



Awareness raising of a volunteer of Mali Red Cross in Bamako

Appeal: MDRML018	Total DREF Allocation: CHF 340,176	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: -	People Affected: 2,190,000 people	People Targeted: -	People Assisted: -
Event Onset: Slow	Operation Start Date: 13-12-2023	Operational End Date: 30-06-2024	Total Operating Timeframe: 6 months
Targeted Regions: Bamako, Kayes			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, 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.

Description of the Event

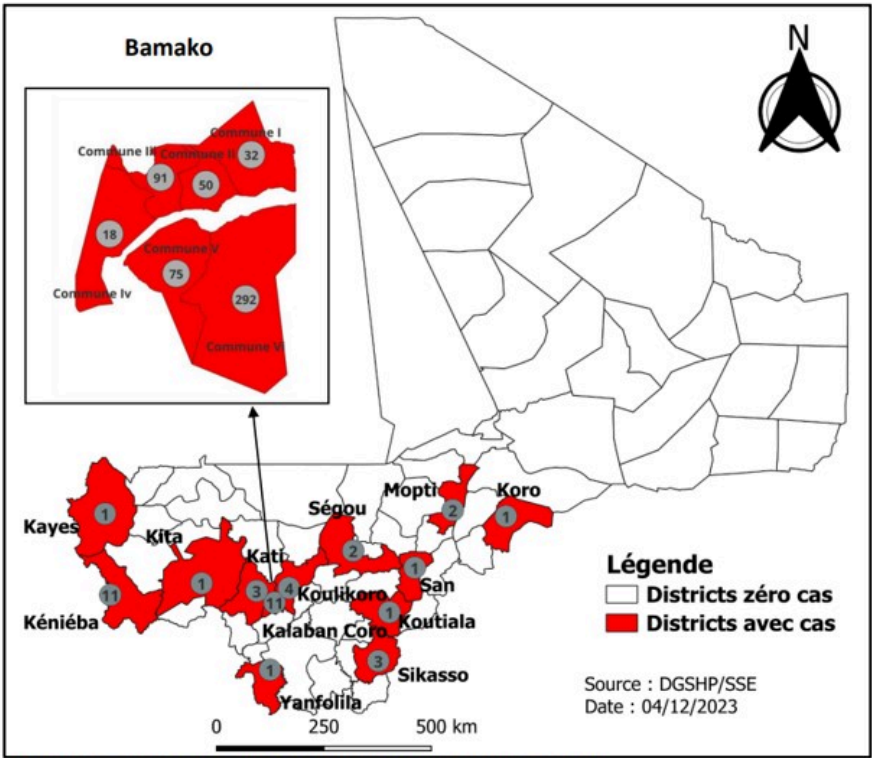


Figure 5: Cartographie des cas positifs de dengue de S36 à S48 2023 au Mali.

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SITREP de l'épidémie de Dengue au Mali

Map of the affected area

Date when the trigger was met

14-03-2024

What happened, where and when?

The resurgence of the Dengue epidemic in Mali, officially declared on 9 September 2023, marked one of the most severe outbreaks in recent decades. As the number of cases rose rapidly, the Ministry of Health and Social Development took early action by organizing a national press conference on 29 November 2023 to inform and educate the public about the outbreak's severity and progression.

Building on these efforts, the Ministry activated the Public Health Emergency Operations Department on 13 December 2023 and established an Incident Management System (IMS) specifically dedicated to coordinating the response to both Dengue and Zika. This structure provided a strategic framework for planning and implementing response activities at all levels of the health system.

In parallel, the Mali Red Cross (MRC), in close collaboration with government authorities, mobilized support from the International Federation of Red Cross and Red Crescent Societies (IFRC). A request for financial assistance was submitted to the Disaster Relief Emergency Fund (DREF), enabling the rapid launch of targeted interventions in the most affected areas—namely, the Bamako District and the Kayes region.

Thanks to DREF funding, the MRC was able to carry out essential activities focused on risk communication and community engagement. Community volunteers were deployed to raise awareness about Dengue, its symptoms, and preventive measures. These outreach efforts included interpersonal communication and mass messaging through local radio broadcasts, ensuring broad reach and community involvement.

Despite these interventions, the epidemiological situation remained alarming. According to the Situation Report issued on 18 March 2024, a total of 144 suspected cases were reported that week, with 35 confirmed. Since the beginning of 2024 alone, some 2,053 suspected cases and 355 confirmed cases had been recorded. Cumulatively, between week 34 of 2023 and week 11 of 2024, a total of 7,422 suspected cases



and 1,163 confirmed cases were reported across 21 health districts in six regions, resulting in 35 deaths, i.e., a case fatality rate of 3.01%.

Regarding the Zika virus, the situation remained relatively stable. While 22 cases had been confirmed since the onset of the epidemic—primarily in Koulikoro, Sikasso, and Bamako—no new cases were recorded during the reporting period.

In a coordination meeting held on 13 March 2024 at the Directorate General of Health, several key challenges were identified. These included the need for sustained access to fumigation materials, sampling kits, and rapid diagnostic tests at all levels of the health system. Additionally, there was a pressing requirement for financial resources to continue implementing the national Dengue-Zika incident action plan. To address these gaps, the IMS appealed to partners for technical and operational support. Priority actions included the validation of patient care protocols, adaptation of training modules, training of trainers and service providers, logistics support, enhanced supervision, and sustained vector control. Crucially, the continued engagement of the MRC was requested by the Ministry to maintain community-level outreach and education activities, supported through the DREF.

Through this coordinated approach, the response has contributed to improved public awareness, stronger inter-agency collaboration, and a more structured response mechanism. However, the persistence of new cases underscores the need for continued vigilance and sustained investment in prevention, diagnosis, and community engagement.

3. Situation épidémiologique

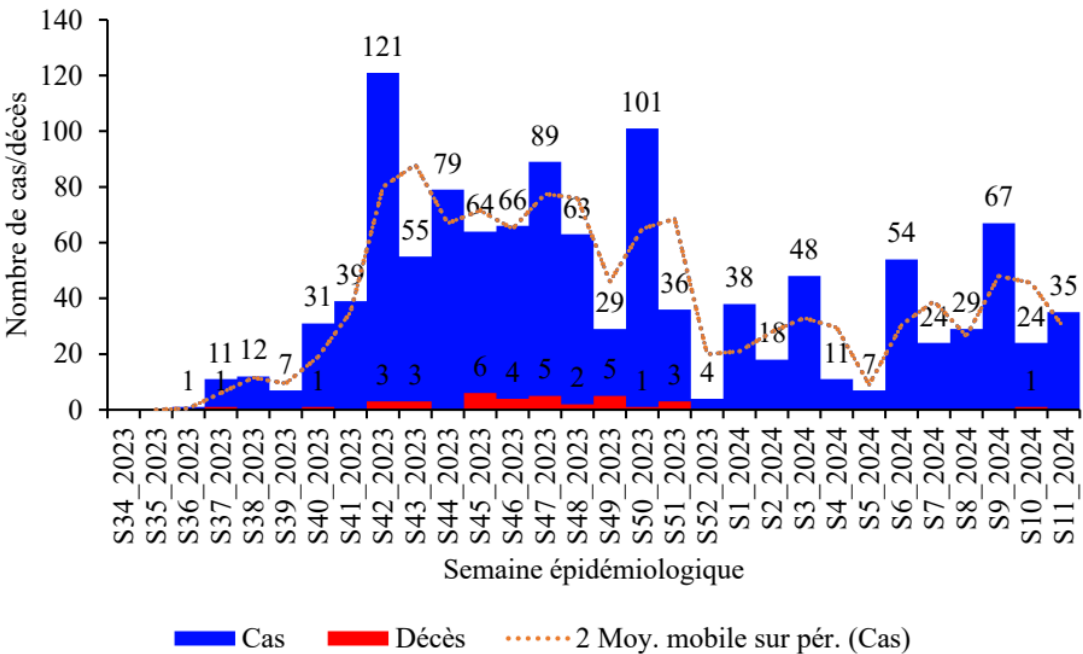


Figure 1: Courbe évolutive des cas/décès liés à la dengue par semaine épidémiologique au Mali de S34-2023 à S11_2024.

Scope and Scale

Since the launch of volunteer activities in February 2024, there was a noticeable increase in suspected dengue cases. In response, trained volunteers started awareness campaigns on 2nd February 2024, encouraging individuals with symptoms to seek testing at health facilities. This early detection strategy proved essential in enabling timely treatment, which helped reduce complications and prevent deaths. Maintaining the momentum of these volunteer-led outreach efforts was crucial in mitigating the impact of the epidemic and improving patient outcomes.

The epidemiological situation remained volatile throughout the reporting period. During the week of 11 March 2024, 282 suspected cases were reported, including 24 confirmed cases and one death. A severe case was also hospitalized at the Infectious and Tropical Diseases Department of the CHU du Point G. By the week of 25 March 2024, 337 new suspected cases had been reported, with 55 confirmed and no recorded fatalities.

Between weeks 1 and 12 of 2024, a total of 2,390 suspected cases and 410 confirmed cases were recorded, along with one death. Cumulatively, from the onset of the epidemic (week 34 of 2023) to week 12 of 2024, some 7,759 suspected cases were documented, of



which 1,218 were confirmed and 35 resulted in death—yielding a case fatality rate of 2.87%. The outbreak affected 21 health districts across six regions.

While DREF-funded activities focused on specific high-priority areas, the Mali Red Cross (MRC) complemented this effort by planning additional interventions in other affected regions, supported by funding from the ECHO and GAVI Public-Private Partnership (PPP). This strategic allocation of resources allowed for a more comprehensive and geographically balanced response to the dengue outbreak.

Furthermore, the MRC remained committed to strengthening community-based health interventions, including disease prevention and hygiene promotion. Building on the support from PPP donors, the MRC prepared to implement community surveillance activities following the end of the DREF operation in August. This initiative was informed by feasibility studies and guided by structured surveillance protocols, laying the groundwork for improved early detection and response capacity at the community level.

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC maintains a steadfast presence in Mali through its Coordinating Delegate for Operations and Programmes. Furthermore, a cluster office located in Niamey extends support to Niger, Mali, Burkina Faso, and Côte d'Ivoire. This cluster office comprises 15 dedicated staff members, proficient in Program Monitoring, Evaluation, and Reporting (PMER), finance, National Society Development (NSD), and Community Engagement and Accountability, providing remote assistance to the MRC.</p> <p>In response to the Dengue outbreak, the IFRC forged a close collaboration with the NS, diligently exploring various funding opportunities within the Red Cross Movement's network in country. Moreover, the IFRC actively engaged in a conference organized by the Ministry of Health on 29 November, offering invaluable insights and expertise. Additionally, the IFRC played a pivotal role in the development of the DREF request, underscoring its unwavering commitment to supporting Mali during times of crisis.</p> <p>Moreover, an Operations Manager Surge was deployed for two months to reinforce the ongoing efforts, she provided hands-on support to the operation, meticulously overseeing financial management, ensuring the quality of implementation, facilitating communication with the Ministry of Health, and supervising reporting processes. Her expertise and guidance significantly enhanced the efficiency and effectiveness of the operation.</p> <p>Furthermore, several monitoring visits were conducted during the DREF, including visits of the PMER Officer of Niamey and the Health delegate of IFRC. These visits afforded valuable opportunities to evaluate progress, address challenges, and ensure alignment with the operation's objectives.</p> <p>During the period of implementation, comprehensive DREF training sessions were conducted for all key coordinators and regional branch staff. These sessions covered various essential sections to equip participants with the necessary knowledge and skills to effectively manage and execute the operation. By ensuring that all key personnel were well-trained and prepared, these sessions played a crucial role in enhancing the efficiency and effectiveness of the operation.</p>
Participating National Societies	<p>The following partner National Societies are present in Mali: Danish, Netherlands, Canadian, Belgian, Luxembourg, Spanish Red Cross Societies and the Qatari Red Crescent. Most PNSs have been supporting the MRC 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</p>



currently. For this reason, they 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 onset of the dengue epidemic, the Ministry of Health (DGSHP) has developed an intervention plan against the outbreak, encompassing the reinforcement of all key sectors such as hospital care for patients, laboratory services, and community engagement.</p> <p>Coordination efforts include:</p> <ul style="list-style-type: none">- Organizing weekly meetings- Extending invitations to regional representatives for weekly technical meetings- Developing and sharing Situation Reports (SITREPs)- Advocating for resource mobilization from partners. <p>Other key actions involve:</p> <ul style="list-style-type: none">- Isolation and management of confirmed cases at home- Fumigation and insecticide spraying in the Bamako district- Surveillance and investigation of cases.
UN or other actors	<p>In the ongoing effort to combat the spread of Dengue and Zika viruses in Sikasso, Action contre la Faim has been actively engaging and training community leaders. Their involvement is pivotal in raising awareness, disseminating information, and implementing preventive measures within local communities.</p> <p>Simultaneously, in the Bamako district, JPHIEGO-funded research delves into the intricate dynamics of virus transmission and associated factors with Dengue. This comprehensive study aims to deepen our understanding of the disease's spread, enabling more effective intervention strategies.</p> <p>Furthermore, a rapid assessment initiative, supported by USAID, is underway to gauge the knowledge, attitudes, and behaviors of the population in the Bamako district. This evaluation will provide crucial insights into public awareness levels and identify areas for targeted education and outreach efforts.</p> <p>Adding to these efforts, CDC Africa has generously provided 2,000 rapid tests, which will greatly enhance diagnostic capabilities in the region. These tests represent a significant step forward in the fight against Dengue and Zika, enabling prompt identification and treatment of cases.</p> <p>Together, these initiatives underscore a collaborative and proactive approach in tackling the challenges posed by these infectious diseases. Through community engagement, rigorous research, and strategic assessment, we aim to mitigate the impact of Dengue and Zika, safeguarding the health and well-being of our communities.</p>
Are there major coordination mechanism in place?	



There is a coordination mechanism within the Ministry of Health (DGSH) 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



Health

Health needs were expressed by the Ministry of Health during the press conference held on November 29, 2023. It was necessary to strengthen inpatient care, expand laboratory services, reinforce vector control, and enhance communication and community engagement.

The Malian Red Cross, operating under the supervision of the Ministry of Health and Social Development—which is well aware of its strengths in community health, prevention, and epidemic response—was included in the Risk Communication and Community Engagement (RCCE) component of the response plan. Public knowledge about this disease was limited, as the population had never experienced such a large-scale outbreak before. As a result, most communities were unfamiliar with the symptoms.

Community volunteers from the Red Cross supported the Ministry of Health in raising awareness about the disease, referring suspected cases, and leading community engagement efforts.

Significant efforts were made in vector control, considered the cornerstone of the fight against dengue. However, vector control activities had not been intensive since the beginning of the dengue outbreak due to a lack of resources. Awareness-raising efforts were also delayed in relation to the start of the epidemic. Additionally, there was a lack of sufficient diagnostic resources, which prevented mass screening across all affected districts.

Furthermore, weaknesses in data reporting within the health system were observed, which significantly impacted the decision-making of the health authorities.

The DREF operation greatly contributed to vector control in the targeted intervention areas, notably through the organization of community clean-up days.



Water, Sanitation And Hygiene

Bamako was the epicenter of the outbreak because the city contained several unsanitary neighborhoods with stagnant water, creating favorable conditions for the proliferation of the mosquito vector responsible for transmitting dengue. Arborists and florists operating along public roads and riverbanks also created environments that served as mosquito breeding grounds. Furthermore, the practice of market gardening along the river contributed to these conditions.

As a result, the Ministry of Health emphasized the importance of implementing its vector control strategy, which is primarily based on promoting sanitation and hygiene in both the environment and households, and indoor and outdoor spraying of mosquito breeding sites (larval habitats).

In 2023, there was little vector control or large-scale communication until December. The DREF (Disaster Response Emergency Fund) enabled the Mali Red Cross to support vector control efforts and strengthen community communication and mobilization against dengue.

A total of 42 groups and associations were provided with sanitation kits, and cleanup days were organized to actively involve the community in environmental sanitation



Community Engagement And Accountability

Dengue was perceived as a new disease by communities, as previous outbreaks had not affected many people. Consequently, the population lacked general knowledge about the disease. The symptoms were not well known, and infected individuals did not seek care at health centers for early diagnosis and treatment. The population was also unaware of how the disease is transmitted, which explains



why they did not adopt positive behaviors to reduce the spread of the illness.

The health system also lacked sufficient healthcare personnel to carry out communication and behavior change activities aimed at improving community knowledge and organizing a community response to the epidemic. To address this gap in prevention, the Ministry of Health identified the need to broadcast radio messages to reach a wider audience.

To support the radio messages and ensure the population received accurate information, the Mali Red Cross deemed it necessary to engage influential community leaders. MRC trained and involved these leaders to strengthen community engagement in the fight against dengue and Zika epidemics. A data collection tool was developed and made available to facilitate community feedback.

For gathering community feedback, appropriate materials were provided to volunteers, who collected data during awareness sessions. All questions or requests that volunteers could not address were escalated to the coordination team, which compiled the necessary answers and shared them back with the community.

Rumors related to the dengue and Zika epidemics were addressed—for example, some people were confusing dengue with malaria. Through the intervention, the population was educated on the differences between dengue and malaria, and community actors committed to taking part in dengue prevention activities.

Operational Strategy

Overall objective of the operation

This objective of this DREF was to support the Ministry of Health in mitigating the spread of the Dengue epidemic in Mali, specifically targeting assistance to 429,351 individuals in the regions of Bamako and Kayes for 6 months.

The operation achieved significant progress through coordinated community sensitization, environmental sanitation, and strong local engagement. Overall, 2,190,000 people were reached with community engagement, while health activities reached 663,844 through awareness-raising. However, the persistence of new cases highlighted the need to sustain these efforts. Continued awareness campaigns, community-based surveillance, and vector control measures remain essential to mitigating the impact of dengue and protecting public health in the affected regions.

Operation strategy rationale

Since dengue was relatively unknown to the population, the Mali Red Cross prioritized strengthening community knowledge as a central component of the response. Over a six-month period, response activities were implemented in two regions: Bamako and Kayes. In Bamako, all six communes (I to VI) were targeted, while in Kayes, the intervention focused on the commune of Kayes.

1. Risk Communication and Community Awareness

Given the limited public knowledge of dengue at the onset of the outbreak, the National Society prioritized community sensitization as a key pillar of its response. Awareness-raising activities were carried out in two regions for six months in all six communes of Bamako and the commune of Kayes. A total of 350 community volunteers were trained on epidemic preparedness, dengue symptoms, prevention, and treatment. These volunteers conducted home visits, group discussions, community meetings, and referred suspected cases to health facilities, contributing to early detection and improved access to care.

The targeted areas were selected based on dengue prevalence, population density, and limited coverage by other partners, ensuring that response efforts were concentrated where needs were greatest. The presence of trained volunteers in these high-risk zones allowed for sustained engagement and effective information dissemination throughout the operation.

2. Vector Control and Sanitation

To complement health education efforts, vector control was integrated into the response. The MRC distributed sanitation kits to community associations, local groups, and Red Cross committees in Bamako and Kayes. These supplies facilitated the organization of community cleanup days, which focused on eliminating mosquito breeding grounds. These sanitation efforts contributed to visible improvements in hygiene and environmental cleanliness in targeted neighborhoods. The success of these initiatives underscored the importance of combining disease awareness with environmental action and highlighted the need to maintain such efforts beyond the operation to ensure long-term impact.

3. Community Engagement and Communication

Community engagement was central to the strategy, ensuring both message acceptance and sustained behavior change. Local leaders were engaged throughout to increase trust and reinforce volunteer outreach. The MRC also established feedback and rumor-tracking



mechanisms, which allowed volunteers to address misinformation and adapt their messaging to community concerns.

To expand the reach of public health messages, the MRC supported the broadcast of radio spots on dengue prevention and response. These audio messages helped amplify the impact of volunteer efforts and reached broader segments of the population, especially those with limited access to face-to-face activities.

4. Monitoring, Evaluation, and Learning

To conclude the intervention and support future preparedness, a lessons learned workshop was held with key stakeholders. The session served as a platform to review achievements, identify challenges, and capture recommendations for future response strategies. This reflective process helped consolidate gains made during the operation and strengthened institutional learning for future public health emergencies.

Targeting Strategy

Who was targeted by this operation?

The Mali Red Cross (MRC) focused its intervention on two regions: Bamako and Kayes. The operation targeted seven municipalities—the six communes of Bamako (I to VI) and the district of Kayes. These areas were prioritized based on their high population density, reported case numbers, and identified gaps in partner coverage.

The MRC implemented a multi-layered community outreach strategy, targeting households, public spaces, and key community figures. Awareness sessions were conducted through home visits, while community leaders were engaged via organized meetings to foster local ownership and trust. In public areas—such as schools, markets, and bus stations—the MRC carried out sanitation campaigns to reduce mosquito breeding sites. Additionally, insecticide-treated mosquito nets were distributed to selected households in high-risk zones, in collaboration with the National Malaria Control Programme. These combined efforts aimed to strengthen community knowledge of Dengue prevention and vector control.

The operation prioritized high-risk groups, including young children, pregnant women, the elderly, and individuals with reduced mobility —populations more likely to remain indoors during the day when the Dengue vector is most active. Special attention was also given to identifying the most affected age groups in each area, enabling the MRC to adapt awareness messaging and focus interventions in specific public spaces such as schools and markets, based on vulnerability and exposure.

Explain the selection criteria for the targeted population

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

Bamako was 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	124,501	Rural	0%
Girls (under 18)	98,635	Urban	100%
Men	110,564	People with disabilities (estimated)	14%
Boys (under 18)	95,635		
Total targeted population	-		



Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
<p>Bamako and Koulikoro regions are reporting Zika confirmed cases.</p> <p>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.</p>	<p>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.</p> <p>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.</p>
<p>The regions of Bamako and Koulikoro have reported cases of Zika virus contamination alongside Dengue. Both diseases are caused by arboviruses, and co-infection cases have been documented.</p> <p>Understanding the four strains of Dengue is crucial, as repeated infections can lead to severe consequences. These strains, known as serotypes 1, 2, 3, and 4, can result in lasting immunity against the specific serotype a person has been infected with. However, subsequent infections with different serotypes can trigger a heightened immune response, leading to severe complications like dengue shock syndrome.</p> <p>Co-infection with multiple dengue serotypes, along with Zika virus, increases the risk of severe outcomes. Therefore, careful monitoring and medical intervention are essential to mitigate public health risks.</p>	<p>The mitigation measures entail closely monitoring the situation and coordinating with governments to assess the required support. If the Zika epidemic escalates, the plan will be updated accordingly. Currently, prevention efforts largely mirror those for Dengue, with messages in Bamako communities potentially incorporating Zika-related information sourced from the Ministry of Health.</p>
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.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Budget: CHF 116,437

Targeted Persons: 429,351

Assisted Persons: 663,844

Indicators

Title	Target	Actual
# of volunteers trained in Dengue prevention and response	350	350
# of people reached by Dengue awareness campaigns	429,351	262,500
# of suspected Dengue cases referred to health centres	900	1,000

Narrative description of achievements

The Mali Red Cross formally notified the Ministry of Health about the start of its activities. An initial preparatory meeting was held at the Directorate General of Health (DGS) with the surveillance section to plan the volunteer training. A second preparatory meeting was organized with teams from the DGSH/SGI, the CNIECS, and CRM to adapt training modules and finalize the terms of reference. Following this, a two-day Training of Trainers (ToT) workshop was held, led by facilitators from the Ministry of Health and CRM. These trainers later conducted community-level cascade trainings under the supervision of health technical services and CRM's national staff. Training sessions took place in all six communes of Bamako and in the commune of Kayes. The main objective was to strengthen volunteers' capacities in risk communication and community engagement (RCCE) related to Dengue and Zika. The sessions covered various topics including the Red Cross Movement, DREF activities, disease transmission and prevention, communication techniques, and feedback mechanisms.

In parallel, the NS coordinated with the Regional Health Directorate and the National Malaria Control Program (PNLP) to plan the purchase and distribution of 1,000 insecticide-treated mosquito nets. Priority was given to vulnerable groups, especially displaced persons at the Faladjè and Mabilé sites, and women and children at the Bollé women's prison, as recommended by PNLP and DRS. Trained volunteers, starting in February 2024, conducted door-to-door sensitizations and educational talks in Bamako and Kayes. Suspected cases were referred to the nearest health facilities. These activities were supervised by team leaders, MRC national staff, the IFRC representative, and a surge personnel. One of the key lessons learned was that two days were insufficient for ToT sessions, as trainers also need enhanced skills in supervision, monitoring, and reporting.

Lessons Learnt

- Future ToT sessions should be extended to at least three to five days to include practical sessions on community engagement supervision, feedback collection, and data reporting tools to ensure a more effective and autonomous rollout of community-based interventions.

Challenges

- Continuity of awareness-raising: at the end of the DREF operation, during the lessons-learned workshop, the various MRC committees were asked to continue community awareness-raising activities through the network of trained volunteers, which is difficult because of lack of funding.
- The two-day Training of Trainers (ToT) was not sufficient to fully equip trainers with the additional skills required for field supervision, monitoring, and reporting.



Water, Sanitation And Hygiene

Budget: CHF 66,776

Targeted Persons: 85,000

Assisted Persons: 96,969

Indicators

Title	Target	Actual
# of MRC and HQ committees equipped with a sanitation kits.	8	8
# of sanitation days organized	56	57
# of people reached by clean-up activities	85,000	96,969
# of households that received mosquito nets	500	500

Narrative description of achievements

To support vector control efforts at the community level, the Mali Red Cross procured and distributed a total of 42 hygiene and sanitation kits to local associations and MRC committees operating in the targeted municipalities. Each kit included basic tools and supplies essential for cleaning public spaces and eliminating mosquito breeding grounds. Items included shovels, rakes, wheelbarrows, trash bins, yard brooms, bleach, detergent, rubber boots, gloves, protective masks, and other cleaning materials.

The identification of beneficiary associations was done in coordination with the municipalities, which provided lists of registered groups actively engaged in sanitation efforts. The distribution process was conducted collaboratively with local health authorities and MRC structures to ensure alignment with public health priorities and equitable allocation of supplies.

Following the distribution of kits, MRC volunteers facilitated community clean-up days across the six communes of Bamako and the city of Kayes. These events were organized in partnership with the recipient associations, local authorities, and municipal technical services.

The clean-up days aimed to eliminate mosquito breeding sites, dredge open gutters, and promote improved waste management practices within households and communities. They also served to reinforce behavioral change and increase public awareness of the links between environmental hygiene and the spread of Dengue and Zika virus diseases. The initiative helped mobilize local ownership of the response, with several associations continuing the clean-up efforts independently after the initial municipal launch events.

Through this two-pronged approach—provision of equipment and mobilization of community action—the MRC strengthened community resilience to vector-borne diseases while reinforcing collaboration between citizens, local authorities, and humanitarian actors.

Lessons Learnt

- Continuation of the clean-up days after the end of the DREF has been entrusted to the municipal authorities, the beneficiary associations, and the NS committees for follow-up, ensuring smooth exit strategy.

Challenges

- Difficulty in waste collection after the clean-up days due to the absence of a budget allocated for this activity. Some municipalities contributed by providing a truck for garbage removal.



Community Engagement And Accountability

Budget: CHF 60,130

Targeted Persons: 429,351

Assisted Persons: 2,190,000

Indicators

Title	Target	Actual
# of volunteers trained in CEA	350	350
# of community leaders involved in the response	266	266
# of Radio messages broadcasted	400	400

Narrative description of achievements

In collaboration with the Regional Health Directorates (DRS) and local municipalities, a list of participants was drawn up for the capacity-building workshops on dengue and Zika for community leaders in Bamako and Kayes. Participants included neighborhood chief coordinators, representatives of municipal authorities, youth council members, three associations designated by municipal authorities, representatives of CSRefs, and presidents of local Red Cross committees. The training sessions were conducted in each commune under the supervision of the Mali Red Cross national staff, IFRC, DRS, and SGI.

Community meetings were also organized in various neighborhoods of Bamako and Kayes, aiming to engage residents in discussions on preventive measures against dengue and Zika. These meetings were animated by trained Red Cross volunteers and team leaders, using presentations, Q&A, and open discussions to build understanding and involve community leaders in the epidemic response. In total, 56 community meetings were held, engaging approximately 1,400 participants. These meetings led to tangible prevention actions, including increased community involvement in environmental sanitation efforts.

As part of the awareness-raising effort, sessions included an introduction to the Red Cross (its history, values, and operations), general information about dengue and Zika, and strategies for effective community engagement. A feedback collection mechanism was implemented, capturing questions and suggestions from the community. Most feedback consisted of questions—no formal complaints were received. Questions without immediate answers were escalated and addressed by the coordination team.

To support accurate information dissemination, a two-day workshop was held with the National Center for Health Information, Education, and Communication (CNIECS) to adapt health messages and materials. Existing messages were reviewed for cultural and contextual relevance. Two posters were selected by the CRM for their simplicity and visual clarity, and the MRC and IFRC logos were added. Additional educational materials included posters on dengue/Zika prevention and symptom recognition, leaflets, and banners.

Regarding audio materials, French and Bambara versions of radio spots and microprograms were approved, with a recommendation to also produce Soninké versions for the Kayes community. These messages were then broadcast through four partner radio stations: Radio Rampart, Radio Benkan, and Radio Djekafo in Bamako, and Radio Royal in Kayes.

Lessons Learnt

- The involvement of community leaders in our activities greatly facilitated the implementation of community engagement initiatives.

Challenges

- The sustainability of achievements was ensured through the continued mobilization of community leaders.





Secretariat Services

Budget: CHF 35,420

Targeted Persons: 360

Assisted Persons: 360

Indicators

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

Narrative description of achievements

The implementation of the DREF operation benefited from substantial support provided by the IFRC at various levels. In-country support was ensured through the presence of an Operations Coordinator who worked closely with the Mali Red Cross team. Additionally, remote technical assistance was provided across different sectors, complemented by monitoring missions to ensure quality implementation. A key contribution was the deployment of a public health surge personnel, which significantly reinforced the capacity of the response. The IFRC also played a critical role in procurement processes and the replenishment of essential stocks. Technical guidance was continuously provided, including the organization of Training of Trainers (ToT) sessions to strengthen field-level capacities. Furthermore, support was extended for risk communication activities, as well as for data management, monitoring, and reporting, ensuring a comprehensive and well-coordinated response to the Dengue and Zika outbreaks.

Lessons Learnt

- A key lesson learned from the operation is that comprehensive multi-level support—including in-country coordination, remote technical assistance, surge deployment, and continuous guidance on training, communication, and data management—is essential to ensure an effective and well-coordinated response to health emergencies such as Dengue and Zika outbreaks. This integrated approach strengthens the capacities of local teams and improves the overall quality and impact of intervention activities.

Challenges

- A major challenge encountered during the operation was ensuring seamless coordination and communication between the various support levels—local teams, in-country coordinators, remote technical experts, and surge personnel—while simultaneously managing procurement processes and timely replenishment of essential stocks. This complexity sometimes led to delays and gaps in the implementation and monitoring of activities.



National Society Strengthening

Budget: CHF 61,414

Targeted Persons: 360

Assisted Persons: 360

Indicators

Title	Target	Actual
Lesson learnt organized	1	1



Narrative description of achievements

On Thursday, March 28, 2024, a review workshop on the implementation of activities was held in Bamako. Later, on June 28, 2024, a lessons learned workshop on the same DREF operation was organized. These sessions gathered stakeholders involved in the response in Bamako and Kayes. The objective of the June workshop was to present the activities carried out, identify lessons learned, and highlight the challenges and gaps encountered during the implementation. The methodology used combined presentations, group work, and open discussions. Both the opening and closing ceremonies were chaired by the Directorate of Public Health and Hygiene.

Lessons Learnt

- The combination of community awareness-raising by volunteers, active involvement of community leaders, referral of suspected cases to health centers, and the organization of sanitation and hygiene days greatly enhanced community ownership of prevention actions. This integrated approach—reinforced by the targeted distribution of insecticide-treated nets and an effective system for collecting activity and attendance sheets—proved the effectiveness of a coordinated, multisectoral community response in combating epidemics such as dengue and Zika.

Challenges

- The absence of a dedicated budget for waste collection during community clean-up days limited the effectiveness and sustainability of sanitation activities. In some cases, municipalities had to step in by providing trucks for garbage removal, but this support was inconsistent across different areas.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRML018 - Mali - Dengue Outbreak

Operating Timeframe: 13 Dec 2023 to 30 Jun 2024

Selected Parameters			
Reporting Timeframe	2023/12-2025/4	Operation	MDRML018
Budget Timeframe	2023/12-2024/6	Budget	APPROVED

Prepared on 28/May/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	340,176
DREF Response Pillar	340,176
Expenditure	-338,704
Closing Balance	1,472

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	116,437	117,892	-1,455
PO05 - Water, Sanitation & Hygiene	66,776	67,750	-974
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		1,032	-1,032
PO10 - Community Engagement and Accountability	60,130	40,165	19,965
PO11 - Environmental Sustainability			0
Planned Operations Total	243,342	226,839	16,503
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	35,420	13,645	21,775
EA03 - National Society Strengthening	61,414	98,220	-36,806
Enabling Approaches Total	96,834	111,865	-15,031
Grand Total	340,176	338,704	1,472

[Click here for the complete financial report](#)

Please explain variances (if any)

A budget overrun of CHF 16,000 was recorded under the National Society Development (NSD) component. This overspend was mainly attributed to the organization of a mid-term review workshop, held after the first phase of the DREF operation and before the extension period. The workshop was essential for evaluating progress and adjusting the operational strategy accordingly. Furthermore, per diems for the DREF support team were increased to ensure regular follow-up and field supervision, contributing further to the elevated NSD costs.

Conversely, the IFRC Secretariat budget line showed an underspend of CHF 21,000. This variance was largely due to the non-mobilization



of certain planned costs, particularly those related to the deployment of specialized personnel. Not all activities under this budget line were implemented as initially planned, resulting in lower expenditure than forecasted.

Specifically, costs related to the deployment of the Public Health in Emergencies (PHiE) delegate were only partially charged to the operation. A portion of these expenses was covered by the IFRC regional office during the first two months of the response, reducing the financial burden on the operation's direct budget and contributing to the underspend on the IFRC Secretariat line.



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[Click here for reference](#)

