



Awareness raising of a volunteer of Mali Red Cross in Bamako

Appeal: MDRML018	Country: Mali	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 204,222	
Glide Number: -	People Affected: 2,190,000 people	People Targeted: 322,013 people	
Operation Start Date: 2023-12-13	Operation Timeframe: 3 months	Operation End Date: 2024-03-31	DREF Published: 2023-12-15
Targeted Areas: Bamako, Kayes			

Description of the Event

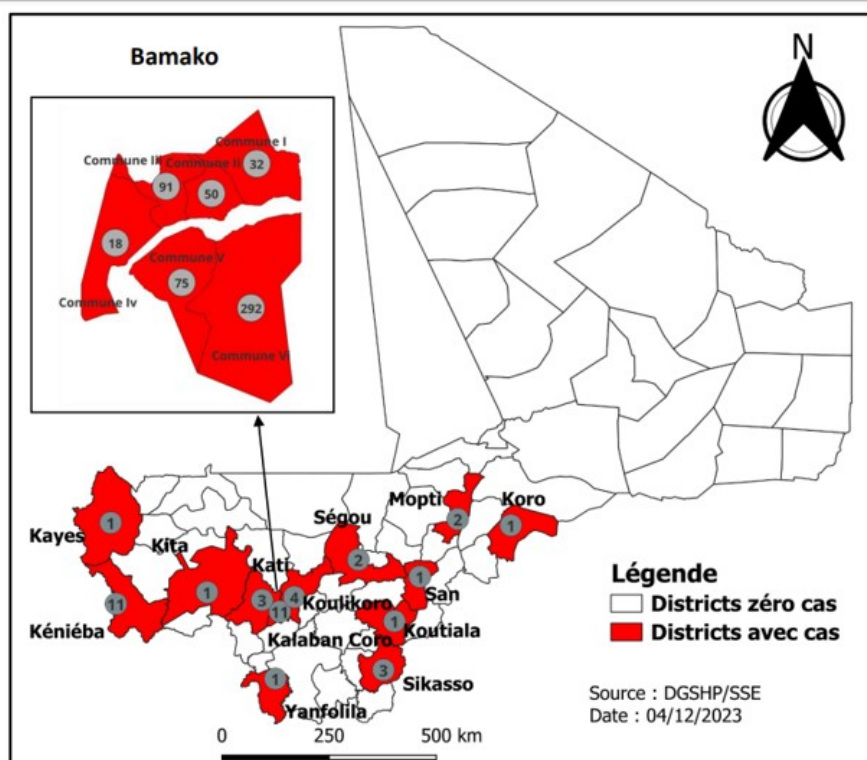


Figure 5: Cartographie des cas positifs de dengue de S36 à S48 2023 au Mali.

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SITREP de l'épidémie de Dengue au Mali

What happened, where and when?

As of 29 November 2023, the Dengue epidemic that started on 09 September 2023, recorded 3,867 suspected cases, 537 positive cases and 06 deaths. This represents a case fatality rate of 3.72%. A total of 18 health districts are affected in 06 Regions.

Following the alarming figures of the epidemic, the Government convened on the basis of the same report on December 29 a conference to call for support from partners in the country (including the MRC) to reduce the curve of the epidemic.

According to historical data, the peak of the epidemic is usually observed from May to September, but the epidemiological situation described below represents a significant increase in the number of confirmed dengue cases compared to the previous week. Scientists are conducting research on the question of why the number of cases increases during this period of the year. Dengue is climate-sensitive, and that climate change is expanding the geographic coverage and seasonal presence of the vector/virus.

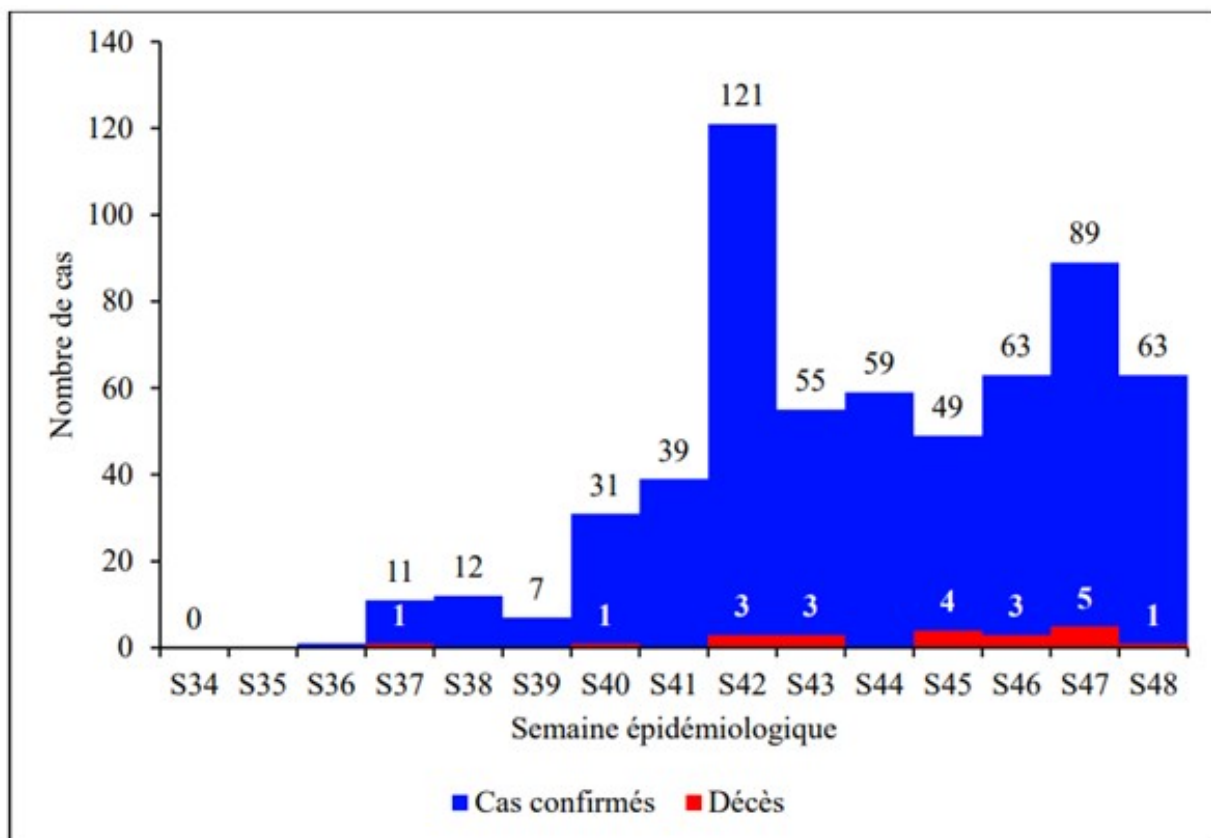


Figure 1: Courbe évolutive des cas de dengue par semaine épidémiologique au Mali de 36 à S48, 2023

Epidemiological graphic of the Dengue outbreak in Mali, 03.12.2023

Scope and Scale

The conference organized by the Ministry of Health served as a platform for updates on the epidemic of weeks 34 to 48 and consolidated in the Ministry of Health's SITREPs. This event is considered as the trigger for this DREF as the Ministry of Health expressed its concerns on the severity of the situation and requested additional support of international humanitarian organizations. As a summary:

- This outbreak is the largest Dengue outbreak that Mali has ever experienced
- As of 29 November 2023, the cumulative number of dengue cases is 3,867 suspected cases, 537 positive cases and 06), i.e. a case fatality rate of 3.72%. Eighteen (18) health districts are affected in six (6) health regions.
- During the press conference, it was expressed that there are challenges with testing and that the actual number of cases is likely higher. It is difficult to get test results in remote areas of central and northern Mali due to the security situation. There is also a lack of knowledge about the symptoms of the disease by the population, which means that people stay at home and do not go to health centers in case of symptoms.
- An inadequacy in the reporting of data was also noted and all structures were instructed. After the correction of the figures, the situation evolved in the 48th week as of 3rd December 2023 with a cumulative case fatality rate of 4,118 suspected cases, 600 positive cases and 21 deaths, i.e. a case fatality rate of 3.5%.

It is noted that the epidemic began in the 36th week with only one district (Commune 5 of Bamako) and in the 48th week the epidemic affected 19 districts out of 75 in 06 regions (Bamako, Mopti, Ségou, Sikasso, Koulikoro, and Kayes) and the District of Bamako remains the epicenter of the epidemic with 558 positive cases.

The evolution of Dengue will be assessed when the means are deployed for diagnosis. Since the beginning of the epidemic the means of diagnosis have been very limited. The curve of the evolution of Dengue shows a significant increase of cases in week 42 which was explained by the MoH during the press conference. According to the MoH, this was due to the intensive support from ALIMA in rapid screening through rapid diagnostic testing (TDR) in commune 6 in Bamako. This massive screening resulted in an increase in case detection. After that week Alima stopped the support in rapid testing; under these conditions, it is very difficult to talk about the decrease in the number of cases. The WHO and other NGOs have announced support for diagnostic tests (RDT and PCR) in the coming weeks and the CNIIECS which announces community activities with the dissemination of messages. Our action could be complementary by referring suspected cases to health facilities.

The MRC will continue to work in collaboration with the Ministry of Health and will adapt its actions as the situation evolves. The NS' community volunteers will engage in active case finding during the response.

Although the epidemiological curve has shown a downward trend for one week, other data show that cases are being spread to more and more districts. The MoH mentions the reduced capacity for testing. As exit strategy, Mali Red Cross will continue community-based health activities like disease prevention and hygiene promotion with other funding such as ECHO PPP and GAVI. Through the PPP project, the MRC will put in place Community Based Surveillance by completing the feasibility study and putting in place the CBS protocol.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
Did the National Society respond?	No
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

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Lessons learned:

In previous operations, the lack of inclusion of technical services resulted sometimes volunteers to be requested to interrupt their activities. To prevent this the Mali Red Cross (MRC) has improved the relationship with the Ministry of Health. Particularly during the COVID-19 response significant progress was made and now the Ministry of Health is aware of the work and capacity of the National Society.

In previous operations sometimes volunteers were selected by the headquarters without involvement of the branches. For this operation the branches will select volunteers with guidance of headquarters who will clearly communicate the selection criteria.

In some operations access to intervention areas was challenging. For this operation Bamako and Kayes have been selected where access is easier.

Transfer of funds from IFRC to MRC used to take months and contributed to delay the implementation of activities during operations. IFRC and MRC have improved their way of working to reduce time for transfer of funds.

Current National Society Actions

National Society Readiness	<p>Since the declaration of the dengue epidemic, the Malian Red Cross has been monitoring the evolution of the epidemic and has been reporting on a weekly basis.</p> <p>The NS has started the mobilization of volunteers in the 06 communes of Bamako district and in the district of Kayes in the Region of Kayes, ensuring pre-selection based on skills criteria and availability as a learning from past interventions. Branches have initiated the process following the meetings with social mobilization sub-committee where the priority for social mobilization under this outbreak were discussed in the past weeks.</p>
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	As a member of the social mobilization sub-committee, the MRC is ensuring the necessary capacity are already available and what needs to be eventually strengthened.
Coordination	The National Society participates in the weekly technical meetings with the Ministry of Health occurring every Wednesday at the General Directorate of Health and Public Hygiene.
Resource Mobilization	The National Society shared the response plan with Red Cross Movement partners in country. Unfortunately, none of the partners have funds available for the intervention.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC is present in Mali through the Coordinating Delegate for Operations and Programmes. There is a cluster office in Niamey to support Niger, Mali, Burkina Faso and Côte d'Ivoire. The cluster office is composed of 15 staff members providing remote support to MRC, including staff from the PMER, finance, DSN and ACE. In the context of the dengue outbreak, the IFRC supported the Mali Red Cross in exploring funding opportunities through the Red Cross Movement's network in country. The IFRC participated in the conference organized by the Ministry of Health on 29 November and in the development of the DREF.
Participating National Societies	In Mali, the following partner National Societies are present: Danish, Netherlands, Canadian, Belgian, Luxembourg, the Spanish Red Cross Societies and the Qatari Red Crescent. Most SNPs have been supporting the Mali Red Cross for several years and have expressed concern about the current dengue outbreak. PNSs have explored funding and crisis modifier opportunities, but unfortunately there are no opportunities currently. For this reason, the NSPs recommended that NS applies for a DREF and that the IFRC assists in this process.

ICRC Actions Related To The Current Event

The ICRC has many years of experience in Mali and works mainly in conflict-affected areas in central and northern Mali. The ICRC has not yet developed specific plans to deal with the dengue outbreak, as the majority of cases are in areas where the PNSs and IFRC are supporting the NS.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>Since the beginning of the dengue epidemic, the Ministry of Health (DGSH) has developed a response plan to the outbreak, including strengthening all key areas such as hospital patient care, laboratory services, and community engagement. The Ministry of Health organizes weekly meetings with the participation of partners in which they present updates on the epidemiological situation, main response actions and challenges.</p> <p>On Wednesday 29 November 2023, the Department of Health and Social Development held a press conference on the deteriorating situation and the</p>

increase in dengue cases. At that press conference, they said that all support is urgent and asked partners to increase their support.

UN or other actors

Representatives of WHO, UNICEF and other stakeholders participate in all coordination meetings with the Ministry of Health and Social Development. However, other partners face challenges in raising funds. At the November 29 meeting, the actions of the government's response plan that are covered were discussed. The Director of the Department of Epidemiology responded that the needs are immense and that the current support is largely inadequate. In terms of communication and community engagement, the Ministry of Health mainly receives support from ALIMA and UNICEF, which focus on Bamako's Commune VI.

Are there major coordination mechanism in place?

There is a coordination mechanism within the Ministry of Health (DGSHP) led by the Surveillance Section of the Disease Control Sub-Directorate, of which the Red Cross is a member. Weekly coordination meetings are held on Wednesdays and all key partners are invited.

Needs (Gaps) Identified



Community Engagement And Accountability

As the population has not been much affected by dengue fever in recent decades, there is a lack of public understanding about this disease. People do not recognise the symptoms and therefore do not go to health centres when they have symptoms, and may be infected with dengue. There is also a lack of knowledge about prevention and intervention measures. The Ministry of Health does not have enough health personnel to disseminate messages in the most remote areas and even in Bamako and is asking for help in this regard. The Ministry of Health has also expressed the need to broadcast radio messages to reach a wider audience. To ensure that people accept the messages, it is important to involve community leaders, as they have a lot of influence.



Health

The needs in the health sector were expressed by the Ministry of Health at the press conference on 29 November 2023. Following are the key points raised in this conference:

- That there is a need to strengthen inpatient care, increase laboratory services, communicate and engage the community. As the Mali Red Cross is under the supervision of the Ministry of Health, the use of the assets of the Mali Red Cross in terms of resource persons and presence on the ground can contribute to a significant impact in the response to this epidemic. Especially in terms of community health, epidemic prevention and response.
- The Ministry of Health has requested the support of the Mali Red Cross in raising awareness of the symptoms, prevention and response to dengue cases. They also asked for help in active case finding. Population's knowledge about this disease is low because the population has never experienced such a large epidemic and therefore many people are not familiar with the symptoms. It is likely that there are people within the community who do not recognize their symptoms and therefore community Red Cross volunteers could assist the Ministry of Health in outreach and active case finding.
- Enormous efforts remain to be made in vector control, which is considered the foundation of the fight against dengue. Vector control has not been intensive since the beginning of Dengue due to a lack of resources, which may have a correlation with the increase in dengue cases due to the proliferation of vectors.
- Awareness-raising activities have also been delayed and are not being carried out in all districts, in addition to the lack of diagnostic capacity, which has not made it possible to carry out mass screening in all the affected districts.
- There is also a lack of data reporting in the health system, which has a major impact on the decision-making by managers.

For the moment, there are no elucidated causes, but a study is being carried out by the department of infectiology of the Point G hospital to see the associated factors.

These data, together with those from DENV and other flavivirus outbreaks in West Africa, indicated the need for continued flavivirus surveillance and more comprehensive prevalence information for this region. Although there is very limited information

on flaviviruses for West Africa, several countries have recorded cases of DENV in the past, including Côte d'Ivoire, Senegal, Burkina Faso, and Benin.

Several reports have noted that, although all four dengue serotypes have been isolated from various West African countries in recent years, the lack of surveillance systems in many countries means that the incidence of dengue is likely to be significantly underestimated. There are many barriers to the lack of dengue surveillance in Africa, including the population's limited access to health care and the lack of resources and laboratory capacity for serological and molecular diagnosis of the disease.

In October and November 2008, Mali experienced an outbreak of more than 70 cases of FD with at least 2 deaths suspected of being due to FD (ProMed-mail 2008). Future investigations should continue to examine local populations

Mosquitoes looking for flaviviruses, particularly in the region of Kayes, the site of the 2008 dengue epidemic. A serological survey of residents of southern Mali to estimate the impact of DENV in these regions should be conducted. This information will be important for monitoring dengue transmission in Mali.



Water, Sanitation And Hygiene

Areas of standing water and polluted neighborhoods are good breeding grounds for dengue fever. Bamako, which is the epicenter of the epidemic, also has certain vulnerability factors, these are arborists installed everywhere along public roads and on the banks of the river, these spaces are also shelters for mosquitoes. Added to this is the practice of market gardening activities along the river, which can create an environment favourable to mosquito reproduction.

Therefore, the Ministry of Health has stressed the importance of cleaning neighborhoods and disinfecting areas. Community-based vector control is necessary to reduce dengue transmission.

In 2023 there was not enough vector control, nor was there enough large-scale communication until December 2023. With the advent of this DREF, this will make it possible in 2024 to contribute to vector control and strengthen communication and community mobilization against dengue.

Operational Strategy

Overall objective of the operation

This DREF aims to support the Ministry of Health in containing the spread of the Dengue epidemic in Mali. It aims to support 322,013 persons in the regions of Bamako and Kayes. This will be done through mobilization of 400 trained and equipped volunteers who will engage in disease prevention and vector control.

Operation strategy rationale

This intervention is part of a support to the Ministry of Health in the response on the themes of health, WASH and Risk Communication and Community Engagement. As part of this intervention, 350 community Red Cross volunteers will be trained in selected epidemic preparedness and response modules, dengue fever including its symptoms, prevention and treatment.

This DREF will focus mainly on the following pillars:

1. Health: focusing on active case finding, referrals and sensibilization
2. WASH: vector control through clean-up days, distribution of hygiene kits and mosquito nets
3. CEA: inclusion of community leaders, set-up of feedback and collect systems, broadcasting of radio messages.

The MRC will select and train 350 volunteers in 7 health districts, i.e. 50 volunteers per district of the Regions of Kayes and Bamako. Hence a total of 300 volunteers will be selected in the six health districts of Bamako and 50 in the District of Kayes. The entire response will be in close coordination and cooperation with the Ministry of Health. Training material of the Ministry of Health will be adapted, and trainers of Ministry of Health will be used. To assure that the 350 volunteers will be trained in a short period of time a Training of Trainers will be organized followed by trainings to the volunteers, done by the trainers. The training for volunteers will take two days including some modules from the EpiC training (Epidemic Preparedness in Communities & Community Engagement and Accountability). Volunteers will be trained on recognition of symptoms of Dengue, prevention measures and referrals.

After the training, the volunteers will raise awareness through home visits and active case finding, followed by referrals to health facilities for cases with symptoms of dengue.

For the WASH activities, the Mali Red Cross will equip the branches of the Red Cross committees in the 2 regions (Bamako and Kayes) with sanitation kits made of wheelbarrows, shovels, rakes, buckets, gloves, picking peal, and necessary intrants for environmental hygiene. Sanitation days will be organized where volunteers will support communities to clean, neighborhoods and public places. Within each district 7 communities or neighborhoods will receive a sanitation kit on the first sanitation month. To prevent misuse of the material a committee set up within the community will control the proper use of it. In total, 42 Sanitation kits will be made available for these activities. The NS will initially start the sanitation with the communities, ensure sustainability of these cleaning system by the hygiene/sanitation committees. These groups will then continue the cleaning and reduce the breeding sites for dengue vectors. The committees' set-up or identification will involve the local representatives, and leaders ensure a certain level of engagement.

The volunteers will give explanation to the community on the importance to keep the neighborhood clean to prevent the spread of dengue. They will also explain the importance of maintenance of the materials.

As Dengue mainly spread during the day, the nets will be distributed to the most vulnerable groups that sometimes sleep during the day, i.e., pregnant women and children under five. A total of 1,000 nets will be distributed. The Ministry of Health is currently not planning a distribution. The teams of Mali Red Cross closely work with the health centers that will communicate on the most vulnerable households that should benefit from the mosquito net distribution.

NS chain of volunteers will enhance the referral system in place with health facilities and the counter-referrals (regular follow-up) of discharged and infected patients. The 350 trained community volunteers will follow up. They will visit the infected patients and will support them within the limits of their knowledge and capacity, focusing on the promotion of regular visits to health centers, checking of frequent symptoms.

To ensure community buy-in and acceptance of volunteer messages, community leaders will be involved. Feedback and rumour collection systems will be set up and volunteers will collect the information. Radio messages will be broadcast with awareness-raising messages. At the end of the response, a lessons learned workshop will be organized.

Targeting Strategy

Who will be targeted through this operation?

The Malian Red Cross will respond to the Ministry of Health request for assistance in the fight against dengue epidemic by focusing on the two regions of Bamako and Kayes. Main intervention will be conducted in 7 communes namely Communes of I, II, III, IV, V, VI of Bamako and Kayes district in region of Kayes.

The response actions will target households through awareness-raising sessions in homes, community leaders through the organization of community meetings, public places (schools, market, bus stations, etc.) through sanitation activities and the distribution of insecticide-treated mosquito nets at the level of certain households in areas of risk in collaboration with the national malaria control program. All these actions aim to strengthen the knowledge of communities on dengue disease prevention measures and vector control. The activities will be carried out in close collaboration with the State's technical services, which will make it possible to respond exactly to the demand.

The main risk groups that will be the priority for this intervention will be the young children, pregnant women and the elderly, as well as people with limited mobility that exposes them more than other groups to the vector as they tend to rest or have very limited movement during the day when the vector is active.

The age group being the most affected will also be monitored to evaluate the areas or public spaces, schools, etc. where awareness needs to focus.

Explain the selection criteria for the targeted population

The target under this plan follows the current trend of the outbreak and selected areas are part of the most affected locations, currently reporting a high number of cases, while the needed support is not yet met.

Indeed, Bamako is the epicenter of the epidemic from onset with 558 cases out of 600 according to the latest Sitrep on 48th epidemiological week. The region has also been the one recorded Zika cases. Knowing that the class of Zika and dengue viruses is arbovirus.

Total Targeted Population

Women	84,501	Rural	0%
Girls (under 18)	75,539	Urban	100%
Men	85,521	People with disabilities (estimated)	14%
Boys (under 18)	76,451		
Total targeted population	322,013		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Bamako and Koulikoro regions are reporting Zika confirmed cases. Dengue and Zika both diseases are caused by arboviruses worldwide. There have been reported cases of co-infections. Explain the 4 different strains of dengue and the risks of more serious consequences in case of repeated infections.	However, because there is still too much uncertainty about the Zika virus. The Ministry of Health has not clearly articulated the support required from partners. The NS will mainly keep a monitoring of the situation and coordinate with Governments on the options way forward. If the Zika outbreak worsens, the NS will provide an operational update to adjust the plan that integrate the Zika intervention. For now, prevention measures are quite similar for dengue and Zika, messages in the communities of Bamako could be inclusive of Zika. Adapted from those available from MoH.
Households refuse home visits.	Communicate with community leaders prior to the start of the event.
Volunteers are relocating to other areas after training; therefore, they are not available for the intervention.	Rigorous selection process where volunteers are invited to provide feedback on their plans.
Displacement of populations to the intervention area.	Adaptation of the programme of voluntary activities, taking into account the sites of displaced persons.

Please indicate any security and safety concerns for this operation

Mali is facing a situation with security risks with attacks in central and northern Mali. The regions selected for these interventions are relatively safe and fewer attacks have been reported recently. Bamako presents relatively low security risks. For Kayes region only the district of Kayes has been selected and this is a relatively safe area of Kayes.

Mali Red Cross has a security focal point who closely cooperates with ICRC and IFRC security focal points. For all field missions to Kayes a briefing will be done to assure that staff members are fully aware of preventive measures. In general, Mali Red Cross has a good level of acceptance by the community thanks to its community presence.

Planned Intervention



Water, Sanitation And Hygiene

Budget: CHF 53,357

Targeted Persons: 2,000

Indicators

Title	Target
# of MRC and HQ committees equipped with a sanitation kits.	8
# of sanitation days organized	28
# of people reached by clean-up activities	2,000
# of households that received mosquito nets	500

Priority Actions

1. Equip MRC committees with sanitation kits to undertake environmental hygiene, cleaning and engaging communities to sustain these actions.
2. Organization of clean-up campaigns in neighborhoods and public places, with each of the four communities in the 7 districts - 35 teams.
 - Mapping of breeding sites for mosquitos.
 - Organization of cleaning activities at least once a week for the first months by Branch volunteers and engage the communities. The sanitation activities will continue to be supported by branches but in majority handled by communities.
 - Set local WASH committees to sustain these actions.
 - Set sanitation and hygiene committees to sustain environmental sanitation or identified where existing.
3. Equipping communities with sanitation kits for 35 teams engaged on cleaning. (wheelbarrows, shovels, rakes, buckets, and gloves) and team of NS with 42 kits.
4. Distribution of mosquito nets to most vulnerable households (with people with limited mobility, the elderly, people with disabilities, pregnant and lactation women and children under 5, etc.)



Community Engagement And Accountability

Budget: CHF 25,880

Targeted Persons: 322,013

Indicators

Title	Target
# of volunteers trained in CEA	350
# of community leaders involved in the response	60
# of Radio messages broadcasted	200

Priority Actions

1. Training 350 volunteers on CEA
2. Organization of awareness-raising activities in households on preventive measures
3. Community meetings with Involvement of Community leaders
4. Broadcast of radio messages
5. Setting up rumor collection and feedback systems
6. Mapping of preferred modes of communication with the community
7. Mapping of influential leaders in the community that will be involved in setting up committees, and awareness scale-up and acceptance.



Budget: CHF 71,707

Targeted Persons: 322,013

Indicators

Title	Target
# of volunteers trained in dengue prevention and response	350
# of people reached by dengue awareness campaigns	322,013
# of suspected dengue cases referred to health centres	600

Priority Actions

1. Training of Volunteer in dengue – Recognition of Symptoms and Response, Preventive Measures
2. Organization of home visits by volunteers to raise awareness among households about dengue disease: signs, symptoms, preventive measures, etc.
3. Referral of suspected cases to health facilities and counter referral of discharged patient
4. Organization of active dengue search activities by community volunteers



Secretariat Services

Budget: CHF 17,710

Targeted Persons: 360

Indicators

Title	Target
# of missions conducted	2
# of months of surge deployment	2

Priority Actions

1. In country support through Operation coordinator
2. Remote support for different sectors and monitoring missions
3. Deployment of public health surge
4. Support with procurements and replenishment of stocks

- 5. Technical guidance (including organization of ToT sessions)
- Support on communication
- Support data management, monitoring and reporting



National Society Strengthening

Budget: CHF 35,569

Targeted Persons: 360

Indicators

Title	Target
Lesson learnt organized	1

Priority Actions

1. Monitoring of the epidemic situation
2. Kick-off meeting with branches and Implementation and operational monitoring
3. Coordination with local representative and ministry of health
4. Coordination with Movement partners and other response partners
5. Strengthen NS capacity with appropriate trainings to implement planned activities. NS will be working on fast-track agenda. Following the kick-off to ensure alignment of all the response team across the regions, the trainings will be completed in both regions. First ToT will take 3 days. Then cascade trainings in the 7 communes to take place simultaneously for another round of 3 days.
5. Conduct Lesson learnt workshop.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 350 volunteers will be involved in this response. They will ensure communication on dengue fever in the community, symptoms, preventive measures, and referral of suspected cases to health facilities. Volunteers will also provide feedback from the communities on the epidemic and the MRC intervention.

Will surge personnel be deployed? Please provide the role profile needed.

A Public Health surge will be deployed during a period of two months to support the National Society in the implementation of the response.

If there is procurement, will it be done by National Society or IFRC?

All purchases will be made by the Mali Red Cross in accordance with IFRC policies and procedures. The purchases are for training materials, hygiene kits and mosquito nets.

How will this operation be monitored?

The operation will be led by one of the doctors of the health department of Mali Red Cross. This doctor will closely monitor and supervise the situation. Each team of 25 volunteers will have one supervisor, hence a total of 14 supervisors will be trained and deployed.

The supervisors will monitor and supervise the activities and will guide volunteers to improve their messaging if needed. Through

the feedback and complaint mechanism, feedback will be collected. These will be discussed by the supervisors with volunteers and prevention messages will be adapted accordingly. The supervisors will report on the activities to the team at the Mali Red Cross headquarters. The NS has two PMER's who will monitor the project. IFRC has a PMER based in Niamey who will provide remote support and will visit Mali during the operation. At the end of the response a lessons learned workshop will be organized where the entire operation will be evaluated.

Please briefly explain the National Societies communication strategy for this operation

Together with the Communication Department, the activities will be reported through the different communication channels of the NS. Partners are briefed during data-sharing meetings.

Budget Overview



DREF OPERATION

MDRMLxxx - Mali Red Cross Dengue outbreak Mali

Operating Budget

Planned Operations	150,943
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	71,707
Water, Sanitation & Hygiene	53,357
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	25,880
Environmental Sustainability	0
Enabling Approaches	53,279
Coordination and Partnerships	0
Secretariat Services	17,710
National Society Strengthening	35,569
TOTAL BUDGET	204,222

all amounts in Swiss Francs (CHF)

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For further information, specifically related to this operation please contact:

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