

# Crisis in Mali and population movements to Burkina Faso, Mauritania and Niger

Immediate Needs for Women and Children Affected by the Mali Crisis



©UNICEF/2012/Tidey

## 1. CRITICAL ISSUES FOR CHILDREN

Since the end of January 2012, the security situation in the north of Mali has deteriorated as a result of the conflict between the Malian military forces and the National Movement for the Liberation of Azawad (NMLA). As result, over 200,000 people –half of them children – have fled their homes. More than 130,000 people have already fled across borders to escape from the violence and the rapidly spreading conflict. Some 44,916 people have crossed the border from Mali into Mauritania and an estimated 22,974 and 21,854 to Burkina Faso and Niger respectively. More than 30,000 persons have fled to Algeria<sup>1</sup>. It is estimated that over 93,000 persons are internally displaced in Kidal, Gao and Timbuktu regions. Families fleeing the conflict internally are composed of an average of eight people - half are children, including one child under the age of five years<sup>2</sup>. The fighting in northern Mali exacerbates the difficult situation for the fleeing population already severely hit by the food insecurity affecting the entire Sahel region. Many of these displaced people have fled to areas also affected by food insecurity and that lack access to basic social services. The influx of refugees has put an additional strain on already limited resources among the host communities. The situation is evolving rapidly and took a new course with the military coup on the night of 21 March. The NMLA rebels in the north have taken advantage of this instability to advance towards the strategic northern town of Kidal.

Critical needs of children include access to essential and quality nutrition services, health care and preventive interventions, provision of safe drinking water, and rapid restoration of access to education and to protected community spaces. The armed crisis, constant displacements and frequent movements will disrupt the normalcy in children's lives and are likely to cause significant psycho-social distress. Given the nature of the crisis, nutrition programmes will need to have a strong child protection component including psycho-social stimulation and action to address other issues to prevent and respond to violence, exploitation and abuse including gender-based violence (GBV). Furthermore, prevention and response mechanisms need to be put in place that include keeping families together as much as possible throughout the displacement cycle and if separated, having tracing and reunification systems in place to facilitate family reunification, as well as prevention of the recruitment of children and adolescents into armed groups.

Within Mali, as a result of the current security situation, humanitarian aid has been restricted to the regional capitals and some larger towns. Enabling access to provide lifesaving interventions to the vulnerable populations located in the remote areas in the north is a key concern and advocacy focus for UNICEF. Given the worrying political developments in Mali in late March, the numbers of displaced people and refugees are likely to increase even further. Assessments are on-going to get more comprehensive information regarding needs, scale and 'who is doing what, where'. NGOs have conducted initial assessment of needs in Timbuktu (MSF France and ACF), Gao (ALIMA, Save the Children, Oxfam, ACF) and Menaka (MSF Switzerland), where results identified the most urgent needs as supply of drinking water and food, followed by household items, healthcare and protection items.

**UNICEF urgently requires US\$ 18.8 million** to respond to the immediate needs of women and children affected by the violence in Mali and provide urgent support to host communities. This is in addition to the previous [Humanitarian Action Update \(HAU\)](#) of 6 February 2012 and nutrition appeals in the region and complements the UNHCR Mali emergency response appeal issued last month. This Immediate Needs Document (IND) will be integrated into any forthcoming inter-agency regional or country-specific appeal.

---

<sup>1</sup> *United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), 29 March 2012:*  
<http://reliefweb.int/node/486674>

<sup>2</sup> *Action Contre la Faim (ACF) survey in Gao and Ansongo.*



## 2. CURRENT AND PLANNED UNICEF ACTIONS

UNICEF's response is articulated around a targeted and integrated package of interventions based on delivering on our Core Commitments for Children in Humanitarian Action (CCCs), with a focus on children who are the most vulnerable. UNICEF is enhancing partnerships with international and national NGOs to scale up programme outreach in support to local authorities. Since the beginning of the crisis, UNICEF has been tracking and analysing the humanitarian situation through regular contact with the governments, INGOs, other UN agencies and the general donor community to prepare for response. Overall coordination of response to Malian refugees in Niger, Burkina Faso, and Mauritania is being led by UNHCR together with national authorities in collaboration with other UN partners, including UNICEF.

In Mali, UNICEF is sector lead in Nutrition, Water, Sanitation and Hygiene (WASH), Education and Child Protection and is working in collaboration with other UN agencies, the Red Cross movement and NGOs to coordinate response to the IDPs despite challenges with humanitarian access.

In Mauritania, UNICEF is working in collaboration with UNHCR, other UN agencies and the Government of Mauritania to provide assistance in WASH, Health & Nutrition, Education and Child Protection to refugees and host communities.

In Niger, UNICEF, in collaboration with the Government and other humanitarian partners, is responding to the impact of returnees on host communities via the cluster system, where UNICEF is cluster lead for Nutrition, WASH, Education and Child Protection.

In Burkina Faso, UNICEF is sector lead in Nutrition; WASH; Education; and Child Protection. Several inter-agency initial assessment missions have been undertaken and UNICEF-prepositioned stocks have been distributed to respond to immediate needs.

The main actions undertaken to date and planned going forward are reported below by country.

Country	Total population planning numbers for UNICEF interventions
Mali	100,000 (IDPs)
Mauritania	108,000 (refugees and host population)
Burkina Faso	25,000 (refugees and host population)
Niger	30,000 (returnees, refugees and host population)
<b>Total</b>	<b>263,000</b>

### Mali

#### To date:

- In early March, UNICEF participated in a high level rapid assessment mission in collaboration with donors, Government, NGOs and UN agencies in Gao;
- UNICEF Mali Country Office (MCO) used regular funding to purchase 5,750 Non-Food Items (NFIs) kits to initiate the first response in Gao, Timbuktu and Kidal/Tessalit. The WASH program has further purchased 3,800 WASH kits for 3,800 displaced households (including cups, jerry cans, kettles, soap, and purifier tablets and other products for household water treatment), and equipment for water supply and sanitation response for 1,300 displaced families in camp settings (water tanks, portable bacteriological field test kit, latrine slabs, etc.). Agreements with NGOs are currently being initiated to scale up the response;
- In addition to an on-going Programme Cooperation Agreement (PCA) with NGOs in the field, the MCO is developing partnerships with five strategic NGOs, namely, MSF & MDM in Kidal/Tessalit; ACF and Save Children in Gao and Alima in Timbuktu to provide a response to the crises in line with the CCCs;
- The nutrition cluster is operational and UNICEF has deployed emergency surge staff to support the MCO within the areas of logistics, nutrition, protection and emergency coordination.

## **Planned:**

The UN Country Team (UNCT) has sought Emergency Relief Coordinator (ERC) support to activate the cluster system and establish a Humanitarian Country Team. The immediate priorities for UNICEF are to:

- Establish and support Cluster Coordination mechanisms and a response strategy in collaboration with partners ensuring harmonization of approaches and application of standards at the national and regional level.
- Strengthen health care quality and preventative interventions (vaccinations, surveillance, treatment of diseases, bed net distribution, as well as behaviour change communication focusing on health and hygiene promotion and key family practices, etc.); and provision of medicines and essential products (medical kits, bed nets, etc.).
- Improve availability of clean water, sanitation and hygiene facilities, promotion of appropriate hygiene practices and provision of hygiene kits in therapeutic feeding centres as well as in the community for displaced and host populations (total target around 23,400 families). Child friendly and temporary learning spaces will also be targeted in other locations.
- Mainstream child protection needs to prevent child/family separation during health and nutrition response (during and after treatment), and within host communities; Temporary learning spaces will be created to continue to ensure the right to education, reduce the impact of the crisis on children and bring about a sense of normalcy in children's lives.
- Put in place referral mechanisms and networks to ensure school teachers, directors and residential care centres can refer cases of children requiring nutrition care, with other community structures, such as in Outpatient Therapeutic Programmes, Stabilisation Centres, and Child Friendly Spaces (CFS). Also, network in the referral mechanisms for children to be able to rapidly access care.
- Ensure that the nutrition programmes have a strong component of psycho-social stimulation.
- Strengthen CFS as places for psycho-social stimulation. Organize adolescents and youth around nutrition programmes to support outreach and psychosocial stimulation. Some other activities may include parent education, home visits, shared child care and communal play groups, 'safe spaces', toy libraries and informal parent gatherings in safe spaces. Organizing support groups for mothers and other care-givers.
- Ensure that referral systems are in place to address GBV and other child protection concerns.
- Establish linkages with psychological support for people with acute psychological problems and in the absence of the same advocate for establishment of the same.
- Distribute NFI kits to 6,700 displaced households.
- Continued external communication and fundraising efforts to mobilise sufficient resources to ensure an appropriate response.

## **Mauritania**

### **To date:**

- In response to requests from the Government of Mauritania and UNHCR to meet immediate needs, and in coordination with WFP, WHO, UNFPA and the other agencies of the UNCT, UNICEF Mauritania has already released NFIs from the existing emergency stocks. These include cold chain materials; water bladders and jerry cans to supply water for 2,500 families; blankets and hygiene kits for 1,000 persons; and school kits, recreation kits and schools-in-a-box for 200 students.
- 250 latrine blocks for 5,000 people and 50 Oxfam latrines for schools and health centres have been provided.
- A CRENAS (hospital to treat severely malnourished children with medical complications) has been established in the Mbéra camp for the treatment of SAM. Provision of therapeutic Ready to Use Food (RUTF) and other nutrition supplies to treat 300 children.
- Together with WHO and the Ministry of Health 7,603 children have been immunized against measles.
- UNICEF has procured and installed six water tanks in the camp at Mbéra in coordination with UNHCR.
- Distribution of 84,000 pieces of soap and over 4,000 liters of bleach for household water treatment.
- 10 kits supplied for basic health units to be established in the coming weeks.

- UNICEF has fielded missions covering WASH, health, nutrition, education and child protection to assist the affected populations.
- UNICEF has supported the training of 10 community health workers that will be in charge of health interventions implementation at community level and training of 38 community relays for hygiene promotion.
- Community awareness-raising for 2,736 families on immunization during the polio vaccination campaign.

#### **Planned:**

- Support the coordination of the WASH sector with partners; Ensure access to safe drinking water and sufficient water for other daily needs (including hygiene); Provide and maintain appropriate sanitation services and control of open defecation to prevent, mitigate and respond to sanitation challenges that affect public health; Distribute water purification tablets, jerry cans and water tanks. Ensure over 12,000 families have hygiene materials, including soap, buckets, disinfection products, hand washing devices and educational materials containing hygiene messages in local languages.
- Support training of community relays on essential family practice.
- Support the coordination of the nutrition sector with partners; strengthen linkages between nutrition programmes and child protection, including using 'child-friendly' spaces to promote psycho-social stimulation with WHO and UNFPA; Distribute medical kits including emergency drugs for treatment of main childhood illness for at least 18,000 children under five (from the refugee and host communities); Distribute long-lasting insecticide treated nets for malaria prevention to 12,000 families; Capacity building of medical team involved in camp management; Improve availability and quality of maternal and neonatal care services, including clean deliveries, emergency obstetric and neonatal care and prevention of mother-to-child transmission for as many as 2,820 pregnant women; Provide more than 2,000 children under one with antigens for diphtheria, hepatitis, influenza, measles, polio, tetanus, tuberculosis and whooping cough; Provide around 10,800 children under five with immunization against polio, Vitamin A supplementation and deworming; Provide more than 30,000 children under 15 with immunization against measles; Provide tetanus toxoid for more than 12,000 women (aged 14-45); Screening and treatment of SAM and associated diseases including the establishment of a CRENI. Advocacy to control the use of breast milk substitutes.
- Assess education and child protection of the refugees and local communities in collaboration with partners and UN agencies; Procurement of schools-in-a-box, including materials like chalk, workbooks, pencils, knapsacks for up to 25,000 students; Procurement of recreation kits for around 36,000 children and youth in schools; Set up of recreational activities for around 6,480 preschool age children; Provide tents as temporary learning spaces to ensure minimum interruption to children's classes; Collaborate with local authorities to identify and train teachers and raise community awareness about emergency education.
- Rapidly identify, document, trace and reunify separated children with their families; Training for partners and stakeholders on child rights in humanitarian crisis; Raising community awareness of the increased risk of exploitation and abuse; Establishment of 'child-friendly' spaces where children can feel safe, play, and receive psychosocial support; establish linkages with other service providers for more specialized care; Provide opportunities for children, adolescents and youth to be organized and participate in community programmes; Organize support groups for mothers and other care-givers around nutrition programmes and child protection.

#### **Niger**

##### **To date:**

- UNICEF has participated in inter-agency missions covering WASH, health, nutrition, education and protection to assess the needs of affected populations including the hosting communities.
- To meet immediate needs, UNICEF has released to its humanitarian partners - ACTED, CRS, CARE and Islamic Relief – emergency supplies including NFIs, WASH equipment for the provision of potable water and the construction of latrines, and education kits to assist approximately 24,000 people located on five sites.

- UNICEF has also contributed to the operational costs of the Regional Department of Civil Protection to truck water to remote and difficult to access areas.
- The Ministry of Population, Women Promotion and Child Protection has received recreational kits and tents to provide psycho-social support to displaced populations on site.

#### **Planned:**

As Cluster Lead for major sectors of intervention, UNICEF will provide overall support as follows:

- Given the magnitude of the nutrition emergency response already in place, the influx of displaced populations is expected to increase the caseload of acute malnutrition among children aged 6-59 months by less than 1 per cent of the total 1.1 million expected cases of acute malnutrition in 2012 (393,737 cases for SAM and around 690,000 cases of MAM). Therefore, the nutrition emergency response strategy to address this new development will not be significantly revised, as there is already adequate capacity on the ground. Specific action to assist refugees will be to intensify active case finding and referral for adequate treatment of cases of acute malnutrition. This is already being done in Ouallam district. A similar operation will be implemented in Filingué if security conditions allow. In collaboration with WFP, blanket feeding distributions will be carried out in the Department of Tillabery which is one of the areas already severely affected by food insecurity.
- Through the WASH Cluster, UNICEF and partners will continue to provide potable water (boreholes, purification tablets, jerry cans) sanitation and hygiene facilities (construction of latrines, bathing areas, and hand washing facilities) as they remain crucial to prevent outbreaks of any water-borne diseases.
- Given that women and children represent the largest and most vulnerable groups, UNICEF will continue to support the Ministry of Population, Women Promotion and Child Protection to set up child-friendly spaces equipped with recreational kits, and to provide psycho-social support; Referral services strengthened for more specialized care including for GBV; Mobilization of children, adolescents and youth around children's issues with enhanced participation; Rapid evaluations will be carried out systematically to identify protection issues on new/existing sites; In collaboration with UNHCR, awareness sessions will be held with Defence and Security forces on protection issues, including SGBV, during emergencies.
- Through the recently activated Education Cluster, UNICEF and partners will support the Ministry of Education in formulating a strategy to continue to provide basic education to refugee and returnee children who cannot be integrated in the current educational system due to dissimilarities between the Malian and Nigerien curricula. Discussions are currently being held with WFP for the creation of an emergency school canteen on one of the sites to assist children from both displaced and host communities.
- In collaboration with the Government, UNHCR and partners, UNICEF will contribute to the elaboration of a strategy to address the needs of displaced pastoralists. Given the nature of nomadic life, affected families will not be hosted in camps but assisted on-site as they move around in search of fodder for their cattle.
- Through the Health Cluster, medical teams involved in the delivery of basic health services in camps will be strengthened.

#### **Burkina Faso**

##### **To date:**

- UNICEF participated in a rapid assessment mission in collaboration with the Government, UN agencies and humanitarian NGOs, and actively participates in regular coordination meetings organized by the UNHCR Mission in Burkina Faso.
- UNICEF immediately released NFIs from its regular emergency stock for some 6,000 people, including bales of clothes for children and women, mats, blankets, water purification tablets, cartons of soap, jerry cans, plastic cups, kettle, long lasting impregnated nets and 200 boxes of high energy biscuits.
- Together with WHO and the Ministry of Health, UNICEF contributed to the immunization of more than 2,500, 9 month -15 year old children against measles combined with Vitamin A distribution and

deworming. 3,500 people were vaccinated against meningitis in Djibo (Dori) and Gorom-Gorom (Oudalan Province).

- 135 children were treated for severe acute malnutrition (SAM).
- As lead of the Child Protection in Emergency (CPIE) Coordination Group, UNICEF Burkina Faso is organizing a training of trainers in 'Child protection in emergencies rapid assessment' from 26 to 31 March 2012 in favour of governmental and non-governmental partners from Burkina Faso and other affected countries in the Sahel region. UNICEF, in partnership with the CPIE – members of the Coordination Group – will then support the deployment of assessment teams to evaluate the situation of Malian refugees in UNHCR sites, from 15 to 21 April 2012.

#### **Planned:**

- Continue to organize deworming, Vitamin A supplementation, measles immunization for new arrivals and screening of and ensure integrated management of SAM.
- Provide supplementary feeding to lactating women and children and promote good infant and young child feeding (IYCF) practices. Incorporate child protection including psycho-social stimulation (PSS) aspects into the IYCF programs. Strengthen linkages with CFS for PSS. Organize support groups for mothers and other care-givers.
- Continue to support immunization campaign against measles and meningitis in UNHCR sites by the local health centres staff and provide vaccine and other immunization related supply.
- Support community sensitization for disease prevention and control.
- Provide chlorine tablets and training of local CBO and NGO staff in utilization of the products for household water treatment and rehabilitate 50 hand pumps in villages receiving Malian refugees (Goudebou, Tina-Koff, Deou, Inabao, Gandefabou, Mentao, Koutoukou, Nassoumbo, Koloko, Faramana, Djibasso, Barani, Yensé, Yendere, etc.).
- Undertake a communication and community mobilization campaign focused on behaviour change around key practices related to safe water consumption, safe disposal of excreta and effective hand washing with soap.
- Assist UNHCR in identifying separated children in refugee sites and host communities and ensuring family reunification and provide assistance to 500 refugee children in need of special protection measures. Provide special psycho-social assistance in emergencies to refugee children and women in adapted spaces.
- Train 300 social workers in child protection in emergencies and in psycho-social assistance in emergencies and ensure sensitization of refugee populations and local administration on special protection measures for children affected by emergencies (GBV, child trafficking and child labor, family separation, migration to urban areas, grave child rights violations, child rights monitoring and reporting).
- Ensure CFS or similar community based programmes for children, adolescents and youth.
- Ensure that referral systems are in place to address GBV and other child protection concerns.
- Conduct regular assessments of the situation and effective monitoring and coordination of project implementation and remaining gaps.
- Support the coordination of the nutrition and WASH response and contribute to the health and protection response for the host populations.

#### **Regional Office support**

UNICEF West and Central Africa Regional Office (WCARO) will continue to provide technical coordination with the goal of reaching vulnerable women and children in the four affected countries. To date, WCARO has deployed regional advisors from Emergency, Security, Child Protection, Education, WASH and Nutrition and will continue to provide immediate and critical support to the four concerned UNICEF country offices. As needed, WCARO technical support missions will be complemented by surge support in the areas of security, supply and logistics, child protection, education, WASH, and health and nutrition. Additional support can and will be sought from other country offices in the region through the WCARO regional Rapid Response Mechanism.

### 3. FUNDING REQUIREMENTS (to 30 September 2012)

UNICEF is requesting US\$ 18.8 million to meet the immediate needs of children and women affected by the crisis over the coming six months. The immediate needs, as noted in this IND, will be integrated into any upcoming inter-agency appeal and complements the UNHCR Mali emergency response appeal launched last month. UNICEF has advanced US\$ 1.05 million to UNICEF Mali and US\$ 0.3 million to UNICEF Mauritania as reimbursable loans initiate an immediate and effective response to the crisis. Burkina Faso (\$385,000) and Mauritania (\$543,000) have accessed initial funding for refugee response through the Rapid Response window of the Central Emergency Response Fund (CERF).

This Immediate Needs Document will be revised in line with the evolving situation.

Estimated funding requirements to 30 September 2012\*

Sector	Funding requirements (US\$)					
	Mali	Mauritania	Burkina Faso	Niger	WCARO	TOTAL
Child Protection	437,540	300,000	281,073	342,000		1,360,613
Education	834,825	800,000	344,171	671,000		2,649,996
Water, Sanitation and Hygiene (WASH)	4,521,617	2,000,000	522,514	1,145,260		8,189,391
Nutrition	416,420	300,000	689,885	130,540		1,536,845
Health	974,983	800,000	370,271	966,100		3,111,354
Coordination, Monitoring and Logistics	364,615	500,000	172,086	400,000	500,000	1,936,701
<b>Total**</b>	<b>7,550,000</b>	<b>4,700,000</b>	<b>2,380,000</b>	<b>3,654,900</b>	<b>500,000</b>	<b>18,784,900</b>

\* The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

\*\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other under-funded emergencies.

Further information on the UNICEF emergency programmes in Mali, Mauritania, Burkina Faso and Niger can be obtained from:

<p>David Gressly Regional Director UNICEF West and Central Africa Regional Office PO Box 29720, Dakar, Senegal Tel: +221 33 869 58 44 Fax :+221 33 820 89 64 E-mail: dgressly@unicef.org</p>	<p>Dermot Carty Deputy Director Office of Emergency Programmes (EMOPS) UNICEF Geneva Tel: + 41 22 909 5601 Fax: + 41 22 909 5902 E-mail: dcarty@unicef.org</p>	<p>June Kunugi Deputy Director Public Sector Alliances and Resource Mobilization Office (PARMO) UNICEF New York Tel: + 1-212 326 7009 Fax: + 1-212 326 7165 Email: kunugi@unicef.org</p>
--	--	--