunteer every two days enabled them to identify new cases and to ensure that referred cases have been seen at the health centre.

Objective 3: Co-ordination and advocacy: To lobby community leaders involving them in the awareness campaign.

In each of the 14 districts, the branch officers contacted the community chiefs, religious heads and opinion leaders. As a result, the leaders pleaded with their people during community and religious meetings to refer anyone that showed signs of fever to the health centres where they would receive free treatment. They were to inform the population that even those that were vaccinated two years before were vulnerable to the epidemic. This work done by the community heads facilitated the work of volunteers. Families received and listened to the community heads with ease as well as followed their recommendations. Eight local radio stations collaborated in disseminating the messages prepared by the volunteers in local languages. These messages were disseminated every 30 minutes in form of jingles.

Objective 4: Auxiliary support to government response: to assist the MoH with treating those already infected.

From March, when the capacities of the health centres in Ouagadougou were over-stretched due to a high number of patients, Burkina Red Cross installed two tents of 30 bed each for the sick admitted at the Pissy centre.

The Federation donated 30 beds on 12 April to enable the patients who were sleeping on the floor in the dusty environment to enable them have some comfort during their stay in hospital. The Federation also sent 5000 doses of Chloramphenicol to the Ministry of Health which enabled them to make up the drug deficit the Burkina Faso was experiencing. As a matter of fact, Chloramphenicol antibiotic against Meningitis has become scarce in the world market.

Co-ordination

All the operation was co-ordinated by the Ministry of health which chaired the crisis committee made up of WHO, UNICEF, USAID, Cooperation Francaise, GTZ, Italian Cooperation, the Red Cross and the NGOs. This committee met two times a week since the first week of April. At the district level, district officers presided over the local committee meetings with the NGO representatives and the Red Cross. It is this committee that developed a response plan and managed the epidemic till it was declared over at the beginning of May. The donations were managed by the crisis committee.

The WHO donated 25,000 doses of W 135 vaccines which helped to protect the health official. Cooperation Francaise supplied disposables for the treatment while MSF managed a health centre in Ougadougou.

Strengthening the capacity of the national society

After the measles campaign which took place in December 2001, response to a W 135 strain meningitis epidemic improved the expertise of volunteers in social door-to door mobilisation, not only in the epidemiological surveillance of the disease but also in the logistical management of the vehicle for branch supervision.

This operation has brought a certain closeness between the branches and the national office. The new coaches trained in January 2002 had the opportunity to put what they learned into practice. The integrated co-ordination strengthened the link between the district officers and the coaches.

The image of the NS before the government, UN agencies and the community has greatly improved. An NGO offered 400 doses of tetravalent vaccine (A, C, W135) to vaccinate the volunteers who were working in families of infected persons.

Lessons learned

- the use of volunteers in their own communities according to ARCHI strategy brings about a great impact in a short time;
- volunteers working in pairs reduced the operational costs;
- the coaches supervising the volunteers obtained optimum results;
- an operation can make the national office to be closer to the branches.

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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 web site.

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

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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Appeal No & title: 09/2002 Burkina Faso meningitis
Period: 2002 up to 5 June 2003 provis.
Project(s): P61505
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget less Cash brought forward	103,000				
TOTAL ASSISTANCE SOUGHT	103,000				
<u>Contributions from Donors</u>					
Danish Red Cross (DNDK)	18,075				18,075
DFID - British Government (DFID)	55,760				55,760
Finnish Red Cross (DNFI)	21,956				21,956
Monaco Red Cross (DNMC)	7,314				7,314
TOTAL	103,104				103,104

II - Balance of funds

OPENING	
CASH INCOME Rcv'd	103,104
CASH EXPENDITURE	-106,154

CASH BALANCE	-3,050

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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	5,000	4,859			4,859	141
Clothing & Textiles		1,998			1,998	-1,998
Food & Seeds						
Water & sanitation						
Medical & First Aid	9,000	9,613			9,613	-613
Teaching materials						
Utensils & Tools	3,000					3,000
Other relief supplies						
Sub-Total	17,000	16,469			16,469	531
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles						
Computers & Telecom equip.						
Medical equipment						
Other capital expenditures						
Sub-Total						
<u>TRANSPORT & STORAGE</u>	4,000	4,764			4,764	-764
Sub-Total	4,000	4,764			4,764	-764
<u>PERSONNEL</u>						
Personnel (delegates)	9,000	8,328			8,328	672
Personnel (national staff)	57,000	55,382			55,382	1,618
Sub-Total	66,000	63,710			63,710	2,290
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts						
Travel & related expenses		2,068			2,068	-2,068
Information expenses	3,000					3,000
Admin./general expenses	2,000	7,017			7,017	-5,017
External workshops & Seminars		1,479			1,479	-1,479
Sub-Total	5,000	10,564			10,564	-5,564
<u>PROGRAMME SUPPORT</u>						
Programme management	7,000	7,102			7,102	-102
Technical services	2,000	1,681			1,681	319
Professional services	2,000	1,864			1,864	136
Sub-Total	11,000	10,647			10,647	353
Operational provisions						
Transfers to National Societies						
TOTAL BUDGET	103,000	106,154			106,154	-3,154