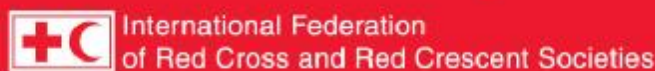


DREF operation final report



Burkina Faso: Meningitis and Measles

DREF operation n° MDRBF007
GLIDE n° EP-2009-000050-BFA
2 September 2009

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 99,400 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on February, 2009 to support the National Society in delivering assistance to 3,000,000 beneficiaries, or to replenish disaster preparedness stocks.

From January 2009 to May 2009, a serious outbreak of meningitis and measles occurred in Burkina Faso, leading to 52,812 suspected cases and 336 deaths from measles, and 4,052 suspected cases and 521 deaths from meningitis. The health district of Sindou (at the border with Côte d'Ivoire and Mali) was severely affected. To respond to these epidemics, the Burkina Faso Red Cross (BFRC), in coordination with the Health Ministry, mobilized volunteers for sensitization activities (door-to-door awareness, and focus groups) and immunization (vaccination campaigns).



Home visit to Sindou (in the Waterfalls region),
520 kms from Ouagadougou)

With the technical and financial support of the Federation, the BFRC provided support to 35 districts from nine health regions. About 835 volunteers and 57 provincial supervisors were mobilized and trained. At the end of the campaign, 75,730 households were visited in the provincial committees (some 394,953 people). Some 8,997 focus groups have reached about 364,985 people. These sensitization activities were reinforced by a radio campaign involving seven community radios. The Red Cross volunteers assisted the Health Ministry in the immunization campaign by transporting people to the vaccination centres, and by providing administrative and logistic assistance for the transportation of vaccines. The following narrative presents a preliminary final report providing a summary of the BRCS interventions. The completion of the final financial report has been delayed due to an outstanding provision to the National Society that remains pending. This preliminary final report will be updated accordingly upon reconciliation of the accounts.

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

The situation

In the first six months of 2009, a total of 52,812 suspected cases of measles were registered, and 336 people died (a case fatality rate of 0.63%). The health district of Sindou (at the border with Côte d'Ivoire and Mali), first sounded the alarm. As for meningitis, 4,052 suspected cases with 521 deaths were recorded, a lethality rate of 12.85%. Unlike the last two years, the meningitis outbreak this year was less "significant" compared to the number of recorded cases. With its experience in managing epidemics (measles, meningitis, yellow fever), the Burkina Faso Red Cross initiated an action plan in order to contribute to the response to the measles and meningitis outbreaks. This action plan focused on the organization of nationwide mass vaccination campaigns, and strengthening of routine immunization, with a goal of reducing morbidity and mortality during the 2009 epidemic season. This occurred in the context of rising food prices that impacted the nutritional status of the population, coping mechanisms, and hence their resistance to disease. This preliminary final report provides a summary of the interventions of the Burkina Faso Red Cross. The completion of the final financial report has been delayed due to an outstanding provision to the National Society that remains pending. This preliminary final report will be updated accordingly upon reconciliation of the accounts.

Red Cross and Red Crescent action

Achievements against objectives

Emergency health

Objective: To contribute to the reduction of meningitis and measles associated morbidity and mortality of the 2009 Measles and Meningitis epidemic in Burkina Faso.

Specific objectives:

- organising the sensitization and social mobilisation campaign via local Red Cross committees in 35 districts at risk from meningitis and measles targeting at least 3 million beneficiaries;
- ensuring effective capacity building within the Red Cross National Society;
- ensuring relationship building between key partners and the Ministry of Health.

Expected results	Activities planned
<ul style="list-style-type: none"> • All Red Cross activities are implemented in a coordinated way thus avoiding duplication of services with other actors. Red Cross experience is also shared with others at coordination meetings and during surveillance, reporting, response and advocacy activities at the national and district levels; • A number of 835 well trained and motivated volunteers and 57 supervisors of the Burkinabe Red Cross Society are able to reach the most affected people and have provided life saving support to those falling sick from the epidemic; • Hygiene and health education, early case detection and referral as well as sensitizations have contributed in reducing the number of victims; • Hygiene and health education as well as sensitizations have led to some long term behaviour change preventing and reducing the impact of future outbreaks; • The public has come to know more about the role of the Red Cross/Red Crescent Movement. 	<ul style="list-style-type: none"> • Mobilization of 835 volunteers and 57 supervisors; • One day briefing for volunteers and supervisors; • Delivery of key messages regarding transmission and prevention via door-to-door sensitization; • Organisation of community mobilization and sensitization via focus group discussions in public places such as schools, markets, churches and mosques; • Broadcasting campaign through rural radio stations; • Active case finding and referral to health structures such as health posts and centres.

Given the magnitude of these 2 epidemics and how relatively small the financial resources of the BFRC are, support was provided to 35 districts from 9 health regions. The regions affected are primarily South-West, Loop of Mouhoun, Central East, Central, Central Plateau, North, Central-south and Central-east. The districts where interventions were organized were Banfora, Mangodara, Sindou, Baskuy, Bogodogo, Boulmiougou, Nongr-Massoma, Sig-Nonghin, Bittou, Garango, Tenkodogo, Zabré Koupéla, Pouytenga, Ouargaye, Kombissiri, Sapone, Manga, Po, Bogandé, Manni, Fada, Gayer, Pama, Boromo, Dédougou, Nouna, Solenzo, Toma, Tougan, Ziniaré Titao, Batie, Dano, Gaoua. In these districts, 835 volunteers and 57 provincial supervisors were mobilized.

Refresher training for 57 supervisors and 835 volunteers: many of the affected committees have trained supervisors skilled in epidemic disease prevention and mitigation, but the support of health officials of concerned districts was necessary to ensure refresher training for volunteers on the measles module. All 57 supervisors and 835 volunteers mobilized received the refresher training.

Awareness by door-to-door household visits: this activity consisted of:

- meeting with households and collecting information such as: household size, number of persons between 2 and 30 years (target population for vaccination against meningitis), the number of people vaccinated as well as suspected cases in households.
- reinforcing awareness about meningitis in terms of providing accurate information on what meningitis looks like, its modes of transmission, the prevention of the disease, the symptoms, how to minimize risky behaviour, and a timely visits to health facilities with the first suspected signs of meningitis.
- A total of 75 730 households were visited in the provincial committees, involving 394,953 people.

Focus groups: Target groups in market areas, primary and secondary schools, bars, railway stations, and places of worship have received awareness through talk sessions and debates. In total 8,997 focus groups were made and reached about 364,985 people.

Mass media: Mass media (especially community radios) were used to disseminate measles and meningitis messages in six provinces. These radios were used to reach the maximum number of people in these provinces as shown by the following table:

Regions	Provinces	Radio Stations	Coverage in kilometres	Number of listeners (estimate)	Number of messages disseminate
B. Mouhoun	Mouhoun	Radio Salaky	100	600,000	20
	Banwa	Radio Vératamu	120	800,000	80
Centre-South	Zoundweogo	Radio Pax	80	300,000	5
	Nahouri	Radio Goulou	70	262,000	4
Centre-East	Kourittenga	Radio Kouritta	100	320,000	2
East	Gourma	Radio Taamba	80	200,000	12
		Radio Rurale	100	250,000	2
Total				2,732,000	125

Summary of door to door advocacy and focus groups organized by the provincial committees

Regions	Provinces	Number of visited households	Number of persons reached	Number of groups organized	Number of persons reached by the focus groups	Total
Mouhoun	Kossi	4,154	11,817	182	6,361	18,178
	Mouhoun	983	5,924	241	7,234	13,158
	Sourou	2,556	16,044	10	866	16,910
	Nayala	1,501	5,529	89	3,931	9,460
	Banwa	1,886	13,389	260	11,263	24,652
	Balés	920	6,020	152	4,104	10,124
Center	Kadiogo	8,449	53,416	557	9,425	62,841
Waterfalls	Comoé	2,981	19,143	690	18,136	37,279
	Léraba	441	13,375	299	1,923	15,298
Centre-East	Boulgou	6,467	49,206	991	34,715	83,921
	Kouritenga	5,921	32,048	1,471	154,666	186,714
	Koumpelgo	3,916	19,580	813	18,699	38,279
	Bazega	1,930	11,011	167	21,345	32,356

Centre-South	Zounweogo	3,747	17,311	897	24,855	42,166
	Nahouri	1,727	8,435	70	3,935	12,370
East	Gnagna	5,680	29,082	318	6,477	35,559
	Gourma	4,864	15,644	415	4,220	19,864
	Komondjari	2,470	12,576	253	6,831	19,407
	Kompienga	6,184	22,528	101	3,182	25,710
Plateau central	Oubritenga	1,544	8,065	198	4,732	12,797
North	Loroum	4,201	9,635	616	14,168	23,803
South-West	Poni	3,208	15,175	207	3,917	19,092
Total		75,730	394,953	8,997	364,985	759,938

Source: Activity reports of provincial committees concerned.

Immunization campaigns: the areas that were most affected by the meningitis and/or measles epidemic had reactive vaccination campaigns during which volunteers from the Red Cross supported health workers in the following actions:

- informing the public about the dates of vaccination and the need to be vaccinated.
- filling up vaccination cards.
- maintaining order in the ranks of those being immunized, gwith priority to children.
- transporting vaccine doses.

In total 31 districts were vaccinated during the epidemic season against measles and 3 districts (Ziniaré, Titao and Kongoussi) against meningitis.

Impact: Human capacity building of branches was achieved with the training of 835 volunteers on meningitis in 24 provincial committees. Some 35 districts have been supported in social mobilization, with a total of 3,491,938 people sensitized. These activities have contributed to strengthening collaboration between the provincial committees and health authorities. Some provincial committees welcome the fact that they are now associated with the district in a systematic way. The number of cases of meningitis remained below those of 2007 and 2008 for the same period. This can be attributed to the reactive immunization campaign and proper case management, but also awareness raising activities that enable the population to adopt a preventive change in behaviour. In the process of carrying out the planned activities, the visibility of the Red Cross and been enhanced.

Constraints and challenges:

- The lack of trained volunteers at the departmental level requires the deployment of volunteers to very long distances without means for displacement (the volunteers are concentrated in the headquarters of the provincial committees).
- Lack of knowledge of the principle of "volunteering" by some volunteers, which does not allow the rapid implementation of response activities
- Weak collaboration between the provincial committees and health authorities: Some committees did not have strong relationships with the districts; they have not even been informed that the district was in threatened with an epidemic.

Promoting partnership: the involvement of volunteers from the Burkinabe Red Cross in the epidemic response will certainly help in achieving the objectives set by the Ministry of Health. This intervention was made possible through the technical and financial support of the International Federation and the ALSADEQ Association. The BFRC also commends the medical personnel in the various districts that have supported the training and supervision of volunteers, thereby contributing to the quality of the BFRC intervention in this campaign.

Lessons learned and recommendations: further work needs to be undertaken in the following areas:

- Strengthening the capacities of the branches with the recruitment and training of volunteers at the departmental level.
- Strengthening the logistical capacities of the branches (bicycle, motorcycle, staff number ...).
- Strengthening the technical skills of volunteers by providing training on epidemic-prone diseases (meningitis, cholera, yellow fever, shigellosis).

- Intensify the dissemination of fundamental principles and mandate of the Red Cross Movement.
- Strengthen collaboration of BRCS provincial committees with health authorities
- Provide vaccines for all staff and volunteers who will be mobilized in case of an epidemic outbreak.
- Burkina Faso has been selected as a pilot country for testing the new conjugate vaccine against meningitis A in the first half of 2010, and it will be interesting to assess how the BFRC can support this initiative.

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	
<p>For further information specifically related to this operation please contact:</p> <ul style="list-style-type: none"> • In Ouagadougou: Weleti Maiga, Secretary General, Burkinabe Red Cross Society, email: magaweleti@yahoo.fr, phone: (226).76.66.56.77; • In Dakar : Alasan Senghore, Federation Head of West and Central Africa Zone Office, Senegal, email: alasan.senghore@ifrc.org, Phone: (221) 33.869.36.41, Fax: (221).33.820.25 34 	

[<click here for the financial report or to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRBF007 - Burkina Faso - Meningitis and Measles

FINAL Financial Report

Selected Parameters	
Reporting Timeframe	2009/2-2009/10
Budget Timeframe	2009/2-2009/5
Appeal	MDRBF007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	99,400					99,400
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>Voluntary Income</i>	89,929					89,929
C5. Other Income	89,929					89,929
C. Total Income = SUM(C1..C5)	89,929					89,929
D. Total Funding = B + C	89,929					89,929
Appeal Coverage	90%					90%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	89,929					89,929
E. Expenditure	-89,929					-89,929
F. Closing Balance = (B + C + E)	0					0

International Federation of Red Cross and Red Crescent Societies

MDRBF007 - Burkina Faso - Meningitis and Measles

FINAL Financial Report

Selected Parameters	
Reporting Timeframe	2009/2-2009/10
Budget Timeframe	2009/2-2009/5
Appeal	MDRBF007
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		99,400					99,400	
Supplies								
Teaching Materials	8,567						8,567	
Total Supplies	8,567						8,567	
Transport & Storage								
Transport & Vehicle Costs	3,624	218				218	3,406	
Total Transport & Storage	3,624	218				218	3,406	
Personnel								
National Staff	70,926						70,926	
National Society Staff		118				118	-118	
Total Personnel	70,926	118				118	70,808	
Workshops & Training								
Workshops & Training		84,349				84,349	-84,349	
Total Workshops & Training		84,349				84,349	-84,349	
General Expenditure								
Travel	6,000	2,714				2,714	3,286	
Information & Public Relation	600						600	
Communications	2,724	62				62	2,662	
Financial Charges	498	-3,377				-3,377	3,875	
Total General Expenditure	9,822	-601				-601	10,423	
Programme Support								
Program Support	6,461	5,845				5,845	616	
Total Programme Support	6,461	5,845				5,845	616	
TOTAL EXPENDITURE (D)	99,400	89,929				89,929	9,471	
VARIANCE (C - D)		9,471				9,471		