

Emergency Plan of Action Final report

Mali: Ebola Preparedness

Ebola Preparedness Fund n° MDRML011	
Date of issue: 2 March, 2016	
Operation start date: 19 February, 2015	Operation end date: 19 August, 2015
Overall operation budget: CHF 59,882	
Number of people affected: approximately 16.5 million (population at risk of Ebola)	
N° of National Societies involved in the operation: French Red Cross, Belgian Red Cross, Spanish Red Cross, Danish Red Cross, Luxembourg Red Cross, Swiss Red Cross and Iranian Red Cross	
N° of other partner organizations involved in the operation: Mali Government (Ministries of Health, Armed and Security Forces, Emergency Operational Centre), WHO, UNICEF, MSF, local NGOs, CDC and USAID.	
This final report includes the validated financial statement	

A. Situation analysis

Description of the disaster

The West African Ebola outbreak first occurred in southern rural localities of Guinea. The outbreak then spread into urban cities including Conakry, the capital city of Guinea. During 2014, given many factors including the movement of populations between regions and countries, the Ebola outbreak affected five additional West African countries: Liberia, Sierra-Leone, Nigeria, Senegal and Mali. At the time of publishing, the Ebola epidemic has caused more than 28,600 cases of infection and over 11,300 deaths.

In Mali, since the first declared case on 24 October 2014, a total number of 8 cases with 6 deaths were reported. Out of the total 8 cases, 7 were confirmed positive to Ebola virus, while the last case was probable. By 1 December 2014, a total number of 247 contacts were followed by CDC, WHO and Mali MoH technical teams. The last survivor was discharged from hospital on 6 December, and as no further case was detected, Mali was declared Ebola free country on 18 January 2015. However, it is imperative to remain vigilant through prevention measures and well prepared for any further outbreak in Mali. Therefore, this grant from the Ebola Preparedness Fund (EPF) helped in supporting activities planned by the National Society to keep itself abreast against EVD in Mali.



Mali Red Cross volunteers in a Safe and Dignified Burial training. MRC

Summary of current response

The main organizations involved were as follows:

- WHO: in charge of the global coordination of the response, contact tracing;
- CDC: in charge of contact tracing and epidemiological data management;
- UNICEF: in charge of social mobilization coordination;
- Mali Red Cross: social mobilization, contact tracing and Safe and Dignified Burial (SDB);
- Mali Ministry of Health: management and coordination of above-mentioned activities in collaboration with technical partners.

In terms of coverage, out of the 8 regions of Mali, the Ebola preparedness of the outbreak mainly focused on 4 regions namely the ones bordering Guinea: Kayes, Koulikoro, Sikasso and Bamako. In those regions, Mali Red Cross (MRC) had already trained around 580 volunteers specifically in social mobilization and contact tracing. Some of those volunteers had started social mobilization activities and contact tracing in some communities in the region of Kayes. But from information gathered in the field so far, it appeared that many gaps in terms of coverage and quality of interventions existed. And given the still-active outbreak in Guinea, those gaps needed to be addressed in an urgent manner.

Overview of Host National Society

Mali Red Cross received a DREF allocation from IFRC on April for 3 months of CHF 57,715, which was utilized and reported on. Partners National Societies (PNS) in country provided means for MRC to train volunteers and staff in social mobilisation, and some trainings in SDB (from MSF) and contact tracing (from WHO) were also done.

The MRC has much strength, including a large number of volunteers, although there are questions about how these are managed and tracked. MRC also has some logistical capacity such as warehouses and vehicles, but the capacity for large-scale supply chain, asset and fleet management has been untested and probably weak.

The conflict which broke out in the North of the country in 2012, and now the Ebola epidemic both put additional strain on the National Society, as their core capacity – notably in human resources or volunteer management – was not increased.

Overview of Red Cross Red Crescent Movement in country

The design and implementation of this intervention were done in close collaboration with PNS working with MRC on Ebola preparedness and response actions. Those PNSs are the French Red Cross, Belgium Red Cross, Danish Red Cross, and Spanish Red Cross.

The implementation of the intervention in the northern regions of Mali (GAO, Timbuctoo and Kidal) was facilitated by the ICRC, which leads the Red Cross Movement in those regions. ICRC helped in identifying the communication channels to be used for sensitization activities. ICRC also supported the implementation of the operation in terms of logistics. They were also willing to share security information and measures applicable to the context of those regions.

Movement Coordination

The Tripartite Agreement (TA) that was signed between the National Society, the ICRC and the International Federation in 2013 is still in force. This has allowed for both a Strategic Coordination Platform and an Operational Platform. PNS have been invited to join, and to be signatory of an addendum to the TA. These measures while complete and appropriate on paper have been patchy in the effectiveness at present.

Overview of non-RCRC actors in country

The Malian Government's COU (Centre des Operations d'Urgence) has been in charge, with WHO and UNICEF leading the international agencies. MSF-E and MSF-F are present, as well as Alima, IMC and various other INGOs.

Needs analysis and scenario planning

Needs Analysis

The situation in Mali entirely depended on whether new confirmed cases of Ebola were identified, and if so, how far the transmission was allowed to spread. While the two previous "warning shots" of the earlier cases resulted in a lot of good preparatory and coordination work, the longer there was no further new cases, the more relaxed the authorities and the population were likely to become. Despite this "good luck" of no further cases, Mali is certainly the country most at risk – not only because of its porous borders with Guinea, but also due to the main migratory route from West Africa to Europe which passes through Mali en route to Algeria.

Risk Analysis

Security could deteriorate at any time, if for example there has been a high profile attack on any international target by AQIM or separatists from the north. Banditry on the roads is a constant threat, but Mali Red Cross has been able to access everywhere, and has been low key enough to avoid much risk.

B. Operational strategy and plan

Overall Objective

According to IFRC operational response framework on Ebola Virus disease, 5 main pillars have been suggested to National societies for addressing any Ebola outbreak in West Africa. Those pillars are:

- Community engagement, beneficiary communication and social mobilization ;
- Surveillance and contact tracing ;
- Psychosocial support ;
- Safe and dignified burials and disinfection ;
- Case management.

Given the complexity and the high level of expertise for realizing case management, the suggested action plan mainly focused on the first four pillars. Case management was not included in this intervention.

- **Goal:** Contribution to stop and end EVD outbreak through a better preparedness and response actions. The realization of this outcome was done through the following outcomes:
- **Outcome 1:** Incidence and prevalence of Ebola cases is reduced through social mobilization activities, contact tracing and surveillance, safe and dignified burials and by the provision of psychosocial support
- **Outcome 2:** The management and coordination capacity of MRC is increased.

Proposed strategy

With the risk of contamination of other regions of Mali associated by the still active character of the outbreak in Guinea, which shares hundreds of kilometers of borders with Mali, the suggested intervention intended to cover the entire country. But given the fact that all Malian regions do not have the same risk of initial transmission of the EVD, the implementation of the intervention was done in stages. The MRC Contingency Plan had a clear distinction between:

- **Scenario 1:** continued preparation but no more confirmed cases in Mali
- **Scenario 2:** isolated cases are contained in Bamako or the border areas
- **Scenario 3:** the outbreak is wide-spread or out of control, including in the North of Mali

The plan was mainly aimed at meeting all the required activities for Scenario 1 and the onset of 2 that is to say:

- 1 - MRC aware of and confirmed in its role as auxiliary to the authorities, and all Movement partners active in supporting the preparedness for a possible EVD outbreak;
- 2 - Volunteers trained and active in social mobilization in all areas of the country and especially where no others are present;
- 3 - Volunteers trained and current in SDB and disinfection protocols;
- 4 - MRC management and support capacities capable to lead the operation and upscale to Scenario 2 or 3 if required. If Scenario 2 comes about, a new assessment is made as to whether an Emergency Appeal should be launched. To further enhance MRC capabilities. This was planned to be done in consultation with all Movement partners at the Operational Coordination Committee.

The preparedness plan was tackled in 3 stages:

- **Stage 1:** confirm the role, expectations and potential of the MRC (with support from all Movement partners) in support of the Mali Government of and the international preparedness and response effort).
- **Stage 2:** increase the quality and coverage of preparedness and response interventions (notably social mobilization and SDB/disinfection) in high risk regions means the 4 regions bordering Guinea: *Kayes, Koulikoro, Sikasso and Bamako* – with priority on those areas not covered by other organizations, and especially for the critical period of Mahaloud.
- **Stage 3:** ensure preparedness interventions in thus far unaffected regions: Mopti and Ségou, and in coordination with the ICRC, the regions of Gao, Timbuktu and Kidal – with additional priority given to initiating psychosocial support activities for those affected by the epidemic.

By taking into consideration many risks factors specially the still active outbreak in Guinea and the current low level preparedness of Mali Red Cross, it has been suggested to plan an intervention with 12 months of duration, but divided into two periods of 6 months. At the end of 6 months, a new analysis was planned to be performed in order to assess

the level of implementation of the intervention as well as the risks, and confirm the second period. Based on the management capacity of volunteers and given the objective to cover almost all of the accessible parts of the country, it seemed logical to concur with the MRC's ambition to recruit and train a total of up to 1,000 volunteers for the implementation of this intervention, mainly in social mobilization, but also in SDB and some PSS activities. Amongst those volunteers, around 30 supervisors were trained for managing the other community volunteers.

Operational support services

Human resources

The Ebola operation in Mali was managed by a team composed of the following:

- **International staff:** one Operations Manager (International delegate)
- **National staff :** one Ebola Focal Point (medical doctor) and two assistants for support services: 1 logistic officer and 1 finance officer

IFRC structure worked very closely with Mali Red Cross (MRC) executive staff and the operations manager liaised very closely with the National Society Secretary General as well as the head of health, DM and logistics departments. The heads of accountability, volunteer management and HR services were supported by the existing IFRC OD delegate.

Logistics and supply chain

An additional Logistics Assistant was recruited by the National Society and received training during a visit from the Zone Logistics Unit in Nairobi on IFRC systems. Most large-scale procurement was done in bulk (e.g. of PPE and chlorine.) while local procurement of hygiene and non-food relief items was done under the supervision of the Operations Manager. MRC has sufficient warehousing (WH) capacity and adequate fleet that requires additional support in its management. Most activities outside Bamako were done with the use of local or public transport. Some repair and additional spares kits were required for existing MRC vehicles. Logistics elements to this programme included:

- **Fleet:** MRC reimbursed volunteers' travel costs and/or provide transport when they were mobilised. The condition of MRC's own vehicle fleet was not good, as many vehicles were off the road. Therefore, they preferred to rent additional vehicles for field trips rather than repair existing vehicles. A more comprehensive analysis of MRC's fleet needs was done as part of the OD programme.
- **Warehouse:** A logistics assistant was recruited to manage Ebola programme stock. A full stock check was arranged as soon as this person was on board.
- **Supply chain:** Most procurement could be done locally, and there were not heavy supply chain requirements for this Disaster Preparedness phase of the programme. However, it was advised that MRC received a larger stock of approved PPE kit from the Federation central supply.

Information technologies (IT)

Mobile telephone costs were significant for this operation as it was imperative that volunteers had the ability to transmit information and receive instructions and information even from remote sites. So far, this element was under-resourced. It has been estimated that for each region (8 regions + Bamako), there was an average of 8 teams working at any one time, needing at least CHF10 per month.

Communications

Due to some budget constraints, it has not been possible to implement the post-training activities such as: radio and television broadcasting spots on Ebola with communicators in all intervention areas as well as mobile sketches etc. Hopefully the Beneficiary Communication project can address the gaps in the overall communication plan regarding Ebola in Mali Red Cross.

Security

With the insecurity in the north, IFRC could not implement and support the National Society further than Mopti. The ICRC therefore supported MRC in the north. The scenario of a further outbreak of EVD in Mali would have likely to cause minor outbreaks of civil unrest and anger, which would require sensitive handling. It was, however, vital that the National Society maintained positive messaging about the possibility to control and contain EVD, and to spread appropriate messages about those who have been infected.

Planning, monitoring, evaluation and reporting (PMER)

The Operations manager monitored the progress of the operation and provided necessary technical expertise in close cooperation with Mali Red Cross, the Sahel Regional Office and PNS in country. The Operations manager undertook the monitoring and reporting of the operation.

Administration and Finance

The Mali Red Cross has a permanent administration and finance department, which ensured the proper use of financial resources in accordance with the Memorandum of Understanding between the Mali Red Cross Society and the IFRC Sahel Regional Representation. Financial resource management was done according to the National Society's regulations and DREF guidelines. Additionally, the Mali Red Cross' own procedures were applied to the justification of expenses process and were done on IFRC formats.

C. Detailed Operational Plan

During the reporting period, the National focused on key activities.

Quality programming / Areas Common to all Sectors

Outcome 1: The EPF implementation is well coordinated, planned, monitored, evaluated and reported on.
Output 1.1: Community epidemiological surveillance is conducted
Activities planned
<ul style="list-style-type: none"> • Development and revision of periodic activities plan • Conduct sensitisations • Active participation to the EVD coordination mechanism in country
Output 1.2: Knowledge, Attitudes and Practices surveys conducted
Activities planned
<ul style="list-style-type: none"> • Conduct community KAP surveys • Organize behavior change competitions
Output 1.3: Monitoring and Evaluation is conducted
Activities planned
<ul style="list-style-type: none"> • Collect epidemiological information and report. • Publication of regular reports • Conduct a lessons learned workshop • Conduct an operation impact assessment
Achievements
<p>Conduct sensitisations</p> <p>Mali Red Cross (MRC) volunteers conducted a total of 13,920 community awareness sessions through mass sensitization events, home visits, conferences, and debates in Sikasso, Koulikoro, Ségou, Mopti, Kayes and Bamako 3 times per week. The topics were related to general knowledge on Ebola, the means of EVD transmission, methods of prevention, Ebola suspected signs, the community management of a suspect case or alert. A total of 216,919 people (117,812 female and 99,107 male) were reached.</p> <p>Active participation to the EVD coordination mechanism in country</p> <p>The National Society was involved in clusters and platforms, namely Health Cluster, the C.O.U (and its committees), local technical committees; and the consultation framework local NGOs. This collaboration allowed MRC to:</p> <ul style="list-style-type: none"> - Improve its visibility and get documentation in terms of media or technical tools for the supervision of volunteers network and staff regarding EVD - Contribute to the national data reporting from field activities - Regularly participate on the assessment of the EVD epidemiological situation in Mali. <p>Conduct community KAP surveys</p> <p>The evaluation of the quality of community awareness activities in an Ebola context was conducted based on a questionnaire developed by the supervision team and validated by head of Health Department. It first concerns the monitoring of volunteers' activities in target communities but also on their level of Ebola knowledge by the community members :</p> <ul style="list-style-type: none"> -100 % of those questioned said having already got some information about Ebola¹ - 80 % among them got the information from Red cross volunteers², 100 % and 70% from the TV

- 83% attended at least once an awareness event facilitated by Red Cross volunteers
- 70% knew very well the EVD signs and symptoms (sudden fever, diarrhea, vomiting, bleeding, muscle aches, fatigue, rashes etc...)
- 99 % do know how to protect themselves against EVD³ (hand washing with soap and clean water, avoiding contact with suspect sick people, stop handling and consuming bush meat. Avoid hands greetings or other types of contacts, practice Safe and Dignified Burials in case of a suspect death.

Collect epidemiological information and report

Weekly updates and reports informed the humanitarian community especially WHO and MoH by availing volunteers to collect the data.

Publication of regular reports

Regular updates were provided on general progress of the operation

Conduct a lessons learned workshop

Unfortunately, this activity could not be carried out singularly by the Red Cross Movement but rather held as a country team whereby humanitarian actors met to reflect on the key factors of success that enabled the rapid eradication of Ebola in the country and highlight the weakness of the health system that allowed the spread of the disease in the country. This workshop was led by WHO and MoH with the following were highlighted:

- Need to reinforce information sharing between different entities (e.g. customs, health controllers at the borders) at all levels i.e. regions and national;
- Reinforcement of border control with adequate tools be provided to the health personnel including communication tools;
- Protocols to be respected irrespective of the person to avoid the bio risk to spread
- Reinforcing the knowledge and collaboration of the communities so as to report all suspected case to the competent authorities

Challenges

Conduct an operation impact assessment

This activity could no longer take place within the timeframe of the operation

Lessons Learned

None reported.

Health and care

Health and care
Outcome 1: Incidence and prevalence of Ebola cases is reduced through social mobilization activities, contact tracing and surveillance, safe and dignified burials and by the provision of psychosocial support .
Output 1.1: Social mobilization and community engagement
Activities planned
Volunteers training in EVD signs and symptoms, prevention measures and referral mechanisms as well as on social mobilization and community engagement (i.e. 100 in each region and 200 in Bamako)
Mobilization of 200 volunteers and 7 supervisors for 4 days per month
Produce and disseminate pieces of context-specific Information Education and Communication (IEC) materials, including leaflets and posters
Procurement of social mobilization kits including banners, megaphone, and other teaching materials 8 regional branches as well as for some local branches
Procurement and distribution of epidemic hygiene kits (soap, chlorine, bucket)
Procure and distribute 200 infrared thermo flash thermometers to all regional and in some local branches
Sensitization and distribution of hygiene kits to be used for community burials in mosques
Sensitization and distribution of hygiene kits including gloves in health care centers
Training Mali Red Cross staff in community engagement and social mobilization

Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in affected and at risks districts
Establishment of two weekly one hour interactive radio broadcasts across Mali
Establishment of one hour interactive weekly television program to be broadcast across Mali
Conduct health promotion activities focusing in infection control in health care settings located in remote areas
Realization of exchange forums with community resource oriented persons: chiefs, traditional healers and musicians
Output 1.2: Safe and Dignified Burials and Disinfection of Houses
Activities planned
Develop or adapt protocol and safety regulations for SDB implementation
Establishment of 9 SDB teams, each comprised of 12 volunteers
Initial in country training for SDB teams
Additional immersion training for SDB teams in Guinea (Field school)
Procurement and pre-positioning of PPE, body bags, and other SDB related supplies
Refresher training of all staff involved in SDB as required
Mobilization for a standby deployment of SDB teams on an average of 20 days
Output 13 : Psychosocial and economical support is provided to affected population
Establish Mali Red Cross role, and begin influencing activities on Mali authorities on importance of psychosocial support
Train 100 volunteers in psychosocial support techniques using IFRC reference centre for psychosocial support materials
Provide psychosocial counselling to patients, affected family members and volunteers
Accompany and support individuals discharged from isolation ward to their communities to assist in re-entry and re-assure community
Establishment and adoption of criteria for supportive kits to be distributed in affected families
Procurement and distribution of basic NFI kits (and cash grants) for up to 500 affected families
Output 1.4: Community surveillance and contact tracing
Train volunteers if needed in contact tracing and community surveillance in accordance with national agreed procedures and guidance.
Deploy volunteers to organize the active search of suspected cases and contacts in communities, as and when requested by COU or WHO
Procurement and distribution 200 infrared thermo flash thermometers for teams
Establishment of Community epidemiological surveillance teams
Outcome 2: Improved management capacities of Mali Red Cross structures.
Output 2.1: National Society has the necessary capacity to manage and lead the operation
Establish a functional management task force at the headquarters
Provision of office equipment and establishment of operations coordination center at the headquarters
Repair 2 NS vehicles and provide additional logistics resources as needed
Development and regular update of detailed emergency plan of action
Provision of office equipment and essential rehabilitation of 8 branches
Prepositioning of IEC and PPE kits at all regional branches
Establishment of Ebola management team at all regional regions
Procurement of visibility equipment and materials(t-shirts, caps)
Achievements
Sensitization and distribution of hygiene kits including gloves in health care centers
The target communities benefited from Ebola prevention kits comprising of hand washing facilities, bleaching, soap, Gresyl. Indeed, a total of 1,910 hygiene kits were distributed in mosques, schools, churches, 97 in health centres, 10 kits in Mali Red Cross headquarters.
Training Mali Red Cross staff in community engagement and social mobilization
The training activities were geared towards increasing the knowledge of Red Cross volunteers on Ebola as well as to strengthen their capacities to deliver preventive and referral messages to people. It resulted from an assessment conducted on the quality of community awareness activities, that 75% of the trained Red Cross volunteers well mastered group facilitation techniques.
Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in affected and at risks districts
The Mali Red Cross volunteers conducted group discussion in order to strengthen interpersonal relationships within groups so as to facilitate, the sharing of concerns and fears related to the Ebola outbreak, and to improve knowledge about the disease. In Kayes a total of 80 group discussions were conducted in communities and reached 549 people. In Bamako, 233 people were reached through 28 group discussions.

Establishment of two weekly one hour interactive radio broadcasts across Mali

Under the leadership of the NRCS, radio programs have been supported through the Beneficiary communication component. These radio programmes still are on-going.

Conduct health promotion activities focusing on infection control in health care settings located in remote areas

Health promotion activities were a big component of the response activities against Ebola. A total of 845 awareness sessions were conducted in Kayes and reached 88,000 people (45,500 female and 42,500 male). In Bamako, 120 people (102 female and 18 male) were reached through 16 awareness sessions.

Realization of exchange forums with community resource-oriented persons: chiefs, traditional healers and musicians

The exchange forums with community resource oriented persons were held in Red Cross headquarters and in health districts located at the borders. The participants included 30 imams, 30 local radio communicators coming all from 6 towns in Bamako. A total of 180 traditional healers and hunters living in areas bordering Guinea were also part of the exchange forums.

Initial in-country training for SDB teams

A total of 130 Red Cross volunteers, 10 senior staff of the National Society were reached through Safe and Dignified burial trainings in at risk areas such as Bamako, Kayes, Kati, Koulikoro, Yanfolila, Mopti, Sikasso, Bougouni and Ségou.

Procurement and pre-positioning of PPE, body bags, and other SDB related supplies

200 boxes of PPE kits as well as 100 boxes of mortuary bags and 3 medical tents were procured

Refresher training of all staff involved in SDB as required

A refresher and capacity building training on the management of dead bodies and psychosocial support of patients and their families took place. It involved 90 Red Cross volunteers and 10 Mali red Cross staff from Bamako, Kayes, and Sikasso.

Mobilization for a standby deployment of SDB teams on an average of 20 days

SDB teams have been on standby with one refresher training carried out during the period of the operation.

Establish Mali Red Cross role, and begin influencing activities on Mali authorities on importance of psychosocial support

At least 53 volunteers were deployed to providing psychosocial support to the affected families in Bamako region during the quarantine period and after the burial of their loved ones.

Train 100 volunteers in psychosocial support techniques using IFRC reference centre for psychosocial support materials

The training enabled Red Cross volunteers to understand what is psychosocial support, and to consider its importance in the Ebola disease context. The training was also seized to give participants techniques for facilitating group discussion and ensure the following-up. The training reached 39 Red Cross volunteers 20 in Bamako and 19 in Kayes 8 Mali Red Cross trainers and 44 senior NGO senior staff including the National Society.

Train volunteers if needed in contact tracing and community surveillance in accordance with national agreed procedures and guidance.

Prior to the contact tracing activities, 74 Mali Red Cross volunteers were trained. Well equipped, 20 trained Red Cross volunteers reached 288 people through contact tracing (meaning 66.51% of the target people).

Deploy volunteers to organize the active search of suspected cases and contacts in communities, as and when requested by COU or WHO

As soon as the Ebola disease was declared in Mali, WHO requested from the National Society to be involved in the contact tracing geared towards breaking the contamination chain. The contact tracing included monitoring the contacts' temperature twice a day, in the morning in their evening in their places.

Procurement and distribution 200 infrared thermo flash thermometers for teams

200 Thermo flashes were procured to support the teams as volunteers were trained on their use and now

prepositioned in all the 8 regions.

Establish a functional management task force at the headquarters

An EVD task force had been established for the Red Cross Movement which as also represented to the national committee to signify the Red Cross views and contribution to the fight against Ebola.

Repair 2 NS vehicles and provide additional logistics resources as needed

At least 2 vehicles were put back into service to be used for the operation and support the MRC in their day to day activities. Besides, the generator at the Headquarters has been repaired and back on service to ensure smooth running of operation especially in terms of coordination.

Prepositioning of IEC and PPE kits at all regional branches

With the support and collaboration of partners, the MRC has been able to preposition PPE kits including (200) SDB kits. However, these have been centralized at the Bamako region ready for deployment except the stock for the Northern region based in Gao where the ICRC had also set up a trial ETC. Additionally, IEC materials have been produced as per the approved messages from the national committee on Ebola lead by Unicef and used during the different campaigns.

Establishment of Ebola management team in all regions

The 8 regions of Mali have been able to get at least one emergency trained team of 8 members that is active in social mobilization and capable to carry out safe and dignified burials. This has also increased the MRC capacity in terms of epidemiological control as the teams are supporting train volunteers for tracing and active case finding.

Procurement of visibility equipment and materials (t-shirts, caps)

A total of 7,000 Ebola posters were distributed in all Red Cross Intervention areas. A total of 1,000 Ebola sensitization guides were also procured. With IFRC support, a communication plan was developed.

Challenges

- **Establishment of one hour interactive weekly television program to be broadcast across Mali** : due to the extensive campaigns led by the government and as agreed during national coordination, no more television programmes were permitted solely for the Red Cross Movement
- The remoteness of some intervention areas made it challenging to supervise the Red Cross volunteers' activities.
- Due to some budget constraints, it has not been possible to implement the post-training activities such as: radio and television broadcasting spots on Ebola with communicators in all intervention areas as well as mobile sketches etc....
- Hopefully the ongoing Beneficiary Communication project can address the gap in the overall communication plan regarding Ebola in Mali Red Cross.

Lessons Learned

- The involvement of religious and community leaders is essential as it can influence communities to drop out some risky behaviors which can spread the outbreak;
- The involvement of the Red Cross volunteers as well as local and regional committees was helpful in the management of the epidemic and produced encouraging results
- The involvement of the affected people in the awareness sessions can make them more effective
- It is advantageous to involve political and administrative authorities in strengthening the health system.

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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Saving lives, changing minds.



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

MDRML011 - Mali - Ebola Preparedness

Timeframe: 19 Feb 15 to 19 Aug 15

Appeal Launch Date: 19 Feb 15

Final Report

Selected Parameters

Reporting Timeframe	2015/2-2016/1	Programme	MDRML011
Budget Timeframe	2015/2-2015/08	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		59,882				59,882	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>Other Funds for Operations</i>		59,885				59,885	
C4. Other Income		59,885				59,885	
C. Total Income = SUM(C1..C4)		59,885				59,885	
D. Total Funding = B +C		59,885				59,885	

* 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		59,885				59,885	
E. Expenditure		-52,551				-52,551	
F. Closing Balance = (B + C + E)		7,334				7,334	

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Budget Timeframe	2015/2-2015/08	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

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)			59,882			59,882		
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene			20,537			20,537	-20,537	
Total Relief items, Construction, Sup			20,537			20,537	-20,537	
Personnel								
International Staff	1,000						1,000	
National Society Staff	15,540		5,886			5,886	9,654	
Volunteers	25,000		2,441			2,441	22,559	
Total Personnel	41,540		8,327			8,327	33,213	
Workshops & Training								
Workshops & Training	7,200		20,499			20,499	-13,299	
Total Workshops & Training	7,200		20,499			20,499	-13,299	
General Expenditure								
Travel	5,000		308			308	4,692	
Office Costs	2,387						2,387	
Financial Charges	100		-327			-327	427	
Total General Expenditure	7,487		-20			-20	7,507	
Indirect Costs								
Programme & Services Support Recove	3,655		3,207			3,207	447	
Total Indirect Costs	3,655		3,207			3,207	447	
TOTAL EXPENDITURE (D)	59,882		52,551			52,551	7,330	
VARIANCE (C - D)			7,330			7,330		

Disaster Response Financial Report**MDRML011 - Mali - Ebola Preparedness**

Timeframe: 19 Feb 15 to 19 Aug 15

Appeal Launch Date: 19 Feb 15

Final Report

Selected Parameters

Reporting Timeframe	2015/2-2016/1	Programme	MDRML011
Budget Timeframe	2015/2-2015/08	Budget	APPROVED
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	59,882		59,885	59,885	52,551	7,334	
Subtotal BL2	59,882		59,885	59,885	52,551	7,334	
GRAND TOTAL	59,882		59,885	59,885	52,551	7,334	