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Humanitarian Action for Children

Mali

The humanitarian crisis in Mali continues to worsen. The social, political and economic tensions that arose in the north in 2012 continue unabated, with the extension of the crisis into the central regions in January 2019 and the spread of armed actors and inter-community conflicts. Improvised explosive devices, banditry, proliferation of small weapons, attacks against civilians and grave violations of children's rights have led to an increasing number of internal displacements. As of August 2019, over 168,500 people are internally displaced,¹ compared with 77,000 at the same time in 2018. Most of the displaced are living in host communities. Of the 3.6 million people in need, 55 per cent are children.² More than 900 schools are closed, depriving over 451,000 children of their educations.³ Children and women are also facing serious protection risks, including grave violations of human rights, such as killing, maiming, recruitment by armed groups and gender-based violence. An estimated 1.3 million people require safe water, over 194,000 children under 5 years are at risk of severe acute malnutrition (SAM) and 650,000 people are food insecure in the country's Sahel region.⁴ Mali is also vulnerable to climate change and prone to natural disasters such as flooding and droughts.

Humanitarian strategy

In line with the inter-agency humanitarian strategy to save lives and protect affected populations, in 2020–2022, UNICEF will address the urgent needs of the most vulnerable populations in crisis-affected regions in Mali, while strengthening the linkages between humanitarian action and development programming and prioritizing community-based approaches. As lead of the nutrition, water, sanitation and hygiene (WASH) and education clusters and the child protection sub-cluster, UNICEF will support the Government and other partners to strengthen their capacities for coordination, preparedness and risk-informed response. Health and nutrition systems will be strengthened to better manage SAM cases through an integrated package of nutrition and WASH activities, measles campaigns, community-based management of childhood illnesses and newborn care. Access to safe water will be improved by applying both immediate and durable solutions in displacement sites, communities, health centres and schools. UNICEF will provide psychosocial support to crisis-affected children and adolescents; facilitate the release of children from armed groups and their reintegration; support survivors of gender-based violence; and reinforce the Monitoring and Reporting Mechanism. Education efforts will focus on innovative community-based approaches, mental health and psychosocial support and risk mitigation in schools.

Results from 2019

As of 31 August 2019, UNICEF had US\$14.6 million available against the US\$46.9 million appeal (31 per cent funded).⁵ UNICEF reinforced preparedness capacities by pre-positioning contingency stocks at regional levels, while building government capacities on emergency preparedness and response. Over 84,000 children aged 6 to 59 months with SAM were admitted for therapeutic care. Forty-two sentinel sites were supported across the country for improved nutrition surveillance. Over 909,000 children received measles vaccination; and over 119,500 people affected by conflict and natural disasters in Gao, Mopti and Timbuktu regions received basic temporary WASH services. With the assistance of local leaders, UNICEF conducted strong advocacy in communities on the reopening of schools and children's right to learning, resulting in the reintegration of nearly 43,000 crisis-affected children into schools. Nearly 21,000 children received learning materials and 91,000 children benefited from psychosocial support. UNICEF has strongly advocated for respect of humanitarian principles and humanitarian access, resulting in the mobilization of the humanitarian community to support internally displaced persons in Ségou region and establish a site for internally displaced persons in Mopti immediately after the Ogossagou village attack. UNICEF also supported radio messaging and community dialogues for affected populations to strengthen social cohesion.

Total people in need

3.6 million⁶

Total children (<18) in need

1.98 million⁷

Total people to be reached

1.02 million⁸

Total children to be reached

836,400⁹

2020¹⁰ programme targets

Nutrition¹¹

- 194,000 children under 5 years affected by SAM admitted for treatment
- 110,000 caregivers of children reached with infant and young child feeding counselling

Health

- 806,000 children under 15 years vaccinated against measles

WASH

- 406,750 people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- 40,000 people accessing appropriate sanitation facilities
- 20,000 children accessing WASH facilities in learning environments

Child protection

- 160,000 children accessing mental health and psychosocial support
- 1,000 women and children accessing gender-based violence prevention and response mitigation¹²
- 500 unaccompanied and separated children accessing family-based care or appropriate alternative services
- 300 children separated from armed groups accessing reintegration support

Education¹³

- 90,000 children accessing formal and non-formal education
- 90,000 children receiving individual learning materials

| | Sector 2019 targets | Sector total results | UNICEF 2019 targets | UNICEF total results |
|---|---------------------|----------------------|---------------------|--------------------------|
| NUTRITION | | | | |
| Children aged 6 to 59 months with SAM admitted for therapeutic care | 190,000 | 84,061 | 190,000 | 84,061 ⁱ |
| HEALTH | | | | |
| Children under 5 years vaccinated against measles | | | 980,500 | 909,435 ⁱⁱ |
| Children under 5 years reached with each round of the polio campaign in the northern regions | | | 1,423,587 | 1,420,199 ⁱⁱⁱ |
| WATER, SANITATION AND HYGIENE^{iv} | | | | |
| People accessing the agreed quantity of water for drinking, cooking and personal hygiene | 1,037,767 | 276,032 | 222,500 | 179,014 |
| People living in environments free of open defecation | 378,500 | 21,338 | 50,000 | 19,168 ^v |
| Children accessing WASH facilities in learning environments | 133,700 | 8,187 | 25,000 | 6,987 |
| CHILD PROTECTION | | | | |
| Children who received psychosocial support in child-friendly spaces or other secure spaces | 120,000 | 98,494 | 92,000 | 90,914 ^{vi} |
| Children released from/associated with armed forces and armed groups accessing reintegration opportunities and/or socio-economic reintegration | 500 | 151 | 400 | 140 ^{vii} |
| Unaccompanied and separated children placed in alternative arrangements (temporary foster families/transit and orientation centres) or who have benefited from individual follow-up | 900 | 588 | 600 | 399 |
| Unaccompanied and separated children reunited with their biological families | 900 | 258 | 600 | 150 ^{viii} |
| EDUCATION^{ix} | | | | |
| School-aged boys and girls (aged 3 to 17 years) affected by crisis receiving learning/school materials | 357,000 | 59,242 | 245,000 | 20,734 ^x |
| Out-of-school boys and girls (aged 3 to 17 years) affected by crisis accessing education | 357,000 | 63,107 | 150,000 | 42,638 ^{xi} |

^{*} Results are as of 31 August 2019.

ⁱ Given the seasonal nature of malnutrition in Mali, UNICEF will treat the remaining caseload of children with SAM during the third quarter of 2019.

ⁱⁱ Vaccines and operational costs were supported through Gavi Alliance funds managed by UNICEF Mali.

ⁱⁱⁱ Despite lack of funding, polio campaign results were achieved with the support of the Supply Division (vaccines) and the World Health Organization (WHO) (operational costs).

^{iv} Notwithstanding underfunding, the targets were partially achieved because although only other resources-emergency funding had been reported in the appeal, other resources-regular funding was also used for the humanitarian response in the centre of the country.

^v The low achievement of results is due to lack of funding (UNICEF and cluster) and to the fact that some triggered communities have not yet achieved certification.

^{vi} Despite the funding constraints, the target was partially achieved due to the support of implementing partners, which established nine new child-friendly spaces and other additional secure sites to adequately address children's psychosocial needs.

^{vii} Low achievement is linked to the very slow process of disarmament of armed groups.

^{viii} Low achievement is due to the fact that returns have slowed and as a result, a significant number of children are still in transitional structures. The research and reunification process continues.

^{ix} Programme funding was also used for education in emergencies.

^x For both UNICEF and sector results, underachievement is linked to the 89 per cent funding gap for the education sector.

^{xi} The numbers are expected to increase significantly with the start of the 2019/20 academic year in October 2019.

Funding requirements

In line with the new Country Programme Document (2020–2024), which focuses on strengthening the linkages between humanitarian action and development programmes, and the multi-year Humanitarian Response Plan, UNICEF is requesting US\$51.85 million for 2020 (US\$155.55 million for 2020–2022) to meet the humanitarian needs of crisis-affected children in Mali.¹⁴ Without sufficient and timely funding, UNICEF will be unable to provide critical services to affected people and support the national response to the continuing nutrition crisis. This funding will also allow UNICEF to provide essential health, WASH, child protection and education services to the most vulnerable children and strengthen emergency preparedness.

| Sector | 2020 requirements (US\$) | 2021–2022 requirements (US\$) |
|--------------------------------|--------------------------|-------------------------------|
| Nutrition | 20,500,000 ¹⁵ | 41,000,000 |
| Health | 1,600,000 | 3,200,000 |
| Water, sanitation and hygiene | 14,400,000 | 28,800,000 |
| Child protection ¹⁶ | 4,850,000 | 9,700,000 |
| Education | 9,000,000 ¹⁷ | 18,000,000 |
| Cluster coordination | 1,500,000 | 3,000,000 |
| Total | 51,850,000 | 103,700,000 |

¹ Commission on Population Movement report, July 2019.

² This figure is provisional and subject to change upon finalization of the 2020–2022 inter-agency needs and planning documents. Office for the Coordination of Humanitarian Affairs, 'Mali: 2020 Humanitarian Needs Overview' (draft), OCHA, October 2019.

³ Mali Education Cluster dashboard, August 2019.

⁴ Nutrition figures are provisional, pending the results of the 2019 Standardized Monitoring and Assessment of Relief and Transition (SMART) survey. The increase in the burden between 2019 and 2020 was based on the population growth between the two years.

⁵ Available funds include US\$8 million received against the 2019 appeal and US\$6.6 million carried forward from the previous year.

⁶ This figure is provisional and subject to change upon finalization of the 2020–2022 inter-agency needs and planning documents. 'Mali: 2020 Humanitarian Needs Overview' (draft).

⁷ Ibid. Children are 55 per cent of the projected number of people in need.

⁸ This includes adults targeted for access to water (183,037) and the total children to be reached (836,400 - see endnote #10) The number is lower than in 2019 and will be adjusted along with the 2020 targets based on the final version of the humanitarian response plan. In addition, health targets aim to reach 14.5 per cent of children under 15 years in impact areas compared to 100 per cent of children under 5 years in 2019. Women/girls represent 50.4 per cent of the total population to be reached (513,796). Ministry of Women and Child Development and United Nations Children's Fund, 'Statistical Bulletin: Women and Children in Figures in Mali', October 2018.

⁹ This includes children under 15 years targeted for measles vaccination (806,000) and children aged 15 to 17 years targeted for psychosocial support (30,400). This includes 424,891 girls (50.8 per cent) and 411,508 boys.

¹⁰ Programme targets are provisional and subject to change upon finalization of the multi-year inter-agency Humanitarian Response Plan 2020–2022.

¹¹ The number of children with SAM is expected to have increased and nutrition targets are based on projections from the 2018 SMART survey. The SAM targets will be updated when the results of the 2019 SMART survey are available. In addition, the increasing number of internally displaced persons and the deterioration in the security situation are increasing SAM admissions.

¹² This target will increase to 4,500 in the next three years.

¹³ Mali has received funding from Education Cannot Wait and the Central Emergency Response Fund for the education cluster for 2019–2020. UNICEF is targeting a portion of the education cluster target (357,464 children) in coordination with partners who will contribute to reaching the cluster target.

¹⁴ Figures are provisional estimates. Financial requirements are subject to change upon finalization of the inter-agency appeals/planning documents.

¹⁵ The funding requirement has increased by 30 per cent due to the variation of unit cost from US\$94 to US\$100, linked to supply costs (purchase and transportation, tracking), capacity building, technical support, coordination and monitoring and evaluation. The calculation also includes US\$10 per child for 110,000 children for infant and young child feeding.

¹⁶ Some structures/infrastructure and capacities are already in place, such as recreational and creative spaces and materials for psychosocial support activities. Centres and other alternative centres for children with basic infrastructure will not be fully costed in 2020.

¹⁷ Due to the deteriorating security situation and lack of humanitarian access, costs such as transportation of materials and training have increased, raising the unit cost to US\$1 per child.

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