Situation Overview and Humanitarian Needs

- Mali is facing the second wave of the COVID-19 epidemic since the last two weeks of November; over this period, cases have been on a sharp rise impacting already overstretched health structures and depleting rapidly available stocks of supplies and equipment. 4,688 cases reported; 152 deaths (lethality of 3.2 per cent).

- The most affected region is Bamako (57.7 per cent of the total confirmed cases) followed by the regions of Timbuktu (12.4 per cent), Koulikoro (9.5 per cent) and Kayes (9.2 per cent).

- After a 2019-2020 school year disrupted by the COVID-19 epidemic and teacher’s strike, the new year will start on January 4, 2021.

Some features

- 51 Sanitary corridors supported
- 5,361 Health workers trained on prevention and control of COVID-19
- 250 Community Radios engaged for sensitization on COVID-19
- 4,247 Hand washing kits supplied to the MoH

Funding Situation

- Funds available $22,618,037
- Funding Gap $4,421,888
UNICEF’s COVID-19 Response

Health and Nutrition

The epidemiological situation of the corona virus disease in Mali was marked in November by a second wave with a gradual increase in the number of positive cases. During the last two weeks of November, more than 350 cases were recorded per week, far exceeding the number of cases registered during the twenty-fourth (24) epidemiological week (276 cases), considered as the epidemiological peak of the first wave. The total number of confirmed cases at the end of November was 4,762, including 156 deaths. The regions of Bamako, Kayes and Koulikoro remain the areas most affected in this second wave. Facing this situation, UNICEF acted on three main areas:

As part of the case management, UNICEF supported the Malian Dermatological Hospital (COVID-19 Care Center) with three tents to increase the hospitalization capacity of COVID-19 patients. In Kayes, 20 oxygen concentrators were distributed to 10 health districts for the care of COVID-19 patients. For the screening of COVID-19 cases, UNICEF has ordered 12,000 rapid tests, 20,000 PCR tests and 20,000 collection kits for National COVID-19 Response Committee.

In the framework of surveillance, at the regional level, UNICEF focused on building the capacity of actors in the field and supplying goods and drugs to support activities. In Ségou and Kayes, 704 health providers and community resources persons (CHWs (community health workers, community relays, traditional healers and leaders) were trained in epidemiological surveillance and prevention of COVID-19. In Timbuktu, professionals of 6 Sanitary Cordons benefited training on COVID-19 and prevention materials to strenghten surveillance at borderlines.

In terms of continuity of care, awareness raising on breastfeeding including in the context of COVID-19 continued in both facilities and community level, 37,558 caregivers of children (0-23 months) were reached with messages on breastfeeding. During this period, 2,934 children aged 6-59 months (1,643 girls and 1,291 boys) were treated for severe acute malnutrition.

The National Anthropometric Nutritional and Mortality Retrospective Survey using the SMART method (Standardized, Monitoring, Assessment, Relief and Transitions) activities are on ongoing (data collection in the field). The total cost of the survey is $499,823 and co-funded by UNICEF, WHO, WFP and FAO. UNICEF’s contribution is $318,752 represented 64% of the total amount. In order to prevent COVID-19 during the data collection, a manual on the prevention of COVID-19 has been developed. A total of 26 supervisors (national and regional) and 116 investigators and team leaders were trained on the prevention of COVID-19. In addition to financial support, UNICEF provided portable baby/child, Scales and children’s MUACs (Mid-Upper Arm Circumference) for anthropometric measurements.

Highlights from the regions

In November, as part of nutrition interventions, the second round of annual campaign for vitamin A supplementation covered 480,944 children aged 6-59 months in Mopti region.

WASH

UNICEF has so far provided hygiene promotion materials (18,450 tons of chlorine, 84,554 pieces of soap) in 288 health care facilities, 603 schools and communities for 63,606 households (381,638 people: 101,325 women, 100,943 men, 9,876 girls and 89,494 boys) in 8 regions (Mopti, Timbuktu, Gao, Kidal, Menaka, Sikasso, Kayes and Bamako). Among them, 11,075 households are Internal Displaced and 8,364 of them benefited to safe water through water trucking (50,184 persons: 13,324 women, 13,274 men; 11,818
UNICEF continued to support at sub national level the provision of materials (4,247 Hand washing devices and soap, 144 plastic slabs for emergency latrines, 16 tarpaulins and 74 tents) in six treatments centers (Bamako, Mopti, Timbuktu, Gao, Kayes and Sikasso). Furthermore, 315,696 people (83,817 women, 83,502 men, 74,346 girls and 74,031 boys) were sensitized on the key messages and actions for the prevention and control of the COVID-19; about 1,932 of them are living on Internal Displacement sites in Mopti and Gao regions.

Highlights from the regions

As part of the efforts for the protection of health personnel and ensure continuity of services in health care centers, personal protective material has been distributed in four regions (Gao, Menaka, Sikasso and Bamako) for a total of 746 people working in communities and Health centers and 6,601 health and community workers have been trained on Infection Prevention and Control measures.

In the regions of Ségou, Mopti, Gao and Timbuktu, UNICEF and its implementing partners EDUCO (Foundation Education et Cooperation) and NRC (Norwegian Refugee Council), as well as APIDEV Mopti (Association pour le Programme Intégré de Développement) supported 14,653 children (7,679 girls ) to follow a distance education through the distribution of solar radios and USB keys and the setting up of listening groups (groups of 15 to 20 students in the presence of a facilitator). Those activities are funded by ECW Education Cannot Wait (ECW) and the Korean International Corporation Agency (KOIKA).

To ensure the continuity of learning in a protected environment, revision courses were organized in the 20 “Stratégie de Scolarisation Accélérée Passerelle″ (SSA/P) centers (5 in Bandiagara and 15 in Koro). In addition to the lessons, sessions to make children aware of barrier gestures against COVID-19 were conducted by SSA/P facilitators in all the centers set up by the NGO APIDEV.

The NGO APIDEV has also conducted sessions in 171 schools and villages to educate students, parents, CGS (Comité de gestion scolaire) and AME (Association Mère d’Elèves) about the barriers to the spread of the coronavirus.

198 schools (173 in Mopti) were also supported to implement the school protocol for COVID-19 prevention through the provision of the WASH COVID-19 Kit, posters, and the training of teachers and members of School Management Committees on this protocol.

RCCE/C4D

UNICEF continued to support the implementation of the national Risk Communication and Community Engagement response plan. The implementation of the “Prison without COVID-19” project is still ongoing in collaboration with the Réseau National de la Jeunesse du Mali (RENAJEM). The partnered 204 community radios in all the regions continued to air prevention messages and encourage individuals, families and communities to adopt and use the recommended behaviors (mask wearing, social distancing, hand washing, etc.). During the operation “Coup de Poing for Timbuktu”, sensitization activities on the importance of respecting barrier gestures against Covid-19 activities covered more than 500 people (boat passengers, accompanying persons, workers and populations). These activities were held through 30 sessions at the Kabara and Koriomé docks which were equipped with 10 hand washing devices, 10 soap boxes, 10 boxes of bleach and 4 spray devices. 100 giant billboards were disposed at the busiest crossroads of Bamako and 20 in regions aiming to alerting the general public on the presence of COVID-19 in Mali and promote handwashing with soap.

At the end of November, UNICEF and partners supported the Ministry of health and social development to design a three-month accelerated communication strategy to prepare a high calibrated response around the resurgence of cases in Mali.

The ANTIM (Agence Nationale de télésanté et d’informatique médicale) feedback platform registered this month 27,765 feedback requests for diverse reasons: need of prevention messages and information, alert around a suspected case and seeking where to find support, evolution about the disease in Mali, need to know where to do the test.
**U-Report Platform**

From 21 to 24 November, a U-report poll was conducted on “the perception of young people on the current situation of COVID-19”. 2,734 people participated in this survey, the results of which revealed various perceptions about the COVID-19 epidemic.

22% of the respondents do not believe in the existence of coronavirus disease in Mali; 60% say they have never seen or known someone who has had the disease and 32% say it is an invented disease that only exists in Europe.

Out of 533 respondents on the question why you are not afraid of contracting the disease.
- 31% are not afraid of contracting the disease because they believe God protects them
- 20% because the disease does not exist in Mali
- 13% because they have never seen a COVID-19 survivor and
- 22% because they respect barrier gestures

On the question: currently, why the Malian population does not respect the barrier gestures on COVID-19?
Out of 2028 respondents,
- 62% no longer believe in the disease
- 11% believe that the authorities are less careful about the observation of barrier gestures
- 6% remain indifferent

Furthermore, a video promoting handwashing steps was shared on Facebook and reached 2,616 subscribers.

**Highlights from the regions**

As of end November, 1,513 people (95 women, 80 girls, 110 boys and 1,228 men) were reached through 80 awareness-raising sessions on COVID-19 organized in the prisons of Kayes, Koulikoro, Sikasso, Ségou, Mopti, Timbuktu, Gao regions and the Bamako district.

**Child protection**

As of November 2020, a total of 1,788 (904 girls and 884 boys) and 467 adults (227 female and 240 male) namely parents and primarily caregivers were reached with community-based mental health and psychosocial support to overcome the psychosocial distress related to COVID-19. In November, considerable progress on this indicator has been made thanks to the launch of psychosocial activities for vulnerable children in areas affected by COVID-19 in the region of Segou in collaboration with the NGO Peace One Day, as well as distance psychosocial support among peers (through WhatsApp groups) facilitated by the CCNEJ (Conseil Consultatif National des Enfants et des Jeunes) in partnership with UNICEF. Furthermore, 356 children (130 girls and 226 boys) without parental care were reached with alternative protection services by UNICEF along with its partners COOPI and Samu Social respectively in Mopti region and Bamako district. The alternative care included shelter, food and medical support. Assisted children are those living in the street, children whose parents are infected by the COVID-19 or in quarantine, unaccompanied and separated children as well as other vulnerable children exposed to the risk of contamination, violence and other protection concerns including child labor, stigmatization and psychosocial distress.

**External Communication**

1. A place to heal: After fleeing the violence in the centre of the country, children are recovering from their psychological traumas in foster families.
3. A UNICEF Women volunteer highlighted on UNOCHA virtual exposure highlighting woman and men from Mali, Niger and Burkina.
4. UNICEF Mali fight against malnutrition especially during this COVID-19 period highlighted through UNICEF France Imagine Serie video.
5. Mali multimedia contents shared by WCARO on the “Nutrition Now” Campaign

**Coordination**

UNICEF continues to actively participate in the coordination mechanisms for the response in Mali, including the Crisis Committee for Epidemic Management COVID-19 led by the National Institute of Public Health (INSP) which is responsible for the overall coordination and the management of the national response, as well as the United Nations Country Team.
and the Humanitarian Country Team COVID-19 Task Force which aims to coordinate and guide the work of the inter-cluster, health cluster and humanitarian coordination structures. The COVID-19 partners coordination meeting is held every two weeks lead by USAID. At regional level, UNICEF, through its five field offices supports the regional state authorities and is engaged in the works of the Disaster Management Committees which are the main sub-national coordination frameworks for prevention and response against COVID-19. The Ministry of Health organized the workshop to review the previous national COVID-19 plan and develop the new national COVID-19 plan for one year.

Logistics and Supply

UNICEF plays a leading role in logistics and supply and has committed $7.9 million in goods and services since the beginning of the year under the response to the epidemic. In this regard, 51,000 PCR tests, 7,500 rapid tests (Panbio COVID-19 Ag Rapid Test, kit/25T), 50,000 isolation kits and reagents were provided to the Ministry of Public health and Social affairs to strengthen the screening capacity of laboratories and the detection and management of underlying diseases (diabetes, hypertension, cancers, HIV). These acquisitions have also included more medical equipment including 80 oxygen concentrators, 10 oxygen Analyzers among others - and personal protective equipment. In addition, 644,360 masks, 47,250 coveralls, 3,900,000 gloves, 3,421,764 googles and 10,150 handwashing materials were procured and distributed. In the same sense, 130,000 rapid tests, 192,900 extraction kits and 134,500 Specimen collection packs are being ordered to be delivered before end 2020 to support mass and community-based screening.

Update on the COVAX Initiative:

The Ministry of Public Health and Social Affairs has set up a national coordination committee composed of four commissions (Coordination, Technical, Logistics, Communication) in which UNICEF works with WHO and other partners including NGOs. The key actions carried out to date include:
- The submission of the vaccine application form to GAVI on December 7, 2020.
- The online availability of information on the VIRAT tool (developed by WHO and UNICEF), which is used to assess the country’s level of preparedness for the vaccine introduction.
- The cold chain evaluation which revealed a gap of 127 solar refrigerators (at temperature +2°C to +8°C). It is planned to create 155 new health centers in 2021 in the country, each of which will need a solar refrigerator. The country does not have a cold chain at a temperature of (-70°C).
- The elaboration of a national and international technical assistance plan submitted to GAVI.

Funding Overview and Partnerships

UNICEF requires $24.2 million to respond to the pandemics in Mali. $22.6 million has been mobilized both from internal resources and generous contributions (from the Thematic funding, The Peace Building Funds, CERF, ECW, GPE, DGIS, the French and the Canadian National committee and the Governments of Germany, Italy, Denmark and Luxembourg, OFDA Office for Foreign Disaster (USAID)). Additional funding is being mobilized from various donors to respond effectively and efficiently to the crisis and ensure lifesaving programs for the ongoing humanitarian needs and to sustain the investments realized until now and ring-fence the results. A revised plan was developed to take into consideration short/medium and long terms needs and to link the humanitarian response to the recovery and development efforts.

External Media

- Press release on the arrival of vital nutrition and health supplies in Mali
- Statement on the impact of COVID-19 on children’s rights and related interviews
- Media interviews on UNICEF Mali response to COVID-19
- RFI report on remote learning in Mali
- Multimedia assets on WeShare and dedicated external web page
- END violence and Education digital activation: Celebrating the COVID-19 Champions for Children website and social media
- Publication of an HIS on KOICA support
• **CELEBRATING UNSUNG HEROES OF THE PANDEMIC** on Photos of child journalists combatting misinformation around COVID-19 their training by UNICEF.
## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th></th>
<th>UNICEF and IPs Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020 target</td>
<td>Total results*</td>
</tr>
<tr>
<td><strong>Risk Communication and Community Engagement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached on COVID-19 through <strong>MESSAGING ON PREVENTION AND ACCESS TO SERVICES</strong></td>
<td>11,953,086</td>
<td>11,953,086</td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through <strong>RCCE ACTIONS</strong></td>
<td>600,000</td>
<td>554,739</td>
</tr>
<tr>
<td>Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established <strong>FEEDBACK MECHANISMS</strong></td>
<td>200,000</td>
<td>181,854</td>
</tr>
<tr>
<td><strong>WASH and IPC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with <strong>CRITICAL WASH SUPPLIES (INCLUDING HYGIENE ITEMS) AND SERVICES</strong></td>
<td>500,000</td>
<td>381,638</td>
</tr>
<tr>
<td>Number of healthcare workers within health facilities and communities provided with <strong>PERSONAL PROTECTIVE EQUIPMENT (PPE)</strong></td>
<td>600</td>
<td>746</td>
</tr>
<tr>
<td>Number of healthcare facility staff and community health workers <strong>TRAINED IN INFECTION PREVENTION AND CONTROL (IPC)</strong></td>
<td>5,000</td>
<td>5,361</td>
</tr>
<tr>
<td>Number of institutions (HCF, schools, maternities, ...) supported with a minimum WASH &amp; IPC package and demonstrating IPC improvements</td>
<td>10,500</td>
<td>2,080</td>
</tr>
<tr>
<td>Number of vulnerable HHs enabled to reduce risk of COVID-19 transmission through a better access to water and/or soap, and hygiene promotion</td>
<td>83,333</td>
<td>63,606</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of healthcare providers <strong>TRAINED IN DETECTING, REFERRAL AND APPROPRIATE MANAGEMENT</strong> of COVID-19 cases</td>
<td>4,500</td>
<td>3,125</td>
</tr>
<tr>
<td>Number of children and women receiving <strong>ESSENTIAL HEALTHCARE SERVICES</strong> in UNICEF supported facilities</td>
<td>2,500,000</td>
<td>2,507,623</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of caregivers of children (0-23 months) reached with <strong>MESSAGES ON BREASTFEEDING</strong></td>
<td>450,000</td>
<td>299,021</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for <strong>TREATMENT OF SEVERE ACUTE MALNUTRITION (SAM)</strong></td>
<td>188,052</td>
<td>122,121</td>
</tr>
<tr>
<td>Number of health and/or nutrition workers trained on nutrition in the context of COVID-19</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of women and adolescent girls receiving iron and folic acid (IFA) /or multiple micronutrient supplement (MMS)</td>
<td>1,347,639</td>
<td>1,264,553</td>
</tr>
<tr>
<td>Number of children 6-59 months who received Vitamin A supplements in Semester 2, as of date of reporting</td>
<td>3,696,660</td>
<td>4,912,395</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children supported with <strong>DISTANCE/HOME-BASED LEARNING</strong></td>
<td>500,000</td>
<td>32,706</td>
</tr>
<tr>
<td>Number of schools implementing <strong>SAFE SCHOOL PROTOCOLS</strong> (COVID-19 prevention and control). (a) Is this indicator part of the CO's response?</td>
<td>5,500</td>
<td>450</td>
</tr>
</tbody>
</table>
## Annex B

### Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding requirements</th>
<th>Funds available</th>
<th>Funding gap $</th>
<th>Gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D / RCCE</td>
<td>1,500,000</td>
<td>1,329,929</td>
<td>170,071</td>
<td>11%</td>
</tr>
<tr>
<td>WASH &amp; IPC</td>
<td>3,510,000</td>
<td>4,352,741</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Health &amp; Nutrition</td>
<td>1,725,000</td>
<td>3,454,141</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,550,000</td>
<td>630,000</td>
<td>1,920,000</td>
<td>75%</td>
</tr>
<tr>
<td>Education</td>
<td>4,500,000</td>
<td>2,733,554.14</td>
<td>1,766,445.86</td>
<td>39%</td>
</tr>
<tr>
<td>Social Protection</td>
<td>10,000,000</td>
<td>9,434,629</td>
<td>565,371</td>
<td>6%</td>
</tr>
<tr>
<td>PME</td>
<td>200,000</td>
<td>271,542</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Coordination &amp; Operational costs</td>
<td>250,000</td>
<td>411,500</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24,235,000</strong></td>
<td><strong>22,618,036.5</strong></td>
<td><strong>4,421,887.61</strong></td>
<td><strong>18%</strong></td>
</tr>
</tbody>
</table>

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