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During a visit to the Diaba Peulh IDP site in Mopti Region, UNICEF Deputy Executive Director Ted Chaiban observed a cooking demonstration led by displaced women in Sofara, Mopti April 2026.

unicef for every child

Humanitarian Situation Report No. 2

Reporting Period
1 January to 30 June 2026

Mali

HIGHLIGHTS

- Mali's humanitarian crisis significantly deteriorated during the first half of 2026, with the 25 April attacks marking a major escalation in insecurity. Conflict incidents increased by 39 per cent between Q1 and Q2, reaching 987 incidents and causing 283 casualties, including six children.
- Children and families faced growing risks as insecurity disrupted essential services and livelihoods. Around 415,000 people remained internally displaced (58 per cent children) and nearly 280,000 refugees, while localized displacement after April affected almost 40,000 people, including 21,600 children. Public health threats also remained high, with recurrent disease outbreaks and two confirmed cVDPV2 polio cases.
- Despite access and funding constraints, UNICEF and partners continued supporting the delivery of critical assistance, reaching 75,041 children with severe acute malnutrition treatment, 930,769 people with health services, 54,793 children and caregivers with psychosocial support, 33,330 children with education assistance and 20,977 people with critical WASH supply.

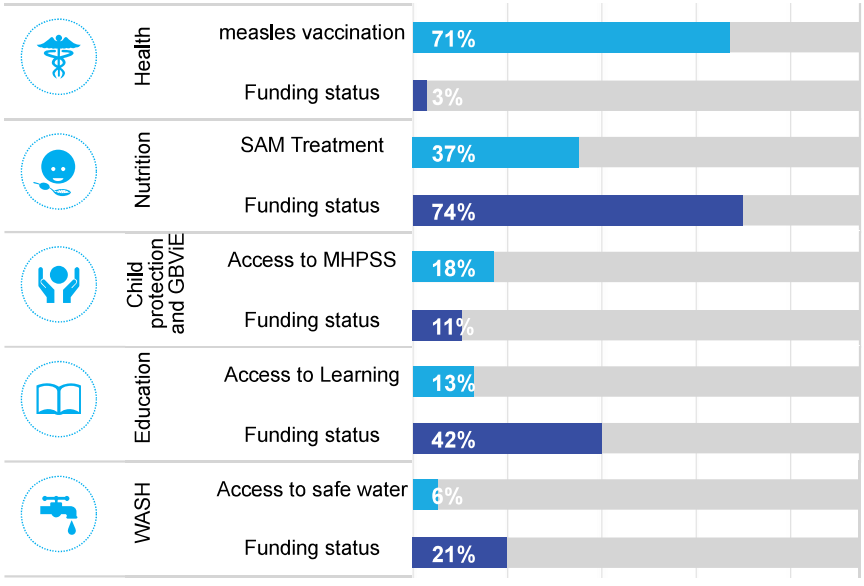
SITUATION IN NUMBERS

5,900,000
People in need of humanitarian assistance[1]

3,200,000
Children in need of humanitarian assistance [2]

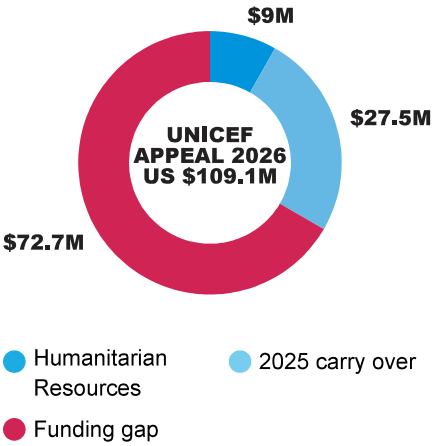
415,000
Internally Displaced Persons [3]

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

During the first half 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) for Mali.

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

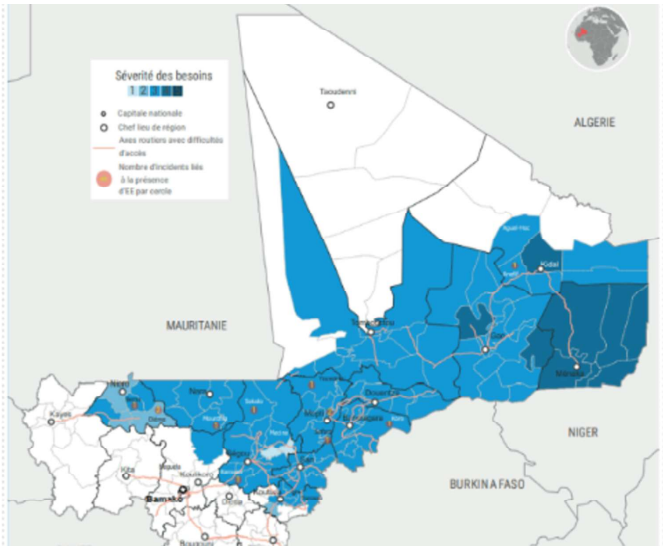
The current HAC Appeal funding gap stands at US$ 72.7 million (67 per cent of the appeal). Health, Child Protection and Social Protection remain among the most critically underfunded sectors, constraining the scale, continuity and predictability of lifesaving and protection services for vulnerable children and communities. The funding shortfall reflects the ongoing contraction of humanitarian financing in Mali and across the Sahel, as other high-profile emergencies continue to attract a larger share of increasingly limited global funding.

In response to these challenges, UNICEF Mali strengthened its resource mobilization and advocacy efforts throughout the first half of 2026, with a focus on diversifying funding sources, engaging donors through innovative approaches, and prioritizing high-impact interventions. For example, the Country Office remained actively engaged in the Sahel chapter of UNICEF's global Chronically Underfunded Emergencies (CUE) 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 mobilize resources from the private sector, foundations and the general public. During the April 2026 visit to Mali of Ted Chaiban, UNICEF's global Deputy Executive Director for Humanitarian Action and Supply Operations, UNICEF organized a round table meeting with bilateral and international financial institution (IFI) partners to discuss the humanitarian needs and response and allow for a transparent and fruitful exchange. Overall, the DED visit reinforced UNICEF's strategic positioning in Mali, renewed trust with government partners and highlighted the severity of child-related needs in Nutrition, Education, Health, Child Protection and humanitarian access. The mission highlighted the need to move beyond fragmented operational responses towards a more strategic, risk-informed and government-aligned approach, anchored in national development frameworks while safeguarding humanitarian principles. The mission recommends prioritizing a limited number of high-impact UNICEF interventions; strengthening real-time engagement with governments on sensitive issues, including CAAC; reinforcing risk mitigation, supply monitoring and alternative logistics solutions; promoting a coherent advocacy narrative that positions sovereignty and national ownership as opportunities for investing in children; expanding partnerships with donors, the private sector and multilateral actors; institutionalizing community health and child protection workforces; scaling anticipatory action and government-led first response mechanisms; and advancing regional approaches to nutrition, local production, food sovereignty, education quality and youth employability.

In parallel, UNICEF Mali continued to adapt its humanitarian response during the first half of the year to optimize the use of limited resources and maximize 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



UNICEF

Access incidents and humanitarian zones

During the first half of 2026, Mali's security context evolved dramatically following widespread and complex attacks, with increasingly severe consequences for children, families and communities. While the first quarter was marked by continued armed violence, structural socio-economic vulnerabilities, climate-related pressures and constrained humanitarian access, the coordinated attacks of 25 April 2026, followed by renewed attacks in early July, marked a significant deterioration in the security environment. On 25 April, Mali experienced a complex and coordinated attacks across Bamako/Kati, Mopti, Gao, Nioro, and Kidal. The Kidal region emerged as the epicenter of these attacks, which ultimately resulted in armed groups regaining control of the city of Kidal. These events underscored how insecurity increasingly extended beyond direct confrontation, disrupting critical transport and supply corridors, markets, and humanitarian operations. The attacks also prompted the temporary imposition of curfews in several major urban centers, further affecting economic activity and population movements. While population displacement remained limited and localized, disruptions to civilian life and access to essential services were significant.

Security conditions deteriorated sharply in the second quarter. During the first half of 2026, 987 security incidents[4] were recorded, resulting in 283 casualties, including six children, underscoring the continued humanitarian impact of insecurity.

Humanitarian access remained challenging during the reporting period. While Access Working Group data recorded 296 humanitarian access incidents in the first half of 2026, compared with 479 during the same period in 2025—a 38 per cent decrease—the field reality points to a continued narrowing of humanitarian space, driven by worsening insecurity, its spread to southern regions, movement restrictions, fuel shortages, disruptions along key supply

routes, and rising operational costs. These constraints reduced the ability of humanitarian actors to conduct assessments, deliver assistance and maintain regular services, particularly in hard-to-reach areas where communities already face limited access to basic services.

Although official displacement figures remained relatively stable during the reporting period, new localized movements continued to emerge, further eroding community resilience. Mali continued to host approximately 415,000 internally displaced persons[5] , 58 per cent of whom are children, alongside nearly 280,000 refugees[6] , primarily from Burkina Faso and Niger. These populations continued to place socio-demographic pressure on already limited resources and services. Following the April escalation, new displacement was reported across Gao, Tombouctou, Mopti, Bandiagara and Nioro, with UNICEF estimating 7,967newly displaced households (approximately 40,000 people, including around 21,600 children)[7] .

Children continued to bear the greatest impact of the crisis. The escalation in violence further increased children's exposure to grave violations, displacement, family separation and loss of protective environments. Following the April events, at least 34 children[8] were affected by grave violations, including seven children killed, while many others sustained serious injuries. This occurred in an already critical protection environment, with more than 850 grave violations against children verified during 2025[9] and an estimated 2.1 million[10] people expected to require child protection and gender-based violence services in 2026. Continued exposure to armed violence, explosive remnants of war, displacement and loss of livelihoods increased risks of psychosocial distress, child labor, trafficking, recruitment and use by armed groups, and gender-based violence.

At the same time, insecurity increasingly undermines the essential systems on which children and families depend. In the Health sector, more than 2 million people require humanitarian health assistance in 2026, including over 1 million children under five and 414,000 pregnant women[11] . Insecurity disrupted health and nutrition services through attacks on health facilities, the killing of health workers, fuel shortages impacting vaccine management and supply chain. Key incidents included attacks on three community health centres in Bandiagara, affecting access to essential services for 35,000 people[12] and attacks on health facilities in Sénou (Bamako) and Emnaguel (Gao). Frontline workers—including health personnel, teachers, and social workers—continue to face heightened security concerns in some areas, particularly in Kidal, affecting their ability to operate and maintain continuity of essential services. Public health risks also remained elevated due to recurrent outbreaks of measles, meningitis, dengue and diphtheria, alongside two confirmed polio cases (cVDPV2) reported in Ménaka and Goundam, (Tombouctou Region).

Nutrition needs remained critical, with an estimated 1.4 million people requiring nutrition assistance in 2026, including nearly 391,000 children suffering from severe wasting[13] . According to IPC projections, approximately 1.12 million children aged 6–59 months are expected to experience acute malnutrition between November 2025 and October 2026, with the most severe deterioration anticipated during the lean season in Ménaka, Gao, Mopti and Tombouctou. The May 2026 Food Security Outlook Update warned of a deterioration to Emergency (IPC Phase 4) in Kidal during the lean season, driven by renewed insecurity, restricted movement, disrupted supply routes, market constraints, and reduced livelihood opportunities.

Education continued to be one of the sectors most affected by insecurity during the first half of 2026. By April, the number of non-functional schools had risen to 2,444[14] , compared with 2,036 during the same period in 2025, affecting more than 700,000 children and nearly 14,000 teachers. The coordinated attacks of 25 April further disrupted education, affecting 802 additional schools[15] ,including nine that sustained physical damage in Mopti, Bougouni and Bamako, and temporarily interrupting learning for 146,175 students, including 72,574 girls, and 4,407 teachers. While learning activities resumed in several affected areas, access to education remained severely constrained in Kidal due to persistent ongoing fighting, damaged infrastructure and the occupation of school facilities. Beyond learning losses, prolonged disruptions to education have weakened one of children's primary protective environments, increasing their exposure to psychosocial distress, child labor, trafficking, and recruitment and use by armed groups.

WASH services also remained under increasing pressure as insecurity, infrastructure damage and localized displacement further strained already fragile systems. Following the April escalation, attacks damaged three school boreholes in Sévaré, disrupting access to safe water for 3,661 students[16] , while the water supply system serving the Gourma Rharous referral health centre in Tombouctou Region and Kidal's urban water network, which provides water to approximately 1,004 households[17] , were also affected. In Kidal, access to safe water remains a particular concern, where ongoing insecurity, movement restrictions, and damage to water infrastructure have significantly reduced access to water, with reported livestock losses highlighting the growing impact on vulnerable communities and livelihoods. Continued insecurity delayed assessments and repairs, reducing access to safe water for affected communities and increasing the risk of waterborne diseases. New displacement towards Aguelhok and Anéfis further increased pressure on already fragile water systems in northern Mali, compounding existing vulnerabilities.

Overall, the first half of 2026 showed that conflict in Mali is driving increasingly complex and widespread humanitarian needs. The HNRP estimated that 5.1 million people, over half of them children, would require assistance and protection in 2026. In response to high child vulnerability in 12 additional districts, UNICEF expanded its HAC appeal beyond the HNRP scope, extending coverage to an additional 800,000 people, including 432,000 children. Humanitarian needs have continued to worsen, as highlighted by the May 2026 Food Security Outlook Update, underscoring the need for sustained, flexible and adequately funded humanitarian action through the remainder of 2026.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

During the first half of 2026, UNICEF significantly strengthened its health emergency response to address growing humanitarian needs and the widening impact of insecurity. During the reporting period, UNICEF expanded support to 49 referral health facilities (CSRef) across nine regions (Gao, Ménaka, Tombouctou, Taoudeni, Mopti, Bandiagara, Douentza, Ségou and San), up from 28 health districts in five regions during the same period in 2025. Assistance included 49 emergency health kits (36 IEHKs), 18,000 boxes of zinc 20 mg, and 32,200 insecticide-treated mosquito nets, significantly improving access to essential health services. Despite increasing access constraints, UNICEF-supported interventions reached 930,769 vulnerable people, including 176,846 pregnant women receiving antenatal care and 753,923 children under five (369,422 girls) treated for common childhood illnesses. Malaria remained the leading cause of childhood morbidity and the most treated condition, with cases rising by 7 per cent compared with the same period in 2025, followed by acute respiratory infections and diarrheal

diseases.

In immunization, during the reporting period, UNICEF scaled up its response in the context of multiple outbreaks and the confirmation of two cVDPV2 cases. As part of the response to the cVDPV2 outbreaks in Inekar (Ménaka) and Goundam (Timbuktu), Mali received 3.49 million doses of nOPV2 to vaccinate 1.43 million children under five through two campaign rounds. To strengthen vaccine management and minimize wastage, 89 health workers, including 31 vial-monitor coordinators, were trained. During the National Polio Campaign Steering Committee meeting on 3 July 2026, preparedness was assessed at 85%. To ensure that all targeted children are reached during the campaign, including those in insecure areas, the Ministry of Health reaffirmed its commitment to reaching all children across the country through context-specific strategies, leveraging specialized NGOs and established community networks.

In this first semester, UNICEF supported measles vaccination for 51,890 children, including 26,464 girls, reflecting expanded coverage compared with the first half of 2025, when 40,530 children were vaccinated through rapid response campaigns. UNICEF also supported large-scale vaccination activities against diphtheria and other vaccine-preventable diseases, reaching 1,741,231 children, including 888,028 girls, with Td[18] vaccine. This included 1,294,835 children aged 5–15 years, including 660,366 girls, and 446,396 children aged 2–4 years, including 227,662 girls, who received three doses of pentavalent vaccine.

UNICEF also strengthened support to civil registration, with 164,558 newborns registered at birth during the reporting period, compared with 32,669 newborns registered during the same period in 2025, including 16,008 girls in 2025, reflecting expanded efforts to ensure children's access to legal identity and essential services.

Overall, the first half of 2026 demonstrated UNICEF's ability to adapt and expand its emergency health response, maintaining essential services while reaching more facilities and vulnerable populations affected by conflict, displacement and disease outbreaks.

Nutrition

During the first half of 2026, UNICEF and its partners screened 1,063,513 children under five years of age for acute malnutrition. Among them, 75,041 children with severe acute malnutrition (SAM), including 38,271 girls and 36,770 boys, were admitted for treatment through health facilities and mobile clinics. This represents 37 per cent of the 2026 annual target, which aims to treat 202,575 children with SAM in humanitarian crisis-affected areas. Compared to the first half of 2025, SAM admissions decreased, with 92,223 SAM admissions recorded during the same period, representing 41 per cent of the annual target. This reduction was mainly due to insecurity, access constraints and supply delivery disruptions in some areas during the reporting periodsecond quarter of 2026 because of insecurity. Despite these challenges, the quality of nutrition treatment remained in line with Sphere standards, with a cure rate of 95.8 per cent, a mortality rate of 0.2 per cent and a defaulter rate of 3.8 per cent, reflecting the resilience of services and partners' efforts

Preventive nutrition interventions were also strengthened in HAC-targeted regions. A total of 308,293 caregivers of children under two years of age, including 219,085 pregnant and breastfeeding women, received counselling on Infant and Young Child Feeding (IYCF), hygiene, and maternal nutrition. These activities contributed to improving household nutrition practices and preventing malnutrition among the most vulnerable children. In addition, 31,236 children aged 6–59 months, including 15,931 girls, received complementary foods fortified with micronutrient powders. This intervention helped address micronutrient deficiencies, strengthen children's immunity, and support their physical growth and cognitive development, particularly in areas where access to a diversified diet remains limited.

Overall, the Nutrition Cluster and its partners reached 274,008 acutely malnourished individuals out of a target of 741,378 through acute malnutrition management interventions, including treatment for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) among children under five and pregnant and lactating women in priority areas. This represents approximately 37% of the target population.

Persistent insecurity remained the main challenge, constraining humanitarian access, restricting movements, and causing temporary suspensions of field activities after 25 April 2026. Supply chain disruptions also led to stock-outs of nutrition commodities, affecting continuity of treatment for children with severe acute malnutrition.

Child protection, GBViE and PSEA

During the first half of 2026, UNICEF, in collaboration with government line ministries and NGO partners expanded child protection services in response to the widening geographical spread and increased severity of humanitarian needs affecting children across Mali. A total of 54,793 children and caregivers (52% girls and women) received psychosocial support through 106 UNICEF-supported Child Friendly Spaces, including 35 mobile units, across six regions, up from 41,514 people reached during the same period in 2025 despite growing operational constraints. This included 556 children (240 girls) directly affected by the 25 April 2026 attacks in Mopti and Kidal, as well as 441 child refugees (240 girls) from Burkina Faso in Bandiagara region (Koro and Bankass). In response to the deteriorating humanitarian situation linked to armed attacks, CPiE interventions were also extended to Kayes, Nioro, Kita, Sikasso and Bougouni, reaching an additional 506 children and caregivers (290 girls and women) with MHPSS services.

In parallel, specialized individual care was provided to 645 children (327 girls) in conflict-affected areas, including Bamako. Support included psychosocial assistance, medical care, case management, family tracing and referrals to appropriate services. Among those reached 280 were unaccompanied and separated children UASC-137 girls-), including 10 children separated from their families during the 25 April 2026 events in Kidal and 71 UASC identified in Sikasso and Bougouni. These children received holistic care through family-based and other appropriate alternative care arrangements, alongside family tracing and reunification support where feasible. The number of UASC supported remained broadly lower compared with the 634 children reached during the first half of 2025 although the profile of children requiring support increasingly reflected new displacement and acute protection shocks.

UNICEF and partners supported 55 boys formerly associated with armed groups through temporary care and reintegration assistance, down from 212 children reached in the first half of 2025 due to increased access constraints and reduced reintegration capacity in conflict-affected areas. In addition, 41 children injured by unexploded ordnance or bullets (25 girls) received tailored medical and psychosocial support. A further 294 children (190 girls) who experienced other forms of violence and abuse were documented and referred for assistance. This included 37 boys intercepted by regional child protection services in Koulikoro as part of a trafficking network, who were cared for at the UNICEF-supported Kanuya Center in Bamako before reunification with their families. Mine and explosive remnants of war risk education activities reached 23,692 children (12,071 girls) with tailored messages and awareness-raising

activities, more than doubling the 11,567 children reached during the first half of 2025 in response to increasing risks linked to explosive hazards.

UNICEF and its partners strengthened GBV risk mitigation, prevention and response, including the prevention of harmful practices, through community engagement and awareness-raising activities across the central, southern and northern regions, as well as Bamako District. During the first half of 2026, 24,219 people (6,299 girls, 6,052 boys, 6,053 women and 5,815 men) were reached with GBV risk mitigation, prevention and response interventions. Increased engagement of men and boys contributed to challenging harmful social norms and reducing GBV risks. GBV survivors received psychosocial support and referrals to specialized services, including medical and safety assistance, strengthening access to survivor-centered care and community-based protection mechanisms.

Despite these achievements, progress against HAC targets remained below expectations, reaching 18 per cent for MHPSS, 12 per cent for CAAFAG reintegration and 31 per cent for explosive ordnance risk education (EORE). While community-based services improved compared with 2025, specialized protection services continued to face severe access and funding constraints. At 89 per cent funding gap, alongside insecurity and restricted access, further affected partner capacity and service continuity. UNICEF will continue strengthening fundraising, case management and deployment of CPIMS+ in affected regions.

UNICEF and partners maintained safe SEA reporting channels, reaching 12,804 people, including 5,315 girls. In addition, 70 implementing partner staff, including 13 women, were trained in Bandiagara, Douentza and Mopti on SEA prevention, mitigation, reporting and referral mechanisms. Community-based systems and referral pathways were further strengthened through the training of 112 local actors, including 26 women, to identify and refer children at risk, improving early detection and timely access to services, particularly where formal systems remain limited.

Education

During the first half of 2026, UNICEF and its partners continued to scale up education support in response to increasing school disruptions and growing learning needs due to worsening insecurity. UNICEF supported 33,330 children (16,432 girls) to access and remain in safe, inclusive and quality learning opportunities across Tombouctou, Gao, Ménaka, Kidal, Mopti, Bandiagara, Douentza, Ségou, San, Bougouni, Koutiala and Sikasso. This compares with 14,396 crisis-affected children reached during the first half of 2025 (including 7,866 girls), reflecting the expansion of education interventions to address evolving humanitarian needs and increased operational demands.

During the reporting period, UNICEF supported the establishment of 13 temporary learning spaces, rehabilitation of 56 classrooms and four Early Childhood Development centres in Mopti, Douentza and Gao, and contributed to the reopening of 25 schools in Ménaka. UNICEF and partners also facilitated the integration and reintegration of 1,789 out-of-school and displaced children (1,010 girls) in Bougouni, Koutiala, Mopti and Douentza and supported 38 volunteer teachers (22 women) to maintain learning opportunities in affected areas.

To mitigate learning losses and support continuity of education, UNICEF provided remedial classes to 16,758 students (8,354 girls) across Bougouni, Koutiala, Sikasso, Gao, Mopti, Bandiagara, Douentza and Tombouctou. This compares with 7,450 children (3,734 girls) who benefited from support classes in Gao during the same period in 2025, reflecting continued efforts to address learning gaps among crisis-affected children. In addition, 236 displaced Lower Secondary Completion Examination candidates (105 girls) were supported to sit national exams in Mopti, while 236 adolescents (111 girls) completed vocational, literacy and entrepreneurship training and received start-up kits in Mopti, Douentza and Gao.

UNICEF continued to strengthen education quality and protective learning environments through capacity development and support to education structures. During the reporting period, 481 teachers and education personnel (174 women) were trained across Bandiagara, Douentza, Mopti, San, Ségou, Gao, Kidal, Ménaka and Tombouctou, alongside 558 school management committee members (82 women) trained on their roles and responsibilities. UNICEF also provided learning materials to 8,678 learners (4,325 girls) in Mopti, Koutiala, Bougouni and Gao and supported school safety activities, including explosive ordnance risk awareness. These efforts build on 2025 investments in teacher and community capacity strengthening on psychosocial support, Education in Emergencies, literacy and numeracy, and risk reduction.

During the reporting period, the Education Cluster also strengthened coordination, advocacy and strategic engagement to support an effective response. Following the 25 April 2026 attacks, the Cluster conducted a rapid assessment of education needs in affected areas, informing response planning and the development of a situation report shared with the Strategic Advisory Group (SAG). The Cluster finalized an advocacy brief on the teacher workforce to support national policy discussions linked to the designation of 2026 as the Year of Education and Culture in Mali, contributed to advocacy on school-related gender-based violence and the heightened vulnerabilities faced by internally displaced and refugee learners, and participated in the humanitarian protection risk analysis process led by OCHA, advocating for stronger recognition of attacks on education as a major protection concern. These efforts contributed to the validation of the Education Cluster's 2026 Work Plan, in line with the seven core cluster functions, providing a strategic framework for coordination, preparedness, advocacy and response throughout the year.

At the response level, Education Cluster partners reached 52,315 children with formal and non-formal education opportunities, including early learning, and provided individual learning materials to 41,391 children during the first half of 2026. They also trained 1,893 teachers and facilitators in basic pedagogy and mental health and psychosocial support. These results reflect the continued scale-up of coordinated education services and UNICEF's ability to adapt delivery modalities to reach children affected by conflict, displacement and other shocks.

Water, sanitation and hygiene

As of June 2026, a total of 20,977 individuals, including 11,275 children and 5,304 women, received emergency WASH assistance through the distribution of WASH kits in Kayes, Kita, Nioro, Gao, Bandiagara, Mopti, Tombouctou, Taoudeni and Ménaka, compare to 47,848 people reached during the same period in 2025. The kits included water treatment products (Aquatabs and PUR), water storage containers (jerrycans), and were complemented by hygiene promotion messaging.

Despite these efforts, significant gaps remain, with only 6 per cent of the target for people accessing sufficient quantity and quality of water for drinking and domestic needs, 9 per cent for people reached with critical WASH supplies (including hygiene items), and no achievement reported against the sanitation target during the reporting period. During the same period in 2025, achievements reached 13 per cent of water access and WASH kit targets, 7 per cent of hygiene kit targets and 9 per cent of sanitation targets, highlighting the increasing challenges in maintaining WASH service coverage amid insecurity and funding constraints.

In parallel, funding from the Government of Japan has been received for the construction of 22 water points in Ménaka, which is expected to improve access to safe water during the second half of 2026. However, overall WASH response capacity remains constrained by a 79 per cent funding gap against the US$12.344 million requested, limiting the implementation of broader and more sustainable WASH solutions.

Under the Humanitarian Reset initiative and as part of the humanitarian coordination localization agenda, the WASH Cluster selected GARDL as Co-Facilitator, strengthening national leadership in coordination. The Cluster also contributed to the development of a joint multisectoral advocacy note to mobilize resources for WASH, Nutrition, Food Security and Protection. Between January and June 2026, UNICEF and 16 WASH Cluster partners reached 55,189 people, including 17,660 children, with critical WASH supplies, representing 3 per cent of the annual Cluster target. This compares with 151,798 people reached by 20 WASH Cluster partners during the same period in 2025 (including 86,267 children), representing 8 per cent of the annual target and reflecting the contraction of humanitarian WASH coverage amid funding and access constraints.

Social protection

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

Cross-sectoral Social and Behavior Change (SBC) for Polio outbreak response: During the first half of 2026, SBC interventions supported emergency response and preparedness across 41 villages and quartiers in Gao, Ménaka, Douentza, Tombouctou, Mopti, Bandiagara and Nara. The response contributed to the cVDPV2 poliovirus outbreak response, addressed humanitarian needs following the 25 April attack, and strengthened community preparedness for flooding. During the reporting period, UNICEF Mali supported the national response to circulating vaccine-derived poliovirus type 2 (cVDPV2) through evidence-based Social and Behavior Change (SBC) interventions aimed at increasing vaccine acceptance and contributing to the interruption of virus transmission. Social investigations conducted in Inékar (Ménaka) and Goundam (Timbuktu) identified key behavioral barriers, drivers of hesitancy, and misinformation affecting vaccination uptake, informing the development of a contextualized communication plan, training modules, and operational tools. UNICEF also strengthened the capacities of 37 communication actors and 23 bloggers and digital influencers to promote credible messaging and counter misinformation. In addition, four Communication Sub-Committee meetings were convened to enhance coordination, monitoring, and harmonization of communication efforts across the response.

Reach through mass and community communication: Radio broadcasting remained a key channel to reach populations in insecure and hard-to-reach areas with messages on risk prevention, social cohesion, peaceful coexistence, and Explosive Remnants of War (ERW). During the reporting period, an estimate of 465,501 people including 257,869 men and 207,632 women were reached with information supporting lifesaving interventions through14 communes of Gao, Ménaka, Douentza, Tombouctou, Mopti, Bandiagara, San. Radio programs were also useful in addressing rumors and misinformation affecting access to essential services.

Community engagement and interpersonal communication: To strengthen community engagement, 2,956 community workers were trained on interpersonal communication and feedback collection, including 1,458 women and 1,498 men. Among those trained, 148 were people with disabilities. These community workers engaged 257,671 people including 138,851 men and 118,820 women. Among those reached, 121 were people with disabilities. Engagement was conducted through home visits and community dialogues on access to nutrition, health, WASH and protection services, sustaining trusted community-level communication and referral pathways.

Accountability to affected populations: A range of community feedback mechanisms including hotlines, community meetings and local complaints committees were used to collect people's perceptions, feedback and grievances. During the reporting period, 1044 people logged complaints or feedback through these mechanisms, including 185 boys, 362 men, 155 girls and 342 women. Among those who logged complaints or feedback, 47 were people with disabilities. Field workers responded on site to 450 feedback items or complaints, representing a response rate of 41 per cent. This strengthened accountability, helped identify barriers to service access, and supported adaptive programming based on community concerns.

As key contribution to the humanitarian response, SBC overall strengthened emergency response by promoting protective behaviors, countering misinformation, improving demand to essential services, fostering social cohesion, and supporting flood preparedness through community engagement and feedback mechanisms.

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 streamlined 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 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. Building on this reflection, the Country Office has proactively proposed dedicated cluster coordination and information management capacity for each of the three UNICEF-led clusters—WASH, Education and Nutrition—during the Country Programme Management Plan (CPMP) process for the new UNICEF Mali Country Programme cycle 2027–2031.

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).

UNICEF continues to support the Government in strengthening national emergency preparedness and response capacities through the revision of the National Multi-Hazard Contingency Plan with the DGPC and the development of the National Flood Preparedness and Response Plan with the DNDS. These key planning tools address critical preparedness gaps, strengthen coordination among stakeholders, and facilitate timely and effective assistance to affected populations.

Since January 2026, Mali's supply chain environment has remained severely constrained by insecurity along key corridors, rising transport costs, fuel shortages, administrative bottlenecks and seasonal access limitations, particularly in northern and central regions. UNICEF's pipeline is under significant pressure, with approximately 150 containers of critical health, nutrition and education supplies stranded between Dakar and Bamako due to armed group blockades, especially along the Bamako–Kayes corridor. Delayed delivery could affect access to essential health services for an estimated 700,000 people, treatment for approximately 180,000 children under five with severe acute malnutrition, and education support for more than 2,400 children. Cost pressures have also intensified, with air transport to high-need areas such as Mopti costing USD 13,000–25,000 per 100 kg of RUTF, international freight costs rising by 25–40 per cent in the first quarter of 2026, and truck immobilization costs tripling after the 25 April attacks. To mitigate these constraints and sustain programme delivery, UNICEF strengthened preparedness through prepositioning, closer coordination with government counterparts, partners, logistics service providers and humanitarian actors, use of alternative routes where feasible, and maintenance of strategic buffer stocks at central and zonal levels, including Mopti, Timbuktu and Gao. Around 54 per cent of planned shipments were delayed, with international sea cargo lead times increasing by an average of 30 days, during the first semester. Despite these constraints, UNICEF delivered US$ 3.9 million in programme supplies and avoided major stock-outs of critical commodities across supported sectors, helping maintain access to vaccines, nutrition supplies, medicines, education materials and WASH commodities for vulnerable populations.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Media Coverage

During the period a highlight media moment was the visit of Deputy Executive Director Ted Chaiban to the Central Sahel. The visit generated strong national and international media coverage, which was particularly significant in a context that rarely attracts sustained headlines. Communications teams in Mali worked closely together with colleagues in Burkina Faso, Niger, Senegal, and New York to deliver strong visibility results through a coordinated approach.

Throughout the visit, the DED underscored the urgent need for renewed international attention and sustained investment in people and social cohesion as foundations for stability and development in the region. The narrative was part of the ongoing humanitarian advocacy strategy.

During the period humanitarian advocacy content reached more than 481,000 social media accounts and 3400 website visitors.

- Human interest stories
- Press release
- Media articles
- National media articles

HAC APPEALS AND SITREPS

- Mali Appeals
  https://www.unicef.org/appeals/mali
- Mali Situation Reports
  https://www.unicef.org/appeals/mali/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 31 OCTOBER 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*
Health (including public health emergencies)[19]								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	1.5 million	930,769	▲ 62%	1.8 million	-	0%
Children vaccinated against measles, supplemental dose	Total	-	73,057	51,890	▲ 71%	73,057	44,710	▲ 61%
Nutrition[20]								
Children 6-59 months with severe wasting admitted for treatment	Total	391,000	202,575	75,041	▲ 37%	180,441	75,041	▲ 42%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	511,311	359,288	308,293	▲ 86%	305,757	308,293	▲ 101%
Children 6-59 months receiving micronutrient powder	Total	590,033	137,955	31,236	▲ 23%	117,411	31,236	▲ 27%
Child protection and GBViE[21]								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	306,200	54,793	▲ 18%	-	-	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	186,867	28,011	▲ 15%	-	-	-
Children who have exited armed forces and groups provided with protection or reintegration support	Total	-	450	55	▲ 12%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	2,250	280	▲ 12%	-	-	-
Children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Total	-	75,537	23,692	▲ 31%	-	-	-
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%	-	-	-
Education[22]								
Children accessing formal or non-formal education, including early learning	Total	-	250,000	33,330	▲ 13%	306,299	52,315	▲ 17%
Children receiving individual learning materials	Total	-	700,000	18,201	▲ 3%	750,087	41,391	▲ 6%

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	1,049	▲ 52%	18,900	1,893	▲ 10%
Water, sanitation and hygiene[23]								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	376,927	20,977	▲ 6%	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	-	226,927	20,977	▲ 9%	1.7 million	55,189	▲ 3%
Social protection								
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	176,530	-	-	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
People engaged in reflective dialogue through community platforms	Total	-	450,000	257,671	▲ 57%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	250,000	1,044	0%	-	-	-

**Progress in the reporting period 1 January to 30 June 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	14,078,000	484,204	-	-	13,593,796	97%
Nutrition	23,787,000	3,790,274	-	13,700,453	6,296,273	26%
Child protection, GBViE and PSEA	20,010,000	832,762	-	1,275,892	17,901,346	89%
Education	29,452,000	16,232	-	12,262,661	17,173,107	58%
Water, sanitation and hygiene	12,344,000	2,588,421	-	-	9,755,579	79%
Social protection	2,000,000	-	-	-	2,000,000	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	2,472,000	-	-	-	2,472,000	100%
Emergency preparedness and response coordination	4,990,000	1,268,182	-	226,280	3,495,538	70%
Total	**109,133,000**	**8,980,075**	**0**	**27,465,286**	**72,687,639**	**67%**

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. Data are sourced from UNICEF's internal security incident tracking mechanism and aligned with UNDSS reporting

5. Only official data available from the Sept 2025 DTM.

6. UNHCR

7. This figure reflects UNICEF's aggregation of displacement data from multiple sources and may be revised over time given the volatility of the context and constraints on assessments due to insecurity. Situation as of mid-July 2026

8. This figure reflects UNICEF's aggregation of displacement data from multiple sources and may be revised over time given the volatility of the context and constraints on assessments due to insecurity. Situation as of mid-July 2026

9. UNICEF Mali end of the year 2025 sitrep

10. UNICEF Mali HAC 2026

11. Ibd

12. UNICEF's aggregation of displacement data from multiple sources and may be revised over time given the volatility of the context and constraints on assessments due to insecurity

13. UNICEF Mali HAC 2026

14. Education cluster

15. This figure represents a UNICEF aggregation of education disruption data collected in coordination with education authorities (AEs and CAPs), based on information compiled through UNICEF-supported monitoring, and remains subject to revision as additional data become available.

16. UNICEF data aggregation

17. Ibid

18. Refers to the tetanus–diphtheria vaccine.

19. The health targeting projection was based on the adjusted Health Cluster targets, including additional districts outside the HNRP 2026 analysis scope for this appeal. This analysis accounted for current and potential capacities (resources to be mobilized) within the health section. Of the 65 crisis-affected health districts, 58 were selected: 25 districts (Mopti, Timbuktu and Gao) are covered by the Building Resilience in the Sahel (BRS) funds, while other funding will be sought for the remaining 33 districts.

20. UNICEF's target is relatively higher than that of the Cluster because this Humanitarian Action for Children appeal targets 12 additional districts in the regions of Kayes, Kidal, Kita, Timbuktu, Taoudeni, Ségou and Koulikoro, in addition tothe 97 districts covered in the 2026 Humanitarian Needs and Response Plan scope of analysis.

21. The 2026 child protection targets in this appeal are based on the 97 districts (administrative circles) included in the HNRP, complemented by 12 additional out-of-scope districts retained by UNICEF, bringing the total appeal planning coverage to 109 districts. The targets reflect percentage-based calculations applied to Child Protection Area of Responsbility analytical figures and are adjusted according to actual implementation capacities, ensuring a progressive and realistic approach tailored to local contexts. This methodology emphasizes service quality, individualized follow-up and strong community engagement. At the same time, it maintains an ambition proportionate to the evolving risks and needs of the most vulnerable children.

22. The education target projection builds on Education Cluster objectives and incorporates additional districts with high severity beyond the 2026 HNRP. This projection considers both existing capacities and the level of resources expected to be mobilized within the education section. Acting as provider of last resort, UNICEF is set to reach roughly 60 per cent of the cluster's targets, ensuring coverage of critical gaps where other partners cannot operate.

23. The decrease in WASH targets for 2026 compared with 2025 is due to reprioritization, whereby reduced resources have driven a focus on the most acute needs.

24. The health targeting projection was based on the adjusted Health Cluster targets, including additional districts outside the HNRP 2026 analysis scope for this appeal. This analysis accounted for current and potential capacities (resources to be mobilized) within the health section. Of the 65 crisis-affected health districts, 58 were selected: 25 districts (Mopti, Timbuktu and Gao) are covered by the Building Resilience in the Sahel (BRS) funds, while other funding will be sought for the remaining 33 districts.

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26. The 2026 child protection targets in this appeal are based on the 97 districts (administrative circles) included in the HNRP, complemented by 12 additional out-of-scope districts retained by UNICEF, bringing the total appeal planning coverage to 109 districts. The targets reflect percentage-based calculations applied to Child Protection Area of Responsbility analytical figures and are adjusted according to actual implementation capacities, ensuring a progressive and realistic approach tailored to local contexts. This methodology emphasizes service quality, individualized follow-up and strong community engagement. At the same time, it maintains an ambition proportionate to the evolving risks and needs of the most vulnerable children.

27. The education target projection builds on Education Cluster objectives and incorporates additional districts with high severity beyond the 2026 HNRP. This projection considers both existing capacities and the level of resources expected to be mobilized within the education section. Acting as provider of last resort, UNICEF is set to reach roughly 60 per cent of the cluster's targets, ensuring coverage of critical gaps where other partners cannot operate.

28. The decrease in WASH targets for 2026 compared with 2025 is due to reprioritization, whereby reduced resources have driven a focus on the most acute needs.