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DREF: Preliminary Final Report

Mali: Ebola virus disease preparedness

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRML010
Date of Issue: 30 November 2014	Glide n° EP-2014-000039-MLI
Date of disaster: N/A	
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: 12,483
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 spread to Liberia, 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 was also 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) released 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 to EVD 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 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 Preliminary Report is issued in advance of the Final Report that is expected to be published in December 2014; and is focused on the activities that were carried out within the initial DREF operation.

This DREF has been replenished by the Canadian Red Cross/Government and Spanish Red Cross/AECID. 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.

Overview of Red Cross Red Crescent Movement in country

The IFRC Sahel regional representation through its Dakar office in Senegal provided support to the SRCS, 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 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 SRCS 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 Sékou airport and Kourouma and suspected cases were under investigation awaiting laboratory confirmation. The WHO provided the authorities with personal protective equipment (PPE) as well as additional technical assistance. Information meetings held with local authorities targeted two main objectives:

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

The 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 had 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 occurred 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;
- Adaption 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 to carry out the activities outlined in this operation. 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.

A full list of items procured through this operation will be issued in the Final Report.

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

Following the violence that erupted in northern Mali in January 2012 when fighters of the National Movement for the Liberation of the Azawad (MNL) launched a bid to create an independent state, security risks were reviewed and responded to 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, & 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.

C. DETAILED OPERATIONAL PLAN

Early warning & emergency response preparedness

Outcome 1: The immediate risks to the health of affected populations are reduced																																													
Output 1.1: The capacity of Mali Red Cross to prepare for potential Ebola response is strengthened																																													
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12																																
Train 200 volunteers and supervisors in epidemic control for volunteers																																													
Procure personal protective equipment and train volunteers on their use																																													
Monitor and report on activities carried out																																													
Achievements																																													
<p>1.1.1 Following the DREF allocation, the RDRT deployed by IFRC conducted the training of 16 trainers/supervisors coming from the four target areas (Bamako, Kayes, Koulikoro and Sikasso). Equipped in knowledge the trained Red Cross trainers/supervisors replicated the training sessions in other target areas. Please note that the MRCS opted for a strategy based on the capacity building of branches and volunteers with support from local trainers. Therefore, following the training of trainers, the skills of 184 volunteers were strengthened regarding communities' information and sensitization on Ebola. The training activities contributed to revitalizing Red Cross branches and make them more capable of conveying preventive messages related to the risk of the EVD outbreak. This approach allowed a transfer of skills and knowledge and a strong empowerment and accountability of branches as per the MRCSs vision. A supervisor was appointed in each area in order to better ensure a monitoring mechanism and support teams of volunteers. In total, 200 volunteers and supervisors were trained of whom 16 were supervisors/trainers and 184 volunteers, which is 100 per cent of the intended target. The following table provides information on the volunteers that receiving training.</p> <table border="1"> <thead> <tr> <th rowspan="2">N°</th> <th rowspan="2">Training areas</th> <th colspan="3">Participants</th> </tr> <tr> <th>Men</th> <th>Women</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Bamako</td> <td>27</td> <td>09</td> <td>36</td> </tr> <tr> <td>2</td> <td>Yanfolila</td> <td>39</td> <td>17</td> <td>56</td> </tr> <tr> <td>3</td> <td>Kangaba (and Kati)</td> <td>32</td> <td>12</td> <td>44</td> </tr> <tr> <td>4</td> <td>Kita</td> <td>19</td> <td>5</td> <td>24</td> </tr> <tr> <td>5</td> <td>Keniéba</td> <td>21</td> <td>3</td> <td>24</td> </tr> </tbody> </table>													N°	Training areas	Participants			Men	Women	Total	1	Bamako	27	09	36	2	Yanfolila	39	17	56	3	Kangaba (and Kati)	32	12	44	4	Kita	19	5	24	5	Keniéba	21	3	24
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1.1.2 Information on the procurement of PPE will be issued in the Final Report.																																													
1.1.3 Information on the monitoring and reporting of activities will be issued in the Final Report.																																													
Output 1.2: Increased public awareness about EVD (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)																																													

Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Distributions of information, education and communication in at risk communities													
Organize community discussions													
Radio broadcasting													
Social mobilization with dissemination of key messages on Ebola virus disease prevention													

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 comprising of home visits were carried out 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. .

The following table provides information on the volunteer's public awareness/sensitization activities. In total, 12,423 people (4,484 men; 7,939 women) have been reached through these 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
		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

Sikasso	Yanfolila	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
Participate in information and coordination meetings with authorities.												
Set up / enhance community monitoring committees for disease surveillance.												
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 volunteer 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. 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 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 Information on the set-up/enhance community monitoring committees will be issued in the Final Report.
- 1.3.3 Information on epidemiological control and monitoring will be issued in the Final Report.

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.

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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 (NGO's) 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