



© UNICEF/C99R7998/Keita

Reporting Period: 01st January to 30 June 2020

Mali

Humanitarian Situation Report No. 6

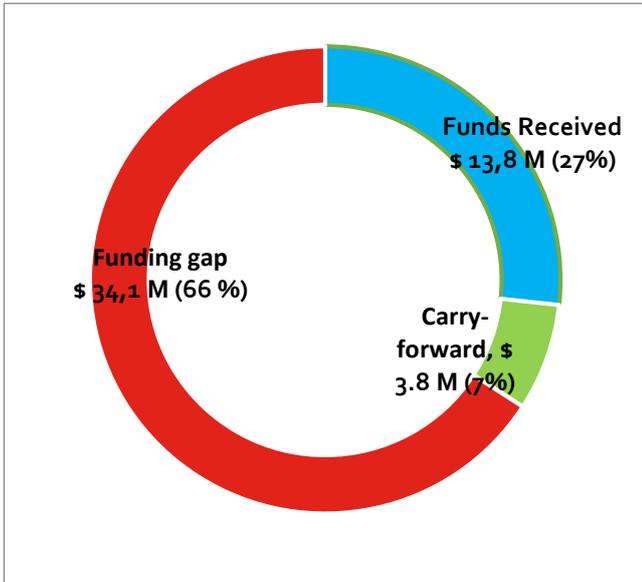
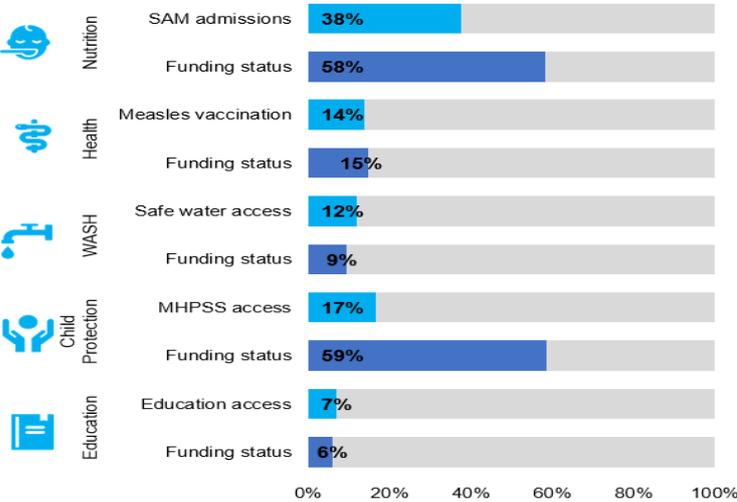
Highlights

- From January to June 2020, several deadly armed attacks were perpetrated in many villages in Mopti Region, causing dozens of casualties and wounded leading to further additional population displacement.
- Increases in civil unrest into protest against the results of the April 2020 elections.
- **2,181 cases of COVID-19 have been reported in nine regions** (out of 10) as well as in the district of Bamako as of 30 June 2020.
- As of June, **62,585 children aged 6 to 59 months were treated for severe acute malnutrition** in the 1,487 health facilities that provide treatment across the country, representing 38 per cent of the estimated annual burden.
- 1,261 schools are non-functional in central and northern Mali due to insecurity, which is compromising the right to education of 338,700 children.
- UNICEF provided short term **emergency distribution of household water treatment and hygiene kits** as well as sustainable water supply services to **70,452 people** (51,452 for temporary access and 19,000 for sustainable access) as at 31th of May 2020 in Mopti, Gao, Kidal, Timbuktu and Taoudenit regions.
- **26,744 vulnerable children** (12,613 girls and 14,131 boys) in humanitarian situations in conflict affected regions **benefitted from psychosocial and social support** in child friendly spaces, recreational settings and other secure spaces.

Situation in Numbers

- 4,300,000** people in need (OCHA Mali HNO January 2020)
- 2,427,000** children in need of humanitarian assistance (OCHA Mali HNO January 2020)
- 250,998¹** Internally displaced people (*National Directorate of Social Development - DNDSS. Matrix for Monitoring Displacement (DTM), 31 April 2020*)

UNICEF's Response and Funding Status



*Funding available includes carry-over and funds received in the current year.

Funding Overview and Partnerships

In 2020, UNICEF is appealing for US\$ 52 million to meet the humanitarian needs of children in Mali, to facilitate access to quality basic social services and protect children affected by the crisis. As of June 2020, US\$ 17,696,603 (34 per cent of the total appeal compared to 27 per cent at the same period last year) were available – including US\$ 3.8 million carried over from funds received in 2020. Education (six per cent funded), WASH (nine per cent funded) and Health (15 per cent funded) sectors are the most underfunded sectors. In these sectors the need remains high and funding is necessary to ensure lifesaving interventions and to sustain prior investments. UNICEF also requires US\$ 24.2 million to respond effectively and efficiently to the COVID-19 pandemic. While expressing its deep gratitude to all public and private donors for the contributions received (the Spanish Committee for UNICEF, the CERF, ECHO, The Global Humanitarian Funds, the governments of the USA, of Spain, of the Czech Republic, Sweden, Canada, Switzerland and the United Kingdom), UNICEF calls for additional contributions to fill the current 66 per cent gap - without which it will not be able to provide an adequate response to vulnerable children in Mali whose needs are on the increase due to the Covid-19 pandemic and its impact on basic services.

Situation Overview & Humanitarian Needs

2,181 coronavirus cases have been recorded in nine regions (out of 10) as well as in the district of Bamako since the onset of the COVID-19 epidemic in Mali in March 2020. The district of Bamako concentrates the majority of the cases (47.2 per cent) followed by the regions of Tombouctou and Mopti with respectively 23,4 per cent and 10.2 per cent. At the end of June 2020, the pandemic has caused 116 deaths (fatality rate 5.3 per cent).

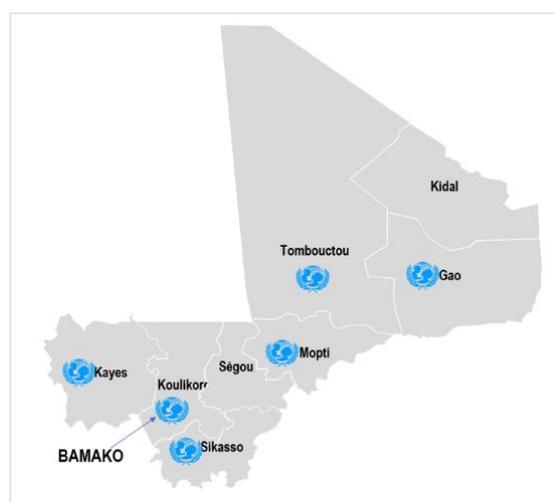
UNICEF, in collaboration with WHO and partners, is actively supporting the Government of Mali to implement the national response plan and is engaged in activities across all priority areas including risk communication and community engagement, hygiene reinforcement in health facilities and communities, support to continuity of preventive and curative health and nutrition services, infection prevention, Infection Prevention and control (IPC) support, and support to access to education. In accordance with the measures taken by the Government, schools have remained closed since March 2020, except for classes due to sit examinations, which reopened in June. School closures are affecting the right to education for 3.8 million children.

In February 2020, 18 cases of Crimean Congo haemorrhagic fever were reported in three districts in Mopti region causing nine deaths. Community based surveillance continues in these districts and no new cases have been reported since February 2020.

178 suspected cases of measles were notified during the reporting period in the northern and central regions of the country and 76 cases were confirmed through laboratory tests. The Ministry of Health and Social Affairs (MoHSA) and its partners, including UNICEF, are implementing mass immunization campaigns in the affected regions for an initial target of 23,000 children.

Mali, along with most of the other countries in West Africa, is facing a polio epidemic, as confirmed by the detection of a case of vaccine-derived poliovirus type 2 (cVDPV2) in Menaka region in April 2020. Faced with the high risk of the virus spreading, the Government of Mali and Global Polio Eradication Initiative Partners (WHO, UNICEF, BMGF, GAVI) are planning an immunisation campaign in the regions of Gao and Menaka in August 2020 which will target 228,483 children (192,551 in Gao and 35,932 in Menaka).

UNICEF Field Structure in Mali



The humanitarian situation in Mali remains extremely fragile and complex and is characterised by the presence of non-state armed groups and on-going insecurity along the borders in the Liptako Gourma countries (Burkina Faso and Niger), recurrent inter-communal conflicts, increased crime, the presence of improvised explosive devices, outbreaks of violence, particularly in the northern and central regions, and attacks against national and international armed forces as well as against humanitarian organisations. The volatile security situation in northern and central Mali, as well as the on-going humanitarian situation, which is being further exacerbated by conflict and COVID-19, continues to negatively affect children's rights and welfare and increase their vulnerability. Based on the revised humanitarian response plan (HRP), 1.2 million children (an increase of 17 per cent in the number of children in need in early 2020) are in need of protection services, of whom 283,222 have been targeted to receive a response from the Child Protection Sub-Cluster.

Mali records 250,998 internally displaced persons (as of 30 April 2020)¹, who are fleeing insecurity and intercommunal conflicts that are concentrated in the northern and central regions (Gao, Mopti, Segou and Timbuktu).

A critical food insecurity situation is on-going in Mali which could exacerbate the already severe nutritional crisis. Estimates from the March 2020 Harmonized Framework (pre-COVID-19) anticipated that 5 million people could be food insecure during the lean season in 2020 (June-August), of which more than 1.3 million severely food insecure - an increase of 107 per cent compared to the lean season 2019. In the context of the shocks associated with conflicts and drought and in consideration of the exacerbation of vulnerabilities induced by the COVID-19, the estimate of the number of people who could be affected by severe food insecurity during the lean season is revised upwards - between 2 and 2.7 million people.²

In the context of the COVID-19 pandemic, the Nutrition Cluster has revised the estimated number of children 6-59 month expected with severe acute malnutrition, from 166,000 to 188,000 nationwide (an increase of 13% compared to initial 2020 estimates)

Summary Analysis of Programme Response

Nutrition

In the context of the volatility of the security situation in the northern and central regions as well as the high risk of food insecurity predicted by the 2020 "cadre harmonisé" and the indirect impacts of the COVID-19 on accessibility to health and nutrition services, the Nutrition Cluster has revised the estimated number of children 6-59 month expected with severe acute malnutrition to 188,053 (+22.000 expected cases compared to initial 2020 estimates), and the target was defined consensually to 100% of the expected cases.

By the end of the first semester of 2020, 62,585 under-five children (representing 38 per cent of the SAM cases expected this year) were treated for severe acute malnutrition in 1,487 health centres across the country (including 70 inpatients), which represents an increase of 4 per cent compared to the number of SAM admissions during the first semester of 2019. Programme performance indicators are in accordance with recommended standards: cure rate 92 per cent (target >75 per cent), death rate 0.6 per cent (target <10 per cent), defaulter rate 7 per cent (target <15 per cent) and 0.7 per cent not responding to treatment. In addition, 3,253,535 children aged 6 to 59 months received vitamin A supplementation during intensive nutrition activities in March 2020, while 88,250 caregivers were reached with infant and young children feeding (IYCF) counselling.

¹ <https://dnds.ml/DTM-Mali>, updated data are still w

² Food Security and Nutrition Clusters, 2020, Note de Plaidoyer en faveur d'une réponse coordonnée et mise à l'échelle de sécurité alimentaire et nutritionnelle dans le contexte du COVID-19

The main challenges faced by the nutrition sector in the first half of the year relate to difficulties of access, particularly in northern and central Mali, which were aggravated by the COVID-19 pandemic, increasing the humanitarian needs. To overcome these challenges and ensure adequate coverage of SAM prevention and treatment in the hard to reach districts in these regions, UNICEF signed partnership agreements with the NGOs ACTED, Plan, IEDA, IMC, COOPI, for the implementation of a package comprising Nutrition, Health, and WASH interventions. This package includes activities adapted to the COVID-19 context-including community-based approaches for the prevention, detection and treatment of acute malnutrition, such as training of community health workers in the management of uncomplicated cases of acute malnutrition and teaching mothers to screen their children for acute malnutrition at home-included, in line with the adapted strategy of the Nutrition Cluster.

UNICEF, as lead of the Nutrition Cluster contributed to the mid-year revision process of the HRP 2020, and funding needs for the nutrition sector are now estimated at US\$ 61.8 million (an 11 per cent increase compared with from the initial appeal). Coordination activities have been continued through distance and e-meetings, which sometimes presented difficulties in securing the participation of national counterparts due to issues with internet access, but also led to the identification of good practices and opportunities for stakeholders at regional or international level to participate. In addition, UNICEF in collaboration with the Ministry of Public Health and Social affairs, is supporting the 2020 National Nutrition Survey (SMART method) process which is already underway and will for the first time integrate the collection of data on IDPs and adolescents, the while questions on Infant and Young Child Feeding practices are already included.

Health

Mali was affected by several health crises during the first half of 2020: 178 cases of measles were reported in central and northern Mali, and 18 cases of Crimean Congo haemorrhagic fever were reported in three districts of the Mopti region in February 2020. The country officially reported the first cases of COVID-19 on 25 March 2020 and since then the epidemic has spread throughout the country, affecting nine regions and 36 health districts. In addition, a case of vaccine-derived poliovirus type 2 (CDPV2) was reported in the Menaka region.

UNICEF, in collaboration with the Ministry of Public Health and Social Affairs, WHO and partners deployed efforts to respond to these crises: 85,414 children, including 176 displaced children under one year received measles vaccine in the central and northern regions. In response to the Crimean Congo haemorrhagic fever outbreak, UNICEF supported local authorities in the development of the regional prevention and response plan, which includes a detailed communication plan as well as community-based epidemiological monitoring (surveillance) activities by Community Health Workers (CHWs). As part of the response to the circulating vaccine-derived poliovirus type 2 (CDPV2) outbreak in the Menaka region, the Ministry of Health and Social Affairs in partnership with the Global polio eradication initiative partners (WHO, UNICEF, BMGF, GAVI), will conduct a polio campaign with the NOPV (nucleotide polio vaccine) in July 2020 in Menaka and Gao regions. Within the global polio eradication framework, 64,699 children received three doses of bivalent polio vaccine (BOPVO in the regions of, Timbuktu, Gao, Kidal, Taoudenit and Menaka).

In order to mitigate the impact of COVID-19 on routine immunisation, UNICEF supported the development of a communication plan by the National Center for Health Information, Education and Communication (CNIECS) and the General Directorate of Health. This plan aims at encouraging parents to continue enrolling their children aged between 0 to 23 months into immunisation activities to protect them from vaccine preventable diseases. Specific messages on the Expanded Programme on Immunization (EPI) were broadcast on community radios and across promoted social networks, including community health workers and volunteers, including women's groups and community leaders.

Health authorities were interviewed on national and regional TV stations and TV shows to share positive messages on immunisation during the COVID-19 pandemic. Furthermore, well-known actors produced a sketch on the importance of immunisation during the pandemic and the appropriate behaviours parents and health workers should adopt in health centres to avoid COVID-19. UNICEF support was expanded to capacity building of the district health management team (DHMT) and community health workers on supervision and training / refreshing on prevention.

In collaboration with the Ministry of Health and Social affairs, UNICEF maintained interventions to provide primary care to vulnerable people: 86,791 patients (47,915 women and 38,876 males; 36,055 patients in May and 50,736 patients in June)

received appropriate curative consultation and prevention packages in Gao (20,872 patients); Mopti (43,418 patients); and Timbuktu (22,501 patients).

As the contamination of health workers by the COVID-19 in healthcare centers has impacted the continuation of health activities including immunization activities, UNICEF has provided 175,000 surgical masks and 22,000 protective coveralls (PPE) to the Ministry of Health to equip vaccinators, midwives and Prevention of the Transmission from Mother to Child (PMTCT) service providers and ensure the continuity of vaccination services, maternal care and PMTCT while respecting barrier measures.

WASH

UNICEF supported the Government of Mali in assisting the population affected by the crises in the centre and northern regions through the Regional Technical Services (the Directorates of Hydraulics, Directorates of Social Development and Economic Solidarity, Directorates of Civil Protection). In total 49,452 people (26,580 children) in Mopti, Gao, Kidal, Timbuktu and Taoudenit regions benefited through short-term emergency kits distribution, including water treatment products. From January to June 2020, 70,452 people (38,870 children) benefited from both temporary and permanent drinking water services in Mopti, Gao, Kidal, Timbuktu and Taoudenit regions. 21,732 were reached through this assistance in June 2020. These results were achieved in partnership with UNICEF and its implementing partners including the NGOs NRC, IMADEL (Initiative Malienne d'Appui au Développement local), TASSAGHT, Solidarités Internationale (SI).

As part of the measures undertaken in the WASH sector to ensure the continuity of the response in the context of COVID-19 six partnership agreements between UNICEF and the NGOs GARDL, TASSAGHT, Alpha Log, AMPDR, Solidarite Plurielle, Water AID have been finalised to integrate a minimum WASH COVID-19 intervention package for health care facilities as well as for community level.

Education

From January to March 2020, threats from armed groups, teachers' absences linked to fear, and a general lack of teachers, meant that the number of non-functional schools increased from 1,151 to 1,261; affecting 338,700 children. Before the onset of COVID-19, UNICEF and its partners mobilised 232 community members on the importance of education for their children in the circles of Mopti, Bandiagara, Koro, Ségou, Macina and Niono. 2,700 children affected by the security crisis, including unaccompanied/separated children received appropriate protection measures and psychosocial support within the educational facilities put in place by UNICEF and the Ministry of Education partners. 899 out-of-school children and internally displaced children have been registered in 18 Community Learning Centres and benefited from education in a protective environment on a temporary basis in the regions of Segou, Koro, Mopti and Douentza.

In response to the COVID-19 pandemic, the Government of Mali closed all schools in Mali from 19 March until the end of the school year. Subsequently, exceptions were made for examination classes of primary, secondary (general and technical), technical and vocational education as well as Teacher Training institutions that reopened on 2 June 2020. The difficult situation facing the education sector amplifies the needs of children who don't have access to education, as these children are more at risk of drop-out and at risk of violence, abuse and exploitation. Despite the pandemic, violence and attacks have continued, including against education facilities, in the central and northern regions. UNICEF and its partners held 71 awareness sessions on good COVID-19 related hygiene practices in schools, benefiting 2,130 children and teachers in the regions of Segou and Mopti within the first month of the response.

As cluster lead, UNICEF played a significant role in coordinating efforts against the COVID-19 pandemic. With the development of the national education COVID-19 response strategy by the Government and cluster members, the continuity of education through distance learning and preparations for the reopening of schools (elaboration of protocols, positioning of hygiene kits and catch-up strategy / accelerated learning) were secured and approaches across the education sector and between the cluster and the Local Education Group partners harmonised in order to

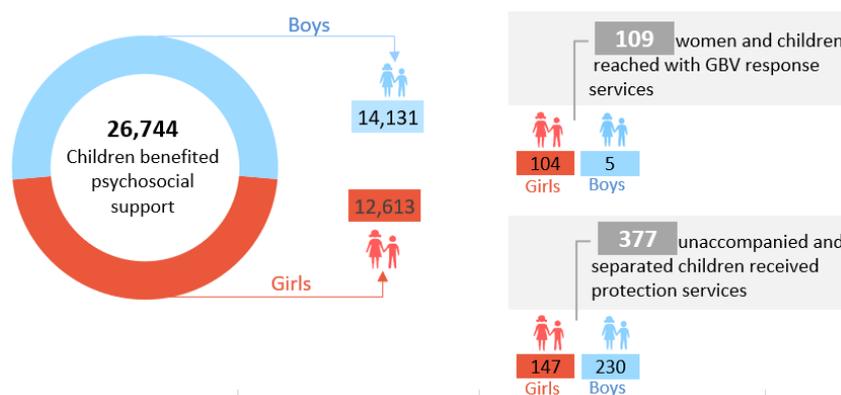
reinforce the humanitarian-development nexus approach. The education cluster has particularly strengthened efforts and enhanced collaboration with the WASH cluster and the Child Protection sub-cluster. The education cluster has coordinated the Humanitarian Response Plan (HRP) mid-year revision process to include the COVID-19 impacts and new activities linked to this new context. Furthermore, UNICEF, as cluster lead, has led and coordinated two First Emergency Response ECW funding processes, one for COVID-19 and one for all emergencies for a total amount of US\$ 6.5 million.

Child Protection

Between January and June 2020, 26,744 vulnerable children (12,613 girls and 14,131 boys) affected by the armed conflict benefited from psychosocial and social support in child friendly spaces, recreational and other secure spaces including the transit and orientation centres and foster families in the regions of Gao, Mopti, Kidal, Ménaka, Ségou, Timbuktu and Bamako district. The number of children reached with psychosocial support by UNICEF and partners represents 17 per cent of the overall annual target. The progress has been very slow due to constraints and contingencies resulting from the COVID-19 pandemic.

Following the rise of COVID-19 in March 2020, the Government declared a state of health emergency and established measures including the closure of schools and the prohibition of any gathering of more than 50 people. Consequently, psychosocial support activities through child friendly spaces were affected as these are now receiving only a limited number of children. To adapt to this unprecedented situation, the Child Protection sub-cluster has adopted new strategies, including the establishment of mobile teams to conduct psychosocial activities within the communities while implementing the COVID-19 prevention measures including social distancing, compulsory wearing of masks and use of hand sanitizers, in addition to the sensitization of the local community, in particular youth and children on ways to protect themselves from infection.

During the same reporting period, 190 children (34 girls and 156 boys) released from armed groups in the regions of Gao, Mopti, Kidal, Ménaka, Ségou, and Timbuktu were reached with holistic support and socio-reintegration services in four transit and orientation centres in Gao, Bamako, Mopti and Kidal as well as in foster families and communities. At total of 109 children (104 girls and 5 boys) were reached with gender-based violence (GBV) response services including medical and psychosocial support. Moreover, 377 unaccompanied and separated children (147 girls and 230 boys) received protection services and alternative care services including medical and psychosocial support, food and clothing. Out of these children, 290 (78 girls and 212 boys) were reunited with their families.



In the first quarter of 2020, the United Nations verified 322 grave violations against children affecting 219 children including 167 boys, 49 girls and 3 children whose gender is unknown in Gao, Ménaka, Kidal, Ségou, Timbuktu and Mopti. Grave violations included recruitment and use of children (162 incidents affecting 29 girls and 130 boys), killing and maiming (47 incidents), rape and other forms of sexual violence (24 incidents affecting 24 girls), abduction (12 incidents), attacks on schools and hospitals (19 incidents) and denial of humanitarian access (58 incidents).

The results stated above were achieved in partnership with the National and Regional Directorates for the Promotion of Women, Children and Family, COOPI, SOLISA, GARDL, ATDED, Peace One Day, ODI SAHEL and AMSS.

Communications for Development (C4D), Community Engagement & Accountability

During the reporting period (January-June 2020), 1,228 adolescents (609 girls) have been trained on the traditional education system "do 'kayidara" as part of the joint project Second Decade for Peace with FAO in Mopti region. The training draws on many positive values among both sedentary and nomadic groups to forge national unity and eschew negative practices like abuse and extreme violence against girls, young people and women. During the same period, they visited 11,722 households and engaged 39,686 persons (6433 Men, 8918 women, 12,118 boys and 12,217 girls), promoting peace and social cohesion among breeders, fishermen and farmers. Similarly, in Timbuktu, 964 adolescents including 394 girls were trained on conflict and pastoral risks management. Out of interest and on their own initiative, 89 other girls joined in the training, bringing the total number of girls to 492. They organized 70 group discussions, 618 household visits and 2 community dialogues to raise awareness of 27,578 people, including 2,231 women. During these sessions, they discussed topics like citizenship, cultural divergence, respect for one another and confidence building. This will help to strengthen inter community dialogue and social cohesion.

Furthermore, in Mopti, a C4D Communication response plan to help reduce the risk of transmission of Crimean Congo haemorrhagic fever in February was developed/implemented by UNICEF and its partners. Some 18 community radios in the region were engaged in the response and 35 community health workers on IDPs sites in Mopti and Searé trained.

Humanitarian Leadership, Coordination and Strategy

The Ministry of Health and Social Affairs and the Ministry of Solidarity are both line ministries responsible for coordinating humanitarian action with the support of the Humanitarian Country Team. UNICEF leads three clusters (the WASH, Nutrition and Education clusters) and Child Protection sub-cluster and participates in the Inter-cluster coordination forum at national and subnational levels. A COVID-19 Humanitarian plan has been elaborated and a COVID-19 Task Force has been instituted by the Humanitarian Country Team to orientate and coordinate inter-cluster activities, and the health cluster and humanitarian coordination structures engaged in the COVID-19 response.

In line with the inter-agency humanitarian strategy to save lives and protect affected populations, in 2020, 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.

UNICEF along with the National and Regional Directorates for the Promotion of Children, Women and Family continues to coordinate and strengthen the capacities of the child protection sub-clusters at the national level and in the regions. Information management tools were improved in 2020 to better facilitate the coordination. The 5W (Who does What, Where, When and for Whom) mapping was updated and two other interactive mapping initiatives (one on protection services and the other on community protection mechanisms) were established. These tools aim to strengthen the coordination and referral of children in need to the appropriate response services. In the first half of 2020, workshops for the revision of the Child Protection sub-cluster strategy took place in Mopti, Gao and Timbuktu. Furthermore, the Child Protection sub-cluster carried out trainings on information management in Bamako, Mopti and Gao.

UNICEF in Mali, with partners, contributes to strengthening the national health and nutrition systems to deliver emergency services, including the provision of water and sanitation packages, the management of SAM cases, measles vaccination, and providing psychosocial support to conflict-affected children. UNICEF continues to promote the continuity of education through community mobilisation, community learning centres and the provision of school supplies, reinforce the Monitoring and Reporting Mechanism and support the release of children from armed forces and groups, and providing girl survivors of gender-based violence with community care and socio-economic reintegration.

Human Interest Stories and External Media (Com Ext)

- [News feature](#) and [photo story](#) in *El Pais* (Spain) on the humanitarian situation in Mopti
- [Press release](#) on the humanitarian situation in the Sahel and press coverage in [VOA](#), [Le Point](#), [France24](#), [La Croix](#) as well as hundreds of other media worldwide
- Tweets on the humanitarian situation in Mali by the [Executive Director](#) and the [Deputy Executive Director](#) of UNICEF
- AJ+ [feature](#) on the humanitarian situation in Mali and neighbouring countries
- [Report](#) and [photo essay](#) in *El Pais* on the humanitarian situation in Mopti
- Global [Instagram story](#) on displaced children in Gao
- *TV5 Monde* [article](#) on the humanitarian crisis in the Sahel
- Global stories on [Voices of Youth](#) featuring a Malian youth girl on International Women's Day 2020
- Global Instagram story on [World Water Day](#) and [International Poetry Day](#)
- New [human interest story](#) on severe acute malnutrition in Timbuktu
- [Photo story](#) on severe acute malnutrition in Mopti
- [Press release](#) on the arrival of vital nutrition and health supplies in Mali
- [Statement](#) on the impact of COVID-19 on children's rights and related [interviews](#)
- [RFI report](#) on remote learning in Mali
- Washington Post [article](#) on the possible aggravation of maternal and infant mortality in countries like Mali, with quotes from a midwife in Bougouni, Sikasso region
- Interview of Chief of communication and Mopti Head of office with "The Independent" daily newspaper on COVID-19 in Mali with focus on a displaced child, Hamsa Bolly, raising awareness on prevention measures (*not published yet*)
- Chief of communication Interview with the Daily Newspaper [Neue Zürcher Zeitung](#) on the situation of children's rights in Sahel region

Next SitRep: 31 July 2020

UNICEF Mali Facebook: <https://www.facebook.com/unicefmali/>

UNICEF Mali Twitter: <https://twitter.com/unicefmali>

UNICEF Mali Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/Mali.html>

**Who to contact
for further
information:**

Felix Acebo
Representative a.i
UNICEF Mali
Tel: (+ 223) 44 97 69 69
Email: lelmi@unicef.org

Macoura Oulare
OIC Deputy
Representative,
UNICEF Mali
Tel: (+223) 75 99 54 44
Email:

Anne Daher Aden
Chief of Field Ops and
Emergency,
UNICEF Mali
Tel: (+223) 75 99 62 50
Email: Adaheraden@UNICEF.org

Annex A

Summary of Programme Results

| Sector | Overall needs | UNICEF and IPs Response | | | Cluster/Sector Response | | |
|--|---------------|-------------------------|----------------|--------------------------------|-------------------------|----------------|--------------------------------|
| | | 2020 target | Total results* | Change since last report ▲▼ | 2020 target | Total results* | Change since last report ▲▼ |
| Nutrition | | | | | | | |
| Number of children under 5 years affected by Severe Acute Malnutrition (SAM) admitted for treatment | 188,053 | 188,053 | 62,585 | 13,424 | 166,154 | 13,424 | 62,154 |
| Number of Caregivers of children reached with infant and young child feeding counselling (M/F) | 558,212 | 110,000 | 88,250 | 9,094 | 150,000 | 88,250 | 9,094 |
| Health | | | | | | | |
| # children under 5 vaccinated against measles | NA | 806,000 | 112,387 | 8,621 | | | |
| # children under five reached each round of polio campaign in northern regions | NA | 1,140,000 | 88,042 | 5,758 | | | |
| WASH | | | | | | | |
| # People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene | 953,103 | 406,750 | 70,452 | 21,732 | 953,103 | 166,661 | 27,061 |
| # people accessing appropriate sanitation facilities | 50,000 | 40,000 | 6,400 | 850 | 50,000 | 39,086 | 4,050 |
| # Children accessing WASH facilities in learning environments | 210,000 | 20,000 | 2,000 | 2,000 | 210,000 | 8,580 | 2,700 |
| # SAM children receiving a WASH kit and hygiene promotion session | 57,853 | 2,000 | 700 | 0 | 57,853 | 2,532 | 0 |
| Child Protection | | | | | | | |
| # Children accessing psychosocial support, including in child-friendly spaces and other safe spaces | 1, 207, 073 | 160,000 | 26,744 | 8,760 | 240,000 | 29,094 | 9,317 |
| # Children separated from armed groups accessing socio-economic reintegration support | | 400 | 190 | 40 | 500 | 196 | 40 |
| # Unaccompanied and separated children accessing family-based care or appropriate alternative services | | 600 | 377 | 106 | 900 | 451 | 135 |
| # women and children accessing GBV response interventions | | 400 | 109 | 20 | N/A | N/A | N/A |
| Education | | | | | | | |
| # Children accessing formal and non-formal education | 564,327 | 90,000 | 6,231 | 0 | 333,178 | 57,117 | 871 |
| # Children receiving individual learning materials | 564,327 | 90,000 | 3,759 | 0 | 237,984 | 31,467 | 349 |

* Table footnotes.

Annex B

Funding Status*

| Sector | Requirements | Funds available | | Funding gap | |
|----------------------|-------------------|-----------------------|------------------|-------------------|------------|
| | | Received Current Year | Carry-Over | \$ | % |
| Nutrition | 20,500,000 | 10,171,352 | 1,754,071 | 8,574,577 | 42% |
| WASH | 14,400,000 | 982,465 | 357,842 | 13,059,693 | 91% |
| Health | 1,600,000 | 116,091 | 120,613 | 1,363,296 | 85% |
| Child Protection | 4,850,000 | 1,613,527 | 1,232,416 | 2,004,057 | 41% |
| Education | 9,000,000 | 496,700 | 34,326 | 8,468,974 | 94% |
| Cluster Coordination | 1,500,000 | 468,906 | 348,294 | 682,800 | 46% |
| Total | 51,850,000 | 13,849,041 | 3,847,562 | 34,153,397 | 66% |

* As defined in Humanitarian Appeal of 30/07/2019 for a period of 6 months