UNICEF Mali Situation Report

Date: 25 May 2012

Highlights

- It is now estimated that some 4.6 million Malians face food insecurity this year and 175,000 children under 5 are at risk of severe acute malnutrition.

- The conflict situation in the North of Mali continues to exacerbate a larger food insecurity and nutrition crisis affecting the entire Sahel region. The total number of Internally Displaced People in Mali (IDPs) is estimated over 150,000.

- According to UNHCR, 166,968 Malian refugees have been officially registered in Mauritania, Burkina Faso and Niger. At least 30,000 refugees more are in Algeria according to the Algerian government.

- In the first quarter of 2012, some 18,283 children under 5 have been admitted for treatment for severe acute malnutrition, of which 5,332 have fully recovered and been discharged.

- UNICEF has sent humanitarian assistance to four regions in the north (Timbuktu, Kidal, Gao, Mopti) and selected regions in the south to cover the medical needs of 70,000 people for one month through basic Interagency Health Kits, the household water needs of 9,300 people. In addition UNICEF has distributed 11,401 cartons of ready-to-use therapeutic food.

- The crisis in the north of the country has dramatically increased the risk from diseases such as cholera, measles and polio, and could increase maternal and infant deaths. A scheduled polio campaign did not take place last week in the north due to lack of access. An estimated 1,600,000 people are at risk of cholera.

- The CAP process, coordinated by OCHA, has started on the 3rd of May and will be finalised early June; UNICEF is also working on a revision of funding needs to be reflected in the revised Humanitarian Action Update. While much has been achieved, UNICEF and the humanitarian community needs to massively scale up interventions. More resources and partners needed to meet the needs.
Situation & Humanitarian Needs

- The conflict situation in the North of Mali (Gao, Kidal, and Timbuktu) continues to exacerbate a larger food insecurity and nutrition crisis affecting the entire Sahel region. Mali’s caretaker president Dioncounda Traore will have his mandate extended beyond a 40-day period which expired Monday the 21st of May.

- UNICEF and its partners have been collecting all possible information to meet the needs of an estimated 4.6 million people affected by the drought in the entire country with more than half of the population being children. Preliminary findings provided by the MoH show limited functioning of the health centres at district and sub-district levels due to the lack of supply and personnel that was evacuated from those locations.

### Estimated Affected Population
*(The estimated MAM children has changed since last Sitrep submitted on the 23 April 2012)*

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>13,802,000</td>
<td>7,070,697</td>
<td>6,731,303</td>
</tr>
<tr>
<td>Children under 18</td>
<td>7,453,080</td>
<td>3,818,176</td>
<td>3,634,904</td>
</tr>
<tr>
<td>Children Under Five</td>
<td>3,114,000</td>
<td>1,595,287</td>
<td>1,518,713</td>
</tr>
<tr>
<td>Children 6 to 23 months</td>
<td>1,245,600</td>
<td>638,115</td>
<td>607,485</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>690,100</td>
<td>Not applicable</td>
<td>690,100</td>
</tr>
<tr>
<td>Affected population (food insecurity)</td>
<td>4,600,000</td>
<td>2,346,000,000</td>
<td>2,254,000</td>
</tr>
<tr>
<td>Children Under Five with Severe Acute Malnutrition (SAM)</td>
<td>175,000</td>
<td>89,652</td>
<td>85,348</td>
</tr>
<tr>
<td>Children Under Five with SAM and medical complications</td>
<td>11,068</td>
<td>5,670</td>
<td>5,398</td>
</tr>
<tr>
<td>Children Under Five with Moderate Acute Malnutrition(MAM)</td>
<td>385,000</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Total Displaced Population</td>
<td>200,000</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Children Displaced</td>
<td>100,000</td>
<td>50,000</td>
<td>50,000</td>
</tr>
</tbody>
</table>

Sources: UNICEF Humanitarian Action Update 06 Feb 2012; OCHA Proposed Humanitarian Dashboard 18 May 2012; UNICEF State of the World’s Children 2010 (proportion of total population); Estimates based on OCHA Situation report, 14 May 2012 and the remaining amount of population estimated being host families. Sex disaggregation based on the percentage of male and female in the north part of the country (regions of Kidal, Gao, Timbuktu, Mopti); Estimates based on the number of displaced people and on average of six persons per family and 3 members of the family under the age of eighteen plus estimated number of host communities. Sex disaggregation based on the percentage of male and female in the north part of the country (regions of Kidal, Gao, Timbuktu, and Mopti) based on RGPH 2009. Estimates based on 2009 Census, percentage male and females.

- The lean season in Mali is putting vulnerable children at higher risk to slip into severe acute malnutrition (SAM). The estimated annual caseload of SAM in 2012 is 175,000 children under 5 years of age but with the current situation in the country, that number could rise to 220,000 in the worst case scenario. Due to UNICEF’s early preparation for response to the worsening food insecurity and associated nutrition crisis, the pipeline of WASH kits and Ready-to-Use Therapeutic Food (RUTF) have been secured with increasing number of supplies coming into the country.

- As of the 19th of May more than 300,000 people have fled their homes as a result of the conflict including over 160,000 Malian refugees who fled to neighbouring countries and approximately 200,000 people in need including an over 150,000 internally displaced persons and host families. This number is expected to increase due to fears of military retaliation. Within this
In a volatile context, UNICEF continues increasing its surge capacity, including the coordination of clusters to meet the humanitarian needs of Mali’s children and women.

- Significant movements are taking place in the North towards the South and interior parts of the country as well as towards neighbouring countries: 41,128 refugees in Niger, 61,658 in Burkina Faso, 64,182 in Mauritania and over 30,000 in Algeria according to the Algerian Government. All the assessment undertaken to date report that the displaced persons have limited access to water and health services, education, protection and nutrition services.

- UNICEF is in the process of coordinating with other UN agencies and partners to assess needs and establish improved access in the North of the country. UNICEF has currently requested a total amount of US$ 33.3 million of which US$ 25.8 million for emergency response to children and women affected by the food/nutrition crisis and US$ 7.5 million to respond to the displacement of over 200,000 people in Northern Mali.

**Inter-agency collaboration**

- Following the activation of the clusters in March, UNICEF is leading the Nutrition, WASH and Education (co-lead with Save the Children) Clusters, the Child Protection sub-clusters; GBV sub-cluster is now under the leadership of UNFPA). In addition, WFP is leading the Food Security, the Communications and Logistics clusters, WHO the Health Cluster and UNHCR the Protection Cluster.

- The Child Protection sub-cluster has finalised the assessment in the south of Mali (Kayes, Ségou, Koulikoro and Sikasso) conducted in conjunction with the education cluster and WASH. The assessment provides results and critical information on how the food/nutrition crisis is further putting children at risk of family separation, neglect, violence and abuse (selected preliminary findings are provided in the Child protection section below).

- The WASH cluster has requested, in coordination with the implementing partners, the deployment in Mali of a rapid assessment team (RAT) to gather information across the country on water, hygiene and sanitation. The team arrived the 9th of May for a period of one month. The findings from this mission will contribute to tailor the humanitarian response while complementary evaluation and monitoring interventions will be conducted in the following months.

- The Nutrition Cluster is working on nutrition intervention mapping at district and health areas level to strengthen partnerships and avoid overlap between partners. The cluster team is working on developing of a nutrition information data system to regular update caseloads mapping, number of SAM and MAM children treated.

- A CERF proposal is being finalized which will provide an integrated package of interventions to the conflict-affected population for WASH and Nutrition, Health, Child Protection and Education. The proposed interventions will also include a monitoring and evaluation component.

- The United Nations is finalising the consolidated appeal process (CAP) that will be launched at the beginning of June. The CAP process has been useful not only for the possibility to appeal for humanitarian funding but mainly to strengthen the inter-agency and inter-cluster collaboration and improve the coordination of the interventions among implementing partners.

**Programme Response**

- UNICEF has finalized six pre-agreements with ACF, Alima, MSF, MDM, CARE and Solidarités International to allow for an immediate response to the emergency in the north. UNICEF is discussing cooperation agreements with up to 18 partners to scale up the response to the current complex emergency.

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1 Note that where relevant, UNICEF, as cluster lead agency, is responsible for information management of the cluster and sharing overall results achieved by the cluster collectively.
UNICEF is working on providing an integrated package of interventions (nutrition, child protection, health, education and communication for development) to respond to the food/nutrition and IDPs crises.

To respond to the food/nutrition crisis UNICEF has dispatched 9,109 cartons of RUTF to the conflict affected regions in the north where the access is still limited and in the south of the country. UNICEF with partners will also started the training for health personnel on the revised CMAM and IYCF protocol training and 62 health personnel will be trained the last week of May. UNICEF has also finalised the strategy for the distribution of RUTF in the country using the health centres as supply hubs for further distribution in the most remote areas.

UNICEF has provided partners with an initial supply of 20 basic Inter Agency Emergency Health (IEH) kits (1 in Mopti, 3 in Gao and 1 in Kidal, 15 in Timbuktu) targeting 60,000 people. The kits are being used to provide mobile health services for communities and fixed health facilities, many of the latter are being reported as damaged or looted.

UNICEF is preparing partnerships for an integrated WASH, Health, Nutrition and Protection response to vulnerable populations with Médecins du Monde Belgium for Kidal, Mopti and Gao Regions; with Oxfam in the Kayes region and with CARE Mali in the Mopti Region. While UNICEF has been working on building partnerships, the recent changes in the regions of Kidal, Timbuktu, Gao and part of Mopti falling in the hands of the various non-state actors have delayed the operationalization of these partnerships.

UNICEF has completed the work on the definition of sectoral targets and is also assessing the option and feasibility of using a private company to roll out third party monitoring in affected regions with particular focus on the north of the country. UNICEF is also finalising the recruitment for a consultant that will work on results tracking system and online database in line with the strengthening of the Humanitarian Performance Monitoring.

**UNICEF’s Emergency Response**

**Nutrition**

UNICEF’s key nutrition priorities during the next 6 months are to deliver a minimum package of effective nutrition interventions to vulnerable women and children under-5 years. The package contains the following key elements: Screening of acutely malnourished children, management of severe acute malnutrition (SAM), promotion of infant and young child feeding (IYCF), micronutrient supplementation (particularly through Child Health Days) and an immunization campaign in Northern Mali.

Several operational partners are carrying out assessment missions in the Northern regions of Mali (Gao, Kidal and Timbuktu) in order to evaluate the possibility to reopen their programs that have been interrupted due to the conflict. One of the difficulties that the programme is having is to have data from the northern regions due to the limited access caused by the conflict.

Since January 2012, 18,283 0-59 SAM children have been admitted for treatment for severe acute malnutrition; 5,332 have been recovered from SAM. UNICEF has delivered 9,109 cartons of ready-to-use therapeutic food (RUTF).

UNICEF interventions in nutrition are not only focused to the north but particularly in the south where the country has 87% of the total global acute malnutrition caseloads.
UNICEF has supplied Vitamin A for an integrated vaccination campaign carried in Tessalit in Kidal region. Preliminary data from the campaign that was held on April 25 to May 4 shows that 2,339 6-59 month old children have received Vitamin A (60% of the targeted population).

UNICEF is starting to support the training on Community Management of Acute Malnutrition (CMAM). The training will be organized with the support of the national task force established by the Government (central, regional and district levels), UNICEF, WFP and NGOs specialized in CMAM and IYCF. These trainings will reach 3,000 health staff in six regions of Mali (Kayes, Koulikoro, Ségou, Mopti, Sikasso and Bamako). 62 health staff will be trained at the end of May on the revised protocols of 2011 regarding Community-Based Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) for six regions of Mali. For the north of Mali, NGOs will train health staff still present in health structures allowing the reactivation of the health system.

The minimum nutrition package is implemented through active cooperation agreements (PCAs) with seven NGOs (ACF, French Red Cross, Belgium Red Cross, Alima, Welthungerhilfe, ex-Agro Action Allemande – AAA, Yag-Tu, APH) and commitments to the Ministry of Health through Nutrition Division and Regional Directions of Health. Some NGOs having a PCA with UNICEF are under-discussion for geographical extensions and new locations (ACF, MDM-B, French Red Cross, Belgium Red Cross, Alima). Other NGOs are under-discussion for signing project cooperation agreements (Save-US, AVSF, ASDAP, WV, IRC).

<table>
<thead>
<tr>
<th>Estimated #/% coverage</th>
<th>UNICEF &amp; operational partners</th>
<th>Sector / Cluster</th>
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<tbody>
<tr>
<td></td>
<td>UNICEF Target</td>
<td>Cluster Target</td>
</tr>
<tr>
<td>Children 0-59 months with Severe Acute Malnutrition admitted for therapeutic care</td>
<td>175,000¹</td>
<td>175,000</td>
</tr>
<tr>
<td></td>
<td>18,283²</td>
<td>18,407</td>
</tr>
<tr>
<td></td>
<td>% of Target Achieved</td>
<td>% of Target Achieved</td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

¹Annual targets. ²Partial data: Period end 2011 to March 2012 for the regions of Kayes, Koulikoro, Ségou, Sikasso, Timbuktu, Gao, CHU Gabriel T, Bamako. The number includes 7,906 newly admitted SAM cases.

Note: UNICEF and Cluster Target are the same; UNICEF is the main supplier of RUTF for cluster partners.
**Nutrition Cluster:** [http://sites.google.com/site/maliclusternutrition2012](http://sites.google.com/site/maliclusternutrition2012)

- There are now 40 registered nutrition cluster partners in country (Institutional, UN, National and International NGO’s and donors).
- A cluster coordinator and an information manager are now on board. Maps are regularly produced, updated and disseminated with the nutrition cluster partners. A website dedicated to Nutrition Cluster was created ([http://sites.google.com/site/maliclusternutrition2012](http://sites.google.com/site/maliclusternutrition2012)) and is providing updates on nutrition and on the presence of partners in the conflict affected areas and in the south of the country.
- While the interventions will cover the entire country, eight priority districts which are the most affected, have been identified for the nutrition interventions (Koulikouro: Nara; Timbuktu: Timbuktu, Diré, Goundam, Gourma, Rharous, Niafunké; Gao: Bourem). Five sub-working groups have been created within the nutrition cluster: (i) National nutrition emergency plan development, (ii) CMAM, (iii) IYCF, (iv) Nutrition Surveillance, (v) Issues regarding user fees.

**WASH**

**UNICEF and partners’ programming**

- UNICEF delivered 1,550 WASH/Non Food Item (NFI) kits including water treatment tablets, soap, jerry cans as well as tarpaulins (for temporary shelters), blankets, cooking pots to address the needs of 9,300 internally displaced people in Timbuktu, Kidal, Gao, Mopti and Ségou.
- UNICEF is supporting the MoH to establish an operational action plan for the prevention of cholera in the regions of Timbuktu, Gao, Mopti, Kayes, Koulikoro, Sikasso, Segou and Bamako. UNICEF is finalizing a partnership with AVSF to realize 16 water supply systems. The project area is located in a pastoral areas north of Timbuktu and Gao; these areas hosts an estimated 600 households.
- UNICEF has purchased key equipment for the WASH response including generator sets, submersible pumps, water tanks, water purification unit and squatting plates to build latrines. These supplies will cover the survival needs of 20,000 households affected by conflict in the north.
- UNICEF is working with partners in the conflict affected regions of the North (Gao, Kidal and Timbuktu), in the region of Mopti bordering with the conflict affected areas and in south.
- In the framework of the WASH response plan, UNICEF has provided a complete set of services in vulnerable schools, including latrines, water points, hygiene kits to an estimated 52,045 school children in the regions of Koulikoro, Mopti and Sikasso with a total target of 242,537 school children (including 928 teachers). This is important considering that Mopti and Sikasso are hosting IDPs (11,560 and 2,674 respectively2) from the northern regions and Koulikoro and Sikasso are among the most affected regions for nutrition.
- To respond to the various crisis (food/nutrition crisis, conflict and anticipated cholera outbreaks), the WASH Programs finalising 7 strategic partnerships with INGOs (Oxfam, IRC, Care, Handicap International, Mercy Corps, MDM Belgium and Solidarités International) to provide an integrated including WASH, Health, Nutrition, Protection and Education interventions to respond to vulnerable populations in the 50 priority districts.
- Fast track pre-agreements have been signed with Alima, CARE, MDM Belgium, MSF, and Solidarité International and essential WASH supplies have been delivered for vulnerable populations. UNICEF is currently working on the finalisation of the cooperation agreements.

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2 Mali, Complex Emergency - Situation Report No. 5, 22 May 2012
The WASH sector is significantly underfunded and requests urgent and strong attention from donors and partners.

<table>
<thead>
<tr>
<th>Estimated #/% coverage</th>
<th>UNICEF &amp; operational partners</th>
<th>Sector / Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
</tr>
<tr>
<td>Emergency affected population provided with WASH kits or with NFI+WASH kits</td>
<td>880,200</td>
<td>9,300</td>
</tr>
<tr>
<td>People receiving hygiene promotion</td>
<td>880,200</td>
<td>9,300</td>
</tr>
<tr>
<td>School children benefiting from an improved learning environment</td>
<td>242,537</td>
<td>52,045</td>
</tr>
</tbody>
</table>

List of UNICEF Operational Partners: Government: Ministry of Water, Ministry of Environment and Sanitation, Civil Protection, Ministry of Health and their decentralized services at regional and district levels. NGOs: Médecins du Monde Belgique, MSF, ACF, Care, Oxfam, Save the Children, IRC, Solidarités International. 1 Target on the way to be further defined and currently including “affected population provided with household water treatment and safe storage material” and “women, men and children with access to hygiene items and sensitized to safe hygiene practices”.

WASH Cluster

- There are 61 cluster members registered including implementing partners and agencies. The WASH cluster has been established and has already developed the WASH cluster strategy and a road map till December 2012 to respond to the emergency response. The WASH standards have been defined and adopted by the implementing partners.
- Currently all the WASH partners are in the process of finalising the Consolidated Appeal Process that will be launched at the beginning of June.
- The cluster has created a strategic advisory group and technical working group on needs assessment and information management that has already adopted a strategy. The information management working group is producing updated maps and data on the movement of the population leaving in the conflict affected areas in the north and on the different WASH interventions implemented on the ground. A database of operational partners in the field of WASH has also been developed and includes a roster of technicians ready to be deployed to the north.
- The WASH cluster has requested an independent rapid assessment team (RAT) to gather information across the country, in coordination with the implementing partners, on water, hygiene and sanitation on the affected population (see the map below). The team has arrived the 9th of May and will be in-country for one month. The findings from the rapid assessment will be used to tailor the humanitarian response and also suggest additional evaluation and monitoring interventions to be conducted in the following months. The team will also work to strengthen the cluster information management system.
- Coordination with key partners from the government (Ministry of Water, Ministry of Environment and Sanitation, Civil Protection, Ministry of Health) is on-going and UNICEF has identified vulnerable zones to implement WASH interventions such as awareness messages (through radio, TV and SMS) on water and latrines treatment, hand washing for the entire country with particular focus on the districts prioritized under nutrition and flood-prone areas vulnerable to cholera outbreaks.
UNICEF is also establishing a WASH in Emergency Toolkit that gathers in a simple ready-to-use file, key methodologies, technical designs, standards and communication material in order to implement simple low-cost WASH interventions for vulnerable populations.

**Proposed assessment missions to be conducted by the WASH rapid assessment team**

![Map of areas prone to cholera](image1)

**Map of areas prone to cholera**

**Health**

**UNICEF and partners’ programming**

- Despite persistent challenges in accessing the population living in the three regions affected by the conflict UNICEF has been able, working with International NGOs, to deliver a package of services including measles vaccination, distribution of Vitamin A and deworming tablets (Albendazole). The initial data received so far from the Tessalit area of Kidal region indicates that 2,122 children have received deworming tablets (or 67% of the targeted population) and
1,843 less than five children have received measles vaccines. In the Dire area of Timbuktu 2,003 less than five children were vaccinated against measles.

- Emphasis has also been placed on the re-establishment of service delivery in health facilities by government staff or INGO support. Fixed and mobile health services have recommenced in 7 out of the 16 conflict affected districts, facilitated by medical kits and equipment supplied by UNICEF to INGOs. Reports detailing results achieved are still being compiled. UNICEF is also working in partnership with WHO and the National Federation of Community Health Associations (FENASCOM) to facilitate the re-launching of service delivery in facilities with significant presence of government staff.

- The health program is exploring further options for collaboration with more NGO partners to scale up access to essential interventions. A national NGO, Groupe Pivot Santé, is finalizing a proposal to vaccinate all the children under five in Timbuktu region against measles and polio, with the administration of Vitamin A and deworming.

- Pre-Agreements have been signed with three international NGOs to ensure the immediate start of basic curative and preventive services in three regions (Kidal, Timbuktu and Mopti). UNICEF has provided with an initial supply of 20 basic Inter-agency Emergency Health (IEH) Kits (Mopti, Gao, Kidal, and Timbuktu) reaching an estimated 70,000 people.

<table>
<thead>
<tr>
<th>Estimated #/ % coverage</th>
<th>UNICEF &amp; operational partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF Target</td>
</tr>
<tr>
<td>Children &lt;5 receiving measles vaccination (conflict-affected children in the north -3 regions: Gao, Kidal, Timbuktu)</td>
<td>276,493¹</td>
</tr>
<tr>
<td>Children dewormed (12-59 months) (IDPs conflict-affected children in the north -3 regions: Gao, Kidal and Timbuktu).</td>
<td>245,771¹</td>
</tr>
<tr>
<td>6-59 months children provided with Vitamin A</td>
<td>276,493</td>
</tr>
<tr>
<td>People benefiting from Inter-agency emergency health kits</td>
<td>360,000</td>
</tr>
</tbody>
</table>

List of UNICEF Operational Partners: Médecins du Monde (Kidal and Gao regions), Alima (Timbuktu region), Médecins Sans Frontières (Timbuktu region). ¹Annual target. ² 1,843 US children vaccinated against measles in the Tessalit area of Kidal and 2,003 US children vaccinated against measles in the Dire area of Timbuktu.

Health Cluster

- The Health cluster has finalised its response plan to respond to the crisis in the conflict affected areas and focuses on the provision of integrated package of interventions including Nutrition, WASH. The cluster response plan is being used for the finalisation of the health proposals included in the Consolidated Appeal Process.

- The Health response plan contains an updated detailed assessment conducted by the MoH on the functionality of health facilities in the northern regions. The findings show the region of Kidal having the least number of operational health facilities functioning with three out of four districts reporting not a single operational facility.

- Additional findings from the assessment indicate that three districts in Mopti region, bordering the north, have also been affected by the looting of health facilities with major consequences for service delivery. This information is helping the humanitarian actors to have more focused interventions to restore health facilities and reach the populations more in need in that region.
Summary of key health services data for emergency affected regions (Gao, Kidal, Timbuktu)

<table>
<thead>
<tr>
<th>Key health services data</th>
<th>Gao</th>
<th>Kidal</th>
<th>Timbuktu</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Skilled health workers present in health services in emergency</td>
<td>25%</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>affected regions</td>
<td>(71/284)</td>
<td>(13/67)</td>
<td>(40/218)</td>
</tr>
<tr>
<td>% Health facilities operational in emergency affected regions</td>
<td>39%</td>
<td>10%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>(25/65)</td>
<td>(2/15)</td>
<td>(18/96)</td>
</tr>
<tr>
<td>% Facilities(^1) offering vaccination services in emergency</td>
<td>3%</td>
<td>5%</td>
<td>16%</td>
</tr>
<tr>
<td>affected regions</td>
<td>(2/71)</td>
<td>(1/20)</td>
<td>(15/23)</td>
</tr>
</tbody>
</table>


\(^1\)Health facilities and outposts.

- The MoH has submitted a recommendation to the new government for the suspension of user fees over the next six months for the three northern regions and districts bordering the north in Mopti region, which have continued to receive an influx of patients from the north.
- Epidemiological surveillance is gradually starting to function again in the north. Over the last two weeks, 53 cases of suspected measles and 39 cases of meningitis have been reported, with 5 measles deaths and vaccination activities against measles are underway in the affected parts of Timbuktu. No case of cholera has been reported so far.

HIV/AIDS

UNICEF and partners’ programming

- UNICEF has finalised its HIV&AIDS plan and decide to integrate HIV/AIDS in the health emergency response package, focusing on prevention activities due to low prevalence levels in northern Mali. Nonetheless, UNICEF is ordering 50 post-rape kits to ensure it can cope with reports of sexual violence. HIV/AIDs have been included as one of the working groups of the Health Cluster led by the World Health Organization.

Child Protection

UNICEF and partners’ programming

- UNICEF continues to evaluate the situation of children in the conflict and nutrition affected areas and focus as well on capacity development of key actors in Northern regions to assess the possibility to undertake child protection interventions. Identification of the most vulnerable population and the coordination of key actors to maximize the emergency response remains a major challenge.
- UNICEF has established a local network to gather information on child protection working closely with local organizations, civil society members and international NGOs in the north of the country. On the third week of May, introduction training to Child Protection in Emergencies was carried out with 20 members from civil society from the northern regions.
- Six cases of incidents by un-exploded ordinance have been confirmed, two children died. The recruitment of children by rebel groups continues. The current situation in the north is preventing children and mostly women from participating in education and recreational activities, particularly in Timbuktu.
- A first training on mine risk education has been held in first week of May in Bamako. 23 people participated over three-days, 8 of whom are members of local organizations working in the North.
UNICEF has procured CP and psychosocial supplies which will cover 2,500 children in the conflict affected areas as soon as increased access is possible.

Child Protection Sub-Cluster

- There are 25 cluster members registered including implementing partners and agencies. The cluster has worked on the mapping of capacities to strengthen inter-agency response that is being regularly updated showing a particular need for effort in the northern affected areas where the access and the information are limited.
- The joint CP/GBV sub-cluster has been split into two different sub-clusters, one leading child protection issues, another sub-cluster for Gender Based Violence issues.
- The Child Protection sub-cluster has finalised the assessment in the South of Mali (Kayes, Ségou, Koulikoro and Sikasso) with inclusions of questions related to education and WASH. The assessment provides results and critical information on how the food/nutrition crisis is further putting children at risk of family separation, neglect, violence and abuse.
- Preliminary findings, pending finalisation of the reports, show that children are:
  - At more risk of separation, dropping out of school to engage in work opportunities, more girls are exposed to sexual exploitation and sexual violence, and family relations are disrupted by the food crisis.
  - 55% of the interviewers have reported that they are waiting more than usual when accessing water points and that the quality and provision of water has reduced and therefore people need to reach water points very far located.
  - Sexual violence, according to the interviewers, has increased on women and 13-18 years old girls that are the most affected. The reasons are linked to the lack of access of water as girls have to walk longer distance to find water.
  - About 50% of the interviewers have reported that children have abandoned schools for the following reasons listed in decreasing order: Because children need to work, the cost of education, because they are hungry and because the family have left the village).
- UNICEF is engaging with key actors in the north and at country level to open and strengthen advocacy channels. As part of efforts to strengthen partner capacities, a training session was organized on the protection of children in emergency situations and gender-based violence where 18 participants from different organizations were trained last week of April. This activity was organized by the Child Protection sub-cluster.
- The Child Protection sub-cluster has produced key messages on child protection issues, which will be shared with the broad humanitarian community and will be broadcast through radio to the population affected by conflict in the north.

Education

UNICEF and partners’ programming

- The Ministry of Education continues to broadcast key messages via television and radio to sensitise displaced families that their children can be enrolled in schools in other regions including Bamako. As of today some 5,000 children from the northern regions of the first and second cycles of basic education have been registered in host schools in Bamako, Koulikoro, Ségou, Sikasso and Mopti,
- 23 Ministry of Education officials and International and National NGO personnel benefitted from a capacity building session in education in emergency, mine risk education and cluster
coordination (this activity was conducted jointly with child protection sector). Furthermore, agreement was reached on the finalisation of the education sector response plan.

- Through UNICEF advocacy, copyright authorization for a total of 22 textbooks in French, Math and Sciences were obtained for the different levels of the first cycle of basic education. Copies of each manual have been forwarded to the country offices of Burkina Faso, Niger and Mauritania for easy photocopying and use by Malian refugee children hence, the provision of Malian education materials to ensure that Malian children can continue their education using the curriculum of their country.

**Education cluster**

- The Emergency Education Working Group that has been established by the Ministry of Education with technical support from UNICEF adopted its Terms of Reference and agreed on a roadmap and action plan for the Education Emergency Response.
- The Ministry of Education requested from the humanitarian coordinator the activation of the education cluster. Save the Children has agreed to be education cluster co-lead with UNICEF. There is a strong will of the Ministry of Education to lead the emergency response and education partners are willing to collaborate and coordinate the joint efforts so as to reduce duplication of interventions.
- The education working group has identified schools in the north regions to benefit from the provision of educational materials. Implementing partners have provided 1,000 educational kits composed of textbook, pens, pencils slates, school bags and geometry tools to 1,000 primary school children in the areas of Kangaba, Kati, Baroueli, Kita and Mopti.

**Communications for Development (C4D)**

- UNICEF C4D is currently finalizing three Programme Cooperation Agreements (PCAs) with the Traditional Communicators Network (RECOTRAD), the Local Radios Network (URTEL) and the Association for Support to Development and Population Activities (ASDAP) which allow the implementation of effective communication channels.
- C4D in Nutrition plans capacity development for 2,252 community health workers and 228 professional health staff; also UNICEF plans to train traditional leaders, women, religious leaders, etc. in the nutrition priority districts across the country. Group counselling sessions and SMS communication are planned on essential family care practices aiming at community leaders and the wider public.
- UNICEF plans to use SMS via community leaders to promote the essential family practices utilization in addition to the dissemination of communication material to health centres. UNICEF will broadcast radio messages on Health, HIV, Child Protection, WASH, and Education to reach 100,000 IDPs in the north.
- UNICEF plans to include street theatre in 60 villages in Sikasso and Koulikoro to promote health seeking behaviours at the community level. In addition, 133 communities will receive local radio sensitization on nutritional practices targeting family with under-five children.

**Overall Programme Gaps**

- While access to the North is limited it is not impossible. Despite armed group control and compromised infrastructures, UNICEF has been able to deliver supplies and conduct assessments as previously indicated. Moving forward, it is imperative humanitarian actors come together quickly to agree on principles for the increased delivery of humanitarian assistance and propose a modus operandi in Mali’s current context. Upholding humanitarian principles while
meeting our commitments to respond to the needs of the most vulnerable population is paramount for UNICEF.

- UNICEF and partners are facing challenges in collecting overall and comprehensive information that could provide a better understanding of the impact of the food/nutrition crisis regarding child protection and GBV issues in the northern part of the country. UNICEF is trying to combine a mixed approach in terms of updating the situation analysis in the north of the country by collecting information through a variety of means and plans for third party monitoring activities to be conducted in those areas with limited access.

**Supply and Logistics**

- The office, with the support of WCA Regional Office, and Supply Division in Copenhagen has been able to airlift 8,000 tarpaulins from the United Nations Humanitarian Response Depot (UNHRD) from the Regional emergency stockpile in Accra to respond to the crises.
- UNICEF Mali is currently decentralizing supply (RUTF) to ensure that hard-to-reach communities are accessed, a plan which is currently on-going using 60 health district structures as hubs for redistribution to the 1,050 Community Health Centres.
- UNICEF has strengthened its storage capacity at central level with the rental of a 1,100 m2 warehouse located in the industrial area of Bamako.

**Human Resources**

- **Total Surge Staff mobilized:** 20 staff in total. 15 emergency staff currently on board.
- **Total Staff under recruitment:** 11 international professional fixed term positions have been approved by the emergency programme budget review and are being advertised.
- **Stand-by partners:** Nutrition cluster coordinator (International Medical Corps), WASH cluster coordinator (Action Against Hunger), Telecommunication Officer (Swedish Civil Contingencies Agency – MSB).
Funding (as of 18 May 2012)

<table>
<thead>
<tr>
<th>Country</th>
<th>Nutrition Crisis</th>
<th>Mali+3 Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total needs for 2012 (HAU)</td>
<td>Funds received</td>
</tr>
<tr>
<td>Mali</td>
<td>25,862,797</td>
<td>12,320,332</td>
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</tbody>
</table>

*HAU: Humanitarian Action Update (6 February 2012 - to be revised in June 2012) and IND: Immediate Needs Document (5 April 2012)

UNICEF Mali has finalized the reviewed emergency response plan and is currently working with the Regional Office to update the Humanitarian Action Update (HaU) accordingly. Considering the complexity of the humanitarian situation in Mali and the increasing needs, the funding requirements will be reviewed upwards in relation to the needs expressed in the Humanitarian Action Update (HAU) released on 6th February 2012. The revised version of the HAU will be released in June. In addition, the UNCT is in the process of finalizing a consolidated appeal process (CAP).

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed ‘unearmarked’ funding, which comprised 14 per cent of the funds contributed. ‘Unearmarked’ funding gives UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience building. Continued donor support is critical to continue scaling up the response.

Across Sahel, UNICEF received financial and material contributions from: Andorra, Australia, Canada, CERF, Denmark, Estonia, European Commission/EC, Finland, Japan, Netherlands, Norway, Republic of Korea, Spain, Sweden, United Kingdom, United States of America; and the Danish Committee for UNICEF, Finnish Committee for UNICEF, French Committee for UNICEF, German Committee for UNICEF, Hong Kong Committee for UNICEF, Iceland National Committee for UNICEF, Japan Committee for UNICEF, Netherlands Committee for UNICEF, New Zealand Committee for UNICEF, UNICEF Bulgaria, UNICEF-Chile, United Kingdom Committee for UNICEF, United States Fund for UNICEF.

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