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In the village of Kologou, 13 km from Bandiagara, Djeneba Kassogué shares a joyful moment with her eight-month-old daughter, Aïssata Natoumé, who beams after receiving her polio vaccine.

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Humanitarian Situation Report No. 3

Reporting Period
1 January to 30 September 2026

Mali

HIGHLIGHTS

- Mali's humanitarian situation remained critical in the third quarter of 2026, driven by insecurity, disease outbreaks, food and nutrition crises, and climate shocks. Coordinated attacks in Gao, Kidal, Mopti and Segou in July, following those of 25 April, further heightened risks. Armed-group blockades, explosive hazards, movement restrictions and administrative constraints continued to impede humanitarian access.
- Humanitarian needs remain severe, with 5.9 million people, including 3.2 million children, requiring assistance. Nearly1.4 million people need nutrition support, including about 391,000 children with severe wasting, while the Circulating Vaccine-derided Poliovirus type 2cVDPV2 polio outbreak persists with new cases reported in 2026.
- Since January, despite access and funding constraints, UNICEF support contributed to critical humanitarian results, including health services for 1.3 million people, cVDPV2 vaccination for 1.4 million children, severe acute malnutrition treatment for 146,105 children, psychosocial support for 67,289 children and caregivers, and safe water access for 40,942 people.

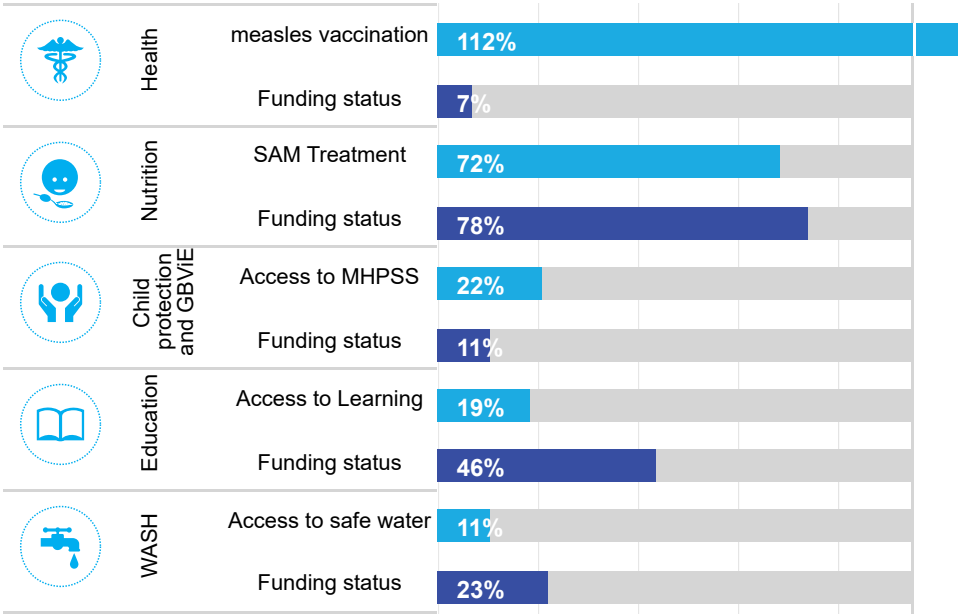
SITUATION IN NUMBERS

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

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

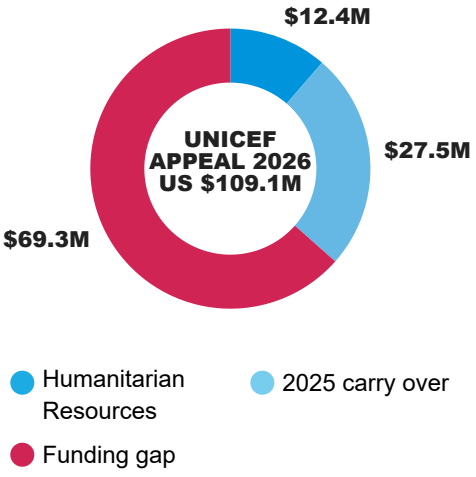
415,000
Internally Displaced Persons [3]

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 three quarters 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 generally 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 three quarters of 2026, including from the Governments of Belgium, Cyprus, Germany (German Federal Foreign Office, GFFO), Japan, Spain 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$ 69.3 million (63 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 has continued to strengthen its resource mobilisation and advocacy efforts, with a focus on diversifying funding sources, engaging donors through innovative approaches, and prioritising high-impact and cost-effective interventions.

In parallel, UNICEF Mali has also continued to adapt its humanitarian response to optimise 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 a faster, more adaptive, cost-effective and sustainable humanitarian response. 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 third quarter of 2026, Mali's humanitarian situation remained highly volatile, with insecurity, climate shocks, food insecurity, disease outbreaks and pressure on basic services continuing to expose children and families to significant risks. Renewed coordinated attacks across Gao, Kidal, Mopti and Ségou in July deepened a deteriorating security environment already observed since April, with violence expanding towards southern and western areas and disrupting transport corridors, markets, livelihoods and humanitarian operations. Humanitarian access remained constrained by insecurity, explosive-device threats, movement restrictions, and logistical and administrative barriers. A total of 142 access incidents were recorded during the quarter, compared with 186 during the same period in 2025 (a 24 per cent decrease[4]), bringing the cumulative total to 442 incidents between January and September 2026. While reported incidents seem to be declining, this trend should not be taken as an indication of improved conditions, as ongoing operational constraints continue to impede incident notification in conflict-affected and hard-to-reach areas.

Insecurity along key transport and supply corridors, movement restrictions, fuel shortages and administrative bottlenecks continued to delay assessments, limit programme monitoring and increase delivery costs. Armed-group blockades, particularly along the Bamako–Kayes corridor, left approximately 150 containers of critical health, nutrition and education supplies stranded between Dakar and Bamako. The resulting delays disrupted essential services for an estimated 700,000 people, severe acute malnutrition treatment for some 180,000 children under five, and education support for over 2,400 at-risk children. The affected containers were cleared and supplies distributed by end-September. UNICEF and partners continue to strengthen prepositioning, alternative routing, coordination with national authorities and logistics providers, and strategic buffer stocks in Mopti, Timbuktu and Gao to safeguard the continuity of essential services.

Population movements continued to place pressure on already fragile host communities and services. Mali hosted approximately 415,000 internally displaced persons, 58 per cent of them children[5] alongside nearly 280,000 refugees, mainly from Burkina Faso and Niger. Localized displacement linked to insecurity persisted, including movements from Kidal towards Gao and other locations following the April and July attacks.

Violence, displacement and weakened protective environments continued to disproportionately affect children. Risks of grave violations, explosive ordnance, family separation, psychosocial distress, child labour, trafficking, recruitment and use by armed groups, and gender-based violence remained high. An estimated 2.1 million people were expected to need child protection and gender-based violence services in 2026[6] . During the reporting period, the main protection risks reported by the Protection Cluster in Mali included GBV, with 2,184 incidents compared with 1,177 during the same period in 2025, an increase of 86.5 per cent. Exposure to explosive remnants of war (ERW) and improvised explosive devices (IEDs) remains significant with 130 incidents recorded (103 people injured and 27 killed), compared with 55 during the same period in 2025[7] .

Health needs remained critical. Mali has been affected by cVDPV2 transmission since 2023. The occurrence of these cases, particularly in areas affected by insecurity, significant population movements and access constraints, indicates a continued risk of transmission and potential immunity gaps among children in hard-to-reach populations. Twenty-eight cases had been confirmed by epidemiological week 40, including three in 2026, particularly in Ménaka and Goundam (Timbuktu region). The virus's high genetic divergence (56 nucleotide differences from Sabin 2) and its link to the one from Algeria indicate prolonged undetected circulation and a risk of cross-border transmission. Of the 455 reported cases of acute flaccid paralysis (AFP), 97 per cent had two stool specimens collected within 14 days. Other vaccine-preventable diseases also gained ground. Between epidemiological weeks 1 and 43 of 2026, 313 measles cases were confirmed, a 70.1 per cent increase on the 184 cases recorded over the same period in 2025. Diphtheria also remained a concern: of the 218 specimens analyzed over the same period, 41 tested positive for toxigenic Corynebacterium diphtheriae and 9 for non-toxigenic strains, while 168 were negative.

Nutrition needs remained critical, particularly during the lean and rainy seasons. An estimated 1.12 million children aged 6–59 months and 91,000 pregnant and breastfeeding women (PBW) were projected to suffer from acute malnutrition. The IPC AMN analysis

further anticipated a significant deterioration in the nutrition situation across 32 analysis areas, including nine areas expected to transition from Integrated Food Security Phase Classification and Acute Malnutrition (IPC AMN) Phase 3 (Serious) to Phase 4 (Critical). The most affected regions include Ménaka, Kayes, Koulikoro, Mopti, Tombouctou, and Gao, where heightened vulnerability is driven by the combined effects of insecurity, displacement, limited access to services, and recurrent climatic shocks. Disrupted markets, restricted movement and delayed nutrition supplies further constrained prevention and treatment services. The results of the ongoing national food and nutrition survey are expected in November 2026 and will provide updated evidence on the severity and geographic distribution of malnutrition.

Education remained severely affected by insecurity and displacement. Prolonged school closures, damaged or occupied school facilities and population movements continued to interrupt learning, particularly in Kidal and other conflict-affected areas. Children from Kidal faced interrupted schooling and examinations, compounding protection risks and learning losses. Data collection on school functionality remains suspended during the school holiday period. According to the latest available update from May 2026, 2,444 schools remained non-functional due to insecurity and humanitarian crises, affecting access to education across several regions of the country. The next updated data will likely become available in December 2026.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

Mali's health system remained under severe pressure from multiple shocks, including the coordinated and complex attacks of 25 April 2026. In response, UNICEF and the Ministry of Health and Social Development supported 56 of the country's 68 health districts across 12 regions with essential medicines, supplies and emergency health kits. Support included 56 Interagency Emergency Health Kits (IEHKs), of which 43 were intended for community-level care and 13 for referral facilities, as well as 28,000 boxes of zinc and 46,200 long-lasting insecticidal nets (LLINs).

These interventions reached 152,412 vulnerable people. This included 38,103 children under five, of whom 19,052 were treated for malaria, 16,384 for pneumonia and 2,667 for diarrhoea. In addition, 114,309 pregnant women received at least one antenatal consultation.

Cumulatively since January, 1,301,958 children and women, representing 87 per cent of the 1.5 million targets, accessed primary healthcare through UNICEF-supported facilities in conflict-affected areas. This included 291,155 pregnant women and 792,026 children under five (458,946 girls) treated for common childhood illnesses. Malaria remained the leading cause of treatment, accounting for 475,216 cases among children (60 per cent), up from 57 per cent during January-June. This was followed by acute respiratory infections (221,767 cases; 28 per cent) and diarrhoeal diseases (95,043 cases; 12 per cent). Diarrhoeal disease increased by 4 per cent, likely reflecting seasonal rainfall and associated water contamination. A further 432 people received treatment for injuries and other conditions, including mental health disorders. During the same period, 218,323 newborns were registered out of 292,316 live births.

Immunization and outbreak-response activities were also intensified amid continued risks from vaccine-preventable diseases. Since January, 81,625 children have been vaccinated against measles in humanitarian settings. In Kayes, catch-up vaccination activities identified 896 zero-dose children and 1,447 under-vaccinated children. These activities also resulted in 19,658 children receiving measles vaccination and 1,325 girls receiving the human papillomavirus (HPV) vaccine.

As part of the diphtheria response, 1,521,217 children were vaccinated nationwide. This included 393,999 children aged 2–4 years who received the pentavalent vaccine (Penta) (96.6 per cent coverage) and 1,127,218 children aged 5–15 years with the tetanus-diphtheria (Td) vaccine (92.1 per cent coverage). Among those reached were 341,241 children in Mopti.

Polio outbreak-response vaccination also continued. The first round using the novel oral polio vaccine type 2 (nOPV2) targeted 1,425,537 children aged 0–59 months, followed by a second round conducted on 23–25 October across 31 health districts in six regions. Meanwhile, routine immunization had reached 664,429 children aged 0–11 months with the third dose of the pentavalent vaccine (Penta 3) by the end of August, of whom 49.8 per cent were girls and 50.2 per cent boys.

Nutrition

During the third quarter of 2026, 71,064 children with severe acute malnutrition (SAM), including 34,821 boys and 36,243 girls, were newly admitted for treatment through health facilities and mobile clinics, across the country. Cumulatively, 146,105 SAM children (78,897 girls and 67,208 boys) received treatment between January and September 2026, representing 72.1 per cent of the annual target of 202,575 children in humanitarian crisis-affected areas. Compared with the same period in 2025, SAM admissions increased slightly by 743 cases, from 145,362 to 146,105 children. At the same reporting point in 2025, admissions had reached 65.2 per cent of the annual target of 222,864 children.

The sustained progress reflects continued efforts by UNICEF and partners to adapt and strengthen service delivery despite access constraints linked to insecurity. Community-based early detection and referral mechanisms were further expanded, enabling 2,756,226 children under five years of age who were screened for acute malnutrition between January and September 2026. Ongoing monitoring, operational adaptations, and the continued provision of services in hard-to-reach areas helped maintain and improve access to life-saving nutrition treatment services for vulnerable children.

Furthermore, UNICEF, with the support of its partners, has continued to build the capacity of healthcare providers to improve the quality of care offered to children suffering from acute malnutrition. These efforts have included training on the revised national protocol for the management of acute malnutrition (2025 version) and ongoing technical support for field teams. These initiatives have helped maintain program performance within recommended quality standards, with a recovery rate of 95.8 per cent, a default (dropout) rate of 3.84 per cent, and a mortality rate of 0.3 per cent. These results demonstrate not only the effectiveness of the interventions supported by UNICEF and its partners, but also the resilience of health and nutrition services, which have continued to provide essential care despite persistent humanitarian and security challenges.

Preventive nutrition interventions also scaled up during the period. A total of 462,803 caregivers of children under two years of age, including 334,968 pregnant and breastfeeding women, received counselling on Infant and Young Child Feeding (IYCF), hygiene, and maternal nutrition, across the country. These interventions contributed to improving household nutrition practices and help prevent malnutrition among the most vulnerable children. In addition,

57,621 children aged 6–59 months, including 29,387 girls, received complementary foods fortified with micronutrient powders. This support helped address micronutrient deficiencies, strengthen children's immunity, and promote their physical growth and cognitive development, particularly in areas where access to a diverse diet remains limited.

In total, the Nutrition Cluster and its partners provided assistance to 322,474 people suffering from acute malnutrition—out of a target of 741,378 individuals—through interventions aimed at managing acute malnutrition. This included the treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) among children under five, as well as among pregnant and breastfeeding women in priority areas. This represents approximately 43% of the target population.

Child protection, GBViE and PSEA



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Capacity-building activity for community stakeholders on Explosive Ordnance Risk Education in Niafounké, conducted by the Regional Directorate for the Promotion of Women, Children and the Family.

UNICEF, in partnership with government ministries and NGOs, continued strengthening child protection case management and delivering essential services to conflict-affected children, including in hard-to-reach areas. Child protection interventions were implemented across nine regions (Sikasso, Timbuktu, Gao, Kidal, Menaka, Bougouni, Koutiala, Mopti and Bandiagara), while mine risk education and support for unaccompanied and separated children were expanded to Kayes and Nioro du Sahel and case management to IDPs sites of Bamako district.

In the third quarter of 2026, 12,496 children and caregivers, including 10,165 girls and women, received community-based psychosocial support through 140 UNICEF-supported Child Friendly Spaces (CFS), including 36 mobile units. Individualized care, including psychosocial support, case management, family tracing, referrals and reintegration assistance, reached 1,269 children including 572 girls. This included 715 unaccompanied or separated children (364 girls); 95 children formerly associated with armed groups (5 girls); and 459 survivors of other forms of violence and abuse (203 girls), including 31 children (18 girls) injured by explosive ordinance or explosive remnants of war.

Since January 2026, 67,289 children and caregivers have been reached by psychosocial support through CFS while 1,914 children including 899 girls received individualized support. Among those receiving individualized support 995 were unaccompanied or separated children, including 501 girls; 150 were formerly associated with armed groups, including 5 girls); and 769 experienced other violence and abuse including 393 girls. This includes 80 children (43 girls) injured by explosive ordinance or explosive remnants of war.

UNICEF continued monitoring grave violations against children through the Monitoring and Reporting Mechanism (MRM) established under UN Security Council Resolution 1612. Training community focal points and partner staff strengthened local monitoring, evidence collection and reporting. Between January and September 2026, more than 600 grave violations were documented. The most frequently reported were killing and maiming (38 per cent), recruitment and use by armed actors (33 per cent), and attacks on schools, hospitals and associated personnel (11 per cent). The overall number increased slightly compared with 2025, while sexual violence rose sharply from 2 per cent in 2025 to 6 per cent during January–September 2026. These findings underscore the need to strengthen local monitoring and response, safe and systematic data collection, intersectoral coordination, and links among monitoring, prevention, response and advocacy, particularly in hard-to-reach and conflict-affected areas.

During the reporting period, UNICEF trained hundreds of community relays and leaders in Kayes, Timbuktu, Sikasso and Menaka, expanded explosive ordnance risk education (EORE) to adults and strengthened links with health and education. EORE reached 22,146 people—93 per cent of the first-half total—with average monthly reach rising from 3,950 to 7,380. Since January, 45,838 people received EORE messages, including 33,464 children, of whom 17,153 were girls.

UNICEF also strengthened GBV risk mitigation, prevention and response through community engagement and awareness-raising activities across central, southern and northern Mali and Bamako District, reaching 13,618 people during the third quarter and 42,985 people since January 2026.

Despite these achievements, progress against HAC targets remained below expectations, reaching only 22 per cent of the MHPSS target, 33 per cent of the Children Associated with Armed Forces and Armed Groups (CAAFAG) reintegration target, 44 per cent of the target for unaccompanied and separated children (UASC's) and 61 per cent of the EORE target. An 87 per cent funding gap, insecurity and access constraints continued to limit service delivery and partner capacity. UNICEF will continue to strengthen resource mobilization, case management and Child Protection Information Management System (CPIMS)+ deployment, while enhancing integration with health and education services to expand coverage, including in hard-to-reach areas.

Education

The period from July to September 2026 coincided with the school holiday period and preparations for the October school reopening. As a result, interventions focused primarily on school infrastructure rehabilitation and construction, pre-positioning of education supplies, and capacity strengthening of education stakeholders. During that period, more than 118,000 school kits were pre-positioned to support the 2026/27 school year and facilitate the timely return to learning of crisis-affected children.

During the quarter, investments in education infrastructure helped improve learning conditions in crisis-affected areas. A total of 15 classrooms were rehabilitated in Gao, 10 classrooms were constructed in Bougouni (3) and Gao (7), and 9 Temporary Learning Spaces (TLSs) were established in Mopti (3), Bandiagara (3) and Ségou (3). In addition, 6 schools reopened in Gao and 400 school desks were distributed, strengthening school readiness ahead of the new academic year. Combined with school reintegration activities, support to volunteer teachers and remedial learning programmes, these interventions enabled 15,366 children (7,320 girls and 8,046 boys) to access formal and non-formal education opportunities.

School reintegration activities reached 4,635 children, mainly in Bandiagara (4,135) and Douentza (500), while 10,252 learners benefited from remedial and catch-up classes, particularly in Gao (6,822), Menaka (2,135), Kidal (639), Bandiagara (398), Mopti (210) and Douentza (48).

During the reporting period, 21,080 children (11,304 girls and 9,776 boys) received individual learning materials. The largest numbers of beneficiaries were recorded in Gao (6,822 children), Timbuktu (120), Mopti (3,283), Kidal (639), Ménaka (2,135), Bandiagara (900), Douentza (1,392), Ségou (1,750), Bougouni (1,768), Koutiala (292), San (1,750) and Sikasso(229). These distributions contributed to improving learning conditions and supporting school readiness for vulnerable children in crisis-affected areas. The reported figures include learners who received school kits and other individual learning materials distributed through both formal and non-formal education programs.

The capacities of education stakeholders were also strengthened ahead of school reopening. A total of 2,676 teachers and education personnel (891 women and 1,785 men) were trained on key themes, including pedagogy and didactics, Education in Emergencies (EiE), mental health and psychosocial support (MHPSS), inclusion, gender and disability, disaster risk reduction and safe schools, radio-based learning, learning remediation, learning assessment, classroom management, and child protection in schools. In addition, 35 School Management Committee (CGS) members and 20 Mothers' Association (AME) members were trained to strengthen school governance and community engagement.

Since January 2026, interventions implemented by UNICEF in collaboration with the Regional Education Authorities (AE), Pedagogical Support Centres (CAP) and implementing partners, including SCI, IRC, AMSODE, ASREF, CRADE, IMIDIERAR and UNHCR, have enabled 48,696 children to access formal or non-formal education, representing 19.5 per cent of the annual HAC target of 250,000 children. In addition, 39,281 children received individual learning materials, representing 5.6 per cent of the annual target of 700,000 children, while 3,725 teachers and education personnel were trained, representing 186 per cent of the annual target of 2,000 teachers and facilitators. These achievements reflect the progressive scale-up of the education response through infrastructure investments, school reintegration activities, remedial learning programmes, and capacity-building initiatives.

At the Education Cluster level, partners reached 67,972 children (33,696 girls and 34,276 boys) with formal and non-formal education opportunities, provided individual learning materials to 62,471 children (31,700 girls and 30,771 boys), and trained 5,732 teachers and facilitators (2,435 women and 3,297 men) in basic pedagogy, Education in Emergencies and psychosocial support.

Despite these achievements, persistent insecurity, humanitarian access constraints, continued population movements, limited contingency stocks and funding shortfalls continue to hamper the scale and coverage of the education response. The prolonged closure of a large number of schools remains a major obstacle to learning continuity.

In addition to these various interventions, UNICEF has supported the reopening of schools in several parts of Mali by financing stipends for volunteer teachers (as a transitional measure, with an exit strategy centred on supporting community mobilization to progressively cover stipend costs and the Ministry of Education's efforts to redeploy government teachers to sustain teaching services), providing instructional and learning materials to teachers and students, conducting awareness-raising and back-to-school campaigns, and promoting community engagement to support the reopening of schools as well as community dialogues about the culture of pace and social cohesion to facilitate the return of children to safe learning environments. However, despite these significant efforts, insecurity remains the primary driver of school closures and continues to undermine progress. In many cases, schools that have reopened are forced to close again shortly thereafter due to persistent threats to the safety of students and teachers, highlighting the fragility of education gains in conflict-affected areas. As of November 2026, a total of 2,444 schools are still reported non-functional, affecting 733 200 children and 14 664 teachers.

Support to DEF Examinations for Displaced Learners from Kidal

Following the security incidents that affected Kidal in April 2026 and led to school closures and the displacement of students to Gao and other locations, UNICEF supported government efforts to ensure learning continuity and safeguard access to end-of-cycle examinations for affected learners. The crisis disrupted schooling for 3,979 children, including 1,876 girls, while 203 lower secondary (DEF) candidates and 118 upper secondary students saw their education and examination preparation interrupted. In Gao, 639 displaced primary and lower secondary learners, including 266 girls, were identified following their displacement from Kidal. To mitigate the risk of a lost academic year, UNICEF supported the Government's effort to organize a special make-up examination session, enabling 24 DEF candidates from Kidal to sit for their examinations separately, facilitating continued learning opportunities for 615 displaced primary learners, including 245 girls. This intervention helped preserve access to education, reduce the risk of dropouts, and provide crisis-affected learners with a pathway to continue their education despite displacement and insecurity.

Water, sanitation and hygiene

Despite a worsening security situation leading to population displacement and increased pressure on already insufficient WASH infrastructure, UNICEF and partners continued to deliver essential WASH services to affected populations.

As of September 2026, a total of 40,942 individuals — including 22,006 children and 10,350 women were reached through the distribution of emergency WASH kits and permanent access to water. These kits included water treatment products (Aquatab and PUR), water storage containers (jerrycans), and were complemented by hygiene promotion messaging. The figures reported for this period primarily reflect UNICEF-supported interventions in Kayes, Kita, Nioro, Gao, Bandiagara, Douentza, San, Segou, Mopti, Timbuktu, Taoudeni and Menaka.

Despite these efforts, significant gaps remain with only 11 per cent of HAC targeted people accessing a sufficient quantity and quality of water for drinking and domestic needs (target: 376,926 people),15 per cent people reached with critical WASH supplies (including hygiene items) and 4 per cent of the people accessing appropriate sanitation services (target:42,500 people) reached.

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.

These shortfalls were primarily due to a 77 per cent funding gap against the US$12.3 million requested by Unicef (23 per cent received, see Annex B), severely limiting the implementation of sustainable WASH solutions.

Between January and September 2026, UNICEF and 16 WASH Cluster partners reached 68,700 people with critical WASH supplies, including 21,984 children, representing 4 per cent of the annual target, against a funding level of 8 per cent according to Cluster monitoring (11 per cent per OCHA FTS). 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.

Social protection

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

During the third quarter of 2026, UNICEF strengthened integrated Social and Behavior Change (SBC), Risk Communication and Community Engagement (RCCE), and Accountability to Affected Populations (AAP) interventions, with a strong focus on the response to the circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak conducted from 14 to 17 August 2026 across Gao, Kidal, Ménaka, Timbuktu, Taoudéni, Mopti, Bandiagara and Douentza. Social research conducted in Inékar and Goundam generated evidence to inform context-specific communication strategies and operational tools aimed at addressing vaccine hesitancy, rumors and misinformation.

As part of the third quarter outbreak response, UNICEF strengthened the capacities of 37 communication professionals and 23 bloggers and digital influencers. In addition, 3,419 community mobilizers, 713 town criers and 297 frontline supervisors were mobilized to conduct interpersonal communication, social mobilization and community-level monitoring activities. Through these efforts, 411,383 households were visited and 1,791,440 people were reached directly, including 1,057,720 women.

Community engagement was further strengthened through 28 advocacy meetings at health-district level and 754 meetings at community level, mobilizing more than 9,643 leaders, decisionmakers and community actors. The engagement of administrative, health, religious and community leaders contributed to creating an enabling environment for community acceptance and uptake of vaccination activities.

To maximize the reach of key messages, strengthen access to reliable information and promote community engagement, the response used a complementary mix of communication channels. Fifty-six community radio stations broadcast 2,466 spots and micro-programmes and hosted 42 interactive programmes. Religious leaders disseminated awareness messages across 1,781 places of worship, while community outreach activities covered 5,966 villages, 436 markets and 888 public spaces. In parallel, 788 social media posts generated more than 60,000 views.

Efforts to address vaccine refusal and hesitancy yielded significant results. All 15 identified cases were resolved through coordinated engagement by community and religious leaders and health workers, resulting in the vaccination of 55 previously missed children. Community engagement also strengthened disease surveillance through the identification and reporting of five suspected Acute Flaccid Paralysis (AFP) cases.

Since January 2026, UNICEF-supported community platforms have enabled 257,671 people to participate in community dialogues on issues affecting children and families, representing 57 per cent of the annual target of 450,000 people. Over the same period, 1,044 people raised concerns, asked questions or provided feedback through established feedback mechanisms. These mechanisms strengthened two-way communication between communities and humanitarian actors and helped ensure that community concerns were better reflected in the adaptation of humanitarian interventions.

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, the HCT streamlined coordination structures, reducing clusters from 11 to 7 and integrating all Areas of Responsibility (AoRs), including Child Protection, GBV and Mine Action, under the Protection Cluster. UNICEF continued to lead the Nutrition, WASH and Education clusters, but coordination capacity was significantly affected by UNICEF's 2025 global restructuring, which discontinued dedicated Cluster Coordinator and Information Management Officer (IMO) positions. Coordination responsibilities were reassigned to Chiefs of Section, while an exit strategy sought to preserve core Child Protection functions. Although this dual-hatting model cannot fully substitute dedicated coordination capacity, UNICEF Mali is strengthening the WASH and Nutrition clusters through the recruitment of dedicated national Cluster Coordination and IMO positions to sustain effective leadership, coordination performance and results delivery. To address remaining gaps more sustainably, the Country Office has proposed dedicated coordination and information management capacity for all three UNICEF-led clusters under the 2027-2031 Country Program Document (CPD). Sustained and flexible funding remains critical to maintain minimum coordination capacity, strengthen evidence generation, and ensure timely, consistent and high-quality information sharing. UNICEF also actively contributed to key inter-agency mechanisms, including the PSEA, Gender in Emergencies and Humanitarian Access Working Groups, in line with its AAP commitments, 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 2026 National Multi-Hazard Contingency Plan with the DGPC and the development of the 2026 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.

UNICEF Mali and its partners continued to advance humanitarian access and localization as mutually reinforcing priorities. Through the localization-based access strategy (SABL), rolled out in Bandiagara, Douentza, Kidal and Timbuktu across 17 communes, and covering 358 particularly hard-to-reach villages, UNICEF worked with local NGOs, technical services, local authorities and community actors, supported by one community monitoring focal point per village. This approach established and sustained humanitarian access in 286 villages (80 per cent of those targeted) and enabled around 30,000 children to receive integrated health, nutrition, water, education and child protection services. UNICEF also strengthened the capacities of staff, partners and community actors in humanitarian access and negotiation, reinforcing principled engagement, conflict sensitivity and local mediation, while supporting government-led coordination and evidence-based dialogue to inform priorities for sustained access and continuity of essential services. On 29–30 September, the National Directorate for Social Development (DNDS), with support from UNICEF's Regional Office (RO) and Country Office and OCHA, convened nearly 100 government, humanitarian and community representatives to review the findings of the strategy's after-action review. The review confirmed the strategy's contribution to establishing and sustaining access through local actor engagement and digital community-based humanitarian monitoring. Participants recommended a phased, context-specific scale-up underpinned by seven priority measures to strengthen operational efficiency, institutional ownership and continuity of essential services. Expansion to six additional regions (Gao, Ménaka, Mopti, Ségou, Nara and Nioro) remains subject to operational and financial feasibility assessments. To lay the groundwork, the Country Office, with RO support, is organizing a training of trainers on humanitarian

negotiation to build regional pools of trainers and, ultimately, a broad network of community leaders engaged in mediation to facilitate and sustain access.

Regarding supply and logistics management, insecurity, armed group blockades and broader logistical constraints have significantly disrupted Mali's supply chain, particularly nutrition deliveries to Kayes, Kita and Nioro, with Diéma and Nioro remaining inaccessible. Mitigation measures included rerouting for customs clearance and prepositioning supplies in Kayes and exploring UNHAS air transport, with landing authorization secured for Kayes but not Nioro. Overall, 7,650 cartons of RUTF were reported distributed to 298 health facilities, while 19,890 cartons remained prepositioned at the DRS, equivalent to an estimated five-month supply. The number of containers delivered remains under verification due to differing operational reports. Rising transport costs and security-related disruptions placed significant pressure on supply operations. Air transport to Mopti cost up to USD 25,000 per 200 kg of RUTF, international freight costs increased by 25–40 per cent, and truck immobilization costs tripled after the 25 April attacks. UNICEF mitigated these challenges through advanced prepositioning, strengthened coordination, alternative transport routes and strategic buffer stocks in Mopti, Timbuktu and Gao. While 54 per cent of planned shipments experienced delays and sea cargo lead times increased by 30 days on average, UNICEF still delivered US$4.0 million in programme supplies and prevented major stock-outs of critical commodities, ensuring continuity of essential services for vulnerable communities.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Media Coverage

UNICEF Mali was mentioned 40 times in national and international media. Coverage highlighted UNICEF-supported results in education, nutrition, child protection, emergency response, and social protection. Ahead of the 1 October school reopening, media reports underscored the impact of more than 2,444 school closures on children's learning and teachers. Coverage also highlighted UNICEF's efforts to prevent and detect malnutrition, promote the inclusion of persons with disabilities through joint advocacy with the Government, WFP and GIZ, and strengthen child protection through training on explosive ordnance risk awareness in conflict-affected areas.

- Human interest stories

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 JANUARY 2027

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)[8]								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	1.5 million	1.3 million	▲ 25%	1.8 million	-	0%
Children vaccinated against measles, supplemental dose	Total	-	73,057	81,625	▲ 41%	73,057	81,625	▲ 51%
Nutrition[9]								
Children 6-59 months with severe wasting admitted for treatment	Total	391,000	202,575	146,105	▲ 35%	180,441	128,441	▲ 30%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	511,311	359,288	462,803	▲ 43%	305,757	462,803	▲ 51%
Children 6-59 months receiving micronutrient powder	Total	590,033	137,955	57,621	▲ 19%	117,411	57,621	▲ 22%
Child protection and GBViE[10]								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	306,200	67,289	▲ 4%	-	-	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	186,867	42,983	▲ 8%	-	-	-
Children who have exited armed forces and groups provided with protection or reintegration support	Total	-	450	150	▲ 21%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	2,250	995	▲ 32%	-	-	-
Children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Total	-	75,537	45,838	▲ 29%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	176,990	47,070	▲ 19%	-	-	-
Education[11]								
Children accessing formal or non-formal education, including early learning	Total	-	250,000	48,696	▲ 6%	306,299	67,972	▲ 5%
Children receiving individual learning materials	Total	-	700,000	39,281	▲ 3%	750,087	62,471	▲ 3%

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	3,725	▲ 134%	18,900	5,732	▲ 20%
Water, sanitation and hygiene[12]								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	376,927	40,942	▲ 5%	834,392	68,700	▲ 6%
People accessing appropriate sanitation services	Total	-	42,500	1,700	▲ 4%	150,000	6,519	▲ 1%
People reached with critical WASH supplies	Total	-	226,927	34,488	▲ 6%	1.7 million	68,700	▲ 1%
Social protection								
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	176,530	-	0%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
People engaged in reflective dialogue through community platforms	Total	-	450,000	257,671	0%	-	-	-
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 September 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	1,001,508	-	-	13,076,492	93%
Nutrition	23,787,000	4,941,022	-	13,700,453	5,145,525	22%
Child protection, GBViE and PSEA	20,010,000	1,021,762	-	1,275,892	17,712,346	89%
Education	29,452,000	1,166,980	-	12,262,661	16,022,359	54%
Water, sanitation and hygiene	12,344,000	2,879,092	-	-	9,464,908	77%
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	1,384,909	-	226,280	3,378,811	68%
Total	**109,133,000**	**12,395,273**	**0**	**27,465,286**	**69,272,441**	**63%**

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. National Access Working Group – Sept 2026

5. Mali DTM, September 2025

6. UNICEF Mali HAC 2026

7. Analyse de Protection. Cluster Protection, Mali Juillet 2026 UNICEF Mali HAC 2026

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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.