Mali is experiencing a multidimensional crisis, driven by the combined impacts of insecurity, inter-communal conflict, socio-political instability, climate change and the COVID-19 pandemic, affecting 11.7 million people. Of these, 5.9 million – one in three Malians – need humanitarian assistance. Grave violations of children’s rights are pervasive and displacement remains a major concern with nearly 400,000 people internally displaced.

UNICEF will implement an integrated and coordinated response, focusing on building peaceful, inclusive and resilient communities while strengthening the linkages between humanitarian action, development and peace programming. Interventions are designed to meet the needs of the most vulnerable children and communities, including those impacted by the socioeconomic effects of COVID-19. A systematic gender lens will inform all analysis and programme design.

In 2022, UNICEF is requesting US$119.3 million to reach 2.3 million people, including 2 million children, with critical humanitarian assistance in Mali.

**KEY PLANNED TARGETS**

- 177,331 children admitted for treatment for severe acute malnutrition
- 200,000 children vaccinated against measles
- 482,000 people accessing a sufficient quantity of safe water
- 300,000 children/caregivers accessing mental health and psychosocial support

**FUNDING REQUIREMENTS**

US$ 119.3 million
Mali is facing multiple crises, including insecurity in the center and north, with strong regional ramifications (especially in Liptako Gourma), inter-communal conflicts, socio-political instability, climate change and the effects of the COVID-19 pandemic, which affects 11.7 million people. The humanitarian situation has deteriorated. In 2022, 5.9 million people will be in need of humanitarian assistance, including 2.9 million women, 3.2 million children and 800,000 people with disabilities. As a result of ongoing attacks against civilians, the number of internally displaced persons (IDPs) has steadily increased and now totals nearly 400,000 people, of which 55 per cent are female and 64 per cent are children. Hostilities often result in grave violations of child rights including killing, maiming, recruitment and use by armed groups, as well as gender-based violence. Across the country, 1.3 million children need protection. Attacks and threats by armed groups on education infrastructure, initially limited to the central and northern regions, have now expanded to the south of the country, affecting 499,200 children and 9,984 teachers across insecure regions. In the northern and central regions, more than 96 per cent of IDPs live in areas where access to water is below the national average. Mali also has one of the highest mortality rates due to unsafe water, sanitation and hygiene (WASH) in Africa. Global acute malnutrition prevalence exceeds 10 per cent in a number of areas; more than 177,000 children under 5 years of age are suffering from severe acute malnutrition, and food insecurity affects 1.3 million people. In addition to the COVID-19 pandemic, the fragile health system is struggling with several other disease outbreaks, including measles, cholera and polio. In northern and central Mali, 1.8 million people need access to basic health services. Increasing constraints on humanitarian access are a major concern, especially in areas lacking basic social services and infrastructure. Mali ranks 184 out of 189 countries on the Human Development Index and 49.7 per cent of households live below the income poverty line. Gender inequalities also impact child rights and hinder access to basic services. The country is currently experiencing an 18-month political transition following two consecutive coups d'états that occurred in August 2020 and May 2021, with elections planned for early 2022.

**SECTOR NEEDS**

- **1.9 million** people in need of nutrition assistance
- **1.8 million** people in need of health assistance
- **1.7 million** people lack access to safe water
- **1.3 million** children in need of protection services
- **558,400** children in need of education support

**STORY FROM THE FIELD**

Persistent insecurity in central and northern Mali and the COVID-19 pandemic have disrupted access to education. UNICEF has distributed solar-powered radios in conflict-affected areas to children, providing an educational lifeline for those who might otherwise be cut off from classes. This initiative complements the temporary learning spaces that have been established at IDP sites to ensure that children can continue to learn in safety.

Read more about this story [here](#)

Makono, 13 years old, listens to a broadcasted lesson through a solar-powered radio as he studies at home.
HUMANITARIAN STRATEGY

UNICEF’s strategy will focus on strengthening the linkages between humanitarian action, development, social cohesion and peacebuilding programming to build inclusive and resilient communities and systems. UNICEF will emphasize community engagement, including the participation of women and girls; scale up awareness on accountability to affected populations; expand gender-, youth- and disability-responsive programming; and strengthen the principle of “do no harm” across all areas of work.

In line with the national COVID-19 response plan, interventions will meet the needs of the most vulnerable children and communities, with a focus on risk communication and community engagement and supporting the continuity of basic services. UNICEF will build on its comparative advantage in localization to foster linkages with national social protection systems by ensuring that targeting mechanisms are child-sensitive and by collaborating with other key players to strengthen coordination and governance systems. This support will facilitate financial access to goods and services that meet the basic needs of children, in line with the Grand Bargain commitments. UNICEF will provide technical assistance to the government to strengthen its emergency preparedness and response system at the national and decentralized levels.

UNICEF will lead the WASH, education and nutrition clusters and the child protection area of responsibility to ensure an integrated and coordinated response while strengthening conflict-sensitive, gender-responsive and child-centered policies and local development plans.

Through an integrated package of services, UNICEF will address both acute and chronic malnutrition through early detection of wasting and provision of quality nutrition care to severely wasted children. To ensure prevention of wasting, stunting and micronutrient deficiencies among children, UNICEF will support preventive services including micronutrient supplementation. UNICEF will continue to support national immunization campaigns, outbreak response, and essential maternal neonatal and child health services, and will support systems strengthening to build resilience through the provision of equipment, medicines, and commodities to health facilities. Infection prevention and control interventions will be implemented in communities and facilities and crisis-affected people will gain access to safe water and adequate sanitation.

UNICEF and partners will undertake gender-based violence risk mitigation and prevention of sexual exploitation and abuse activities across all sectors. Children experiencing psychosocial distress, children released from armed groups, unaccompanied and separated children, and survivors of gender-based violence will be reached with services including mental health and psychosocial support, family reunification and socioeconomic reintegration. Strengthening the monitoring and reporting mechanism on grave violations of child rights will enhance evidence-based advocacy and response. The most vulnerable children will gain access to quality education, in a protective learning environment.

2022 PROGRAMME TARGETS

Nutrition
- 177,331 children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- 254,808 primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- 376,928 children aged 6 to 59 months receiving multiple micronutrient powders
- 360,126 pregnant women receiving preventative iron supplementation
- 1,713,312 children aged 6 to 59 months receiving vitamin A supplementation

Health
- 200,000 children aged 6 to 59 months vaccinated against measles
- 352,064 children aged 6 to 59 months vaccinated against polio

Water, sanitation and hygiene
- 482,000 people accessing a sufficient quantity of safe water for drinking and domestic needs
- 50,000 people use safe and appropriate sanitation facilities
- 390,000 people reached with critical WASH supplies

Child protection, GBVIE and PSEA
- 300,000 children and parents/caregivers accessing mental health and psychosocial support
- 40,400 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 124,000 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- 600 children who have exited armed forces and groups provided with protection or reintegration support
- 1,200 unaccompanied and separated children accessing family-based care or a suitable alternative

Social protection
- 30,000 households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding
- 25,000 households reached with UNICEF funded multi-purpose humanitarian cash transfers
- 150,000 households benefitting from new or additional social transfers from governments with UNICEF technical assistance support

Education
- 110,000 children accessing formal or non-formal education, including early learning
- 220,000 children receiving individual learning materials
- 2,500 schools implementing safe school protocols (infection prevention and control)

Cross-sectoral (HCT, C4D, RCCE and AAP)
- 12,383,397 people reached through messaging on prevention and access to services
- 800,000 people engaged in risk communication and community engagement actions
- 250,000 people with access to established accountability mechanisms

Progress against the latest programme targets is available in the humanitarian situation reports: [https://www.unicef.org/appeals/mali/situation-reports](https://www.unicef.org/appeals/mali/situation-reports)

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action. Programme targets are provisional and subject to change upon finalization of the 2022 inter-agency planning documents.
UNICEF is requesting US$119.3 million in 2022 to meet the humanitarian needs of crisis-affected children in Mali, in line with the Country Programme Document 2020–2024, which focuses on strengthening the linkages between humanitarian action and development programmes, and the multi-year Humanitarian Response Plan.

With this funding, UNICEF plans to respond to both the complex humanitarian emergency and the COVID-19 pandemic through a combination of nutrition, health, WASH, education and child protection interventions. Funding requirements for the nutrition and education sectors have increased compared to 2021 to take into account the needs arising from the concerning nutritional situation and to preserve the right to education for thousands of children affected by violence against the education system. Furthermore, part of this funding will be utilized to strengthen the national emergency preparedness and response system to build community and system resilience.

Without sufficient and timely funding, UNICEF will be unable to facilitate access to quality, critical basic social services, protect children affected by the crisis, support the national response to the continuing nutrition crisis, or respond effectively and efficiently to the COVID-19 pandemic.

Who to contact for further information:

**Sylvie Fouet**
Representative, Mali
T Tel: +223 44 97 69 69
sfouet@unicef.org

**Manuel Fontaine**
Director, Office of Emergency Programmes (EMOPS)
T +1 212 326 7163
mfontaine@unicef.org

**June Kunugi**
Director, Public Partnership Division (PPD)
T +1 212 326 7118
j kunugi@unicef.org
1. UNICEF’s public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.


3. The United Nations Security Council has identified and condemned six grave violations against children in times of war: killing and maiming of children; recruitment or use of children in armed forces and armed groups; attacks on schools or hospitals; rape or other grave sexual violence; abduction of children; and denial of humanitarian access for children.

4. HNO 2021.

5. HNO 2021.

6. Figure calculated using the highest coverage programme targets of children aged 6 to 59 months to be reached with vitamin A supplementation every six months (1,713,312); people to be reached with a sufficient quantity of safe water for drinking, cooking and personal hygiene (385,600, which does not include children aged 6 to 59 months to avoid double counting); children to be reached with individual learning materials (200,000); and unaccompanied and separated children to be reached with family-based care or a suitable alternative (1,200). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

7. Disability disaggregation is based on 2021 HNO calculations (15 per cent of the population).

8. Gender disaggregation is based on 2021 HNO calculations (50.6 per cent of the population).

9. Figure calculated using highest coverage programme targets of children aged 6 to 59 months to be reached with vitamin A supplementation every six months (1,713,312); 10 per cent of people accessing a sufficient quantity of safe water for drinking and domestic needs, representing children aged 15-18 years (38,560); children to be reached with individual learning materials (220,000); and unaccompanied and separated children to be reached with family-based care or a suitable alternative (1,200).


21. Mali’s Gender Development Index is 0.821. The GDI measures gender gaps in human development achievements in health, education and command over economic resources. (United Nations Development Programme, Human Development Report 2020).


23. HRP 2021.


25. HNO 2021.


27. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.

28. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.

29. Schools will be provided with COVID-19 WASH kits (developed jointly by the education and WASH clusters) and protocol. This will be supported by sensitization and short training for educational personnel.

30. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.

31. US$1,240,000 of this budget is dedicated to PSEA activities.

32. The increase in social protection funding requirement from US$20.8 million in 2021 to US$22.8 million in 2022 is the result of the increase in the number of households beneficiaries impacted by socio-economic effects of the COVID-19 crisis on the most vulnerable, including children living in poor households.