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HIGHLIGHTS

- Measles response
- Insecurity causes schools to close in the center
- Lack of water in Kidal region
- Three times more access constraints in 2015



Credit: OCHA

KEY FIGURES

# Of IDP (IOM – DNDIS, Jan. 2016)	49, 883
# of refugees in neighboring countries (UNHCR, 31 Jan. 2016)	143, 051
People affected by food insecurity (Cadre harmonisé Nov. 2015)	2 millions
# malnourished children 6 to 59 months (SMART 2015)	709, 000

FUNDING

\$354 millions
Requested (HRP 2016)

0.4%
Funded

Response to measles

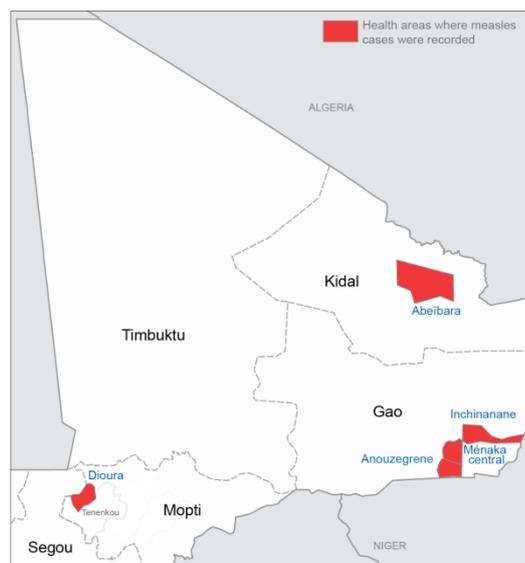
Response is underway against the resurgence of measles cases reported in certain health areas in the regions of Mopti, Gao (Menaka) and Kidal.

In the health district of Menaka, 6 cases had been recorded between December 2015 and January 2016, while 15 suspect cases notified in early February are being investigated. NGO Medecins du Monde, the only humanitarian actor operating in the health sector in Menaka, has already vaccinated nearly 1,000 children between 9 months and 14 years. Additional doses are being delivered to Menaka to vaccinate another 50,000 children.

In the region of Mopti, 5 cases were recorded in the health district of Tenenkou in December. A vaccination campaign has been conducted in the affected health area (Dioura) and in 3 others (Diguicire, Malimana and Kita), covering more than 34,000 children between 6 months and 14 years (target fully covered according to the Ministry of Health and Public Hygiene.)

In the region of Kidal, NGOs on the ground have recorded 9 cases in the health district of Abeibara and 20 cases in the health district of Tinessako. Laboratory analyzes in progress will determine whether it is an epidemic. In terms of response, sensitization on preventive measures and immunization are ongoing. Particularly in the areas of Ouzeïne and Akomas, nearly 2000 children between 6 months and 14 years have been vaccinated (target fully covered according to the Ministry of Health and Public Hygiene).

Areas affected by measles

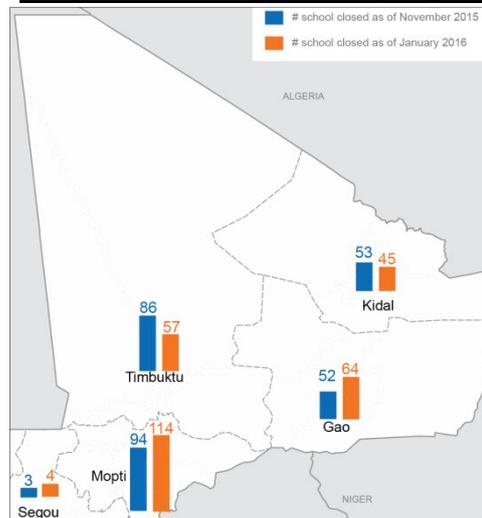


Center of Mali: schools closures due to insecurity

The rate of school closure is preoccupying in the pedagogical centers of Tenenkou and Djenne

The number of schools closed because of insecurity has increased over the last months in the center of the country (regions of Mopti and Segou). The rate of closure of schools is particularly worrying in the pedagogical centers (CAP) of Tenenkou (71 schools closed out of 93) and Djenne (22 schools closed out of 100).

Number of schools closed by region



The two administrative districts (*Cercles*) have been regularly affected by threats or attacks by armed individuals. According to the Education Cluster, in addition to insecurity, the lack of a school canteen program as well as needs for rehabilitation of school infrastructure are also affecting school attendance in the center of the country.

However, a reversed trend is observed in the north. There is ongoing progress in the reopening of schools, especially in the regions of Timbuktu and Kidal (however some closures have occurred in the region of GAO). In all areas affected by insecurity in the north and the center, 284 schools in total are currently closed.

Joint efforts to improve access to education

The Ministry of Education, the Coordination of Azawad Movements (CAM) and the platform have recently conducted joint missions in the regions of Segou, Mopti, Timbuktu, Gao and Kidal to assess the situation and to encourage the reopening of schools. Following this evaluation, a school reopening plan has been developed by the Ministry and shared with humanitarian actors in Mali.

Moreover, given the context of insecurity in the center and north of the country and threats to Education, the Education Cluster developed in 2016 a strategy to provide guidance on possible actions to ensure better protection of students and teachers. The strategy includes actions at the political, school and community levels, such as the signing of a tripartite agreement between the Government, international partners such as the MINUSMA and Barkhane and armed groups, to prohibit the use of schools by the military or their equipment.

Dry season: water shortage in the Kidal region

The low rainfall recorded during the last season and the drought that is emerging in the Kidal region are of concern to the humanitarian community. The level of the water table has declined considerably compared to last year. The latest measures and pumping tests on the drillings that supply water in Kidal carried out by ICRC at field level indicate that some wells, which were very productive in the past with a debit speed of 20m³/h cannot be presently exploited beyond 3m³/h.

Moreover, the drying up of wells used by pastoralists has already led to the displacement of populations and their livestock to urban areas and areas where water points have not dried up. According to humanitarian actors operating in the region¹, if no adequate

¹ Humanitarian organizations providing support in the Kidal region in the field of water, hygiene and sanitation include ICRC, Solidarites International, SOLISA, GARDL, ASSADDEC/AEN.

If no adequate response is provided by May, the water shortage may pose serious risks to human health



Kidal, Mali (January 2016) – Free water distribution thanks to ONG Norwegian Church Aid. Credit : Assaddek/Mohamed

response is provided by May, this water shortage may pose serious risks to human health (deaths from thirst, disease due to lack of hygiene, etc.), cause conflicts around water points, as well as massive displacements of populations. The condition of the herds may also deteriorate and this would worsen the vulnerability of the communities, as livestock is the main activity of the populations in the region of Kidal.

The water crisis may last until July, the probable starting date of rains in the region. To address this issue, some actions remain urgent and include free distributions of water to vulnerable groups, digging and over-deepening of ponds and wells, construction of micro-dams to retain rain water, and maintenance of drillings.

However, current resources are not enough to ensure an adequate response. All humanitarian actors in the water sector in Kidal are working in consultation to find sustainable solutions to water shortage.

Inventory of modern water points in the country

The National Water Directorate and its partners² are currently making an inventory of modern water points in all regions of Mali. The exercise should provide Mali and its partners with data on access to water in villages, hamlets, sites, rural centers, semi-urban centers and urban areas in the eight regions and the District of Bamako. This is a comprehensive inventory of hydraulic structures and their technical data. In addition, water quality will also be tested in certain areas.

The first phase of the inventory covers the regions in the South. A second phase is planned for northern regions, however its start is compromised due to lack of funding. The National Water Directorate and its partners request financial support from donors to complete these surveys that will provide a critical database on modern water points in Mali.

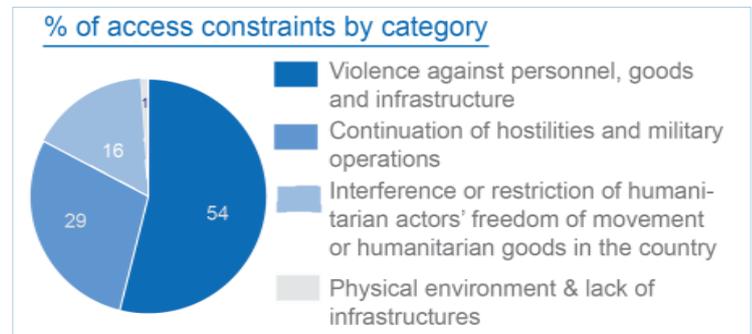
² Financial partners: UNICEF, KfW, Embassy of Sweden. Technical partners having developed the technology for this inventory: SNV and Akvo.

Three times more access constraints in 2015

There was a total of 78 constraints on humanitarian access in Mali in 2015, or 3.5 times more than in 2014, according to the data recorded in the Access Monitoring and Reporting Framework (AMRF)³.

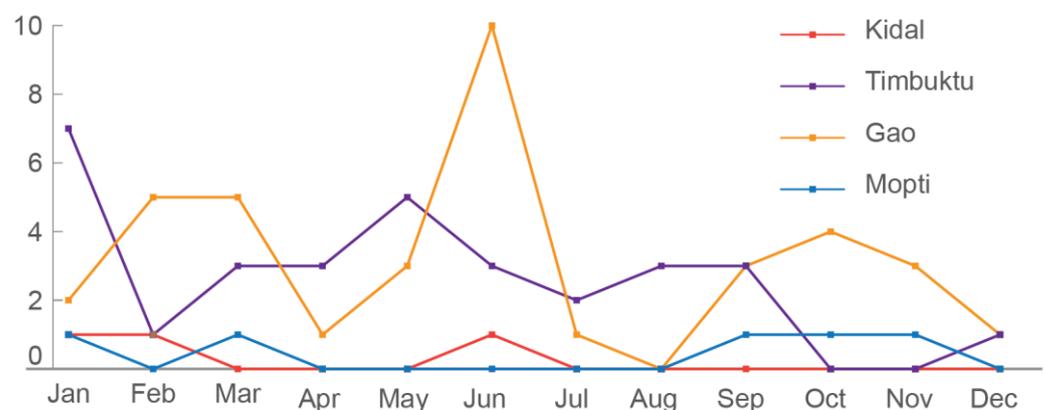
More than half of the access constraints recorded included violence against humanitarian staff, goods, or facilities

More than half of these access constraints included violence against humanitarian staff, goods and/or facilities and almost one-fifth were related to the conflict and/or continued hostilities.



The areas primarily affected are the regions of Gao and Timbuktu, although the year 2015 was marked by a constant deterioration of the security situation in the regions of Mopti and Segou, in the center of the country. Access constraints included, in certain localities, restrictions on movements of humanitarian actors on the ground or temporary withdrawals from certain areas. This contributes to reducing the humanitarian space and limiting the ability to provide assistance in sites distant from major urban agglomerations - while isolated communities are often the most affected.

Number of access constraints per month and per region



Nevertheless, humanitarian organizations are striving to continuously adapt their operations to this security context to be able to reach vulnerable people. The coping strategy partly rests on the development of community-based approaches to strengthen partnerships with the local actors.

In this context, humanitarian access to the north of Mali by air remains crucial. In this regard, the reopening of the Kidal airstrip at the end of January 2016 (after a year of closure due to rehabilitation work and security purposes) is a major development for the humanitarian community in terms of better access to the region.

³ AMRF (Access Monitoring and Reporting Framework) data is compiled by OCHA as part of the coordination of the Access Task Force of the Country Humanitarian Team.

Assistance to displaced persons and returning refugees



Niafunke administrative district, Timbuktu region (22 January 2016) – Distribution of non-food items to returning refugees by UNHCR's NGO partner Stop Sahel. Credit: Care Mali.

The area of Menaka, near the border with Niger, has experienced intercommunity conflicts during the last quarter of 2015, which have led nearly 2,750 people (approximately 635 households) to move⁴ to the commune. Following a rapid needs assessment conducted last December by the NGOs present in the area, emergency assistance has been provided to the most vulnerable – food assistance, non-food items, medical assistance and mobile clinics⁵.

In the administrative district (*cercle*) of Niafunke in the region of Timbuktu, nearly 760 Malian refugees have recently returned from Mauritania.

A rapid needs assessment conducted in January has enabled the provision of emergency assistance – food aid, health care, screening and treatment of malnutrition, distribution of non-food items⁶. Needs for rehabilitation of infrastructures to provide the returning refugees with access to water, hygiene and sanitation and education have also been identified.

IN BRIEF

Launch of the 2016 Humanitarian Response Plan for Mali

More than 150 people attended the national launch of the 2016 Humanitarian Response Plan for Mali in Bamako on 2 February. The plan comprises around 40 humanitarian organizations – UN agencies and NGOs – which coordinate their efforts. It includes a total of 127 projects to assist a million vulnerable people, mainly in the north and center of the country that have been affected by the conflict.

An appeal for US\$ 354 million (nearly 200 billion CFA Francs) has been made to fund its implementation.



Bamako, Mali (2 February 2016): Launch of the 2016 Humanitarian Response Plan for Mali. Credit: OCHA/Boundy.

⁴ These figures are taken from the lists provided by site managers following their interviews with the evaluation teams.

⁵ The response was provided by WFP, UNHCR, UNICEF, and NGOs NRC, Stop Sahel, MdM-B and ACTED.

⁶ The response is provided by NGOs Save the Children, CARE International, the health district of Niafunke, the Direction Regionale du Developpement Social et de l'Economie Solidaire and the Red Cross of Mali.

The official ceremony took place under the chairmanship of the the Minister of Solidarity, Humanitarian Action and Reconstruction of the North, Mr Hamadou Konate and the Coordinator of the humanitarian action in Mali, Mrs. Mbaranga Gasarabwe. The full document is available at: <http://bit.ly/1OYWwqO>

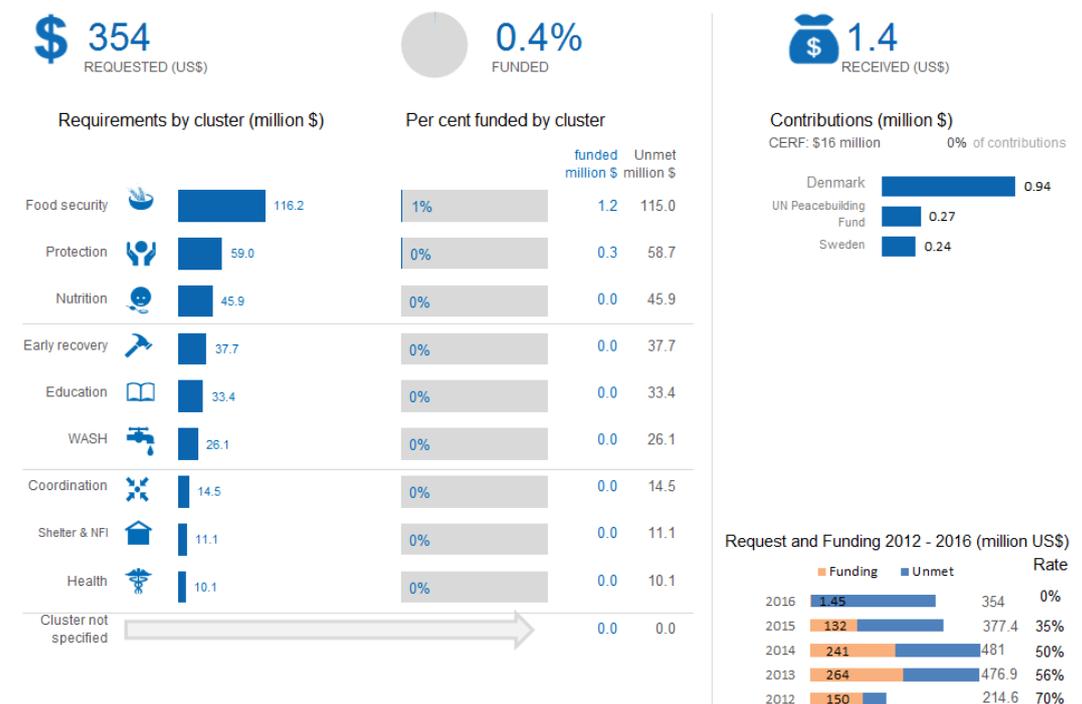
Strengthening the involvement of communities in the fight against malnutrition

Actors in the fight against malnutrition in the country are planning to adopt by mid-February 2016 a common national strategy for strengthening community mobilization in the fight against the disease. The strategy will aim to facilitate access to treatment for all children suffering from acute malnutrition. Surveys conducted in 2015 by the Malian authorities and their partners (National Institute for Research in Public Health, UNICEF, National Health Directorate) on the determining factors of access to care in the different areas of the country (including rural, semi-urban and urban areas) have provided a better understanding of social and cultural facts that constitute barriers to access to care. The outcomes will be taken into account in the strategy in order to adapt community mobilization more specifically to each context.

US\$354 million to be mobilized

The appeal for funds for the humanitarian response in Mali in 2016 was officially launched on 2 February in Bamako. In total, \$354 million are required this year to fund the response in the country in nine sectors.

FUNDING: HUMANITARIAN RESPONSE PLAN 2016 (as of 01 February 2016)



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