

A sleeping 4-day-old baby girl, at the Reference Health Centre in Bougouni, in Segou Region. Without the antibiotics administered to her right after birth, she might have died.

unicef for every child

# Humanitarian Situation Report No. 3

Reporting Period
**1 January to 30 June 2022**

# Mali

## HIGHLIGHTS

As of June 2022, the number of schools closed due to insecurity is the highest ever recorded in the country with 1,766 schools closed. In the first quarter of 2022, the United Nations verified approximately 450 grave violations affecting 386 children.

Since February, the humanitarian situation has dramatically deteriorated in the Ménaka region, causing significant population movements. UNICEF and its partners provided to 18,968 people access to water, including 5,680 children. In addition, 1,298 children received a child protection assistance, while 310 children were treated for severe acute malnutrition. Finally, 957 students benefited from support for school reintegration. The response is ongoing, in close coordination with the humanitarian community.

From January to June 2022, no cases of measles or poliovirus were reported in Mali. Since March 2020, COVID-19 cases have been identified in all 20 regions of Mali, with a total of 31,165 confirmed cases, including 737 deaths.

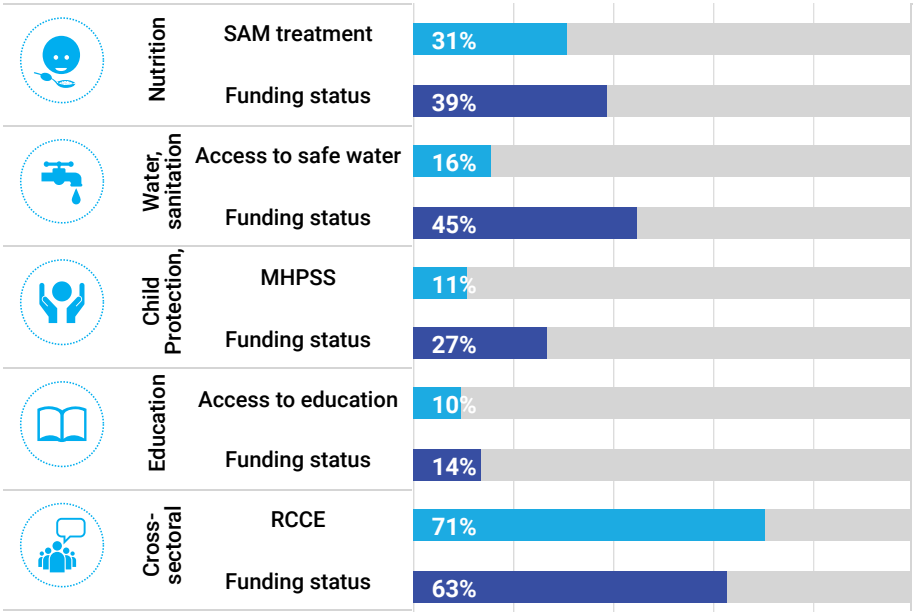
## SITUATION IN NUMBERS

**7,500,000**
People in need of humanitarian assistance[1]

**5,100,000**
Children in need of humanitarian assistance[2]

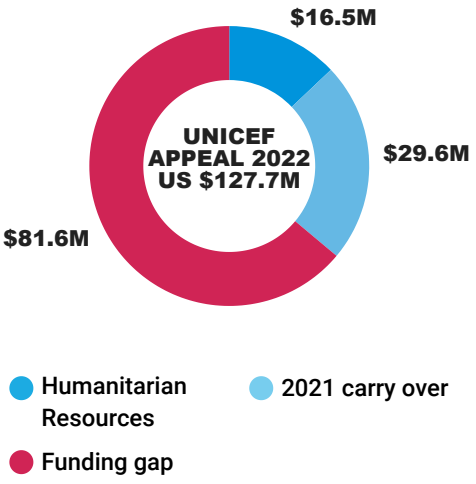
**377,519**
Internally Displaced Persons[3]

## UNICEF RESPONSE AND FUNDING STATUS*




* UNICEF response % is only for the indicator, the funding status is for the entire sector.

## FUNDING STATUS (IN US$)**




** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

## FUNDING OVERVIEW AND PARTNERSHIPS

In 2022, UNICEF is appealing for US$ 127.7 million to respond to the humanitarian needs of children caused by conflict or natural disasters while facilitating access to quality basic social services for crisis-affected populations in the north and Center of the country. As of 30th of June 2022, US$ 16,5 million were received in addition to the US$ 29,57 million carry-forward for a total of US$ 46,11 million available, representing 36 per cent of the total appeal.

The funding gap is US$ 81.63 million (64 per cent of the appeal), and far from covering the needs in several sectors including Nutrition, WASH, Child Protection and Education.

The Governments of the USA (USAID-OFDA), Spain, the Czech Republic, Sweden, Romania, Denmark, Austria, Canada, USA (State), Switzerland (Swiss Agency for Development), Germany and the United Kingdom (DFID, FCDO), Japan, the Spanish, German and Norwegian Committees for UNICEF, UNICEF-China, SIDA, the European Commission /ECHO, USAID/Food for Peace, Education Cannot Wait Fund, GAVI /The Vaccine Alliance Global, the CERF have positively reacted and generously contributed to UNICEF Mali humanitarian response. UNICEF expresses its deep and sincere gratitude to all public and private donors for the contributions received.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The persistence of security incidents through attacks by armed groups, the use of explosive devices, the destruction of property/equipment, the looting of crops and targeted killings, continue to disrupt livelihoods and economic activities in the central and northern regions. This insecurity has spread over the past months to several localities in the South of the country. As a result, the Child Protection situation remains particularly of concern in these regions. Child Protection actors noted an increase of child protection incidents and grave violations. Over the past six months, 450 grave violations affecting 386 children (318 boys, 67 Girls) in Gao, Ménaka, Kidal, Ségou, Timbuktu and Mopti have been verified, against 172 in the same period of 2021.

Following a recent deterioration in the security situation in the Ménaka region, humanitarian needs are increasing. Since March 2022, clashes between armed groups have caused the death of several civilians and the displacement of thousands more. According to OCHA, as of 3 June 2022, around 9,000 displaced households have been registered, representing almost 54,000 individuals, to which must be added almost 16,000 Nigerien refugees. These internally displaced persons (IDPs) need, as a priority, more protection, adequate shelter, water and food. In this border area with Burkina Faso and Niger, insecurity following armed clashes and attacks on humanitarian staff and goods has considerably reduced humanitarian space. With the exception of Ménaka ville, Tidermène and Inékar, all other localities in the region face major access constraints.

The conflict compounded with the effects of the COVID-19 contributed to the deterioration of the humanitarian situation: 7,5 million people are in need of humanitarian assistance 52 per cent of whom are women and 56 per cent children. The main humanitarian needs today include the protection of women and children, nutritional and health assistance, access to drinking water and emergency education services.

## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

### Health


© UNICEF/UN0161677/Keita

A nurse holds a newborn infant before placing it beneath an infant radiant warmer in order to proceed to a newborn health assessment at the Baraouéli Health Center in Baraouéli, Ségou region

From January to June 2022, 0 cases of measles were reported in Mali, compared to 828 in 2021. The country has not reported any cases of circulating vaccine-derived poliovirus (cVDPV2), whereas last year 56 cases were reported. No vaccination response campaign has yet been initiated.During the first half of 2022, 443,203 pregnant women in northern and central regions had access to an antenatal consultation (ANC). As part of routine vaccination, 326,013 children under one year of age received a dose of Penta1 (including 187,523 girls). 7,130 children under five (31,699 boys and 39,431 girls) were treated for malaria and 71,68 children under five received adequate treatment for diarrhoea (including 3,655 girls). Finally, 26,235 people (including 13,380 girls) received treatment for acute respiratory infections (ARI). UNICEF continued to support birth registration, during this period 191,397 children (including 97,612 girls) were registered.

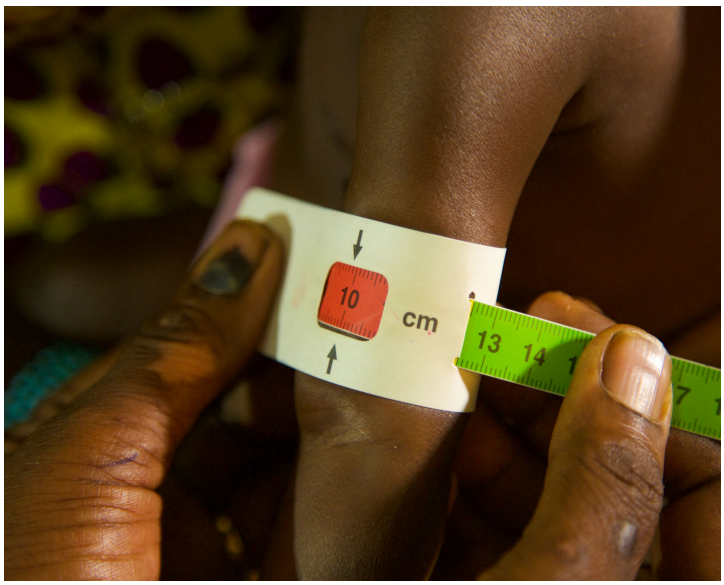
As of 30 June 2022, COVID-19 cases have been identified in all 20 regions of Mali, with a total of 31,165 confirmed cases, including 737 deaths. A peak was observed in January 2022, with 9,044 confirmed cases and 54 deaths, compared to 3,574 confirmed cases and 42 deaths in December 2021, an increase of 253 per cent in one month. However, the number of cases has fallen drastically since February 2022, while the number of tests carried out fell significantly, from 56,083 people tested in January 2022 to 16,885 people in June 2022. This can be explained by lower traveler flows, due to the closure of land and air borders of ECOWAS Member States with Mali.

Concerning the COVID-19 vaccination campaign organized by the Ministry of Health with the support of UNICEF and WHO, as of 30 June 2022, 1,371,080 people have been able to benefit from a full vaccination schedule (6.49 per cent of the total Malian population).

Strong disparities in vaccine coverage between the different regions remain (Bamako, Taoudenit and Timbuktu have vaccinated more than 15 per cent of the total population while Kidal, Mopti, Segou, Koulikoro and Kayes have vaccinated less than 5 per cent of the total population). Low humanitarian access and complex security conditions, especially in the North and Centre of the country, may explain this. The Ministry of Health, with the support

of its partners, including UNICEF, WHO and USAID, aims to reach a vaccination rate of 70 per cent of the target population (12 years and older) by 31 December 2022.

## Nutrition




© UNICEF/UN0248605

8-month-old girl, visibly weak and frail, has her underarm circumference measured at the Reference Health Center in Bamako. Upon admission, she weighed only 4kg.

Since January 2022, 61,322 children aged 6-59 months have been admitted and treated in health and community facilities for Severe Acute Malnutrition (SAM), representing 31 per cent of the 197,671 cases targeted this year by UNICEF and its implementing partners. Their management shows satisfactory results according to international standards: a cure rate of 95 per cent (>75 per cent), a death rate of 0.4% (<5 per cent) and a treatment drop-out rate of 4.6 per cent (<15 per cent). SAMs with medical complications accounted for 10 per cent (4,848) of admitted cases.

The complexity of data collection and the low data completeness rate (46 per cent) continues to be one of the biggest challenges for the implementing partners.

The regions most affected by SAM (mainly in the North and Centre of the country, Gao, Timbuktu, Mopti and Menaka) are those with high levels of insecurity, food insecurity and limited access to essential social services, where the nutritional response has limited coverage (less than 20 per cent).

In terms of prevention, 212,092 pregnant and lactating women received key counselling and promotion messages on infant and young child feeding practices (IYCF). With UNICEF support to the Ministry of Health, the first round of SIAN (vitamin A supplementation campaign) incorporating nutritional screening targeting 7,571,777 children aged 6-59 months for vitamin A supplementation and 6,811,673 for deworming treatment was undertaken from 2-17 June. Preliminary results are not yet available. In addition, data collection for the national SMART Nutrition Survey began on 6 June 2022. Preliminary results are expected by mid-August of the same year.

The results stated above were achieved in partnership with the National and Regional Directorates for Health (DRS), IEDA, COOPI, ACF, and Yagtu.

Following the serious deterioration of the humanitarian situation in the Menaka region, the Nutrition Cluster has reinforced its response capacity. A nutrition response plan has been developed targeting 18,394 people in need of nutritional assistance (with a funding requirement of USD 4 million), including 2,532 children aged 6-59 in need of SAM treatment. Only USD 1,483,840 (37 per cent) has been mobilized to ensure an adequate nutritional response. The HRP Nutrition is only 37.6 per cent funded.

## Child Protection, GBViE and PSEA

© UNICEF/UN0332609/Rose

Mina, who was abducted in a raid and held at gunpoint by an armed group in Timbuktu, holds up her biggest wish on a slate in front of her: Peace.

Between January and June 2022, 40,956 vulnerable children (19,768 girls/21,188 boys) affected by the armed conflict benefited from psychosocial support in child friendly spaces, recreational and other secure spaces including the transit and orientation centers across the country in particular in the central and northern regions.

During the same reporting period, 253 children (48 girls and 205 boys) released from armed groups were reached with holistic support in five transit centers in Bamako, Gao, Kidal, Menaka and Segou as well as in foster families and communities. Moreover, 1,236 unaccompanied or separated children (404 girls and 832 boys) received holistic interim care in transit center or foster families across 10 regions of the country: Bamako (296), Gao (82), Kayes (85), Kidal (106), Koulikoro (55), Menaka (70), Mopti (69), Segou (135), Sikasso (278) and Tombouctou (60). This represents 103 per cent of UNICEF annual target. The surpassing of the annual target might be explained by major humanitarian shocks in the regions of Menaka and Mopti, causing a sudden increased number of IDPs and UASC. This elevated number could also encompass some UASC identified and reported twice by different partners, since the SOP regarding UASC identification and case management is still being implemented in the field.

In the first semester of 2022, the United Nations verified approximately 450 grave violations affecting 386 children (318 boys, 67 Girls) in Gao, Ménaka, Kidal, Ségou, Timbuktu and Mopti against 172 in the same period of 2021. Grave violations included recruitment and use of children (173 children including 154 boys), killing and maiming (70 children (51 boys) , rape and other forms of sexual violence (6 incidents affecting 6 girls), abduction (1 children (1 girl), attacks on schools (44) and hospitals (1) and denial of humanitarian access (10 incidents). Globally, it is noted an increase of the number of reported violations in the first semester of 2022 in comparison to the first semester of 2021. The strengthening of

MRM (Monitoring and Reporting Mechanism on grave violations against children) capacity alongside with an increased number of monitors and training sessions contributed for the report and verification of more incidents.

The results stated above were achieved in partnership with the National and Regional Directorates for the Promotion of Women, Children and Family, COOPI, SOLISA, GARDL, ATDED, Peace One Day, Samu Social, DRC, TDH and EDUCO.

UNICEF continued to lead the coordination of the Child Protection Area of Responsibility.

## Education

© UNICEF/UN0313362/Dicko

A displaced teacher at the temporary learning space in Socoura IDP site, teaches numbers in front of his class in a tent provided by UNICEF.

In June 2022, the number of schools closed due to insecurity is the highest ever recorded in the country with 1,766 schools closed. Over the same period in 2021, 1573 schools were closed, an increase of 12% in 2022

From January to June, 15,222 children (including 7,491 girls) were supported to access quality education through activities implemented by UNICEF and its implementing partners (NRC, ATDED, IEDA Relief, EDUCO) and the deconcentrated technical education services in the regions of Gao, Menaka, Timbuktu, Taoudeni, Mopti, Segou and Sikasso. These results were achieved through support to volunteer teachers, rehabilitation of schools, provision of school furniture, identification of out-of-school children and their insertion/reintegration into formal schools.

In the Gao region, 8,232 children (3,864 girls) have benefited from the distribution of individual learning kits since January. No school was fully supported to implement the COVID-19 prevention and control protocol during the reporting period, but COVID-19 protocols were provided to schools and training of teachers and education staff was conducted.

In addition, 774 teachers (including 184 women) were trained in psychosocial support and among them 430 (129 women) were also trained in COVID-19 prevention and control to implement the COVID-19 protocol in schools in Timbuktu, Mopti, Gao and Menaka.

19,909 students, including 9,816 girls, benefited from the training of teachers and school management committees on psychosocial support and COVID-19 prevention in Timbuktu and Taoudeni regions.

In June, 1,434 displaced students (648 girls) were supported to take their end-of-year exams in Sikasso (Klela) and Ménaka (transport, remedial courses, support for supervisors, NFI kits).

In the Sikasso region, 75 volunteer teachers (including 20 women) have been supported and trained, enabling the reopening of 23 schools and the enrolment of 4,019 children (including 1,914 girls).

The main challenge remains insecurity (attacks and threats from non-state armed groups, but also kidnappings, robberies and other forms of banditry), which has led some partners to suspend their activities in certain areas and to request flexibility in targeting.

## Water, Sanitation and Hygiene (WASH)

© UNICEF/UNI81635/Prozzi

A woman and a girl fetch water at a community borehole in the village of Golombo, Mopti Region, central Mali.

From January to June 2022, 52,964 people (including 28,468 children) received emergency WASH assistance in the regions of Mopti, Gao, Menaka and Timbuktu. Through the distribution of hygiene kits consisting of water treatment and storage products, but also through the distribution of water by tanker. At the same time, 24,653 people (including 13,251 children) have benefited from sustainable access to drinking water through the construction of water points in the regions of Kayes, Mopti, Taoudeni and Kidal.

Difficulties in carrying out drilling work, caused by the scarcity and quality of the water to be mobilised, are delaying the execution of construction work and affecting the cost of carrying out WASH activities. The timely delivery of emergency WASH supplies and activities has often been affected by temporary suspensions due to increasing insecurity and rainfall in the Ménaka and Timbuktu regions. The high cost of transporting WASH inputs due to road conditions and crime was also noted. Despite these constraints, UNICEF and its partners are taking advantage of security windows to provide the necessary assistance to vulnerable and displaced populations.

The water, sanitation and hygiene sector remains heavily affected by the multidimensional crisis that Mali has been experiencing since 2012. During the first half of 2022, the security situation has

deteriorated considerably with massive population displacements and increased pressure on the already insufficient WASH infrastructure.

In response to this situation, UNICEF and 42 other WASH Cluster actors are active on the ground to alleviate the suffering of communities. These actors include 14 international NGOs (ACF-E, ACTED, AEN, CECI, HELP, IRC, Islamic Relief, Mercy Corps, NRC, OXFAM, PUI, SCI, Sol Int and WHH), 16 national NGOs (Aide au Sahel Mali, ASG, ASSADDEC, ASSAHGHSAL, CAEB, CAMR, FAABA, GARDL, GARI, GCM, G-FORCE, IMADEL, Solidarité Pour Le Sahel, SOLISA, Stop Sahel, and TASSAGHT), 11 government technical services (Académie d'Enseignement de Sikasso, DRACPN Gao, DRACPN Mopti, DRDSES Kidal, DRDSES Sikasso, DRDSES Timbuktu, DRH Mopti, DRH Taoudénit, DRP Gao, DRPC Gao, DRPC SiKasso), and the ICRC. The combined efforts of all these partners enabled the WASH Cluster to reach 282,693 people (including 160,640 children) during this six-month period, or 11 per cent of its annual target. These interventions covered the regions of Kayes, Koulikoro, Sikasso, Ségou, Mopti, Timbuktu and Bamako. 95 per cent of those reached are concentrated in the northern and central regions.

## Social Protection

From January to June, efforts were focused on strengthening risk management mechanisms around cash transfer interventions, in synergy with the national directorates: DNPSES (Direction Nationale de la Protection Sociale et de l'Economie Solidaire), DNDS (Direction Nationale du Developpement Social), ANAM (Agence Nationale d'Assurance Maladie), Jigisemejiri, CSA (Commissariat à la sécurité alimentaire).

A mission from the Regional Social Policy Section was conducted in Mali to provide technical advice, management guidance, programme support and capacity building to the country office. A field visit to 4 groups of women savers in the Segou region was organised and allowed for a direct exchange with local authorities and with the women receiving the cash transfer and complementary services on essential family practices (nutrition, health, education, WASH etc.).

During the reporting period, the data collection phase of the randomised control trial was completed. The study aimed to develop a rigorous impact evaluation with a baseline and endline using mixed methods. Through a sample of 1,845 households, the baseline and endline quantitative data collections include questionnaires for households, women, communities and social support groups, while the qualitative components include focus group discussions with beneficiaries and other key social protection actors.

## Cross-sectoral (HCT, C4D, RCCE and AAP)

The first half of 2022 was devoted at the Social and Behavior Change (SBC) level to the revision of communication strategies for generating demand for COVID-19 vaccination and managing vaccine hesitancy at all levels. Within this framework, the section provided technical and financial support for the revision of the national vaccine deployment plan, especially in the RCCE (risk communication and community engagement) pillar. The national plan was translated into regional plans in the 10 regions and the district of Bamako.

At the district level, several community actors, in particular the relays, the Mama Yelen, youth associations and religious leaders have contributed to the promotion of immunisation and the management of vaccine hesitancy. In addition, members of transport unions organized awareness sessions at the level of guys, markets and public places on the importance of vaccination against HIV-19 and reached 17,308 people, including 7,497 women, through the project "Mopti, resilient region without AIDS: I am committed".

During the first half of the year, the district of Bamako, through the regional directorate of social development, organized community screenings of the film "Alerte à Bozola" in 30 attraction sites (schools, health centers and public places) in Bamako. More than 8,500 people, 75 per cent of whom were young students, attended these screenings to better understand the COVID-19 pandemic and the importance of vaccination. At the end of these sessions 276 people, including 114 women, were automatically vaccinated.

UNICEF has continuously funded 180 community radio stations across the country to accompany the immunization campaigns through the broadcasting of spots, microprographs, educational programmes and round tables. Thanks to the community radio stations and the activities of community actors, some 12,455,248 people, including 627,3680 women, have had access to essential information on COVID-19 and the importance of vaccination as a key means of prevention and breaking the chain of infection.

# HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Humanitarian action coordination is led by the Ministry of Health and Social Development, The Ministry of Humanitarian Affairs with the support of the Humanitarian Country Team. UNICEF is leading three clusters, WASH, Nutrition and Education and the Child Protection Sub-Cluster. UNICEF co-led clusters are all part of the Inter-Cluster Working Group (ICWG) led by OCHA at the national and sub-national levels. UNICEF also participates in the in-country interagency PSEA Task Force and interagency Gender Task Force.

UNICEF Humanitarian strategy is aligned with the 2022 inter-agency humanitarian response plan (HRP) which aims to save lives and protect affected populations. UNICEF continues to address urgent needs of the most vulnerable populations in crisis-affected in north and central regions, while strengthening the linkages between humanitarian action and development programming and prioritizing community-based approaches.

# HUMAN INTEREST STORIES AND EXTERNAL MEDIA

From January to June 2022, UNICEF Mali continued to position children's issues in media and social media. There were 155 mentions in online news. UNICEF Mali held a 13 per cent share of voice on children's issues. UNICEF Mali also supported the launch of the national nutrition plan, along with partners. There was also coverage mentioning UNICEF's contribution to ending Female Genital Mutilation (FGM) in Mali. On social media content focused on malnutrition, COVID-19 prevention (including through vaccine hero videos) and immunization. Total reach was 755,000, with a 73 per cent share of voice on children's issues.

- Love letter to vaccines champions https://www.unicef.org/mali/en/stories/love-letter-vaccines-champions

- The help I received changed my outlook on life https://www.unicef.org/mali/en/stories/%C2%AB-help-i-received-changed-my-outlook-life-%C2%BB

- Living with the weight of taboo https://www.unicef.org/mali/en/stories/living-weight-taboo

- COVID-19 Heroes https://twitter.com/unicefmali/status/1529132413334454272?s=20&t=Yw2xG418Vug4eNlWz7O2kA

- COVID-19 vaccination https://twitter.com/unicefmali/status/1531677243663175680?s=20&t=Yw2xG418Vug4eNlWz7O2kA

- End the COVID-19 pandemic https://twitter.com/unicefmali/status/1520520051060842499?s=20&t=Yw2xG418Vug4eNlWz7O2kA

## HAC APPEALS AND SITREPS

- All Humanitarian Action for Children Appeals https://www.unicef.org/appeals

- All Situation Reports https://www.unicef.org/appeals/situation-reports

## NEXT SITREP: 31 AUGUST 2022

# ANNEX A SUMMARY OF PROGRAMME RESULTS

| Sector | | | UNICEF and IPs response | | | Cluster/Sector response | | |
|---|---|---|---|---|---|---|---|---|
| Indicator | Disaggregation | Total needs | 2022 targets | Total results | Progress | 2022 targets | Total results | Progress |
| **Nutrition** | | | | | | | | |
| Children aged 6 to 59 months with severe acute malnutrition admitted for treatment | Total | - | 197,671 | 61,322 | ▲ 31% | 197,671 | 61,322 | ▲ 31% |
| | Girls | - | 197,671 | 33,114 | ▲ 17% | 197,671 | 33,114 | ▲ 17% |
| | Boys | - | 197,671 | 28,208 | ▲ 14% | 197,671 | 28,208 | ▲ 14% |
| Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling | Total | - | 492,527 | 245,736 | ▲ 50% | 509,617 | 278,287 | ▲ 55% |
| | Women | - | 492,527 | 212,092 | ▲ 43% | 509,617 | 233,411 | ▲ 46% |
| | Men | - | 492,527 | 33,644 | ▲ 7% | 509,617 | 44,876 | ▲ 9% |
| **Health** | | | | | | | | |
| Children aged 6 to 59 months vaccinated against measles | Total | - | 200,000 | - | 0% | - | - | - |
| Children aged 6 to 59 months vaccinated against polio | Total | - | 352,064 | - | 0% | - | - | - |
| **Water, sanitation and hygiene** | | | | | | | | |
| People accessing a sufficient quantity of safe water for drinking and domestic needs | Total | 1.6 million | 482,000 | 77,617 | ▲ 16% | 1.2 million | 234,404 | ▲ 20% |
| | Girls | 1.6 million | 482,000 | 21,598 | ▲ 4% | 1.2 million | 67,973 | ▲ 6% |
| | Boys | 1.6 million | 482,000 | 22,508 | ▲ 5% | 1.2 million | 65,226 | ▲ 5% |
| | Women | 1.6 million | 482,000 | 17,075 | ▲ 4% | 1.2 million | 51,567 | ▲ 4% |
| | Men | 1.6 million | 482,000 | 16,436 | ▲ 3% | 1.2 million | 49,638 | ▲ 4% |
| People use safe and appropriate sanitation facilities | Total | 2.2 million | 100,000 | 1,098 | ▲ 1% | 100,000 | 15,399 | ▲ 15% |
| | Women | 2.2 million | 50,000 | 551 | ▲ 1% | 100,000 | 7,546 | ▲ 8% |
| | Men | 2.2 million | 50,000 | 547 | ▲ 1% | 100,000 | 7,853 | ▲ 8% |
| People reached with critical WASH supplies | Total | 3.6 million | 390,000 | 52,964 | ▲ 14% | 814,000 | 78,635 | ▲ 10% |
| | Women | 3.6 million | 390,000 | 26,389 | ▲ 7% | 814,000 | 40,102 | ▲ 5% |
| | Men | 3.6 million | 390,000 | 26,575 | ▲ 7% | 814,000 | 38,533 | ▲ 5% |
| **Child Protection, GBViE and PSEA** | | | | | | | | |
| Children and parents/caregivers accessing mental health and psychosocial support | Total | - | 372,733 | 40,956 | ▲ 11% | 1 million | 51,054 | ▲ 5% |

| Sector | | | UNICEF and IPs response | | | Cluster/Sector response | | |
|---|---|---|---|---|---|---|---|---|
| Indicator | Disaggregation | Total needs | 2022 targets | Total results | Progress | 2022 targets | Total results | Progress |
| | Girls | - | 372,733 | 19,768 | ▲ 5% | 1 million | 25,215 | ▲ 2% |
| | Boys | - | 372,733 | 21,188 | ▲ 6% | 1 million | 25,839 | ▲ 2% |
| People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers | Total | - | 124,000 | - | 0% | - | - | - |
| Children who have exited armed forces and groups provided with protection or reintegration support | Total | - | 700 | 253 | ▲ 36% | 1,000 | 379 | ▲ 38% |
| | Girls | - | 700 | 48 | ▲ 7% | 1,000 | 115 | ▲ 12% |
| | Boys | - | 700 | 205 | ▲ 29% | 1,000 | 264 | ▲ 26% |
| Unaccompanied and separated children accessing family-based care or a suitable alternative | Total | - | 1,200 | 1,236 | ▲ 103% | 1,500 | 3,427 | ▲ 228% |
| | Girls | - | 1,200 | 404 | ▲ 34% | 1,500 | 1,472 | ▲ 98% |
| | Boys | - | 1,200 | 832 | ▲ 69% | 1,500 | 1,955 | ▲ 130% |
| Education | | | | | | | | |
| Children accessing formal or non-formal education, including early learning | Total | - | 155,000 | 15,522 | ▲ 10% | 197,946 | 4,001 | ▲ 2% |
| | Girls | - | 155,000 | 7,491 | ▲ 5% | 197,946 | 1,971 | ▲ 1% |
| | Boys | - | 155,000 | 8,031 | ▲ 5% | 197,946 | 2,030 | ▲ 1% |
| Children receiving individual learning materials | Total | - | 430,000 | 8,232 | ▲ 2% | 1.1 million | 14,631 | ▲ 1% |
| | Girls | - | 430,000 | 3,864 | ▲ 1% | 1.1 million | 7,178 | ▲ 1% |
| | Boys | - | 430,000 | 4,368 | ▲ 1% | 1.1 million | 7,453 | ▲ 1% |
| Schools implementing safe school protocols (infection prevention and control) | Total | - | 2,500[4] | - | 0% | 5,000 | - | 0% |
| Social Protection | | | | | | | | |
| Households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding | Total | - | 30,000 | - | 0% | - | - | - |
| Households benefitting from new or additional social transfers from governments with UNICEF technical assistance support | Total | - | 150,000 | - | 0% | - | - | - |
| Households reached with UNICEF funded multi-purpose humanitarian cash transfers | Total | - | 25,000 | - | 0% | - | - | - |
| Cross-sectoral (HCT, C4D, RCCE and AAP) | | | | | | | | |
| People engaged in risk communication and community engagement actions | Total | - | 800,000 | 566,890 | ▲ 71% | - | - | - |

| Sector | | | UNICEF and IPs response | | | Cluster/Sector response | | |
|---|---|---|---|---|---|---|---|---|
| Indicator | Disaggregation | Total needs | 2022 targets | Total results | Progress | 2022 targets | Total results | Progress |
| People with access to established accountability mechanisms | Total | - | 250,000 | 190,810 | ▲ 76% | - | - | - |

# ANNEX B FUNDING STATUS

| | | Funding available | | Funding gap | |
|---|---|---|---|---|---|
| Sector | Requirements | Humanitarian resources received in 2022 | Resources available from 2021 (carry over) | Funding gap (US$) | Funding gap (%) |
| **Nutrition** | 27,544,695 | 7,560,304 | 3,302,365 | 16,682,026 | 61% |
| **Health** | 10,432,800 | 1,143,310 | 1,124,509 | 8,164,981 | 78% |
| **Water, sanitation and hygiene** | 19,200,598 | 3,532,598 | 5,040,646 | 10,627,354 | 55% |
| **Child protection, GBViE and PSEA** | 22,884,613 | 1,595,631 | 4,524,014 | 16,764,968 | 73% |
| **Education** | 20,168,798 | 881,165 | 1,960,712 | 17,326,921 | 86% |
| **Social protection** | 22,880,121 | - | 12,226,682 | 10,653,439 | 47% |
| **Emergency preparedness** | 2,256,737 | 1,119,905 | 598,945 | 537,887 | 24% |
| **Cross-sectoral (HCT, C4D, RCCE and AAP)** | 2,381,400 | 699,474 | 800,000 | 881,926 | 37% |
| **Total** | **127,749,762** | **16,532,387** | **29,577,873** | **81,639,502** | **64%** |

## Who to contact for further information:


**Andrea Berther**
Representative a.i UNICEF Mali
T + 223 75 995 444
aberther@unicef.org

**Anne Daher Aden**
Chief of Fields Ops and Emergency
T +223 75 99 62 50
adaheraden@unicef.org

**Susanna Mullard**
Chief Resource Mobilisation & Partnerships
T +19173489607
smullard@unicef.org

# ENDNOTES

1. HNO, January 2022
2. HNO January 2022
3. National Directorate of Social Development (DNDS) - Commission Mouvement de Populations (CMP) Report, May 2022
4. 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.