



Aminata Mahamadou, 7, 1st grade pupil: "I wash my hands to be clean and to avoid illness".

unicef   
for every child

## Humanitarian Situation Report No. 1

Reporting Period  
1 January to 31 March  
2026

# Mali

### HIGHLIGHTS

- In the first quarter of 2026, Mali’s humanitarian crisis remained severe, driven by insecurity, climate stress, and socio-political uncertainty. Armed violence continued to affect humanitarian operations, with access constrained by insecurity, movement restrictions, and disruptions in fuel supply, limiting service delivery in high-need areas.
- While displacement levels remained relatively stable—at around 415,000 internally displaced persons and nearly 280,000 refugees—pressure on basic services persisted. Humanitarian needs remained acute, with millions requiring health, nutrition, education, and protection services. The detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Ménaka in late January led UNICEF to activate Polio Emergency procedures.
- Despite funding and access constraints, UNICEF and its partners delivered critical assistance, including treatment for over 41,000 children with severe acute malnutrition, access to learning for more than 15,000 children, psychosocial support to nearly 31,000 people, and primary health care reaching 624,517 children under five and 101,682 pregnant women.

### SITUATION IN NUMBERS



**5,900,000**  
People in need of humanitarian assistance<sup>1</sup>



**3,200,000**  
Children in need of humanitarian assistance<sup>2</sup>



**415,000**  
Internally Displaced Persons<sup>3</sup>

### 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

During the first quarter of 2026, UNICEF Mali implemented humanitarian response activities outlined in the 2026 Mali Humanitarian Action for Children (HAC) Appeal. Launched for US\$ 109.1 million, the HAC Appeal aligns with the over-arching multi-partner Humanitarian Needs and Response Plan (HNRP).

UNICEF Mali expresses its sincere appreciation to all donors for contributions received during the first quarter of 2026, including from the Governments of Belgium, Japan, Germany (German Federal Foreign Office, GFFO) and Sweden (Swedish International Development Cooperation Agency, SIDA), as well as the European Civil Protection and Humanitarian Aid Operations (ECHO), the German National Committee for UNICEF, and donors to UNICEF's global thematic humanitarian fund. These contributions have been essential to sustaining humanitarian operations.

The current HAC Appeal funding gap stands at US\$ 74.6 million (69 per cent of the appeal). Social Protection, Health and Child Protection remain among the most critically underfunded sectors, constraining the scale, continuity and predictability of life-saving and protection services for vulnerable children and communities. The funding shortfall reflects the ongoing contraction of humanitarian financing in Mali and across the Sahel, with more 'visible' emergencies elsewhere in the world taking the limelight and receiving the lion's share of increasingly limited global funding.

In response to these challenges, UNICEF Mali strengthened its resource mobilisation and advocacy efforts throughout the first quarter of 2026, with a focus on diversifying funding sources, engaging donors through innovative approaches, and prioritising high-impact interventions. For example, the Country Office remained actively engaged in the Sahel chapter of UNICEF's global Chronically Underfunded Emergencies (CUE) Sahel initiative, building on collective advocacy efforts initiated in 2025 to draw attention to humanitarian funding gaps in the Sahel, highlight the role of children and youth as critical agents of change, and mobilise resources from the private sector, foundations and the general public.

In parallel, UNICEF Mali continued to adapt its humanitarian response during the first quarter of the year to optimise the use of limited resources and maximise impact for those most at risk.

UNICEF continues to strongly advocate for flexible, softly earmarked and multi-year funding, which remains critical to enabling faster, more adaptive, cost-effective and durable humanitarian responses. Additional urgent support is required to ensure that the most vulnerable children and families affected by crises in Mali receive timely protection, essential care and life-saving services, while maintaining pathways toward recovery and resilience.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

During the first quarter of 2026, Mali continued to face a complex and protracted humanitarian crisis driven by persistent armed conflict, structural socio-economic vulnerabilities, climate shocks and a volatile political environment. Insecurity remained the primary driver of humanitarian needs, particularly in northern and central regions, with increasing spillovers into parts of the south and west. During that period, at least 413 security incidents<sup>4</sup> were recorded across Mali, resulting in 81 casualties, including civilians and three

children, underscoring persistent protection risks. Security remained predominantly driven by non-state-armed groups (66 per cent), followed by military operations (18.4 per cent) and criminal activity (12 per cent), the latter concentrated in the north-east. These trends reflect the continued presence of asymmetric threats and localized insecurity across affected regions.

Against this backdrop, non-state armed groups, notably JNIM and affiliates, continued to exert pressure on civilians and critical infrastructure through attacks on transport corridors, fuel supply routes and economic assets, with significant spillover effects on markets and livelihoods. Similarly, humanitarian access<sup>5</sup> remained constrained. In January 2026 alone, 51 access-related incidents<sup>6</sup> were recorded, including five cases of violence against humanitarian personnel, three movement restrictions, and one instance of restricted access to humanitarian assistance for affected populations. While this represented a 19 per cent reduction compared to the 2025 monthly average (68 incidents), it nevertheless indicated sustained pressure on the operating environment.

Over the reporting period, violence continued to drive population movements; especially across Sikasso, Ségou, San et Kidal regions<sup>7</sup>. However, no large-scale displacement was observed. The number of reported internally displaced people remained at approximately 415,000 (58 per cent are children)<sup>8</sup>, primarily hosted in Gao, Ménaka, and Mopti regions, where access to basic services remains severely constrained due to insecurity and overstretched local capacities. At the same time, the presence of nearly 280,000 refugees<sup>9</sup> across the country, primarily from Burkina Faso and Niger and largely concentrated in conflict-affected regions such as Gao, Ménaka, and Bandiagara, has continued to place significant pressure on already fragile host communities, further straining limited resources and basic services.

On climate hazards, the period from January to March includes part of Mali's dry season, characterized by low rainfall, Harmattan winds, and rising temperatures, particularly in central and northern regions, where seasonal climate stress contributed to increased environmental pressure on vulnerable populations.

In this context, essential services remained under severe strain. The health system remained overstretched, with more than 2 million<sup>10</sup> people in need of health services in 2026, including over 1 million children under five and more than 414,000 pregnant women. Populations remained exposed to recurrent outbreaks of measles, meningitis, diphtheria and dengue, alongside an ongoing outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2), with one confirmed case reported in Ménaka<sup>11</sup> in January.

Nutrition needs remained critical, with 1.4 million people<sup>12</sup> requiring urgent assistance over the year. This includes nearly 391,000 children under five suffering from severe wasting. According to IPC projections, the situation is expected to deteriorate further, with 1.12 million children aged 6–59 months projected to face acute malnutrition between November 2025 and October 2026. The deterioration is likely to be most pronounced during the lean season (June–October), particularly in Ménaka, Mopti, Tombouctou, and Gao regions.

Education continued to be severely disrupted by insecurity, population displacement, and energy constraints. As of March 2026, 2,374 schools<sup>13</sup> remained non-functional, compared with 2,006 in March 2025, reflecting a continued deterioration of the education environment as insecurity expanded. This has resulted in more than 700,000 children and nearly 14,000 teachers being affected, with limited access to safe and continuous learning. In 2026, nearly 2 million children<sup>14</sup> are projected to require education support to access safe and inclusive learning opportunities, underscoring the sustained pressure on an already overstretched education system.

Protection risks remained acute, particularly for children and women. In 2025, more than 850 grave violations against children were verified through the Monitoring and Reporting Mechanism, underscoring sustained protection concerns. In 2026, nearly 2.1 million<sup>15</sup> people will require protection and GBV-related services. Psychosocial distress, risks of family separation, and gender-based violence continued to disproportionately affect adolescent girls, displaced women, and other vulnerable groups.

Overall, due to ongoing insecurity, climate-related shocks, and an evolving political landscape, humanitarian partners estimate that 5.1 million<sup>16</sup> people, around 20 per cent of Mali's population, will require humanitarian assistance and protection in 2026, more than half of them children. While this represents a 20 per cent decrease compared to 6.4 million<sup>17</sup> in 2025, the change reflects methodological revision rather than an improvement in the humanitarian situation.

In this context, UNICEF's 2026 appeal for children expanded its geographic coverage to 12 additional districts beyond the HNRP framework, extending its reach to additional vulnerable children and communities in areas assessed as having high severity of needs in in child-focused sectors. This expansion adds approximately 800,000 people in need (including 432,000 children), enabling UNICEF to reach a broader caseload of the most at-risk populations with integrated lifesaving interventions.

## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

### Health (including public health emergencies)

From January to March 2026, in the context of preparedness and response to public health emergencies, UNICEF, in collaboration with the Ministry of Health and Social Development (MSDS), supported the strengthening of technical capacity in 36 out of 68 referral health facilities (Csref) across 8 regions (Gao, Ménaka, Tombouctou, Taoudeni, Mopti, Bandiagara, Douentza, Ségou and San). Programmatic prioritization focused on the most affected health districts, including refugee camps, internally displaced persons (IDP) sites, and climate shock-affected areas, in line with reduced funding and heightened vulnerability.

Support included the provision of 36 emergency health kits, comprising 28 Interagency Emergency Health Kit (IEHK) kits for the management of uncomplicated cases at community health centre (Cscm) level and 9 IEHK kits for severe cases at referral health center (Csref) level, targeting children under five years of age and pregnant women along with 8,000 boxes of Zinc 20 mg and 18,000 insecticides treated with mosquito nets. These interventions contributed to improved access to and quality of healthcare services, benefiting 101,682 pregnant women who received at least one antenatal care consultation, and 624,517 children under five (324,749 girls) treated for malaria (344,558 cases; 55 per cent), acute respiratory infections (223,658; 36 per cent), and diarrhea diseases (56,301; 9 per cent).

During the first quarter of 2026, supplementary measles vaccination activities reached a total of 47,710 children across all intervention zones. Overall vaccination coverage stood at 104% compared to the initial targets (45,898 children targeted), reflecting remarkable operational momentum. At the regional level, Kayes recorded 100% coverage (3,088 children vaccinated for 3,081 targets), while Douentza reached 104%, with 22,498 children vaccinated against

21,551 targets. In the Timbuktu region (Gourma-Rharous district, Haribomo health area), coverage was 113% (2,879 children vaccinated for 2,559 targets). Finally, in Yanfolila district (Bougouni/Sikasso region), 17,156 children aged 9 months to 14 years were vaccinated, corresponding to 99% coverage (17,384 targets). These results demonstrate strong commitment from local teams and good community acceptance, while underscoring the need to maintain vigilance to consolidate measles protection in Mali.

Faced with the persistent outbreak of type 2 circulating vaccine-derived poliovirus (cVDPV2) in Mali, including a confirmed case in January 2026 in the Ménaka region, UNICEF and its partners (GPEI, RRT, ORPG) triggered emergency procedures and coordinated a targeted response. A first-phase vaccination campaign is planned from May 22 to 25, 2026, in six priority regions (Ménaka, Gao, Kidal, Taoudéni, Timbuktu, and Mopti), targeting 1,425,537 children under five years of age. To this end, 1,782,500 doses of nVPO2 have been secured, with arrival scheduled for the last week of April 2026.

UNICEF's support also includes social surveys to adapt communication strategies, capacity building for field workers, weekly intersectoral coordination, and particular attention to cross-border synchronization with Algeria and Niger. Despite persistent challenges (insecurity, weak surveillance performance, limited humanitarian access), emergency funding of USD 200,000 has been released, and a total budget of USD 3.26 million is under review to support the response, particularly in social and behavior change (SBC) and vaccine management.

### Nutrition

During the first quarter of 2026, UNICEF and partners conducted active screening for 79,867 children under five, with 41,130 children aged 6–59 months (22,072 girls and 19,058 boys) treated for severe acute malnutrition through health facilities, mobile clinics, and community-based platforms. This represents 20 per cent of the 2026 target of 202,575 children to be treated for SAM. Treatment outcomes remained within Sphere standards, with a recovery rate of 95.7 per cent, a mortality rate of 0.3 per cent, and a default rate of 4.1 per cent.

Preventive nutrition interventions were also strengthened in HAC targeted regions during the reporting period. A total of 117,955 caregivers of children under two years of age, including 75,491 pregnant and lactating women, received counselling on infant and young child feeding (IYCF), hygiene and maternal nutrition, contributing to improved nutrition practices at the household level. In addition, 11,256 children aged 6 to 59 months, including 5,741 girls, received complementary foods fortified with micronutrient powders, strengthening their immune systems and supporting their physical growth and cognitive development, especially in settings where access to a diversified diet remains limited.

During the first quarter of 2026, the Nutrition Cluster reached more than 228,254 people, including 110,299 children under five years of age (58,590 girls and 51,709 boys) affected by acute malnutrition, as well as 117,955 adults, comprising 75,491 pregnant and breastfeeding women and 42,464 other child caregivers.

### Child protection, GBViE and PSEA

Between January and March 2026, UNICEF, working alongside the Government of Mali (DRPFEP) and partners including ATDED, CAEB, GARDEL, and SAD, continued to deliver integrated child protection, Gender-Based Violence in Emergencies (GBViE), and Protection from Sexual Exploitation and Abuse (PSEA) interventions. These efforts focused on conflict-affected and underserved areas,

adapting to ongoing insecurity, limited access, and reduced funding.

UNICEF's approach combined essential life-saving services with initiatives to strengthen local child protection systems. Community-based mechanisms remained at the core, enabling continuity of support in hard-to-reach and insecure zones. UNICEF also reinforced the link between humanitarian and development actions by investing non-humanitarian funds to build and sustain local service resilience, including child protection services for those affected by crises—especially in the “Build Resilience in Sahel (BRS)” project areas. Government frontline services received further support to enhance their ability to respond to child protection needs during emergencies.

During the reporting period, 30,897 children, adolescents, and caregivers (including 16,933 girls and women) accessed mental health and psychosocial support (MHPSS) services through 95 child-friendly spaces, 29 of which were mobile units. This demonstrates ongoing psychosocial needs among populations experiencing violence, displacement, and family separation, while highlighting the importance of flexible, community-driven approaches for reaching those in insecure and underserved regions.

UNICEF and partners provided alternative care and reunification assistance to 129 unaccompanied and separated children (including 43 girls), placing 126 of them into transitional foster families (112 formal, 14 informal). In addition, 274 children (129 girls) benefited from individualized case management. Despite these efforts, a significant gap remains in specialized case management coverage, especially in high-risk and remote areas.

Support for reintegration was provided to 35 children previously associated with armed groups (all boys), reflecting persistent recruitment risks and the need for continued efforts for prevention and reintegration pathways. To address explosive ordnance risks, 16,004 children (including 8,032 girls) received risk education to promote safer behaviors in dangerous environments.

Localization efforts remained a priority, strengthening community leadership, ownership, and sustainability. GBV risk mitigation and prevention activities reached 28,011 individuals (7,996 women, 6,077 men, 8,180 girls, 5,758 boys) via awareness campaigns, theatre performances, and radio broadcasts covering topics such as rape, FGM/E, girls' education, and available services. Two trainings sessions were conducted for 298 participants (138 women, 10 adolescents' girls, 140 men and 10 adolescent boys) on GBV concepts and child marriage impacts, with knowledge gains over 80%. A field technical support mission in Mopti and Timbuktu enabled partners to better understand and integrate GBV-risk mitigation tools and use them in assessments and daily monitoring.

UNICEF and partners maintained safe reporting channels for Sexual Exploitation and Abuse (SEA), reaching 12,804 people (5,315 girls). Additionally, 70 implementing partner staff (13 women) in Bandiagara, Douentza, and Mopti were trained on SEA prevention, mitigation, reporting, and referral mechanisms.

Community-based systems and referral pathways were reinforced, with 112 local actors (26 women) trained to identify and refer children at risk. These measures improved early detection and timely service access, especially where formal services are lacking.

Despite these efforts, persistent insecurity, access barriers, and funding gaps continue to affect the scale, quality, and continuity of services, particularly for specialized case management and reintegration. Sustained, flexible, and predictable investments remain essential to ensure vulnerable children receive timely, equitable, and quality protection services.

## Education

UNICEF and its partners, including teaching academies, IEDA Relief, MYRP national and international implementing partners, and UNHCR, supported 15,205 children (7,552 girls) with access to inclusive, quality learning opportunities in emergency affected areas, during the reporting period. This achievement represents a net increase compared to the first quarter of 2025 (4,874 children reached 2,896 girls).

Efforts to restore access to education focused on reopening schools, reintegrating out-of-school children, and expanding safe learning spaces. Community mobilization and support to volunteer teachers enabled the reopening of 17 schools in Koutiala, Sikasso, Bandiagara, Douentza, San and Ségou, allowing 2,590 children (1,297 girls) to resume their education. Additional support to 90 volunteer teachers in Gao, Kidal and Ménaka strengthened continuity of learning for 4,750 children (2,386 girls), while 3,708 out-of-school children (1,820 girls) were reintegrated in Douentza, Gao and Kidal. 15 newly constructed and 37 rehabilitated infrastructures—including classrooms, temporary learning spaces, and early childhood centres—expanded access for another 3,437 children (1,724 girls) in Tombouctou, Gao and Kidal.

Adolescents also received targeted support to strengthen their resilience and future prospects, with 720 adolescents (325 girls) completing literacy and entrepreneurship training and receiving startup kits to initiate income generating activities in Bandiagara, Douentza, Gao and Tombouctou.

To maintain quality and protective learning environments, UNICEF trained 443 teachers (160 women) and 125 mother educators—both titular and volunteer—across nine regions on mental health and psychosocial support, disaster and explosive ordnance risk reduction, gender sensitive pedagogy, and core teaching competencies. School governance was reinforced through the training of 155 School Management Committee members (34 women), and 22 schools developed context specific risk mitigation and response plans addressing conflict, disasters, GBV and explosive ordnance risks. Learning continuity was further supported through the provision of materials to 9,523 students (4,745 girls) and 174 teachers (78 women), while assistance with civil registration enabled 50 children (32 girls) in Tombouctou to obtain documentation essential for school enrollment. School feeding interventions in Gao and Kidal helped retain 12,000 students, (5,760 girls), as part of the MYRP 2. In addition, the equipment of classrooms with 1,927 table benches improved learning conditions for 3,523 children (1,634 girls) in Bandiagara, Douentza, Mopti, Kidal and Menaka regions. Activities promoting peacebuilding and social cohesion reached 892 children (358 girls) and 24 adults (10 women) in San and Ségou, reinforcing the protective and peace-driving role of schools.

Within the Education Cluster, preparedness and coordination capacities were strengthened through a training on child centered anticipatory action for regional stakeholders in Ségou, followed by capacity building for AE and CAP officers from Mopti, Bandiagara and Douentza on data collection, education in emergencies, and coordination. The Cluster also initiated the process to select a national NGO to serve as cofacilitator at national level, an important step toward reinforcing national coordination leadership and

localization.

## Water, sanitation and hygiene

Performance during the first quarter remained low, mainly due to limited availability of emergency WASH funding and delays in the receipt of additional resources. However, supplies are currently being procured with BHA funding from the United States to support malnutrition prevention interventions in Kayes, Mopti, Gao and Ménaka. In parallel, funding from the Government of Japan has now been received for the construction of 22 water points in Ménaka, which is expected to accelerate implementation and improve coverage in the coming quarters of 2026.

UNICEF provided rapid emergency WASH assistance to 2,580 people, including 1,387 children and 619 women, through the distribution of emergency WASH kits, during the 2026 first quarter. These kits included water treatment products (Aquatabs and PUR), water storage containers (jerrycans), and were complemented by hygiene promotion messaging. The figures reported for this period primarily reflect UNICEF-supported interventions, as consolidation of inputs from cluster partners is still ongoing and will be incorporated in subsequent reporting.

Under the Humanitarian Reset initiative and as part of the humanitarian coordination localization agenda, the WASH Cluster selected a national NGO (GARDL) to serve as Co-facilitator, strengthening local leadership in coordination. In parallel, the Cluster contributed to the development of a joint multi-sectoral advocacy note to mobilize resources for WASH, Nutrition, Food Security and Protection. Between January and March 2026, UNICEF and 16 WASH Cluster partners reached 36,792 people with reached with critical WASH supplies, including 11,730 children, representing 2 per cent of the annual target, against a funding level of 6 per cent according to Cluster monitoring (9 per cent per OCHA FTS).

## Social protection

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

During Q1 2026, SBC interventions supported the response to the cVDPV2 poliovirus outbreak while strengthening community preparedness for flooding.

A mixed methods social inquiry was conducted on 27 January 2026 in Inekar (Ménaka region), covering 30 households (130 children under five). Findings informed the adaptation of the Government validated 2026 polio communication strategy and tools.

At the operational level, coordination and preparedness for the polio response were strengthened in four priority regions—Gao, Ménaka, Timbuktu and Taoudénit. A preparatory coordination meeting was held in Timbuktu with 10 SBC focal points from the DRDSES<sup>18</sup> to support readiness and alignment. In parallel, multi-stakeholder coordination meetings were conducted in Gao and Ménaka, bringing together DRDSES, NGOs and partners to harmonize messaging and ensure coherence of interventions. In Ménaka, 70 community leaders and key stakeholders, including 35 women—comprising local elected officials, administrative authorities, women's associations and community media—were also briefed to reinforce community engagement and support for the response.

In support of anticipatory action for flood preparedness, UNICEF strengthened community-level social and behavior change (SBC) and interpersonal communication capacities across six regions—Timbuktu, Taoudénit, Gao, Ménaka, Mopti and Douentza. This

included two CEA/SBC training sessions in Timbuktu and Taoudénit, reaching 68 participants, among them 48 Maman Yeleen and 20 district-level staff. In Gao and Ménaka, 200 Maman Yeleen (100 per region) from eight health districts and IDP sites were trained in interpersonal communication to enhance community engagement. In addition, two workshops were conducted in Mopti and Douentza to review the action plans of community surveillance committees, engaging approximately 70 participants, with the objective of reinforcing prevention, community-based monitoring, and response to health- and climate-related shocks.

## HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Humanitarian action and coordination in Mali are conducted under the leadership of the Ministry of Health and Social Development, with the support of the Humanitarian Country Team (HCT). In line with the Humanitarian Reset, HCT, with UNICEF playing an active role, has continued efforts to streamline coordination mechanisms, resulting in a reduction of clusters from 11 to 7. As part of this process, all Areas of Responsibility (AoRs), including Child Protection, Gender-Based Violence and Mine Action, have been integrated under the Protection Cluster and no longer operate as standalone mechanisms.

UNICEF continued to lead Nutrition, WASH, and Education clusters. However, coordination efforts were significantly constrained by reduced internal capacity following UNICEF's 2025 global restructuring, which led to the discontinuation of dedicated coordination roles, including Cluster Coordinators, the Child Protection AoR Coordinator, and two Information Management Officers (IMOs). As an adaptation measure, coordination responsibilities have been reassigned to Chiefs of Section<sup>19</sup> across sectors, alongside efforts to preserve core Child Protection coordination functions through an exit strategy. However, this dual-hatting arrangement presents inherent limitations, and despite ongoing efficiency measures and standby partner support, the level of coordination previously ensured by dedicated positions cannot be fully sustained under current resource constraints. This underscores the urgent need for sustained and flexible funding to secure minimum dedicated coordination capacity, strengthen evidence generation, and ensure timely, consistent, and high-quality information sharing to support an effective and accountable humanitarian response.

UNICEF also contributed actively to key inter-agency coordination mechanisms, notably the Inter-Agency PSEA Working Group, the Gender in Emergencies Working Group, and the Humanitarian Access Working Group, in line with its Commitments to Accountability to Affected Populations (AAP), its Core Commitments for Children (CCCs), and the Humanitarian Planning Cycle (HPC).

In the context of persistent humanitarian access constraints, UNICEF continued to invest on local capacities to create and maintain access, building strengthened national systems and community-led solutions. At the request of the DNDS Director, a UNICEF localization specialist based in Niger conducted a one-month cross-fertilization mission in Mali to support the country's localization agenda. The staff member held consultations with DNDS, PONA, and UNICEF Mali teams, provided tailored training on localization, and facilitated joint work on the development of SOPs to further support localization efforts in Mali. These activities helped harmonize understanding of the localization approach in line with UNICEF's global vision, at a time when the Government of Mali is integrating localization into national priorities.

Looking ahead for the localization based access strategy, UNICEF, in close coordination with other stakeholders, notably the DNDS and OCHA, plans to conduct an After-Action Review of the approach to

better identify strengths, areas for improvement, lessons learned, and viability factors (relevance, effectiveness, efficiency, and sustainability). This will enable exploration of possibilities for reframing, development, and scaling up.

## HUMAN INTEREST STORIES AND EXTERNAL MEDIA

### Media Coverage

During the first three months of the year, media covered key results in education highlighted the project to improve children's learning with community cooperation supported by Japan's International Cooperation Agency (JICA). The steering committee meeting was featured on national TV ORTM.

The handover ceremony of 39 vehicles donated by Gavi to the Ministry of Health and Social Development through UNICEF to support immunization programmes was covered widely in the national media.

UNICEF signed MoUs with the main two public media in Mali, the national broadcaster ORTM and the National Malian Press and Publication agency (AMAP). The partnerships are in collaboration with the Ministry of Communication and are a continuation of collaboration on child rights and the media dating back to 1993. As part of the partnerships ORTM will continue to amplify children's voices and child rights related stories across its radio and television networks, while AMAP will lead the child journalists programme. In January child journalists launched their first magazine for the year, written and produced by children, covering education, health and other key child rights topics as identified by the children in their editorial plans.

### Social media:

Between January and March 2026 our humanitarian content reached over 160,000 social media accounts with a 3,4 per cent engagement rate. During the same period, our website received more than 1,800 visitors.

### Content highlights

Enriched porridge to combat malnutrition

In Mali, women participating in the NAFAMA project are committed to fighting child malnutrition through nutritional education. In this moving testimony, a mother explains how a local, balanced diet based on enriched porridge, combined with community solidarity, helped her son regain his health and her daughter avoid malnutrition. A sustainable solution for child nutrition and food security. The NAFAMA project is implemented in partnership with Canada.

- [Filling buckets with water and hope. Access to safe drinking water has made the school community mor](#)
- [At Timbuktu hospital the sun now illuminates rooftops and the future. For years, power cuts at Timbu](#)
- [A place where the future doesn't give up Far from home and facing uncertainty, displaced children in](#)
- [My school, my responsibility: How 11-year-old Halimatou championed a green revolution. President of](#)
- [A Path to Hope In Gao, Hamady, 15, fled violence. Thanks to child protection mechanisms and the supp](#)

- [Delivering Healthy Outcomes for Mali's Mothers and Newborns UNICEF, with support from The Church of](#)

- [Delivering Healthy Outcomes for Mali's Mothers and Newborns](#)

## 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: 31JULY 2026

# ANNEX A - PROGRAMME RESULTS

## Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
<b>Health (including public health emergencies)</b>								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	1.5 million	726,199	▲ 48%	1.8 million	-	0%
Children vaccinated against measles, supplemental dose	Total	-	73,057	44,710	▲ 61%	73,057	44,710	▲ 61%
<b>Nutrition</b>								
Children 6-59 months with severe wasting admitted for treatment	Total	391,000	202,575	41,130	▲ 20%	180,441	41,130	▲ 23%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	511,311	359,288	117,955	▲ 33%	305,757	117,955	▲ 39%
Children 6-59 months receiving micronutrient powder	Total	590,033	137,955	11,256	▲ 8%	117,411	11,256	▲ 10%
<b>Child protection, GBVIE and PSEA</b>								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	2.1 million	306,200	30,897	▲ 10%	-	-	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	2.5 million	186,867	28,011	▲ 15%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	176,990	12,804	▲ 7%	-	-	-
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	450	35	▲ 8%	809,330	132,127	▲ 16%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	2,250	129	▲ 6%	828,759	28,011	▲ 3%
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	75,537	16,004	▲ 21%	-	-	-
<b>Education</b>								
Children accessing formal or non-formal education, including early learning	Total	-	250,000	15,205	▲ 6%	306,299	25,782	▲ 8%
Children receiving individual learning materials	Total	-	700,000	9,523	▲ 1%	750,087	32,701	▲ 4%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	2,000	568	▲ 28%	18,900	1,171	▲ 6%
<b>Water, sanitation and hygiene</b>								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	376,926	2,580	▲ 1%	834,392	18,095	▲ 2%
People accessing appropriate sanitation services	Total	-	42,500	-	0%	150,000	4,819	▲ 3%
People reached with critical WASH supplies	Total	-	226,926	2,580	▲ 1%	1.7 million	36,792	▲ 2%
<b>Social protection</b>								
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	176,530	-	0%	-	-	-
<b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b>								
People engaged in reflective dialogue through social media and digital platforms	Total	-	450,000	150	0%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	250,000	-	0%	-	-	-

\*Progress in the reporting period 1 January to 31 March 2026

## ANNEX B — FUNDING STATUS

### Consolidated funding by sector

### Consolidated funding by sector

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
<b>Health (including public health emergencies)</b>	14,078,000	184,228	-	-	13,893,772	99%
<b>Nutrition</b>	23,787,000	2,490,498	-	13,700,453	7,596,049	32%
<b>Child protection, GBVIE and PSEA</b>	20,010,000	124,232	-	1,275,892	18,609,876	93%
<b>Education</b>	29,452,000	16,232	-	12,262,661	17,173,107	58%
<b>Water, sanitation and hygiene</b>	12,344,000	2,588,421	-	-	9,755,579	79%
<b>Social protection</b>	2,000,000	-	-	-	2,000,000	100%
<b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b>	2,472,000	-	-	-	2,472,000	100%
<b>Emergency preparedness and response coordination</b>	4,990,000	1,413,385	-	226,280	3,350,335	67%
<b>Total</b>	<b>109,133,000</b>	<b>6,816,996</b>	<b>0</b>	<b>27,465,286</b>	<b>74,850,718</b>	<b>69%</b>

*Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.*

*Humanitarian resources- humanitarian funding commitments received from donors in the current appeal year.*

*Other resources- non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year*

*Resources available from 2025 (carry over)- funding received in the previous appeal year that is available to respond in line with the current HAC appeal*

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## ENDNOTES

1. UNICEF HAC 2026 (<https://www.unicef.org/media/179331/file/2026-HAC-Mali.pdf>). This includes 5.1 million people in need as per the 2026 Humanitarian Needs and Response Plan (HNRP), covering 97 districts, as well as nearly 800,000 additional people in 12 districts included in the HAC 2026 outside the HNRP scope.
2. Ibid
3. Mali DTM data as of September.
4. UNICEF Internal security incidents tracking mechanism
5. Mali did record direct attacks on fuel tankers in Q1\_2026, including a deadly January 2026 attack on a convoy. These incidents are part of a continued pattern of targeting fuel supply chains, significantly affecting access, logistics, and humanitarian operations. More here <https://www.hrw.org/news/2026/03/10/mali-armed-islamist-group-executes-truck-drivers>.
6. OCHA Access Dashboard
7. DNDS and IOM
8. Mali DTM data from September 2025. <https://dtm.iom.int/mali>
9. UNHCR
10. Mali HAC 2026
11. Mali Sitrep Polio Week11\_2026
12. Mali HAC 2026
13. Education cluster
14. Mali HAC 2026
15. Ibid
16. This is according to Mali HNRP 2026. However, UNICEF HAC 2026 estimates this figure at 5.9 million, as the HAC covers 12 additional districts beyond the HNRP geographic coverage of 97 districts.
17. Mali HNRP 2025
18. Direction Régionale du Développement et de l'Économie Solidaire (Regional Directorate for Development and Solidarity Economy)
19. Given UNICEF's critical role as provider of last resort in the WASH and Nutrition sectors, the absence of viable alternative leading actors, and the associated reputational risks, and following constructive exchanges with Headquarters, UNICEF Mali plans to progressively mobilize dedicated human resources to support WASH and Nutrition cluster coordination.