

Mali

Consolidated Emergency Report 2018



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List of Acronyms

C4D	Communication for development
CCC	Core Commitments for Children
CER	Consolidated Emergency report
CERF	Consolidated Emergency Response Fund
CMAM	Community Based Management of Acute Malnutrition
CPD	Country Program Document
CPiE	Child protection in emergencies
CPMS	Child Protection Minimum Standards in Humanitarian action
DNPEF	Direction Nationale de la Promotion de L'Enfant et de la Famille
EiE	Education in emergency
ERP	Emergency Response Plan (ERP)
ERW	Explosive Remnants of War
EU	European Union
EVD	Ebola virus disease
GBV	Gender based violence
HAC	Humanitarian Action for Children
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDPs	Internally Displaced Persons
IED	Improvised explosive device
MAM	Moderate Acute Malnutrition
MINUSMA	United Nations Multidimensional Integrated Stabilization Mission in Mali
MoE	Ministry of Education
MRE	Mine Risk Education
MRM	Monitoring and Reporting (MRM)
NGO	Non-governmental organization
ORS	Online Reporting System
SAM	Severe Acute Malnutrition
SAP	Système d'Alerte Précoce
SMART	Standardized Monitoring and Assessment of Relief and Transitions
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency

Map of Mali



1. Executive Summary

Despite significant progress since the signing of the Algiers Peace Agreement in Mali in 2015, the protracted conflict has led to a continuous deteriorating security and humanitarian situation in 2018. As in most crises, children and women in Mali are the most affected by displacement, adverse weather conditions, commodity price fluctuations, and a food and nutritional crisis. As of December 2018, some 120,298 people¹ remain internally displaced in Mali mainly due to armed conflict. The Multiple Overlapping Deprivation Analysis (MODA) conducted in 2018, under the lead of the Ministry of Economy and Finance with UNICEF support, showed that more than half (55.8 per cent) of children in Mali suffer from at least three forms of deprivations and 24 per cent of children between 5-14 years of age are simultaneously deprived of water, hygiene and shelter. The geographic distribution of child poverty has shifted: the highest number of deprived children now live in Mopti and Segou, rather than Mopti and Sikasso as was the case in the previous multidimensional child poverty analysis.

In August 2018, President Ibrahim Boubacar Keita was re-elected for a second five-year term. The elections were held in accordance with the electoral calendar and without major security incidents, despite some challenges in some parts of the country. Local and parliamentary elections were again postponed to 2019. Following the presidential election, a new cabinet was appointed with 34 per cent women representation, including the Minister of Foreign Affairs.

The humanitarian situation in Mali continues to deteriorate. Insecurity, which has spread from the Northern regions to the central region of Mopti and certain areas of Segou (Macina and Niono), affects the mobility of people and disrupts both their livelihoods and access to services such as drinking water, health and education. Clashes between armed groups and intercommunity violence continue to cause great internal population displacement requiring humanitarian assistance and protection services.

About 5.1 million people, nearly one third of the total population, live in the areas affected by the conflict and insecurity. Food insecurity affects nearly one in five Malians². In June 2018, during the lean season, some 4.1 million people, or more than one in five Malians, faced serious food insecurity and needed humanitarian assistance, including 795,000 people who faced severe food insecurity who required immediate assistance. This represents an increase compared with the same period in 2017, while 3.8 million people were food insecure, confirming the trend observed since 2016 (3 million). Other sectors are also presenting an increase in the people needs of humanitarian assistance. This is particularly the case for protection clusters (950,000 against 590,000 in 2017) and Education (306,000 against 220,000 in 2017).

As a result of the food and nutrition crisis in the Sahel, an estimated 274,145 children were expected to require treatment for SAM, an increase of over 60 per cent compared to the original estimated burden of 165,000 children. These conflict-affected areas in the northern and central parts of the country exhibited the highest levels of Severe Acute Malnutrition. The situation is particularly serious in the regions of Timbuktu and Gao, where more than 15 per cent of children under five suffer from

¹ IOM's Commission on Population Movement (CMP), 17 January 2019

² 2018 Humanitarian Needs Overview

malnutrition, from "serious" to "critical" according to the scale of WHO classification. These children are nine times more likely to die in case of illness, because of an immune system weakened. The limited access to essential services and limited state presence and capacity in both the north and center still drive the bulk of humanitarian needs. An estimated 908,000 people required support in water, hygiene and sanitation while 1.7 million needed access to health assistance.

UNICEF strategy was in line with the interagency humanitarian response planned strategy³ that revolved around three objectives: 1) deliver humanitarian assistance to the most vulnerable populations living in areas affected by conflict; 2) to reinforce access to basic social (education, nutrition, health, water) and protection services for the most vulnerable population; and 3) reinforce the livelihoods and resilience capacities of the most vulnerable, as well as overall emergency preparedness.

Access to some areas by UNICEF and the humanitarian aid community to the northern parts of the country (particularly in Menaka) and Centre (Douentza in Mopti) among others has continuously been hindered by the now prolonged and multifaceted humanitarian crisis.

Humanitarian access remains a challenge in the northern (Menaka) and the central (Mopti, Segou) regions, characterized by unprecedented levels of criminal incidents affecting humanitarian workers. Incidents analysis shows that armed groups parts in the conflict do not target humanitarian actors. The MINUSMA remains a recurrent target for non-state armed group attacks, along the Malian and international security forces. However humanitarian actors are increasingly targeted by criminals especially for carjacking and robbery of their assets, offices or houses. A worrying trend of increased violence use during these incidents has been observed. Another challenge hindering humanitarian assistance delivery in the north and center of Mali, consists in the slow redeployment of authorities and government technical services in the north. Moreover, logistical constraints such as poor weather conditions rendering roads in the Niger Delta, Mopti and Segou impassable during the rainy season further complicate access.

The decision by the Malian Army Chief of Staff, to ban movements in picks up and motorcycles in Timbuktu, Mopti and Segou regions, last February 2018, has limited the displacement of humanitarian actors and their ability to operate in these areas. It also hindered the community's freedom of movement and for instance deprived many farmers of the opportunity to access their lands to cultivate them during the 2018-2019 crop year, potentially exposing them to increased risk food insecurity.

UNICEF in Mali, together with partners, including national counterparts, as well as international and local NGOs, continue therefore to play a critical role to respond to humanitarian needs and facilitate access to quality basic social services for the crisis-affected population in the north and other vulnerable groups by linking humanitarian to recovery and development programs. In this context, UNICEF as the rest of the humanitarian community, has overcome various issues including humanitarian access, inadequate levels of flexible humanitarian funding, partnerships in terms of resources available and capacities, to be able to deliver relief programs to the communities affected by a humanitarian situation in Mali.

UNICEF also continues to support disaster preparedness for flooding and epidemic outbreaks. In line with its mandate, UNICEF in Mali, is committed to strengthen the nexus between humanitarian response and development, delivering its humanitarian programme to vulnerable children and women while also addressing, underlying risks and vulnerabilities for the long term. UNICEF Mali actions this through the HNO/HRP processes, as through its cluster leads in Nutrition, WASH, Education and Child protection, by promoting integrated humanitarian-development planning and programming.

³ 2018 Humanitarian Response Plan

Despite the complex access and deterioration of security in the center and the north, thanks to strong field presence with 5 fully staffed field offices, UNICEF and its partners programmed a wide array of lifesaving multisectoral activities, drawing on alternative solutions to access remote areas and build greater community acceptance.

The Mali inter-agency Humanitarian Response Plan amounted to a total requirement of US\$ 329.6 million, against which some US\$ 185.6 million were funded representing a 56.3 per cent funding rate. Despite the support received, important disparities among sectors have been noted, especially when it came to Protection (only 11 per cent funded) and WASH (only 18 per cent funded). The international community's attention directed to security and stabilization has, at times, been to the detriment of development and humanitarian investments. Advocacy to re-balance the investments and to place children and young people at the centre of a transformative agenda for peace and Key Results for Children (KRCs) continued with the Government, partners and member states. Similarly, UNICEF in Mali appealed for US\$ 43.8 million to sustain response efforts to humanitarian needs and facilitate access to quality basic social services for crisis-affected populations in the north and center of the country. As at 31 December 2018, UNICEF presented a 53 per cent funding rate, with the most urgent funding needs in Health (13 per cent funded), Child Protection (15 per cent funded), WASH (17 per cent funded). Lower funding support levels in WASH in particular, impeded UNICEF capacity to provide an integrated assistance package to tackle severe acute malnutrition.

As of 31 December 2018, UNICEF had US\$21.5 million available against the US\$43.8 million appeal (47 per cent funded). UNICEF also used over US\$5.4 million from its core resources to support key WASH and education humanitarian interventions over the course of the year⁴. To overcome insecurity and access constraints in conflict-affected regions, UNICEF collaborated with line ministries and local non-governmental organizations and drew on a high level of community acceptance. To strengthen the nutrition surveillance system and closely monitor the nutrition situation, 42 sentinel sites⁵ were supported across the country. Nearly 234,780 people benefited from temporary and permanent drinking water services, and nearly 6,700 children in the northern and central regions received WASH kits accompanied by hygiene promotion sessions. With UNICEF support, nearly 510,000 children were vaccinated against polio. UNICEF conducted strong advocacy in communities and with local leaders on a child's right to learning and the reopening of schools and reached nearly 52,400 crisis-affected children with learning materials. Over 14,000 children benefited from psychosocial support through seven child-friendly spaces. As a key humanitarian stakeholder, UNICEF strongly advocated for upholding humanitarian principles and respect for humanitarian space to maintain and improve access and service delivery to affected populations.

The Global Humanitarian Thematic Funds (GHTF) were instrumental to ensure UNICEF's ability to support the Government of Mali to provide a multisectoral humanitarian programme in Mali, in the backdrop of a chronically underfunded and in the backdrop of a chronically underfunded and soon-to-be-forgotten humanitarian crisis.

⁴ Due to the absence of humanitarian resources and the request from certain donors to restrict funding to particular regions, regular resources had to be used for the emergency response. Education received only US\$1.5 million out of the US\$7.4 million planned.

⁵ Sentinel sites were established for nutrition surveillance, to monitor, on a monthly basis, the trends in the nutritional status of children aged 6 to 59 months (given their vulnerability to malnutrition) and take prompt actions to adjust the response.

Without the Global Humanitarian Thematic Funds (GHTF), UNICEF in Mali would simply have not been able to provide children living in conflict-affected areas, and their communities in Mali with health and Education humanitarian programmes. If not for this critical funded support, both of these underfunded sectors would have not received any funds in 2018.

2. Humanitarian Context

In 2018, the humanitarian context in Mali remained worrisome with the continuing deterioration of the security situation in the northern and central regions of the country. A combination of unprecedented levels of intercommunal conflicts, a steep increase in banditry including incidents targeting humanitarian actors, and the many armed groups dynamic operations, is threatening the protection and safety of the population. Insecurity on major roads also impedes movements and humanitarian access.

In 2018, Mali was ranked 18th most insecure country out of 191 according to the Risk Management Index (INFORM). Most Malian regions are classified very high risk (Gao, Timbuktu and Mopti) or high risk (Kidal, Ségou, Sikasso, Koulikoro). Only Kayes and Bamako regions are considered medium risk. In addition to internal conflicts, growing regional insecurity marked by the recent developments in neighboring Burkina Faso and Niger also impacted Mali. Insecurity has spread rapidly across borders, with consequences ranging from the forced displacement of local communities to the erosion of both state authority and basic social services.⁶ For this reason, the international community has stepped up its support for the deployment of the sub-regional G5 Sahel Force that started its security activities in 2018.

Almost one third of Mali's population lives in conflict-affected areas⁷. The deteriorating security has caused unprecedented levels of erratic internal population movements, tripling the number of internally displaced people (IDPs), as well as a sharp increase in humanitarian and protection needs. At the end of 2018, 120,298 individuals⁸ were displaced compared to the 38,172 people displaced⁹ at the same period last year. It is estimated that 53 per cent out of them, were children (36,088 girls and 27,669 boys) and 23 per cent women (30,075). Timbuktu, Mopti, Menaka and Segou were the regions most affected by population movements. New displacements continue to be reported due to inter-communal conflict, insecurity and clashes or the prospect of a possible clash between armed groups. The main priority needs for IDPs and their host population include shelter and non-food items. In addition, 136,008 Malian are still refugees in neighboring countries¹⁰.

An estimated 4.1 million people were in need of humanitarian assistance, out of whom, more than half were children.¹¹ Over 1.7 million had no access to health services, 900,000 people were deprived of water, hygiene and sanitation, and an estimated 800,000 people (87 per cent children) were estimated

⁶ Report of the Secretary General, Situation in Mali. September 2018

⁷ OCHA Humanitarian Needs Overview, 2018

⁸ IOM's Commission on Population Movement (CMP), 17 January 2019

⁹ IOM's Commission on Population Movement (CMP), 25 January 2018

¹⁰ UNHCR Operational Portal on refugees' situation -

<http://data.unhcr.org/SahelSituation/country.php?id=501>

¹¹ OCHA Humanitarian Needs Overview, 2018

to have suffered from acute malnutrition. Furthermore, over 950,000 children were deprived of any forms of protection, while a large number were denied access to education.

Overall, violence against civilians increased dramatically, with the number of fatalities (882) tripling, in comparison with 2017 (252). Of the 882 fatalities recorded, 545 (62 per cent) occurred in the centre of the country (Mopti: 498; Segou: 47), with a high number of children among the victims. With regards to improvised explosive devices, a total of 249 civilian casualties were reported compared with an annual average of 80 in both 2016 and 2017.¹² Additionally, inter-community and inter-ethnic conflicts have worsened in the centre of the country, where numerous conflicts between nomadic pastoralists (Fulani) and farmers and fishermen (Dogons, Bamanan and Bozos) were reported, leaving dozens dead and hundreds displaced.

The deteriorating security situation continued to have a negative impact on children and adolescents, including girls, who were exposed to serious violations of their rights, and a degradation of their physical and psychological conditions. Child rights abuses perpetrated by parties to the conflict rose by 7 per cent. Child recruitment and association with armed groups remains a growing concern. In terms of gender based violence (GBV), Mali has one of the highest rates of child marriage worldwide with 48.9 per cent of girls married before the age of 18, a major infringement of the rights of the girl child, with widespread consequences for future generations. Child marriage, together with the criminalization of female genital mutilation / cutting (FGM/C) and of violence against women forms part of a draft law prepared by the Ministry for the Protection of Women and promotion of Children and Family, awaiting approval by the Government.

Conflicts across the country left 716 schools closed because of insecurity at the beginning of the current school year in October 2018, affecting 214,800 children, compared to 500 schools closed at the same point in 2017. With 62 per cent of schools closed, the region of Mopti, located in the centre, had the highest number of schools closed in the country. This is in addition to over 2 million children aged 5 to 17 years old who are out of school countrywide.

Access to basic healthcare services, including mobile clinics, in the north and centre gradually deteriorated, leaving for 1.7 million people more vulnerable to epidemics and diseases.¹³ Access to emergency obstetric and neonatal care remained low or non-existent in some areas. With regards to measles outbreaks, as of 02 December, there had been a total of 1,577 suspected cases; 1,013 samples were examined, of which 413 were positive and 600 negative.

Mali also experienced natural disasters, namely droughts and floods, which affected the provision of basic social services, including shelter, health care, education, food assistance, water and sanitation. Scarce and erratic rainfall left 4.1 million people in need of food and nutrition assistance, of whom 58 per cent were children, and caused massive economic migration from the north to the south. Floods also impacted the regions of Timbuktu, Segou and Koulikoro, damaging 5,262 houses and affecting 70,700 people. Some 1,554 hectares of crops were destroyed and livestock killed leading to serious risk of food insecurity and malnutrition.

¹² OCHA - cellule de coordination civilo-militaire, January 2019

¹³ Idem

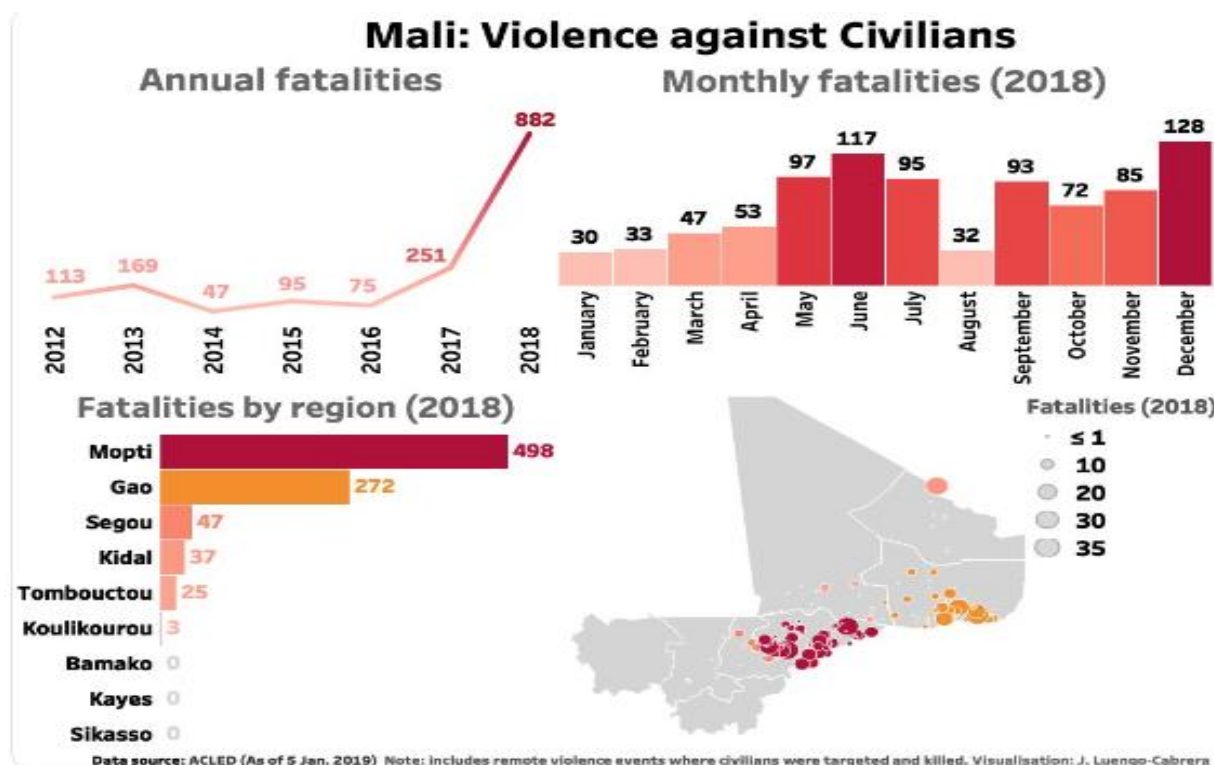
Global acute malnutrition (GAM) and severe acute malnutrition (SAM) remained stable at 10 per cent and 2 per cent respectively, signalling a continuous crisis in 2018.¹⁴ The conflict-affected areas in the northern and central parts of the country exhibited the highest levels of SAM. Significant deterioration of food security was recorded in Kayes, Segou, Mopti, Gao, Timbuktu and Kidal. Estimates show an increase of 32 per cent in the number of people in crisis during the lean season (June to August), compared to the same period of 2017.

As a result of the food and nutrition crisis in the Sahel, an estimated 274,145 children were expected to require treatment for SAM, an increase of over 60 per cent compared to the original estimated burden of 165,000 children. As of end December, 124,388 children had been treated for SAM with 9,960 children admitted with medical complications (according to incomplete data). The limited capacity of the health system to detect early and refer acute malnutrition cases to outpatient and inpatient facilities is a major bottleneck to the timely management of medical complications of SAM, resulting in higher case fatality rates in some health districts.

In 2018, Humanitarian actors continued to play a critical role in supporting life-saving interventions, by re-establishing basic social services and reinforcing social cohesion through peace building at the community level. The Humanitarian community included UNICEF, contributed to priorities capacity building of communities to respond to and be resilient to crises, including natural hazards and conflict.

Furthermore, humanitarian access constraints still prevail, be it for the humanitarian staff to reach the affected populations and communities or for the latter to reach humanitarian services. Main hindering factors include armed groups attacks and operations that can delay humanitarian response, criminal acts against humanitarian personnel, goods and infrastructure, inadequate public service personnel and insufficient logistical means. Another threat looming on access, is the presence of mines and unexploded ordnance as well as to less risky environmental constraints, such as floods or impassable roads during the rainy season. In 2018, incident analysis shows that bandits/ criminal for physical assets, especially for their vehicles, primarily target humanitarians. Most incidents were burglaries and vehicle theft. However, there is a trend towards the increasing use of violence in these incidents. Of note, crime prompted six international NGOs to temporarily suspend their operations in the city of Menaka in June 2018.

¹⁴ SMART survey, conducted in 2018



Similarly, 2018 was marked by formal movement restrictions in certain areas. Since 1 February 2018, it is forbidden to drive on motorbikes and pick-up trucks in certain circles in the regions of Segou and Timbuktu and throughout the Mopti region. This ban also limits the movement of humanitarian actors and hampers their ability to operate in these areas.

Faced with all these constraints, humanitarian actors work to strengthen their joint analysis and mitigating strategies. Collaboration with communities is strengthened to determine their needs and the best intervention modalities. Greater levels of community's engagement and involvement, at all stages of the response including in humanitarian interventions, will lead to improved acceptance of humanitarian workers and thus facilitate access.

Despite the complex access and deterioration of security in the centre and the north, thanks to strong field presence with 5 fully staffed field offices, UNICEF and its partners programmed a wide array of lifesaving multisectoral activities, to draw up alternative solutions and build greater community acceptance which enabled them to access remote areas, and deliver lifesaving assistance. Despite tensions (intercommunity, armed group, criminality) UNICEF maintained a high level of access while ensuring the security of its staff, assets as well as partners. UNICEF together with the rest of humanitarian partners continue to relentlessly advocate for the upholding of humanitarian principles and space.

With regards to humanitarian leadership and coordination, the Ministry of Solidarity and Humanitarian Action has the primary role with regards to humanitarian coordination, assistance and protection of the affected population. In support of this Ministry, the Humanitarian Coordinator, who holds 4 functions in total including Resident Coordinator, DSRSG MINUSMA, and UNDP Representative, leads the coordination of the Humanitarian Country Team (HCT), supported by OCHA. The HCT is composed of representatives of UN agencies, NGOs and donors, while the Red Cross Movement participates as observers.

In June 2018, the Security Council in SCR 2423 (2018) – OP 29 & 71 – requested the Secretary-General to develop an Integrated Strategic Framework (ISF) setting the overall vision and joint priorities of the UN for sustaining peace in Mali to support to the implementation of the Peace Agreement. The resolution also requested that the ISF ensured an efficient division of tasks between the Mission and the UNCT based on established mandates, complementarity and comparative advantages, and that it contained a transition plan with a view to handing over relevant tasks to the UNCT based on their capabilities. The ISF has been drafted and endorsed early in 2019.

3. Humanitarian Results

In 2018 UNICEF and partners planned to continue responding to humanitarian needs and facilitate access to quality basic social services for crisis-affected populations and other vulnerable groups. In line with the 2018 Mali HRP strategy, UNICEF focused on emergency response and the search for durable solutions. UNICEF in Mali, strategy for basic services provision was to support the expansion of SAM treatment, implemented integrated interventions in health, education and water, sanitation and hygiene (WASH), and reinforce the coordination capacities of national counterparts.

Nutrition

In 2018, UNICEF nutrition programme aimed to reach 274,145 children with severe acute malnutrition. UNICEF strategy of intervention in nutrition focused on technical and financial support to the Ministry of Health's integrated management of acute malnutrition program, by supporting the implementation of a package of nutrition specific and sensitive interventions including Early Childhood Development (ECD) and Infant Young Children Feeding (IYCF) activities at health facilities and within communities. A particular focus was put on strengthening the health system and building the capacities of communities in view of strengthening their resilience to economic, epidemiologic, and environmental shocks that lead to nutrition crises.

UNICEF in collaboration with other partners supported the Government of Mali for the adequate implementation of the national integrated response plan to the agro-pastoral crisis in the Sahel, both through direct agreement with the health districts, and agreements with the NGO (IEDA in the north, ACTED and COOPI in the center) in the most vulnerable areas. Overall in 2018, a total of 124,388 children under 5 with Severe Acute Malnutrition(SAM) was admitted out of the 274,145 targeted cases (47per cent) for the burden Upper Confidence Interval, but for the first planned Burden the reached percentage is 79 per cent . This difference is due to the harmonization of burdens as part of the response to the pre-announced nutritional and food crisis in the Sahel in 2018. In addition, 5,527,457 children from 6 to 59 months were supplemented with vitamin A in October.

At national level, Integrated Management of Acute Malnutrition(IMAM) performance indicators are within the SPHERE standards with 92per cent of full recovery.

In 2018, UNICEF also provided technical and financial support for the implementation of 54 Sentinel Sites to monitor case trends in the most vulnerable areas in order to have routine reliable information for nutrition surveillance and identify early isolated nutritional crisis. Hence, the sentinel sites reinforce the nutritional surveillance system and contribute to take prompt actions to adjust our response. In addition, UNICEF Mali, in collaboration with the Nutrition Division of the Ministry of Health, the National Institute of Statistics (INSTAT) and other technical and financial partners (FAO, WHO and WFP) has

conducted the 2018 national nutrition SMART survey with a view to allowing a more in-depth analysis of the determinants of maternal and child malnutrition. The survey data showed a relatively limited decreasing trend in the prevalence of acute malnutrition, from 10.7 per cent in 2017 to 10 per cent in 2018, including in Sikasso (from 9.2 to 7.5 per cent), but also an increase in Mopti (from 5.6 to 8.9 per cent). This reduction was primarily due to a drop in the prevalence of severe acute malnutrition (SAM), which decreased from 2.6 per cent in 2017 to 2.0 per cent in 2018, particularly in Bamako, Sikasso and Kayes. Despite some positive trends, Mali is experiencing a continuous and stable crisis.

UNICEF leads the multisectoral Nutrition Cluster coordination and this opportunity was used to influence major decisions and actions for children and women. With key partners (ECHO, the EU Delegation, Canada, World Bank, USAID, WHO, WFP), joint advocacy for a gradual increase (still to materialize) in the allocation of the national nutrition support budget was successfully undertaken.

Water, Hygiene and Sanitation

Water access in the central and northern regions remains critical due to long lasting under-investments in the sector that have been aggravated since 2012 by the conflict. Community resilience capacity and coping mechanisms are decreasing year after year and provoking seasonal displacements for water access and creating new humanitarian needs. The WASH sector in Mali is facing a real challenge to address both structural needs and humanitarian needs while trying to create bridges between the two types of interventions.

In 2018, UNICEF WASH humanitarian intervention aimed at reaching 82,600 people affected by the conflict in the north with access to safe water in addition to 6,000 caregivers of acutely malnourished children benefited from WASH kits and sensitization on good hygiene practices. The WASH humanitarian strategy consists of a three-pronged approach, (i) Providing drinking water to the population at community level, through the rehabilitation and construction of water systems, the promotion of hygiene practices and the strengthening of water management systems; (ii) Providing the full WASH package to health centres and schools; (iii) Supporting nutrition interventions by ensuring that caregivers of acutely malnourished children receive sensitization on proper hygiene practices and provided with water treatment and hygiene kits.

These three approaches aim at improving the health, education and nutritional status of IDPs and host communities affected by the conflict in the north. Short term assistance in WASH will be also provided to peoples who will be affected by floods, cholera outbreaks, and other potential disasters. Diarrheic diseases prevention through hygiene promotion in areas at risk of cholera outbreaks and areas with high malnutrition rates will also be undertaken. The strategy also focused on capacity building of government partners and local communities on the sustainable management of the water infrastructures. In 2018, UNICEF contributed to address water access and needs in emergency situation following man-made or natural crisis as well as to build population resilience through structural WASH support in the highly fragile context of the north regions.

UNICEF and partners are developing a nexus approach to efficiently channel donors' contributions and government investments to support population resilience in this highly fragile context. However, the nexus approach is still hindered by Humanitarian donor's means focusing on solely emergency lifesaving activities while Development donors are remaining cautious to finance structural programs in this highly volatile context.

In 2018, UNICEF provided water to 234,780 people in emergency situations following human-made or natural crises. The agency helped build population resiliency through structural WASH support in central and northern regions. This figure includes 53,600 people who gained access to improved water sources and 181,180 people who benefited from short term distribution of household water treatment products and water trucking. The latter figure includes 6,691 severely acutely malnourished children and their families (40,146 people) who received water treatment kits to improve recovery of SAM-affected children.

UNICEF as the lead agency for the Inter-Agency Standing Committee WASH cluster organized a forum and workshop in Kidal to assess the status of water access in the region which aimed at readjusting the WASH in nutrition national strategy.

The WASH sector, including both UNICEF and the wash partners, is largely underfunded, presenting a critical funding gap of 82 per cent against the interagency HRP appeal, while internally the WASH programme was 83 per cent underfunded against the HAC 2018. This lack of funds is limiting partners' ability to provide an integrated package of WASH in nutrition assistance or to meet the increasing humanitarian needs of the displaced population living in conflict affected areas. UNICEF with WASH stakeholders is advocating for stronger investments by donors to be able to meet the humanitarian WASH needs of population of central and north of Mali.

The prevailing insecurity and limited access remain important challenges to ensure proper implementation and monitoring. To address this, UNICEF works in close collaboration with local implementing NGOs and local leaders and has set up additional monitoring mechanisms such as third-party monitoring to better keep track of progress.

Health

Health intervention planned to target 349,000 children under 5 through vaccination against measles and 418,900 children under 5 reached in each round of the polio campaign in the three northern regions.

In 2018, UNICEF and partners emphasis remained focused on delivering life-saving interventions to address vaccine-preventable diseases, including immunization campaigns and the provision of essential medicines, while building capacity at the local level. With improved access to health facilities, UNICEF supported the implementation of a national polio campaign and vitamin A supplementation and deworming and continued to support routine immunization through the cold chain strengthening and maintenance.

Capacity building efforts to implement life-saving interventions continued in the conflict-affected regions. The extension and strengthening of the cold chain in Timbuktu, Taoudenit, Kidal, Menaka, Gao and Mopti with the deployment of 94 solar refrigerators allowed for the resumption and extension of immunization activities in remote areas.

Overall in 2018, 1,613 suspected cases of measles were notified, including 413 laboratory-confirmed cases. In response, localized vaccination activities were conducted, reaching 6,967 children. A total of 509,685 children under-five were reached by each round of polio campaign, while another 100,681 were vaccinated against measles.

In Mopti and Timbuktu, two rounds of integrated seasonal malaria chemoprevention (SMC) and active screening of acute malnutrition were conducted in 41 districts. As a result, 537,909 children aged 3 to 59 months (85 per cent) received SMC, while 1,402,671 children aged 6-59 months (60 per cent) were

screened for malnutrition. 41,745 acute malnutrition cases and 9,020 SAM cases were identified. In addition, the mid-upper-arm circumference by mothers' approach reached 19,198 mother-child pairs in one health district allowing the identification and referral of 2,806 cases of moderate acute malnutrition and 520 SAM cases.

Furthermore, thanks to UNICEF support, nearly 5 million (99 per cent) children aged 6-59 months received two doses of vitamin A supplement. Despite these good results, the heavy reliance on national and local polio campaigns for delivery is a major threat to the programme, as polio campaigns are being phased out and stand-alone supplementation campaigns remain too costly to be sustainable.

Child Protection

In 2018, UNICEF child protection in emergency intervention aimed to reach an estimated 40,000 children with psychosocial support through child-friendly spaces; 580 children released from armed groups reached with reintegration support, 300 unaccompanied and separated children provided with interim care or reunification and reinforcing the Monitoring and Reporting Mechanism.

UNICEF in collaboration with implementing partners, provided prevention and response services including medical, psychosocial support, interim care, and reintegration to more than 14,020 children (53 per cent girls).

One 107 children (five girls) formerly associated with armed groups and released 'informally' received services including medical, food, psychosocial, education while in interim care. Only 28 of the 107 children were reunified with their families. Since few children were released through the Disarmament, Demobilization and Reintegration process, alternative strategies are being used through engaging with local communities and influential leaders to sensitize and negotiate with armed groups. Thanks to UNICEF advocacy with the antiterrorist and justice authorities, 21 children suspected of association with terrorist groups detained in Mopti, were released and transferred to child protection authorities for interim care pending family reunification.

In addition, 178 unaccompanied children (59 girls) were provided with care, family reunification and follow-up in collaboration with the International Committee of the Red Cross, the Local Red Cross and the regional child protection committees. Furthermore, 14,020 vulnerable children (7,293 girls) were provided with community based psychosocial support in child friendly and safe spaces in Gao, Timbuktu, Kidal and Mopti. A total of 73 girls, survivors of conflict-related GBV received health and psychosocial support.

UNICEF strengthened capacities of partners engaged in the Monitoring and Reporting Mechanism to monitor and report incidents of child rights violation. In total, 500 incidents including recruitment and use, sexual violence, abduction, killing and maiming of children were documented and reported through the Global Horizontal Note.

Following the deployment of nearly 1,400 units of G5 Sahel in Mopti, UNICEF in close collaboration with MINUSMA, engaged in advocacy that resulted in the inclusion of Children and Armed Conflict modules in the training of Joint Forces. Handover protocols for the transfer of children associated with armed groups and a directive on the protection of children during military operations were adopted. Additionally, a child protection advisor to the Force Commander on all matters relating to the protection of children affected by the armed conflict was deployed.

Main challenges towards implementing of child protection in emergency programmes the combination of limited financial resources dedicated to humanitarian/child protection in emergency and the limited capacities of implementing partners in the north and the centre of the country does not allow at scale

prevention and response interventions addressing children and women's mounting needs. Moreover, the Disarmament, Demobilization and Reintegration (DDR) process is still significantly delayed, which can be attributable to challenges in terms of security, coordination, political sensitivity and readiness of actors to provide protection services leading to challenges in identification, care and reunion of girls and boys associated with armed groups.

Education

In 2018, the emergency response strategy focused on addressing the specific needs of children in different regions in the centre and North, directly affected by the security crisis. Education in emergency intervention aimed to improve access to quality learning for 150,000 children in crisis-affected communities. Activities conducted in 2018 intended to promote the reopening of schools in the areas directly affected by the security crisis, through community mobilization activities and the implementation of community learning centers; as well as providing school supplies.

In conflict affected areas, the evolution of the situation of closed schools deteriorated throughout the school year (from 500 closed schools for 2016-2017 to 735 for 2017-2018). As of December 2018, 827 schools were closed including 807 located in the conflict affected area and another 20 recently closed schools located in Koulikoro (50km away from Bamako). The closures were a result of insecurity, including direct threats and attacks from armed groups, plus chronic challenges of the education system such as lack of teachers and poor infrastructure directly affecting over 248,000 children out of an overall out of school population of one million children of school age across Mali. This represents an alarming significant increase in the number of schools closed.

UNICEF is making a difference for children in the most hard-to-reach areas of the country. Some 297 schools were targeted to be reopened in the Mopti region, based on direct collaboration with the Decentralized Ministry office and local NGOs. To date, 51 per cent of these closed schools have been reopened benefitting over 45,500 children. UNICEF in partnership with NGOs and with the Ministry of Education, is working to ensure the continuity of Education through 165 Community Learning Centers for over 8,000 children. To improve the quality of teaching practices as well as student learning, interactive material on tablets is being used in classrooms by 474 teachers to benefit over 28,000 children.

In the regions of Mopti, Gao, Timbuktu and Segou, UNICEF provided learning materials for children in formal schools as well as in temporary learning spaces by acquiring 67,000 student kits including 2,000 pedagogical kits for teachers and 200 recreation kits. The distribution of 52,392 (78 per cent) school kits, 956 (47 per cent) pedagogical kits and 169 (84 per cent) recreation kits, helped assure the continuation of education for children in crisis-affected areas to access both formal schools and community learning centers.

Education and WASH collaborated to reach children through WASH in schools especially for girls. In 20 schools in Gao work on water points are ongoing at a rate of 45 per cent and for construction of latrines at rate of progress of 24 per cent (17). In the region of Timbuktu, 16 schools are undergoing work on

water points at the rate of 73 per cent and construction of latrines at a rate of construction of 45 per cent (11).

For the 2018/19 academic school year, UNICEF continued to roll-out its child ambassadors strategy to support the national 'Back to School' campaign. 3,876 Child Ambassadors contributed to the enrollment of 31,349 children into formal schooling. This child-centered strategy engaged children and local communities to address demand-side issues related to out of school children through the creation of community-based awareness interventions and the identification of out of school children, especially girls, at household level.

In the Northern region of Ménaka, where insecurity has made it difficult for international NGOs to work, UNICEF partnered with the local NGO GARDL to carry out activities in favor of reopening schools. In the regions of Mopti, Gao and Timbuktu, with the help of NRC, 146 out of 150 targeted Community Learning Spaces (97per cent) for 6,295 children (7,500 targeted) were created for when schools are closed to assure a continuation of education. In the Segou region, with the help of OMAES, 19 Community Learning Spaces are active with 1,216 children (587 girls).

To address issues related to quality education in emergency contexts, UNICEF distributed 632 tablets to 474 (144 females) teachers, 116 (10 females) school directors and 42 (4 female) school inspectors in crisis-affected schools. An estimated 23,700 children will benefit with this innovative, remote training strategy of using tablets to reinforce the capacity of teachers and school administrators via self-learning interactive training modules, due to the absence of regular supervision through School Inspectors.

UNICEF also supported and promoted emergency education to be included in in-service teacher training through the adaptation of a module for the Training of Trainers based on the INEE minimum standards. A total of 62 Teacher Trainers were trained using this module. In 2019, the 62 teacher trainers will, in turn, reconstitute their training in peer-to-peer training sessions at the school level.

A major achievement for the education cluster was the endorsement of the Safe Schools Declaration (SSD) by Mali in February, which guarantees that schools stay free of armed personnel.

Communication for Development

In partnership with the International Organization for Migration (IOM) and UNESCO, the capacity of 2,500 young peace actors (1,000 girls) and 900 women was strengthened to raise awareness of their peers and their communities about inter and intra community tolerance, while conducting home visits, focus groups and organizing intercommunity and generational dialogues. In addition, 20 trained radio hosts organized interactive programmes, triggering debates among community listening clubs. Communities started undergoing a profound transformation, as evidenced by statements by young people who are already volunteering to strengthen peace. The use of new technology and local media helped to improve awareness raising: to date, 57,255 youths (41 per cent girls) subscribed to the SMS-based platform U-report to share their opinions about children's rights, peace and social cohesion. When armed conflict flared up in Mondoro (Mopti) causing malnutrition to rise, U-Report immediately became, along with the radio, the only tool able to reach populations with important information about malnutrition, the harmful effect of rumours and to enforce humanitarian principles of Do No Harm.

Cluster lead and Coordination

UNICEF leads 3 clusters (WASH, Nutrition and Education) and 1 sub-cluster (Child Protection). The Inter-cluster coordination forum groups all cluster coordinators and focuses on intersectoral aspects. At the regional level, a similar humanitarian coordination structure called the “Groupe Interagences de Coordination” (GIAC) is in place in Mopti, Timbuktu and Gao and reports to the HCT. All UNICEF-led clusters played a key role in the elaboration of the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) for 2017, which focuses on safe water supply, hygiene and sanitation promotion, and WASH in nutrition intervention. They also contributed regularly to the Online Reporting System (ORS) updating on progress against key indicators thus ensuring that accurate information was available for the international humanitarian community, allowing stakeholders to track progress of interventions.

UNICEF has continued to support and lead to the Nutrition Cluster. In 2018 as cluster lead, UNICEF, continued to promote coordination among government and non-government actors, through monthly meetings at national and regional level, held at the same time as the “Nutritional Thematic Group” which is led by the Nutritional Division of the Health Ministry. UNICEF as nutrition cluster lead continues to strengthen the capacity of the Nutrition Division in coordinating nutrition partners.

The WASH cluster coordination mechanism setup in 2012 is still operational, co-led by the National Directorate of Hydraulics and co-facilitated with NGO Solidarités International at national level. Decentralized coordination mechanisms in Mopti, Tombouctou and Gao are functional under the co-leadership of UNICEF and governmental WASH regional Directorates. Since June 2017 the National Cluster meetings were held at the National Directorate of Hydraulics as a strategy to boost the roll out of the NEXUS Humanitarian – Development approach.

UNICEF has continued to lead the Education Cluster at both national and regional level, developing both national and regional capacities, through training of governmental and national NGO partners on emergency coordination and information management. The emergency information system is up and operational providing monthly updates on school closures and education personnel, also feeding into and informing MRM reporting.

UNICEF continued to play its leadership role in the area of Child protection, focusing on the two priorities identified by the child protection sub-cluster: capacity building and improving coordination. Under the lead of UNICEF and co-lead of the National/Regional Direction for the Promotion of Women, Children and the Family (D/NR-PEF), the functionality of the Child Protection sub-clusters was ensured at both national and regional levels (Gao, Tombouctou, Mopti) allowing members to share information on interventions; make referral and harmonize tools and approaches.

Table 1: Cluster and UNICEF Progress against 2018 targets

Indicator	Cluster Response		UNICEF and IPs	
	2018 Target	Total Results	2018 Target	Total Results
NUTRITION				
# of children 6-59 months with Severe Acute Malnutrition (SAM)	274,146	124,388	274,146	124,388

admitted for therapeutic care.				
# of health centres offering malnutrition treatment.	1,307	1,307	1,307	1,307
WASH				
# of SAM child receiving a WASH kit and hygiene promotion session	15,592	12,173	6,000	6,691
# of affected population provided with temporary access to safe water (water trucking, aquatabs, chlorine)	114,000	281,589	42,608	181,180
# of people having access to permanent drinking water sources (construction/ rehabilitation)	794,000	303,200	40,000	53,600
HEALTH				
# of children under five reached each round of polio campaign in northern regions			418,900	509,685
# of children under 5 vaccinated against measles			349,000	100,681
CHILD PROTECTION				
# of Children victims of/or at risk of violence, abuse and exploitation who received psychosocial support	47,289	16, 856	40,000	14, 020
# of CAAFAGs and other vulnerable children identified accessing to referral services and reintegration opportunities	1,080	551	580	107
# of UASC identified and / or placed in alternative care arrangements and / or who have benefited from reunification and individual follow-up	900	637	300	178
EDUCATION				
# of school aged boys and girls (3 to 17) affected by crisis receiving learning / school materials.	211,375	62,212	67,000	52,392
# of out of school boys and girls (3 to 17) affected by crisis accessing education.	211,375	95,174	150,000	52,392

A. Results Achieved from Humanitarian Thematic Funding

The Global Humanitarian Thematic Funds (GHTF) were instrumental to ensure UNICEF's ability to support the Government of Mali to provide a multisectoral humanitarian programme in Mali, in the backdrop of a chronically underfunded and in and soon-to-be-forgotten humanitarian crisis.

Without the Global Humanitarian Thematic Funds (GHTF), UNICEF in Mali would simply have not been able to provide children living in conflict-affected areas, and their communities in Mali with health and Education humanitarian programmes. If not for this critical funded support, both of these underfunded sectors would have not received any funds in 2018.

As of end of December 2018, only 56 per cent of the Humanitarian Response Plan (HRP) target of US\$ 330 million was funded. As for UNICEF in Mali, the 2018 HAC humanitarian request of US\$ 43.8 million was 53 per cent funded. The Global Humanitarian Thematic (GHT) represented 16 per cent of all humanitarian funds utilized in 2018 and complemented other sources to enable UNICEF in Mali to achieve results for children.

In nutrition the GHTF was vital to the humanitarian response to ensure no break in the ready-to-use therapeutic food pipeline, and provide treatment for malnutrition to all children in need, contributing to 19,000 cartons out of a total 138,146 cartons that were distributed to health centers in 2018. In other words, GHFT allowed UNICEF to be a more predictable and dependable partner to the whole humanitarian community, as the sole provider of RUTF in Mali. With more than 1,500,000 children aged 6-59-month screened for malnutrition during mass screening campaigns combined with the seasonal malaria chemoprophylaxis, the funds contributed to treating around 21,100 (9,875 girls) out of the total 146,286 malnourished children through the provision of Ready-to-Use Therapeutic Foods, therapeutic milk, anthropometric equipment (scale, MUAC) and drugs (amoxicillin, albendazole). In addition, the GTH allowed UNICEF in Mali to support the capacity building of health and community workers, on new IMAM revised protocol, contributing to the comply of Integrated Management of Acute Malnutrition (IMAM) program in Mali with the SPHERE minimum standards at national level with 91 per cent cure rate, 0,8 per cent death rate, and 8 per cent defaulter rate. Furthermore, the funds contributed to supporting the nutrition coordination mechanism through the cluster at central and decentralized level.

In health, Global Humanitarian Funds allowed to purchase medical equipment for maternity wards in 200 health facilities to ensure adequate newborn care in northern regions which account for 110,000 newborn children on annual average.

In education, GHTF helped to ensure access to learning opportunities for children in Northern and central regions where schools were closed due to insecurity. In total, 137 Community Learning Spaces were created allowing 6,295 children to continue education. The GHT contributed to quality learning by providing learning materials for children in formal schools as well as in temporary learning spaces: 52,392 children received school kits in Mopti, Gao, Timbuktu and Segou. Furthermore, the funds allowed to reinforce the capacity of the School Management Committees (SMC) to enable them to create a bridge between the school and the community through social cohesion and peace building

activities. In total, 106 SMCs are functional and 2,100 SMC members have been trained in their roles and responsibilities.

With regards to Emergency coordination, UNICEF continued to work with the Ministry of Solidarity and Humanitarian Action and the Malian Civil Protection to strengthen their capacities to better plan, coordinate and implement preparedness and response activities. Based on the updated national flood and disaster management plan, 56,718 people affected by a humanitarian crisis were assisted. Through a participatory and inclusive process, UNICEF conducted a four-step emergency preparedness planning exercise using the emergency preparedness platform, aligned with the Country Office workplan, for more effective response to humanitarian crisis and prompt delivery against the Core Commitments for Children.

Two evaluations were carried out, namely the evaluation of UNICEF's humanitarian response 2013–2017 and the global evaluation and the findings will inform the next CPD.

Following the visit of the joint emergency director (FAO, UNICEF, WFP and EU) plus the joint security mission, UNICEF advocated at all levels (humanitarian country team, donors, integrated missions, development partners) for increased humanitarian access. UNICEF's joint advocacy with other agencies such as WFP, OCHA, UNHCR and FAO has been significant in advocating with the United Nations Division of Security Services to review its security and risk management strategies to include community acceptance and negotiation.

B. Thematic funding Case studies

Nutrition

Top level results

Thanks to the Global Thematic humanitarian fund 21,100 Children including 11393 girls, out of the 146,286 children reached in 2018 by the CMAM program, benefited from quality management of acute malnutrition. This fund contributed also through capacity building and other key activities to reach the SPHERE minimum Standards at national level in Mali with 91% cure rate, 0,8% death rate, and 8% default rate.

Issue/ Background

The situation of the populations in Mali remains of grave concern. Ongoing conflict in the north and in the center have led to population internal displacement. In addition, Mali as Sahelian country was at risk of food insecurity as predicted by the March 2018 "Cadre Harmonisé" exercise, particularly in Mopti region, with a potential impact on the acute malnutrition situation. The 2017 national SMART showed that Mali continued to be affected by alarming rates acute malnutrition (2,6 % SAM and 10,7 % GAM) with a big challenge in 2018. Based on this situation, the government of Mali revisited his national 2018 SAM burden from 165,000 to 274,145 cases and needed urgent support for integrated management of acute malnutrition to save lives of the most vulnerable under 5 population.

Resources required

The GTF fund was a complement to other funding sources (ECHO, FFP, CERF, Spain, RR) as part of a comprehensive financial strategy based on the 2018 Humanitarian Response Plan costed at 19,000,000 USD in Mali. This GTF fund allowed UNICEF in Mali to provide the needed technical assistance, monitoring/ evaluation and to purchase, anthropometric equipment for GAM screening, drug for medical systematic and specific treatment, and RUTF and so support the government for quality integrate management of acute malnutrition

Progress and results

Thanks to the contribution of the flexible emergency fund, therapeutic milk, anthropometric equipment (scale, muac) and drugs (amoxicillin, albendazole) of SAM and 19,000 cartons of Ready-to-Use Therapeutic (19 % of the national needs) were procured in 2018 and distributed to the health facilities for the treatment of 21,100 MAS including 11393 girls out of a total of 146,286 SAM cases treated in Mali in 2018. In addition, this fund and cofunding allowed UNICEF to support the capacity building of health and community workers, on new IMAM revised protocol, contributing to the comply of IMAM program in Mali with the SPHERE minimum standards at national level with 91% cure rate, 0,8% death rate, and 8% defaulter rate. In addition, this fund complemented, other sources of fund to support technical assistance, the coordination mechanism through the cluster at central and decentralized level, the organization of mass screening campaigns combined with the seasonal malaria chemoprophylaxis and the implementation of the 2018 National Nutrition Surveys using the SMART methodology. In 2018 about 1,500,000, 6-59-month-old children were reached by the active screening, and the SMART survey showed that Mali continues to be affected by alarming rates of both global acute and severe acute malnutrition (10% and 2%, respectively) with wide regional disparities.

Criticality and value addition

As a result of a major Sahel food and nutrition crisis, the 2018 projected number of children with SAM was revised in March and set to 274,145. The GHFTF was critical to the nutrition response to ensure no break in the ready-to-use therapeutic food pipeline, and provide treatment for malnutrition to all children in need

Challenges and lesson learned

Early detection at community level the weak capacities, geographic access to the health facilities, the national health information System (promptness and completeness), the management of the supply at health districts level without support from an external counterpart were major challenges. However, the decentralization of SAM treatment to community health workers, the early detection of cases of acute malnutrition by involving various community actors, like the mother and the integration of acute malnutrition screening in the MoH existing door to door campaign in all districts have helped Mali to have these convincing results.

Future plan

UNICEF will continue to provide Mapping of actors, national capacity building for integrated management of acute malnutrition, to save lives and will continue to support government in sustaining of the response/resilience, including a high advocacy level toward the government for the NHIS.

UNICEF will also continue to support the scaling up of early detection of cases of acute malnutrition by mothers, and the decentralization of SAM treatment to community health workers. In addition,

integration of acute malnutrition screening in the MoH existing door to door campaign in all districts, and the strengthening of national supply chain will be supported.

Education

Top level results

Thanks to the Global Humanitarian Thematic Fund (GTHF) UNICEF is making a difference for children in the most hard-to-reach areas of the country. With the current number of schools closed (857 in February 2019), over 257,000 children are deprived of schooling in the conflict affected areas of the country.

Due to insecurity in the Center and North of the country, UNICEF, as Education Cluster lead and the Ministry of Education, with other cluster members, ensured advocacy and response in crisis zones.

UNICEF and cluster partners advocated strongly and led Mali to endorse the Safe Schools Declaration (SSD) in February 2018. The SSD is a document that supports countries to ensure that school environments are safe and protected and are conducive to increasing learner retention and consequently school completion.

Issue/ Background

The situation of closed schools is among the most problematic barriers to education facing Mali. At the end of the school year 2017-2018; 735 schools were closed due to insecurity (direct and indirect threats). The number of schools closed went from 500 at the end of the 2016-2017 school year, to 857 as per the February 2019 Education Cluster report. Since October, Koulikoro, a region that has never been affected by insecurity, now has 20 closed schools affecting 2351 children.

Since the conception of the proposal, the northern region of Mali is stricken by an ever increasing number of closed schools due to insecurity.

Resources required

In the regions of Mopti, Gao, Timbuktu and Segou, UNICEF provided learning materials for children in formal schools as well as in temporary learning spaces by acquiring 67,000 student kits including 2000 pedagogical kits for teachers and 200 recreation kits to help assure the continuation of education for children.

Education and WASH collaborated in order to reach children through 'WASH in schools' especially for the girl child. In 36 schools, in Gao and Timbuktu, work on water points are ongoing as well as construction of latrines.

For the 2018/19 academic school year, UNICEF continued to roll-out its child ambassadors strategy to support the national 'Back to School' campaign. 3,876 Child Ambassadors

contributed to the enrolment of 31,349 children into formal schooling. This child-centered strategy engaged children and local communities through the creation of community-based awareness interventions.

In the regions of Mopti, Gao and Timbuktu, with the help of NRC, 146 out of 150 targeted Community Learning Spaces (97%) for 6,295 children (7,500 targeted) were created for when schools are closed to assure a continuation of education.

UNICEF partnered with EDC in supporting interactive learning through tablets benefitting 1,587 children (724 male and 863 female) in 85 community learning centers in Timbuktu and Gao. The remote training strategy uses tablets to reinforce the capacity of teachers and school administrators via self-learning interactive training modules, due to the absence of regular supervision through School Inspectors. The kit includes radios, USB keys, batteries and a small solar panel.

UNICEF partnered with IEDA Relief to reinforce the capacity of School Management Committees (SMC) which have the function of creating a bridge between the school and the community through social cohesion and peace building. Up to date 116 out of 150 SMCs are functional; out of a total of 2,100 SMC members, 1,082 (51.5%) have been trained in their roles and responsibilities.

There is a 50% gap in funding for Education in Emergencies (EiE). The funding requirements targeted are \$7, 5 million in 2019. Thanks to the GTHF, \$2, 38 million along with an additional source of \$1.5 million, a total of \$3, 88 million is available for EiE interventions in seven affected regions of the country.

Progress and results

Criticality and value addition

The protracted crisis in Mali, perpetuates the state of urgency in the country and especially in the center and the north. The number of schools closing is still on the rise, with an additional region being affected (Koulikoro), by direct threats towards teachers and western education. Despite the situation, UNICEF and its partners are continuing to work on Cluster Strategies in order to reopen schools and for improving the teaching methodologies and the learning outcome for children in the furthest and hardest to reach areas of the country.

Challenges and lesson learned

The crisis in the northern region affecting the education and protection of children is far from improving, despite the huge effort made by all humanitarian partners. Schools continue to close at an alarming rate, parents are frightened to send their children to school, teachers and educational personnel are worried about reprisals from armed groups, if they are found in the school.

It is also noteworthy, that through a conflict scan conducted, some of the root causes of school closures were illustrated. An important and unexpected finding is that School Management Committees and Local Elected officials due to conflicts of and personal interests were 'sabotaging' the reopening of schools. Through community dialogue and conflict resolution processes members of the community were given the opportunity to reconcile their differences and work together to reopen schools.

Future plan

By supporting education, UNICEF and other partners allow more children in Mali to access quality learning. As a matter of fact, 1.2 million children aged 7-12 are currently out-of-school, which represent about half of school-aged children. There is therefore an urgent need to improve access to education in Mali. The situation is even more dire in regions of the North and Center affected by the security crisis, where an estimated 800 schools are currently closed.

To address these issues, UNICEF and partners will continue to implement social mobilization and awareness raising activities to encourage parents to send their children to school. School Management Committees (SMC) also contributed in convincing parents and community members of the necessity of reopening schools, and sending their children to school. Improving the quality of learning through the elaboration of school projects is also essential to keep children in school. School projects contribute to improve the learning environment by paying facilitators salaries in the community learning centers, contributing to the school canteens, ensuring the construction of school fences, and making latrines available for both girls and boys. The separation of girl's latrines contributes greatly to improving the attendance and retention of girls in school and is an example of advancing girls and young women's access to education and learning.

An estimated 23,700 children will benefit with the innovative, remote training strategy of using tablets to reinforce the capacity of teachers and school administrators.

Health

Top level results

The GHF has helped purchase medical equipment to strengthen the maternity ward in 200 health facilities to ensure adequate care for newborns in the northern areas, which are close to 180,000 newborns. The management of ill newborns in health facilities, particularly in the North is affected by the lack of equipment and qualified human resources.

Issue/ Background

The health situation of the populations in Mali remains worrisome. According to the EDSVI, the national neonatal mortality rate is still estimated at 33 per thousand live births, representing nearly half of infant mortality and one third of under five mortality. The ongoing conflicts in the north and center have resulted in massive internal displacement of populations and the slowdown of the health system. Health facilities are no longer functioning to their full potential due to the displacement and absenteeism of health care workers and the lack of essential supplies and equipment for child care.

Consequently, hundreds of children including newborns were not receiving lifesaving interventions, compromising their survival.

Resources required

The GTF Fund complemented other sources of funding as part of the overall implementation of the 2018 humanitarian response. This GTF fund enabled UNICEF in Mali to purchase equipment for the resuscitation of the new born.

Progress and results

Thanks to the contribution from the emergency fund, medical equipment for the resuscitation of the newborn were purchased and distributed in maternity hospitals of 200 health facilities in Segou, GAO, Menaka, Tombouctou and Sikasso, representing about 15% of the country's total number of community health centers (CSCOM). This will not only bring closer newborn care services to the hard to reach and most vulnerable communities, but also reduce the disparity and most importantly save the lives of more newborns.

Criticality and value addition

Following a serious socio-politico-military crisis, the health situation of the population has deteriorated sharply in the north and center of the country. The GHTF has been an essential support to contribute to the humanitarian response in the context of health services recovery, but also to the health system resilience building.

Challenges and lesson learned

The provision of newborn care at health facility and at the community levels is still insufficient in the practices of health personnel. This necessarily involves setting up adequate technical equipment and well-trained health staff for its use. However, the decentralization of health care service delivery at community level through home visits for recognition of danger signs and referral and early treatment when needed is a prerequisite, as nearly 50% of deliveries are still taking place at home.

Future plan

UNICEF will map the structures that have already benefited from the strengthening of technical platforms and will put in place an end-user monitoring mechanism for the use of equipment and the implementation of newborn care quality standards and procedures in the northern regions. UNICEF will continue to provide additional kits and consumables for health facilities for the management of ill newborns and pregnancy and childbirth complications in women.

C. Assessment, Monitoring and Evaluation

In 2018, UNICEF proactively engaged to contribute to all steps of both HNO and HRP development processes as cluster lead agency for Nutrition, WASH, Education and the Child Protection sub cluster, but also through its Emergency section. All UNICEF coordinators participated to the regional HNO assessment forums and contributed significantly to the emergency situations evaluation in collaboration

with OCHA and others humanitarian actors. In addition, UNICEF played a key role in the rapid need assessments and responses to Internal Displaced Populations in the centre of the country.

UNICEF in Mali Humanitarian strategy and planning is encapsulated in the Humanitarian Action for Children (HAC) in line with the interagency Humanitarian Response Plan (HRP), as well as internal Country Programme Document and rolling annual Workplans. The Humanitarian Performance Monitoring (HPM) has been used since 2013 as a monitoring tool for the humanitarian response of the country office. Indicators are updated bi-monthly based on data from partners' activity reports. The HPM is the main monitoring tool for the humanitarian response of the Mali country office to track core indicators.

In 2017, UNICEF-Mali had launched a Third-Party Monitoring (3PM) to monitor projects implemented in conflict affected areas, covering north and central regions (Ségou and Mopti) of Mali. Programmatic visits in targeted areas and inadequate quality in the monthly information received, evidenced challenges in partners' capacity to monitor the progress and effectiveness of UNICEF-supported humanitarian projects in affected regions. After an internal audit, issues and challenges were identified and lessons learnt were drawn in order to make the necessary adjustment to improve the next 3PM project. In 2018, UNICEF Planning, Monitoring and Evaluation section has recruited a Field Monitoring Specialist and assessed different 3PM organisations to find a suitable implementing partner.

Mali Country office developed an implementation plan for the recommendations issued from the external evaluation on UNICEF Mali response to the humanitarian crisis during 2013-2017.

D. Financial Analysis

UNICEF in Mali continued to search flexible funding support to deliver multisectoral humanitarian assistance in line with the 2018 Humanitarian Response Plan (HRP), conducting proactive fundraising with donor community in Mali, as well as overseas with the UNICEF Regional Office and Headquarters.

UNICEF in Mali managed to secure 50 per cent of the funds required against its 2018 emergency appeal (US\$ 20.3 million) against the 2018 US\$ 43.8 million requirement to continue to respond to most urgent needs of children and communities living in conflict affected areas of the country or facing natural disasters. The details of funding received is as follows:

Table 1: Funds received against 2018 HAC requirement

Funding Requirements (as defined in 2018 Humanitarian Appeal)					
Appeal Sector	Requirements	Funds available		Funding gap	
		Funds Received Current Year	Carry-Forward	\$	%
Nutrition	19,000,000	15,217,439	823,892	2,958,669	16%
WASH	11,187,000	1,950,000	0	9,237,000	83%
Health	2,500,000	344,298	0	2,155,702	86%
Child Protection	3,052,000	227,531	222,578	2,601,891	85%
Education	7,400,000	1,584,827	0	5,815,173	79%

Emergency Coordination	700,000	715,358	660,190	0	0%
Total	43,839,000	20,039,454	1,706,660	22,092,886	50%

In 2018, the revised humanitarian funding requirements increased by 24 per cent in comparison to 2017 requirement of \$35.2 million. Following the release of the SMART survey report and the Cadre harmonize in November 2017, the malnutrition situation in 2018 was anticipated to worsen. It was projected that the expected caseload of severe acute malnutrition (SAM) would increase from 162,913 to 274,145 and moderate acute malnutrition (MAM) increased from 70,000 to 582,000. In order to prepare for and respond to the worst-case scenario, UNICEF in Mali increased its Nutrition funds request by 60 per cent from US\$ 11.9 to US\$ 19 million. UNICEF in Mali ramped up its fundraising efforts in order to mobilize sufficient funding support so as to avert the impending crisis.

In 2018, UNICEF in Mali significantly increased its HAC funding rate which went from 33 per cent in 2017 to 50 per cent 2018. Actual funding received in 2018 (US\$ 20.3 million) increased by 85 per cent compared to the US\$ 11.7million received (carry forward included) in 2017. This relatively good performance is attributable to the whole humanitarian community tireless efforts to advocate for the dire Nutrition and food insecurity crisis across the Sahel and Mali.

However, it should be noted that 76 per cent of the resources received in 2018, focused on supporting the nutrition intervention, and the treatment of severe acute malnutrition in particular. The rest of the sectors remained critically underfunded. The WASH programme in particular (only 17 per cent funded) was not sufficiently supported to deliver integrated WASH in nutrition assistance package to children with severe acute malnutrition and their caregivers at scale. This underfunding is severely hindering UNICEF's ability to provide the multisectoral assistance that any child needs and deserves not only to survive but to thrive, it also limits UNICEF 's capacity to restore access to basic social services to the affected communities living in conflict prone areas of facing natural disasters. In addition, as result of the stark deterioration in the security situation in Mali in 2018, 950,000 people required protection. Over half a million of them (56 per cent) were children. The Child Protection in Emergency section barely received 15 per cent of the funds their required for their programme to address the most urgent needs of the most vulnerable children in 2018.

As shown in Table 1, the most critically underfunded sectors included WASH that received 17 per cent of the funding they required followed by child protection and health respectively 15 per cent and 14 per cent funded. To bridge these funding gaps and meet the significant needs, UNICEF also used over US\$5.4 million from its core resources to support key WASH and education humanitarian interventions over the course of the year.

The largest contributors to the 2018 UNICEF emergency appeal were: the CERF, The United Kingdom of Great Britain and Northern Ireland, ECHO, USAID/Food Ford Peace, Denmark and the Norwegian Committee for UNICEF. UNICEF Mali had also \$1.7 million of carry-forward funds from 2017 including global thematic humanitarian funds. This carry-forward proceeding from some grants supporting multiannual intervention as well as grants received towards the 2017 year-end closure. In 2018, UNICEF received nearly US\$ 4,85 million from the Central Emergency Response Fund (CERF) through both the Underfunding and Rapid Response mechanisms to support both Nutrition and Wash programmes, bringing the CERF as the first largest humanitarian donor for UNICEF Mali.

The tables below on the funds received present contributions specifically earmarked for emergencies in 2017 (Reference with SM and KM prefix).

Table 2: Funding received and available by donor and funding type

Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)		
Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
See details in Table 3	SM/18/9910	3,516,476
b) Non-Thematic Humanitarian Funds (List individually all non-Thematic emergency funding received in 2018 per donor in descending order)		
French Committee for UNICEF	SM180555	227,531
Total Non-Thematic Humanitarian Funds		227,531
c) Pooled Funding		
(i) CERF Grants (Put one figure representing total CERF contributions received in 2018 through OCHA and list the grants below)		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc. (Put the figure representing total contributions received in 2018 through these various pooled funding mechanisms.)		
UNOCHA	SM180082	1,950,000
UNOCHA	SM180084	1,200,000
SIDA - Sweden	SM180168	853,034
USAID/Food for Peace	SM180270	95,594
UNOCHA	SM180283	1,700,000
European Commission / ECHO	SM180304	655,738
Spain	SM180332	571,429
The United Kingdom	SM180557	4,061,556
Total Pooled Funding		11,087,351
d) Other types of humanitarian funds- Example: In-kind assistance (include both GRANTS for supplies & cash) Norway		
USAID/Food for Peace	KM160051	21,592
USAID/Food for Peace	KM170032	112,167
USAID/Food for Peace	KM170034	1,276,585
USAID/Food for Peace	KM180008	1,223,149
Total Other types/Supplies & Cash funds		2,633,492
Total humanitarian funds received in 2018 (a+b+c+d)		17,464,850
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Total Carry over Thematic Humanitarian Funds		0

f) Carry-over of non-Thematic Humanitarian Funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
USA USAID	SM160032	541,173
USAID/Food for Peace	SM160425	15,924
USAID/Food for Peace	SM170489	403,694
Total carry-over non-Thematic Humanitarian Funds		960,790
Total carry-over humanitarian funds (e + f)		960,790
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Example: Regular resources diverted to emergency	GC/Non Grant	5,400,000
Example: Regular resources set-aside or RR for unfunded OR used for emergency	GP/18/xxxx or GS/18/xxxx	0
Example: EPF if not reimbursed by 31 Dec 2018		
Total other resources		0

Table 3: Thematic Humanitarian contributions received in 2017

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number[1]	Programmable Amount	Total Contribution Amount (5% of D+D)
		(in USD)	(in USD)
Denmark	SM1899100047	1,502,755	1,577,893
Norwegian Committee for UNICEF	SM1899100076	1,500,000	1,575,000
Netherlands Committee for UNICEF	SM1899100163	326,844	343,187
Japan Committee for UNICEF	SM1899100247	175,075	183,828
Danish Committee for UNICEF	SM1899100239	11,801	12,392
Total		3,516,476	3,692,299

Unearmarked Global Thematic Humanitarian Funds are instrumental to allow UNICEF to implement a multisectoral, agile response and reach the most vulnerable populations even in the most remote areas.

In 2017, Global Thematic Humanitarian funds played a key role in ensuring that all children suffering from Severe Acute Malnutrition (SAM) could get access to treatment. Thanks to Global Thematic Humanitarian funds, of 21,100 children (9875 girls) affected with SAM were treated through the provision of 19,000 boxes of Plumpy Nut (RUTF), or 17 per cent of the total number of children treated in 2018 (124,288 children aged 6-59 months). Flexible humanitarian funds allowed to prevent a break in the RUTF pipeline, and helped UNICEF reach its objective of providing treatment to all children in need.

Global Thematic Humanitarian Funds have also been pivotal to ensure access to learning opportunities for children in Northern and central regions where schools were closed due to insecurity. In total, 137 Community Learning Spaces were created allowing 6,295 children to continue education. The GHT contributed to quality learning by providing learning materials for children in formal schools as well as in temporary learning spaces: 52,392 children received school kits in Mopti, Gao, Timbuktu and Segou.

Global Humanitarian Funds also allowed to purchase medical equipment for maternity wards in 200 health facilities to ensure adequate new born care in northern regions which account for 110,000 new born children on annual average.

4. Future Work Plan

Outlook for 2019

The projected increased insecurity in northern and central Mali will continue to impact the delivery of basic services by development and humanitarian actors and the Government will further experience challenges in reaching vulnerable populations with its social sector programmes. According to provisional estimates by the United Nations system in Mali, 4.7 million people will require humanitarian assistance in 2019, an increase of 15 per cent compared to 2018, while 5.7 million will live in conflict affected areas (an increase of 10 per cent).¹⁵

2019 will mark the last year of the UNDAF and UNICEF Country Programme (CPD) 2015–2019. The Country Office has started the process of developing a new CPD 2020–2024. A strategic moment of reflection workshop was conducted with key stakeholders including the Government, other United Nations agencies, non-governmental organizations (NGOs), children and youth, to discuss and define strategic priorities and identify alternative solutions for a transformative agenda for children and young people. The workshop highlighted the need to mainstream the life cycle approach and involve more young people as agents of change into the new programme cycle. The new CPD will also be in line with the new United Nations Development Assistance Framework 2020–2024 that is being developed.

The programme context will have the Integrated Strategic Framework (ISF) as its backdrop; and will be based on the complementarity and comparative advantage of relevant United Nations expertise and resources in Mali – both MINUSMA and the United Nations Country Team – to ensure coordinated and integrated support to the peace process as per Security Council Resolution 2423 (2018). The MINUSMA mandate was renewed in June for another year with its peacekeeping, police and civilian presence to accelerate the implementation of the Peace Agreement.

In 2019, UNICEF and partners will continue to reach affected communities in Mali with social services and strengthen the linkages between humanitarian action and development programmes. UNICEF will

¹⁵ OCHA, Humanitarian Needs Overview, 2019. Note: figures for 2019 were provisional and subject to revisions at the time of this report drafting.

support the Government to manage SAM cases through an integrated package of activities, including hygiene promotion and the provision of water treatment and hygiene kits. The rehabilitation and construction of water systems will improve community access to drinking water, as will the provision of a full package of water, sanitation and hygiene (WASH) services to health centres and schools. Health support will focus on immunization campaigns. In affected areas, UNICEF will promote the continuity of education through community mobilization, community learning centres and the provision of school supplies. UNICEF will provide psychosocial support to conflict-affected children; support the release of children from armed forces and groups; facilitate the reunification of unaccompanied and separated children with their families; and provide girl survivors of gender-based violence with community care and socio-economic reintegration. As lead of the nutrition, WASH and education clusters and the child protection sub-cluster, UNICEF will continue to support line ministries and civil society organizations to strengthen their capacities for coordination, disaster preparedness and response, at both the national and regional levels.

UNICEF is committed to work with all the humanitarian partners, the Malian authorities and development actors to better articulate priority activities to address the deeply-rooted causes, risks and vulnerabilities of the children and women affected by the humanitarian situation, with an aim to save their lives of course, but also to reduce their vulnerabilities and strengthen their resilience, to in the long term reduce the overall humanitarian needs burden.

Table 4- 2019 HAC Funding Requirements

Sector	2019 requirements (US\$)
Nutrition	14,749,880
Water, sanitation and hygiene	13,008,070
Health	1,470,750
Child protection	4,000,000
Education	7,500,000
Cluster coordination	1,250,000
Total	41,978,700

5.Expression of thanks

UNICEF in Mali wishes to express its deep gratitude to donors namely, the CERF, The United Kingdom of Great Britain and Northern Ireland, ECHO, USAID Food for Peace, SIDA, Denmark, as well as UNICEF Norway, OFDA, UNICEF Netherlands, UNICEF France, UNICEF Japan, UNICEF Denmark, and all donors contributing to UNICEF Global Thematic Humanitarian funds, for the funding received, which have made the current response possible. Your commitment and collaboration allow UNICEF to deliver life-saving services and supplies to children, women and their families across Mali.

Despite humanitarian partners efforts and the progress made, the situation in the north and the center of Mali remained unstable due to protracted conflict between signatory parties and non-signatory armed groups. The conflict and insecurity spread from the north to the central region of Mali and to parts of the Segou (Macina and Niono), confirming a trend already observed at the end of 2017. Inter and intra-community conflicts become recurrent in the North and Center as for example all circles in the

region of Menaka as well as Bankass, Koro, Bandiagara, Youwarou and Tenenkou circles in the Mopti region. Conflicts and insecurity continue to be a major obstacle hindering the presence of government technical services to deliver basic social services as well as humanitarian access (including both for humanitarian partners to reach affected population and for the population to access basic social services).

The politico-security crisis and natural disasters (floods, drought) exacerbate a chronic vulnerability that is reflected also by Mali's position in the Human Development Index (HDI) 182/189¹⁶. Malian children and women still face a complex humanitarian crisis, bearing the brunt of its multifaceted consequences. The civilian population living in conflict affected areas, in particular women and girls, are particularly exposed to rights violations, violence and abuse.

In 2019 an estimated 3.2 million people will need humanitarian assistance compared to 4.2 million people in 2018. The reduction in the number of people in need may be attributable to both the results of the agricultural season¹⁷ and the positive results from the humanitarian assistance provided in 2018. By way of example, Kayes region has seen a significant improvement in the nutritional status of children under 5, with a prevalence rate of global acute malnutrition, which decreased from 14.2 per cent in 2017 to 9.2 per cent in 2018 (SMART 2018). Although these results are still fragile, only renewed efforts can consolidate them to truly stabilize the situation of the populations and affected communities.

In 2019 UNICEF in Mali aims to reach 1.06 million people including 980,000 children. This includes among others 170,000 children under 5 years affected by Severe Acute Malnutrition to be admitted for treatment, 162,500 people to have access to safe water for drinking, cooking and personal hygiene and 245,000 crisis-affected children to access formal and non-formal education. In line with the country's inter-agency 2019 Humanitarian Response Plan, UNICEF in Mali is requesting US\$42 million to meet the humanitarian needs of children and women in Mali. Without sufficient and timely funding, UNICEF will be unable to provide critical services to people affected by the conflict in both the northern and central regions and support the national response to the country's continuing Sahel nutrition crisis. This funding will also be essential to UNICEF's ability to provide critical health, WASH, child protection and education services to the most vulnerable children.

Again, on behalf of the children and women throughout Mali who have been reached with your assistance, UNICEF would like to express its sincere appreciation to its funding partners around the world for their continued and critical support.

¹⁶ UNDP 2018 Human Development Index -

http://hdr.undp.org/sites/default/files/2018_human_development_statistical_update.pdf

¹⁷ Harmonized Framework Results, November 2018