**HUMANITARIAN RESPONSE PLAN**

January to December 2022

**Mali**

Credit: Cluster protection

**Funds Required (US$)**

- **Required**
  - Food: 294 M
  - Shelter: 78.1 M
  - Water: 65.2 M
  - Health: 59.6 M
  - Education: 55.2 M
  - Finance: 26.4 M
  - Security: 22.9 M
  - Registration: 19.9 M
  - Total: 64.4 M

**Total Funds Required**: $686M

**Evolution of the Financing**

<table>
<thead>
<tr>
<th>Year</th>
<th>Required</th>
<th>Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
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<tr>
<td>2016</td>
<td></td>
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<tr>
<td>2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
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</tbody>
</table>

**Total Population**: 21.1M

**Personnes Affected**: 12.9M

**People in Need**: 7.5M

**People Targeted**: 5.3M

**Budget**: $686M

*see page 2 for more details*
Summary

Overview of the Response Plan

Overview of the sectoral response

Food Security

Protection
  - General protection Humanitarian conditions, severity and people in need
  - Child protection
  - Fight against gender-based violence (GBV)
  - Humanitarian mine action (HMA)

Nutrition

Water, hygiene and sanitation

Education

Health

Shelter / No Food Items

Coordination and common services

Response to refugees

Appendices

Acronyms

What if we don't respond?

How can we contribute?
The humanitarian planning cycle 2020-2022 is in its third implementation phase. The Plan encompasses the most relevant interventions tailored to the humanitarian needs identified during the needs analysis and prioritization exercise contained in Mali’s 2022 Humanitarian Needs Overview (HNO). Overall, the humanitarian response, through 170 projects from 61 partners requires US$ 686 million, to save lives, protect livelihoods, facilitate access to basic social services and support the recovery of crises affected women, men and boys affected.

**OVERVIEW OF KEY FIGURES**

The humanitarian planning cycle 2020-2022 is in its third implementation phase. The Plan encompasses the most relevant interventions tailored to the humanitarian needs identified during the needs analysis and prioritization exercise contained in Mali’s 2022 Humanitarian Needs Overview (HNO). Overall, the humanitarian response, through 170 projects from 61 partners requires US$ 686 million, to save lives, protect livelihoods, facilitate access to basic social services and support the recovery of crises affected women, men and boys affected.

**NEEDS, TARGETS AND BUDGETS**

<table>
<thead>
<tr>
<th>CLUSTERS</th>
<th>TOTAL</th>
<th>PER STATUS</th>
<th>PER SEX &amp; AGE</th>
<th>FUNDNG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People in need</td>
<td>People targeted</td>
<td>% Target vs need</td>
<td>IDP (Internally displaced persons)</td>
</tr>
<tr>
<td><strong>Food security</strong></td>
<td>3.6M</td>
<td>2.9M</td>
<td>80%</td>
<td>401K</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>3.4M</td>
<td>2.7M</td>
<td>79%</td>
<td>64K</td>
</tr>
<tr>
<td><strong>Protection</strong></td>
<td>3M</td>
<td>2.9M</td>
<td>94%</td>
<td>401K</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>2.9M</td>
<td>1M</td>
<td>37%</td>
<td>41K</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td>3.7M</td>
<td>2.6M</td>
<td>70%</td>
<td>401K</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>4.4M</td>
<td>2.1M</td>
<td>56%</td>
<td>401K</td>
</tr>
<tr>
<td><strong>Shelter</strong> and NFI</td>
<td>2.1M</td>
<td>1.4M</td>
<td>68%</td>
<td>401K</td>
</tr>
<tr>
<td><strong>Coordination</strong></td>
<td>7.5M</td>
<td>5.3M</td>
<td>71%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Refugees</strong></td>
<td>110K</td>
<td>110K</td>
<td>100%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7.5M</td>
<td>5.3M</td>
<td>71%</td>
<td>52%</td>
</tr>
</tbody>
</table>

1. Water Hygiene and Sanitation  
2. Non-Food Items  
3. Children (< 18 years) | Adults (18 - 59 years) | Elderly (> 59 years)  
4. Sum of the largest number by district.

**OVERVIEW OF THE HUMANITARIAN RESPONSE PLAN 2022**

In 2021, an expansion of violence and insecurity from the north and center towards the south of the country was felt by communities surrounded by non-state armed groups, resulting in record numbers of internal displacement. Under investment, chronic poverty, socio-political crisis, conflicts, multi-faceted insecurity and climate change (floods and drought) coupled with the socio-economic consequences of COVID-19 constitute the main divers of the humanitarian crisis. The juxtaposition of these hazards threatens lives, accentuates pre-existing vulnerabilities, weakens the livelihoods of affected households, and reduces their resilience. In addition, recurrent security and physical constraints hinder population access to vital basic social services, sometimes leading them to resort to negative coping or adaptation strategies.

For the first time since the beginning of the multidimensional crisis, the November 2021 Integrated Food Security Phase Classification (IPC) forecasts that nearly 2 million people (22% of the population) will be suffering from acute food insecurity during the lean season from June to August 2022. This food crisis results from insecurity, inter-community conflicts, disruption of socio-economic activities, and insufficient rainfall, with a deterioration in livelihoods. In addition, the number of internally displaced persons (IDPs) reached a record high of 401,850 in September 2021, a five-fold increase from 77,046 in September 2018. As a result, the crisis affects nearly 12.9 million people (compared to 11 million in 2021), of whom more than 7 million (52% women, 56% children, 3% elderly, and 15% people with disabilities) need humanitarian assistance compared to 5.9 million in 2021. Priority needs include food and nutrition security, access to health care, water, sanitation and hygiene, shelter and non-food items, emergency education, and holistic protection services.

Nearly one in five people need one or more forms of assistance. If needs go unaddressed lives and livelihoods will be lost.
The people in need by region: are in Mopti (1.6M), Ségou (1.2M), Koulikoro (1M), Sikasso (909k), Kayes (829k), Bamako (644k), Timbuktu (633k), Gao (587k), Kidal (71k). The needs are distributed between the clusters as follows: Health (4.3M), WASH (3.7M), Food Security (3.6M), Nutrition (3.4M), Protection (3M), Education (2.9M), Shelter & NFI (2.1M) and Emergency response to refugees (110k).

Humanitarian partners are targeting 5.3 million people in 2022 through 170 projects requiring a total budget of US 686 million and take into consideration populations critical needs, the operational capacity of aid providers, and the complementarity of interventions with development actions. These projects, submitted by 61 partners, cover all regions and many are multi-sectoral. This will provide a holistic response to the varied needs of priority groups and sub-groups in the different locations affected by the crisis. The different interventions proposed are in line with cross-cutting issues (protection, accountability, gender, prevention and response to sexual abuse and exploitation, combating gender-based violence (GBV), age, disability, nexus, and cash transfers).

In addition, in response to the worsening humanitarian crisis in the central Sahel, particularly in the Liptako Gourma area (Mali, Niger, Burkina Faso), a regional Pool Fund has been set up under the aegis of the West and Central Africa regional office. It aims to strengthen the response capacities of the countries concerned in a coordinated and concerted manner. These interventions focus on emergency response, strengthening access to basic social services and humanitarian protection.

The operationalization of this response plan will be articulated around the following four strategic objectives:

**Strategic Objective 1**: Save and preserve the lives and dignity of at least 80% of vulnerable populations affected by humanitarian crisis or natural disasters through multi-sectoral in-kind and cash assistance addressing their basic survival needs including protection monitoring in priority circles in the northern, central, southern, and western regions by end 2022.

**Strategic Objective 2**: Enable at least 80% of host populations, IDPs, returnees, migrants, and other vulnerable groups in crisis-affected areas of central, northern, southern, and western Mali to have access to quality basic social services by end 2022.

**Strategic Objective 3**: Enable a holistic, cross-cutting, integrated or specialized approach on protection, based on human rights-based approach, for at least 80% of affected people across the response, ensuring that protection is at the core of humanitarian action by end 2022.

**Strategic Objective 4**: Build the resilience of at least 80% of people in at least 75% of regions to cope with shocks, reduce vulnerabilities and improve livelihood strategies and disaster preparedness by end 2022.

The funding required by sector is broken down as follows: food security ($294m or 41% of the total), nutrition ($78m or 12%), protection ($65m or 10%), refugees ($64m or 10%), education ($60m or 9%), WASH ($55m or 8%), health ($22.9m or 3%), coordination and common services ($26m or 4%) and NFIs ($20m or 3%).
**FOOD SECURITY**

Partners will target 2.9 million people with a budget of US 294.1 million to provide food assistance, support for early and sustainable livelihood recovery, and resilience building. The three main areas are:

- Responding to the most urgent food needs (as per the integrated Food Security Phase Classification (IPC) during the crisis phase and beyond, in host communities, for IDPs and other vulnerable groups;
- Livelihoods support for both assisted and stressed populations (IPC phase 2) to accelerate early recovery and build resilience including support for off-season agricultural production (market gardening), livestock support, fisheries and agricultural development, support for income-generating activities (IGAs), rural microcredit and rural microenterprises.
- Capacity building of local and state actors to improve monitoring, preparedness and coordination of the response to socio-economic and climate shocks.

<table>
<thead>
<tr>
<th>OBJECTIVE 1</th>
<th>OBJECTIVE 2</th>
<th>OBJECTIVE 3</th>
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</thead>
<tbody>
<tr>
<td><strong>PEOPLE IN NEED</strong></td>
<td><strong>PEOPLE TARGETED</strong></td>
<td><strong>FUNDS REQUIRED (US$)</strong></td>
</tr>
<tr>
<td>3.6M</td>
<td>2.9M</td>
<td>294.1M</td>
</tr>
<tr>
<td><strong># OF PROJECTS</strong></td>
<td></td>
<td>48</td>
</tr>
</tbody>
</table>

**CONTACT**

Théodore KABORE
Coordinator
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Credit: RRM CRS-IDP avec son kit N’Tillit
This plan includes four complementary sub-components: general protection, child protection, fighting against gender-based violence (GBV) and humanitarian mine action (HMA).

1. General protection

The protection cluster partners are committed to scale up the response through holistic interventions by 2022. 2.9 million people are targeted by the humanitarian response, with a total budget of USD 65.2 million to implement following non-exhaustive priority activities:

- Supporting displaced people and returnees to access housing, land, property and natural resources in the northern, central, and southern regions of Mali;
- Implementing protection services for the holistic care (medical, psychosocial, legal, security, socio-economic and educational reintegration) of affected communities;
- Conducting conflict-sensitive analyses and rapid and thorough assessments of protection needs;
- Regular collection of protection incidents, assessment, and analysis of the protection situation to inform the humanitarian community on needs for improved response and risk prevention including better identification of people with specific needs;
- Monitoring forced displacement and returns;
- Strengthening prevention, risk mitigation, and awareness-raising on human rights violations and protection incidents;
- Strengthening community-based protection mechanisms;
- Reinforcing the fight against discrimination, stigmatization and psychosocial support for people.
- Increasing access to civil documentation for communities affected by conflict, including host populations.

2. Child protection

This sub-cluster will target 1.03 million children under 18 (500,000 boys and 535,000 girls) with a budget of US 28 million. The humanitarian actors will focus their interventions on the most vulnerable children among the IDPs, returnees and host communities. The proposed interventions aim at ensuring:

- Care (including psychosocial and medical care) for children in transit, orientation centers or in host families;
- Individual and community-based psychosocial support in safe child-friendly spaces through listening sessions and other psychosocial activities;
- Family reunification and socio-economic reintegration of children affected by conflict and other shocks; including children associated with armed forces or groups and unaccompanied/ separated children;
- Obtaining birth certificates for conflict-affected children through the issuance of substitute judgments;
- Monitoring and reporting on the six grave violations of children's rights in situations of armed conflict (MRM).

3. Gender-based violence (GBV)

The partners of the GBV sub-cluster commit to intensify actions to prevent and fight against GBV by 2022 with a package of humanitarian interventions aiming to increase access to holistic care services for GBV survivors and awareness-raising activities targeted at US 17.3 million. The GBV intervention strategy for 2022 will be based on the following non-exhaustive axes:

- Strengthening and/or setting up holistic services to respond to the needs of the survivors: support the government in setting up holistic services (medical, psychosocial, security, legal, socio-economic, and education), through one-stop centers;
- Ensuring protection of the dignity and safety of affected women and girls, especially the most vulnerable, marginalized, or at risk of GBV (disabled, young people including early married girls, the elderly, etc.) following prolonged or sudden humanitarian situations, including the COVID-19 pandemic: by ensuring the availability of individual protection kits (including dignity, safety, and menstrual hygiene kits);
- Strengthening GBV risk prevention and mitigation: promotion of gender equality and integration of GBV risk mitigation measures in the interventions of non-specialized clusters. This includes strengthening community-based protection mechanisms to prevent GBV, reducing the risk of sexual exploitation and abuse (SEA), facilitating ethical and safe referrals of survivors to specialized care services;
- Strengthening data collection, analysis, and advocacy: the collection, analysis, and sharing of non-identifiable data of survivors monthly is through the Gender-Based Management Violence Information Management System (GBVIMS), will continue. This includes a regular contribution to the data collection on conflict-related sexual violence;
- Contributing to the empowerment of women and girls and reducing vulnerabilities: safe spaces will continue to serve as the preferred entry point for socio-economic empowerment activities for vulnerable women and girls at high risk of GBV, and as spaces for group therapy and information for women. Learning activities and on the use of cash transfer will also be implemented, especially for young people.

4. Humanitarian Mine Action (HMA)

By 2022, the humanitarian partners of the HMA Working Group will increase mine action activities in areas affected by conflict and armed violence, targeting 823,000 people with a budget of US 3.4 million. Mine action will cover all activities aimed at reducing risks to civilians, assisting
survivors to regain self-reliance in communities, fostering conditions for sustainable stability and development, and building resilience in areas affected by the explosive threat.

The interventions will be articulated planned around the following five complementary components:

• Prevention and risk education on explosive devices, such as improvised explosive devices (IEDs), mines, and explosive remnants of war (ERW), as well as small arms and light weapons (SALW);

• Victim assistance aimed at holistic care, including identification, referral to appropriate services, medical care and Psychosocial, physical rehabilitation and socio-economic reintegration;

• Data Collection and analysis on the incidents aimed to gain a better understanding of the nature of the threat and to design an appropriate humanitarian response;

• Non-technical surveys to understand the extent of contamination;

• Reinforcement of national and local capacities to provide an effective and sustainable response to the risks faced by the population;

• Coordination and integration of mine action with humanitarian and state actors at national, regional, and local levels.

Credit: UNFPA/GBV

CONTACT
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Nutrition actors will address the causes of nutrition insecurity by scaling up community-based strategies and strengthening local health and management systems. The cluster partners will target 2.7 million people with a budget of US 78.1 million to ensure interventions along three axes:

- Early detection, referral and treatment of acute malnutrition (severe and moderate).
- Nutritional surveillance, prevention of malnutrition for the most at-risk populations, due to their characteristics or environment (young children, adolescents, pregnant and breastfeeding women, people with disabilities, people living with chronic diseases including HIV/AIDS, etc.) in areas affected by any crisis.
- Promotion of the Nexus approach, ensuring better coordination with development actors, and capacity-building of technical services and community actors for nutritional integration.

In addition to the three axes, the nutrition cluster will reinforce advocacy and ongoing efforts to integrate a robust national response plan for health, food security, and resilience programmes, social protection and lean season response plan. Activities will focus on case management of acute malnutrition in the health system, health personnel training, including at the community level, and advocacy for an integrated and inclusive nutrition response. Specifically, by integrating WASH as preventative and curative measures to reduce the prevalence of malnutrition and relapses.

<table>
<thead>
<tr>
<th>OBJECTIVE 1</th>
<th>PEOPLE IN NEED</th>
<th>3.4M</th>
<th>OBJECTIVE 2</th>
<th>PEOPLE TARGETED</th>
<th>2.7M</th>
<th>OBJECTIVE 3</th>
<th>FUNDS REQUIRED (US$)</th>
<th>78.1M</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PEOPLE TARGETED</td>
<td></td>
<td></td>
<td>FUND$S REQUIRED (US$)</td>
<td></td>
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<tr>
<td></td>
<td>PEOPLE IN NEED</td>
<td>3.4M</td>
<td>OBJECTIVE 2</td>
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<tr>
<td></td>
<td>PEOPLE TARGETED</td>
<td>2.7M</td>
<td></td>
<td>FUNDS REQUIRED (US$)</td>
<td>78.1M</td>
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<td></td>
<td># OF PROJECTS</td>
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<td># OF PROJECTS</td>
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</tbody>
</table>

OBJECTIVE 1
Ensure early detection, referral and treatment of acute malnutrition (SAM and MAM).

OBJECTIVE 2
Monitoring the nutritional situation and preventing acute malnutrition among the most at-risk populations.

OBJECTIVE 3
Promote the Nexus approach by consolidating the integration of nutrition in the minimum package of activities at all levels of the health pyramid and involving sensitive actors contributing to the fight against malnutrition.

CONTACT
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Credit: Aissata Kanitao, 6 months, eats ready-to-use therapeutic food at her home in Mopti Photo Harandane Dicko UNICEF
WASH cluster partners will target 2.6 million people for a budget of US 55.2 million.

The sectoral response has three intervention areas:
- Emergency WASH response to vulnerable people in emergencies, including the elderly and people with disabilities, in an integrated and adapted manner;
- Improving equitable and sustainable access of different segments of the population to WASH infrastructures and services in targeted areas through gender-sensitive and vulnerability-focused participation; approach;
- Reinforce local actor’s capacity to face shocks and strengthen WASH services and infrastructure management sustainably;
- The WASH Cluster will implement and monitor the Humanitarian-Development Nexus activities through the WASH sectoral roadmap.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>FUNDS REQUIRED (US$)</th>
<th># OF PROJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.7M</td>
<td>2.6M</td>
<td>55.2M</td>
<td>36</td>
</tr>
</tbody>
</table>

**OBJECTIVE 1**
Provide emergency WASH assistance to vulnerable populations in targeted areas in a coordinated, integrated, and vulnerability-sensitive manner by the end of 2022.

**OBJECTIVE 2**
Contribute to emergency nutrition responses through WASH interventions.

**OBJECTIVE 3**
Improve people’s access to WASH infrastructure and services sustainably in targeted vulnerable areas.

**OBJECTIVE 4**
Protect vulnerable populations to slow the spread of COVID-19 through awareness and access to hygiene kits.

**OBJECTIVE 5**
Improve access of populations, including IDPs, returnees and internally displaced persons, to WASH infrastructure and services in a sustainable manner in targeted vulnerable areas by the end of 2022.

**OBJECTIVE 6**
Ensure access to COVID-19 services (functional and permanent) for vulnerable populations, schools, and public places.

**OBJECTIVE 7**
Ensuring protection risks are addressed, and beneficiaries involved are satisfied through the implementation of specific WASH activities.

**OBJECTIVE 8**
Strengthen the shock response capacities of local actors and their sustainable management of EHA services and infrastructure.

**CONTACT**
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Credit: HELP/ Water Ramp
The education cluster will ensure a gender-sensitive, inclusive, and participatory humanitarian response for affected children (girls/boys, IDPs and refugees, people living with disabilities, in the hardest-to-reach areas including those in host communities) and provide a safe and protective learning environment.

Within this framework, the partners target 1.1 million people requiring a budget of approximately 59.6 million dollars.

The sectoral response will focus on five areas:

- The reopening of inclusive schools while ensuring the development of adapted alternative;
- Ensuring a safe and protective learning environment (Protocol, COVID-19 WASH kits);
- Psychosocial support and mental health, social cohesion, social cohesion and peacebuilding;
- School feeding and improving risk preparedness and response mechanisms.

### OBJECTIVE 1

Promoting an equitable, inclusive and quality educational provision in a protective environment.

### OBJECTIVE 2

Providing quality education to out-of-school children in crisis-affected areas.

### OBJECTIVE 3

Strengthen the resilience of the education system (training of education actors on social cohesion, culture of peace, disaster risk reduction).

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>FUNDS REQUIRED (US$)</th>
<th># OF PROJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.9M</td>
<td>1.1M</td>
<td>59.6M</td>
<td>16</td>
</tr>
</tbody>
</table>

**CONTACT**

Patrick LIKELE
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**HEALTH**

The health partners will target 2.1 million people with a budget of US 22.9 million.

Operationally, health partners will implement its response in the following areas:

- Providing the population access to services, including psychosocial support in 29 priority districts and ensuring the integration of GBV care in the health care system;
- Strengthening quality health care by improving curative and obstetric care, at the community levels through the Community health center (CSCom) and reference health center (CSRéf), and mobile teams; as well as prevention health-related activities such as vaccination;
- Strengthening the health information system to improve the quality of data collection, analysis, transmission and use;
- Strengthening the system of preparedness and response to epidemics and disasters through capacity building, surveillance systems and contingency plans;
- Enhancing the coordination mechanisms of the health cluster at national and regional levels.

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>FUNDS REQUIRED (US$)</th>
<th># OF PROJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4M</td>
<td>2.1M</td>
<td>$22.9M</td>
<td>15</td>
</tr>
</tbody>
</table>

**OBJECTIVE 1**

Strengthen the health information system at the district level.

**OBJECTIVE 2**

Improve the system of preparedness and response to epidemics and disasters in the 29 health districts.

**OBJECTIVE 3**

Through the implementation of health activities.

**CONTACT**

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Credit: WHO/Laboratory
1.4 million people are targeted by the cluster for a required budget of US 19.9 million. Shelter/NFI partners will target the most vulnerable people affected by conflict and natural hazards.

The cluster will focus its interventions as follows:

- Ensuring that the affected and vulnerable population at sites and assembly points have equal access to temporary shelter solutions, equitable access to standard non-food items, and an adequate shelter solution;
- Support to the construction or rehabilitation of durable shelters for vulnerable populations;
- Decentralized assessment of shelter and NFI needs in communities affected by displacement, integrating gender and protection aspects;
- Prepositioning and distribution of NFI kits to the most vulnerable populations in the affected areas;
- Needs assessment of livelihoods of host families or those in a sustainable return situation;
- Collection, analysis and sharing of gender-specific data related to the needs and partner’s interventions.

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>FUNDS REQUIRED (US$)</th>
<th># OF PROJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1M</td>
<td>1.4M</td>
<td>19.9M</td>
<td>8</td>
</tr>
</tbody>
</table>

**OBJECTIVE 1**

Provide emergency shelter and non-food items to populations in need.

**OBJECTIVE 2**

Ensure coordination with state and operational partners for shelter and non-food items.

**OBJECTIVE 3**

Strengthen and ensure the continuity of implementing sustainable and dignified housing solutions according to the expectations of the beneficiaries.

CONTACT

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Coordination and common services providers will serve 149 humanitarian partner organizations operating in Mali. To achieve this, the cluster is targeting 5.3 million people with a budget of US 26.4 million. Humanitarian partners are committed to articulating their interventions around:

- Strengthened, operational, accountable coordination based on respect for humanitarian principles and gender mainstreaming to increase the impact and effectiveness of humanitarian actors’ interventions. OCHA, with its partners, will continue to provide more inclusive, effective, efficient and accountable humanitarian assistance.
- Advocacy and information management for better planning and orientation of the humanitarian response under with humanitarian principles.
- Strengthened decentralized coordination at regional level by reinforcing complementarity with national coordination mechanisms through OCHA regional offices and humanitarian focal points.
- UN Humanitarian Air Service (UNHAS) will be maintained with a reinforcement of its operational capacities including the provision of a helicopter for January 2022. The option of new service routes will also be explored according to the humanitarian needs expressed.
- UNDSS and INSO will provide services to support the safety and security of humanitarian workers in the field through various tools, means, and approaches, including collective and individual capacity building.
- UNDP will strengthen initiatives to increase humanitarian and development coordination in areas where this is appropriate in line with the humanitarian/development nexus approach.
- The NGO REACH will contribute to the humanitarian community’s decision-making through the production and management of information adapted to the needs of partners and beneficiaries. This will mainly involve capacity-building activities for actors, monitoring the evolution of the humanitarian context and needs, special assessments commissioned by the humanitarian community and preparation of interventions for HPC 2023.

To better integrate gender aspects into the humanitarian programming cycle and interventions for HPC 2023, OCHA and UN Women will continue to support the conduct of gender analyses and training in Gender in Humanitarian Action for humanitarian actors.

In addition, to strengthen collective accountability mechanisms to affected populations, Internews will provide technical support to humanitarian coordination for the operationalization of accountability in Mali. This will involve coordinating and harmonizing community engagement and accountability practices across all humanitarian clusters and working groups and facilitating the establishment of a third-party feedback mechanism for vulnerable communities.

<table>
<thead>
<tr>
<th>FUNDS REQUIRED (US$)</th>
<th># OF PROJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>$26.4M</td>
<td>6</td>
</tr>
</tbody>
</table>

**OBJECTIVE 1**
Adapting coordination mechanisms for a coordinated, effective, and efficient humanitarian response.

**OBJECTIVE 2**
Contribute to strategic and operational decision-making for a coordinated, efficient, and effective humanitarian response.

**OBJECTIVE 3**
Stimulate collective action to mobilize efficient funding for sufficient, timely, and coordinated humanitarian action.

**OBJECTIVE 4**
Support the securing of humanitarian assistance in crisis-affected areas.

**OBJECTIVE 5**
Facilitating the mobility of humanitarian actors and goods in the areas affected by the crisis.

**OBJECTIVE 6**
Facilitate multi-annual and multi-sectoral collective achievements between humanitarian and development actors.

**CONTACT**
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REFUGEE RESPONSE

In 2022, UNHCR and its partners will target 110,000 people, corresponding to all refugees, asylum seekers, people at risk of statelessness and returnees in Mali through multisectoral emergency interventions and durable solutions. With a budget of US 64.4 million, the response will be organized around 13 projects. The operational priorities for intervention will focus on the following themes:

• Legal protection, including access to asylum and the legislative framework, registration and verification of targeted persons and their proper documentation.

• Prevention and reduction of the risk of statelessness through identification procedures and legal reforms, as well as facilitation of naturalization.

• Monitoring of mixed movements, information to stakeholders on asylum and migration and training of border authorities, as Mali is an important country of departure and transit.

• Community-based protection (mobilization and peaceful coexistence, prevention, interventions and advocacy on gender-based violence and child protection).

• Access to education and other basic social services (health, drinking water, sanitation) by strengthening national structures.

• Shelter and infrastructure, considering environmental protection.

• Empowerment, through enhancing economic opportunities and livelihoods, to promote resilience;

• Access to durable solutions, including voluntary repatriation, resettlement, and local integration, according to profiles and needs.

Specific priorities are tailored according to the needs of the population groups, in agreement with the competent authorities in charge of refugees and returnees and in synergy with development actors.

PEOPLE IN NEED

PEOPLE TARGET

# OF PROJECTS

OBJECTIVE 1

Guaranteeing access to the territory and the effectiveness of international protection in a context of mixed movements.

OBJECTIVE 2

Improve access to basic social/economic services for refugees and host communities through national and local capacity building.

OBJECTIVE 3

Promote the search for durable solutions for refugees and other persons in need of international protection.

FUNDS REQUIRED (US$)

PEOPLE

110K

110K

64.4M

13

CONTACT

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Credit: UNHCR/Gao
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>CHC</td>
<td>Community Health Center</td>
</tr>
<tr>
<td>CP</td>
<td>Child Protection</td>
</tr>
<tr>
<td>ERW</td>
<td>Explosive remnants of war</td>
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<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
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<tr>
<td>GTS</td>
<td>Government Technical Services</td>
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<tr>
<td>HF</td>
<td>Harmonized Framework</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human immunodeficiency virus/acquired Immunodeficiency Syndrome</td>
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<td>HMA</td>
<td>Humanitarian Mine Action</td>
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<td>HNO</td>
<td>Humanitarian Needsoverview</td>
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<td>HPC</td>
<td>Humanitarian Planning Cycle</td>
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<td>Humanitarian Response Plan</td>
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<td>ICCG</td>
<td>Inter Cluster Coordination Group</td>
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<td>ICP</td>
<td>Infection Prevention and Control</td>
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<td>Internally Displaced Person</td>
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<tr>
<td>IED</td>
<td>Improvised Explosive Devices</td>
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<tr>
<td>IGA</td>
<td>Income-Generating Activity</td>
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<td>INSO</td>
<td>International NGO Safety Organization</td>
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<td>IPC</td>
<td>Integrated Food Security Phase Classification</td>
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<tr>
<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
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<tr>
<td>MARA</td>
<td>Mechanism for monitoring, analysis and reporting on conflict-related sexual</td>
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<tr>
<td></td>
<td>violence</td>
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<td>MAS</td>
<td>Severe acute malnutrition</td>
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<tr>
<td>MRM</td>
<td>Monitoring, Reporting and Information Mechanism on grave violations against</td>
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<td></td>
<td>children in situations of armed conflict</td>
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<tr>
<td>NFI</td>
<td>Non-Food Items</td>
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<tr>
<td>NHD</td>
<td>National Health Department</td>
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<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<td>Referral Health Center</td>
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<tr>
<td>RHD</td>
<td>Regional Health Department</td>
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<tr>
<td>SALW</td>
<td>Small Arms and Light Weapons</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>Aviation for humanitarian purposes</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation an Hygiene</td>
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### Mali Would Move from Crisis to Emergency Phase

According to the IPC analysis, 2 million people will be acutely food insecure in 2022. This is equivalent to 10% of the population of Mali. Without short-term assistance, these people will not have access to food or other basic needs. They may therefore develop harmful coping mechanisms to survive.

### The Fundamental Rights and Protection of Over 2.9 Million People Will Be at Risk

With the protection environment already precarious in the northern and central regions, the situation is expected to worsen if nothing is done in 2022 in the protection sector. At least 2.9 million people will not be covered by mechanisms of protection alerts, responses and referrals. For sexual violence, 1.1 million women, men, girls and boys at risk will not be able to benefit from multisectoral care.

### Nearly 2.7 Million People Will Be Deprived of Curative and Preventive Nutritional Assistance

The nutrition crisis will persist, increasing mortality and morbidity among pregnant and lactating women, as well as girls and boys under five. Nutritional care will be interrupted for an estimated 959,305 children, including 247,088 children suffering from severe acute malnutrition and 712,216 children aged 6-59 months suffering from moderate acute malnutrition.

### 2.6 Million People Without Access to Water, Sanitation and Hygiene Services

If there is no WASH response in 2022, more people will be at risk of diarrheal diseases with increased malnutrition among children and more conflict over access to water.

### Lack of Education Will Reinforce Conflict and Violence

The lack of access to education for children living in insecure areas is a violation of their right to education. In total, almost 500,000 children aged from three to 17 could be subject to abuse and exploitation, sexual violence, early marriage, drug abuse, criminal activity and recruitment by armed groups. The school dropout of school-age children and older adolescents has serious consequences for their harmonious cognitive and psychosocial development, as well as for the development of their communities and the country as a whole. These children, facing lack of future prospects, risk contributing to the perpetuation of the cycle of conflict and violence in Mali.

### 2.3 Million Vulnerable People Will Not Have Access to Health Care

The lack of appropriate health services could lead to the outbreak of various epidemics. The lives of 2.3 million people in the northern and central areas will be at risk due to the lack of quality health care provision including for medical emergencies. Access to care will be limited and of lower quality. Epidemics will be likely to occur, including measles, malaria and cholera. The lack of emergency obstetric care could also lead to an increase in maternal mortality.

### 1.4 Million People Will Continue to Live in Makeshift Shelters Without Basic Necessities

By 2022, the lack of shelter/non-food items assistance could be a significant challenge to the returning of people to their places of origin. In total, there are more than 400,000 IDPs are living in sites and host communities not meeting minimum standards and are therefore exposed to climatic hazards, various forms of violence and poor sanitary conditions.

### A Very Fragile Humanitarian Response

In 2022, if nothing is done in the coordination sector, all the people targeted by the HRP 2022 will be impacted, in other words: 5.3 million people. Coordination of the humanitarian response, information management, advocacy, resource mobilization, civil-military coordination, humanitarian access, capacity building and integration of cross-cutting issues will not be optimal. The result will be a shrinking humanitarian space, an invisible and underfunded humanitarian crisis and potential humanitarian practices that may not conform to humanitarian principles.

### Nearly 110,000 Refugees, Returnees, Asylum Seekers and People at Risk of Statelessness Will Benefit from Reduced International Protection

These people will face significant life-threatening problems, with the risk of resorting to harmful coping mechanisms. As a result, significant obstacles will be faced in the prevention of additional statelessness cases and in the implementation of durable solutions for the 83,000 returnees targeted.
To see the humanitarian overview, humanitarian response plan and country monitoring reports, and to donate directly to the organizations involved in the plan, and please visit:

www.humanitarianresponse.info/operations/mali

DONATE THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)
The CERF provides rapid initial funding for vital actions in emergencies and for essential, underfunded humanitarian operations in protracted crises. The CERF, managed by OCHA, receives contributions from a variety of donors, mainly governments, but also private companies, foundations, charities and individuals in a single fund. It is used for crises around the world. To find out more about CERF and how to give, visit the CERF website:

www.unocha.org/cerf/our-donors/how-donate

EMERGENCY IN-KIND ASSISTANCE
The United Nations encourages donors to make contributions in cash, rather than in kind, to ensure rapid and flexible use of the funding, and to ensure that the most urgent humanitarian goods are delivered. If you can only make in-kind contributions, in response to disasters and emergencies, please contact:

logik@un.org

REGISTE YOUR CONTRIBUTIONS
OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral, and bilateral). Its purpose is to give credit and visibility to donors for their generosity and show the total amount of funding and humanitarian plans. Please report your contributions to FTS, either by email at fts@un.org or through the online contribution form at http://fts.unocha.org