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DREF final report

Mali: Cholera outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRML006
GLIDE n° [EP-2011-000112-MLI](#)
30 April 2012

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Summary: CHF 150,010 was allocated from the IFRC Disaster Relief Emergency Fund (DREF) on 17 August 2011 to support Mali Red Cross in delivering assistance to communities in the two regions of Mopti and Tombouctou at risk of infection by a cholera outbreak.

In August 2011, a cholera outbreak affected the regions of Mopti and Tombouctou. In coordination with government response, Mali Red Cross mobilized its relief teams, volunteers and materials to carry out complementary activities. The National Society aimed to increase the knowledge of communities on cholera and its modes of transmission. The response also included limiting the spread of cholera through improved water and sanitation. Vulnerable and affected households benefited from door-to-door visits conducted by volunteers to provide the right information regarding the disease and share key family practices related to hygiene and sanitation. The National Society mobilized six regional and 39 local supervisors and 385 volunteers in Mopti and Tombouctou regions. At the end of the operation, Mali Red Cross successfully reached a total of 212,717 people directly through its sensitization activities, and upwards of 486,200 people through community radio broadcasting. Red Cross volunteers also treated 590 water points and disinfected 11,017 family latrines.



Mali Red Cross staff and partners distributed water, sanitation and hygiene-related materials to the affected population.
Photo: IFRC/MRC

Partners who supported the replenishment of this DREF allocation include the Belgian Red Cross/ Belgian government, Canadian Red Cross/ Canadian government, Netherlands Red Cross/ Netherlands government and the European Commission's Office for Humanitarian Aid and Civil Protection (DG ECHO).

The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, 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.

Details of all contributions to the DREF for 2011 can be found on:
http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf

<click [here](#) for the final financial report, or [here](#) to view contact details>

The situation

The cholera outbreak that occurred in 2011 affected the regions of Mopti and Tombouctou which recorded a total of 258 cases, including 20 deaths and a mortality rate of 7.8% during the period from 18 to 27 July 2011. In the region of Mopti, the following districts were affected: Mopti (69 cases, 2 deaths, a mortality rate of 2.9%), Youwarou (82 cases, 9 deaths, a mortality rate of 11%), Douentza (1 case), Djenné (4 cases), and Bandiagara (8 cases). In Tombouctou region all districts were affected: Tombouctou (43 cases, 2 deaths, a mortality rate of 4.7%), Diré (5 cases), Gourma Rharous (11 cases, 2 deaths, a mortality rate of 18.2%), Niafunké (31 cases, 4 deaths, a mortality rate of 12.9%), and Goundam (4 cases, 1 death, a mortality rate of 25%).

The government led in the implementation of preventive measures in the country, including sensitizing populations on early referral of patients to cholera treatment centres in case of suspected symptoms such as diarrhoea and vomiting. In addition, the stock of drugs and disinfectants were increased. A plan of action for the response in the affected areas was elaborated, with the Committee of Epidemic Crisis (CCE) responsible for the management of some cases.

Meanwhile, the National Society initiated a response to the outbreak that aimed to increase the knowledge of communities on cholera and its modes of transmission. The response also included limiting the spread of cholera through improved water and sanitation. In its role of auxiliary to government, the National Society helped sensitize communities to better fight against cholera epidemics. This intervention is part of its 2010-2014 Strategic Plan for that has among other priorities the health improvement of vulnerable populations in Mali.

Red Cross and Red Crescent action

With support IFRC's Sahel regional office, a quick assessment was conducted by the National Society before it proceeded with the distribution of products and materials to the regional health departments of Mopti and Tombouctou and conducted sensitization activities for behaviour change of the targeted populations.

To ensure complementary response efforts, the National Society collaborated with all stakeholders. Its involvement and participation to coordination meetings with local and central government authorities as well as other actors supporting the cholera response increased the visibility of the National Society.

Achievements against outcomes

Emergency health, water and sanitation and hygiene promotion	
Outcome: To improve the capacities of Mali Red Cross volunteers to respond to Cholera epidemics.	
Outputs (expected results):	Activities planned:
<p>The local branch and volunteers are able to respond in an effective and efficient manner to the outbreak.</p> <p>Affected communities are able to prevent the spread of the epidemic.</p>	<ul style="list-style-type: none"> • Provide 13 local committees with disinfection kits and materials; • Provide 26 family tents; • Set up 200 mobile latrines for cholera patients; • Procurement of health kits composed of 6,000 tablets of aqua tabs for water purification; • Procurement of 26 barrels; cups; 900 litres of bleach; 100 bags of quicklime; 17 sprayers; 9,000 ORS tablets; 3,000 Ringer lactate bottles; 2,340 litters of liquid soap; 1,050 bars of soap; 100 boxes of gloves; 24 megaphones and batteries ;and 100 buckets.
<p>Mali Red Cross has a network of volunteers trained and operational.</p>	<ul style="list-style-type: none"> • Adapt and reproduce 424 training manuals on ECV. • Train 385 volunteers and 39 supervisors on response to cholera outbreak using the ECV manuals. The Mali volunteers will support the affected populations to: strengthen personal and collective hygiene measures of the communities related to food, water and environment; carry out community actions such as clean up campaigns to reduce flies, support the communities in the disinfection of wells. Mali Red Cross has donated sanitation materials to health centres and volunteers will show how to use the materials. • Provide public information on cholera in market places, mosques and churches on the dangers of cholera and how to prevent it.

	<ul style="list-style-type: none"> • Educate people on the disinfection of water and conservation of food. • Carry out sensitization sessions and household visits to deliver messages of hygiene promotion and cholera prevention. • Organize hand washing demonstration in the communities. • Refer cholera cases to health facilities and provide information on treatment and prevention of the disease to families. • Pay visits to patients' families as often as necessary to ensure that new cases are not occurring and that families are practicing good hygiene to avoid the spread of the epidemics.
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Impact

The National Society demonstrated some key achievements in terms of social mobilization under the auspices of the overall institution capacity building framework and the African Red Cross and Red Crescent Health Initiative (ARCHI) 2010 of the Red Cross and Red Crescent Movement which emphasizes on social mobilization through the involvement of volunteers. In this specific cholera response operation, the social mobilization targeted:

- reinforcement of the operational capacities of health centres and Red Cross branches;
- equipment with materials and disinfectants of health centres and the branches;
- mobilization and training of volunteers and supervisors;
- sensitization of households through the door-to-door method;
- reinforcement of the partnership between technical services and other actors;
- organization of hygiene promotion and sanitation activities in households; and
- follow up activities.

The National Society mobilized six regional and 39 local supervisors and 385 volunteers in Mopti and Tombouctou regions. In this social mobilization process, volunteers worked in pairs under the control of a supervisor who led a team of 10 volunteers. Each pair visited 70 households per day to conduct sensitization activities, treat water points and disinfect latrines. Volunteers carried out most of the activities in collaboration with local authorities' health officers.



Mali Red Cross volunteers conducting door-to-door sensitization.
Photo: IFRC/ MRC

Prior to the social mobilization activities, the skills of volunteers were increased and strengthened through a training focusing on the modes of transmission of cholera; how to conduct an individual interview; and how to conduct focus groups discussions.

Hygiene promotion, sensitization and sanitation activities

In the region of Mopti, 144,429 people were directly reached through sensitization sessions in 31,412 households visited, and up to 390,500 people reached through community radio broadcasting. Meanwhile, in Tombouctou, the trained volunteers reached 68,288 people directly through 16,962 household visits and 95,700 people through community radios broadcasting.

The volunteers also supported the treatment of 600 cholera patients in treatment centres and referred suspected cases to health centres. In hygiene promotion and sanitation, 60 and 530 water points in Tombouctou and Mopti were respectively treated, as well as 6,136 and 4,881 family latrines disinfected. In total, Red Cross volunteers treated 590 water points and disinfected 11,017 family latrines.

Distribution activities

With the view to reinforce the operational capacities of Malian health centres as well as Red Cross branches, the National Society, with support from IFRC's Sahel regional office, distributed disinfectants and materials in 13 health districts and local committees of Mopti and Tombouctou. In addition to disinfectant products kits composed of bleaching, soap, quicklime and hygiene and sanitation materials (boots, gloves, and sprayers). The following items and materials were distributed: 100 cholera patients' mobile latrines; 26 family tents; 3,000 Ringer lactate bottles; 6,000 tablets of aqua tabs; and 100 boxes of gloves.

Among the immediate results of the actions taken, one can mention the setting up of lazarets thanks to tents distributed by the National Society for the isolation of cholera patients. This facilitated the work for health staff as it improved the care and treatment for patients. Besides, the sensitization sessions, the sanitation and hygiene promotion increased the knowledge of populations on the best hygiene practices. This limited the spread of the disease.

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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.
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Selected Parameters	
Reporting Timeframe	2011/8-2012/3
Budget Timeframe	2011/8-2011/11
Appeal	MDRML006
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	150,010					150,010
B. Opening Balance	0					0
Income						
Other Income						
<i>DREF Allocations</i>	<i>150,010</i>					<i>150,010</i>
C4. Other Income	150,010					150,010
C. Total Income = SUM(C1..C4)	150,010					150,010
D. Total Funding = B + C	150,010					150,010
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	150,010					150,010
E. Expenditure	-149,969					-149,969
F. Closing Balance = (B + C + E)	41					41

International Federation of Red Cross and Red Crescent Societies

MDRML006 - Mali - Cholera Outbreak

Appeal Launch Date: 17 aug 11

Appeal Timeframe: 17 aug 11 to 17 nov 11

Final Report

Selected Parameters	
Reporting Timeframe	2011/8-2012/3
Budget Timeframe	2011/8-2011/11
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III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	150,010						150,010	
Relief items, Construction, Supplies								
Shelter - Relief	9,620							9,620
Clothing & Textiles		1,161				1,161		-1,161
Water, Sanitation & Hygiene	39,810	46,813				46,813		-7,003
Medical & First Aid		5,138				5,138		-5,138
Teaching Materials	1,440							1,440
Utensils & Tools	1,752	1,728				1,728		24
Other Supplies & Services	7,650							7,650
Total Relief items, Construction, Suj	60,272	54,839				54,839		5,433
Logistics, Transport & Storage								
Storage		138				138		-138
Distribution & Monitoring		2,586				2,586		-2,586
Transport & Vehicles Costs	7,465	11,062				11,062		-3,597
Total Logistics, Transport & Storage	7,465	13,786				13,786		-6,321
Personnel								
National Staff		2,760				2,760		-2,760
National Society Staff	36,750	37,192				37,192		-442
Total Personnel	36,750	39,951				39,951		-3,201
Workshops & Training								
Workshops & Training	16,851	1,353				1,353		15,498
Total Workshops & Training	16,851	1,353				1,353		15,498
General Expenditure								
Travel		3,502				3,502		-3,502
Information & Public Relations	3,000	4,050				4,050		-1,050
Office Costs	6,601	12,987				12,987		-6,386
Communications	916	2,378				2,378		-1,462
Financial Charges	5,000	-3,433				-3,433		8,433
Other General Expenses	4,000	11,402				11,402		-7,402
Total General Expenditure	19,517	30,887				30,887		-11,370
Indirect Costs								
Programme & Services Support Recov	9,156	9,153				9,153		2
Total Indirect Costs	9,156	9,153				9,153		2
TOTAL EXPENDITURE (D)	150,010	149,969				149,969		41
VARIANCE (C - D)		41				41		