



## MALI: YELLOW FEVER

### FINAL REPORT

No. 05ME067  
10 January 2007

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries.*

### In Brief

Period covered by this Final Report: 28 November to 31 December 2005.

**History of this Disaster Relief Emergency Fund (DREF)-funded operation:**

- CHF 45,000 was allocated to the Mali Red Cross<sup>1</sup> from the Federation's DREF on 24 November 2005 to respond to the needs of this operation – <http://www.ifrc.org/docs/appeals/05/05ME067.pdf>
- An [Interim Final Report](#) was issued on 4 July 2006.

[<Click here to go directly to the attached final financial report>](#)

This operation was aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

**Global Agenda Goals:**

- Reduce the number of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

### Background

The Republic of Mali is located in the Sudano-Sahelian zone, with a flora composed of sparse forests and savannah. The country's vegetation promotes the proliferation of certain vectors that transmit diseases such as yellow fever. For decades, Mali's population has suffered from repeated yellow fever epidemics. Different actions undertaken by the government, particularly vector control and vaccination campaigns, brought hope that this situation could be controlled. However, with the last mass vaccination campaign conducted nationally dating back nearly two decades; this has so far turned out to be unsuccessful.

Following information relayed by local media and confirmed by the Mali Red Cross during the second and third weeks of October 2005, four out of five deaths of patients with fever and jaundice were observed in the Bafoulabé Circle, Mali. Tests ran on these doubtful cases were positive and confirmed a nascent yellow fever epidemic. Cases of yellow fever were also reported in the Kayes region and as at 15 November 2005, there were 37 confirmed cases and 18 deaths in the region. The tests were carried out at the national reference laboratory in Mali and later confirmed at the regional reference laboratory in the Institute Pasteur, Dakar-Senegal.

<sup>1</sup> Mali Red Cross - refer to <http://www.ifrc.org/where/country/check.asp?countryid=112>

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Immediately after the epidemic was declared, the Federation's regional delegation in Dakar supported the Mali Red Cross by sending a public health doctor to provide technical support and expertise. The doctor's presence helped in strengthening the onsite coordination team for one month. The Mali Red Cross, supported by the Federation, proceeded with an evaluation of the situation. The findings were sent to the regional delegation along with a needs estimate and a proposed plan of action.

### **Coordination**

From the onset of the outbreak, the Federation Secretariat in Geneva and the regional delegation in Dakar coordinated with the World Health Organization (WHO) and Médecins San Frontières (MSF) in assessing the situation. A vaccination campaign was conducted in Bafoulabé, Kadiolo, Kolondiéba, Sélingué and Yanfolila districts. Upon request of the Ministry of Health (MoH), additional doses of yellow fever vaccine and auto-destruct syringes were provided by the International Coordinating Group on Vaccine Provision for Yellow Fever Control and the Global Alliance for Vaccines and Immunization (GAVI). The United Nations Children's Fund (UNICEF) also provided vaccines targeting the population of Bafoulabé and six other surrounding districts (Kangaba, Kati, Kayes, Kéniéba, Kita and Yanfolila).

In Mali, strong coordination was maintained among the different actors in controlling the epidemic. Daily crisis meetings, in which the Mali Red Cross (MRC) fully participated, were held. These meetings provided an opportunity to analyze the situation and to develop a viable plan of action. Among the partners represented in the meetings were the National Directorate of Health (DNS<sup>2</sup>) and UNICEF.

The WHO, with support from the European Community Humanitarian Office (ECHO), sent a team from the Global Outbreak Alert and Response Network. The team was composed of two epidemiologists, two virologists and a logistician and it helped in investigating the outbreak and establishing a surveillance system for adverse events following the vaccination campaign.

### **Analysis of the operation - objectives, achievements and impact**

In order to keep up with the mission of alleviating human suffering, the Mali Red Cross identified some key steps that it would take in response to the epidemic. These were:

- To evaluate the situation in the Kayes region and other locations affected by the epidemic, in conjunction with the MoH as well as other partners involved and present in the field;
- To estimate needs so as to complement the available resources;
- To develop a plan of action with the support of the Federation;
- To coordinate the planned activities with the MoH and other partners.

On 24 November 2005, the Federation allocated CHF 45,000 from DREF to the Mali Red Cross so as to respond to immediate needs. The MRC developed a plan of action (PoA) based on needs identified through consultations with partners and the DNS as well as by the evaluation team dispatched to the field.

### **Goal: To contribute to reducing the rate of prevalence of yellow fever in Mali.**

#### **Achievements**

With the assistance of MRC volunteers in epidemiologic surveillance (through case finding and referral to medical structures), regular updates on the epidemiological status of the affected areas were established between 15 November and 16 December 2005. As of 15 November 2005, there were 37 cases of yellow fever and 18 deaths. The final update on 16 December 2006 recorded a cumulative total of 57 cases and 25 deaths.

The implementation of the plan was effective, with nearly 800 volunteers trained (including 65 team leaders and 20 supervisors), 17 radio programmes aired and 366 social mobilization sessions held. Volunteers conducted mobilization and sensitization campaigns in the affected and high-risk zones, particularly Diema, Nioro, Yélimani, Kayes, Kéniéba, Bafoulabé and Kita circles. In the Koulikoro region, areas reached were Kati and Ouelessebouougou circles and the total population covered through these activities was over 2 million inhabitants. The capital city, Bamako, was also reached in addition.

<sup>2</sup> In French: Direction nationale de la santé (DNS)

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The field phase was based on the PoA, which was used to prepare for the vaccination campaigns through volunteer training and organization of social mobilization campaigns. During the campaigns, information on yellow fever (its causes and how to prevent it) was disseminated to the population by volunteers dressed in Red Cross aprons, increasing both their visibility and respectability.

### **Impact**

The communities in the 19 villages reached by the immunization campaigns are now better protected against potential future yellow fever outbreaks. The information and awareness sessions held by the volunteers have armed the members of communities reached with knowledge on how to protect themselves, such as by using insecticide-treated bed nets, as well as how to care for the sick. The association of the Red Cross volunteers, plus the messages aired on the local radios, profiled the NS. As a result, more people are now aware of the Mali Red Cross and the movement as a whole.

This operation made it possible for the Mali Red Cross to strengthen its coordination with partners such as DNS, UNICEF, MSF, WHO and to play its auxiliary role to the government.

### **Constraints**

Some difficulties were experienced in the general organization of the operation as well as in the administrative function. During its early stage, the mission suffered due to the absence of a president and executive secretary at the Mali Red Cross. While the absence of the two key officials did not prevent the initiation and management of activities, it slowed the initial momentum considerably.

In addition, delays were experienced in the transfer of funds. This noticeably affected logistics and resulted in the adjournment of some emergency activities. However, loans from the Federation delegate for the Sahel food insecurity operation were kindly provided to enable the implementation of parts of the PoA. The transfer of funds was complicated by the fact that the special bank account for the operation was only established in mid-December.

Preparations for and the actual holding of the Francophone Summit in Bamako also disrupted the availability of resources as it delayed the rapid resumption of vaccination activities in the capital. The financial coverage for this operation was to be assured by the MoH whose attention was diverted throughout the summit.

### **Recommendations**

The NS's health department should continue its response activities and provide local monitoring. In addition, volunteers in the city of Bamako should be effectively trained to implement social mobilization activities. Additional training should be carried out in certain locations such as Kayes.

Other partners should be encouraged to participate in the implementation of the government's national response plan, particularly the continuation of the vaccination campaign in the target zones. Vaccination of all the population (on a national scale) should be done in 2006 in order to meet the requirements of efficient prevention of the epidemic. The NS should thus take part by offering volunteer training so as to adhere to the national response plan which provides for the progressive extension of vaccination to the locations of Kangaba, Kolokani, Yanfolila, Sélingué, Yorosso, Kolondièba, Kadiolo, Koutiala, Sikasso, Banamba, Dioila, Fana, Koulikoro, Mopti, Koro, Douentza, Bankass, Tominian, Nara, Niono, Gao, Tombouctou and Gourma Rharous. Vector control activities should also be encouraged; especially the use of insecticide-treated bed nets (ITNs).

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**Mali: Yellow fever; DREF Bulletin no. 05ME067; Final Report.**

*For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>*

*[Final financial report below; click here to return to the title page](#)*

**International Federation of Red Cross and Red Crescent Societies**

M05ME067 - MALI: YELLOW FEVER

Final financial report

Selected Parameters	
Reporting Timeframe	2005/11-2006/12
Budget Timeframe	2005/11-2006/12
Appeal	M05ME067
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		18'408				18'408
B. Opening Balance		0				0
Income						
Reallocations (within appeal or from/to another appeal)						
DREF		18'409				18'409
C3. Reallocations (within appeal)		18'409				18'409
C. Total Income = SUM(C1..C6)		18'409				18'409
D. Total Funding = B + C		18'409				18'409

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		18'409				18'409
E. Expenditure		-18'409				-18'409
F. Closing Balance = (B + C + E)		0				0

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**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		18'408					18'408	
<b>Supplies</b>								
Clothing & textiles	2'144		2'145				2'145	-1
<b>Total Supplies</b>	<b>2'144</b>		<b>2'145</b>				<b>2'145</b>	<b>-1</b>
<b>Transport &amp; Storage</b>								
Transport & Vehicle Costs	947		947				947	0
<b>Total Transport &amp; Storage</b>	<b>947</b>		<b>947</b>				<b>947</b>	<b>0</b>
<b>Personnel Expenditures</b>								
National Society Staff	7'769		7'769				7'769	0
Consultants	5'407		5'407				5'407	0
<b>Total Personnel Expenditures</b>	<b>13'176</b>		<b>13'176</b>				<b>13'176</b>	<b>0</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	86		86				86	0
<b>Total Workshops &amp; Training</b>	<b>86</b>		<b>86</b>				<b>86</b>	<b>0</b>
<b>General Expenditure</b>								
Travel	313		313				313	0
Information & Public Relation	566		566				566	0
Office Costs	540		540				540	0
Communications	167		167				167	0
Financial Charges	-710		-710				-710	0
Other General Expenses	-18		-18				-18	0
<b>Total General Expenditure</b>	<b>858</b>		<b>858</b>				<b>858</b>	<b>0</b>
<b>Program Support</b>								
Program Support	1'197		1'197				1'197	-0
<b>Total Program Support</b>	<b>1'197</b>		<b>1'197</b>				<b>1'197</b>	<b>-0</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>18'408</b>		<b>18'409</b>				<b>18'409</b>	<b>-1</b>
<b>VARIANCE (C - D)</b>			<b>-1</b>				<b>-1</b>	