

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Burkina Faso: Meningitis

DREF operation n° MDRBF003
GLIDE n° EP-2008-000029-
BFA
May, 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 70,000 (USD 56,000 or EUR 43,209) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 22 February, 2007 to support the national society during the latest outbreak of meningitis in reaching a targeted 200,000 people through sensitization and vaccination programmes. The DREF Operation enabled the Burkinabe Red Cross Society (BRCS) to train over 1,600 volunteers on meningitis sensitization, carry out awareness-raising activities reaching over 2.6 million people in 14 provinces, and immediately refer serious cases to the health authorities. BRCS activities contributed to a reduction in fatality rates linked to the outbreak of meningitis.

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The situation

An outbreak of meningitis was detected in February 2007, affecting eight districts throughout Burkina Faso (Banfora, Batie, Dano, Houndé, Nanoro, Ouragaye, Sapouy and Totao). In two of these districts – those of Ouragaye and Banfora – the Ministry of Health (MoH) and the World Health Organization (WHO) determined that the situation had surpassed the epidemic threshold (case fatality rate of more than 10%) and a vaccination campaign was undertaken as a matter of urgency. The remaining districts were put on 'alert' (reporting 5 cases per 100,000 inhabitants) and a system of intense surveillance put in place.

Burkina Faso is located in West Africa's 'meningitis belt' which stretches across the semi-arid Sahel region – from Senegal in the west to Ethiopia in the east. Each year between December and June, the sand storms and 'harmattan' winds, combined with respiratory infections, trigger outbreaks of meningitis.

The Burkina Faso MoH initiated a mass vaccination and immunization campaign in the most critically affected areas. The campaign was administered free of charge, with treatment made available to all affected individuals country-wide. Efforts to control the spread of the disease were reinforced through awareness-raising and referral activities, with a view to sensitizing people to the symptoms of meningitis, and appropriate actions to take.

As a long-time partner of the MoH, BRCS developed a plan of action in response to the outbreak of meningitis, complementing actions undertaken by the MoH, and with support from the Federation Office in Dakar.

Red Cross and Red Crescent action

The Burkinabe Red Cross Society (BRCS) mobilized its network of volunteers to assist the government in the fight against meningitis. Social mobilization activities were conducted on a large scale by 800 BRCS volunteers in the affected health districts, with training and dissemination focusing on preventative measures

to avoid further spread of the disease. The national society also participated in the implementation of the government's plan of action in the most seriously affected districts of Ourgaye and Banfora, assisting with the vaccination campaign, as well as in case identification and referral. Over 800 volunteers in 14 districts were mobilized and some 2.6 million people were reached through a combination of local sensitization and mass media communications activities.

The Netherlands Red Cross supported this DREF operation through its Silent Emergency Fund by providing CHF 32,400 (EUR 20,000) for the operation, representing close to 50% of funds allocated.

Progress towards objectives

Awareness-raising and sensitization activities were carried out on a large scale, at household level and through mass communications - reaching an estimated 2.6 million people in 14 districts. Suspected cases were identified and referred to the appropriate health care facilities. BRCS also supported MoH vaccination campaigns, maintaining order and hygiene at vaccination sites. National Society capacity in meningitis sensitization was enhanced, through the training of an additional 825 volunteers and 59 trainers – providing the national society with a pool of 1,625 trained volunteers for future interventions.

Health

General objective: The Burkinabe Red Cross Society (BRCS) will contribute to the control of the epidemic in the eight affected districts and other neighbouring health districts over a three month period.

Specific objective 1: To help reduce the risk of disease associated with the outbreak of meningitis amongst the estimated 2.6 million inhabitants living in the 14 provinces at highest risk, through social mobilization.

BRCS teams worked alongside the MoH, in the most affected areas, to assist with the vaccination campaign, and immediately refer possible cases of meningitis to health care facilities. BRCS volunteers assisted local health care workers with the following activities:

- Ensuring that vaccination cards were filled in accurately;
- Maintaining order in the queues and giving priority to children;
- Ensuring that appropriate levels of cleanliness and hygiene were maintained at vaccination sites;
- Setting up Red Cross tents in selected vaccination sites.

In addition, awareness-raising activities focusing on prevention and detection were carried out through both door-to-door and mass media activities, reaching an estimated 2.6 million people in 14 provinces. Between 4-23 March 2007, 800 BRCS volunteers carried out the following activities in the 14 highest risk provinces for meningitis:

- Door-to-door sensitization.
 - ✚ Awareness-raising and dissemination activities were held with individual households, highlighting symptoms, means of transmission, preventative measures and actions to take as soon as suspected cases are detected.
 - ✚ Vaccinated and non-vaccinated individuals were identified
 - ✚ Suspected cases of meningitis were identified and referred to the appropriate health care facilities.
- Focus groups: informal focus groups were organized at community level, in markets and 'yaars, primary and secondary schools, bus stations and local establishments, to discuss the risks related to meningitis and answer questions. In Ouagadougou, volunteers held 36 sessions and reached 3,983 people. In the Province of Zoundwéogo (Guiba District), volunteers reached an additional 3,922 people during activities linked to International Women's Day.
- Mass communications: mass media – and in particular community radio – was used to disseminate messages on meningitis prevention and care in 5 provinces.

Capacity Building

Specific objective 2: To train 14 trainers and 800 volunteers on meningitis-related disaster response in the 14 high risk provinces in Burkina Faso.

In December 2007, BRCS with support from the Federation, carried out training with a view to reinforcing national society capacity to respond quickly and effectively to any future outbreaks of meningitis. A total of 59 trainers and 825 volunteers in 28 provinces were covered in this second round of training. This followed on initial training provided to 800 volunteers in the context of the immediate response to the meningitis outbreak earlier in the year.

Impact:

- BRCS disposes of a pool of 1,625 meningitis-trained volunteers in 42 regional committees.
- Over 2.6 million people in 14 provinces have been sensitized to meningitis.
- Awareness-raising, referral and vaccination activities contributed in controlling the meningitis outbreak, with an overall fatality rate of 6.78%. Reports from the field indicated that a number of people at risk immediately consulted health professionals following awareness-raising activities.

Challenges:

- Due to an insufficient numbers of trained volunteers in certain high risk areas at community level, BRCS had to deploy volunteers from other districts – with insufficient funds for covering transportation and accommodation costs.
- The limited timeframe of response activities did not enable BRCS to cover all affected areas over the course of the epidemic.
- A lack of knowledge regarding the Red Cross’s mandate was noted, especially amongst rural populations.

Conclusion

Lessons learned:

- Need for training and recycling of volunteers in different districts with special emphasis on community based first aid and management of epidemics.
- Need for greater control by local / regional committees during response operations.
- Increase the number of days planned for mobilization of volunteers in order to cover the needs of the whole country.
- Ensure that volunteers working in the field are vaccinated.

How we work	
<p><i>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.</i></p>	
<p>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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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	
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International Federation of Red Cross and Red Crescent Societies

MDRBF003 - Burkina Faso Meningitis 07

final Financial Report

Selected Parameters	
Reporting Timeframe	2007/2-2008/4
Budget Timeframe	2007/2-2008/4
Appeal	MDRBF003
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		0				0
B. Opening Balance		0				0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>		67,611				67,611
C5. Other Income		67,611				67,611
C. Total Income = SUM(C1..C5)		67,611				67,611
D. Total Funding = B + C		67,611				67,611
Appeal Coverage		#DIV/0				#DIV/0

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		67,611				67,611
E. Expenditure		-67,611				-67,611
F. Closing Balance = (B + C + E)		0				0

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		0					0	
Supplies								
Teaching Materials			3,880				3,880	-3,880
Total Supplies			3,880				3,880	-3,880
Land, vehicles & equipment								
Others Machinery & Equipment			237				237	-237
Total Land, vehicles & equipment			237				237	-237
Transport & Storage								
Distribution & Monitoring			544				544	-544
Transport & Vehicle Costs			4,519				4,519	-4,519
Total Transport & Storage			5,063				5,063	-5,063
Personnel								
International Staff Payroll Benefits			206				206	-206
National Society Staff			34,529				34,529	-34,529
Total Personnel			34,735				34,735	-34,735
Workshops & Training								
Workshops & Training			5,764				5,764	-5,764
Total Workshops & Training			5,764				5,764	-5,764
General Expenditure								
Travel			3,840				3,840	-3,840
Information & Public Relation			3,512				3,512	-3,512
Office Costs			3,257				3,257	-3,257
Communications			2,229				2,229	-2,229
Financial Charges			-598				-598	598
Other General Expenses			1,297				1,297	-1,297
Total General Expenditure			13,537				13,537	-13,537
Programme Support								
Program Support			4,395				4,395	-4,395
Total Programme Support			4,395				4,395	-4,395
TOTAL EXPENDITURE (D)			67,611				67,611	-67,611
VARIANCE (C - D)			-67,611				-67,611	