



MALI: MENINGITIS

DREF Bulletin No. MDRML001

FINAL REPORT

19 May 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 185 countries.

In Brief

Period covered by this Final Report: 7 April to 30 June 2006.

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

- CHF 27,000 was allocated from the Federation's DREF on 7 April 2006 to respond to the needs in this operation (refer to [DREF Bulletin no. MDRML001](#)).
- This operation was implemented in two months, and was completed by the end of June 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 numbers 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 and Summary

Mali is in the Sudano-Sahelian region of Africa and its relief varies according to its geographical location (between latitude 11° and 25° north). Climatically, the country is dry, with one dry season and one rainy season; the latter lasts for an average of five months in the southern part and one month in the northern part. Such a geographical situation puts Mali in the West Africa meningitis belt that spreads from Mali to Nigeria, through Burkina Faso and Niger.

On April 2006, the Malian Ministry of Health (MoH) declared a meningitis outbreak in the Sikasso Region. Five hundred and seventy eight cases and 56 deaths were reported, translating to a case fatality rate of 9.68 per cent. Soon, eight other regions of the country were affected. Some socio-economic realities that compounded the spread of epidemic include poor living conditions, concentration of people in traditional gold washing areas, lack of awareness on preventive measures, lack of vaccination for the communities and a lack of an epidemiological surveillance system for the purposes of early detection of disease outbreaks.

Previously, meningitis outbreaks in Mali had a cyclic occurrence of eight to ten years; however, they tend to occur at shorter intervals now. Prior to the early 2006 outbreak, the last meningitis outbreak in the country had occurred in 1997 during which the health service recorded 1,160 cases, with 126 deaths.

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In support of government efforts to contain the 2006 outbreak, the Mali Red Cross conducted social mobilization campaigns in ten localities of the Sikasso Region (Niéna, Finkolo Ganadougou, Miniko, Zaniéna, Kolondiéba, Sélingué, Kadiolo, Zégoua and Sikasso) as from 6 May to 17 June 2006. The intervention helped to improve community-based epidemiological surveillance by setting up an early warning system and a broad dissemination of the prevention measures at the community level. In early June 2006, the health service reported just one case of meningitis in the project intervention zone; this was evidence that the action of the Red Cross and the Ministry of Health had a significant impact in curbing the spread of the disease.

Coordination

The Mali Red Cross was involved in the intervention from the moment it the outbreak was announced. The National Society participated in the consultation framework at the National Health Directorate (DNS)¹, and designed a plan of action in close coordination with the Government of Mali. It was also involved in establishing contact with other partners and sharing information on the epidemic developments. The collaboration and intervention in the field helped to enhance the visibility of the National Society.

Analysis of the operation – objectives, achievements and impact

The intervention focused on the Sikasso Region, with in seven administrative districts and a population of 2,295,499 people. Activities were conducted in ten localities across the region (Niéna, Finkolo Ganadougou, Miniko, Zaniéna, Kolondiéba, Sélingué, Kadiolo, Zégoua and Sikasso).

Objective: To vaccinate 800 children aged between five and 15 years in the affected areas, in collaboration with the Ministry of Health (MoH).

Achievements

A thousand Red Cross volunteers, 20 supervisors and 65 team leaders were trained on mobilization against meningitis for a period of 15 days. The trained volunteers, supervisors and team leaders were then dispatched to 256 villages where they conducted 2,890 sensitization sessions; they reached 25,350 men, 29,055 women and 23,167 children. Additionally, 30 focus group discussions (FGDs) were conducted by the Red Cross volunteers; 570 men, 799 women and 398 children participated in these discussions.

Impact

Volunteers developed an in-depth knowledge of the Red Cross/Red Crescent as a result of the intensive training they received from the National Society as well as their participation in Red Cross activities. The community-based epidemiological surveillance put in place by the Red Cross contributed to early warning and enhanced preventive measures.

Constraints

It was difficult to access some localities due to poor road conditions and absence of Red Cross branches in the areas. Due to the onset of the rainy season, the targeted communities were busy in their farms and as a result, some of them were not able to participate in the sensitization sessions organized by the National Society.

Many volunteers did not know how to write and thus they were unable to sign the various documents provided to them by the National Society. There was also limited motivation amongst the volunteers during the implementation of activities.

Lessons learned

- The success of the operation was the result of the involvement of the political, administrative and customary authorities of the targeted localities (through courtesy visits).
- The participation of senior medics in the training and sensitization activities helped to enhance collaboration between health services and the Red Cross as an auxiliary of the public authorities.
- The recruitment of community-based focal points (links) amongst the volunteers gained high community appreciation as they were readily accepted by the target communities.

¹ In French: Direction Nationale de la Santé (DNS)

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All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) (Sphere) in delivering assistance to the most vulnerable.

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

MDRML001 - MALI: MENINGITIS

Final Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2007/5
Budget Timeframe	2006/1-2007/5
Appeal	MDRML001
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		27,000				27,000
B. Opening Balance		0				0
Income						
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>DREF</i>		26,463				26,463
<i>C3. Reallocations (within appeal or</i>		26,463				26,463
C. Total Income = SUM(C1..C6)		26,463				26,463
D. Total Funding = B + C		26,463				26,463

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		26,463				26,463
E. Expenditure		-26,463				-26,463
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
BUDGET (C)		27,000					27,000	
Land, vehicles & equipment								
Others Machinery & Equipment			718			718	-718	
Total Land, vehicles & equipment			718			718	-718	
Transport & Storage								
Transport & Vehicle Costs	1,362		1,430			1,430	-68	
Total Transport & Storage	1,362		1,430			1,430	-68	
Personnel Expenditures								
Delegate Benefits			48			48	-48	
National Staff			1,271			1,271	-1,271	
National Society Staff			2,113			2,113	-2,113	
Total Personnel Expenditures			3,433			3,433	-3,433	
Workshops & Training								
Workshops & Training	11,920		11,326			11,326	595	
Total Workshops & Training	11,920		11,326			11,326	595	
General Expenditure								
Travel	4,665		35			35	4,630	
Information & Public Relation	4,320		4,373			4,373	-53	
Office Costs	2,810		1,182			1,182	1,628	
Communications	168		98			98	70	
Financial Charges			82			82	-82	
Other General Expenses			2,066			2,066	-2,066	
Total General Expenditure	11,963		7,837			7,837	4,126	
Program Support								
Program Support	1,755		1,720			1,720	35	
Total Program Support	1,755		1,720			1,720	35	
TOTAL EXPENDITURE (D)	27,000		26,463			26,463	537	
VARIANCE (C - D)			537			537		