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Emergency Plan of Action Final Report

Mali: Ebola virus disease preparedness



International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRML010
Date of Issue: 14 January, 2015	Glide n° EP-2014-000039-MLI
Operation start date: 19 April, 2014	Operation end date: 31 August, 2014
Host National Society: Mali Red Cross	Operation budget: CHF 57,715
Number of people affected: Up to 8 million people in at-risk communities of Bamako, Kayes, Koulikoro and Sikasso;	Number of people assisted: 1,246,797
N° of National Societies involved in the operation: IFRC and Mali Red Cross	
N° of other partner organizations involved in the operation: Ministry of Health	

A. Situation analysis

Description of the disaster

In February 2014, there was an outbreak of the Ebola Virus Disease (EVD) in Guinea, which has spread to Liberia, Mali, Nigeria, Senegal and Sierra Leone and most recently Mali, causing untold hardship and hundreds of deaths in these countries. As of 10 November 2014, a total of 14,490 cases, and 5,546 deaths had been recorded, which were attributed to the EVD. In the Democratic Republic of Congo (DRC), an outbreak of the EVD has also been reported, but is considered of a different origin than that which has affected West Africa. Mali, with a population of 14.8m (UNDP 2012) shares a border with Guinea, which has been especially affected by the EVD and therefore the risks presented by the epidemic to the country are high.

Summary of response

Overview of Host National Society

On 19 April 2014, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated CHF 57,715 from the Disaster Relief and Emergency Fund (DREF) to support the Mali Red Cross Society (MRCS) with EVD preparedness activities for a period of three months specifically in the areas of Bamako, Kayes, Koulikoro and Sikasso. Through the DREF operation, the MRC has reinforced the capacities of its volunteers to carry out the social mobilization, awareness raising, and prevention messaging and beneficiary communication activities in order to reduce the risks related EVD; and thereby improve preparedness / prevention activities in collaboration with the Ministry of Health (MoH) in Mali. The IFRC also deployed a Regional Disaster Response Team (RDRT) member to support the effective implementation of the operation. Due to the absence of a Logistics Officer in the Sahel regional representation there was a delay in the procurement and shipment of personal protective equipment (PPE) to Mali; and as such the operation was extended by 45 days (until 31 August 2014) to enable these activities to be completed. Please note that at the launch of this operation, there had been no confirmed cases of EVD in Mali. On 23 October, a confirmed case of the virus was reported by the MoH to the World Health Organization (WHO); and any response to this is now being managed by the IFRC regional coordination unit based in Guinea in collaboration with the MRCS and other partners.

The Canadian Red Cross/Government and Spanish Red Cross/AECID contributed towards a full replenishment of the DREF allocated for this operation. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the

Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic, Zurich and Coca Cola Foundations and other corporate and private donors. The IFRC, on behalf of the MRCS would like to extend many thanks to all partners for their generous contributions.

[<click here for the final financial report and here for the contact details >](#)

Overview of Red Cross Red Crescent Movement in country

The IFRC Sahel regional representation through its Dakar office in Senegal provided support to the National Society, alongside Belgium, Canadian, Danish, French, Spanish and Swiss Red Cross, as well as the ICRC, which has a presence in country. Regular Movement Coordination meetings and were conducted to ensure that all actors were informed of the activities being carried out within the operation, as well as those of the Ministry of Health. The IFRC Sahel regional representation supported the MRCS with information gathering and dissemination.

Overview of non-RCRC actors in country

The authorities in Mali set up a platform for a possible outbreak of EVD as well as an isolation centre. The regular surveillance system was strengthened with a screening system set up at the Bamako Sénou airport and Kourémalé and Suspected cases were under investigation for laboratory confirmation. The WHO provided the authorities with personal protective equipment (PPE) as well as additional technical assistance. Please note that information meetings were held with local authorities. These information meetings targeted two main objectives:

- Sharing with them the relevant information on the EVD which occurred for the first time in West Africa
- Explaining to them the sensitization strategy adopted by MRCS regarding the prevention of the EVD outbreak so as to have their support. Indeed, In Mali, local authorities have influence on population and can therefore play a key advocating role.

Meetings were positive, as local authorities fully supported the MRCS volunteers and supervisors in the dissemination activities.

Needs analysis and scenario planning

Needs Analysis

As Mali has not experienced the EVD previously, the population had limited knowledge, including the mode of transmission and proper behaviour to avoid risks. Due to the highly-infectious nature of the virus many people were fearful and it was important to reduce rumours and misconceptions related to risks. The MRCS identified needs related to communication and awareness raising.

Risk Analysis

The MRCS was committed to work with any key actor to prepare the population and prevent any EVD outbreak in country; and therefore developed a special communication strategy using, community radio, community discussions and home visits to provide accurate information on the prevention of the disease.

B. Operational strategy and plan

Overall Objective

The overall objective was to prepare the MRCS through reinforcement of volunteers and material for a possible outbreak and also to undertake social mobilisation in order to reduce risk and improve preparedness / prevention activities alongside the MoH The volunteer reinforcement and social mobilisation activities will occur in the regions that border Guinea: Bamako, Kayes, Koulikoro and Sikasso.

Proposed strategy

The proposed strategy was in line with the IFRCs response strategy for countries neighbouring Guinea. The activities focused on:

- Preparedness for response through volunteer training in communication around epidemics and behavioural change;
- Supporting Ministries of Health in prevention activities and social mobilisation;
- Pre-positioning personal protective equipment and related training;
- Adaptation and dissemination of information, education and communication material linked with community social mobilization activities.

Operational support services

Human resources (HR)

The MRCS trained and deployed 200 volunteers and staff in the field. These mobilized volunteers and staff carried out the activities outlined in this operation. As noted the IFRC provided additional support in deploying a RDRT member to facilitate the trainings and support with the social mobilisation activities.

Logistics and supply chain

The specialized personal protective equipment kits were procured by IFRC to ensure they meet the necessary standards. All other necessary items were procured locally.

Communications

Visibility of the work of Red Cross volunteers was ensured during the operation through local media and visibility material. The MRCS provided updates on the operation.

Security

The violence that erupted in northern Mali in January 2012 when fighters of the National Movement for the Liberation of the Azawad (MNLA) launched a bid to create an independent state remained engraved on memories. Therefore, security risks were reviewed and responded accordingly. The RDRT was briefed on security issues before his deployment in Mali. The National Society was also in close consultation with ICRC.

Planning, monitoring, evaluation and reporting (PMER)

The MRCS, in close cooperation with the IFRC Sahel regional representation that deployed an RDRT monitored the progress of the operation and provided necessary technical expertise. The monitoring and reporting of the operation was undertaken by the MRCS with support from the reporting staff of the IFRC Sahel regional representation. Brief weekly updates were provided to general progress of the operation.

Administration and Finance

During this DREF operation, variances were incurred between planned and actual expenditures. Please refer below for the issues that contributed to this:

- **Medical & First Aid:** CHF 6,000 was budgeted, specifically for the PPE equipment; however CHF 4,831 was booked on under Medical & First Aid and the remaining costs booked under Logistics Services. This was a result of an error in the budgeting, where instead of separating these costs, they were included on the same line, which has led to an underspend of CHF 1,169 on the Medical & First Aid budget line and an overspend of CHF 2,500 on the Logistics Services.
- **Volunteers:** CHF 15,300 was budgeted; however most of the expenditures were related to ECV training of volunteers and booked on code 680 (Workshops & Training). This was as a result to an error in the budgeting process where according to IFRC chart of accounts such activities should be booked in the account group Workshop and Training. This resulted in an underspend of CHF 14,834 on the Volunteers budget line, and an overspend of CHF 21,576 on the Workshops & Training budget line.

Balance of CHF 7,583 at close of operation will be returned to DREF.

C. DETAILED OPERATIONAL PLAN

Early warning & emergency response preparedness

Achievements

- 1.2.1 MRCS volunteers distributed information, education and communication (IEC) materials, comprising 200 awareness posters for the social mobilization activities. Each volunteer was assigned to conduct at least 10 awareness activities. The public awareness about EVD was carried out throughout a package of activities including radio broadcasting, community discussions and home visits.
- 1.2.2 Community discussions were carried out with community leaders and heads of households in order to have their support and involvement in the sensitization of communities. They were first informed and then invited to share the information at household level. This approach led to successful results regarding the distribution of IECs in communities. In total, 404 community discussions were carried out.
- 1.2.3 MRCS established partnerships with community radio stations in order to share the information regarding the visits of volunteers' teams in communities. This approach enabled the dissemination of large-scale information and thereby ensured the mobilization and availability of communities (taking into account the countryside work season). In total, 24 radio broadcasts were produced.
- 1.2.4 Social mobilization activities were carried out, and comprised home visits aimed at: verifying the information that community leaders and heads of households shared were well disseminated and understood; as well as strengthening the information and messages. The MRCS volunteers also used home visits to encourage households to keep up using the best practices in order to prevent of the EVD. In total, 1,840 home visits were carried out.

In total, 12,423 people (4,484 men and 7,939 women) have been reached through the volunteer's public awareness / sensitization activities.

Table 2: Summary of the volunteer's public awareness / sensitization activities.

Regions	Departments	Communes	Number of supervisors deployed	Number of volunteers deployed	Number of Radio broadcasts	Number of Community discussions	Number of Home visits	Number of People reached	Number of men	Number of women
Kayes	Kéniéba	Kéniéba,	3	6	6	16	60	520	210	310
		Faléa,		6		12	60	390	148	242
		Faraba,		6		12	60	345	128	217
		Sagalo		6		12	60	375	148	227
	Kita	Kita,	2	6	6	14	60	365	139	226
		Gadougou 2,		6		12	60	352	136	216
		Koulou,		6		12	60	329	124	205
		Sirakoro.		6		12	60	341	131	210
Sub Total			5	48	12	102	480	3,017	1,164	1,853
Koulikoro	Kangaba	Kangaba,	3	8	6	17	80	500	208	292
		Balan-Bakama,		8		15	80	700	197	503
		Benkadi,		8		15	80	625	188	437
		Kaniogo		8		15	80	550	174	376
		Nouga		6		13	60	560	138	422
	Kati	Nioumamakana	1	6	13	60	372	147	225	
Sub Total			4	44	6	88	440	3,307	1,052	2,255
Sikasso	Yanfolila	Yanfolila,	3	8	6	18	80	512	213	299
		Djallon-Foula,		6		14	60	385	148	237
		Gouandiaka,		6		12	60	393	156	237
		Koussan,		8		18	80	417	168	249
		Sankarani,		6		13	80	452	184	268
		Séré-Moussa ani Sam,		8		16	60	296	112	184
		Wassoulou-Ballé		6		13	60	305	104	201

		Wassoulou-Soloba.		8		14	80	495	105	390
Sub Total			3	56	6	118	560	3,255	1,190	2,065
Bamako	District	Commune 1	4	6	0	16	60	600	198	402
		Commune 2		6		16	60	421	170	251
		Commune 3		6		16	60	430	138	292
		Commune 4		6		16	60	437	180	257
		Commune 5		6		16	60	450	184	266
		Commune 6		6		16	60	506	208	298
Sub Total			4	36	0	96	360	2,844	1,078	1,766
Total			16	184	24	404	1,840	12,423	4,484	7,939

Output 1.3 Community epidemiological surveillance is set up / enhanced

Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
<ul style="list-style-type: none"> Participate in information and coordination meetings with authorities. 												
<ul style="list-style-type: none"> Set up / enhance community monitoring committees for disease surveillance. 												
<ul style="list-style-type: none"> Epidemiological control and monitoring through community disease surveillance. 												

Achievements

- 1.3.1 MRCS established partnerships with community radio stations in order to share the information regarding the visits of volunteers' teams in communities. This approach enabled the dissemination of large-scale information and thereby ensured the mobilization and availability of communities (taking into account the countryside work season). In total, 24 radio broadcasts were produced. The MRCS contacted Malian health authorities for collaboration and information sharing, which enabled the National Society to better define the risks presented by EVD, and the most vulnerable communities. Please note that these exchanges continued with the arrival of the RDRT. The MRCS's health staff in collaboration with the RDRT met the National Health Department and WHO to discuss about what each of them could bring in the preparedness against the EVD. These consultations were an opportunity for the National Society to enhance its visibility as far as its commitment to prevent EVD in Mali is concerned.
- 1.3.2 Four (4) committees were set up in four departments bordering Guinea namely Kangaba, Kenieba, Kita, Yanfolila. All these committees did effective monitoring and community surveillance. The committees' members were comprised of community leaders, school leaders, administrative focal points. The MRCS was the facilitator.
- 1.3.3 Please refer to Activity 1.3.3.

Challenges

- Social mobilization activities occurred in a period where communities were busy with farming activities hence it was often challenging to mobilize them.
- Due to the remoteness and position of some areas, volunteer activities were challenging.

Lessons learned

- Community discussions enabled the population's acceptance and adherence of the sensitization activities.
- Community leaders should be involved in social mobilization as they have great influence in their communities.
- Collaboration with health actors can contribute to improved visibility of activities and a better support from them.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

Disaster Response Financial Report

MDRML010 - Mali - Ebola Preparedness

Timeframe: 18 Apr 14 to 31 Aug 14

Appeal Launch Date: 18 Apr 14

Final Report

Selected Parameters

Reporting Timeframe	2014/4-2014/11	Programme	MDRML010
Budget Timeframe	2012/4-2014/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		57,715				57,715	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		57,715				57,715	
C4. Other Income		57,715				57,715	
C. Total Income = SUM(C1..C4)		57,715				57,715	
D. Total Funding = B + C		57,715				57,715	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		57,715				57,715	
E. Expenditure		-50,132				-50,132	
F. Closing Balance = (B + C + E)		7,583				7,583	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			57,715			57,715		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	1,700						1,700	
Medical & First Aid	6,000		4,831			4,831	1,169	
Teaching Materials	400						400	
Total Relief items, Construction, Sup	8,100		4,831			4,831	3,269	
Logistics, Transport & Storage								
Distribution & Monitoring	3,200		2,125			2,125	1,075	
Transport & Vehicles Costs	8,400		2,076			2,076	6,324	
Logistics Services			2,500			2,500	-2,500	
Total Logistics, Transport & Storage	11,600		6,701			6,701	4,899	
Personnel								
International Staff	6,000		3,601			3,601	2,399	
National Society Staff	1,849		1,789			1,789	60	
Volunteers	15,300		466			466	14,834	
Total Personnel	23,149		5,856			5,856	17,293	
Workshops & Training								
Workshops & Training	4,000		25,576			25,576	-21,576	
Total Workshops & Training	4,000		25,576			25,576	-21,576	
General Expenditure								
Travel	2,000		1,422			1,422	578	
Information & Public Relations	2,443		1,816			1,816	627	
Communications	1,900		623			623	1,277	
Financial Charges	1,000		247			247	753	
Total General Expenditure	7,343		4,108			4,108	3,235	
Indirect Costs								
Programme & Services Support Recove	3,523		3,060			3,060	463	
Total Indirect Costs	3,523		3,060			3,060	463	
TOTAL EXPENDITURE (D)	57,715		50,132			50,132	7,583	
VARIANCE (C - D)			7,583			7,583		

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	57,715		57,715	57,715	50,132	7,583	
Subtotal BL2	57,715		57,715	57,715	50,132	7,583	
GRAND TOTAL	57,715		57,715	57,715	50,132	7,583	