



KNOWLEDGE PLATFORM ON INCLUSIVE DEVELOPMENT POLICIES

# Policy responses to COVID-19 and socio-economic vulnerability of households in Mali

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*Preventive strategies and social policy  
measures in response to COVID-19 and the  
socio-economic vulnerability of households in  
Mali*

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## Executive summary

In the current context of the COVID-19 pandemic in Mali, this report has a dual purpose. It aims to document the Malian government's response to the pandemic and also to examine inclusiveness and the consideration of social inequalities. Specifically, it aims to assess the socio-economic impact of the measures on vulnerable households.

The approach in this report breaks down into three stages. Firstly, an exploration of the literature and official documents allowed for the initial identification of all the preventive measures and economic support measures introduced in Mali in response to the pandemic. Secondly, a semi-structured survey was conducted of key informants from various sectors of the Malian economy affected by the crisis. This survey made it possible to acquire information about the impact of the crisis and the preventive measures on actors in the selected sectors, the resiliency measures adopted by the actors and the implications for the process of developing and implementing the response of the state. Finally, a quantitative analysis was conducted to assess the impact of the crisis on vulnerable households. This analysis draws on data from the national survey of the impact of coronavirus on the living conditions of households in Mali that was conducted by the National Institute of Statistics of Mali in collaboration with the World Bank.

The main results to emerge from this case study suggest that the Malian government has been committed, since the outset of the pandemic, to preventing and slowing the spread of coronavirus. In addition, it has put in place several socio-economic support measures to enable affected sectors and vulnerable households to overcome the negative effects of the pandemic and its subsequent preventive measures. In practice, however, although poor, women's head and rural households are the most affected in terms of loss of employment and income, the lack of access to basic services (drinking water, health care, etc.) and food insecurity related to COVID-19, these vulnerable households have benefited least from the assistance provided by government and NGOs, with a resulting exacerbation of already significant levels of inequality in Mali.

The main reasons that key informants give for this mixed result include the poor targeting of vulnerable households and the non-inclusiveness of these measures insofar as stakeholders from the various sectors affected by the pandemic and preventive measures were neither consulted nor involved in the development and implementation of the support measures. Another reason is related to the eligibility criteria that were in most cases too general, inaccessible or unknown for the majority of social protection measures.

## Chapter 1. Introduction

The COVID-19 pandemic, in addition to inflicting millions of victims in more than 180 countries around the world, led to the total or partial shutdown of economic activity in all sectors (Alfaro and Jeong, 2020). In many countries, several health measures have been implemented, ranging from hygiene recommendations to a complete economic lockdown in order to curb the spread of the coronavirus (SARS-CoV-2) responsible for COVID-19.

In Mali, COVID-19 had caused the deaths of 357 of the 8,470 infected persons as at March 4, 2021 (INSP, March 2021). According to OCHA (September 2020), the pandemic had spread to 9 administrative regions and 36 of Mali's 75 health districts by August 30, 2020. The majority of cases of COVID-19 contamination were seen in Bamako (49.6%), followed by the regions of Timbuktu (18.5%), Mopti and Koulikoro (8.3%) (UNICEF, September 2020). Well before the declaration of the health emergency in Mali and the emergence of the first positive case on March 25, 2020, the Malian government, following the example of other countries in Africa and elsewhere in the world, introduced a range of preventive measures effective March 17, 2020 with the aim of preventing and slowing the spread of coronavirus and mitigating the impact on public health.

The main preventive measures taken by the Malian political authorities were (i) the closure of air and land borders except for the transport of goods; (ii) the closure of schools, bars and restaurants; (iii) recommending the closure of places of worship; (iv) measures relating to conduct such as social distancing; (v) a curfew from 9 p.m. to 5 a.m. and (vi) a ban on any gathering of more than 50 people. Several recent studies have demonstrated that the preventive measures have been effective in controlling the pandemic, particularly the closing of the borders (Burns et al., 2020), quarantine (Nussbaumer-Streit et al., 2020), social distancing (Ebrahim et al., 2020) and the wearing of masks and visors (Chu et al., 2020; de Bruin et al., 2020 etc.). In Africa, Djooue et al. (2020) used a simulation model to show that isolating exposed people, a general lockdown, monitoring people living in high-risk areas, the wearing of masks and the respect of hygiene rules have slowed the outbreak of the pandemic.

However, although these measures would seem to be effective in terms of managing the spread of the virus, one of the more important questions remains as to how and at what extent the socio-economic circumstances of vulnerable households and affected sectors have been taken into account in the formulation and implementation of these responses to COVID-19. In particular, the lockdown of Malian's economy due to the pandemic has direct or indirect social and economic consequences for households. There are many studies (Mukumbang et al., 2020; Patel et al., 2020; Martin et al., 2020; Han et al., 2020; Laborde et al., 2020; FAO, June 2020; INSTAT, June, July and August 2020) that support that these consequences could be greater for vulnerable households or individuals, since they amplify socio-economic inequality and food insecurity. For instance, measures for the prevention of COVID-19 could contribute to negatively affect the livelihoods of poor households and vulnerable individuals (e.g., women, young people), especially in terms of limited access to essential commodities and basic social services, jobs and income losses. As a result, they could exacerbate the socio-economic vulnerability of marginalised households or individuals. Indeed, according to projections from FAO (June 2020), coronavirus disease and the restrictive measures adopted by the Malian government will increase the number of people affected by food insecurity to 280,000. In addition, it should be noted that, because of the military conflicts and their impact on communities, the FAO had already predicted that more than one million people in Mali would be affected by severe food insecurity. Since January 2012, the country has been experiencing an unprecedented security and political crisis that has gradually affected its Northern

regions (Gao, Timbuktu and Kidal) and those of the Center (Mopti and Segou). This unstable situation has been exacerbated by the advent of the COVID-19 and a recent military coup on August 18, 2020.

In the context of this case study, we are particularly interested in the socio-economic vulnerability of households and individuals (e.g., women, young people) that refers to the loss of economic resources (income, employment, etc.) and basic social services such as food, health care, water, education, electricity etc. (de Oliveira Mendes, 2009; Fallah Aliabadi, Sarsangi, & Modiri, 2015; Fatemi, Ardalan, Aguirre, Mansouri, & Mohammadfam, 2017; Martins, Silva & Cabral, 2012). It is noticed that, in 2017, half the Malian population were already deprived of about four basic social facilities or services in the areas of health, water, electricity or economic services/goods (Afrobarometer, 2017). That deprivation affected three times as many rural inhabitants as their urban counterparts and certainly had more effect on the poorest and most vulnerable individuals (e.g., women, young people) in both areas. According to EMOP data collected by INSTAT (November 2019), the food insecurity affected three over ten households (30.6%) in Mali in 2019. The phenomena were most prevalent in the Kayes region (55.2%), followed by the Mopti (44.6%) and Gao (44.5%) regions. Rural households paid a higher price for food insecurity than urban households (33.3% versus 23.8%). Furthermore, INSTAT (November 2019) reveals us that the phenomena of unemployment in Mali was particularly more prevalent among young people aged 15-49 and women. In fact, the unemployment rate for young people aged 15 to 49 was 20.2%. Women (6.1%) were more affected than men (4.9%). The rate was more pronounced in the Gao region (30.5%), followed by Koulikoro (13.1%) and Kidal (10.7%). The lowest unemployment rates were recorded in Mopti (4.1%), Kayes (2.4%), Sikasso and Ségou (2.1%) and Timbuktu (1.2%). Another inequality present in Mali before the pandemic is related to income distribution. Indeed, the average quarterly expenditures/income per capita was two times as many higher in urban area (FCFA 126 509) as in rural zone (FCFA 60 872).

The research question in this report is to determine whether the pandemic and the subsequent preventive measures have exacerbated these manifest inequalities between poor and non-poor households, between rural and urban households and between women's head and men's head households. In addition, we investigate whether the responses of the Malian government and other stakeholders to COVID-19 were inclusive enough. In particular, have the preventive and economic support measures adopted by the Malian political authorities and other stakeholders given adequate consideration to the inequalities already in place and those created during the pandemic in terms of access to essential commodities and basic social services? For example, the closure of schools has deprived three million children of education (UNICEF, September 2020), while some of them were already deprived of education because of repeated teacher strikes and the security crisis that has been raging in the country since 2012. Due to the general closure of schools, children have spent several months cooped up at home with, depending on their domestic circumstances and the economic status of their households, little or no opportunity for learning. The lack of access to the Internet is even more pronounced in rural than urban areas in Mali and it affects the poorest people more. According to INSTAT (June 2020), fewer than 0.71% of rural children followed online courses when the schools were closed, compared with 20% in Bamako. This situation has certainly exacerbated inequalities between urban and rural pupils in terms of access to education.

The general objective of this study is to systematically reconstruct, document and analyse the way in which the Malian government and other stakeholders are addressing inequities in their prevention strategies and social policy responses to the COVID-19 pandemic in Mali. More specifically, the objectives are:



- ✓ to review the prevention strategies and policy measures implemented by the Malian government in response to the COVID-19 pandemic;
- ✓ to identify the stakeholders and their roles in the implementation and monitoring of prevention strategies and policy measures in response to the COVID-19 pandemic;
- ✓ to assess how the population views the prevention strategies and policy measures implemented by the Malian government in response to the COVID-19 pandemic;
- ✓ to examine how, and to what extent, the political response has safeguarded or taken into account the access of vulnerable households to essential commodities or basic social services (food, health, education, water, electricity, employment and income);
- ✓ to identify the socio-demographic and cultural factors that have influenced the selection and implementation of the prevention strategies and policy measures taken by the government of Mali in response to the COVID-19 pandemic;
- ✓ to survey the real or effective attitudes of different groups adopted in order to avoid contracting coronavirus and their strategies for coping with its socio-economic consequences;
- ✓ to identify the strengths and limitations of the prevention strategies and policy measures implemented by the Malian government in response to the COVID-19 pandemic;
- ✓ to formulate lessons learned and propose new directions for policy, research and practice for taking marginalised groups into consideration during epidemics and pandemics.

The report is structured as follows: Section 2 describes the analysis methodology. Section 3 presents the preventive and social protection measures adopted by the government. Section 4 examines the impact of the measures on vulnerable households. Section 5 presents the results of the qualitative analyses of the information from the key informants. Finally, Section 6 discusses lessons learned and policy recommendations, and concludes the study.

## Chapter 2. Methodology

For the purposes of this study, the methodological approach initially involved conducting a systemic review of COVID-19 in order to identify the preventive measures and economic support measures adopted by the Malian government and other stakeholders in response to the pandemic in Mali. To this end, a comprehensive literature survey was conducted on COVID-19 in Mali with the aim of collecting policy documents and reports, analysis reports from national and international institutions, scientific articles, media journals, databases and any other relevant documents relating to COVID-19 in Mali. The completion of this literature survey resulted in the identification of the preventive measures and support measures for households, and workers in the health, security and economic sectors. The literature survey also allowed for the identification of the sectors most affected by COVID-19 in Mali. The sectors identified in this way guided the selection of key informants for the semi-structured interviews.

In order to understand better how the Malian government and other stakeholders are addressing inequalities in their policy responses to COVID-19, semi-structured interviews were then conducted with community leaders and other key informants from several public and private institutions in all the sectors affected by COVID-19 in Mali from 3 to 16 September 2020. The opinions of 33 key informants in total were collected on various themes. The primary focus was on their role in the process of developing and implementing prevention and social support measures, the impact of COVID-19 and preventive measures on workers in the health sector and the economy, the resiliency measures adopted, the level of stakeholder participation and how stakeholders perceived the government response to the pandemic.

In order to assess the impact on vulnerable households of the adopted measures, the methodological approach combined qualitative and quantitative methods. It initially consisted of using a content filter to analyse statements made by the key informants as well as the textual content of different types of documents obtained during the literature survey. This filter related to the roles played by the stakeholders; to the socio-economic impact of COVID-19 and preventive measures, and to the resiliency measures adopted by stakeholders and the stakeholders' perceptions of the effectiveness of policy responses to COVID-19. The next step was to complement the results of these analyses with the results obtained from the statistical analyses of the data available on COVID-19 in Mali from INSTAT and the World Bank. Those data were collected as part of an extensive triple-phase study of the effects of the COVID-19 pandemic on the living conditions of households in Mali. They are representative of the national and regional levels, place of residence and poverty status. Data from the first two phases available at the time of the study were used in the analyses.

## Chapter 3. Preventive Measures and Social Protection

### Measures in response to COVID-19

As part of the fight against coronavirus disease (COVID-19), the government of Mali, working through a range of ministries, has introduced preventive measures and social protection policies. The aim of these measures was to counter the spread of the disease and mitigate the impact of the pandemic on living conditions, particularly of the most vulnerable groups.

#### 3.1. Preventive measures

Long before the health emergency was declared in Mali by the Ministry of Health and Social Affairs on 25 March 2020, and in response to the outbreak of the first cases of COVID-19 in neighbouring countries, the government took a number of preventive measures. Those measures, which were adopted after an extraordinary session of the Supreme Council of National Defence on 17 March 2020, and went into effect on Thursday, 19 March 2020, were:

- ✓ the suspension of all public gatherings, including workshops, conferences, seminars, large meetings;
- ✓ the suspension of commercial flights from affected countries, with the exception of freight transport;
- ✓ the closure of public, private and denominational schools (nursery, primary, secondary and higher education), including the madrasas;
- ✓ the closure of nightclubs and dance halls;
- ✓ the prohibition of any sporting, social, cultural or political gathering with more than fifty people such as weddings, baptisms, funerals, subject to the respect of social distancing measures.
- ✓ After the emergence of the first case of COVID-19 in Mali, these measures were backed up by new measures introduced on 26 March 2020. The dates of entry into force and suspension, as well as the decrees, orders, decisions and announcements relating to the various measures, are listed in Table 1. Additional measures taken by the government of Mali included:
  - ✓ the introduction of a curfew from 9 p.m. to 5 a.m.;
  - ✓ the closure of international stations;
  - ✓ the suspension of gold mining;
  - ✓ restricted working hours (from 7.30 a.m. to 2 p.m.) in all public services except the national defence, security and health services;
  - ✓ markets to open and close at 8 a.m. and 4 p.m.
  - ✓ the establishment of the technical committee for the management of the crisis.
  - ✓ At the organisational level, the government of Mali has implemented response measures to prevent the spread of the virus. These measures were rolled out at the national and international levels. At the national level, the government has been working on:
    - ✓ the introduction of cordons on the country's land borders;
    - ✓ the periodical definition and adjustment of the prevention and response strategy;
    - ✓ raising awareness and orchestrating stakeholders at all levels to prepare the response to an epidemic;
    - ✓ empowering crisis and epidemic control committees and rapid response teams at all levels of the health pyramid;
    - ✓ organising simulation exercises to test the effectiveness of the arrangements;

- ✓ strengthening epidemiological surveillance through (i) availability at the level of health, agricultural, forestry and livestock, and environmental, structures, (ii) simplified technical guidelines, (iii) case definition and notification sheets; (iv) daily communications about the epidemiological situation and (v) upgrading operational capacity at points of entry;
- ✓ identifying and organising COVID-19 diagnostic laboratories for tracking cases;
- ✓ establishing a system for handling cases and their contacts, and providing health systems with specific resources etc. ;
- ✓ establishing arrangements for particular population categories (children, pregnant women, the handicapped, the elderly);
- ✓ defining a strategy for the development and acquisition of materials and equipment;
- ✓ preparing logistical arrangements for the distribution of materials and equipment;
- ✓ strengthening the awareness of health workers about COVID-19 and, finally,
- ✓ raising public awareness of non-pharmaceutical measures (hygiene rules, sanitation etc...).
- ✓ At the international level, the measures were:
  - ✓ implementing international hygiene regulations in the country;
  - ✓ defining the principles and measures for health checks at borders;
  - ✓ upgrading the resources of the airport facilities for incoming flights; and
  - ✓ mobilising Mali's embassies and consulates to share information and support/advice for Malian nationals abroad.

**Table 1. Measures to prevent the spread of COVID-19**

No	Measures	Sources	Effective date	Date of suspension
1	Suspension of all public gatherings, including workshops, conferences, seminars, large meetings	Government of the Republic of Mali, Extraordinary Session of the Higher Council of National Defence of 17 March 2020	19 March 2020	
2	Suspension of commercial flights from affected countries, with the exception of freight transport	Government of the Republic of Mali, Extraordinary Session of the Higher Council of National Defence of 17 March 2020	19 March 2020	25 July 2020
3	Closure of public, private and denominational schools (nursery, primary, secondary and higher education), including the madrasas	Government of the Republic of Mali, Extraordinary Session of the Higher Council of National Defence of 17 March 2020	19 March 2020	2 June 2020 for examination classes (DEF, Bac, Cap, BT, IFM) and 14 September for all classes
4	Closure of nightclubs and dance halls	Government of the Republic of Mali, Extraordinary Session of the Higher Council of National Defence of 17 March 2020	19 March 2020	
5	Prohibition of any sporting, social, cultural or political gathering with more than 50 people such as weddings, baptisms,	Government of the Republic of Mali, Extraordinary Session of the Higher Council	19 March 2020	

	funerals, subject to compliance with preventive measures	of National Defence of 17 March 2020		
6	Introduction of curfew	Government of the Republic of Mali, Decree N°2020-0170/P-RM of 25 March 2020	26 March 2020	
7	Closure of international stations	Government of the Republic of Mali for the attention of transport professionals and travellers	26 March 2020	31 July 2020
8	Suspension of gold mining	Interministerial Order N°2020-1197/MMP-MATD-MSPC-MEADD-SG of 27 March 2020	27 March 2020	30 September 2020
9	Restricted working hours (from 7.30 a.m. to 2 p.m.) in all public services except the national defence, security and health services	Government of the Republic of Mali	1 April 2020	1 August 2020
10	Opening and closing times for markets	Government of the Republic of Mali Decision N°2020 50 MIC-SG of 7 April 2020	7 April 2020	30 June 2020
11	Establishment of the technical committee for the management of the crisis	Government of the Republic of Mali Decree N°2020-0200/PM-RM of 10 April 2020	10 April 2020	

*Source: Authors on the basis of the literature survey, 2020.*

## 3.2. Attitudes adopted to avoid contracting coronavirus

According to INSTAT (June 2020), in overall, the majority of Malian's people says that they comply with the preventive measures taken by Malian government in response to COVID-19 pandemic. Indeed, nearly nine over ten households (88.6%) washed their hands more often than usual, while 61.7% of households reduced their use of places of worship. INSTAT (June 2020) also reported that 12.9% of households respect all behaviours of social distancing.

## 3.3. Economic measures for social protection

Preventive strategies taken to counter the spread of coronavirus disease have had an impact, especially on vulnerable households. With this in mind, the government of Mali has taken economic social protection measures to mitigate the impact of COVID-19 and preventive measures on the people. The details of these measures are listed in Table 2. For each measure, Table 2 lists the effective date and the

suspension date, the cost, the beneficiaries and access arrangements, as well as references to decrees, orders, decisions and announcements.

These social protection policies come into two categories. The first relates to physical individuals/population groups. These are the first six (6) measures. The second focuses more on legal entities/companies. It consists primarily of the last five (5) measures. In relation to the measures targeting physical individuals, it is important to note that the payment of water and electricity bills for the months of April and May 2020 throughout the area covered by the SOMAGEP and EDM essentially targeted the most deprived households. In practical terms in the case of water bills, these are customers whose monthly consumption is between 0 and 10 cubic metres (m<sup>3</sup>) and those with standpipes. This implies that the standpipe operators will provide water free of charge to this vulnerable group during the period covered by the measure. In practice, all poor or non-poor households have benefited from the measure, with customers consuming more than 10 m<sup>3</sup> having to pay for the surplus. The Director has stated that all home connections in the SOMAGEP network are included in this range, with the exception of industry, large commercial companies and government agencies. This measure benefits just over 200,000 customers, or about 4 million people.

As for electricity bills, the measures cover customers using between 1 kwh and 100 kwh a month, whether with a conventional or Isago meter. Isago meter customers receive free credits of up to 100 kwh a month during the period covered by the measure (two months). The bills of subscribers with conventional meters are paid directly by the State. The latter category consists of 370,000 clients, or approximately 3,700,000 affected people.

The special fund set up in Mali's 703 communes consists in operational terms of making cash transfers to each household in the form of monthly allowances in a single category. The amount of the monthly cash transfer amount, which is XOF 15,000 per household, is determined by the social safety net programme. As a result, each selected household in a single category should receive six months of monthly allowances, or 90,000, in a single instalment to cover its basic needs. The beneficiaries of this social protection measure are households registered in the Mali Unified Social Register (RSU).

**Table 2. Economic measures for social protection in response to COVID-19**

No	Measures	Cost (XOF)	Beneficiaries	Qualification arrangements	Document title	Sources	Effective date	Date of suspension
1	Free distribution of 56,000 tonnes of cereals and 16,000 tonnes of cattle feed	15 billion <sup>1</sup>	Vulnerable populations	All Households affected by COVID-19	Government announcement	Government announcement in the speech by the President on 10 April 2020	17 April 2020	
2	Reduction of customs duties for basic necessities, in particular rice and milk	7 billion	All consumers	None	Government announcement	Government announcement in the speech by the President on 10 April 2020	April 2020	June 2020
3	Payment of electricity and water bills for the months of April and May 2020	7 billion	Poorest households	Households consuming from 0 to 10 m <sup>3</sup> /month (water) for home connections; Standpipes (serving 200056 subscribers, or approximately 4 million people); Households that use between 1 kWh and 100 kWh/month, whether with conventional or Isago meters (electricity) (370,000 customers, or approximately 3,700,000 people)	Ministerial announcement	SOMAGEP-SA and EDM-SA briefing memoranda of 17 April 2020; Government announcement in the speech by the President on 10 April 2020	April 2020	May 2020

<sup>1</sup> The costs of the first five (5) measures were confirmed by the United Nations synthesis report, *Summary analysis of the socio-economic impacts of COVID-19 in Mali* conducted by UNDP and UNICEF in May 2020.

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4	VAT exemption on electricity and water bills for the months of April, May and June 2020	9 billion	All consumers/clients (private, business, and industry)	None	Letter on implementation modalities	Government of the Republic of Mali, Letter No. 01671/MEF-SG of 28 April 2020	April 2020	June 2020
5	Establishment of a special fund for Mali's 703 communes administered in a collegial and transparent way with the public authorities, village and neighbourhood chiefs, civil society and the moral authorities designated by the beneficiaries themselves	100 billion	Most vulnerable families	Households on the Unified Social Register (RSU) <sup>2</sup>	Government announcement	Social Safety Net Programme in Mali; Government announcement in the speech by the President on 10 April 2020	April 2020	
6	Payment of a special premium to health personnel and components of the security and defence forces for monitoring the curfew and possible crowd locations		Health workers and security and defence forces	Deployed health staff; security and defence forces deployed to monitor the curfew and possible crowd locations	Government announcement	Government announcement in the speech by the President on 10 April 2020	April 2020	

<sup>2</sup> The RSU is an information system with a national database of social security beneficiaries: <https://rsu.gouv.ml/portail/>



In addition, several other partners such as UNICEF, the World Bank and the Food and Agriculture Organization of the United Nations (FAO) have also provided the State of Mali with assistance for its response to the COVID-19 pandemic. As of 31 August 2020, UNICEF has mobilised USD 20,525,926 , 40% of the total (USD\$ 52 million) expected amount (UNICEF, August 2020). This financing was requested to meet the humanitarian needs of children in Mali, to facilitate access to basic social services and to protect children affected by the pandemic. The interventions have reached all the administrative regions of Mali and they cover a range of areas, and in particular water, hygiene and sanitation (WASH), health and education. These areas accounted for 12, 15 and 27 per cent respectively of the funds received.

The World Bank has provided USD 25.8 million (50% in grants and 50% in credits) to support Mali's response to COVID-19 (World Bank, 2020). By providing this support, the World Bank aims to strengthen Mali's capacity to respond to the pandemic through improved access to health care services, better screening, detection and treatment of patients, and the upgrading of laboratory capacity and monitoring.

FAO, for its part, has mobilised USD 10 million in household support for a period of 12 months. More specifically, this funding has been provided in order to (i) protect the livelihoods of 65,000 rural households newly experiencing severe and acute food insecurity that have been particularly affected by the COVID-19 pandemic; (ii) raise awareness of 60,000 people about prevention measures; and (iii) provide support to 250 agricultural SMEs in difficulties because of the economic downturn with a grant of USD 3,660 each based on a workforce of ten employees over a six-month period.

### 3.4. Household satisfaction with the government's response to COVID-19

According to INSTAT (June 2020), about one over five (19.2%) Malian's households is dissatisfied with the government's response to COVID-19 pandemic, especially those related to social protection measures. The most frequently cited reason for this dissatisfaction is the lack of financial assistance from the government. Indeed, 40.3% of dissatisfied households cited this reason. It is followed by the government's late response, which is mentioned by 21.0% of households. The shortage of medical materials is the source of dissatisfaction least mentioned by only 4.7% of households.

### 3.5. Actors involved in the management of the pandemic in Mali

For the implementation of these measures (preventive and social protection), various ministerial departments and specific technical structures have been mobilised. In addition, multidisciplinary groups known as committees/cells have been set up to facilitate the implementation of the measures. The roles of these actors, agents for ministerial departments, technical structures and committees are described in Table 3.

**Table 3. Actors and their roles in the prevention of COVID-19**

Actors	Roles
<b>Preventive measures</b>	
<b>Crisis cell/committee for epidemic management<sup>3</sup></b>	Coordination of the implementation of strategies to prepare for and respond to the COVID-19 crisis: <ul style="list-style-type: none"> <li>- Serving as a point of contact and advice for both the administrative authorities and the general public</li> <li>- Organisation of regular meetings to review developments</li> </ul>

<sup>3</sup> Action Plan for the prevention of and response to COVID-19

	<ul style="list-style-type: none"> <li>- Working with medical teams to quarantine suspect cases and manage positive cases</li> <li>- Ensuring that the unit appointed to manage epidemics is working correctly</li> <li>- Strengthening public communications to ensure that the public receives appropriate, correct and timely information</li> <li>- Production and distribution of the COVID-19 situation report (SitRep) on a biweekly basis</li> </ul>
<b>Ministry of Health and Social Affairs</b>	<ul style="list-style-type: none"> <li>- The drafting of preventive strategy documents for COVID-19 and social protection measures for natural and legal persons</li> <li>- Ensuring that the strategies and measures put in place by the government are properly respected</li> <li>- Coordination of preparation and response actions for COVID-19</li> </ul>
<b>Technical committee for COVID-19 crisis management<sup>4</sup></b>	<p>Coordination of the implementation of strategies to prepare for and respond to the COVID-19 crisis</p> <ul style="list-style-type: none"> <li>- Identification of needs and the resources required to manage the crisis</li> <li>- Analysis of the epidemiological situation and assessment of the consequences of the crisis</li> <li>- Drafting of pandemic status updates</li> <li>- The production of recommendations and suggestions for the interdepartmental committee</li> <li>- Implementation of the decisions resulting from the deliberations of the interdepartmental committee</li> </ul>
<b>Directorate-General for Health and Public Hygiene Branch (DGSHP)<sup>5</sup></b>	<ul style="list-style-type: none"> <li>- Development of tools for monitoring and tracing contacts and confirmed cases, examples being contact record sheets for suspected/probable/confirmed cases of COVID-19; coronavirus surveillance sheet at entry points; individual monitoring sheet for the contact and confirmed cases; summary sheet for contact monitoring</li> <li>- Identification and monitoring of COVID-19 contact cases</li> <li>- The rapid sharing of data about contact cases</li> <li>- Decontamination of hotels housing Malians returning from abroad and input coverage</li> <li>- Decontamination of homes of confirmed cases and public places such as markets, public services and bus stations</li> <li>- Training providers of health services</li> <li>- Adapting Infection Prevention and Control (ICP) guidelines in the context of COVID-19</li> <li>- Adapting PCI protocols in the context of COVID-19</li> <li>- Assessment and training for isolation officers</li> </ul>
<b>Laboratories (INSP, UCRC, LBMA, CICM)</b>	<ul style="list-style-type: none"> <li>- Analysis of samples taken</li> </ul>
<b>Hospitals (Gabriel Touré, Point G, Kati hospitals; Mali hospital; Bamako)</b>	<ul style="list-style-type: none"> <li>- Measures to manage patients, confirmed cases</li> <li>- Counselling, treatment and monitoring of confirmed cases</li> </ul>

<sup>4</sup> Decree No. 2020-0200/PM-RM of 10 April 2020 establishing the committee

<sup>5</sup> DGHPD activity report - Public Health Unit

<b>Dermatology Hospital and IOTA)</b>	- Sampling people with symptoms
<b>Ministry of Transport and Urban Mobility</b>	- Ensuring compliance with prevention measures in airports, and maritime and road locations - Checks on documents of passengers arriving or leaving Mali at airports, and in particular certificates attesting COVID-19 negative status
<b>Ministry of Industry and Trade</b>	Decisions about market and industry operations Implementation of the decision relating to market opening and closing times
<b>Department of Internal Security and Civil Protection</b>	Implementation of the decree <sup>6</sup> establishing a curfew throughout the national territory Implementation of Order No. 2020-1197/MMP-MATD-MSPC-MEADD of 27 March 2020 suspending gold mining
<b>Ministry of Territorial Administration and Decentralisation</b>	Facilitating the implementation of the decree <sup>7</sup> establishing a curfew throughout the national territory
<b>Ministry of Mines and Petroleum</b>	Involvement in the application of the order for the suspension of gold mining
<b>Ministry of the Environment, Sanitation and Sustainable Development</b>	
<b><i>Social protection measures</i></b>	
<b>Committee for the monitoring of the economic and social response<sup>8</sup></b>	- Validation of the economic and social response and the related budget - Guidance of the implementation of the economic and social response - Monitoring the implementation of the economic and social response - Organising the evaluation of the results of the implementation of the economic and social response
<b>Technical secretariat of the monitoring committee</b>	- Drafting the action plans and the associated budgets with the structures concerned - Making preparations for work meetings - Drafting the minutes of meetings - Centralising and using information relating to the progress of the planned actions
<b>Management committee for the support fund for the fight against COVID-19</b>	- Identifying and validating needs - Ensuring that the resources from the support fund are used exclusively for the spending related to the management of the COVID-19 health crisis - Taking steps to ensure that all the resources mobilised under the support fund are recorded as revenue in the general budget

<sup>6</sup> Decree No. 2020-0170/PM-RM of 25 March 2020

<sup>7</sup> Decree No. 2020-0170/PM-RM of 25 March 2020

<sup>8</sup> Decree No. 2020-0263/PM-RM of 10 June 2020 relating to the establishment, organisation and operations of the monitoring committee

	<ul style="list-style-type: none"><li>- Taking steps to ensure that the additional credits equivalent to the revenue in the general budget are as stated in the programme to which the fight against COVID-19 is linked</li><li>- Taking steps to ensure the proper implementation of contracts and agreements entered into in connection with the authorised spending from the "Covid-19 Fund" account</li><li>- Informing the national and international stakeholders on a weekly basis about the situation with respect to revenue and spending involving bank account no. ML102 01 001 057590803001-39</li><li>- The drafting, at the end of the crisis, of a management report on the support fund for the Minister of the Economy and Finance.</li></ul>
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**Table 4. Members of the committees/cells**

<b>Bodies</b>	<b>Members</b>
<p><b>Committee for monitoring the economic and social response to coronavirus disease (COVID-19) (21 members)</b></p>	<p>Ministers in charge of finance; of health; of social development; of trade; of the furthering of private investment; of labour; of energy and tourism            Presidents of the Chamber of Commerce and Industry of Mali; of the conseil malien des chargeurs (Malian shippers' council); of the conseil malien des transporteurs routiers (Malian road haulage council); of the chambre des mines du Mali (Malian chamber of mines); of the assemblée permanente des chambres d'agriculture du Mali (permanent assembly of the chambers of agriculture of Mali); of the assemblée permanente des chambres de métiers du Mali (permanent assembly of the chambers of trades of Mali),            General secretaries of the union nationale des travailleurs du Mali (national workers' union of Mali); of the confédération syndicale des travailleurs du Mali (trade union confederation of workers of Mali); of the confédération malienne des travailleurs du Mali (confederation of workers of Mali) and the centrale démocratique des travailleurs du Mali (democratic centre of workers of Mali).</p>
<p><b>Committee for managing the support fund for the fight against COVID-19 (9 members)</b></p>	<p>Secretary-General of the Ministry of Economy and Finance            National Director of the Treasury and Public Accounting            Director-General of Public Procurement and Public Service Delegations            Three (3) representatives of the Ministry of Health and Social Affairs            President of the National Council of Employers of Mali or his/her representative            President of the Chamber of Commerce and Industry of Mali or his/her representative            President of the National Council of Civil Society or his/her representative</p>
<p><b>Crisis cell/committee for epidemic management</b></p>	<p>INSP (management body)            Directorate-General for Health and Public Hygiene (DGSHP)            National Centre for Health Information, Education and Communications (CNIECS)            Central Veterinary Laboratory (LCV),            DOU-SP            FMOS,            WHO,            UNICEF,            REDISSE III,            TDDAP Project            ORTM,            Bamako Senou Airport,            LBMA (Laboratory of Applied Molecular Biology).</p>

## Chapter 4. Quantitative analysis of the impact of COVID 19 policies on vulnerable groups

### 4.1. Data source

In order to analyse the impact of government policies on vulnerable people in Mali, this report draws on the national survey of the impact of coronavirus on household living conditions in Mali carried out by the National Institute of Statistics of Mali in collaboration with the World Bank. This survey was conducted in three phases, which allows us to assess the evolution of the impact of government measures on vulnerable populations. Nevertheless, the analyses draw on the data from the first two phases, which were available at the time of the study.

The first phase of this survey was conducted in computer-assisted phone calls from 11 May to 3 June 2020. A sample of 2,270 households was surveyed and selected from the database of the Harmonised Survey of Household Living Conditions (EHCVM). The second phase of data collection was from 17 June to 3 July 2020. This survey also covers the district of Bamako, the capital, as well as other urban cities and rural areas of Mali. The information collected in the first two phases includes:

- ✓ the socio-economic characteristics of the household;
- ✓ awareness of coronavirus and preventive measures in response to the virus;
- ✓ household behaviours since the emergence of coronavirus in Mali;
- ✓ household access to basic necessities and basic social services (health, education, finance);
- ✓ food insecurity experienced by households;
- ✓ the economic impact of COVID-19 on household economic activities;
- ✓ changes in household livelihoods;
- ✓ shocks that have affected households and the resiliency of households to these shocks;
- ✓ assistance received by households.

On the basis of the data from these two phases, we examined the distribution of the loss of income, financial aid, difficulties with obtaining basic necessities related to COVID-19 and the food insecurity situations experienced by poor and non-poor, rural and urban households, men and female headed households, in order to understand the impact of government policies in response to COVID-19 on households in Mali and in particular on rural households living in poverty.

### 4.2. Loss of revenue related to COVID-19 prevention measures

This section describes the numbers of respondents who lost their jobs as a result of COVID 19 in relation to total job losses in the sector. Looking at households as a whole, Table 5 shows that agricultural income, business income and paid workers have been most affected by COVID-19. In the agricultural sector, more than half of the loss of income (52.8% in the first phase and 55.9% in the second phase) can be attributed to COVID-19. This result is similar to the business sector, where 56.9% of the loss of income in the first phase and 57.7% in the second phase can be attributed to COVID-19. Lost income because of COVID-19 was also seen in the areas of transfers and financial assistance from family, unemployment benefits, income from real estate investment, pension income, and government and non-government aid.

# INCLUDE

The rest of Table 5 describes the extent of this loss of income broken down according to household status, particularly poor and non-poor. It emerges clearly that the loss of agricultural income and business income resulting from COVID-19 is much greater in poor households than in non-poor households and for women's head households than men's head households. Given that agriculture and small informal businesses are the main source of income for poor people and women, it therefore emerges that the effects of COVID-19 and isolation measures are having a significant impact on poor and women's head households in rural areas.

**Table 5. Loss of income linked to COVID-19 prevention measures (in %)**

	All households		Poor		Non-poor		Rural		Urban		Men		Women	
	P1	P2	P1	P2	P1	P2	P1	P2	P1	P2	P1	P2	P1	P2
<b>Agricultural income</b>	52.8	55.9	75.7	77.1	45	48.1	85.6	81.9	38.1	35.9	55,7	35,6	58,4	50,2
<b>Business income</b>	56.9	57.7	63.8	64.5	54.6	55.2	62.5	60.7	54.4	50.9	57,1	54,3	58,1	56,7
<b>Salary</b>	32	30.3	16.1	14.3	37.5	36.2	17	15	38.8	35	32,4	24,2	31,1	31,8
<b>Unemployment benefit</b>	2.3	3.4	1.1	1.9	2.7	3.9	0.5	1.5	3.1	3.8	1,6	2,7	3,4	3,0
<b>Money transfers</b>	12.1	11.5	8.9	8.9	13.1	12.5	13.5	12.8	11.4	10	10,5	20,5	10,4	13,5
<b>Family</b>	12.5	12.2	12.7	12.8	12.4	12.1	14.1	13	11.8	11	10,0	16,9	11,7	14,7
<b>Other support</b>	4.8	4.1	3.4	2.9	5.2	4.6	2.9	2.9	5.6	4.8	4,8	5,9	3,9	4,7
<b>Real-estate investment</b>	2.5	2.1	0.7	0.6	3.1	2.6	1.3	0.9	3	2.6	2,2	3,2	1,9	2,8
<b>Pensions</b>	6	5.5	2.5	1.6	7.2	7	1.5	1.3	8	7.3	6,3	11,4	4,8	5,7
<b>Government aid</b>	0.7	0.6	0.9	0.6	0.6	0.6	0.5	0.5	0.7	0.7	0,8	0,0	0,7	0,5
<b>NGO</b>	0.8	1	2	1.7	0.5	0.7	1.7	1.7	0.5	0.6	0,7	0,5	1,1	1,0
<b>Other aid</b>	7.6	8.2	6	8.1	8.1	8.2	4	4.8	9.2	9.1	7,5	5,9	8,5	7,6



## 4.3. Financial assistance for households in response to COVID 19

In order to help vulnerable households to cope with the health crisis, the State and its partners have undertaken to provide a number of forms of aid (free food, direct cash transfers, other transfers in kind (excluding food)). Looking at the value of the total financial support received by the population in Table 6, the results show that the financial aid received by poor households is between XOF 1000 and 200,000, while non-poor households received between XOF 250 and 380,000. On average, poor households received aid amounting to XOFF 30,710, while the average for non-poor households was XOF 31,821, a difference of more than XOF 1,000. Moreover, Table 7 shows that rural households received much less aid than urban households (XOF 26,902 per rural household compared with XOF 33,792 per urban household). However, Table 8 indicates that women's head households received much less aid than men's head households (XOF 22,108 versus 38,847)

In conclusion, the data show a significant imbalance in the distribution of financial aid compared with the effects of the crisis in terms of income loss. The poor and rural poor appeared to be the most affected by income loss, whereas the financial aid received by rural and poor households is significantly lower.

**Table 6. Amount of financial aid distributed by the government broken down on the basis of the poverty status of the beneficiaries (in XOF)**

Poverty status	Average amount of financial aid	Minimum amount	Maximum amount
Non-poor	31821.72	250	380000
Poor	30710.23	1000	200000

Source: Authors, Survey COVID-19 Panel Phone Survey of Households 2020 of Mali

**Table 7. Amount of financial aid distributed by the government broken down according to the recipients' place of residence (in XOF)**

Place of residence	Average amount of financial aid	Minimum amount	Maximum amount
Rural	26902.17	250	120000
Urban	33792.76	1000	380000

Source: Authors, COVID-19 Panel Phone Survey of Households 2020 of Mali

**Table 8. Amount of financial aid distributed by the government broken down according to the recipients' sex (in XOF)**

Sex	Average amount of financial aid	Minimum amount	Maximum amount
Men	38846.68	1000	380000
Women	22108.33	250	65000

Source: Authors, COVID-19 Panel Phone Survey of Households 2020 of Mali

In order to analyse in detail the financial aid received by households during the pandemic, Table 9 shows the distribution of households broken down according to the main source of the aid received and the distribution of the recipients for each source of funding. It can be seen that the government (32.61%) and

religious organisations (30.43%) emerged as the principal sources of aid received by non-poor households. The two main sources of aid received by the poor are non-governmental organisations (27.27%) and other organisations (31.28%). A specific analysis by source shows that 78.95% of government aid was distributed to non-poor households and only 21.05% to poor households. The same applies to aid from community organisations, which finance 83.33% of non-poor households compared with only 26.67% of poor households. The funding from non-governmental organisations is distributed equitably and only aid from other organisations is channelled in favour of poor households: 53.85% for poor households and 46.15% for non-poor households.

With respect to the household's head sex (Table 10), the government (40%) is the principal sources of aid received by men head households while the main sources of aid received by the women head households is religious organisations (34.21%). A specific analysis by source shows that 63.16% of government aid was distributed to men head households and only 36.84% to women's head households.

This pronounced inequality in the distribution of government and non-government aid in response to COVID-19 favouring non-poor households suggests that there are difficulties affecting the distribution of aid to poorer people.

**Table 9. Distribution of financial aid broken down according to sources of assistance and household poverty status (in %)**

Poverty status		Main source of financial aid in response to COVID-19					
		1	2	3	4	5	Total
Distribution of poor and non-poor according to principal source	Non-poor	32.61	10.87	13.04	30.43	13.04	100.00
	Poor	18.18	4.55	27.27	18.18	31.82	100.00
Distribution of funding from each source between poor and non-poor	Non-poor	78.95	83.33	50.00	77.78	46.15	67.65
	Poor	21.05	16.67	50.00	22.22	53.85	32.35
<b>Total</b>		27.94	8.82	17.65	26.47	19.12	100.00

**Source:** Authors, COVID-19 Panel Phone Survey of Households 2020 of Mali

**Table 10. Distribution of financial aid broken down according to sources of assistance and sex (in %)**

Sex		Main source of financial aid in response to COVID-19					
		1	2	3	4	5	Total
Distribution of men and women according to principal source	Men	40.00	6.67	13.33	16.67	23.33	100.00
	Women	18.42	10.53	21.05	34.21	15.79	100.00
Distribution of funding from each source between men and women	Men	63.16	33.33	33.33	27.78	53.85	44.12
	Women	36.84	66.67	66.67	72.22	46.15	55.88
<b>Total</b>		27.94	8.82	17.65	26.47	19.12	100.00

**Source:** Authors, COVID-19 Panel Phone Survey of Households 2020 of Mali

**Note:** Sources of financial assistance: 1 = government, 2= community organisation, 3 = non-governmental organisation, 4 = religious organisations, 5 = other organisations

## 4.4. Difficulties with obtaining basic necessities associated with COVID-19

This section describes the numbers of households that reported being unable to acquire basic food and health care during the COVID-19 period in the two phases. Overall, 14.1% of households reported that they were unable to purchase medicines and masks as recommended by the government due to the closure of sales outlets (Table 11). However, this percentage dropped to 5.1% in the second phase, suggesting that access to these products improved as a result of government action. The same applies to the lack of availability of certain food products, particularly rice, millet and maize, which was seen in 10.2% - 16.1% in the first phase, and 3.2% - 6.3% in the second phase.

**Table 11. Difficulties obtaining basic necessities associated with COVID-19**

Difficulties obtaining basic necessities associated with COVID-19	All households (%)	
	P1	P2
Rice	10.2	3.2
Millet	10.9	5.3
Maize	16.1	6.3
Sugar	3.4	0.8
Meat	7.3	4.6
Oil	2.9	0.8
Medicines, masks	14.1	5.1

**Source:** Authors, COVID-19 Panel Phone Survey of Households 2020 of Mali

Looking at the products not available to households during the crisis, 74.74% of non-poor households and 68.18% of poor households did not say they could not obtain a product because of COVID-19 during the first phase. In other words, 31.82% of poor households and 24.26% of non-poor households said they were unable to access at least one of the basic necessities in the first phase (Table 12). Overall, the number of unavailable products was higher for poor households. This is also true for the place of residence. There are more rural households (Table 13) and women's head households (Table 14) suffering from shortages due to COVID-19 than urban households.

**Table 12. Number of basic goods or services unavailable due to COVID-19 broken down according to poverty status**

Number of basic goods or services unavailable due to COVID-19	Poor		Non-poor	
	P1	P2	P1	P2
0	68.18	75.64	74.74	89.71
1	13.64	16.67	13.31	6.86
2	2.27	1.28	2.73	0.98
3	3.41	2.56	2.05	1.96
4	3.41	0	2.05	0
5	4.55	2.56	2.39	0.49
6 and more	4.55	1.28	2.73	0

**Source:** Authors, COVID-19 Panel Phone Survey of Households 2020 of Mali

**Table 13. Number of basic goods or services unavailable due to COVID-19 broken down according to place of residence**

Number of basic goods or services unavailable to households because of COVID-19	Rural		Urban	
	P1	P2	P1	P2
0	68.57	76.12	75	88.82
1	15.24	14.93	12.68	7.06
2	2.86	1.49	2.54	1.18
3	1.9	2.99	2.54	2.35
4	2.86	0	2.17	0
5	3.81	2.99	2.54	0.59
6 and more	4.76	1.49	2.53	0

**Source:** Authors, *COVID-19 Panel Phone Survey of Households 2020* of Mali

**Table 14. Number of basic goods or services unavailable due to COVID-19 broken down according to sex**

Number of basic goods or services unavailable to households because of COVID-19	Men		Women	
	P1	P2	P1	P2
0	73.96	92,31	85.16	72.64
1	14.79	7,69	9.77	12.26
2	2.37	0	1.17	2.83
3	2.37	0	2.34	2.36
4	2.96	0	1.17	1.89
5	2.37	0	0,39	6.14
6 and more	73.96	0	85,16	72.64

**Source:** Authors, *COVID-19 Panel Phone Survey of Households 2020* of Mali

## 4.5. Food insecurity due to COVID-19

Table 15 shows the proportion of households that experienced food insecurity due to COVID 19. It can be seen that a significant proportion of households experienced food insecurity. For example, approximately 33% of poor and non-poor households did not have enough to eat during the COVID-19 period.

**Table 15. Food insecurity due to COVID-19 broken down by poverty status (in %)**

Food insecurity due to COVID-19	Poor		Non-poor	
	P1	P2	P1	P2
Enough to eat	33.1	28.0	33.0	29.5
Foods that are nutritious and healthy	23.7	19.4	27.9	24.2
Always the same thing	20.1	13.7	22.1	17.2
Skipped meal	7.7	5.5	10.3	9.3

Not eaten as much as should have done	12.5	9.0	15.2	16.3
There was no food left in the house	5.7	3.2	8.7	6.2
You were hungry but didn't eat	5.2	3.0	9.6	6.2
You haven't eaten anything all day	2.0	0.9	3.6	1.6

**Source:** Authors, *COVID-19 Panel Phone Survey of Households 2020* of Mali

Food insecurity would seem to be quite similar for both poor and non-poor households. However, it is important to note a fall in perceived food insecurity in the second phase of the survey. This suggests that the support measures implemented by the government, NGOs and international partners had some positive effects. The same applies to the place of residence (Table 16): quite high levels of food insecurity were seen in both rural and urban areas. It also appears from Table 17 that food shortage has been more pronounced in women's head household than men's head household during the two waves of the survey.

**Table 16. Perceived food insecurity due to COVID-19 broken down according to place of residence (in %)**

Food insecurity due to COVID-19	Rural		Urban	
	P1	P2	P1	P2
Enough to eat	30.5	24.9	34.2	27.4
Foods that are nutritious and healthy	22.3	18.6	25.9	20.2
Always the same thing	17.7	13.2	21.9	14.4
Skipped meal	6.2	6.8	9.3	5.8
Not eaten as much as should have done	9.9	11.3	14.7	9.9
There was no food left in the house	5.7	3.5	6.8	4.0
You were hungry but didn't eat	6.2	4.6	6.4	3.3
You haven't eaten anything all day	2.4	1.3	2.4	0.8

**Source:** Authors, *COVID-19 Panel Phone Survey of Households 2020* of Mali

**Table 17. Perceived food insecurity due to COVID-19 broken down according to sex (in %)**

Food insecurity due to COVID-19	Male		Female	
	P1	P2	P1	P2
Enough to eat	13,9	3,8	14,2	5,3
Foods that are nutritious and healthy	10,7	1,6	9,7	3,4
Always the same thing	11,4	3,4	10,4	5,6
Skipped meal	16,8	6,8	15,5	6,3
Not eaten as much as should have done	2,6	1,6	4,1	0,7

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<b>There was no food left in the house</b>	7,4	3,7	7,1	4,7
<b>You were hungry but didn't eat</b>	2,5	0,5	3,3	0,9
<b>You haven't eaten anything all day</b>	13,9	3,8	14,2	5,3

**Source:** Authors, *COVID-19 Panel Phone Survey of Households 2020* of Mali

## Chapter 5. Qualitative sectoral analysis of the key informant survey

### 5.1. Data

A semi-structured survey covering a range of themes was conducted of 33 community leaders and other key informants from different sectors of the Malian economy. The aim was to collect information about their roles in the processes of developing and implementing preventive and social support measures, the impact of COVID-19 and preventive measures on workers in the health and economic sectors, the resiliency measures implemented, the level of participation of stakeholders and how they perceived the State's response to the pandemic. The persons interviewed in this survey included community leaders and key informants from the health, transport, trade, industry, hospitality, banking and insurance, and mining sectors .

The interviews were conducted between 3 and 16 September 2020. The majority of the interviews were conducted by telephone. However, some were conducted in person while respecting protective measures such as physical distancing and the wearing of masks. On average, the interviews took 45 minutes. The researchers then transcribed the interviews. Once that was done, the information was collated and analysed in line with the approach established beforehand by the researchers.

### 5.2. Impact of COVID-19 and the government response in economic sectors

#### 5.2.1. Health sector

The health system is undoubtedly the area under most strain as a result of COVID-19 in Mali. The survey of key informants in this sector provided a picture of the effects of the disease on workers and hospitals involved in the fight against the pandemic.

In terms of health and human resources, it emerged that the pandemic led to the spread of COVID-19 in the medical team, mainly due to a lack of protective equipment for health workers. Physicians, laboratory technicians and nurses were most affected by COVID-19 because of their front-line role. The significant increase in workload and stress also led to psychological difficulties among medical staff and carers. In the absence of effective health insurance and their financial inability to take care of themselves, these medical staff and carers affected by illness and stress found themselves in a difficult situation that continues to worsen as the pandemic continues. The key informants even mentioned a reduction in remuneration for health workers in some hospitals suffering from declining revenues. The State and the hospitals should establish financial mechanisms to take care of these actors in the front line of the fight against COVID-19 in Mali.

According to key informants, a financial consequence of the pandemic has been a fall in numbers reporting to hospitals of about 70%, particularly for health care, consultations, surgery, testing and radiography. That can be explained by the general public's concern about using health services in the context of rumours and concerns about being infected when attending health facilities. Hospitals have therefore seen a fall in their turnover which has reduced their capacity to finance themselves and above all to safeguard certain basic services for certain patients, including antiretroviral drugs for HIV-positive people, labour facilities for vulnerable women etc.

At the organisational level, there have been major changes in hospital operating procedures in order to cope with the disease, including the transfer of hospital activities and resources to treatment centres, a change in budgeting strategies and the suspension of certain activities in certain hospitals due to the transfer of equipment to the treatment centres. This has led to sources being transferred from some hospitals in rural areas to urban areas where there are more confirmed cases of COVID-19. However, rural areas, even though they have suffered relatively little from COVID-19 in terms of infections, continue to be vulnerable to other endemic diseases such as malaria, which continues to wreak havoc, particularly on poor households. This redeployment of human, material and financial resources to combat COVID-19 should not be to the detriment of rural areas, which remain vulnerable to a range of tropical diseases.

## **5.2.2. Transportation sector**

The freight transport sector has been severely affected by the closure of the borders. Given the fact that Mali predominantly relies on imports for basic necessities, the lockdown of the economy and the cessation of international freight transport has led to shortages of basic necessities and an increased risk of food insecurity among poor households. Employment in the transport sector has also fallen significantly due to the decline in the customer base. The curfew has resulted in a reduction in working hours and therefore less income for workers in the transport sector, making the families of these workers, who are already in a difficult situation, more vulnerable. The public transport system (buses, taxis etc.) has also suffered a significant downturn as a result of the social distancing measures recommended by the health authorities.

## **5.2.3. Trade sector**

According to the key informants from the trade sector, workers in their sector have been severely affected by the pandemic and the closure of the markets. In addition to a fall in the number of customers seen in outlets, and the difficulties affecting supplies of various products, several businesses went into bankruptcy during the lockdown of the economy. Official figures indicate that 4,500 workers have lost their jobs as a result of the pandemic. Unrecorded job losses in the informal sector are much higher and they primarily affect poor families whose livelihoods depend on small businesses in local markets. In addition, providers of some services (parties, weddings etc.) have suffered huge losses due to the cancellation of ceremonies. According to the key informants, state assistance in the context of COVID-19 has taken these informal workers into account to only a limited extent. However, sales of certain products such as masks, gloves and hydroalcoholic gels managed by large monopolies have increased significantly.

## **5.2.4. Hospitality sector**

According to the key informants interviewed, job and income losses were also seen in the hospitality sector. The decline in the customer base has forced some hotels and similar establishments to dismiss a significant proportion of their employees. A number of permanent staff members selected on the basis of their positions have been laid off. It is the permanent staff who have been most affected. In addition, the introduction of a curfew and social distancing measures have hurt companies in the catering sector, which have suffered a drastic reduction in their turnover. Informal sector restaurateurs who depend on daily food sales have been most affected by the loss of their livelihood. Food insecurity has increased among these vulnerable households.

## **5.2.5. Industry sector**

The industry sector has been hard hit by the pandemic. Indeed, the disruption of supplies of basic necessities due to the closure of the borders and the drastic fall in local demand due to the lockdown



have cut turnover in a range of industries. Some industries have also closed, with job losses as a result. Here too, small-scale trades have been most affected.

## **5.2.6. Mining sector**

This sector, which is an important part of the Malian economy, has been hit hard by the pandemic. It relies heavily on foreign partners (North American and African). The closure of the borders resulted in a temporary shutdown of activities. Some projects funded by partners for the benefit of local populations also suffered delays in implementation. The lockdown and the curfew resulted in shorter working hours in gold mining and therefore lower earnings for workers who find themselves in a vulnerable situation because of their inability to support their families, with the associated increase in vulnerability and food security at home. In order to encourage workers to stay on location despite the increased risk of infection, some mines had introduced wage bonuses for their employees. Employees who took the risk of staying on received a 50% risk premium for continuing to work in the mines during the pandemic. This measure is no longer in force; it was in place for three months from April to June 2020.

## **5.2.7. Banking and insurance sector**

According to the key informants, the closure of the economy has also affected banking operations in Mali. Overall, the pandemic-related measures led to a reduction in the volume of transactions, a fall in net banking income and an increase in the cost of risk. At the international level, banks were affected by a fall in international transfers and lower interest rates on loans.

## **5.3. Resiliency measures implemented to help workers in specific sectors**

### **5.3.1. Health sector**

Although the amount was considered too low by key informants, the financial measures have been introduced to support health staff working in the front line of the response to the pandemic. Those measures include the introduction of shift and risk allowances for doctors and nurses working shifts in hospitals during the lockdown. The payment is monthly, and it is financed by the hospitals and benefactors. The government and the hospitals have also distributed food (rice, sugar, meat) to all hospital staff. In addition, mobile phone operators such as Orange Mali have organised offers for phone credits for medical staff (XOF 100,000 /doctor, or 100 million for all hospitals valid for one month). Some hospitals are also working on providing psycho-social support for the medical staff affected by COVID-19. In order to reduce operational costs, the electricity company of Mali also cut electricity charges for hospitals for a period of three months. With regard to the criteria for beneficiaries, all staff qualified in proportion to their level of involvement, including administrative and financial staff, hospital crisis committee members, on-call nurses and doctors, and the on-call team. The distribution of aid prioritised staff in direct contact with patients. As for food, distribution was often based on staff income (prioritising low-income staff).

In addition, hospital services providing care for COVID-19 patients received equipment and hospital staff were trained to respond better to the pandemic.

### **5.3.2. Transportation sector**

In order to cope with the pandemic, the transportation sector actors who continued operations adopted guidelines to prevent the spread of COVID-19 while complying with the measures announced by the government. The government, working through the CMTR (the road hauliers council of Mali), provided hauliers with equipment allowing them to comply with hygiene and other measures (hand washing kits and masks). These resiliency measures were introduced for urban and inter-urban transport. An

accompanying measure was also introduced: a COVID-19 fund to help businesses hard hit by the curfew and the closing of the borders. The beneficiaries are all members of the transport companies union (SET), and particularly vulnerable workers who have lost their jobs or are working less. These resiliency measures were in place during the lockdown from April to June 2020.

### **5.3.3. Trade sector**

According to the key informants from the trade sector, proposals were made to help the actors in this sector but no action has been taken. They said that the government had not implemented any concrete protection measures for the sector. Although tax relief measures were seen in the sector, the informants argued that the State had not introduced any specific measures to support imports and exports and that the few measures that were taken targeted all sectors of the economy.

### **5.3.4. Hospitality sector**

In the hospitality sector, the protective and hygiene measures introduced by the government, such as the wearing of masks and hand washing with soap and water, have been included in the protocol for establishments that have stayed open. In addition, gels and masks were made available for workers and information was provided about what to do to limit the spread of COVID-19. Several hotels were selected to house people from other countries. This situation allowed some hotels to recall some of their staff who had been laid off. These resiliency measures related to hotel owners who had agreed to accommodate quarantined persons who were repatriated to Mali. They lasted between 28 and 45 days. However, it has been reported that the State has not, to date, honoured its commitments to pay the corresponding bills immediately, stretching the cash position of the hotels concerned.

### **5.3.5. Industry sector**

Industry in Mali has also adopted resiliency measures to tackle the pandemic. These include raising awareness of the pandemic among workers, implementing health measures and changing timetables to include work rotation. Some industries placed advance orders for basic necessities which allowed production to continue for a time. In addition, the state introduced a reduction in taxes paid by industrial companies until the end of the year and the suspension of VAT for industrial companies for a period of two months (May and June 2020) to help industry during the shutdown of the economy. These measures related primarily to SMEs, which received easier access to credit and a suspension of VAT payments to the State. All the formal industrial operators can benefit from the social protection measures. However, these state support measures provide only weak coverage for industries in the informal sector.

### **5.3.6. Mining sector**

According to the key informants, every mining company has a unit dealing with safety in all its forms, including health. These existing measures enabled the sector to cope better with the pandemic and reduce its spread. As for social protection measures, the mining sector has not received any support from the Malian government to respond to the pandemic.

### **5.3.7. Banking and insurance sector**

The banking and insurance sector introduced protective measures for COVID-19 in line with the recommendations of the health authorities. These measures include the introduction of hand-washing facilities with soap and water with bleach at bank entrances, the compulsory wearing of masks when entering certain banking establishments, and the reduction by half of transfer charges for customers over a period of three months. The banks did not receive any state assistance. At the outset of the pandemic, some banks such as Atlantic Bank handed out protective masks to their customers.

## **5.4. Participation of actors by sector in the development and implementation of the state response to COVID-19.**

### **5.4.1. Health sector**

Actors in the health sector participated actively in the implementation of Mali's health response to the pandemic. From the outset of the pandemic, at the instigation of the government, a COVID-19 crisis committee and a COVID-19 management and committee were set up with the support of health experts. Initially, medical staff were sidelined, being considered to be simple operatives. They were consulted later about the management of COVID-19 patients. In order to ensure efficient crisis management, upgraded training was provided in several hospitals for front-line staff. In addition, epidemic experts and scientists were continuously consulted about the development of the measures. Effectively, the MSAS (Ministry of Health and Social Affairs) drew on experience with the management of previous crises such as the Ebola crisis. Hospitals also adopted hygiene measures to combat the spread of the disease, including taking temperatures at hospital entrances, spraying consultation and treatment rooms with bleach, the installation of hand washing stations, observing distancing measures and distributing masks at entrance doors. The staff were involved in raising awareness among visitors and caring for proven cases.

### **5.4.2. Transportation sector**

Transportation sector stakeholders stated that they have not been involved in any way in the development of the pandemic response policy and that they were presented with faits accomplis. Elsewhere, some actors in the sector were involved through the CMTR, which represents road haulage operators in Mali. However, these actors pointed out that the government took the impact on the transport sector into account only sketchily for the purposes of the implementation of the policy.

### **5.4.3. Trade sector**

According to the key informants in this sector, actions were taken with the State, particularly through the drafting of a document that summarised the proposals made by lobby groups (employers, media and trade unions) for building back the economy of Mali. The operators in the sector were involved in the implementation of the measures.

### **5.4.4. Hospitality sector**

According to the key informants from the hospitality sector, all the decisions taken in response to COVID-19 were "parachuted in" by the government without any consultation with industry actors.

### **5.4.5. Industry and mining sectors**

The industry and mining actors also said that the State introduced social protection measures without consultation and that the industrial operators acted solely as implementers of those measures. However, the actors in the mining sector did subsequently have several meetings with the Ministry of Mines. Together, they developed strategies to alleviate the measures by allowing the entry of the raw materials needed for mining.

### **5.4.6. Banking and insurance sector**

This sector has been involved in the management of the pandemic. Meetings with the health authorities and the sector's employers made it possible to develop preventive measures in response to COVID-19. There have been several meetings between the public administrators and the BECEAO (Central Bank of West African States) relating to the implementation of preventive measures.

## Chapter 6. Conclusion and recommendations

The overall aim of this study was to systematically reconstruct, document and analyse the response of the Malian government and other stakeholders, taking into account the inequalities in their responses to COVID-19. The methodological approach consisted of:

- ✓ conducting a systematic review of COVID-19 in order to identify all the prevention measures and economic support measures that were implemented by the Malian government and other stakeholders in response to the pandemic in Mali;
- ✓ conducting a semi-structured survey of key informants from different sectors of the economy in order to collate information about the effects of the crisis in their sector, the resiliency measures implemented with or without state support, and their involvement in the state response to the crisis;
- ✓ conducting a descriptive analysis using data from the national survey of the impact of the coronavirus on household living conditions in Mali carried out by the National Institute of Statistics in collaboration with the World Bank. This analysis focused on income loss associated with COVID-19 prevention measures, financial aid for households, and difficulties in obtaining basic necessities in the context of the crisis and food insecurity caused by COVID-19.

The main findings of this report indicate that:

- ✓ The Malian government has appropriately reacted and has early (since March 17, 2020 before the first case on March 25, 2020) introduced a range of measures aiming of preventing and slowing the spread of coronavirus and mitigating its health impact.
- ✓ The main preventive measures taken were (i) the closure of air and land borders except for the transport of goods; (ii) the closure of schools, bars and restaurants; (iii) recommending the closure of places of worship; (iv) measures relating to conduct such as social distancing; (v) a curfew from 9 p.m. to 5 a.m. and (vi) a ban on any gathering of more than 50 people.
- ✓ The economic support measures, in terms of tax rebates, guarantee fund, waiving of domestic debt, provided by Malian government were specifically destined to formal firms in the detriment of informal business.
- ✓ The social protection measures of Malian government and non-governmental organisations did not benefit affected people proportionally, and consequently they contributed to exacerbate the already significant levels of inequality (deprivation of basic social services, food insecurity, and unemployment) in Mali. For instance, before the COVID-19, women (6.1%) were more affected by unemployment than men (4.9%). And the average expenditures/income per capita was two times as much less in rural areas (FCFA 60 872) as in urban areas (FCFA 126 509).
- ✓ Poor, women's head, and rural households are the most affected by the pandemic of COVID-19 and its subsequent preventive measures in terms of job and income losses, difficulties with obtaining basic social services (drinking water, education, etc.), and food insecurity.
- ✓ The main reasons given by the key informants for the mixed result include, on the one hand, the poor targeting of vulnerable households (bad identification of eligible people) and, on the other, the non-inclusiveness of these measures insofar as stakeholders from the various sectors affected by the pandemic and preventive measures were neither consulted nor involved in the development and implementation of support measures.
- ✓ Another reason is related to the eligibility criteria that were in most cases too general, inaccessible or unknown for the majority of social support measures.

# INCLUDE

- ✓ In light of these findings, the three following policy recommendations can be made with a view to guiding future policy, research and practice relating to prevention measures and social support in the event of a pandemic:
- ✓ Put in place a robust mechanism of identifying eligible people with clear and accessible criteria. Such a robust mechanism will improve the targeting of social support measures to ensure that vulnerable households (particularly poorest ones, those headed by women and living in rural area) and informal business would benefit from such aid.
- ✓ Strengthen collaboration between the State and actors in the professional circles affected by the crisis with a view to implementing measures that take the specificities of each sector into account;
- ✓ Strengthen the coordination of financial aid and the provision of, and access to, basic social services for more vulnerable households with humanitarian organisations and NGOs, especially for those affected by food insecurity and job and income losses.

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## Annex: Semi-structured checklists

### Semi-structured checklists on preventive measures

#### Module 0. Identification of Institution and Respondent

<b>Q001</b>	Checklist number	_ _ _ _ _ _ _	<b>Q007</b>	Respondent's position	.....
<b>Q002</b>	Name of institution	..... .....	<b>Q008</b>	Respondent's email address	.....
<b>Q003</b>	Address of the institution	..... .....	<b>Q009</b>	Respondent's phone number	.....
<b>Q004</b>	Institution's email address	..... .....	<b>Q010</b>	Survey date	_ _ _  dd  _ _ _ _  mm  _ _ _ _ _ _ _ _  yyyy
<b>Q005</b>	Telephone number of the institution	..... .....	<b>Q011</b>	Supervisor	_ _ _
<b>Q006</b>	Respondent's first and last name	..... .....	<b>Q012</b>	Survey officer	_ _ _ _

#### Module 1. Preventive measures in response to COVID-19 in Mali

Questions	Answers
Q101. How did the Malian government organise the response to prevent the spread of COVID-19?	..... ..... ..... .....
Q102. What measures have been implemented by the Malian authorities to prevent the spread of COVID-19?	..... ..... ..... .....
Q103. What are the references for the decrees, orders or announcements implementing the measures to prevent the spread of COVID-19?	..... ..... ..... .....
Q104. What is the effective date of each of the measures taken by the Malian authorities to prevent the spread of COVID-19?	..... ..... ..... .....
Q105. What is the date of the suspension of each of the measures taken by the Malian authorities to prevent the spread of COVID-19?	..... ..... ..... .....
Q106. Can you describe the process of development and implementation of the measures taken by the Malian authorities to prevent the spread of COVID-19?	..... ..... ..... .....

<p>Q107. On what experiences did the Malian government base its selection and implementation of measures to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....</p>
<p>Q108. What are the actors and their roles in the process of the development and implementation of measures to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....</p>
<p>Q109. What are the socio-cultural and economic factors that have affected the selection and implementation of measures to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....</p>
<p>Q110. Which of the preventive measures will be short-, medium- or long-term?</p>	<p>.....                  .....                  .....                  .....</p>
<p>Q111. Which of the preventive measures have been modified or adapted during implementation?</p>	<p>.....                  .....                  .....                  .....</p>
<p>Q112. In what way have specific preventive measures been modified or adapted during implementation?</p>	<p>.....                  .....                  .....                  .....</p>
<p>Q113. Why have specific preventive measures been modified or adapted during implementation?</p>	<p>.....                  .....                  .....                  .....</p>
<p>Q114. Which preventive measures take vulnerable people into consideration (i.e. women, people with disabilities, the elderly, sick people, homeless people, poor households, informal workers etc.) ?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q115. How have vulnerable people been taken into consideration in the development and implementation of measures to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q116. For how long have vulnerable people been taken into consideration, or how long will that be done in the future, in the implementation of measures to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....</p>
<p>Q117. How likely is it that preventive measures that take vulnerable people into consideration will be maintained or suspended in the future?</p>	<p>.....                  .....                  .....                  .....</p>
<p>Q118. What lessons, in terms of benefits and drawbacks, can be drawn from the implementation of preventive measures for vulnerable people in Mali?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q119. What has been, and what is, the role of non-state actors (media, NGOs, lobby groups) in promoting the inclusion of vulnerable people in the development and implementation of preventive measures?</p>	<p>.....                  .....                  .....                  .....                  .....</p>

Q120. What innovations have been developed in response to the COVID-19 pandemic and the mitigation strategies that have been implemented?	..... ..... ..... .....
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## Semi-structured checklist for social protection measures

### Module 0. Identification of Institution and Respondent

<b>Q001</b>	Checklist number	_ _ _ _	<b>Q007</b>	Respondent's position	.....
<b>Q002</b>	Name of institution	..... .....	<b>Q008</b>	Respondent's email address	.....
<b>Q003</b>	Address of the institution	..... .....	<b>Q009</b>	Respondent's phone number	.....
<b>Q004</b>	Institution's email address	..... .....	<b>Q010</b>	Survey date	_ _  dd  _ _ _  mm  _ _ _ _ _ _  yyy
<b>Q005</b>	Telephone number of the institution	..... .....	<b>Q011</b>	Supervisor	_ _
<b>Q006</b>	Respondent's first and last name	..... .....	<b>Q012</b>	Survey officer	_ _ _

### Module 2. Social protection measures in response to COVID-19 in Mali

Questions	Answers
Q201. How has the Malian government organised the social protection response to help people and businesses affected by COVID-19?	..... ..... ..... ..... .....
Q202. Which social protection measures have been implemented by the Malian authorities or other stakeholders to address the harmful effects of COVID-19?	..... ..... ..... .....
Q203. What are the references for the decrees, orders or announcements implementing the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?	..... ..... ..... .....
Q204. What is the effective date of each of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?	..... ..... ..... .....
Q205. What is the date of the suspension of each of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?	..... ..... .....

	<p>.....</p> <p>.....</p>
<p>Q206. Can you describe the process of development and implementation of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Q207. On what experiences did the Malian government base its selection and implementation of the social protection measures adopted by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Q208. Who are the actors and what are their roles in the process of developing and implementing the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Q209. What are the socio-cultural and economic factors that have affected the selection and implementation of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Q210. Which of the social protection measures will be short-, medium- or long-term?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Q211. Which of the social protection measures have been modified or adapted during implementation?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Q212. In what way have specific social protection measures been modified or adapted during implementation?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Q213. Why have specific social protection measures been modified or adapted during implementation?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Q214. Which categories of persons or enterprises have been affected by the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

<p>Q215. Which conditions does a person or company need to meet to benefit from the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q216. How many people or companies are affected by each of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q217. In what way have the persons or companies concerned been covered by the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q218. How long have the persons or companies concerned been covered by the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q219. How likely is it that social protection measures that take vulnerable people into consideration will be maintained or suspended in the future?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q220. What lessons, in terms of benefits and drawbacks, can be drawn from the implementation of social protection measures for vulnerable people (women, people with disabilities, elderly people, sick people, homeless people, poor households, informal workers etc.) in Mali?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q221. What has been, and what is, the role of non-state actors (media, NGOs, lobby groups) in promoting the inclusion of vulnerable people in the development and implementation of social protection measures?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q222. What innovations have been developed in response to the COVID-19 pandemic and the social protection strategies that have been implemented?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q223. How have the social protection measures taken by the Malian authorities helped vulnerable people to cope better with the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q224. What difficulties have been encountered during the implementation of social protection measures?</p>	<p>.....                  .....                  .....                  .....                  .....</p>

## Semi-structured checklist for the health sector

### Module 0. Identification of Institution and Respondent

<b>Q001</b>	Checklist number	_ _ _ _ _	<b>Q007</b>	Respondent's position	.....
<b>Q002</b>	Name of institution	..... .....	<b>Q008</b>	Respondent's email address	.....
<b>Q003</b>	Address of the institution	..... .....	<b>Q009</b>	Respondent's phone number	.....
<b>Q004</b>	Institution's email address	..... .....	<b>Q010</b>	Survey date	_ _  dd  _ _ _  mm  _ _ _ _ _ _ _  yyyy
<b>Q005</b>	Telephone number of the institution	..... .....	<b>Q011</b>	Supervisor	_ _ _
<b>Q006</b>	Respondent's first and last name	..... .....	<b>Q012</b>	Survey officer	_ _ _

### Module 3. Impact of COVID-19 on health structures

Questions	Answers
Q301. How is COVID-19 patient management organised at the level of your hospital organisation?	..... ..... ..... .....
Q302. How has COVID-19 affected the services offered by your hospital?	..... ..... ..... .....
Q303. How has COVID-19 affected the medical staff and carers in your hospital organisation?	..... ..... ..... .....
Q304. Who are the medical staff and carers most affected by COVID-19 in your hospital organisation?	..... ..... ..... .....
Q305. What impact has COVID-19 had on the organisation and functioning of your hospital?	..... ..... ..... .....

<p>Q306. How have medical staff and carers in your hospital organisation been involved in the development and implementation of measures to prevent the spread of COVID-19 in Mali?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q307. How do medical staff and carers in your hospital organisation assess the prevention measures taken by the Malian authorities to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q308. What are the strengths of the preventive measures taken by the Malian authorities to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q309. What are the limitations of the preventive measures taken by the Malian authorities to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q310. In view of your experience with the management of COVID-19, what, in your opinion, have been the most effective measures to prevent the spread of COVID-19 in Mali?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q311. Why do you think these measures have been the most effective in terms of preventing the spread of COVID-19 in Mali?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q312. Which social protection measures have been implemented by the Malian authorities or other stakeholders to help the medical staff and carers in your hospital organisation to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q313. To what extent do the medical staff and carers in your hospital organisation appreciate the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q314. Which categories of workers have benefited from the social protection measures taken by the Malian government to help the medical staff and carers in your hospital organisation to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q315. How have social protection measures affected the medical staff and carers in your hospital organisation?</p>	<p>.....                  .....                  .....                  .....                  .....</p>

<p>Q316. To what extent have the social protection measures supported the medical staff and carers in your hospital organisation?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q317. What are the benefits of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q318. What are the limitations of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q319. In your opinion, which social protection measures were the most appropriate for the staff of your hospital organisation?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q320. Why do you think these measures were the most appropriate in terms of supporting the medical staff and carers in your hospital organisation?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q321. Which conditions does a worker in your hospital organisation need to meet to benefit from the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q322. How many members of the medical staff and carers are affected by each of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q323. How long have the workers in your hospital organisation been covered by the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q324. How likely is it that social protection measures that take workers in your hospital organisation into consideration will be maintained or suspended in the future?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q325. What lessons, in terms of benefits and drawbacks, can be drawn from the implementation of social protection measures for workers in your hospital organisation?</p>	<p>.....                  .....                  .....                  .....                  .....</p>



Q326. What has been, and what is, the role of non-state actors (media, NGOs, lobby groups) in furthering the inclusion of workers in your hospital organisation in the development and implementation of social protection measures?	..... ..... ..... ..... .....
Q327. What is the role of formal or biomedical health care compared with informal or traditional health care?	..... ..... ..... ..... .....
Q328. To what extent is the role of formal or biomedical health care, as opposed to informal or traditional health care, a consequence of cultural practices or government attitudes?	..... ..... ..... ..... .....
Q329. How are medical staff and carers protected against risks to their own health?	..... ..... ..... ..... .....

## Semi-structured checklist for economic sectors

### Module 0. Identification of Institution and Respondent

<b>Q001</b>	Checklist number	_ _ _ _ _ _ _	<b>Q007</b>	Respondent's position	.....
<b>Q002</b>	Name of institution	..... .....	<b>Q008</b>	Respondent's email address	.....
<b>Q003</b>	Address of the institution	..... .....	<b>Q009</b>	Respondent's phone number	.....
<b>Q004</b>	Institution's email address	..... .....	<b>Q010</b>	Survey date	_ _ _  dd  _ _ _ _  mm  _ _ _ _ _ _ _ _  yyyy
<b>Q005</b>	Telephone number of the institution	..... .....	<b>Q011</b>	Supervisor	_ _ _
<b>Q006</b>	Respondent's first and last name	..... .....	<b>Q012</b>	Survey officer	_ _ _ _

### Module 4. Impacts of COVID-19 on the [NAME OF SECTOR] sector

Questions	Answers
Q401. How has COVID-19 affected the [NAME OF SECTOR] sector?	..... ..... ..... ..... .....

<p>Q402. What were the resilience strategies of the [NAME OF SECTOR] sector operators to cope with the shocks of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q403. How have the [NAME OF SECTOR] sector operators been involved in the development and implementation of measures to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q404. How do the [NAME OF SECTOR] sector operators assess the measures taken by the Malian authorities to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q405. What are the strengths of the measures taken by the Malian authorities to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q406. What are the limitations of the measures taken by the Malian authorities to prevent the spread of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q407. In view of your experience with the COVID-19 situation, what, in your opinion, have been the most effective measures to prevent the spread of COVID-19 in Mali?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q408. Why do you think these measures have been the most effective in terms of preventing the spread of COVID-19 in Mali?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q409. Which social protection measures have been implemented by the Malian authorities or other stakeholders to help the [NAME OF SECTOR] sector operators to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q410. How have the [NAME OF SECTOR] sector operators been involved in the process of developing and implementing social protection measures?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q411. To what extent do the [NAME OF SECTOR] sector operators appreciate the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>

<p>Q412. Which categories of operators have benefited from the social protection measures taken by the Malian government to help the [NAME OF SECTOR] sector operators to cope with the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q413. How have social protection measures affected the [NAME OF SECTOR] sector operators?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q414. To what extent have social protection measures supported the operators in the [NAME OF SECTOR] sector?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q415. In your opinion, which social protection measures were the most appropriate for the [NAME OF SECTOR] sector operators?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q416. Why do you think these measures were the most appropriate in terms of supporting the [NAME OF SECTOR] sector operators?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q417. Which conditions does an operator need to meet to benefit from the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q418. How many operators are affected by each of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q419. How long have the operators been covered by the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q420. How likely is it that social protection measures that take vulnerable operators into consideration will be maintained or suspended in the future?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q421. What lessons, in terms of benefits and drawbacks, can be drawn from the implementation of social protection measures for the [NAME OF SECTOR] sector operators?</p>	<p>.....                  .....                  .....                  .....                  .....</p>

<p>Q422. What has been, and what is, the role of non-state actors (media, NGOs, lobby groups) in taking the vulnerable operators in the [NAME OF SECTOR] sector into consideration?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q423. Which categories of workers have benefited from the social protection measures taken by the Malian government to help the [NAME OF SECTOR] sector operators to cope with the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q424. How have the social protection measures affected the workers in the [NAME OF SECTOR] sector?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q425. To what extent have social protection measures supported the workers in the [NAME OF SECTOR] sector?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q426. What have been the benefits of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q427. What are the limitations of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q428. In your opinion, which social protection measures were the most appropriate for the [NAME OF SECTOR] sector workers?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q429. Why do you think these measures were the most appropriate in terms of supporting the [NAME OF SECTOR] sector workers?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q430. Which conditions does a worker need to meet to benefit from the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q431. How many workers are affected by each of the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>

<p>Q432. How long have the workers concerned been covered by the social protection measures taken by the Malian authorities to address the harmful effects of COVID-19?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q433. How likely is it that social protection measures that take vulnerable workers into consideration will be maintained or suspended in the future?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q434. What lessons, in terms of benefits and drawbacks, can be drawn from the implementation of social protection measures for workers in the [NAME OF SECTOR] sector?</p>	<p>.....                  .....                  .....                  .....                  .....</p>
<p>Q435. What has been, and what is, the role of non-state actors (media, NGOs, lobby groups) in taking the vulnerable workers in the [NAME OF SECTOR] sector into consideration?</p>	<p>.....                  .....                  .....                  .....                  .....</p>