UNICEF Mali

Supporting Women and Children Through an Emergency

unite for children
Cover Photo: Eight month old Samba Keita, at home with his mother, eats a ready-to-use-therapeutic-food provided by UNICEF. Just one week earlier, Samba was released from the local hospital in Kangaba, Mali where he was treated for severe acute malnutrition. © UNICEF/2012/Harandane Dicko

© United Nations Children’s Fund (UNICEF), Mali Country Office

Text: Elizabeth Kiem

Feature Stories: Elizabeth Kiem, Julia Spry-Leverton and Rachel Warden

Photos: Aboubacar Traouré, Harandane Dicko, Frank Kashando, Rachel Warden and Tanya Bindra

Design: Kerstin Vogdes Diehn
# TABLE OF CONTENTS

**REPRESENTATIVE’S FOREWORD**  
2

**OVERVIEW – THE IMPACT OF THE CRISIS ON WOMEN AND CHILDREN**  
4

**UNICEF’S COMMITMENT TO CHILDREN**  
12

- Child Survival An Integrated Approach  
  14
- Nutrition  
  15
- Health  
  18
- WASH  
  21
- Education  
  25
- Child Protection  
  28

**DELIVERING LIFE-SAVING SUPPLIES**  
32

**MONITORING PROGRESS FOR WOMEN AND CHILDREN**  
36

**DONORS AND PARTNERSHIPS FOR WOMEN AND CHILDREN**  
40

- Preparing for 2013  
  44
Life in Mali has always presented challenges for families. Access to basic social services is neither sufficient nor equitable. Malnutrition is a chronic problem, as is cyclical food insecurity. Mali’s high fertility rate stresses these weaknesses further; the result is an unacceptably high number of children dying every day of causes we know how to prevent.

UNICEF Mali has been part of a gradual improvement in infant mortality for half a century, but last year marked a watershed. In 2012 political instability in the capital and armed conflict in the northern part of the country tipped the scales, transforming a longstanding “silent emergency” for Malian children into an internationally recognized crisis.

This is a complex emergency, threatening children throughout the country on many fronts including health, nutrition, education and protection against different forms of violence. During 2012, the first year of emergency, UNICEF worked tirelessly with the government and other partners to save young lives both in the occupied north and in the south, where 85% of the population resides.

The situation remains urgent; it is imperative that a scaled-up humanitarian action continues. Malnutrition alone is predicted to threaten 660,000 children in 2013 and will not be adequately treated without the strong community-based initiatives made possible by UNICEF and its partners. UNICEF must continue to fulfil its Core Commitments to children by making
communities more resilient to external shocks and helping families re-establish the strong coping mechanisms this crisis has eroded.

Look at a mother from the northern desert city of Kidal – could there be a more resourceful, capable guardian of a child? For generations, she has shown us how to secure water, how to prevent malnutrition, and how to shield her child from the harsh elements. But, today, hundreds of thousands of these mothers have been driven from their homes by violence. Their displacement has been absorbed almost entirely by host families in Mali and in neighbouring countries. Tens of thousands of families, including those in our own staff, are feeding and sheltering as many as twenty additional people in their households – a sacrifice that did not go unnoticed by UNICEF Executive Director Anthony Lake when he visited Bamako in December.

We know that Malians are adjusting to these hardships – too often with short-term mechanisms that can have harmful long-term repercussions: withdrawing their children from school, relying on unsafe water sources that carry diseases like cholera, or restricting meals.

Our job is to support families during these hard times and to help strengthen the government structures that should protect children during this and future crises – for they are coming, anticipating an escalation of conflict in the north, UNICEF is working with authorities to educate and ensure adequate protection of innocent women and children. UNICEF is also considering contingencies for a pronounced economic crisis that may disrupt payments to state health workers and teachers – a scenario that could prove devastating for children.

UNICEF has worked in Mali since 1961. Ours is an important convening role, as we lead the coordinated strategies for a growing network of international, local and government partners in the key sectors of Nutrition, Water and Sanitation, Education and Protection. In all these interventions we work closely with our governmental partners and other United Nations agencies and NGOs. In 2013, we will enhance the response on a regional scale to bring integrated interventions to Malian refugees throughout West Africa.

Our commitment is evident in the surge of human resources and funding we have brought to a dynamic response operation. This scaled-up capacity would not be possible without the sustained quality funding of our donors – funding that allows UNICEF the essential flexibility to direct resources and interventions where needed and to strengthen preparedness and resilience building. This support helps UNICEF to fulfill its Core Commitments for Children and transform humanitarian intervention into early recovery and lasting progress for children.

In Mali, we are running a marathon, not a sprint. It is important that we work with a sense of urgency, but also work for sustainability in the long term. We must strengthen the social fabric; make it more resilient in the face of political crisis and natural disaster. This is the biggest benefit we can offer the children of Mali.
Overview
The Impact of a Complex Crisis on Children and Women
Life Lessons in the North

In 2012, thousands of young Malians learned lessons in conflict, politics, and geography the hard way – through first-hand experience of territorial dispute, geopolitical instability, cultural persecution, and forced exile.

Their struggle began in January, when armed groups in the vast northern desert region battled government troops for control of key cities. Within months the government was driven out of two-thirds of the country, leaving families with the hard choice of leaving their homes or living under an inhumane occupation force.

“We are not here for our own pleasure,” explains the father of five who moved his family from their home Timbuktu after he was ordered to quit his job as a teacher. “What made me decide was not lack of work, but the future of our children.”
Today, many schools throughout the north are closed, either entirely or closed to girls. The imposition of Sharia law by armed Islamist forces has robbed girls and women of their human rights and exposed them to physical and mental abuse. Young boys are equally vulnerable, as targets of forced recruitment or pressure to become martyrs in a cause they do not share.

Health centres are shuttered or operating at minimal functionality, their equipment and supplies looted and their staff dispersed. Even in the main Northern cities, parents are denied the income of their former jobs and confronted with inflated prices in the markets. They struggle to feed their children.

More than 340,000 people have quit the north. About half of them are children who reflect on a changed life.

“We brought nothing,” says 14-year-old Bintou, who like many Malians is displaced within her own country and lives with relatives in the south. “And here there is no electricity or drinking water. The first thing we did was go to the market to buy two pans and a charcoal stove.”

“I have friends here. But I don’t speak their language so well,” says a five-year-old boy about his new school, where classes in the early grades are conducted in Bambara.

The effects of trauma that displaced children have witnessed will be with them for a long time; perhaps for their entire lives. Sixteen-year-old Aishata
fled from Timbuktu with her brother. Even after she was safe in the south, Aishata couldn’t eat properly for weeks afterwards.

“I saw men with arms coming into the town,” she says. “I was afraid of becoming one of those innocents who had been harmed by them.”

POLITICAL INSTABILITY AND NUTRITION CRISIS IN THE SOUTH

The vast majority of Mali’s population lives outside the conflict zone, in the south. Here, UNICEF is able to pursue its regular long-term programmes, bridging those structural gaps that weaken community resilience.

But if the situation for children is safer in the south, it is far from secure. In March, a faction of the Malian army toppled the government in Bamako. In December, the army moved again, ousting the eight-month-old transitional

Moussa Touré

“I have three children of my own, but now I am responsible for twenty more. Eight of them are in primary school, and 14 are in secondary. I am managing to pay for their schooling, even though my wife and I are the only ones with income. I’m suffering, but my kids are thrilled to have so many cousins.

“All told there are 27 people in my home compound. It is so full that four of my sisters, who waited to come to Bamako, and now really want to come, are stuck in Timbuktu. There’s just no room under my roof. Their husbands lost their jobs. They have nowhere to go.

“One of my brothers will be leaving next week. He came to Bamako for medical treatment but now that he is better, he wants to return to Gao. He’s a teacher. He says the kids there need him. A lot of the teachers in the north, before the crisis, were actually from the South. They were sent there by the Ministry of Education to fill the pedagogical ranks. Most of them left as soon as the unrest began, but my brother, he wants to go back.

“Among my wife’s family are the wives and the sons of the senior Imam of the Great Mosque of Djingarabar. The Islamists won’t let him leave. They want his help in spreading Sharia. My wife’s parents are with us too, and that’s awkward. I’ve been able to feed and house and clothe all these relatives, but it’s a real problem having the in-laws. It’s not in our culture to share a house with your in-laws; so, I have to take great pains not to intrude on their privacy.

“Tony Lake, the Executive Director of UNICEF came to Mali and the first thing he did was meet with those of us who are hosting families from the north. He said he appreciated the sacrifices we are making, and that it was touching for him to see our resilience. We appreciated that.”
government. The instability has forced major donors to suspend foreign aid except humanitarian assistance, impacting social spending. Prior to the coup, fully one-third of the national budget came from donor support.

Against this background of political and economic uncertainty, a “silent emergency” is claiming fewer headlines, but more deaths. Malnutrition is chronic in Mali, and contributes to the high levels of child mortality. One in three child deaths are due to under nutrition. Of those that survive, stunted growth and cognition will affect a third.

Since a devastating drought in 2011 caused food insecurity across the Sahel, Mali is seeing critically high levels of child malnutrition. Although the incoming harvest is predicted to be a good one for Mali, it will not provide an easy fix to a problem that is linked to multiple factors such good feeding practices, hygiene and sanitation. Considering current and anticipated humanitarian challenges in the country, UNICEF needs to expand the quality and quantity of treatment of severe malnutrition in 2013.

UNICEF’s mandate is to fulfil the Core Commitments for Children whose rights are at risk of being both systematically abused and situationally denied.

These rights go beyond protection from armed conflict and child recruitment, though these dangers are among the most alarming and evident in the press. More fundamentally, children in every part of the country need guarantees that they will receive basic services – from clean water and vaccination to quality schooling and healthcare.
A cluster is a “sectoral coordination group” of humanitarian actors. It brings actors together under the leadership of an agency or organisation designated as cluster lead. The aim of a cluster is to coordinate the actions of sector actors in order to more effectively and efficiently respond to needs.

**CAPITALIZING ON EMERGENCY TO IMPROVE CHILD WELFARE**

The transition from long term, sustainable, development work in line with a stable government to a rapid-response emergency operation in a politically fluid environment has been challenging. But the result is a quantifiable increase in aid and humanitarian expertise in the country that allows UNICEF and its humanitarian partners to address the needs of the “whole child.”

This comprehensive response includes, among other interventions: delivering supplies to health centres; training village health agents in nutrition care; strengthening and supporting government social services; and educating community leaders on a wide range of risks to children – from unexploded ordnances that litter the north, to the practice of child marriage and female circumcision that is accepted widely throughout the south. It is a multi-dimensional approach that aims to advance long-term development goals even as it meets immediate emergency humanitarian needs.

Since March 2012, UNICEF is leading the coordinated response to emergency interventions in the sectors of education, nutrition, water, hygiene and sanitation in Mali and has also a leadership role in the sub-cluster on Child Protection.

Results of these programmes are closely analysed according to a newly developed Humanitarian Performance Monitoring System, which sets targets of achievement in accordance with each of the Core Commitments for Children. Currently, UNICEF Mali tracks achievements against 30 core commitments in the areas of Health, Nutrition, Water Hygiene and Sanitation (WASH), Education and Child Protection, employing Third-Party Monitors to ensure accountability.

Through strengthened partnerships, sustainable integrated interventions, a strong supply chain and long-term planning, UNICEF Mali is responding to a crisis that is far from over; as the food insecurity eases, political insecurity worsens. There can be no socio-economic improvement for a population that does not have faith in a lasting peace.

The coming year offers an opportunity for Malians to take advantage of the humanitarian expertise in-country. This scaled-up presence and technical support needs the participation of both government and civil society to ensure that the children of Mali are protected from the fallout of socio-economic and political upheaval.

“The first-responders in any crisis are the Malians themselves,” says Emergency Coordinator Carole Vignaud. “We need to ensure that we are able to give them support and training that they need to not only respond to an emergency but to continue practices to protect children for the long term.”
DEFINING A COMPLEX CRISIS

CHRONOLOGY

Late 2011 – Sahel-wide drought, poor harvest and food insecurity. The Government declares a food production deficit due to drought, poor crops and increasing food prices.

January 2012: Fighting erupts in the north between Tuareg rebels (MNLA) and government troops, causing insecurity and significant displacement of people to areas within and outside the country.

March 2012: National government is deposed by military officers; United Nations activates cluster system to coordinate emergency response; UNICEF leads Nutrition, WASH and Education clusters as well as the sub-cluster on Child Protection. ECOWAS and the United Nations Security Council condemn the coup and donors suspend all but humanitarian aid to Mali.

April: Taking advantage of the coup, MNLA (National Movement for Liberation of Azawad) seizes control of the northern regions of Kidal, Timbuktu and Gao representing two-thirds of the country and declares independence; looting of humanitarian supplies commences. Interim government installed in Bamako.

May: MNLA joins forces with Islamist groups in North (Ansar Dine & Al Qaida in Maghreb); Sharia law introduced in north and insecurity increases hampering humanitarian operations in the north; Bamako reels from second attempted coup.

June: Islamist groups (MUJAO Movement for Unity and Jihad in West Africa ) wrest control of Northern towns from MNLA. Consolidated Appeal (CAP) launched by the United Nations to assist 5.06 million people affected by nutrition crisis and 2.2 million people affected by conflict.

July: Cholera outbreak in Gao.

August: Height of lean season; spike in severe malnutrition cases; National Unity Government formed in Bamako; cholera outbreak contained with just 12 deaths.

September: Flooding in five southern regions complicates humanitarian response; Islamist groups consolidate power in North and take town of Doentza;

The Interim Malian President, Dioncounda Traoré, requested military assistance from the Economic Community of West African States (ECOWAS) and the United Nations including for support to a government offensive to re-conquer the northern regions held by the Islamist rebels; The Ministry of Education declare 24 September as the first day of the 2012/2013 school year. However, schools in the regions of Timbuktu and Gao face difficulties to recommence as planned.

October: UN Security Council demands armed groups to cease activities in North; The United Nations Security Council has unanimously approved Resolution 2071 (2012) requesting a plan for a military operation in northern Mali.

November: ECOWAS announces plans for military intervention.

December: Prime Minister forced by military officers to resign.

ANATOMY

“Complex emergency” is defined by the Inter-Agency Standing Committee (IASC) as a humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the on-going United Nations Country Programme.

Complex emergencies are typically characterized by:

- Extensive violence and loss of life
- Massive displacement of people
- Widespread damage to societies and economies
- The need for large-scale, multi-faceted humanitarian assistance
- The hindrance or prevention of humanitarianism
- Significant security risks for humanitarian relief workers

All of these characteristics are in place in two thirds of the divided country, where armed groups are currently in control.
The United Nations Country Programme in Mali has been extended through 2013 in agreement with the Government of Mali. This is critical to linking the efforts of the humanitarian response to Mali’s long-term development and resilience.

RESPONSE

To respond to the nutrition crisis in the south, the United Nations launched clusters in March 2012. The cluster model, introduced by the United Nations in 2006 to strengthen partnerships, and ensure better coordination and accountability in international responses to humanitarian emergencies, clarifies division of among United Nations agencies, NGO actors and government ministries and strengthens these partnerships.

UNICEF is leading the Nutrition, Water, Sanitation and Hygiene clusters as well as the child protection sub-cluster. UNICEF is also leading the Emergency Education Working Group along with the Ministry of Education.

UNICEF’s emergency response is strengthened by: the cluster approach; a focus on integrated response to maximize coverage in all sectors; an emphasis on quality partnerships and capacity building; and a seamless and flexible supply-chain. Since January 2012, UNICEF Mali has mobilized an additional 40 staff to respond including international emergency experts dispatched by UNICEF, NGOs, and stand-by partners supported by the Canadian, Swedish and Norwegian Governments.
UNICEF’s Commitment to Women and Children in Emergencies
Worldwide, UNICEF responds to more than 250 emergencies every year.

While national contexts tailor each country response, every humanitarian action is undertaken with the same guiding principles: to act in accordance with the Core Commitments for Children in Humanitarian Action; to treat all people humanely; to provide assistance impartially; and to adhere to neutrality in conflict.

UNICEF upholds these humanitarian principles as a globally recognized leader in emergencies and helps promote these guidelines in Mali among those partners adjusting to the new contexts and needs of the emergency.
CHILD SURVIVAL AN INTEGRATED APPROACH

Longstanding poverty, inequitable resource allocation, and obstacles to social services prevent Mali from being on target to meet many of the Millennium Development Goals (MDG’s), despite significant progress made by government in improving childhood indicators.

Mali’s child mortality rate (191 per 1,000 live births) is among the highest in the world. These are deaths that can be prevented with targeted resources and innovative approaches. Programs that strengthen national and local capacities in the Health, Nutrition and WASH sectors are key to child survival. UNICEF has a leadership position in all these sectoral responses.

Community case management encompassing healthcare, improved nutrition and infant feeding, and safe water and sanitation, is the most affordable and effective approach to reducing the main threats to child survival.

Through multi-sectoral packages delivered at multiple entry-points – schools, health centres, and villages – UNICEF and its partners are expanding availability of health, nutrition and safe sanitation exponentially. This is work that fulfils UNICEF’s mandate for development and underlines our Promise Renewed to end preventable deaths.
**Situation:**

Malnutrition is a chronic problem in Mali. In 2011 a devastating drought and widespread harvest failures led to increased food insecurity for four and a half million people across the Sahel region. Food insecurity compounded the malnutrition crisis, accounting for more than one million severely malnourished children under the age of five.

In Mali, malnutrition affected ten per cent of the under-five population. In many areas, the rate was as high as 15 per cent. Severe acute malnutrition was at even more alarming levels. In essence, the first Malian emergency of 2012 was a food and nutrition emergency, with UNICEF leading the coordinated programmatic shift from long-term planning to emergency response.

Malnutrition is not just linked to access of food in the marketplace. In Mali poor feeding patterns, limited diets and poverty have made it an endemic problem. The resulting stunted growth, under-nutrition and, in worst cases, life-threatening wasting of children has long been the norm. What is new is the systematic response that UNICEF and its partners have enacted to tackle the problem.

“We started talking about food insecurity and malnutrition in late 2011,” noted Deputy Representative, Frederic Sizaret. “We were starting almost from scratch and the challenges were immense.”

**An Integrated Approach to Nutrition**

You would not think it to look at her, but Bintou Traoré is 18 months old. She is very small for her age because her little body has not had enough nutrients to grow normally.

When Bintou’s grandmother took her to Mopti Hospital, she was so frail she could barely lift her head. Too weak to eat, Bintou was diagnosed with severe acute malnutrition, a condition that could be fatal. She was immediately started on a course of UNICEF-provided therapeutic milk, which she received eight times per day.

Children are especially vulnerable to malnutrition, as they are less able to cope with lack of food. A malnourished child is much more prone to other illnesses, which further weaken the body. It becomes a downward spiral that too often ends tragically.

Malnutrition has a destructive impact on a child’s cognitive development as well. It is vital that during their first thousand days children receive adequate nutrition, or there are lasting consequences on growth, brain development, school performance, and eventually productivity and earnings, and their adult health. Malnutrition therefore is a key contributor in the cycle of poverty and inequity.

UNICEF programmes aim to treat the whole child by integrating nutritional treatment and cognitive, developmental therapy, and to build key partnerships to raise awareness on malnutrition. UNICEF recreation areas are increasingly present in nutrition centres where vulnerable children under five and recovering from severe acute malnutrition. These areas provide stimulation for young, developing minds. And they also serve as gathering places for mothers who benefit from UNICEF workshops on nutrition, hygiene, and other key aspects of child survival.
Action:
UNICEF’s efforts go beyond delivery of the miraculous Plumpy’Nut paste – the Ready-to-Use-Therapeutic Food (RUTF) that can bring a dying child back from the brink in days. A sachet of Plumpy’Nut is just the first step in a comprehensive programme to save the lives of children suffering from severe acute malnutrition. Adequate follow-up care, accessibility to medical treatment for complications, and education on diet and nutrition are also crucial, along with access to clean water and safe sanitation.

With the cooperation of international and national NGO partners, UNICEF has been able to provide comprehensive malnutrition screening, referral and treatment programs in 476 health centres, about 41 per cent of the national total. In addition, UNICEF has helped trained almost 3,000 health workers in community-based management of acute malnutrition and promotion of good feeding practices. This training included parameters set by the revised protocol of Community Based Management of Severe Acute Malnutrition and Young Child and Infant Feeding, which expands the catchment of children at-risk and emphasizes that malnutrition should be treated as an illness.

“Last year we had nutrition partners, but not enough. We have a critical mass now,” notes Denis Garnier, Chief of Nutrition at UNICEF Mali. “You have the Transitional Government supported by the World Food Program and UNICEF. You have the NGO’s at the district level for day to day support. And you have UNICEF for technical training and to supply RUTF. This trifecta is working best.”

Impact:
UNICEF’s goal is to provide effective management of severe acute malnutrition for children under the age of five, with a recovery rate above 75 per cent. To date, 60,000 children have been identified by state and NGO health workers and followed a four-week course of treatment to health through programs supported by UNICEF.

UNICEF continues to strengthen the national nutrition sector capacity with technical support and strategies and is supplying government nutrition facilities with micronutrients and other therapeutic products such as fortified milk.

There is more work to be done, as seen by the UNICEF-supported nutritional SMART Survey of 2012, which shows that malnutrition rates have stabilised but not decreased. An estimated 660,000 children are at risk of malnutrition in 2013, and with access to medical services decreasing in the north, malnutrition levels have probably increased in those areas as well. Without behavioural changes in feeding, structural improvements in
In villages throughout the district of Ouellesebougou, in the southern region of Koulikoro, thousands of children fall ill every week from malaria, a disease that is particularly fatal for children that are already suffering from malnutrition. Until this year, many of those children died – usually at home, far from the medical treatment that could have saved them. But a dynamic ECHO-UNICEF supported program is improving the odds for these children.

“I can’t even give you numbers for how many lives they have saved,” says Salif Samake of the village of Bladier. He is talking about the services of AMCP (Alliance Medicale Contre le Paludisme)/ALIMA, a team of twenty-five doctors, nurses, field agents and coordinators who in just eight short months have changed the course of child survival in the district.

Twice a month AMCP comes to the village, armed with scales, brachial measuring tapes, thermometers, therapeutic food, anti-malarial pills and counsel for parents. They screen each child under the age of five for malnutrition and malaria. They dispense therapeutic food, anti-malarial pills and instructions on how to administer these medicines. They refer cases with complications to the nearest health centre, where the children receive free care and the mothers who must accompany them are fed and advised through the course of their child’s stay.

Paradoxically, as more children are diagnosed with malnutrition, the changed face of child survival in Ouellesebougou looks like a hospital bustling with activity. “Before the program we had few children in the hospital, many dropped treatments, and many deaths,” explains Dr. N’Dji Boubacar Diarra, the director of the central hospital. But since the ECHO/UNICEF programme began, Diarra is able to waive hospital fees, while the AMCP team is following-up even ambulatory cases with mobile teams of doctors.

Back in the village of Bladier, Samake summons a young woman who has just returned from the central hospital with her three-year-old child. The girl had been gravely ill with malaria, Samake said, “so sick I thought she would die.” Without the free hospitalization provided by the AMCP/ALIMA program, she probably would have. Instead, ten days and one blood transfusion later, mother and child are back home, and the child is out of danger.

Thirty-four year old Souleymane Ba coordinates field operations for the AMCP team in the district. He is one of the founding members of the first AMCP/ALIMA program in neighbouring Kangaba, the success of which allowed the program to expand to Ouellesebougou and another district.

“This is what works,” says Ba. “Persistent follow-up, grass-roots knowledge and assurances that at the health facility you will be treated well and for free.”
screening and surveillance, and long-term funding, malnutrition will persist and UNICEF-supported treatment will continue at these emergency levels. Equally crucial is a concerted commitment from the Malian government to scale-up malnutrition screening and treatment.

“We absolutely need to stay in an emergency mode for the next two or three years,” says Sizaret, who expects to see significant improvement in coverage and treatment of malnutrition in 2013, thanks to UNICEF and partners’ emergency scale-up.

HEALTH

Situation:
Addressing Mali’s nutrition crisis by strengthening the referral system from village to health facility necessitates close work with the state health system. This capacity building will help Mali regain progress towards attaining the Millennium Development Goals on health, which cannot be attained by the target of 2015.

Mali’s child mortality rate can be attributed to the prevalence of three common childhood infections. Malaria, pneumonia and diarrhoea account for two thirds of all under-five deaths annually.

Most of these children die outside of a medical facility. What keeps them from lifesaving medical attention are geographical, financial and cultural barriers. At least 40 per cent of the Malian population lives more than five kilometres from a health facility, while medical services and resources are not equitably distributed outside of the capital. Some nomadic communities in the North are without any access health care, and the recent severance from the South leaves many northerners without institutional services.

With few exceptions, medical services in Mali come at a cost. UNICEF and its partners are providing free medical and malnutrition treatment as part of the emergency response, but cost defrayment programs are limited to a few regions and are contingent on limited external funding.
In the district hospital of Ouelesebougou doctors save children suffering from malaria and severe acute malnourishment. Many children who suffer from malaria get anemia, like Djacarida Sama, and require blood transfusions.

In fact, foreign aid makes up one third of the state health budget, which at nine per cent of the national budget, is insufficient. The current crisis exacerbated this shortfall, as bilateral donors have suspended budget support for the government.

**Action:**
UNICEF is bridging the immediate gap in health sector funding by supporting the state Community Health Agent program, adopted in 2009. These Health Agents work in communities that lie more than 5 kilometres from a health centre to treat malnutrition, malaria and diarrheal diseases and to provide neonatal care and family planning.

To tackle financial barriers, UNICEF through the GAVI and the Global Fund are currently making cost defrayment possible for all childhood vaccinations, Caesarean sections, antiretroviral medications, mosquito nets and malaria treatment. But this is not yet a sustainable benefit. Current funding for the program is available only until June 2013. As a result, most Malian families still face costs to receive healthcare.

“Only the geographical barrier has been tackled by the Community Health Agents,” says UNICEF Mali Chief of Health, George Ameh. “But there are still user fees across the board. The Transitional Government faces challenges. So the NGOs try to complement the efforts of the Transitional Government.”

In 2012 UNICEF was a key provider of childhood vaccinations throughout the country. In the north, where the Ministry of Health is no longer operational, UNICEF Mali took the unprecedented step of procuring US $400,000 worth of vaccine directly, rather than through UNICEF's global procurement facility. UNICEF is procuring another US $5 million worth of vaccines on behalf of the Canadian Government as a stopgap for the discontinued budget support to the health sector.

**Impact:**
With 1,700 UNICEF-supported Community Health Agents currently operating in 4,500 rural Malian communities, estimates suggest that childhood infections have been reduced by 20 per cent in the past year.

In 2012, these Health Agents were responsible for screening up to 40,000 cases of malaria – cases that would have gone unnoticed and untreated without them. UNICEF hopes to train a total of 3,000 Community Health Agents in the near future.
In some regions, long under served communities are being further attended by dynamic NGO programmes funded by UNICEF. In the Koulikoro Region, for example, three districts are beneficiaries of an AMCP/ALIMA program that sends mobile teams to hundreds of villages every two weeks to give free rapid-result testing for malaria along with malnutrition screening and treatment. This is a model that should be replicated widely in the coming years, but requires additional, sustainable financing to supplement the funding from UNICEF, USAID and CIDA.

In the north, where armed conflict and government withdrawal left more than 275,000 children without regular vaccinations, UNICEF and partners overcame great operational challenges to ensure 95 per cent coverage of targeted children with measles and polio vaccinations, as well as vitamin A supplementation and deworming. Vaccinations were also provided for more than 17,000 children who have been displaced from the north.

Other interventions in the North include the revitalization of 38 looted and abandoned health facilities with medicines, infrastructure and health workers, restoring primary care to a third of the population in the north. Key health supplies sent to the north include malaria pills, aqua tabs and medical equipment.

In keeping with UNICEF’s strong advocacy of a multi-sectoral approach, community-based programs integrating health, nutrition and WASH interventions are operating as models for replication.

**Polio Campaign in Ségou**

In Ségou, there has not been a case of polio since 2005. But in 2012, the arrival of thousands of families fleeing conflict in the north posed a threat to the region’s polio-free status.

To ensure that the population remains polio free, local health authorities, supported by UNICEF, undertook an extraordinary campaign to vaccinate every child under the age of five.

“Mali is on the brink of eradication,” Ben Zakours Issa, head of the Ségou regional health referral centre. “So we must be vigilant of polio cases on our borders.”

Going door to door, often visiting homes multiple times to ensure complete coverage, Health Agents vaccinated about 620,000 children.

“Just this morning I went to a house for the fourth time,” says Issa. “I brought the mayor with me to convince the parents of the importance of vaccinating their child. We will do whatever it takes.”

Four-year old Aichata, a displaced child from Gao receives polio drops from a community health agent in Ségou.
WATER, SANITATION AND HYGIENE (WASH)

**Situation:**
Gains in improved healthcare and treatment in childhood malnutrition cannot be sustained without a robust effort to improve sanitation and hygiene practices and ensure access to clean drinking water for the whole population.

Only half of UNICEF’s target population is living in environments without open defecation practices. That leaves 50 per cent of the population at high risk of water borne diseases including, in some areas, cholera. Many of these communities live along the Niger River and habitually use the river for all water uses, including sanitation.

Waterborne disease is particularly pernicious for children suffering from malnutrition, because diarrhoea reduces the body’s ability to absorb nutrients. Therefore improved WASH coverage is key to tackling the nutrition crisis.

Up to 2.8 million people in the north have seen their access to safe drinking water reduced as a result of the armed conflict. UNICEF and partners are actively rehabilitating existing water points, but are unable to drill new boreholes or even fully anticipate which water points should be serviced because of the fluidity of the population as it migrates in and out of areas of conflict.
“There is ownership associated with water points in the north,” explains Emergency WASH specialist Julie Gauthier. “And as the groups are changing, some dynamics are shifting. We do not want to create additional tension, so we are limiting our work to rehabilitation of existing points. The only places we are constructing new wells are in schools or health structures in both the north and the south.”

**Action:**
Because sanitation and hygiene practices have such a grave impact on child survival, it is UNICEF’s WASH interventions that are reaching the largest number of beneficiaries. Over 492,000 people have benefited from WASH supplies – like soap and hand washing kettles to promote hygiene, jerry cans, and water purification materials.

UNICEF’s NGO partners are rapidly scaling up capacity to distribute more hygiene kits through a variety of integrated programs in schools and nutrition facilities. This is happening in both the south, where beneficiaries include displaced families and host families, and in the north, where international NGO’s new to the region have achieved a working distribution network.

UNICEF launched cholera prevention activities three weeks before the outbreak in July. Targeting high-risk areas that have been most affected by epidemics over the past decade, UNICEF and its partners provided water chlorination materials and information on prevention to every community along the Niger River from Ségou to Mopti. All told, UNICEF delivered more than 50 metric tonnes of cholera-prevention supplies. In the north, UNICEF facilitated cholera sensitization messages via radio broadcasts despite the suspension of on-air programming and censorship imposed by the Islamist groups.

The results were excellent – the epidemic was contained with only 219 people reporting illness and only 19 deaths. That is a much lower fatalities than in other West African cholera epidemics and in Mali’s previous outbreaks. This successful strategy of rapid response and contingency planning relied on both international partners and government services.

**Impact:**
In the north, UNICEF has provided over 58,000 beneficiaries with new or rehabilitated water points and has supplied US $2.6 million worth of sanitation supplies.

In the south, supply distribution is more regular and wide-spread, to better meet the needs of the populations and to prevent displaced families from returning to the risks of their home because of insufficient access to clean water and sanitation. Fifty health and nutrition centres have received WASH interventions.
In cholera prone districts, 2,500 new latrines are now operational and will contribute to a longer-term improved sanitation in Mopti, Gao, Timbuktu and Kidal.

WASH strategies are envisaged as a key transversal aspect to improve health and education outcomes for vulnerable children. Integrated approaches to WASH are operational in many schools and health districts, with the most advanced programs combining interventions in WASH, nutrition, education and child protection.

The UNICEF emergency WASH response is designed to have a sustainable impact on early recovery by strengthening national capacities as well. To that end, the role that UNICEF has played as co-leader of the coordinated inter-agency response together with the Ministries of Water Supply, Health, Civil Protection and Sanitation, is an opportunity to transfer emergency expertise to twenty governmental counterparts.

On 16 August, the United Parcel Service (UPS) made its first free-of-charge delivery to UNICEF Mali. A global UNICEF partner, the UPS Foundation made a multi-year commitment to share the company’s supply chain and logistics expertise and to provide technical support and training to the UNICEF Supply Division.

The 20 metric tonnes worth of water, sanitation and hygiene supplies came from UNICEF’s warehouse in Copenhagen, Denmark.

If the order had travelled by ground and sea it would have taken 6 to 8 weeks to reach Mali. Instead, they reached Mali in a matter of hours by air, and were used to fight an outbreak of cholera in the north.

The supplies delivered by UPS included:

- 400 basic family water kits containing buckets, collapsible water containers, soap and water purification tablets enabling children and their families to drink safe water, wash and avoid disease.
- 400 cartons of oral rehydration salts for the prevention and treatment of dehydration, which will benefit up to 416,800 families.
- Supplementary items for four interagency Emergency Health kits, which provide essential medicines and medical equipment, benefitting up to 40,000 people.

Supplies for other aid agencies were also on board, adding to the consolidated effort for Mali.
The prolonged crisis of displacement impacts the resilience of all communities. It also increases the challenges for the WASH sector in overcrowded urban areas. UNICEF and its partners are continuing to develop WASH response with an eye towards disaster preparedness, climate change and contingency planning.

“The emergency may be an opportunity to increase partners, intervention areas and share methodologies,” notes Gauthier, “but community-led sanitation approaches and behaviour change are not as easy in the urban areas. If everyone just builds latrines too close to water points, as they do in Bamako, it will make the situation worse.”

WASH in Schools

Her eyes are wide-set and light grey. You might think she’s a dreamer, but her voice is surprisingly firm and convincing as she describes her portfolio: “I have been elected Minister of Cleanliness and my job is to keep all students in good health, see that they drink safe water, that they come to school clean and that the school latrines and courtyard are clean.”

Nematou Malle is the Minister’s name and she is 12 years old. Nematou is a proud member of the Children’s Government, which was recently started at N’tjibougou School in southern Mali.

Along with representing the student body, the Government’s Ministers are expected to show practical leadership in the new responsibilities instigated under the WASH-in-Schools program. These mobilize the other children to practice a good standard of hygiene at the school.

Minister Nematou demonstrates her commitment by grabbing hold of a brush and heading off to the latrine block, followed by six or seven boys and girls. “Let’s get started!” she says, and the cleaning begins.

The compound’s latrines are new: three for boys, three for girls. This is another big change for the students. Before, with up to 70 students for each available latrine, their choices were to go into the surrounding bush for open defecation or to run home to the village and miss class. In the village an extended family’s traditional latrine can be shared by as many as 30 people, so often this idea was not a practical option.

Using the new latrines properly and keeping up a good standard of cleanliness are elements of the WASH in Schools programme that can help usher in wider behaviour change in the population. In the current context, lack of access to safe water and appropriate sanitation facilities is discouraging children, particularly girls, from attending school. UNICEF stresses that providing accessible water and sanitation is key for a child friendly school.
Situation:
In Mali, an estimated 800,000 school age children are not in school, either because of financial hardship, illness, or geographic barriers. Equal access to education for girls also remains one of the key challenges. The present crisis has exacerbated the situation, introducing a mobile population of displaced students into overcrowded, under-resourced classrooms. Add to this flooding that damaged schools, rising food prices that compete with school fees, and a looming economic crisis for a government. UNDP has estimated that 85 per cent of external budget support has been suspended by donors, impacting the education sector.

“The Transitional Government of Mali has made a clear statement to prioritize education, by allocating over 30 per cent of the budget to the education sector,” notes Euphrates Gobina, UNICEF Mali Chief of Education. “But without sector budget support from donors, all investments in capital expenditure are suspended.” UNICEF has a key role in bridging that financial gap and supporting the Ministry of Education to address the needs of students.

Efforts made by the education sector to increase access to education are not translating into children staying and completing school. Nearly a quarter of all children enrolled in the first year of basic education drop out before the sixth grade.

In the north approximately 560,000 school aged children were denied access to education in 2012. Those that fled with their families needed to
be accommodated in new schools in Mali and in neighbouring countries. Many lost crucial classes just before high school entrance examinations.

Security concerns are a major challenge in providing schooling for those who remain in the north. UNICEF is aware that while access to education is a basic right for all children, the first humanitarian obligation is the ‘do no harm’ principle. There is a risk in the north in drawing large crowds of children to a place, who may become targets for violence, recruitment or other forms of exploitation.

**Action:**
In keeping with its Core Commitment to ensure that children, including preschool aged children, have continued access to education, UNICEF successfully advocated with the Malian army stationed in Mopti to move soldiers out of schools, allowing 4,000 students to use the buildings as they were intended.
Tracking the movements of displaced students through host communities and schools is an on-going exercise, and crucial to providing assistance strategically and efficiently. “They are dispersed across six regions,” explains Gobina. “We have schools with just five displaced children. Some have ten or twenty. This makes it complicated.”

Together, UNICEF and partners have provided school supplies, including notebooks, pens, recreational materials and hygiene kits, for 10,537 displaced students from the north. UNICEF was able to support the Malian curriculum for 4,600 Malian students in Niger and Mauritania by shipping textbooks to refugee camps across borders.

In a major campaign to ensure that children affected by the crisis were able to take year-end exams, UNICEF helped organize remedial classes in Mopti and Ségou regions as well as in Bamako. A total of 7,718 students finishing their basic education were able to take part in the catch up classes to get further assistance in basic subjects, and take their final exams needed to move on to High School.

In the North, UNICEF’s primary objective is to work with protection specialists to ensure that schools are not used as targets of armed conflict or as a repository for under-age conscription.

**Impact:**
UNICEF is a strong partner for the Malian Transitional Government as it works towards ensuring that by 2020 all Malian children are able to complete primary education. It is an ambitious goal, challenged further by the current crisis.

UNICEF is continuing its work as a strong advocate for equitable access to early learning and for gender equity in schools, even as it implements emergency measures to address the needs of students affected by the on-going conflict.

Integration of early childhood education into the management of severe acute malnutrition is a valuable tool for addressing the needs of the whole child in vulnerable communities. UNICEF and partners are rolling out a psychosocial and cognitive strategy in 35 nutritional centres around the country to help young children thrive mentally, as well as physically.

In addressing the needs of more than 400 schools hosting displaced students, UNICEF had a key role in assuring that child-friendly standards are maintained.

Because Mali’s education needs are even more urgent in the context of this crisis, UNICEF has advocated that the development funding under the Fast Track Initiative be reallocated as emergency funding, freeing $32 million for school construction.
CHILD PROTECTION

Situation:
The security situation for children in Mali is critical. The very real danger of physical injury, exploitation and psychological harm is most present in the north, where armed groups are in power and are reported to be imposing harsh punitive measures on the populace in accordance with Sharia law. Nation-wide, political instability has been a feature since the military coup in March 2012.

Among the abuses being reported to UNICEF by local community members and by civilians who have fled the occupied zones are beatings, stonings, amputations and even executions. Children face threats too. Reprisals are directed against girls and women who fail to fully cover their heads and bodies, although such dress code has never been native to the moderate Muslim population. Allegations of abduction and rape are common, and UNICEF is supporting psychosocial counselling and medical treatment for rape victims as well as for displaced women and children experiencing emotional trauma.

Getting access to monitor and verify the situation in the North is one of the major challenges faced by UNICEF. “Crisis committees” comprised of community leaders and representatives, staff of civil society organizations and national and international NGOs organizations have been a primary source of information about grave child rights violations and other child protection concerns. These committees were set up when the armed groups first took control and are currently operational in Kidal, Gao, Timbuktu and Mopti Regions. At grave personal risk, individuals in these groups are able to discuss and pass on some information to UNICEF, but it is still difficult to verify details and gather information on violations in the North.

Although the armed groups in control to conduct sensitization sessions have granted community members permission, they are rarely permitted to discuss critical issues like child recruitment.

Landmines and unexploded ordnance do not discriminate between their victims. This makes them particularly dangerous for children who do not know the threats that these remnants of war pose. The current conflict in
SINI SANUMAN

Among the Core Commitments in the field of child protection is the responsibility for humanitarian actors to address violence and abuse of women and children and to provide medical, legal and psychosocial support to victims of gender-based violence (CCC5).

UNICEF has provided these services to 250 women and girls since April. More than 90 of these are women who were raped during the armed conflict in the north and now live Bamako’s commune A, where the Malian NGO SINI SANUMAN, or “A Better Future,” provides them social counselling and medical treatment with UNICEF support.

Miriam Traoré is a SINI SANUMAN counselor and resident of the neighbourhood where F*, a 40-year-old mother of three from Timbuktu has settled in a house with five other displaced families.

Traoré visits weekly. She pulls two chairs into a private corner of the yard, nestles her baby to her bosom, and encourages F*, who tells her story once more.

“The rebels arrived at 10 pm on May 13,” she begins, pulling her headscarf across her face.

What follows is a harrowing story of a woman still severely traumatized from an attack by two men who raped her. The impact of the violation left F* temporarily “crazy” she said. For several days afterwards, she wandered the streets in distress, half-clothed and incoherent.

“I don’t know who the people were who helped me leave,” she recalls.

Her husband, she says, has still not recovered from the shock. Since the attack, he has been unable to speak, to clean himself, or to eat. It is his collapse that causes F* distress now.

“He was unable to protect me and now I cannot help him, he is broken. And he was a good man.” The tears flow down her face. Traoré speaks softly to her. She doesn’t touch the older woman, but her eyes never leave her face. F* nods. She has heard the message before.

“Every time Miriam comes, she tells me that every woman can overcome any difficulty. She’s right. I am strong in my body again, since my treatment is finished, and the support of this woman,” she nods at Traoré, “has saved me. I wanted to kill myself and this woman’s support is what made me live.”

Her voice is stronger as she says this. Because rape is a powerful stigma in Mali, F* has told no one of the attack. Only Traoré knows the details, which she keeps in a confidential dossier.

“It took a lot of persistence to get this far,” she says, recalling how the suffering woman pushed her overtures away for many weeks. But I hope in time we can do some group therapy as well. There are many survivors in this district. And many more who have not come forward, because of the stigma.”

She watches as Dicko returns to her helpless husband. Physically and mentally recovered from her ordeal, she is still not free. “Every woman is violated in Mali,” concludes Traoré. “Violated by traditional practice and cultural judgment,” she says.

the North of Mali only serves to aggravate the dangers and prevalence of these deadly devices. In fact, it is estimated that 100,000 children and adults are exposed to the dangers of mines and unexploded ordnance (UXO) in the northern regions of Mali. In response, UNICEF and partners began an emergency Mine Risk Education (MRE) response in April 2012, and 1611 people received lifesaving mine/UXO Risk Awareness Education.
In December UNICEF together with UNIFEM and the Malian NGO Avenir Enfance Sahel (AV.E.S) convened 35 military officers to prepare them for field situations in which their actions could either condemn or save an innocent child. Frank Kashando, a veteran child protection officer for UNICEF, who has worked in Sudan, Uganda, DRC, and now Mali, to prevent child recruitment, was present.

Q: Why are training sessions necessary for the army?

A: UNICEF aims to prevent all recruitment by children into the forces and armed groups. We have started to do training sessions with the Malian National Army. We know that the armed groups in the north are recruiting children on some level. During a military intervention, the army will probably encounter some of these children associated with forces and armed groups. It is important to point out to the army the special protections that children are entitled to—including exemption from serving in the national army.

Q: The soldiers have no information on how to handle these situations. I came with test cases: “What do you do if you see a child on the front line with a gun pointed at you? Your first instinct is to defend yourself, but you must also make an attempt to disarm the child. What if you see the head of the enemy force and he is surrounded by children? What do you do? What about children who are lost or separated from their families? How about children who have witnessed a crime or forced to take part in a crime?” These cases started a real debate within the group. It was important that they get to the point, to understand that these things can and will happen.

Q: Are you confident that these best practices will pervade the rank and file?

A: The 35 officers trained will ultimately bring this training to 35 garrisons to reach 1,500 commanders. We are at an advantage because we had time to bring them this information before the conflict began. In Sudan or in DRC, you are trying to sensitize when the conflict is on-going and practices are entrenched. The Malians don’t have any experience with this sensitive area. This is still at the theoretical level. They need information. Without information they will proceed by using a child combatant for information, or maybe just lock him up. They just don’t know that there are better options and standards.

Q: The Special Representative of the Secretary-General on children in armed conflict has classified Mali as a “situation of concern.” Does the Malian government share that concern?

A: Let’s consider the government’s recent national campaign launched in November to sensitize the population about child recruitment. We supported and facilitated this program. This was a campaign that at first was just treated as “we will write up some messages and be done.” But we as UNICEF said no, there is much more. It’s not enough to just not be violators; you must be actors of prevention. There are prevention and response mechanisms. UNICEF advocated for a mixed response by the Defence and Social Welfare Ministries so now it is a multi-ministry campaign.

Q: What about accountability? A campaign is nice, but how can you guarantee adherence to the rules?

A: Exactly. We need an official standard operations protocol—a legal document that is signed and approved by the Transitional Government. And someone has to be responsible for making sure that it is respected. It’s urgent, because if what they agreed upon in Ouagadougou (peace talks) comes to pass, then very soon child protection authorities will be able to come into contact with children already in this situation. Any day, the government can be in possession of enemy child combatants and they must be accountable for how they proceed.

As 2013 begins, military intervention in the north by international forces and the Malian army is a reality. UNICEF is keenly aware of the vulnerabilities of children: as casualties of battle, targets for armed recruitment, and victims of landmines and ordnance.

This volatile combination of a national division, armed conflict, domestic instability and international intervention is unprecedented in Mali. UNICEF has an important role in coordinating humanitarian actions to protect children and also to support national social protection agencies as they enter uncharted waters.
UNICEF (West and Central Africa Regional Office) WCARO initiated a sub-regional approach to coordinate child protection in Mali, Mauritania, Niger, and Burkina Faso. Coordination includes improved monitoring and appropriate action; IDTR (Identification, Documentation, Tracing and Reunification) for unaccompanied and separated children; and capacity-strengthening for key child protection sub-regional actors. The implementation strategies are as follow:

1. Establishment of a sub-regional cross-border inter-agency Child Protection in Emergency (CPIE) network
2. Support of Child Protection Monitoring and Appropriate Action
3. Support of a consistent approach to IDTR
4. Capacity building

Action:
Immediately upon the withdrawal of the government from the north early this year, UNICEF contacted international NGO partners with personnel on the ground to strengthen communication and ensure timely and credible information from the region. Working closely with humanitarian actors as well, as with local community leaders, UNICEF is actively collecting information on violations and abuses.

Anticipating further conflict in the north, UNICEF aims to reduce the risk of child casualties by training Malian army officers in standard operating procedures for dealing with both non-combatants and underage combatants on the battlefield.

To broadcast the importance of the issue more widely, the Transitional Government launched a three-month-long national campaign for the Prevention of Child Recruitment in Armed Groups in November on the anniversary of the Convention on the Rights of the Child, an international treaty to which Mali is a signatory. Tens of thousands of young people under the age of 18 can be considered targets for future recruitment in the event of a prolonged conflict.

The population of displaced people from the north remains fluid, with individuals in constant motion across borders; it is key that the inter-agency, cross-border mechanism for tracking children is improved to reflect these migrations. Uncontrolled movements, including of combatants, between the north and the south and across borders to neighbouring countries present opportunities for organized crime networks and child traffickers. Going forward, UNICEF will scale-up regional operations to identify, locate and reunite separated children. An estimated 3,000 children are likely to need this assistance and support in 2013.

Finally, to address the growing risks associated with mines and UXOs, UNICEF and its partners Handicap International, BNCE, ENDA, and regional and national Civil Protection directorates, have delivered awareness-raising sessions to children across Mali.

Using leaflets with images depicting mines and UXO, as well as their related injuries, facilitators from partner’s organisation, delivered life-saving-raising messages to children. With the military intervention, continuing to expand the reach of MRE sessions will be critical in 2013.
Delivering Lifesaving Supplies to Women and Children Affected by the Emergency
Supply and logistics

An emergency response like the one underway in Mali is only as strong as the supply chain linking lifesaving aid with the women and children most in need. UNICEF’s record is notable: over 557,000 Malians have benefitted from the therapeutic foods, hygiene supplies, water purification materials, vaccines, medicines, school kits and mosquito nets.

Prior to the political crisis that divided the country, UNICEF supplied local health centres with nutrition and health supplies through the national government.

>
Gaps in coverage were bridged by including health and nutrition interventions in on-going water and sanitation programs in schools as well. Since March, UNICEF has reinforced the supply chain with international and local NGO’s as distributors and has thus managed to sustain critical deliveries and even increased the number of beneficiaries. Locally sourced supplies were also part of the response; thousands of Malian families were pleasantly surprised to find familiar products like the kettle hand washers and blankets available from the local markets as part of the relief kits distributed by UNICEF and partners. In 2012, UNICEF provided 1,800 MT of supplies in both northern and southern Mali.

Relying on partner organizations for distribution has not been without its challenges. With over 20 different organizations to provision, the UNICEF supply team puts in long hours customising deliveries. “It was like a shopping list,” says WASH in emergencies specialist Julie Gauthier of the initial requests for hygiene kits. “Some wanted to distribute kits with 20 pieces of soap and two jerry cans. Others wanted the mosquito nets separate from the hand washing materials.”

Complicating the effort was the need to tailor certain packages according to whether the recipients were host families or families displaced from the North; children at risk of cholera or vulnerable to malnutrition; mothers in need of therapeutic foods or temporary shelters. “It was quite complicated,” says Emergency Supplies Specialist, Fred Urlep. “But in the end it was something we could do. And we did it.”

In the North, where access to basic services has been severely hampered by the occupation, humanitarian deliveries are especially vital. UNICEF Mali responds quickly to partner needs in the area while keeping a light footprint – avoiding large storage areas that may be looted and keeping the personnel, equipment and beneficiary distribution sites to a minimum so as not to take unnecessary risks.

UNICEF sent the first truckload of medical supplies to Timbuktu in early April, without certainty that receiving partner ALIMA would receive it. “People were dying because all of the hospitals had been looted;” recalls Deputy Representative Frederic Sizaret. “We sent the first truck and it arrived. We sent the second and the third and we are not even counting anymore.”

By keeping deliveries small and regular, UNICEF has safely delivered more than 589 tonnes of supplies to the North.
CONTINGENCIES

In a complex crisis defined by extraordinary developments on both the political, logistical and programmatic fronts, UNICEF Mali supply specialists are taking into consideration many factors to be prepared for emergency contingencies. The needs and capacities of no fewer than 20 partners must be considered as UNICEF plots its supply distributions and logistics for delivery.

In addition, an armed intervention and the functioning of a state government in 2013 is a factor in planning. Armed intervention of the North by the Malian military supported by international forces could cause new waves of displaced people; and destabilize the political situation further.

Each scenario demands preparedness. UNICEF is in on-going discussion with its partners to align contingency plans for long-term cooperation. These longer-term, formal partnerships will improve rapid assessment, rapid response, the dissemination of humanitarian principles and capacity-building for local and institutional structures.

UNICEF maintains an emergency stock of $4.2 million in critical health, nutrition, WASH, education and protection supplies and has ordered an additional $1.1 million worth of contingency stock. This supply base ensures coverage for two months and can serve 485,360 people.

Supply officers are also assessing the suitability of locations outside of Bamako for prepositioning of supplies along the Niger River, which can serve as a vital distribution route, should the major roads become unusable or unsafe. Current agreements with six boat captains in Mopti will be formalized in 2013 and river transport will likely be expanded all the way from Ségou in the South.

Prepositioning within the cities of the North is also an important option to mitigate diversion risks. Regional supply chains are being reinforced through collaboration with the country office in Niger.

STATISTICS

The vast majority of emergency supplies provided by UNICEF are for treatment of malnutrition, at around $5.7 million worth.

Sectoral spending on supplies is detailed below. These supply costs represent 42 per cent of the emergency budget.
Monitoring Progress for Women and Children
Delivering lifesaving support, planning for disruption and contingencies, coordinating strategies and supporting partners – in the day-to-day business of leading a humanitarian response, how does UNICEF make sure that its actions are working?

While every kilogram gained by a dangerously underweight child, every day spent in a safe classroom, every bar of soap used down to a sliver and every smile returned to a worried mother’s face is a victory in itself – UNICEF’s only measure of real, sustainable achievement is within the targeted framework of the Core Commitments for Children in Humanitarian Action.

Ten-year-old displaced twins, Hawa and Fatoumata, fled from Gao with their parents to Sévaré in the region of Mopti.
HUMANITARIAN PROGRESS MONITORING

The Core Commitments for Children in Humanitarian Action must be upheld in every sector of interventions by UNICEF, a task made feasible by specific targets with the programs of health, nutrition, education, protection and WASH. A monitoring and evaluation component was developed for the 2012 humanitarian response plan in Mali, with defined indicators, benchmarks and targets against the CCCs. From this plan a key set of indicators are reported on a high frequency basis by partners in their reports.

UNICEF program heads and coordinating clusters closely track progress based on these benchmarks – whether it is achieving 95 per cent complete vaccinations for children under five; providing one recreational kit for every malnutrition recuperation centre; or ensuring the presence of an obstetric facility for every 100,000 people.

In transitioning from a development program to an emergency response, UNICEF has taken the lead to ensure speedy reporting and monitoring by all of the actors in the field. For many of our partner organizations, it has been a difficult adjustment but at present, UNICEF has reliable monthly reporting from all partners. UNICEF Mali works with the Transitional Government of Mali, to reinforce national data collection systems and to train national health workers on revised reporting guidelines for malnutrition.
Overall progress is analysed and reported by UNICEF through monthly situation reports and is used to identify bottlenecks, resource gaps and areas for increased advocacy.

The online ActivityInfo database, in use by UNICEF nutrition and WASH partners by the end of 2012, has proven useful in generating easy-to-use tables, graphs and maps and will be in use by other clusters. This online tool allows UNICEF staff and partners to enter and analyse geo-referenced data and rapidly produce maps, tables and charts.

THIRD-PARTY MONITORING

UNICEF has recruited and trained four field monitors from third-party organizations, Centre for Studies, Documentation, Research and Training (CEDREF) and the Mali Association for Research Action for Development (AMRAD), to report on the implementation of partner NGOs against a standardized monitoring protocol in the four northern regions, where UNICEF does not have a physical presence.

These third-party monitors began field work in November in a sample of communities, health centres and schools and are providing bi-weekly reports. A second third party monitoring project is also being put in place by the WASH section to monitor the quality delivery of WASH infrastructure in northern regions. This is a new system unprecedented in the region.

THE REAL MEASURE OF SUCCESS

When the rights of the child are fulfilled by our collective mobilization and partner support; when every child, regardless of economic and social status, is reached with lifesaving interventions; when our work contributes to early recovery and reduced disaster risk; when humanity, impartiality and neutrality are the guiding principles of our inter-agency response – then we have risen to the demands of the UNICEF mandate.
Strategic Partnerships for Women and Children
UNICEF’s Core Commitments for Children in Humanitarian Action are achieved through close collaboration with all of its partners: host governments, civil society organizations, nongovernmental organizations (NGOs) – both national and international – UN sister agencies and donors. This is consistent with UNICEF commitments under inter-agency humanitarian reform, including the Principles of Partnership. Without strong partners in humanitarian action, UNICEF cannot achieve the results that it does.

The crisis in Mali is complex, arising from both structural weaknesses and from extraordinary events. While UNICEF’s development work with the Malian government has focused on structural issues in the past, the onset of a humanitarian emergency has brought new support to the field.
To coordinate efforts among all humanitarian partners, in March of 2012, the United Nations activated the cluster system, the standard operating model for inter-agency emergencies worldwide to promote data-sharing, strategic planning and logistical coordination among partners. UNICEF is in charge of Nutrition, Health, WASH and Education coordination and ensures the lead of the sub-cluster on Child Protection.

With NGO 20 partnership agreements signed in 2012 and more planned for 2013, UNICEF has at once expanded its coverage area of interventions and strengthened capacity in all sectors. By weaving the strongest fibres of development programs and emergency expertise, the response to Mali’s current humanitarian crisis will allow Malians and their government to be more resilient in the face of future challenges. In 2013 and the years to come, the emphasis must be on long-term sustainability of the interventions being put in place today and of the government that must inherit them.

“Yes, save lives! But use the social fabric,” warned UNICEF Representative Francoise Ackermans in the letter that opens this report. Only programmes that support the population and respect the government’s capacity can usher in changes that allow Malians to cope with future crises and disruptions.
MOBILIZING RESOURCES

UNICEF has been present in Mali since 1961. This long involvement in child-welfare in this country informs the humanitarian response to the current crisis, which UNICEF knows must lead to long-term benefits and community resilience. Interventions are structured to increase families and communities ability to weather shocks and cope with future crises. Partners are treated as long-term actors in early recovery.

By the end of 2012, UNICEF Mali was operating with 150 employees, including support staff, up from 108 staff operating in four regions in 2011. This surge in staff brings UNICEF specialists in all sectors experienced in emergencies as well as new expertise from international NGOs. Standby partnerships with the governments of Canada, Sweden and Norway allowed UNICEF to quickly fill 12 vacancies in its emergency roster in the areas of WASH, education, child protection and M&E.

“The standby partnerships were really key in scaling up our response quickly,” says Carole Vignaud, emergency coordinator. “We have relevant, experienced, ground-based knowledge now. This is very strategic for UNICEF, and it helps create diversity in the emergency team.”

UNICEF is grateful to all public sector and private sector donors whose donations make it possible for UNICEF lead this response. Quality funding, in the form of long-term “unear-marked” donations, is crucial to maintain the flexibility to mobilize resources where and when they are most needed.

As in most humanitarian emergencies, lifesaving operations are under-funded in Mali. Despite generous donations from governments and UNICEF National Committees, 2012 emergency response was only 50 per cent funded, with almost $30 million in unmet requirements. Flexible funds go a longer way towards bridging the gap than non-flexible funding. Donor support – especially sustained predictable long-term support – will make the difference between an effective emergency response and an extraordinary operation that invests in the Malian people to give them the resilience to survive and to thrive beyond the current crisis.

Across Sahel, UNICEF received financial and material contributions from: Andorra, Australia, Belgium, Brazil, Canada, CERF, Denmark, Estonia, European Commission/EC, Finland, France, Ireland, Japan, Luxemburg, Netherlands, Norway, Republic of Korea, Spain, Sweden, United Kingdom, United States of America; and the UNICEF NatCom Family including the Thai Committee for UNICEF, United Kingdom Committee for UNICEF, United States National Committee for UNICEF, and the French National Committee for UNICEF.
In 2013, focus will be placed on scaling-up the integrated response to battle the food and nutrition crisis, as well as ensuring the maintenance of basic social services and the protection of women and children in the context of an escalation in the conflict, and increased flows of internally displaced people.

To save the lives of children under five, and pregnant and lactating women affected by severe and moderate acute malnutrition, the integrated approach to malnutrition will expanded. UNICEF will also continue to prevent and respond to cholera and waterborne diseases, including through efforts to provide access to safe water for 1.5 million people. Prepositioning essential medicines and supplies in high risk areas will also take place. In cooperation with partners, UNICEF will provide support to children affected by the conflict and improve response to prevent recruitment of children into armed groups and gender-based violence (GBV) for internally displaced people. Mine risk education, victim assistance and mine action advocacy will continue into 2013 and target and additional 100,000 people.

The total funding requirements for UNICEF emergency response in 2013 amount to approximately 82 million USD, with immediate needs of 15.2 million USD in the first three months. The graph below shows the funding requirements per sector as per the UNICEF Humanitarian Action For Children in 2013.
Sali Coulibaly, nine years old, is a student at the school of Sirakoro in the region of Mopti.