



BRCs volunteer assisting the Ministry of Health vaccinator during the reactive vaccination campaign in Kaya on February 27, 2024.  
Credit: Burkina Faso Red Cross

Appeal: <b>MDRBF018</b>	Country: <b>Burkina Faso</b>	Hazard: <b>Epidemic</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 253,029</b>	
Glide Number: <b>-</b>	People Affected: <b>1,157,584 people</b>	People Targeted: <b>218,270 people</b>	
Operation Start Date: <b>2024-03-21</b>	Operation Timeframe: <b>3 months</b>	Operation End Date: <b>30-06-2024</b>	DREF Published: <b>25-03-2024</b>

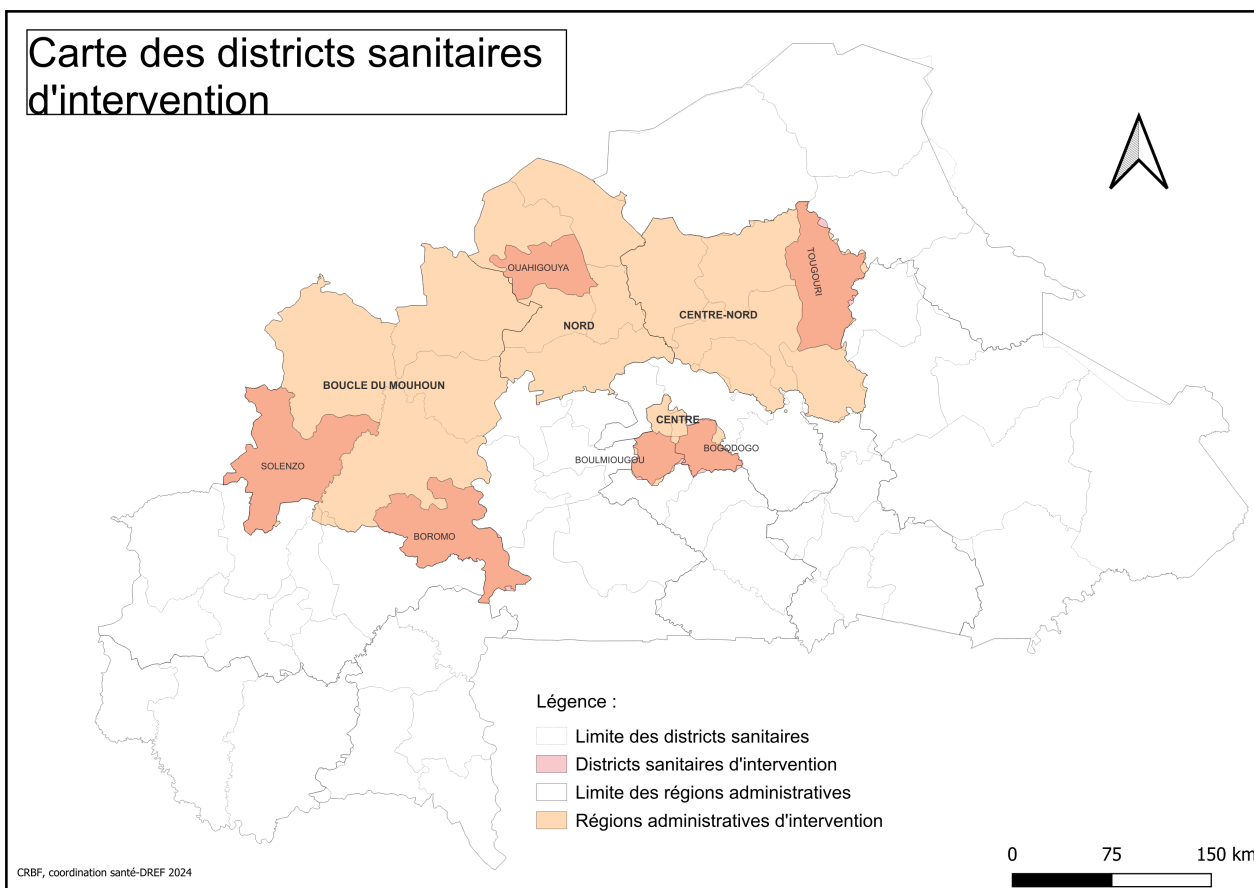
Targeted Areas:

**Boucle Du Mouhoun, Cascades, Centre, Centre-Est, Centre-Nord, Centre-Ouest, Centre-Sud, Est, Hauts-Bassins, Nord, Plateau-Central, Sahel, Sud-Ouest**

# Description of the Event

## Date when the trigger was met

2024-03-05



## What happened, where and when?

Since the introduction of the second dose of the measles-rubella (MR2) vaccine into routine vaccination in 2014, the frequency of epidemics, which were once quite recurrent, has noticeably decreased. However, isolated outbreaks still occur occasionally, such as the one reported in the Kampti district earlier in 2022.

From week 46 of 2023 to week 7 of 2024, Burkina Faso reported a total of 2089 suspected cases of measles, resulting in seven (7) deaths.

In 2023, there were a cumulative total of 2190 measles cases with five deaths. However, the situation in 2024 far surpasses these figures. From week 1 to week 9 alone, there have been 3050 suspected cases and 10 deaths. These numbers for 2024 significantly exceed those of the preceding three years (2021 to 2023). While all health regions are affected, the Central, North-Central, North, Boucle du Mouhoun, and Hauts-Bassins regions have reported the highest number of cases. Active measles outbreaks persist in districts such as Boulmiougou and Bogodogo in the Central region, Ouahigouya in the North region, Tougouri in the North-Central region, and Boromo and Solenzo in the Boucle du Mouhoun region. Additionally, new outbreaks have emerged in the Nongr-Masom health district in the Central region (20 cases in week 8 and 31 cases in week 9) and the Dori health district in the Sahel region (8 cases in week 8\_2024 and 28 cases in week 9\_2024). As of week 9 of 2024, Sig-Nonghin, Tenado, Kaya, Manni, Dandé, Orodara, and Zorgho are identified as new districts at risk of epidemic.

The median age of confirmed cases is 2 years, ranging from 1 month to 50 years. Males constitute 51.38% of confirmed measles cases. Unfortunately, the trend is on the rise across all regions of the country.

To tackle this alarming situation, health authorities activated the Center for Response Operations to Health Emergencies (CORUS) on 26 January 2024. Since then, response measures such as reactive vaccination campaigns, enhanced surveillance, risk communication, and community engagement efforts have been implemented. Despite these interventions, the epidemic persists, with every health region reporting at least one case.



Given the increasingly concerning trajectory depicted in Figure 1, health authorities have sought technical and financial assistance from the Burkinabe Red Cross Society, as of 5 March 2024.



A volunteer assisting the Ministry of Health vaccinator during the reactive vaccination campaign in Ouahigouya on March 2, 2024. Credit: Burkina Faso Red Cross

## Scope and Scale

Measles is an acute viral respiratory disease with humans being the only natural hosts of its virus. It is one of the most contagious of all infectious diseases; up to 9 out of 10 susceptible persons with close contact to a measles patient will develop the disease. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area.

Common complications from measles include otitis media, bronchopneumonia, laryngotracheobronchitis, and diarrhea. Even in previously healthy children, measles can cause serious illness requiring hospitalization. One out of every 1000 measles cases will develop acute encephalitis, which often results in permanent brain damage. One to three out of every 1000 children who become infected with measles will die from respiratory and neurologic complications. Subacute sclerosing panencephalitis (SSPE) is a rare, but fatal degenerative disease of the central nervous system characterized by behavioral and intellectual deterioration and seizures that generally develop 7 to 10 years after measles infection.

This epidemic has spread across the national territory, with all 13 health regions reporting measles cases. However, the bulk of the cases are concentrated in four key regions: North, North-Central, Boucle du Mouhoun, and Centre, which are the focal points within the DREF framework. Aside from the sheer number of cases, these regions—except for the Centre—host internally displaced persons (IDPs) living in densely populated conditions conducive to measles transmission. These IDPs originate from areas where healthcare facilities are either closed or minimally operational, leaving many children inadequately vaccinated. Additionally, two health districts—Solenzo and Tougouri—face restricted access due to security concerns.

Given the high level of contagion of the disease, if nothing is done quickly, the damage will be devastating. The most vulnerable groups are children under 5 years old (0 to 59 months) and unvaccinated adults. However, measles vaccine is readily available in the country, with plans to procure additional doses through routine immunization programs, supported by technical and financial partners like the World Health Organization (WHO) and Gavi.



The situation may improve if comprehensive measures are followed, particularly through reactive vaccination campaigns covering all health districts.

Conversely, persistent security challenges and ongoing population displacements could exacerbate the situation, leading to a notable surge in cases. Despite efforts, logistical hurdles, especially in blocked areas, could hamper preventive measures, exacerbating vulnerabilities within already socioeconomically challenged populations and increasing the risk of complications such as malnutrition and infections.

Should the situation remain as it is or worsen during the DREF implementation, the National Society will request an emergency appeal to bolster the response to this critical situation.

## Source Information

Source Name	Source Link
1. Weekly epidemiological situation for week 52 of 2023 (Ministry of Health)	<a href="http://www.corus.gov.bf/">http://www.corus.gov.bf/</a>
2. Situational Update Report (Sitrep) N°06_flambée rougeole (CORUS)	<a href="http://www.corus.gov.bf/">http://www.corus.gov.bf/</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

### Lessons learned:

The joint sensibilization activities of Red Cross volunteers together with Community-Based Health Agents (ASBC) have enhanced the acceptance and visibility of the Red Cross and strengthened the commitment of the visited communities.

The establishment of community surveillance committees through the Community-Based Surveillance (SBC) mechanism serves as a true tool for early detection and faster and more adaptive response in case of an epidemic outbreak.

## Current National Society Actions

### Start date of National Society actions

2024-01-27

Health	The NS has been actively engaged in various health-related initiatives: <ul style="list-style-type: none"><li>- Training Program: Organized comprehensive training sessions for 40 volunteers and call center personnel from CORUS. The training focused on equipping them with the necessary skills in RCCE, particularly in response to the measles outbreak.</li><li>- Mobilization Efforts: Deployed a team of 70 volunteers and ASBCs to support the</li></ul>
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	<p>reactive vaccination campaign across the health districts of Kaya and Ouahigouya. Their tasks included identifying suspected cases, locating individuals lost to follow-up, identifying zero-dose individuals and children overdue for vaccinations, and facilitating their access to healthcare facilities.</p> <ul style="list-style-type: none"> <li>- Financial Support: Provided financial assistance to the Ouahigouya health district for conducting community-based case investigations, reinforcing disease surveillance efforts at the grassroots level.</li> <li>- Vaccination Assistance: Offered financial aid to the Kaya health district to recruit and mobilize 14 vaccinators, strengthening the ongoing reactive vaccination efforts in the region.</li> </ul> <p>Through these concerted actions, the NS aims to curb the spread of measles, improve vaccination coverage, and ensure the health and well-being of communities in the affected areas.</p>
<p><b>Community Engagement And Accountability</b></p>	<p>The following actions have been implemented:</p> <ol style="list-style-type: none"> <li>1. Information and engagement meeting with 25 media actors from the Central Region on measles. Following the training, each participant produced a publication on measles.</li> <li>2. Awareness activities through home visits and focused awareness sessions on measles.</li> <li>3. Mass awareness campaigns through the broadcasting of two interactive radio programs on measles in the health districts of Kaya and Ouahigouya.</li> </ol>
<p><b>National Society Readiness</b></p>	<p>At the onset of the response, the National Society (NS) took proactive measures to enhance the capabilities of 40 Burkinabe Red Cross (CRBF) volunteers, who were stationed as teleoperators at the Center for Response Operations to Health Emergencies (CORUS). These volunteers received comprehensive training on disease management, risk communication, and community engagement, ensuring their readiness to effectively respond to the crisis.</p> <p>Furthermore, the NS played a pivotal role in training and involving 25 media professionals in raising awareness about measles. These sessions covered crucial topics such as disease transmission, symptoms, prevention strategies, and Risk Communication and Community Engagement (RCCE) techniques. Additionally, emphasis was placed on the media's crucial role in facilitating an efficient response to the outbreak.</p> <p>Moreover, the NS actively engaged local CRBF committees in mobilizing volunteers to disseminate awareness messages and assist in locating individuals who may have been lost to follow-up, working closely with Community Health Workers.</p>
<p><b>Assessment</b></p>	<p>The assessment of the situation relied predominantly on secondary data sources. The National Society (NS) did not conduct field missions to collect primary data for evaluation purposes. Instead, it analyzed data produced by the Ministry of Health, including various Situation Reports (Sitrep).</p>
<p><b>Resource Mobilization</b></p>	<p>The NS has launched an incident action plan, which will be disseminated to various partner National Societies and other stakeholders to seek funding.</p> <p>Meanwhile, initial funds have been secured from ongoing projects (PPP, NORCROSS, REACH) to commence the actions. The remaining activities of the routine immunization program will be funded through the DREF resources.</p>
<p><b>National Society EOC</b></p>	<p>A dedicated incident management team, under the guidance of an incident manager (IM), has been assembled to oversee the response efforts. This team consists of an operations officer, logistics officer, administration and finance officer, planning officer, communication officer, liaison officer, and security and humanitarian access officer.</p>



# IFRC Network Actions Related To The Current Event

<p><b>Secretariat</b></p>	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) delegation in Niamey provides crucial support to the Burkina Faso Red Cross Society through technical assistance both within the country and across other countries within the group.</p> <p>At the national level, the delegation includes a dedicated REACH focal point and a PMER coordinator (Planning, Monitoring, Evaluation, and Reporting). Additionally, the cluster offers support in various areas such as program management, finance, and institutional capacity building.</p> <p>This collaborative effort enhances the capacities of the Burkinabe Red Cross Society, enabling it to better meet the needs of its community and improve its effectiveness in implementing humanitarian programs.</p>
<p><b>Participating National Societies</b></p>	<p>The Norwegian Red Cross, through the community health project in the districts of Ouahigouya and Kaya, provided support to the NS response by allocating funds originally earmarked for emergency situations. Additionally, the Belgian and Spanish Red Cross Societies, through the PPP ECHO program, also contributed to these efforts.</p>

# ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC), a longstanding partner of the Burkinabe Red Cross (CRBF), will facilitate access to specific areas as per the agreed security protocols within the Movement. Moreover, it stands ready to offer direct support to select health districts falling within its priority intervention zones, providing assistance in terms of human resources, essential supplies, logistical backing, and more.

# Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>Yes</p>
<p><b>National authorities</b></p>	<p>Following the surge in measles cases nationwide, the Center for Response Operations to Health Emergencies (CORUS) was activated on 26 January 2024, at the national level, with the appointment of an incident manager. Since then, several actions have been undertaken at both central and regional levels. These include:</p> <ul style="list-style-type: none"> <li>- Holding meetings of the Incident Management System (IMS)</li> <li>- Activating epidemic management committees at both national and regional levels</li> <li>- Organizing preparatory meetings for the reactive vaccination campaign (pre-campaign)</li> <li>- Conducting mass awareness campaigns through audiovisual broadcasts</li> <li>- Implementing reactive vaccination campaigns in multiple health districts (Tougouri, Kaya, Ouahigouya, Boulmiougou, Bogodogo, Baskuy, Nongr-Massom, Sig-Nonghin, Boromo, Solenzo, etc.)</li> <li>- Providing care for cases at various affected healthcare facilities</li> </ul> <p>These concerted efforts aim to effectively respond to the measles outbreak, ensure widespread vaccination coverage, and provide essential care and support to affected individuals across the country.</p>
<p><b>UN or other actors</b></p>	<p>WHO, UNICEF, GAVI, and other partners have contributed to financing the Incident Action Plan developed by the Ministry of Health (MOH). This support encompasses various aspects, including vaccine procurement, capacity-building for healthcare workers, acquisition of essential supplies, and more. Their financial assistance plays a crucial role in ensuring the effective implementation of response measures and in strengthening the healthcare system's capacity to manage the measles outbreak.</p>



### Are there major coordination mechanism in place?

A weekly information and advocacy meeting is held by health authorities, attended by all Partners in Technical and Financial Support. Additionally, epidemic management committee meetings are scheduled at the national, regional, and provincial levels. These gatherings serve as vital platforms for sharing updates, coordinating efforts, and advocating for effective response strategies against the measles outbreak.

## Needs (Gaps) Identified



### Health

In the health sector, needs can mainly be grouped into 2 axes. These are the need for strengthening measles surveillance and the need for population immunization through vaccination.

For surveillance, it is essential to ensure early detection of suspected cases, rumor collection, and responding to population concerns through the national health surveillance center (Call center). Furthermore, this center contributes to alerting rapid response teams for case investigations. This center is managed by fifty volunteers from the Red Cross who work around the clock, 24/7. Unfortunately, this center, which was crucial in responding to the COVID-19 pandemic, is experiencing operational difficulties, hence the need to support its functioning during the response period. It is also necessary to strengthen the skills of community-based health agents from the six health districts so that they can participate in early case detection during their proximity sensitization outings. In the Ouahigouya health district, a specific need for training IDP mother leaders was noted. All community mobilization activities and RCCE will help fill the information gaps on the disease and response (symptoms, vaccination, treatment, ...).

Also, the difficulty of delivering vaccines in some districts with security challenges is also a significant gap to fill.

According to the Ministry of Health, for reactive vaccination, the target population to be vaccinated is estimated at 3 million children aged 9 to 59 months. To achieve this, there are needs for community mobilization that can be provided by volunteers and needs for the care of vaccinators.



### Community Engagement And Accountability

The primary focus lies in the necessity for disseminating vital information and raising awareness among the populations of the 6 districts regarding the disease itself (including its mode of transmission and the causative agent), preventive measures (such as respiratory and hand hygiene, as well as the importance of vaccination including the availability and safety of vaccines), and the ongoing efforts in the field. Therefore, a comprehensive communication strategy encompassing both grassroots awareness campaigns led by volunteers and community health agents (utilizing methods like door-to-door visits and focus groups) and broader mass communication initiatives (such as radio broadcasts) is essential.

Furthermore, it has become evident that there is a crucial need to inform and engage various community leaders, including traditional and religious figures, traditional healers, educators, and media personnel, across all six affected districts. By involving these influential figures, we can leverage their networks and credibility to effectively disseminate information, raise awareness, and facilitate local action on the ground.

## Any identified gaps/limitations in the assessment

The identified gaps in the needs assessment are outlined as follows:

#### Health Sector:

- Requirement for the training of 360 community actors, including 180 volunteers and 180 ASBC members, focusing on measles awareness, early detection, and proficiency in RCCE.
- Need for specialized training sessions targeting 20 PDI women on vaccination protocols.
- Urgent necessity for the vaccination of millions of children aged 9 to 59 months.
- Essential to ensure uninterrupted operations of the health surveillance center for 03 months.

#### Risk Communication and Community Engagement (RCCE):

- Insufficient dissemination of information within the community concerning measles, vaccines (including awareness of potential side effects and safety), and preventive measures.

There exists a critical need for comprehensive awareness initiatives aimed at bridging the knowledge gap on these crucial topics.



# Operational Strategy

## Overall objective of the operation

This operation aims to support 218,270 individuals affected by the measles epidemic in Burkina Faso. This support will be provided through health assistance and Risk Communication and Community Engagement (RCCE) activities in the health districts of Ouahigouya, Tougouri, Boromo, Solenzo, Bogodogo, and Boulmioungou. The intervention will span a duration of 3 months, targeting these areas to reduce the impact of the epidemic and improve the well-being of the affected populations.

## Operation strategy rationale

To effectively accomplish the outlined objectives, a set of primary strategies will be implemented over a three-month period, in close coordination with the Ministry of Health:

- Capacity Strengthening: This involves empowering key personnel, including 180 volunteers from the prioritized districts, 48 call center volunteers, and 180 community-based health agents, through targeted training and skill-building initiatives.
- Epidemiological Surveillance: Rigorous measures will be taken to bolster epidemiological surveillance, including proactive case detection and tracking, ensuring seamless referral pathways within the healthcare system.
- Risk Communication and Community Engagement: Strategic communication efforts will be employed, including advocacy sessions with community leaders, systematic feedback collection and analysis, and the dissemination of vital information through mass communication channels such as radio broadcasts.

Community Mobilization: Active engagement of communities, particularly during Ministry-led vaccination campaigns, will be prioritized, fostering community ownership and participation in the response activities.

These strategies are meticulously designed to comprehensively address the challenges posed by the measles epidemic, fostering collaboration and community involvement to ensure the success of the intervention efforts.

# Targeting Strategy

## Who will be targeted through this operation?

To address the risk of measles transmission, the primary emphasis is on safeguarding children, particularly 1. Children aged 9 to 59 months are the main focus for targeted vaccination initiatives; 2. Additionally, children aged 5 and above, alongside adults, are included in catch-up vaccination drives and preventive measures.

While adults are part of routine expanded vaccination programs, the core focus remains on children due to their heightened vulnerability to measles. However, adults are also engaged in awareness campaigns and advocacy efforts to ensure comprehensive protection for the community. This approach acknowledges the critical role adults play in promoting preventive measures and protecting vulnerable children. For instance, a report from 9 to 13 February 2024, by the Ministry of Health revealed that among 151 confirmed measles cases, the majority—89.34%—were among the unvaccinated population, with 21.5% aged between 5 to 14 years and 11.68% comprising adults aged 15 and above.

## Explain the selection criteria for the targeted population

The Ministry of Health has strategically prioritized regions based on several factors, including the prevalence of measles cases, attack rates, and vaccination coverage. Consequently, six districts have been singled out as priority areas for the Ministry's response efforts. These districts include Ouahigouya (in the Northern region), Tougouri (in the Central-Northern region), Solenzo, and Boromo (both in the Boucle du Mouhoun region), as well as Boulmioungou and Bogodogo (both in the Central region).

In these districts, there is a notable absence of partners specifically addressing the three core areas of focus outlined by the Burkinabe Red Cross (CRBF): strengthening surveillance, conducting Risk Communication and Community Engagement (RCCE) activities, and mobilizing communities to reinforce immunization through vaccination. However, these actions fall squarely within the CRBF's mandate, and the organization possesses the requisite capacities for their effective implementation.



The CRBF has established local branches and enlisted volunteers in the targeted zones to facilitate the successful execution of this intervention.

## Total Targeted Population

Women	95,253	Rural	-
Girls (under 18)	16,065	Urban	-
Men	91,517	People with disabilities (estimated)	-
Boys (under 18)	15,435		
Total targeted population	218,270		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Infection of a large number of volunteers or staff or their family.	Ensuring the vaccination of volunteers, staff, and their non-immunized family members right from the beginning.
There is an increasingly high demand for the National Society's involvement in the response efforts.	Advocacy with other donors (national societies, internal and external partners).
Temporary inaccessibility of beneficiary populations due to the security context.	Enhancement of "action-oriented engagement" through focal points and local committees; Inclusion of volunteers from within the Internally Displaced Persons (IDP) communities.

Please indicate any security and safety concerns for this operation

Difficulties in accessing certain localities for activity implementation due to the security context (such as Solenzo and Tougouri). Risk of team attacks and improvised explosive devices (IEDs): To address these risks, the project will prioritize implementing measures established by the security department of the National Society, including:

1. Regularly sharing movement updates with the security department.
2. Strict adherence to the security measures prescribed by this department.
3. Regular monitoring and reporting of security incidents.
4. Strengthening community acceptance.

Has the child safeguarding risk analysis assessment been completed?

Yes

## Planned Intervention



**Budget:** CHF 179,897  
**Targeted Persons:** 31,500



## Indicators

Title	Target
# of children vaccinated aged 9 to 59 months.	31,500
# of unvaccinated children referred to health facilities.	3,000
# of awareness-raising sessions conducted.	9,720
# of volunteers and community-based health agents trained on measles.	360

## Priority Actions

- Training of community-based health agents (180 ASBC and 180 volunteers, i.e., 30 volunteers and 30 ASBC per health district) on event-based surveillance guidelines with a focus on measles in a single day across the 6 affected health districts (one session per Health and Social Promotion Center [CSPS]).
- Training/enhancement of skills for 20 women/mother leaders from internally displaced populations (IDPs) on vaccination and vaccine-preventable diseases.
- Enhancement of skills for 20 ASBC members from areas hosting IDPs on vaccination and vaccine-preventable diseases.
- Joint deployment of 180 pairs (ASBC and CRBF volunteers), i.e., 30 pairs per health district, for active case finding of measles cases and unvaccinated children.
- Support for the functioning of the national health surveillance center (call center) through 49 volunteers.
- Psychosocial Support and Basic Counseling (PSSBC/ECV) training for the 48 volunteers from the Call Center.
- Provision of individual protective equipment for the joint deployments of 180 volunteers and 180 ASBC members.
- Community mobilization by the 180 pairs (volunteers and ASBC members) during reactive vaccination campaigns in the epidemic-affected health districts



## Community Engagement And Accountability

**Budget:** CHF 29,744

**Targeted Persons:** 180,470

## Indicators

Title	Target
# of individuals reached through door-to-door sensitization efforts.	180,000
# of individuals reached through door-to-door awareness campaigns.	850

## Priority Actions

- Joint outreach activities by ASBC and CRBF volunteers for community sensitization (door-to-door visits, focus groups).
- Organize information exchange meetings with opinion leaders on measles in each affected health region.
- Support the organization of an information session on measles with traditional healthcare practitioners.
- Conduct a one-day briefing for preschool and primary school teachers on measles.
- Develop radio spots.
- Broadcast messages on national and community radios/televisions and social media platforms.
- Organize interactive programs on measles.
- Information sessions for media actors.
- Reproduction of awareness materials.
- Media coverage.
- Support the operation of the national health surveillance center (call center): This center operates 24/7 and has a toll-free number to address questions and concerns from the public. Since its inception, the center has been manned by Red Cross volunteers at the request of the Ministry of Health.





## Coordination And Partnerships

**Budget:** CHF 15,635

**Targeted Persons:** -

### Indicators

Title	Target
The number of joint supervisions conducted by CRBF and the Ministry of Health and Public Hygiene (MSHP).	3
The number of coordination frameworks supported.	10

### Priority Actions

- Joint supervision of volunteers and ASBC.
- Conduct a post-action review of the measles response.
- Support the organization of a Strategic Orientation Committee (SOC) meeting.
- Support the organization of nine (09) meetings of the Regional/Provincial Epidemic Management Committee. These meetings serve as mandatory and strategic forums at the regional and provincial levels, led by the government, and bringing together all stakeholders engaged in epidemic response. They provide a platform for discussing response strategies, identifying gaps, assessing the current situation, and mapping stakeholders.
- Workshop to disseminate the results of the CRBF's post-action review.
- Regional IFRC supervision.
- Deployment of surge personnel.
- Insurance.
- Communication.



## National Society Strengthening

**Budget:** CHF 27,752

**Targeted Persons:** -

### Indicators

Title	Target
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### Priority Actions

- National focal point per diem
- Per diem for 6 provincial focal points
- Contribution to operational expenses
- Vehicle rental
- Vehicle maintenance
- Communication expenses (for 15 individuals for 3 months)
- Capacity building for staff and volunteers
- Insurance for volunteers



# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

In total, 220 volunteers (40 for the call center and 30 for each of the 6 districts) will be mobilized for the response. These volunteers will be trained and provided with personal protective equipment and awareness tools to conduct activities in the field. They will be insured, form the cornerstone of the intervention, and perform the following roles:

- Conducting door-to-door awareness campaigns and/or focus group discussions.
  - Collecting rumors.
  - Actively searching for unvaccinated children (through verification of vaccination records and identification of suspected cases) and referring them to health facilities.
  - Mobilizing communities during reactive vaccination campaigns.
- As for the staff, there will be a total of 20 members (including 1 focal point in each of the 6 districts) led by the incident manager.

The team will be responsible for coordinating the implementation of response actions to achieve the objectives set by the NS; planning actions and drafting situation reports (Sitreps); implementing activities defined in the incident action plan within set deadlines; ensuring communication within the NS and externally; mobilizing financial and logistical resources to fund the intervention; ensuring the safety of field interveners; and representing the NS in orientation and management committees at the national and regional levels.

## Will surge personnel be deployed? Please provide the role profile needed.

The National Society is generally strong in the field of health but requires some support regarding overall operations management and compliance with DREF requirements. This support would focus more on general coordination and adherence to financial and reporting requirements. This DREF requires the support of an Operations Surge Manager for a period of two months.

## If there is procurement, will it be done by National Society or IFRC?

The purchases included in the plan will be done by the National Society (SN) as they involve a few items available locally in Burkina Faso.

## How will this operation be monitored?

Monitoring will be conducted by the incident management team with support from the National Society's Directorate of Studies and Planning. This directorate has accumulated several years of experience and possesses various tools that can be adapted for the operation.

The focal point at each district level will ensure close, daily monitoring of volunteers and ASBCs in the field to ensure the effective implementation of activities and the reporting of data. Supervisory visits will be conducted by the central team jointly with health authorities to the implementation areas. Data collected at the grassroots level will be compiled and processed by the planning unit. A post-action review will be conducted at the end of the intervention to draw and disseminate best practices and lessons learned to enhance future responses.

Special emphasis will be placed on feedback (rumors) through the collection, analysis, and adaptation of awareness messages for the benefit of the community.

## Please briefly explain the National Societies communication strategy for this operation

Multiple complementary strategies will be combined. Communication with beneficiaries will utilize both proximity methods (door-to-door visits and focus groups) and mass communication channels (radio broadcasts, spots, etc.). Additionally, messages from the Ministry of Health will be disseminated through the NS channels (Facebook page).

To increase the visibility of NS actions, regular publications will be made on social media platforms such as WhatsApp groups, Facebook pages, etc.



# Budget Overview



## DREF OPERATION

### MDRCCxxx - Burkina Faso Red Cross Burkina Faso Measles Outbreak

#### Operating Budget

<b>Planned Operations</b>	<b>209 642</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	179 897
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	29 744
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>43 388</b>
Coordination and Partnerships	15 635
Secretariat Services	0
National Society Strengthening	27 752
<b>TOTAL BUDGET</b>	<b>253 029</b>

*all amounts in Swiss Francs (CHF)*



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For further information, specifically related to this operation please contact:

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[Click here for the reference](#)

