



Report No. 4

unicef 🥨

Reporting Period **July 2022**

A 26-year-old mother has been attending early childhood awareness sessions. She is having fun with her 4-month-old son. Village of Kendie, Bandiagara Circle, Mopti Region

Mali

HIGHLIGHTS

Insecurity has spread in recent months to several localities in the south of the country, increasing the number of internally displaced persons from 377,519 in May to 396,904 persons in July 2022.

In July, 1,063 children from IDP's sites and host communities received a child protection assistance in Kidal, Menaka, Gao, Douentza and Bamako regions. In Menaka, protection needs remain significantly high. UNICEF, in collaboration with partners involved in the Child Protection Sub-Cluster, is working to reach as many beneficiaries as possible despite particularly limited humanitarian access and a lack of logistical facilities.

During the reporting period, 11,972 children were treated for severe acute malnutrition.

Since March 2020, COVID-19 cases have been identified in all 20 regions of Mali, with a total of 31,228 confirmed cases, including 739 deaths, as of 31 July.

SITUATION IN NUMBERS



5,100,000Children in need of humanitarian assistance

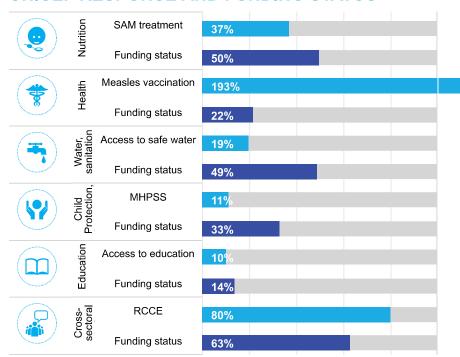


7,500,000People in need of humanitarian assistance

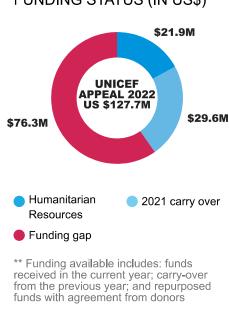


396,904 Internally Displaced Persons¹

UNICEF RESPONSE AND FUNDING STATUS*



FUNDING STATUS (IN US\$)**



^{*} UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING OVERVIEW AND PARTNERSHIPS

In 2022, UNICEF has been appealing for US\$ 127.7 million to respond to the humanitarian needs of children caused by conflict or natural disasters while facilitating access to quality basic social services for crisis-affected populations in the northern and central areas of the country. As of 31 July 2022, US\$ 21.9 million were received in addition to US\$ 29.57 million carried-forward amounting to US\$ 51.47 million available, representing 40 per cent of the total appeal.

The funding gap is US\$ 76.27 million (60 per cent of the appeal), and far from covering the needs in several sectors including Nutrition, WASH, Child Protection and Education.

The Governments of the USA (USAID-OFDA), Spain, the Czech Republic, Sweden, Romania, Denmark, Austria, Canada, USA (State), Switzerland (Swiss Agency for Development), Germany and the United Kingdom (DFID, FCDO), Japan, the Spanish, German and Norwegian Committees for UNICEF, UNICEF-China, SIDA, the European Commission /ECHO, USAID/Food for Peace, Education Cannot Wait Fund, GAVI /The Vaccine Alliance Global, the CERF have positively reacted and generously contributed to UNICEF Mali humanitarian response. UNICEF expresses its deep and sincere gratitude to all public and private donors for the contributions received.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The latest report from the Population Movement Commission (CMP) highlights the intensity of the fighting and sporadic attacks that continued in July in several localities of the country, causing internal displacement of civilians in the northern and central areas of the country. The violent nature of the conflict has caused significant population displacement within Mali and in the border towns between Burkina Faso and Niger. The number of IDPs has increased from 377,519 (CMP report of May 2022) to 396,904 in July 2022. Between May and July 2022, an increase of 19,385 IDPs was recorded.

In July, the situation in Menaka continues to be worrying. The latest reports from OCHA indicate a deteriorating security environment throughout the region. Incursions by Non-State Armed Groups (NSAGs) into villages continues, followed by threats against local populations, leading to displacement to urban centres. In addition, crimes committed by armed men remain very high both inside the city and on the peripheral roads, notably Menaka-Anderamboukane, Menaka-Gao and Menaka-Kidal. A very high level of intra- and inter-community tensions is observed in the town of Menaka and the likelihood of these leading to conflict or

The situation in Bankas also remains worrying. As of 19 July, the local service for Social Development and Solidarity Economy of the cercle of Bankas, in Bandiagara region, has identified and registered 8,145 people, including 5,658 children in the town of Bankas, while the local service of Mopti has registered 571 people from Diallassagou in Mopti town.

confrontation cannot be excluded.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health



The Technical Director of the Sadiola Community Health Centre checks a 7-year-old child with measles. She was immediately treated when her illness was detected (Kayes Region).

In July 2022, 29,703 children 6 to 59 months old were vaccinated against measles. From January to June, 653 cases of measles have been reported in Mali, compared to 617 on the same period in 2021, an increase of 5,8 per cent. From January to June, of the total population in need, 356,330 children 6 months to 9 years living in precarious humanitarian contexts or areas with measles epidemics were vaccinated.

The country has not reported any cases of circulating vaccinederived poliovirus (cVDPV2). No vaccination response campaign has yet been initiated.

During the reporting period, 4,985 pregnant women in northern and central regions had access to an Antenatal Consultation (ANC). As part of routine vaccination, 4,117 children under one year of age received a dose of Penta1 (including 2,099 girls). 2,686 children under five (1,370 girls) were treated for malaria and 1,835 children under five received adequate treatment for diarrhoea (including 936 girls). Finally, 851 people (including 434 girls) received treatment for Acute Respiratory Infections (ARI). UNICEF continued to support birth registration, during this period 2,088 children (including 1,065 girls) were registered.

As of 31 July 2022, COVID-19 cases have been identified in all 20 regions of Mali, with a total of 31,228 confirmed cases, including 739 deaths. There was a slight decrease in the number of confirmed COVID-19 cases in July 2022 (64 confirmed cases and 2 deaths) compared to June 2022 (66 cases and 03 deaths).

Nutrition



Soumaïla, 24 months old, is screened with the MUAC ribbon to see his weight regain, after a treatment with Ready-to-Use Therapeutic Food (RUTF) (Mopti).

In July, 11,972 children aged 6-59 months (of whom 56 per cent are girls) have been admitted and treated in health and community facilities for Severe Acute Malnutrition (SAM). The regions most affected by SAM (mainly in northern and central areas of the country, i.e., Gao, Timbuktu, Mopti and Menaka) are those with high levels of insecurity, food insecurity and limited access to essential social services, where the nutritional response has limited coverage (less than 20 per cent).

In terms of prevention, 16,686 pregnant and lactating women received key counselling and promotion messages on Infant and Young Child Feeding practices (IYCF).

The results stated above were achieved in partnership with the National and Regional Directorates for Health (DRS), IEDA, COOPI, ACF, and Yagtu.

Following the serious deterioration of the humanitarian situation in the Menaka region, the Nutrition Cluster has reinforced its response capacity. A nutrition response plan has been developed targeting 18,394 people in need of nutritional assistance (with a funding requirement of USD 4 million), including 2,532 children aged 6-59 in need of SAM treatment. Only USD 1,483,840 (37 per cent) have been mobilized to ensure an adequate nutritional response. The Humanitarian Response Plan (HRP) for Nutrition is only 37.6 per cent funded.

The efforts made by the Nutrition Cluster to continue with the scaling up of intervention especially in the top priority regions such as Tombouctou, Gao, Mopti and Menaka, to improve the nutritional status of the most vulnerable particularly children under five and pregnant and lactating women, have been impacted by insecurity, access and logistical constraints, as well as low level of funding. The Nutrition Cluster anticipates that if the situation does not improve in these top priority regions including in IDPs sites, the condition will become worse. The Cluster estimates the financial needs to strengthen the nutritional response in these four regions at USD 17.9 million (including USD 8,046,533 required for SAM treatment). Without this funding, the treatment of 195,550 children suffering from acute malnutrition (including 45,064 children suffering from SAM) will be compromised.

Child Protection, GBViE and PSEA



Aliou*, 15 years old, was recruited by armed groups in northern Mali. He spent three years with armed groups until UNICEF and its partners help him

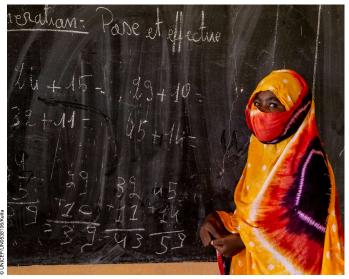
In July, UNICEF in collaboration with the Government of Mali and partners (NGOs) assisted the children affected by the armed conflict and insecurity especially in the central and northern regions of the country. A total of 1,243 children and caregivers (494 girls, 569 boys, 67 women and 113 men) from IDP and host communities received psychosocial support in child-friendly spaces in Bamako district, Gao, Menaka, Kidal, and Douentza regions through recreational activities and individual psychosocial support adapted to gender and age. In Kidal, Tombouctou, Taoudénit and Gourma Rharous, 21 children (5 girls and 16 boys) released from armed groups were reached with holistic care services. Moreover, 11 of them (4 girls and 7 boys) were reached with socio-economic reintegration support involving income generating activities, vocational training and education support.

A total of 113 unaccompanied and separated children (32 girls and 81 boys) were identified in the abovementioned regions, and 52 of them (25 girls and 27 boys) were reached with holistic care in a family-based care or a suitable alternative. These results were achieved thanks to the concerted efforts between UNICEF and its implementing partners including, GARDL, Kanuya, Samu Social, SOLISA, AVS and We World.

In Ménaka, where protection needs are significantly high, the Child Protection Sub-Cluster (Area of Responsibility) provided 400 children from displaced and host communities with psychosocial support and Child Protection awareness raising activities; nonetheless, needs remain high. Humanitarian access and lack of active actors in the region are the main difficulties hampering to reach this population. The Sub-Cluster encourages new actors to respond to the situation in the region.

UNICEF continued to lead the coordination of the Child Protection Area of Responsibility.

Education



Fatoumata*, 15 years old, stands by the blackboard to complete a math equation, in her classroom in an elementary school in Kidal.

In July 2022, the number of schools closed due to insecurity remains high, with 1,766 schools closed, affecting 529,800 children. The situation is all the more worrying with the new school year approaching in September.

On 20 and 21 July, the Education Cluster held a workshop to facilitate the harmonisation of approaches between partners.

Furthermore, the participation in the Education sector review allowed for strong advocacy so that the PRODEC II component 5 on systems resilience could be strengthened. The Ministry's Planning and Statistics Unit agreed to revise and develop the component based on national and international norms and standards and with reference to existing documents.

Proposals for minimum commitments on gender and protection in the nursery were discussed, the education logical framework on emergency response was reviewed to allow activity-based budgeting in advance of the 2023 HRP, and the project developed by UNICEF in partnership with Search for Common Ground on risk analysis and emergency response and mitigation planning was presented to stakeholders.

Water, Sanitation and Hygiene (WASH)



Women from Dialangou village, at a new UNICEF water pump. "The water from the pump is of much better quality," says Fanta Diarra, 27 years old. "No matter what, it always comes out clean and clear!"

During the reporting period, 780 people received WASH assistance through the distribution of hygiene kits (consisting of water treatment and storage products as well as water distribution through water trucking) as a response to the various humanitarian shocks that they face, including the COVID-19 pandemic, in Mopti, Gao, Menaka and Timbuktu regions.

In some regions, difficulties in carrying out drilling works, caused by the scarcity and quality of water resources, have delayed the execution of construction works and affect the cost of carrying out WASH activities. The timely delivery of emergency WASH supplies and activities has often been affected by temporary suspensions due to increasing insecurity in the Menaka and Timbuktu regions; the rains have also been a major delaying factor. Finally, there have been greater logistical costs in delivering WASH inputs than originally planned due to the state of the roads and the rise in petty crime.

Despite these constraints, UNICEF and its partners have been able to take advantage of the security windows to provide the necessary assistance to vulnerable and displaced populations.

Social Protection

During the reporting period, the focus was placed on strengthening risk management associated with cash transfers. This included development of an accountability framework, review of beneficiary lists and updating of the on risks library in line with the relevant Minimum Preparedness Standards. These activities led to the contracting of several independent Financial Service Providers in collaboration with the implementing Directorate at national level. Third-Party Monitoring (TPM) service providers have been contracted to conduct Distribution Monitoring (DM)and Post-Distribution Monitoring (PDM) for forthcoming cash transfers.

Data collection activities were conducted in Mopti, Gao and Timbuktu regions to update the list of households targeted for food security and nutrition cash transfer activities. This data was transferred to the National Social Registry under specific data protection consideration. This strategy aims to give opportunities to these households to benefit from social protection interventions.

Cross-sectoral (HCT, C4D, RCCE and AAP)

In July, the vaccination campaign against COVID-19 continued with intense communication activities, most of which were coupled with systematic vaccination sessions. This campaign was marked by the intervention in some universities, public and private schools. Around 33 coordination meetings of regional and local crisis and disaster management committees were held with 491 participants, including 165 women. At the district level, several community actors, in particular the networks, the Mama Yelen, youth associations and religious leaders have contributed to the promotion of immunisation and the management of vaccine hesitancy.

During the reporting period, UNICEF has built on the work of supported community radios across the country to accompany the immunization campaigns through broadcasting of spots, micro-prographs, educational programmes and round tables. Around 26,359 broadcasts have been shared trough 89 community radio stations, allowing people to have access to essential information on COVID-19 and the importance of vaccination as a key means of prevention and breaking the chain of infection.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Humanitarian action coordination is led by the Ministry of Health and Social Development, The Ministry of Humanitarian Affairs with the support of the Humanitarian Country Team. UNICEF is leading three clusters, WASH, Nutrition and Education and the Child Protection Sub-Cluster (Area of Responsibility). UNICEF co-led clusters are all part of the Inter-Cluster Working Group (ICWG) led by OCHA at the national and sub-national levels. UNICEF also participates in the in-country interagency PSEA Task Force and interagency Gender Task Force.

The UNICEF Humanitarian strategy is aligned with the 2022 interagency Humanitarian Response Plan (HRP) which aims to save lives and protect affected populations. UNICEF continues to address urgent needs of the most vulnerable populations in crisis-affected in northern and central regions of the country, while strengthening the linkages between humanitarian action and development programming and prioritizing community-based approaches.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In July, UNICEF Mali continued to position children's issues in media and social media. During the month, Facebook and Instagram posts reached 133,000 and 5,000 people respectively.

Children face food insecurity
 https://malijet.com/la_societe_malienne_a
 ujourdhui/271190-crise-multiforme-au mali-les-enfants-font-face-%C3%A0 |%E2%80%99ins%C3%A9curit%C3%A9 al.html

HAC APPEALS AND SITREPS

- Mali Appeals
 https://www.unicef.org/appeals/mali
- Mali Situation Reports https://www.unicef.org/appeals/mali/situation-reports
- All Humanitarian Action for Children Appeals https://www.unicef.org/appeals
- All Situation Reports
 <u>https://www.unicef.org/appeals/situation-reports</u>

NEXT SITREP: 20 SEPTEMBER 2022

ANNEX A SUMMARY OF PROGRAMME RESULTS

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
Nutrition								
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Total	-	197,671	73,294	▲ 6%	197,671	79,267	▲ 9%
	Girls	-	197,671	39,579	▲ 3%	197,671	44,281	^ 6%
	Boys	-	197,671	33,715	▲ 3%	197,671	34,986	^ 3%
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Total	-	492,527	267,243	4%	509,617	299,794	4%
	Women	-	492,527	228,278	4 3%	509,617	249,597	4 3%
	Men	-	492,527	38,965	▲ 1%	509,617	50,197	1 %
Health								
Children aged 6 to 59 months vaccinated against measles	Total	-	200,000	386,033	1 93%	-	-	-
	Gir l s	-	200,000	386,033	▲ 95%	-	-	-
	Boys	=	200,000	386,033	▲ 98%	-	-	-
Children aged 6 to 59 months vaccinated against polio	Total	-	352,064	-	0%	-	-	-
Water, sanitation and hygiene								
People accessing a sufficient quantity of safe water for drinking and domestic needs	Total	1.6 million	482,000	95,342	4%	1.2 million	290,266	▲ 5%
	Girls	1.6 million	482,000	26,530	▲ 1%	1.2 million	84,175	1 %
	Boys	1.6 million	482,000	27,648	1 %	1.2 million	80,769	1 %
	Women	1.6 million	482,000	20,974	1 %	1.2 million	63,855	1 %
	Men	1.6 million	482,000	20,190	1 %	1.2 million	61,467	1 %
People use safe and appropriate sanitation facilities	Total	2.2 million	50,000	46,649	4 91%	100,000	68,516	▲ 53%
	Women	2.2 million	50,000	22,859	4 5%	100,000	33,569	▲ 26%
	Men	2.2 million	50,000	23,790	4 6%	100,000	34,937	▲ 27%
People reached with critical WASH supplies	Total	3.6 million	390,000	53,744	0%	814,000	90,930	▲ 2%
	Women	3.6 million	390,000	26,778	0%	814,000	46,066	1 %
	Men	3.6 million	390,000	26,966	0%	814,000	44,264	1 %

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2022 targets	Total results	Progress	2022 targets	Total results	Progress
Child Protection, GBViE and PSEA								
Children and parents/caregivers accessing mental health and psychosocial support	Total	-	372,733	42,019	0%	1 million	53,082	0%
	Gir i s	-	372,733	20,262	0%	1 million	26,229	0%
	Boys	-	372,733	21,757	0%	1 million	26,853	0%
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Total	-	124,000	-	0%	-	-	-
Children who have exited armed forces and groups provided with protection or reintegration support	Total	-	700	265	▲ 2%	1,000	400	▲ 2%
	Girls	-	700	53	1 %	1,000	120	1 %
	Boys	_	700	212	1 %	1,000	280	^ 2%
Unaccompanied and separated children accessing family-based care or a suitable alternative	Total	-	1,200	1,349	▲ 9%	1,500	1,396	2 ▼ -135%
	Gir l s	-	1,200	436	▲ 3%	1,500	464	▼ -67%
	Boys	_	1,200	913	^ 7%	1,500	932	▼ -68%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	155,000	16,054	0%	197,946	16,054	^ 6%
	Girls	-	155,000	7,762	0%	197,946	7,762	4 3%
	Boys	-	155,000	8,292	0%	197,946	8,292	4 3%
Children receiving individual learning materials	Total	-	430,000	8,232	0%	1.1 million	14,631	0%
	Girls	-	430,000	3,864	0%	1.1 million	7,178	0%
	Boys	-	430,000	4,368	0%	1.1 million	7,453	0%
Schools implementing safe school protocols (infection prevention and control)	Total	-	2,500	13	▲ 1%	5,000	-	0%
Social Protection								
Households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding	Total	-	30,000	-	0%	-	-	-
Households benefitting from new or additional social transfers from governments with UNICEF technical assistance support	Total	-	150,000	-	0%	-	-	
Households reached with UNICEF funded multi-purpose humanitarian cash transfers	Total	-	25,000	-	0%	-	-	-
Cross-sectoral (HCT, C4D, RCCE and AAP)								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation Total need		2022 targets	Total results	Progress	2022 targets	Total results	Progress
People engaged in risk communication and community engagement actions	Total	-	800,000	644,437	1 0%	-	-	-
People with access to established accountability mechanisms	Total	-	250,000	194,939	▲ 2%	-	-	-

ANNEX B FUNDING STATUS

		Funding	Funding gap		
Sector	Requirements	Humanitarian resources received in 2022	Resources available from 2021 (carry over)	Funding gap (US\$)	Funding gap (%)
Nutrition	27,544,695	10,560,304	3,302,365	13,682,026	50%
Health	10,432,800	1,143,310	1,124,509	8,164,981	78%
Water, sanitation and hygiene	19,200,598	4,357,198	5,040,646	9,802,754	51%
Child protection, GBViE and PSEA	22,884,613	3,132,384	4,524,014	15,228,215	67%
Education	20,168,798	881,165	1,960,712	17,326,921	86%
Social protection	22,880,121	-	12,226,682	10,653,439	47%
Emergency preparedness	2,256,737	1,119,905	598,945	537,887	24%
Cross-sectoral (HCT, C4D, RCCE and AAP)	2,381,400	699,474	800,008	881,926	37%
Total	127,749,762	21,893,740	29,577,873	76,278,149	60%

ENDNOTES

- 1. National Directorate of Social Development (DNDS) Commission Mouvement de Populations (CMP) Report, July 2022
- 2. At Child Protection Area of Responsability level, a readjustment has been made to this indicator in relation to the figures put forward in the last Sitrep. One partner, following a misinterpretation of the notion of separated and unaccompanied children, had indeed put forward significant figures which exceeded the annual target. After verification and consultation with all members, a clarification was made in order to avoid this type of error in the future. The July figures for this indicator have been revised, explaining the negative percentage increase.