



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

Appeal: MDRBF018	Total DREF Allocation: CHF 253,029	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: -	People Affected: 1,157,584 people	People Targeted: 218,270 people	People Assisted: 810,614 people
Event Onset: Slow	Operation Start Date: 21-03-2024	Operational End Date: 30-06-2024	Total Operating Timeframe: 3 months

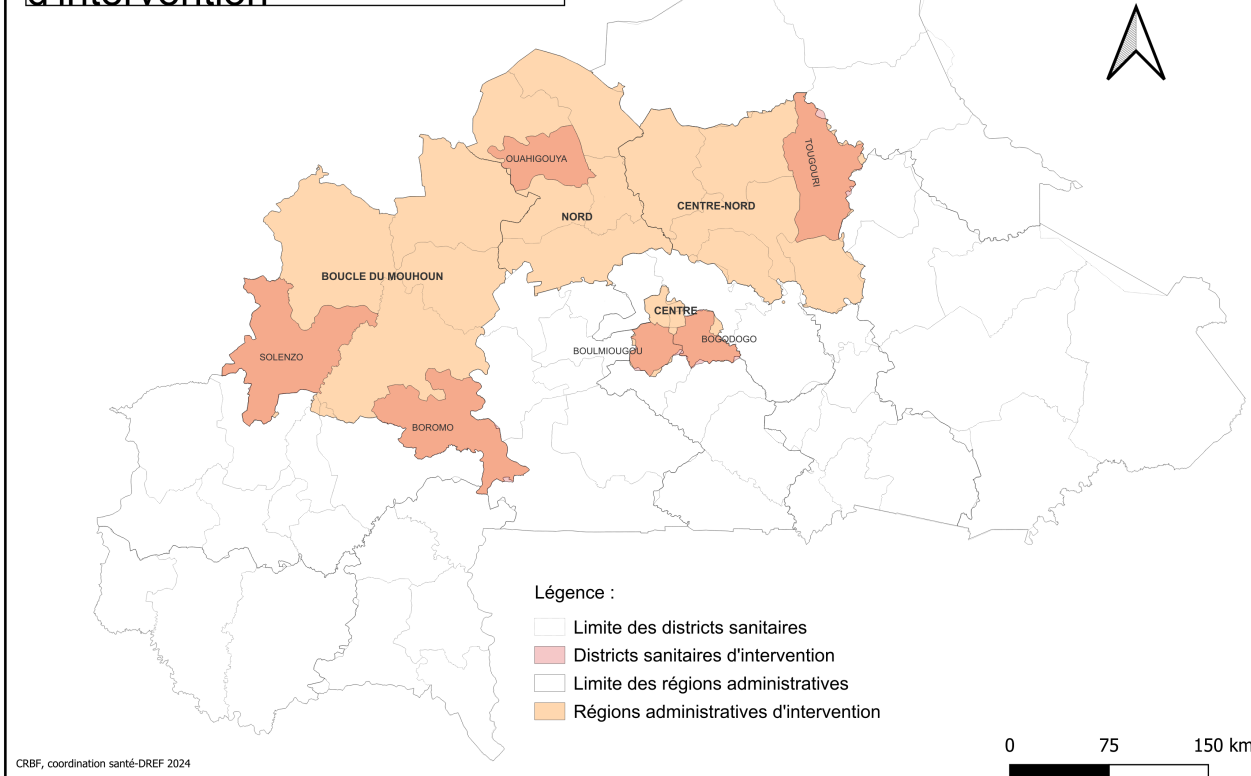
Targeted Regions:

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

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event

Carte des districts sanitaires d'intervention



Date when the trigger was met

05-03-2024

What happened, where and when?

Burkina Faso has experienced recurrent outbreaks of epidemic-prone diseases in recent years. The most recent include COVID-19, dengue fever, and measles. The last weeks of 2023 were marked by an increasing number of reported measles cases, initially concentrated in three (03) health regions: Centre, Centre-North, and North. The health districts of Boulmiougou and Bogodogo in the Centre, Ouahigouya in the North, and Tougouri in the Centre-North were among the first to report confirmed cases and active clusters.

Between epidemiological week 1 (W1) and week 4 (W4) of 2024, 511 measles cases were reported across all health districts, with two (02) associated deaths. The situation rapidly escalated, with a sharp rise in new cases. From week 5 (W5) to week 9 (W9), an additional 2,539 cases were reported, bringing the total to 3,050 cases, including eight (08) new deaths.

In response, the Ministry of Health activated the Public Health Emergency Operations Center (CORUS). This activation led to the establishment of an Incident Management System (IMS) and the development of an Incident Action Plan (IAP), which was shared with technical and financial partners to mobilize support for the response.

A first round of reactive vaccination was launched by the Ministry of Health from 26 February to 3 March 2024 in the most affected districts. This was followed by a nationwide vaccination campaign conducted from 15 to 21 March 2024 across all 70 health districts.

As an auxiliary to public authorities, the Burkinabe Red Cross Society (BRCS) supported the national response by developing its own IAP and proposing the measles DREF emergency operation, in partnership with the IFRC. The implementation of this DREF, combined with the efforts of other response actors, contributed to reversing the epidemic trend, with a noticeable decline in cases across all affected districts (SitRep. No. 20, dated 12 June).

Scope and Scale

From an initial three (03) health regions, the epidemiological situation evolved significantly with an increasing number of measles cases reported in other regions such as Boucle du Mouhoun, Hauts-Bassins, and the Sahel. By epidemiological week 4 (W4) of 2024, all thirteen regions had reported measles cases, with a marked concentration in the health districts of Ouahigouya, Tougouri, Boulmiougou, Bogodogo, Boromo, and Solenzo.

In week 5 (W5), a total of 318 new cases were reported across all health districts, of which 236 cases (74%) were from the six districts mentioned above. Between weeks 5 and 26, a cumulative 10,362 cases and 46 deaths were reported across the thirteen regions (epidemiological report, week 26, covering 24–30 June 2024).

This DREF Operation response to measles outbreak, initiated by the Burkinabe Red Cross Society (BRCS) in collaboration with the IFRC, was implemented from 21 March to 21 June 2024, with an initial focus on the six most affected districts of Bogodogo, Boulmiougou, Ouahigouya, Tougouri, Boromo, and Solenzo.

In response to the continued spread of the outbreak, and at the request of health authorities, the intervention was extended to the additional districts of Baskuy, Nogr-Massoum, and Sig-Nonghin in the Centre region; Dédougou in the Boucle du Mouhoun region; and Yako in the North region.

- The project intervention focused on the following key areas:
- Capacity building for community health workers (ASBC), Red Cross volunteers, traditional health practitioners, community resource persons (community leaders, leaders of internally displaced persons), and key stakeholders such as teachers and media professionals.
 - Risk communication, community mobilization, and engagement, including door-to-door visits combined with the active search for children not up to date with measles vaccination (carried out by trained ASBCs and volunteers), and mass communication activities such as interactive radio broadcasts, media reports, and digital campaigns.
 - Support for strategic coordination frameworks for epidemic preparedness and response.

Source Information

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

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) Delegation in Niamey provided crucial support to the Burkinabe Red Cross Society (BRCS) through technical assistance.</p> <p>At the national level, the delegation included a dedicated REACH focal point and a PMER (Planning, Monitoring, Evaluation, and Reporting) coordinator. The Cluster of Niamey offered support in various areas such as programme management, financing, and institutional capacity strengthening.</p> <p>As part of the measles response operation, the BRCS also benefited from the deployment of a Public Health in Emergency specialist by the IFRC (surge deployment).</p>
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	This collaborative effort significantly enhanced the capacities of the BRCS, enabling it to better respond to the needs of affected communities and to improve the effectiveness of its humanitarian programme implementation.
Participating National Societies	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 programme, also contributed to these efforts.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC), a long-standing partner of the Burkinabe Red Cross Society (BRCS), facilitated access to the areas in accordance with the security protocols agreed within the Movement.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The activation of the Public Health Emergency Operations Center (CORUS) led to the implementation of coordinated actions at all levels to ensure a comprehensive response. Specifically, health authorities undertook the following measures:</p> <ul style="list-style-type: none"> - Establishment of an Incident Management System (IMS), including the appointment of an Incident Manager (IM); - Communication campaigns (radio and television broadcasts, awareness-raising spots) on measles and the associated health risks; - Activation of regional and departmental epidemic management committees; - Implementation of reactive vaccination campaigns in active outbreak zones, followed by a nationwide vaccination campaign; - Advocacy with partners to support the implementation of Expanded Programme on Immunization (EPI) activities; - Provision of medicines and medical supplies for case management; - Holding meetings of the Incident Management System (IMS) - Activating epidemic management committees at both national and regional levels - Organizing preparatory meetings for the reactive vaccination campaign (pre-campaign) - Conducting mass awareness campaigns through audiovisual broadcasts - Implementing reactive vaccination campaigns in multiple health districts (Tougouri, Kaya, Ouahigouya, Boulmiougou, Bogodogo, Baskuy, Nongr-Massom, Sig-Nonghin, Boromo, Solenzo, etc.) - Providing care for cases at various affected healthcare facilities <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>
UN or other actors	<p>The World Health Organization (WHO), UNICEF, GAVI and other partners contributed to the funding of the incident action plan drawn up by the Ministry of Health. This support covered various aspects, including the purchase of vaccines, capacity-building for health workers, the acquisition of essential supplies, and so on.</p> <p>Their financial support plays a crucial role in ensuring the effective implementation of response measures and strengthening the health system's capacity to manage the measles epidemic.</p>

Are there major coordination mechanism in place?

The BRCS, through its Institutional Action Plan (PAI), developed based on the CORUS PAI, has committed to supporting the Ministry of Health in several actions. Numerous coordination meetings (both online and in person) between the General Secretariat for



Intervention (SGI) and Technical and Financial Partners (PTF) were held, in which the National Society (NS) participated. These meetings aimed to review the progress of the PAI activities, discuss challenges encountered, and explore mitigation measures. They also provided a platform for advocacy towards partners to ensure continuous support.

Furthermore, meetings involving the heads of health districts in intervention areas, the respective regional health directorates, and the CRBF allowed for a consensual and operational planning of activities with all stakeholders and key services (Health Promotion, Vaccination), as well as sectors sensitive to the response (education, media, etc.).

In localities facing significant security challenges, the involvement and collaboration of local CRBF branches with the districts and other sectoral actors enabled the implementation of the planned activity packages in a synergistic and inclusive manner, which helped overcome obstacles related to inaccessibility to these areas.

Moreover, within the framework of the project activities, the CRBF provided technical and financial support for the organization of regional and departmental epidemic management committees. These bodies, chaired by the governors (at the regional level) and the High Commissioners (at the provincial level), are the primary platforms for mobilizing and coordinating actions across all sectors critical to an effective and coordinated response.

Needs (Gaps) Identified



Health

In terms of health, the needs were mainly grouped into two areas, strengthening measles surveillance and the necessity to immunize the population through vaccination.

For surveillance, support was needed for the call center and volunteers engaged in community surveillance to ensure early detection of suspected cases, rumor collection, and population information. A specific need for training women leaders was identified in certain districts, such as Ouahigouya. In these districts, the success of response activities, particularly vaccination campaigns, depended largely on these women leaders.

Regarding reactive vaccination, the main needs were community mobilization and support for vaccination teams. It was thus identified that there was a need to assist community mobilization efforts through volunteers.



Community Engagement And Accountability

The needs primarily involved informing and raising awareness among the populations of the six districts about the disease (mode of transmission, pathogen), prevention measures (respiratory hygiene, hand hygiene, vaccination—especially vaccine availability and safety), and the actions carried out on the ground.

To reach all segments of the population, all communication strategies were necessary, including close-contact sensitization by volunteers and community health workers (house-to-house visits, focus groups), as well as mass sensitization through radio broadcasts.

Community leaders with influence, such as customary and religious authorities, traditional healers, teachers, and media actors in each of the six affected districts, needed to be informed and engaged. Their involvement was crucial, as they would, in turn, raise awareness among the population and facilitate actions on the ground.

Operational Strategy

Overall objective of the operation

The operation aimed to reduce the impact of the measles epidemic and improve the well-being of 218,270 affected people in Burkina Faso through health assistance and Risk Communication and Community Engagement (RCCE) activities during a three-month intervention in the health districts of Ouahigouya, Tougouri, Boromo, Solenzo, Bogodogo, Boulmiougou, Nongr'massoum, and Sig-Nonghin.

BRCS efforts proved highly successful, as the operation surpassed initial targets by reaching 47,214 people with health-related activities—well above the planned 31,500, including 5,831 unvaccinated children referred to health facilities—and engaging approximately 810,614



people through interactive radio shows, as well as 242,085 individuals through risk communication and community engagement, far exceeding the 180,470 originally targeted, thanks in part to the wide reach of mass media initiatives.

Resources mobilized for this response included an Operations Surge Officer, a National Program Manager, a Health Officer, and a Senior Safety Officer, whose collective presence ensured strong coordination and cost-effective implementation.

Operation strategy rationale

To effectively achieve the defined objectives, a set of primary activities were implemented for three months, in close coordination with the Ministry of Health:

- Capacity building: This involved empowering key personnel, including 285 volunteers from priority districts, 48 call center volunteers, and 511 community health workers through targeted training initiatives and skills strengthening.
- Epidemiological surveillance: Rigorous measures were taken to strengthen epidemiological surveillance, including proactive case detection and monitoring, to ensure transparent referral pathways within the health system.
- Risk communication and community engagement: Strategic communication exercises were employed, including advocacy sessions with community leaders, systematic collection and analysis of feedback, and dissemination of vital information through mass communication channels such as radio broadcasts.
- Community mobilization: Priority was given to active community participation, particularly during vaccination campaigns conducted by the Ministry, to promote community ownership and engagement in intervention activities.

These activities were meticulously designed to comprehensively address the challenges posed by the measles epidemic, fostering collaboration and community involvement to ensure the success of the response efforts.

Targeting Strategy

Who was targeted by this operation?

To address the risk of measles transmission, emphasis was placed on protecting children, particularly children aged 9 to 59 months were at the core of targeted vaccination initiatives. Children aged 5 years and older, alongside adults, were included in catch-up vaccination campaigns and preventive measures.

Although adults are part of routine expanded vaccination programmes, the focus was placed on children due to their increased vulnerability to measles. However, adults are also engaged in awareness campaigns and advocacy efforts to ensure comprehensive community protection.

This approach aimed at recognizing the essential role adults play in promoting preventive measures and protecting vulnerable children. For example, a report of the Ministry of Health (9 - 13 February 2024) revealed that among 151 diagnosed measles cases, the majority (89.34%) were from the unvaccinated population, including 21.5% aged 5 to 14 years and 11.68% adults aged 15 years 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 BRCS's mandate, and the organization possesses the requisite capacities for their effective implementation.

The NS 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 (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes
Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	
Risk	Mitigation action
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.
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.
Please indicate any security and safety concerns for this operation:	
<ul style="list-style-type: none"> - 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: <ol style="list-style-type: none"> 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

Implementation



Budget: CHF 179,897
Targeted Persons: 31,500
Assisted Persons: 47,214

Indicators

Title	Target	Actual
# of children vaccinated aged 9 to 59 months.	31,500	0
# of unvaccinated children referred to health facilities.	3,000	5,831
# of awareness-raising sessions conducted.	9,720	36,668
# of volunteers and community-based health agents trained on measles.	360	616

Narrative description of achievements

1. Training of Community Health Workers (ASBCs) and Volunteers on Event-Based Surveillance Guidelines with a focus on Measles
A one-day training session was conducted in the six affected health districts to train 216 community members, including 105 volunteers (38 women and 67 men) and 111 ASBCs (30 women and 81 men). The training took place in May 2024 in Boromo (65 participants), Solenzo (60), Tougouri (30), and Yako (61). Training modules covered: diseases under surveillance in Burkina Faso, general information about measles, community engagement and accountability, and facilitation techniques.

In light of the broader public health context and following the activation of the Public Health Emergency Operations Center (CORUS) on 4 April 2024 for the preparation and response to a potential dengue outbreak in Burkina Faso, volunteers and ASBCs were also briefed on the basics of dengue, larval breeding site identification, and destruction methods, as a prelude to larval control activities. Facilitation was provided by the NS staff and trainers from the districts and regional health directorates. Volunteers and ASBCs from the Ouahigouya health district and Ouagadougou committees (120 people) had already been trained through other projects as part of the BRCS incident action plan. The training initially planned for Ouahigouya was relocated to the neighboring district of Yako, which was also experiencing measles cases. These trained volunteers and ASBCs were mobilized for community activities, including awareness-raising and active search for children not up to date on measles vaccination.

2. Training and Capacity Strengthening of Female IDP Leaders on Vaccination and Vaccine-Preventable Diseases (Ouahigouya)
In April 2024, a total of 124 female leaders from Internally Displaced Persons (IDP) communities in the Ouahigouya health district were trained on vaccination and vaccine-preventable diseases. These women, coming from various IDP sites and host families, were sensitized on the benefits of vaccines and the importance of adhering to the Expanded Programme on Immunization (EPI) calendar. The objective was to turn them into community mobilizers to promote child immunization within their respective communities.

3. Capacity Building for ASBCs in IDP-Hosting Areas on Vaccination and Vaccine-Preventable Diseases
Sixty (60) ASBCs and volunteers (21 women and 39 men) from the Solenzo (30 participants) and Tougouri (30 participants) health districts were trained over five days in each district. The training originally planned for Ouahigouya was redirected to these two districts because Ouahigouya had already received training support from another partner, and Solenzo and Tougouri requested specific support due to a high number of closed health facilities. As of 31 March 2024, Solenzo had 18 out of 40 health facilities closed (45%), while Tougouri had 21 out of 28 closed (75%). In these districts, clinical and health promotion activities were entirely delegated to ASBCs and volunteers. Theoretical modules included general information on vaccination (benefits, mechanisms, schedules, side effects, precautions); vaccine administration by ASBCs in insecure areas; factors influencing vaccine quality; cold chain management in conflict zones; missed opportunities for vaccination (MOVs); communication techniques (educational talks and home visits). Practical sessions covered: oral vaccine administration (OPV and ROTA); injectable vaccine administration via intradermal, subcutaneous, or intramuscular routes. These trained ASBCs and volunteers are responsible for maintaining vaccination services in their communities and collect supplies from district health centers as needed.



4. Joint ASBC and BRCS Volunteer Outreach for Active Case Finding and Identification of Unvaccinated Children
From 28 May to 19 June 2024, some 270 ASBCs and volunteers from Solenzo (60), Boromo (60), Tougouri (30), and Ouagadougou (120 across Baskuy, Bogodogo, Boulmiougou, Nongr-Massom, and Sig-Nonghin) were mobilized for 17 days of home visits to identify children not up to date on vaccination and suspected measles cases. Key results were as follows:

- 4,590 outreach visits conducted;
- 36,668 households visited;
- 80,136 individuals sensitized (26,826 men and 53,310 women);
- 3,377 unvaccinated children identified (1,691 boys and 1,686 girls);
- 411 zero-dose children identified (213 boys and 198 girls);
- 1,314 suspected measles cases reported (506 men and 808 women).

All identified children were referred to health centers for appropriate care.

Volunteers and ASBCs, briefed on dengue and malaria control, identified 25,090 mosquito breeding sites and destroyed 13,957.

Lessons Learnt

- The concomitant occurrence of dengue fever and the measles epidemic led to the emphasis on continuous surveillance, readoption and flexibility of the operational team, making it possible to cope with outbreaks of cases during the intervention.

Challenges

- Difficult access to certain blockaded areas, such as the Solenzo and Tougouri health districts, due to insecurity. This limited access to these areas prevented face-to-face monitoring by the BRCS team, which was forced to adopt a “make do” strategy to achieve results.
- The concomitant outbreaks of dengue fever during the operational period of the Measles DREF made it somewhat difficult to plan certain activities, due to conflicting agendas, particularly on the part of health district stakeholders.



Community Engagement And Accountability

Budget: CHF 29,744

Targeted Persons: 180,470

Assisted Persons: 810,614

Indicators

Title	Target	Actual
# of individuals reached through door-to-door sensitization efforts.	180,000	241,992
# of individuals reached through door-to-door awareness campaigns.	850	810,614

Narrative description of achievements

1. Joint outreach by ASBC and CRBF volunteers for sensitization on preventive measures:

This activity was combined with active case finding of children not up to date with vaccinations and suspected measles cases. Several rumors about the disease were also collected by volunteers and ASBC. The rumors collected included:

- “Measles only affects children”;
- “It is caused by poor personal hygiene”;
- “It can be treated with bitter plant decoctions,”
- “The measles vaccine is a plot to make our children sick or infertile”;
- “Measles is an opportunity for health workers and NGOs to make money.”

All these rumors were reported both to the national health system and to BRCS’s internal feedback management system. They were analyzed and led to the adaptation of sensitization messages on the ground.

2. Organizing meetings with opinion leaders on measles in each epidemic-affected health region:

Four (4) advocacy meetings were organized in two health regions, namely in the North (Ouahigouya) and the Boucle du Mouhoun



(Boromo and Dédougou), with opinion leaders such as traditional chiefs, religious leaders, civil society organizations, women's and youth associations, representatives of internally displaced persons, and decentralized state services. The Centre-Nord and Centre regions had already held these meetings earlier in the epidemic with support from other actors. These meetings provided an opportunity to seek the support and commitment of these stakeholders in response actions by facilitating the work of health agents and volunteers, as well as community communication in places of worship (mosques, churches, etc.). These meetings reached ninety-three (93) leaders (35 women and 58 men) in Ouahigouya (43), Boromo (25), and Dédougou (25).

3. Support for organizing an informational meeting on measles with traditional health practitioners (TPS):

Fifty (50) traditional health practitioners (12 women and 38 men) were effectively engaged in April 2024 on the topic of measles in the Ouahigouya health district. The meeting aimed to involve these key actors in the measles response actions, notably regarding the recognition of measles symptoms to refer potential cases they receive during consultations to health centers for better care. They were also encouraged to raise awareness among their communities about measles and prevention measures.

4. One-day briefing for preschool and primary school teachers on measles:

One hundred and three (103) preschool and primary school teachers (including 77 men and 26 women) were briefed on measles in the health districts of Ouahigouya (50), Boromo (26), and Solenzo (27). The objective of the training was, firstly, the early detection of measles signs among students and the referral of suspected cases to health centers, and secondly, to raise awareness among their colleagues and students about measles and prevention measures. Preschool and school teachers in the Ouagadougou health districts had already benefited from this training with the support of other partners as part of the CORUS incident action plan activities.

5. Organizing an information meeting with media actors:

Twenty-five (25) media professionals (6 women and 19 men) from the Boucle du Mouhoun, Nord, Centre-Nord, and Hauts Bassins regions were briefed and engaged in measles response actions. Originally planned as regional briefings, health authorities decided to hold a single session bringing all these actors together in Ziniaré, a locality about thirty kilometers from the capital Ouagadougou. These engaged media actors became relays and subsequently carried out communication activities on measles targeting their various audiences through radio programmes and article production (online press, print media, social networks, etc.).

6. Production of radio spots and broadcasting messages on national and community radios/televisions and social networks:

Three (3) radio spots were produced addressing community perceptions of measles vaccines in three languages (French, Fulfulde, and Mooré). A total of 360 broadcasts of these radio spots were made in Solenzo (Radio Lotamu), Boromo (Radio La Voix des Balés), Dori (Radio Kawral), and Ouahigouya (Radio La Voix du Paysan), with 90 broadcasts per radio station.

7. Organizing interactive radio programs on measles:

A total of twelve (12) interactive radio programs were broadcast, reaching a combined audience of 810,614 in Solenzo (Radio Lotamu), Boromo (Radio La Voix des Balés), Dori (Radio Kawral), and Ouahigouya (Radio La Voix du Paysan), with three interactive programs per station. The topics covered various aspects of measles (general information, epidemiology, and prevention methods). On average, 12 calls from listeners were received live during each of these programmes, which allowed the distribution of utility gadgets provided for this purpose to 36 winners.

8. Reproduction of awareness materials:

Four hundred (400) posters of various formats were reproduced and made available to volunteers and Community-Based Health Agents (ASBC) for awareness-raising activities.

Lessons Learnt

- Collaboration between ASBCs and BRCS volunteers enhances the effectiveness of community interventions and promotes complementarity between institutional and voluntary community approaches.

The systematic collection of rumors and their transmission to the feedback management system means that messages can be quickly adjusted to respond to community perceptions, thus reinforcing confidence in the response.

The existence of so many rumors surrounding measles underlines the need for a strong crisis communications component to combat misinformation from the very start of the epidemic.

Challenges

- Despite awareness-raising efforts, erroneous beliefs and misinformation continued to circulate, fueling mistrust of vaccines and those involved in the response. This resistance has sometimes hampered community support for interventions, particularly in hard-hit areas.





Coordination And Partnerships

Budget: CHF 15,635

Targeted Persons: 100

Assisted Persons: 113

Indicators

Title	Target	Actual
The number of joint supervisions conducted by CRBF and the Ministry of Health and Public Hygiene (MSHP).	3	4
The number of coordination frameworks supported.	10	5

Narrative description of achievements

1. Joint supervision of volunteers and ASBCs:

During the intervention, all field visits (home visits) conducted by volunteers and Community-Based Health Agents (ASBCs) were closely supported through joint supervisions carried out by the NS teams and officials from the Ministry of Health. These joint supervisions allowed stakeholders to verify the actual deployment of community actors and also respond to concerns raised by community members. A total of four (4) supervisory visits were conducted in the supported health districts.

2. Support the organization of a Strategic Steering Committee (COS) meeting.

This meeting, which was supposed to be convened by the Minister of Health, ultimately was not held within the DREF contractual timeframe. As a result, the corresponding budget line was redirected to support the organization of an additional meeting of a Provincial Epidemic Management Committee (CPGE) in the Northern region, specifically in Passoré (Yako), upon request of the local health authorities.

3. Support the organization of nine (9) Regional/Provincial Epidemic Management Committee meetings:

Two (2) Regional Epidemic Management Committee (REMC) meetings were held with financial support from the operation, specifically in the Boucle du Mouhoun and Centre regions. These meetings brought together a total of 113 participants (21 women and 92 men). Two (2) Provincial Epidemic Management Committee (PEMC) meetings were held in Boromo and Solenzo with project support, involving 92 participants (11 women and 81 men).

As a reminder, REMC/PEMC meetings are statutory coordination bodies convened and chaired by the governors at the regional level and high commissioners at the provincial level, both representing the Head of State at these respective levels. These forums enabled health actors to present the regional/provincial epidemiological situation to representatives of various sectors, with a focus on measles, the response efforts undertaken, the challenges encountered, and to formulate relevant recommendations to improve health indicators.

Five (5) other planned meetings could not be held, although the target was ten (10) as indicated in the table above. This shortfall was mainly due to conflicting schedules of local authorities and limited availability of participants during the period. Additionally, insecurity and logistical constraints in some areas such as Tougouri and Solenzo also made it difficult to organize meetings in those locations.

4. Conduct an after-action review (AAR) of the measles response and disseminate the results:

This activity was not carried out within the DREF contractual period due to operational challenges, including conflicting schedules of stakeholders from the intervention districts and mobility issues affecting both health district staff and Red Cross provincial committee members in blockaded zones such as Solenzo and Tougouri.

The activity has been rescheduled for August in collaboration with health sector partners and will be financed by the REACH project.

Lessons Learnt

- The BRCS support for the functioning of consultation frameworks such as the CRGE and CPGE is vital for an effective response to epidemics and guarantees greater visibility and acceptance of the National Society's actions by the community.



Challenges

- The scheduling of these consultation frameworks within the operational period of the DREF was difficult due to calendar conflicts, as these frameworks involved local authorities.



National Society Strengthening

Budget: CHF 27,752

Targeted Persons: 360

Assisted Persons: 616

Indicators

Title	Target	Actual
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Narrative description of achievements

1. Joint supervision of volunteers and ASBCs:

During the intervention, all field visits (home visits) conducted by BRCS volunteers and Community-Based Health Agents (ASBCs) were closely monitored through joint supervisions carried out by BRCS teams and officials from the Ministry of Health. These joint supervisions allowed stakeholders to confirm the actual deployment of community actors and respond to some of the communities' concerns. In total, four (4) supervisory visits were carried out in the targeted health districts.

2. Support the organization of a Strategic Steering Committee (COS) meeting.

This meeting, which was supposed to be convened by the Minister of Health, was not held within the contractual timeframe of the DREF. As a result, the corresponding budget line was redirected to support an additional meeting of a Provincial Epidemic Management Committee (CPGE) in the Northern region, specifically in Passoré (Yako), at the request of the health authorities of that region.

3. Support the organization of nine (9) Regional/Provincial Epidemic Management Committee meetings.

Two (2) Regional Epidemic Management Committee (REMC) meetings were held with the project's financial support. These were the REMCs of the Boucle du Mouhoun and the Centre regions, bringing together a total of 113 participants (21 women and 92 men).

Two (2) Provincial Epidemic Management Committee (PEMC) meetings were held in Boromo and Solenzo with support from the project, involving 92 participants (11 women and 81 men).

As a reminder, the REMC/PEMC meetings are statutory coordination bodies convened and chaired by governors at the regional level and high commissioners at the provincial level, both acting as the President's representatives. These forums enabled health actors to present the regional/provincial epidemiological situation to stakeholders from various sectors, with a focus on measles, the response activities undertaken, the challenges faced, and recommendations made to improve health indicators.

It would be helpful to explain why the remaining 5 meetings were not held, given that the target in the table above was 10.

4. Conduct an After-Action Review (AAR) of the measles response and disseminate the results. This activity was not carried out within the DREF contractual timeframe due to operational difficulties, including conflicting schedules of stakeholders from the supported health districts and mobility challenges affecting both health district actors and provincial Red Cross committees, especially in blockaded areas such as Solenzo and Tougouri.

The activity has been rescheduled for August, in coordination with health sector actors, and will be funded by the REACH project.

Lessons Learnt

- The BRCS support for the functioning of consultation frameworks such as the CRGE and CPGE is vital for an effective response to epidemics, and guarantees greater visibility and acceptance of the National Society's actions by the community.

Challenges

- The scheduling of these consultation frameworks within the operational period of the DREF: there are indeed agenda conflicts, given that these frameworks involve local authorities.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRBF018 - Burkina Faso - Measles outbreak

Operating Timeframe: 22 Mar 2024 to 30 Jun 2024

Selected Parameters			
Reporting Timeframe	2023/3-2025/4	Operation	MDRBF018
Budget Timeframe	2023/3-2025/4	Budget	APPROVED

Prepared on 28/May/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	253,029
DREF Response Pillar	253,029
Expenditure	-242,068
Closing Balance	10,961

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	179,897	180,946	-1,049
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		212	-212
PO10 - Community Engagement and Accountability	29,744	29,596	148
PO11 - Environmental Sustainability			0
Planned Operations Total	209,642	210,754	-1,112
EA01 - Coordination and Partnerships	15,635	3,290	12,345
EA02 - Secretariat Services			0
EA03 - National Society Strengthening	27,752	28,025	-272
Enabling Approaches Total	43,388	31,315	12,073
Grand Total	253,029	242,068	10,961

[Click here for the complete financial report](#)

Please explain variances (if any)

The operation was implemented with a budget of CHF 253,029, of which CHF 242,068 was spent. The unspent balance of CHF 10,961 will be reimbursed to the DREF.

This under-utilization of funds, particularly for mission expenses, was largely due to the presence of a strong operational team already in place, which reduced the need for additional deployments. Some support functions were also covered under parallel emergency operations, including the Early Action Protocol (EAP) for floods and the measles DREF itself.



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[Click here for reference](#)

