

MALI

Consolidated Emergency Report 2021



Children celebrate the water coming out of a brand-new UNICEF water pump in Dialangou village, in Mopti region,

@UNICEF Mali/Keita/2020

Prepared by UNICEF Mali

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1. Expression of Thanks

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. UNICEF in Mali would like to take this opportunity to thank all our partners for their commitment and trust in UNICEF and for improving the rights and well-being of children in Mali.

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3. Abbreviations and acronyms

AFP	Acute Flak Paralysis
BCC	Behaviour Change Communication
C4D	Communication for Development
CAAC	Children and Armed Conflict
CAAFAG	Children Associated with Armed Forces and Armed Groups
CAC	Centres d'Apprentissage Communautaires
CAP	Centres d'Animation Pédagogiques
CCN	Nutrition Coordination Cell
CHWs	Community Health Workers
CMAM	Community-Based Management of Acute Malnutrition
CNIECS	National Centre for Health Information, Education and Communication
CPIE	Child Protection in Emergency
CTFRM	Country Task Force on Monitoring and Reporting
cVDPV2	Circulating Vaccine-Derived Poliovirus
DNDS	National Directorate for Social Development
DRDES	Regional Directorate for Social Development
EIE	Education in Emergency
EPI	Expanded Programme on Immunization
FAMa	Forces Armées Maliennes
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GoF	Groups of Friends
IEDs	Improvised Explosive Devices
IEHK	Inter-Agency Emergency Kit
IGAs	Income Generating Activities
IYCF	Infant and Young Child Feeding
MHPSS	Mental Health and Psychosocial Support
MINUSMA	United Nations Multidimensional Integrated Stabilization Mission in Mali
MOE	Ministry of Education
MOPV	Monovalent Oral Polio Vaccine
MRM	Monitoring and Reporting Mechanism
MSCP	Ministry of Security and Civil Protection
MSNA	Multi-Sectoral Needs Assessment
mVAM	mobile Vulnerability, Analysis and Monitoring
NGO	Non-Governmental organisation
NSAGs	Non-State Armed Groups
RECOPE	Réseau Communautaire de Protection des Enfants
SAM	Severe Acute Malnutrition
SMART	Standardised Monitoring and Assessment of Relief and Transitions
UASC	Unaccompanied and Separated Children

4. Executive Summary

Despite numerous challenges that Mali faced in 2021, UNICEF proved to be efficient and effective in addressing the vital needs of the most vulnerable people through an integrated package of life-saving interventions. To implement these interventions, UNICEF partnered with national non-governmental organizations (NGOs), who have strong knowledge of local dynamics and community engagement. This localized risk-informed approach resulted in improved access and community acceptance by local communities and enabled UNICEF and its partners to provide a tailored, contextualized and people-focused response.

The nutrition status of 153,380 children aged 6 to 59 months (including 87,053 girls) suffering from Severe Acute Malnutrition (SAM) was improved through therapeutic care (against a target of 161,210). About 233,837 mothers and caregivers received counselling on Infant and Young Child Feeding (IYCF) practices, contributing to a better nutritional status of their children.

UNICEF has been in the frontline providing life-saving interventions and assistance to communities affected by different public health emergencies, such as a vaccine-derived poliovirus type (cVDPV2) outbreak, the COVID-19 pandemic and measles epidemic. During and after the outbreaks, UNICEF has put emphasis on strengthening the national and local healthcare system, provided support to affected people, including through paediatric care for children, and ensured that mothers and children continued to receive quality health care services, such as the treatment of childhood illnesses and new-born screening, including birth registration.

Furthermore, UNICEF supported the vaccination against polio of more than 875,277 children aged 0 to 59 months (against a target of 1,400,000), including in hard-to reach areas and supported the vaccination against measles for more than 345,047 children.

From the onset of the COVID-19 pandemic, UNICEF has been supporting the Government of Mali and stakeholders, such as World Health Organisation, involved in the fight against COVID-19. Equipment, technical and financial resources were immediately mobilized by the Government of Mali to launch a nationwide sensitization and prevention campaign, while UNICEF supported the purchase of equipment and medication to support healthcare facilities in affected 20 regions and strengthened capacities of healthcare facility staff and community health workers on Infection, Prevention and Control (IPC) to reduce COVID-19 transmission.

Access to basic WASH services was provided to a total of 446,517 people (against a target of 543,800), including 97,612 women and 123,468 girls, through quality emergency WASH packages in conflict-affected regions. Interventions included the distribution of family kits, improved access to safe drinking water, the rehabilitation or construction and maintenance of water points in health facilities, schools and public places, as well as improved sanitation services. These interventions were accompanied by awareness-raising activities on hygiene practices.

The well-being and protection of conflict-affected, vulnerable children was improved through the provision of Mental Health and Psychosocial Support (MHPSS) and safe spaces, reaching 56,142 children (26,941 girls), against a target of 300,000. Comprehensive and individual temporary care assistance and family reunification care/assistance were provided to 554 children released from armed groups. In addition, 1,628 (698 girls) unaccompanied and separated children (UASC) benefited from temporary care, protection, and family tracing services, against a target of 1000. UNICEF continued to support the Government in preventing and monitoring and addressing grave child rights violations and strengthened the capacities of its partners to document these grave violations.

In 2021, and in close coordination with the Ministry of Education (MoE) and implementing partners, a total of 209,643 children (59,328 girls) between 6 to 17 years affected by conflict gained access to quality education thanks to UNICEF, against a target of 90,000. In addition, and to adapt to the closure of more than 1,600 schools in the central and northern regions, UNICEF adapted the implementation modality of

activities, ensuring that these children continued to access education through distance learning programmes including radio programmes, home-based learning/exercise workbooks and alternative education interventions such as temporary learning centres.

UNICEF continued to promote community engagement for preparedness, response, and recovery from humanitarian crisis. Through community mobilization, media use (mainly community radio and digital engagement) and the U-report platform, UNICEF responded to the information needs and addressed rumours including during the immunization responses (against COVID-19, Polio) as well as on prevention (Ebola). These activities reached 1,820,151 people against a target of 800,000.

As part of UNICEF's commitments to protect children and affected populations from sexual exploitation and abuse (SEA), UNICEF has scaled up its efforts at country level in 2021 to accelerate progress on PSEA accountabilities while adopting a broader view towards scaling up its Gender Based Violence (GBV) and Gender work, as part of an integrated approach.

UNICEF continued to lead the WASH and Nutrition clusters, as well as co-lead the Education and Child Protection Sub-Cluster. UNICEF participated in the various coordination forums at national and sub-national level in accordance with the humanitarian coordination architecture.

In 2021, UNICEF's humanitarian response in Mali was fifty-four per cent funded (US\$ 64.27 million received out of US\$ 119.08 million pledged) leaving a gap of US\$ 55.3 million, particularly in the sectors of WASH (66 per cent underfunded), Social inclusion (60 per cent underfunded) and Child Protection (57 per cent underfunded).

Thematic funding received from partners was crucial to UNICEF's response to the various humanitarian crises in Mali in 2021. The flexibility of such funds allows the organization to support strategic sectors suffering from chronic or conjectural lack of resources. With thematic funding UNICEF was able to respond to critical needs of crises-affected, vulnerable children including Internally Displaced People (IDPs) (multisectoral response including in WASH, Health, Nutrition, Child Protection and Education assistance).

Humanitarian access remained challenging in several areas in central and northern Mali as well as due to physical constraints especially during the rainy season.

UNICEF's vision in 2022 is to undertake agile, flexible, and localised humanitarian action that addresses the vulnerabilities of children, women, and their households, build resilient community systems and foster linkages between humanitarian interventions and development. UNICEF's sectoral humanitarian strategies in 2022 will build on results and lessons learnt in 2021, and on established delivery mechanisms, to meet the most critical needs of crises-affected, vulnerable children. In 2022 UNICEF will scale up its efforts at country level to accelerate progress on PSEA accountability across sectors, while adopting a broader view towards scaling up its GBV and gender programming.

5. Humanitarian Context

With 5.9 million people in need including 3.2 million children, the scale and complexity of humanitarian needs, and protection concerns in Mali remained staggering in 2021.¹ According to the Displacement Tracking Matrix (DTM) report of December 2021², the number of internally displaced persons (IDPs) has exceeded 350,000, an increase of about 50,000 over the past year. Of these IDPs, 55 per cent are female, 64 per cent are children and 2 per cent are elderly (59 years old and more). Chronic poverty and systemic weaknesses riddled with recurrent armed conflicts, acute malnutrition, COVID-19 pandemic and epidemics outbreaks led to high levels of vulnerability of the people in need. Armed conflicts and violence intensified sharply in 2021, especially in central and northern regions.

The year 2021 was characterized by a series of political upheavals (notably the change of power on 24 May 2021) which resulted in delays in activities relating to the revision of the electoral roll, the implementation of constitutional and institutional reforms and the holding of general elections to mark the end of the transition. These delays and the slippage of the transition timetable have led the Economic Community of West African States (ECOWAS) to adopt political and economic sanctions against Mali³. These measures echo the position of the Secretary-General of the United Nations (UN), in his December 2021 report,⁴ and expressing concerns about the significant delays in the organization of the elections.

In 2021, the humanitarian context continued to worsen due to the immediate effects of conflict and multiple forms of violence, including inter- and intra-community conflicts, the activism of Non-State Armed Groups (NSAGs), crime and banditry. The constant insecurity has thus exacerbated the vulnerability of the population and the difficulties of humanitarian access. This situation has regularly affected certain humanitarian interventions, making access to some localities difficult and causing new displacements of civilians and exacerbating vulnerabilities of host communities. The planting of Improvised Explosive Devices (IEDs), the destruction of infrastructure such as communication antennas, the destruction and sabotage of bridges have become the preferred modus operandi against national forces, i.e. "Forces Armées du Mali" (FAMA) and international forces (Barkhane and MINUSMA) to prevent them from reaching NSAG 's areas of presence. In return, these activities prevented the affected populations from accessing their livelihoods and basic social services, as well as the delivery of humanitarian assistance.

Human rights violations continued to be reported countrywide. Between June and December 2021, the MINUSMA Human Rights Division documented 1,051 human rights violations and abuses. Incidents included extrajudicial killings by armed groups, killings and maiming of children, recruitment into armed groups, attacks against schools and hospitals and sexual and gender-based violence. Children were not spared: In 2021, 994 grave violations against children in the Mali were verified the Country Task Force on Monitoring and Reporting Mechanism (CTFMR) representing an increase of 23% from the previous year (2020).

Even though no schools were closed in 2021 due to COVID-19 and the teachers' strike also subsided, the number of schools that has remained closed due to insecurity continued to increase and expanded geographically to the southern region of Sikasso. Across Mali 1,632 schools were closed as of December 2021 (compared to 1,334 in December 2020) affecting nearly 489,600 school-aged children

¹ OCHA, Humanitarian Needs Overview (HNO) 2021.

² Direction Nationale du Développement Sociale (DNDS)

³ Sanctions include: the closure of land and air borders between ECOWAS countries and Mali and the suspension of all commercial transactions, except for essential commodities: pharmaceuticals, medical supplies and equipment, as well as equipment for the control of COVID-19 and fuel and electricity products. In addition to these measures, the Republic of Mali's assets in the Central and Commercial Banks of ECOWAS were frozen, and Mali was suspended from all financial assistance from ECOWAS financial institutions .

⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/S_2021_1117_E.pdf

and 9,792 teachers. In the Central Sahel with Niger and Burkina Faso, Mali has almost 40% of the reported closed schools (4,500 in 2021).

The health situation in Mali continued to deteriorate. In 2021, Mali has seen an emergence of diseases with epidemic potential, including yellow fever (170 suspects cases with 2 deaths), cholera (1 suspect case with 4 deaths), and polio (56 suspect cases). There was a resurgence of malaria with 2 905 350 cases, including 597 454 cases of children under five years of age, while since the beginning of the year, 828 positive cases of measles with 2 deaths have been recorded.

According to the 2021 analyses provided by the health information management system (DHIS2), the number of consultations in 2021 has increased by more than 580,676 (9,442,855 in 2021 compared to 8,862,179 in 2020). Meanwhile, in the area of immunization, the routine Expanded Programme on Immunization EPI has improved as 726,077 children under 1 were vaccinated with Penta 3 and 11.30 per cent drop-out in 2021 compared to 689,845 vaccinated with 13.33 per cent drop-out in 2020. However, a low coverage in COVID-19 vaccination could be observed: As of December 31, 2021, and according to the Government of Mali, 405,720 people have been fully vaccinated (4.2% of the target population aged 18 and over).

The humanitarian crisis was further exacerbated by the COVID-19 pandemic. In 2021, COVID-19 has significantly affected the implementation of humanitarian activities but also increased the level of psychological distress of a population already weakened by several years of conflict. People living with disabilities and the elderly were also severely affected by the pandemic situation that affects family income, being increasingly at risk of being perceived as an additional burden and being abandoned. Children in conflict with the law, in detention or living on the street remained particularly at risk of increased protection and COVID-19 infection with limited access to adequate care. As of 31st December 2021, the COVID-19 outbreak affected the 20 regions, with a total of 21,008 confirmed cases, of which 660 deaths. In terms of the number of COVID-19 cases recorded by West African country in 2021, Mali ranks 6th out of the 15 countries affected by the virus. There was an exponential increase in cases in December, with 3,574 confirmed cases and 52 deaths, compared to 1, 368 confirmed cases and 43 deaths in November 2021, an increase of 261 per cent.

Furthermore, the effects of COVID-19 had a negative impact on primary production, notably (i) the lack of liquidity, (ii) the sharp fluctuations in the price of agricultural inputs and (iii) the low availability of raw materials. The decline in the purchasing power of the population due to the increase in food prices has had a direct effect on the capacity of households to acquire agricultural inputs and invest in their agropastoral activities. The consequences for the Malian economy are significant, with a drop of almost five percentage points expected by 2021 according to the World Bank. The pandemic has also exacerbated protection risks and threats, including GBV and increasing the risks of collapse of income-generating activities (IGAs) and businesses. In addition, COVID-19 has created needs for minimum WASH packages (with the distribution of medical equipment to limit the spread of COVID-19) for the prevention and control of infections in health care centres, communities, crossing points and schools. Finally, the costs of adaptation measures had an impact on aid programmes on the ground. In 2021, in response to the rapidly evolving context of COVID 19 and the new needs that have arisen, UNICEF, in line with the Do No Harm principle, has initiated a process to integrate a minimum package of interventions on COVID prevention and response into existing and future partnership agreements with the aim of limiting the exposure of partners and beneficiaries to risk. This approach has ensured a response to the Covid-19 outbreak while ensuring continuity in UNICEF's programme implementation and protecting the most vulnerable children from the impact of the coronavirus.

In 2021, an estimated 606,243 people suffered from Global Acute Malnutrition (GAM) countrywide, including 161,210 children under five years old affected by SAM. Most of the country's health districts were affected within a fragile context of growing insecurity and limited humanitarian access which prompted the nutrition response plan to target 100 per cent of SAM cases⁵. The most affected areas

⁵ HRP Mali, 2021

were located mainly in the northern and central regions which are Menaka, Timbuktu, Gao, Mopti and Ségou.

To determine the extent of acute malnutrition to design interventions based on nutritional needs, a SMART survey was carried out in September 2021⁶, revealing rates of acute malnutrition above the WHO emergency threshold (GAM >15 per cent) in Menaka region and IDP sites in Bamako and in Ségou. The survey also revealed that the prevalence of acute malnutrition has increased in 2021 with GAM of 10 per cent and SAM of 1.8 per cent compared to 2020 (GAM: 7.2 per cent and SAM: 1.3 per cent).

WASH needs, although felt throughout the country, showed significant regional disparities. Almost a quarter (23 per cent) of households nationally faced a problem of access to a nearby improved water source, in 2021 this was the case for 65 per cent and 58 per cent of households in the regions Kidal and Ménaka respectively.

Mali is still prone to a high prevalence of child marriage. The crisis has reduced girls' school enrolment more significantly than boys', increasing the risk of early marriage. According to REACH7's Multi-Sectoral Needs Assessment (MSNA), of the 56 per cent of households reporting concerns for the safety of girls under 18 in their household, 67 per cent of IDPs and 54% of non-displaced populations reported the risk of sexual violence as a reason. Overall, 76 per cent of respondents to the UNHCR/AMSS⁸ protection perception assessment reported fears that their children would be forcibly married, particularly in Ménaka, where 100 per cent of respondents expressed concern about this risk.

GBV has reached worrying proportions. Between January and December 2021, the Area of Responsibility (AOR) GBV reported 9,540 incidents of GBV. While 98 per cent of survivors are women including 51 per cent of girls, 2 per cent are men including 1,3 per cent of boys. Sexual violence remains the most reported incident, representing 39 per cent of cases, including 24 per cent of rape. Other main incidents are: 12 per cent of forced marriage/early marriage; 18 per cent physical violence; 18 per cent denial resources and 13 per cent psychological violence. The socio-economic consequences of COVID-19 and the worsening of the insecurity situation in 2021, which primarily affected women and children, might be the main factors of increasing gender-based violence.

6. Humanitarian results

1. Health

	UNICEF and IPs	
	2021 Target	Total Results by 31 December 2021)
# children aged 6 to 59 months vaccinated against measles	409,629	345,047
# children aged 0 to 59 months vaccinated against polio	1,400,000	875,277

In 2021, 828 cases of measles were reported in Mali compared to 455 in 2020, an increase of 45 per cent. Despite the limitations in the implementation of activities due to fund shortages and the constraints related to COVID-19, 345,057 children aged 6 months to 9 years (including 175,979 girls), out of 409,629 targeted by the Health Cluster and living in fragile contexts, were vaccinated against measles thanks to the support of UNICEF in Kayes, Koulikoro, Sikasso, Ségou, Mopti, Timbuktu, Gao, Kidal and Bamako Regions.

⁶ HRP Mali, 2021

⁷ a leading humanitarian initiative providing granular data, timely information and in-depth analysis from contexts of crisis

⁸ Association Malienne pour la Survie au Sahel

To respond to the polio outbreak, UNICEF, among other partners, supported a campaign in 12 health districts⁹, allowing 875,277 children under 5 to receive monovalent oral polio vaccine (mOPV). UNICEF also reinforced the capacity of the Ministry of Public Health and Social Development (MoPHSD) in the implementation of the national response with the deployment of 52 Consultants (31 SBC officers, 17 Vaccine Managers, one Data Manager, one SBC Specialist, one Logistic Specialist and one Outbreak Coordinator) in all regions. Their work brings information to communities that are often unaware of the disease. The low visibility given by the media to polio and its effects has sometimes made immunization difficult.

The major challenge of the 2021 response was the unstable political and security situation, which limited the movement of vaccination teams for the distribution of vaccines (routine vaccination, polio and measles) and the provision of medical equipment to health facilities in certain localities, i.e. particularly in the districts of Dire and Niafunke (Timbuktu region). Furthermore, vaccinators faced refusals from parents: a total of 629 cases of refusal were monitored and reported, 389 of which were in the Nara district (Koulikoro Region) alone. The main reasons for refusal included "the fear of side effects" and "religious beliefs" accentuated by rumours about vaccination with COVID-19. However, of these 629 cases, 622 people eventually finally changed their minds on the issue, which allowed to reach an additional 1,257 unvaccinated children.

In 2021, the northern and central regions experienced an outbreak of malaria with a 28 per cent incidence rate compared to 2020 at the same period. A rapid response was organized with a chemoprevention and treatment campaign in the regions of Mopti, Timbuktu, Gao and Ménaka. Through UNICEF support, 213,500 children aged between 3 and 59 months received sulfadoxine, pyrimethamine and amodiaquine (SP/AQ). This campaign was integrated into the treatment of childhood illnesses (IMCI/ SEC) and new-born screening, which allowed to screen 32,500 new-borns during home visits, including birth registration. In addition, and to prevent the Malaria seasonal epidemic and other outbreaks like COVID-19, and Crimean Congo haemorrhagic fever, 648 health and community workers, including 319 women, were trained in the regions of Mopti, Timbuktu, Gao and Ménaka on the integrated package and 541,460 people, including 276,147 women, took part in Behaviour Change Communication (BCC) activities. Finally, 24 inter-agency Emergency Kits (IEHK) containing basic health products and small equipment were provided to 246 health structures in these regions to improve the quality of primary health care.

UNICEF supported the Government to organize and conduct the COVID-19 vaccination campaign in collaboration with WHO; as of 31 December 2021, 867,339 people aged 18 and over have been vaccinated against COVID-19, including 405,720 fully vaccinated in Mali. Due to lack of funds from other partners, 90 per cent of the activities (operational costs and communication) were funded by UNICEF.

In order to facilitate the transportation of vaccines in the country, UNICEF collaborated with UNHAS and ECHO flights to deliver the vaccines to the most remote areas of the country. To support the Government's response, UNICEF provided the Ministry of Health (MoH) with six refrigerated trucks to facilitate the transport of vaccines to the central and southern regions of the country and helped strengthening the cold chain equipment to accommodate Pfizer vaccines including 10 ultra-cold equipment/freezers (-80 to -60°C) each having a storage volume of 602 litres. In addition, UNICEF finalized the construction of new buildings for the National Immunization Centre and provided 3,910 disposable non-woven isolation gowns to the National Institute of Public Health (INSP) laboratory staff as well as a large batch of laboratory equipment (lab culture, UV lamp, mounted electrical outlet, support stand and filters).

⁹ More specifically, in the districts of Bafoulabe, Banamba, Diema, Dire, Kayes, Kolokani, Nara, Niafunke, Nioro, Oussoubidiagnia, Sefeto, and Yelimane.

Activities aimed at ensuring continuity of care in the health districts that were significantly impacted by the worsening insecurity context. The COVID-19 pandemic and health restrictions such as limiting face-to-face meetings prevented the conduct of many presential trainings. However, distance learning courses were organized, which enabled 648 health staffs (including 350 women) and community workers to be trained on a community health package (malaria seasonal chemoprevention integrated into the treatment of new-born and childhood diseases). These workers are on the front line and can detect signs of potential epidemic diseases, including seasonal malaria outbreaks in the northern part of Mali, and thus optimize the response and thus optimize the response.

The combination of resources from various intra-sectoral sources (Reproductive Maternal New-born and Child Health, Immunisation-COVAX,) provided a basket of funds to cover the shortfall in operational costs, commodities, and supplies. The use of community health workers from both communities and local NGOs has enabled continuity of services including in areas affected by insecurity and armed conflict.

II. Nutrition

	UNICEF and IPs		Cluster Response	
	2021 Target	Total Results	2021 Target	Total Results
# children aged 6 to 59 months with severe acute malnutrition admitted for treatment	161,210	153,380	161,210	153,380
# primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	480,853	233,837	686,933	358,255

To reduce the SAM incidence and the related morbidity and mortality, UNICEF continued to provide both technical and financial support to the Government to strengthen existing national response capacities for preventing and treating acute malnutrition. Besides providing nutrition supplies including therapeutic food to all nutrition care units, both inpatient (75 nutrition units) and outpatient (1,521 community health units and 2,899 ASC sites), capacity building of 260 health and nutrition care service providers, UNICEF strengthened the capacity of families and community workers on early detection of acute malnutrition and referral of SAM cases. As a result, 153,380 children (including 77,819 girls) aged 6 to 59 months affected by SAM (95% of the target) were admitted and treated thanks to UNICEF support in collaboration with implementing partners¹⁰.

At national level, there were wide disparities in admissions, reflecting both the difficulties of access due to the volatile political and security context, but also the differences in the scale of nutritional crises. Indeed, an increase in admission coverage of more than 150 per cent in Menaka and Taoudenit regions can be explained by a deterioration of the nutritional situation as revealed by the results of the 2021 SMART survey. Conversely low coverage of admissions in Kidal and Timbuktu regions were mainly linked to reduced humanitarian access.

In 2021, high performance in addressing SAM was reported with a cured rate of 93 per cent, a death rate of 1 per cent, and a default rate of 6 per cent, in line with international standards¹¹. The number of children affected by SAM treated in 2021 represents 81,4 per cent of the HAC target. UNICEF partnered with six International and National NGOs and Governmental institutions¹² to ensure the provision of nutritional supplies and anthropometric materials for quality treatment of SAM in 1,495 health facilities.

¹⁰ ACTED, COOPI, ALIMA/AMCP, Save the Children, IMC, PLAN) and national partners (Ministère de la sante, Direction générale de la Santé, Institut de statistique, Système d'Alerte Précoce ,Cellule de coordination nutrition)

¹¹ According to the Sphere standards: Cure rate: >75 per cent; Death rate: <5 per cent; Default rate <15 per cent

¹² Ministry of Health, General Directorate of Health, Institute of Statistics, Early Warning System, Nutrition Coordination Unit

UNICEF also supported the prevention of stunting, wasting and micronutrient deficiencies for under five-year-old children. A total of 233,837 caregivers of children aged 0-23 months were encouraged to adopt recommended Infant and Young Child Feeding (IYCF) practices¹³, including both breastfeeding and complementary feeding. UNICEF ensured Vitamin A supplementation for 2,076,375 children (955,133 boys and 1,121,242 girls) aged 6 to 59 months (> 100 per cent of the target of 1,557,556) and deworming for 485,404 children (223,286 boys and 262,118 girls) aged 12 to 59 months (81.3 per cent per cent of the target 597,348). Micronutrients fortification with multiple micronutrient powder (MNPs) reached 10,691 children aged 6 -23 months in Mopti region for the first round of 3 months of supplementation.

Nutrition Cluster

Led by UNICEF, the Nutrition Cluster coordinated different humanitarian nutritional interventions. Based on the MoH database (DHIS2), the Nutrition Cluster, through its 48 members, coordinated and facilitated the admission and treatment of 153,380 severely malnourished children, representing 95.2 per cent of the cluster annual target.

In 2021, the Nutrition Cluster aimed to improve the efficiency of nutrition interventions by allowing actors to treat and prevent more cases and reach more affected zones. Nutrition assessments, gap analysis on nutrition interventions by region and operational and vulnerability mapping were carried out each quarter using severity criteria to determine the most affected areas. The SMART survey was also conducted in 2021, and this led to prioritizing interventions.

The leadership of the cluster was crucial for improving overall coordination of nutritional activities. A vulnerability mapping classifying health districts into high, medium, and low priority zone was established to identify the most vulnerable zones for interventions. Through the advocacy carried out by the Nutrition Cluster, US\$35.6 million (representing 54 per cent of US\$66 million required) were mobilized and allocated to respond to the most urgent nutritional needs in the regions of Timbuktu, Taoudenit, Mopti, Gao et Kidal, and some cercles in Koulikoro and Kayes. With this funding, nutrition supplies were made available to ensure treatment of malnutrition.

It also helped to strengthen the support for Community-Based Management of Acute Malnutrition (CMAM) with a focus on SAM cases through multiple approaches adapted to emergency and security challenges (including OPT mobile approach).

As a result, 85 per cent (755,471 out of 1.1 million) of people were reached with treatment and prevention interventions by cluster members. The geographic coverage of nutrition intervention slightly improved, standing at 50 per cent on 31st December although disparity in many health districts could still be observed. According to the last HERAMS¹⁴ survey done by MoH and WHO in 2021, 973 (68 per cent) out 1,424 health facilities have integrated nutrition services.

In partnership with the NGOs ALIMA/AMCP-SP and Save the Children UK, UNICEF funded two pilot studies on innovative approaches. ALIMA/AMCP implemented the "OptiMA" approach in the health district of Commune 1, Bamako which consists in the simplification of the treatment of acute malnutrition and the optimization of the dosage through a gradual decrease of the quantities used to treat severe cases of malnutrition as the MUAC increases, the training of mothers to screen their children through MUAC tapes and the treatment of both SAM and Moderate Acute Malnutrition (MAM) cases with one single product of Ready to use therapeutic food (RUTF). Save The Children UK implemented the "Health/CMAM¹⁵ surge" which consists in improving health and nutrition services through their 46 health centres in Koulikoro, Mopti, Ségou, Gao and Timbuktu regions. These

¹³ IYCF programmes focus on the protection, promotion and support of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, timely introduction of diverse complementary foods and age appropriate complementary feeding practices along with continued breastfeeding for two years or beyond.

¹⁴ The Health Resources and Services Availability Monitoring System

¹⁵ Community Management of Acute Malnutrition

approaches allow to treat on time and a big number of malnourished children, and to health facilities to cope with sudden increases of malnutrition cases during crisis. In December 2021, a capitalization workshop on simplified approaches to treatment of acute malnutrition by ALIMA/AMCP, ACF and IRC was carried out and evidence generated will be considered during the revision of the national Integrated Management of Acute Malnutrition (IMAM) protocol.

III. Child Protection

	UNICEF and IPs		Cluster Response	
	2021 Target	Total Results	2021 Target	Total Results
# Children and caregivers accessing mental health and psychosocial support	300,000	56,142	828,728	66,648
# Children released from armed forces and groups reintegrated with their families/communities or provided with adequate care and services	400	554	800	562
# Unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	1,000	1,628	1,500	1,843
# Women, girls and boys accessing gender-based violence risk mitigation, prevention or response intervention	40,400	159,210	N/A	N/A

Throughout the year, UNICEF implemented Child Protection in Emergency (CPiE) and protection from Gender-based Violence in Emergency interventions (GBViE) in all regions affected by humanitarian crises including those affected by COVID-19. Access to children in needs worsened with the intensification of the armed conflict and insecurity in the centre of Mali, particularly in the regions of Ségou and Mopti, with some villages being surrounded by various non state armed groups.

Despite these challenges, UNICEF and its partners developed strategies to keep carrying out activities. Mobile approaches were especially reinforced, with social workers and psychologists visiting families and communities including in hard-to-reach communities, to provide recreational and psychosocial support to the most vulnerable children through individual or small-group activities. In order to increase identification and referral of children with protection needs, UNICEF and its partners intensified awareness-raising activities with various stakeholders including community leaders, armed forces and armed groups. This work has led to increased prevention of violence in those locations as well as provision of adapted care and support services for identified children.

Protection services provided by UNICEF and its implementing partners¹⁶ included recreational and protective Mental Health and Psychosocial Support (MHPSS) to children affected by armed conflict, including Children Associated with Armed Forces and Armed Groups (CAAFAG) separated and unaccompanied children, as well as displaced children and children in host communities. Individual and collective psychosocial activities were organized in safe spaces reaching a total of 56,142 children (26,941 girls) compared to 55,551 in 2020. These activities were carried out either in child-friendly spaces, temporary learning spaces or by mobile teams within displaced communities. They were combined with awareness raising on COVID 19 risks and prevention measures such as the provision of hygiene kits. However, many efforts were dedicated to MHPSS activities following the COVID-19 outbreak and the humanitarian response was included in a broader system-strengthening intervention in this sector, in line with the Nexus approach. Under the lead of relevant National Directions, UNICEF

¹⁶Peace One Day (POD), Kanuya, COOPI, ATDED, GARDEL, DRC, AVSF, Samu Social,

supported the training of Government and civil society frontline workers on MHPSS methodologies and tools – including in conflict-affected regions. UNICEF supported the Ministry of Women and Children and the Ministry of Health and Social Development to operationalize the MHPSS national operational framework, through capacity building that reached 278 frontline workers (including 124 women) and social workers. Following the endorsement of National Guidelines and harmonized tools for case management in April 2021, a series of training videos were produced and disseminated to case managers in the field.

Furthermore, holistic individual care/assistance was provided to 554 children (13 per cent girls) released from armed groups, representing 139 per cent of the 2021 target. In addition, 1,628 (43 per cent girls) unaccompanied and Separated Children (UASC) benefited from temporary care, protection and family tracing services (163 per cent of the 2021 target). The over achievement of these targets is first linked to the increased identification capacities, thanks to the strong commitment of field actors and strategic partnerships. The persistence of the crisis in the centre and north of the country throughout the year has also led to an increase in the number of vulnerable children. UNICEF and its partners increased their response capacities accordingly.

The Country taskforce for the Monitoring and Reporting Mechanism (CTFMRM) - co-chaired by UNICEF and the UN Mission in Mali (MINUSMA) - continued in 2021 to ensure the identification of grave violations of children rights in conflict situations. In 2021, 994 grave violations against children in the Mali were verified. UNICEF, MINUSMA and their partners also coordinated with the Ministry of Women, Family and Children advocated for the release of children from armed groups or detention, verification exercises of identified violations through interviews, and their reintegration into their communities. In some cases, mediation and some form of community or family-based reintegration assistance were necessary to prepare families and the broader community to accept the child. This is notably the case for girls who often face rejection and/or isolation within their communities, especially if they return with a dependent child. Therefore, families and communities are engaged in discussions to accept back their children and take responsibility for them, as productive members of society.

UNICEF also continued to train partners on the Monitoring and Reporting Mechanism (MRM) to improve the documentation of incidents of grave violations. Capacity building activities included:

- A child protection training of trainers (ToT) for 74 elements of the Malian Defense and Security Forces in Timbuktu, Gao, Mopti and Ménaka.
- Six workshops on the MRM for 100 implementing partners in Timbuktu, Gao, Ménaka and Mopti regions, 30 members of the Mopti regional MRM working group and 49 protection focal points in Mopti region.
- A workshop for 20 representatives of a Youth Network to strengthen the capacities of young people to devise strategies for the prevention of grave violations against children.
- A support to the National Disarmament, Demobilization and Reintegration (DDR) Commission by delivering child protection modules during a four-day workshop on the DDR process.

A total of 3,743 adolescents (2,193 girls) survivors of physical, sexual and/or emotional violence were provided with health, psychosocial, and/or justice services, compared to 1,122 adolescents that received this service in 2020. Among them, 745 girls and 339 boys were victims of sexual violence. In addition, more than 159,210 women, girls and boys in humanitarian situations were provided with risk mitigation and prevention interventions to address gender-based violence through UNICEF-supported programmes.

In addition to funding limitations, key challenges in the implementation of child protection interventions in 2021 included i) difficulties to verify serious violations affecting children and to conduct reunification and reintegration interventions due to the security constraints in central and northern Mali, ii) the limited number of quality partners and iii) the short lifespan of funding versus the needs of long-term reintegration interventions.

Ensuring post-reintegration monitoring was particularly complex in some areas. To mitigate this constraint, UNICEF has been working with local authorities, community, and religious leaders to facilitate access and with local NGOs with strong local anchorage, contextual knowledge and facilitated access around intervention. The closure of schools due to insecurity and threats is strongly limiting the capacity to offer school reintegration for several of these children.

The degradation of the economic context and lack of economic opportunities has constrained the various efforts to reduce recruitment and use of children by armed groups and other negative coping mechanisms such as unprotected mobility. One mitigation measure was to conduct better mapping and analysis of the local context to orient the adolescents towards the most adequate economic sectors in their area and ensure post-reintegration follow-up support to help them overcome challenges.

Socioeconomic reintegration for CAAFAG in Timbuktu region

In 2021, UNICEF supported the socioeconomic reintegration of 90 adolescents (84 boys and 6 girls) in the region of Timbuktu who had been demobilized from armed groups thanks to community dialogue. All children were reintegrated with their families and prepared to develop their own projects such as small business, livestock, vocational activities.

After a first training, all adolescents received starter kits and small business materials. The communities showed strong involvement to support these children in developing sustainable opportunities to reduce their vulnerability and increase their protection against new recruitment or use by armed groups and armed forces (check terminology/applicability).

To provide opportunities for more vulnerable adolescents and subsequent prevention of recruitment or use by armed groups/forces, 33 very poor households (including 71 children between the age of 10 and 14) received each 11 goats and eight 50kg bags of livestock feed. These vulnerable households were selected from the Unified Social Register (RSU) managed by the government.

This support allows the beneficiary households to improve their living conditions and opens income-generating opportunities for the adolescents on a longer run. Providing economic reintegration activities not only to children out of armed groups/forces but also to other vulnerable children, key to avoid stigmatization issues within the communities. Post distribution monitoring data showed that all beneficiaries managed properly the different activities and were able to generate income, thus avoiding the resort to negative survival strategies including recruitment and use of children by armed groups/forces.

To ensure an effective response, funding complementary with development/Nexus donors – programming needs to be improved to encourage long-term/sustainable approach (e.g. for educational / economic reintegration of CAAFAG). Also, in order to better protect children against protection risk, prevention programmes need to be reinforced to address the root causes and underlying vulnerabilities of children and their families.

The finalized operational framework on Mental Health and Psychosocial Support (MHPSS) constitutes an opportunity to foster strong collaboration between community-based health

agents, social and para-social workers. UNICEF facilitated sustained dialogue with the Ministry for the Promotion of Women, Children, and the Family (MPFEF) and the Ministry of Health (MoH) and Social Development (MSDS) resulting in agreement on to the MSDS to take leadership on MHPSS.

Child Protection AoR/Child Protection Working Group (CPWG)

The Mali Child Protection AoR under the leadership of UNICEF continued to ensure an adequate response and high standards of predictability, accountability, and partnership in the planning and the implementation of the response. UNICEF provided strategic guidance and quality and efficient leadership to ensure core functions of Child Protection Sub-Cluster at national and regional levels. Child protection actors were able to develop a timely and efficient response to most of the humanitarian crises. In 2021, A deep quantitative and qualitative analysis of the child protection situation was conducted on the Interagency planning exercise (HNO and HRP), and the budget requested was increased by 5 per cent as the Population In Need (PIN) and targets (by respectively 33 per cent and 24 per cent). In 2021 the Child Protection Sub-Cluster members (including UNICEF partners) reached 66,648 children (33,232 girls) with psychosocial support in child friendly spaces and other safe spaces, and 1,843 unaccompanied and separated children (802 girls) and 562 children (70 girls) associated with armed groups and forces with holistic interim care, including access to socio-economic reintegration services and opportunities.

Through an effective networking and positioning of the Child Protection sector, protection needs of children were captured in all humanitarian forum and analysis as humanitarian country team, forum of donors, and inter inter-cluster coordination.

IV. Education

	UNICEF and IPs		Cluster Response	
	2021 Target	Total Results	2021 Target	Total Results
# children accessing formal or non-formal education, including early learning	90,000	209,643	159,000	294,000
# children receiving individual learning materials	200,000	131,034	485,832	390,500
# schools implementing COVID-19 -19 protocols (infection prevention and control)	2,000	2,274	6,500	12,441

In 2021, the education response placed a strong emphasis on improving access to formal and non-formal education for school aged children (3 to 17 years) affected by humanitarian crises in the central and northern regions of Mali as well as strengthening the capacity of teachers on child-centred methodologies, peace education, conflict and Disaster Risk Reduction (C-DRR) and psychosocial support. In addition to facilitating access to learning opportunities and building teacher capacity, UNICEF’s response also included community engagement and awareness raising among children, teachers, education personnel school management committees on their role and responsibilities on social cohesion and all forms of violence in schools, including Gender Based Violence (GBV).

Through UNICEF interventions, in close collaboration with the Ministry of Education (MoE) and implementing partners¹⁷, a total of 209,643 children (104,522 girls) between 6 to 17 years affected by

¹⁷ National NGOs AMAED, APIDEV, OMAES, ACODIS, ASREF, APADL and GARDL, INGO Search For Common Ground, EDUCO and IEDA Relief, Studio Tamani, Teaching Academies and Pedagogical animation centres

conflict gained access in 2021 to quality education in formal and non-formal settings including alternative offers.

Access to quality education in a protective learning environment has been provided through different ways: Identification and reintegration of out-of-school children, rehabilitation of classroom and construction of improved semi-durable learning spaces in schools and in communities (including IDPs sites), establishment of SSAP (Accelerated Schooling Strategy) and Community Learning Centres (CAC). UNICEF also supported the reopening of schools through establishment of a community concertation framework which is in charge of developing an action plan based on the situation and the willing of parents and community regarding their children education. In 2021, UNICEF supported the reopening of 170 schools benefitting more than 30,000 school aged children; this has been possible thanks to the volunteer teachers of which more than 430 have been supported by UNICEF.

A total of 2,508 teachers (755 female) were trained on child-centred methodologies, peace education / social cohesion and psychosocial support (PSS), and 346 volunteer teachers have been trained on didactic of disciplines and basic psychosocial support resulting in improved learning conditions for more than 140,000¹⁸ children.

In addition, 193 teachers (46 women) were trained on Conflict and Disaster Risk Reduction in Mopti, Gao and Timbuktu regions allowing to develop risk mitigation and response plan in 81 schools benefitting to 18,896 including 9,216 girls. While typically an activity carried out in longer term education programming, by including this module in its Education in Emergency (EiE) response, UNICEF has been seeking to strengthen the link between emergency and development programming. In addition, 131,034 children (including 67,300 girls) were provided with learning materials to improve their access to quality education.

The outbreak of COVID-19 has resulted in the postponement of the start of the school year to the end of January 2021 and the revision of the school calendar to ensure sufficient learning time UNICEF adapted its programmes to support the reopening of schools in a safe and protective learning environment through the provision of 2,274 schools and learning centre with COVID-19 WASH Kits and prevention and control protocol. This has been accompanied by teachers, directors and School Management committee members training on the use of the protocol.

In addition, UNICEF has continued the radio education programme considering the needs beyond the closure of schools due to the COVID-19. This has resulted to the non-functionality of schools due to insecurity, the lack of infrastructures and qualified teachers in crisis affected regions and the low quality of education in the whole country. On the other hand, the positive results and feedback received in 2020 from children, parents and teachers on this distance learning offers has shown the value of combining approaches between community radio broadcasting and the establishment of listening groups. In 2021, at least 11,405 children benefitting from such radio education programme.

UNICEF has far exceeded the target for access to education in 2021 (209,643 children reached against 90,000 planned). In 2021, there were two school starts, which were key moments for ensuring children's enrolment and the engagement of parents and communities, so there was an increase in access activities in 2021. The target was also slightly exceeded for schools with the COVID-19 prevention and control protocol due to available funds. However, the target was not met for the distribution of materials (131,034 children reached against 200,000 targeted) due to delays in delivery in the context of the COVID-19 pandemic.

Two lessons were learned this year, which will have an important influence on the future of the activities. First, the reopening of the schools was facilitated by volunteer teachers in several localities. Support to these teachers is key to ensure the continuity of the education at the local level when the education system is inaccessible to children for security, health, or access reasons.

The second lesson concerns the radio education programme. Initial experiences have shown that a mixed and complementary approach is needed for community radio broadcasting, distribution of solar

¹⁸ Estimate based on an average of 50 students per teacher

radios to vulnerable children and the setting up of listening groups. Indeed, it is difficult to ensure a perfect alignment of the broadcasting schedule with the implementation of other activities on the ground, with other partners. The provision of USB keys containing the lessons to households in addition to the radios has given to the students more autonomy and listening flexibility. In addition, the establishment of listening groups has also provided complementarity. Finally, the experiences of listening groups in communities and schools have shown that all actors and all children can benefit from this programme (teachers, directors, parents, children in school, children out of school children etc.). The resources used in Mali in 2021 were collected and validated by the MoE in 2020 with technical and financial support from UNICEF. Two programmes were used to cover grades 1 to 3 in reading and writing and grades 4 to 7 in literacy and numeracy. There are programmes that have been used for broadcasting through community radios and for inclusion in USB keys.

Education Cluster

In 2021, UNICEF continued to fulfil, in collaboration with Save the Children and the Ministry of Education, its cluster co-lead responsibilities in education in emergencies at national and regional levels. This included facilitating regular monthly meetings, strengthening the technical capacity of education actors in coordination and information management.

To properly focus its actions in 2021, monitor implementation, and to ensure capacity building, the Education Cluster Co-Leads (UNICEF and Save the Children) developed the Cluster's annual workplan, which included several activities with a focus on improving data collection and analysis as a basis for planning. These included support for secondary data analysis of the education sector in Mali, Multisectoral Need Assessment (MSNA) and Joint Education Need Assessment (JENA). This secondary data review and evaluation provided an overview of the situation in terms of the availability of current data that will facilitate planning, and clearly identified the remaining information gaps on the Education in Emergencies model. Results were capitalized during the HNO and HRP exercises tailored to household needs. Not only were education need assessment highly relevant, but also training of actors to strengthen the capacity of EiE partners to conduct systematic data assessments).

The Cluster, with the support of an international consultant coordinated the development of the multi-year resilience plan for the education sector in Mali, which amounted to US \$41 million. The sector received two funding agreements for US\$21M. The first for US\$11 million which facilitated the start-up and additional US\$10 million from USAID. These funds will cover the period from 2021 to 2024.

The Cluster has strengthened its participation in all the other coordination structures, including the Working Group 2 (WG2) on Human Capital Development and Social Inclusion, the Education thematic Working Group and Professional training, the MINUSMA mission on the reopening of schools, the Commission for the Rehabilitation of Post-Conflict Zones (CRZPC) in the context of the implementation of the Nexus roadmap. It should be noted that the Nexus Education Roadmap is already being implemented.

The Education Cluster contributed to the development of the 2021 HRP, which considers the COVID-19 pandemic, by integrating distance education activities and the establishment of a minimum package of water, hygiene and sanitation kits to be implemented in schools. In coordination with the other clusters, a COVID-19 Protocol was developed and disseminated into schools.

V. *Water, Hygiene and Sanitation (WASH)*

	UNICEF and IPs		Cluster Response	
	2021 Target	Total Results	2021 Target	Total Results

# people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	543,800	446,517	1,002,661	663,785
# people accessing appropriately designed and managed latrines	50,000	19,880	100,000	43,785
# people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services	430,200	414,168	926,000	695,907

Growing up in a clean and safe environment not only keeps children thriving, but also gives them a healthier start in life. Throughout the year, UNICEF interventions in WASH were crucial to improve access to clean water, basic sanitation services, and good hygiene practices in areas affected by humanitarian crisis, epidemics, COVID 19 and natural disasters.

To support the most vulnerable persons affected by displacement and natural disasters, UNICEF, and its implementing partners¹⁹ ensured a rapid WASH response benefitting a total of 414,168 people. Interventions included the distribution of xxx family kits (soap and buckets for water storage and water purifiers), improved access to safe drinking water through chlorination activities, the rehabilitation or construction and maintenance of water points in health facilities, schools and communities, as well as improved sanitation through the construction/rehabilitation of latrines and showers. These interventions were accompanied by awareness-raising activities on hygiene practices.

UNICEF enabled sustained access to safe drinking water for 32,349 people (including 18,342 children) in IDP sites, in Mopti, Timbuktu and Kidal regions. In addition, 314,892 people (including 178,938 children) gained access to safe water in Bamako, Sikasso, Timbuktu, Gao and Menaka regions for COVID-19 prevention.

As part of the Ebola preparedness and prevention in the regions bordering Guinea (Sikasso, Kayes and Koulikoro), WASH supplies were pre-positioned in six community health centres. Ebola infection prevention control capacity assessment was conducted in 21 health centres. In addition, WASH committees were established or revitalized in 20 communities.

As responses to natural catastrophes driven by climate change are becoming an increasing phenomenon in Mali, UNICEF emergency response was combined with more resilience-oriented activities (investment in safe zones which will host affected communities in case of disaster) to improve preparedness of communities in case of new disasters.

COVID-19 interventions have been strengthened with the continuation of the pandemic, which justifies around 126 per cent achievement compared to the annual target to the detriment of the WASH in Nutrition and WASH in schools' components that have not received funding. These funding gap led to a reduction in the efforts of the nutrition actors since more than half of the cases of malnutrition are associated with WASH-related diarrheal diseases

UNICEF continued efforts to provide an integrated response to people in need and especially children. Interventions in 8 schools in Mopti region combining both WASH and Education related activities resulted in more than 2,000 primary school pupils affected by conflict and / or natural disasters benefitting from an improved access to drinking water and sanitation services.

Considering the climate change effect and nexus approach in the service delivery, UNICEF supported the realization of deep boreholes equipped with solar powered technologies while productive hand

¹⁹Regional Directorates of Hydraulic, Regional Directorates of Social Development and Solidarity Economy, Regional Directorates of Civil Protection, Regional Directorates of Health and NGOs including NRC (Norwegian Refugee Council), IRC (International Rescue Committee), IMADEL (Initiative Malienne d'Appui au Développement local), GARDL, Solidarités Internationale (SI), ALPHALOG (Association Libre pour la Promotion de l'Habitat et du Logement), ARDIL (Action Recherches pour le Développement des Initiatives Locales), CARD (Carrefour Développement).

pumps were upgraded to solar systems. These environmentally friendly and gender-focused technologies are easy to use and contribute to reduce the waiting time at water points for affected communities as well as in schools and health care facilities. The use of this innovative technology is key to ensure sustainable service delivery in hard-to-reach places as it is requiring minimal operation and maintenance fees from communities. Currently, UNICEF is conducting an evaluation on the use of solar technology in Mali and expect to scale up its implementation in the country as it is cost effective for communities.

In terms of project monitoring, despite the insecurity situation, UNICEF ensured the supervision of project activities involving Government line ministries and community key members. UNICEF will be continuing empowering the technical department of the Ministry of Energy and Water as well as communities to oversee project activities in their location.

The fund received for the emergency response has been vital in providing lifesaving activities in communities affected by recurrent emergencies linked to insurgents' activities and climate change hazards. The support provided has helped many people to regain access to water, sanitation, and hygiene (WASH) services in communities, schools, and health facilities.

Due to the nature of the context UNICEF and implementing partners faced multiple constraints linked to logistic and poor access due to widespread of insecurity, particularly in the northern part of the country. For instance, UNICEF was not able to get a vendor to transport the WASH supplies to Menaka by road while transportation fees from Bamako to emergency affected areas doubled. The low presence of humanitarian actors (international and local NGOs) with limited human resources capacity was a factor affecting timely implementation and monitoring of projects activities.

WASH Cluster

In 2021, as WASH Cluster lead agency, UNICEF ensured the coordination of the humanitarian response at national level. The WASH emergency response countrywide benefitted to 834,870 people (including 474,415 children) affected by conflicts, natural disasters, epidemics (including COVID-19), of whom 203,600 (including 115,696 children) had access to sustainable access to safe drinking water and 168,888 for temporary water access. Several innovations were identified in the sector and have been shared among WASH actors²⁰. This represents 46 per cent of the HRP target.

A total of 28 organizations²¹ both at national and regional level actively participated in the cluster coordination meetings and submitted monthly data on the 4W (Who Where, When and What).

As cluster lead, UNICEF ensured the reporting and performance monitoring of the cluster at national and regional level. The cluster actively contributed to the elaboration of the Mali HNO and HRP for 2021 including the COVID-19 pandemic. In 2022, UNICEF will undertake several capacity building activities and provide technical support to regional thematic group to improve efficiency of the cluster.

In 2022, and in order to continue to optimize the WASH Cluster and the WASH emergency response in Mali, the WASH cluster plans to continue to support for WASH sectoral coordination at regional level through the WASH sectoral groups. The WASH Cluster will also continue the strengthening the quality of the WASH humanitarian response through the promotion and implementation of the five minimum WASH commitments for the protection and dignity of affected people. The promotion of structural response (Nexus) through transversal and inclusive approaches and the dynamic of intersectoral coordination with the other Clusters (Health, Nutrition, Education, Protection, Shelter, and Food Security) will be also reinforced.

²⁰ Regional Solar Technical Initiative set up at the regional level made it possible to provide specialized technical support on all aspects related to solar drinking water supply systems and to build capacities of 35 WASH actors in Mali. Mobile solutions to connect individuals and organizations with digital technology presented to partners to help them make better decisions through feedback, impact and insight systems. We can also cite new technologies such as DOSATRON which is a new water chlorination pump allowing proportional dosing and operating without electricity as well as new approaches such as hygiene for all through the promotion of new models of devices hand washing.

²¹ACTED, ACF, CICR, HELP, IRC, IRW, NRC, POD, SI, WVI, Qatar Sharity, IMADEL/AEN, ASSADEC/AEN, GARI/AEN, WHH, TASSAGHT, TASSAGHT/AEN, Mercy Corps, AEN, MSF-Esp, IMADEL, Qatar Sharity, FHI-360, ASADD, APFE, PUI, GARDL, ARDIL et UNICEF

Bilateral monitoring carried out by the WASH Cluster with partners shows a funding level of 48 per cent (US\$22.4 million received out of the US\$46.8 million required in 2021) with the financial support of 18 donors²². The sector thus remains significantly underfunded, despite the increase in humanitarian needs in the sector. The WASH component in institutions remains the least funded (schools in emergency situations, health centres, WASH in Nutrition) increasing the risk of waterborne diseases or epidemics and thus limiting the actors responsible for the management of malnutrition in education and health to have more impact in their interventions.

VI. Social and Behaviour Change (SBC)

	UNICEF and IPs	
	2021 Target	Total Results
# people participating in engagement actions for social and behavioural change	800,000	1,820,151
# people sharing their concerns and asking questions/clarifications to address their needs through established feedback mechanisms	300,000	230.868

In 2021, UNICEF implemented a holistic communication approach aimed at (1) responding to the information needs of affected families affected by humanitarian crisis and epidemic, including Ebola and COVID-19 (2) to engage and mobilize communities to participate in the various responses that have been initiated and (3) to collect community feedback.

UNICEF, in close collaboration with Government partners²³, intensified its communication and community engagement activities to support the national campaign against the COVID-19, reaching around 14.3 million people.

In addition, and in order to prevent the possible spread of Ebola Virus Disease following the outbreak alerts in Guinea, from June to August 2021, UNICEF and its implementing partners were involved in sensitizing communities, raising alerts on suspected Ebola cases, collecting community feedback as well as disseminating responses to feedback in the community. About 538,895 people, men, and women, of which more than 52 per cent women and children were informed and sensitized on the preventive measures and the barrier methods against the Ebola virus disease (EVD) in the border areas of Mali with Guinea.

To do this, UNICEF's interventions focused on community mobilization, media use, mainly community radio and digital engagement, through the U-report platform (SMS centre, information centre and survey). Locally elected committees at the village level and made up of community leaders, educators, front-line workers, teachers, women, and youth, represented a key pillar of community engagement for the preparedness, response, and recovery from humanitarian crisis.

UNICEF also worked with the Inter-Religious Council (CIRP- Mali) to conduct in 284 places of worship (in Bamako, Koulikoro, Kayes, Mopti, Sikasso and Ségou) dialogue and discussions with believers on COVID-19 prevention and protective measures, social distancing, and the vaccine uptake.

Throughout the country, community radio stations are an essential source of information, especially in emergencies. In 2021, 280 radio stations were supported by UNICEF and they produced and

²² Japan, Canada, BMZ, Direction du Développement et de la Coopération Suisse (DDC), ELRHA-HIF, KFW, UNICEF, ECHO, BHA, GIZ, SIAAP, AFD, SIDA, NORAD, DUE, GFFO, Patrip Foundation, Ministère Allemand des Affaires Etrangères (AA)

²³ CNIECS, DNDIS, DRDES, Ministère de la Jeunesse, DRS, DRJ, ANCD, SI, ORTM, AMAP

broadcasted participatory programmes, spots, and micrograms to mobilize targeted communities for mass campaigns and provided information on protection and prevention against COVID-19 and other emergencies.

To strengthen its risk communication approaches, UNICEF continued using its U-Report platform in Mali, which has mobilized more than 71,000 participants (62 per cent girls) called U-reporters. By 2021, the platform provided key information but also received U-reporters feedback and perceptions on the pandemic through polls in all regions of the country. The National Agency for Telehealth and Medical Informatics (ANTIM) platform was also used to received community feedback.

, Several U-Reports were conducted during the year in order to support the activities of the different UNICEF sections, allowing them to have a more precise approach of the priority needs and perceptions of the beneficiaries on the COVID-19.²⁴

Main challenges encountered included the low perception of risks associated with infections, mainly the COVID-19 and Ebola., Persistent rumours, fake news and misinformation contributed significantly to the weak mobilization of communities during the COVID-19 and Ebola.

In 2021, the political context also had an important influence on the implementation of activities. The successive changes in Government ministries, had an impact on the planning of the programme and the disbursement of funds. New government partners were identified to lead and coordinate the implementation of the programme with the youth networks.

One of the lessons learned is that when young people are involved early in the response, they can provide innovative ways to engage with their peers and communities, including community leaders, to co-create and use local solutions.

VII. Social Inclusion

	UNICEF and IPs	
	2021 Target	Total Results
# households reached with humanitarian cash transfers across sectors	60,000	51,969
# households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding	40,000	30,000

The Malian economy started 2021 with a fiscal deficit of above the convergence criteria of West African Economic and Monetary Union (WAEMU) of 3 per cent even if this constraint has been temporarily loosened to leave room for policy leeway for member countries to cope with socio-economic impact of the COVID-19 pandemic. Despite this transitional arrangement the structural position of country

²⁴- La Mutilation Génitale Féminine cas de l'excision <https://mali.ureport.in/opinion/5007/>

- Perception des jeunes sur les nouvelles opportunités <https://mali.ureport.in/opinion/4956/>
- Le déni face à la Covid19 dans la région de Mopti et Ségou <https://mali.ureport.in/opinion/4812/>
- Connaissance de la politique cadre développement de la jeunesse <https://mali.ureport.in/opinion/5045/>
- Perception des jeunes de l'accompagnement de l'État, CNJ et des projets de développement <https://mali.ureport.in/opinion/5061/>
- Perception des jeunes sur la vaccination contre la Covid19 <https://mali.ureport.in/opinion/5092/>
- [Sondage sur l'engouement pendant la vaccination https://mali.ureport.in/opinion/5312/](https://mali.ureport.in/opinion/5312/)
- La vaccination contre la COVID 19 <https://mali.ureport.in/opinion/5456/>

remains relatively exposed to external shocks. In this context UNICEF used two arms to provide cash transfers and complementary services as a social protection response to the most affected population:

The government-led social protection COVID-19 response plan, initiated in 2020 and extended in 2021, benefited from the support from UNICEF in targeting and Information Management System to avoid duplication and to ensure that children related outcomes are considered. Among the measures taken by the government, those with a direct impact on children were the Special Fund for the most vulnerable families (100 billion); the free distribution of cereals and livestock feed to vulnerable populations (15 billion); exemptions granted on the import of 160,000 tonnes of rice and 6,000 tonnes of milk (7 billion); free social brackets on water and electricity bills for 2 months (7 billion) and Value-Added Taxes (VAT) exemptions on water and electricity bills for 3 months (9 billion). The implementation of these measures especially the special fun for the most vulnerable families was still ongoing in 2021. Of the 1 million households targeted as part of the special fund, as of December 2021, 400,000 Households were reached with a lumpsum of cash transfer amount of 90,000 XOF.

UNICEF provided fund and technical assistant to specific short-term cash transfer interventions which cumulatively reached about 80,000 Households (HH) (or 240,000 individuals) in 2021. Among these programmes are: (i) The cash transfer to vulnerable households under the joint programme on “responding to the social economic impact of COVID-19 through adaptative social protection systems” which reached 35,076 HHs in the region of Sikasso, Segou, Koulikoro and the Commune 3 of the district of Bamako (29,907 households in the communities and 5,103 HHs through women member of saving groups); (ii) The prevention nutrition package for 24,858 children under the age of 2 and 1,800 households members of the Nutrition Activity Support Groups (GSAN) in the region of Timbuktu and Mopti; (iii) Cash to 6,000 HHs for girl's education aims to increase access to education services for girls thus fighting against child marriage and violence against children and (iv) Cash transfer for 3,836 Households in Kayes and Sikasso region to address the distortions of remittance of migrants as a direct consequence of restriction measures in developed country where an important amount of Malian migrant workers are settled. Insecurity in specific areas of interventions has delayed the disbursement of cash to the beneficiaries in time. In addition, data collection activities on the beneficiaries and the screening the list have lasted longer than plan for accessibility's reasons.

UNICEF supported all cash interventions to incorporated gender-specific risks and needs. This has been experimented at project level (Inclusion of sex of HH head, Marital status, Single parent etc.). As a result, UNICEF supported Cash transfers are increasingly becoming gender-responsive with gender-transformational objectives even in humanitarian situation. E.g.: (i) Cash to women and men insuring that HHs led by women are given priorities (ii) Cash to Women saving group to increase the empowerment of the recipients while working with men for their engagement in the adoption of key family practices and (iii) Cash to children under 2 and pregnant and lactating women in addition to the Nutrition Activities Support group (70 per cent of them are led by women).

UNICEF is participating in coordination mechanisms including the Social Protection, Nutrition and Food security Working group (PSSAN), The National Social Protection Group and the Cash Working Group. In these fora, UNICEF is advocating for more shock responsive, child-sensitive and nutrition sensitive social protection system through knowledge and evidence generation and exchange, support to targeting mechanisms to incorporate children's outcomes and harmonization to deliver social protection services that are aligned to the national standard including the transfer value. UNICEF has also worked with national counterpart to identify risks associated with its cash transfers operation and proposed a mitigation measures which are being implemented.

VIII. Coordination of the emergency preparedness and response

UNICEF worked with the MoH and Social Affairs and the Ministry of Security and Civil Protection (MSCP), Civil society organizations and United Nations agencies, to strengthen government capacities for coordination, disaster preparedness and response at all levels.

The regions in emergency (Timbuktu, Taoudenit, Gao, Menaka, Kidal, Mopti, Ségou), supported by UNICEF Mali, are equipped with a multi-risk contingency plan to ensure an appropriate, timely response

to ongoing and sudden emergencies. The plans included prepositioning of supplies, dedicated implementing partners, surge Human Resources and committed funding, which enabled rapid responses in each hub at critical times during onset emergency.

Learning from the 2020 humanitarian situation, and materializing the efforts undertaken for several years to support the Government in humanitarian planning, the 2021 national flood preparedness and response plan based on the analysis of the 2020 floods was elaborated. Each region then developed a specific plan, allowing for a better level of preparedness and response at the local level.

To make local systems and communities more resilient to shocks, UNICEF provided a technical support that resulted in the development of shock-sensitive local development plans, the Economic, Social and Cultural Development Plan (PDSEC)-- in eight communes in the Mopti region.

Progress has been made in terms of coordination: The functioning of crises and disaster management committees in both the conflict-affected regions (Timbuktu, Taoudenit, Gao, Menaka, Kidal, Mopti, Ségou) and the other regions (Sikasso, Kayes and the Bamako district) has improved allowing these regions to better anticipate and respond to floods and various shocks faced by people and communities.

A procurement and logistics strategy (combining local and international purchases) based on a risk analysis and needs assessment (conducted by UNICEF in 2020) has allowed for the pre-positioning of contingency stocks worth 1,803,124.10 USD in the regions of Timbuktu, Gao, Mopti, Ségou, Sikasso, Kayes and the Bamako District. The use of local purchases helps to save time in the acquisition of supplies and to quickly assist people in need. With the contingency stock, UNICEF and its partners assisted 399,258 people (including 203,621 women and 215,599 children) affected by various crises.

Furthermore, flood management plans were developed, available at national and regional levels and a national workshop led by the National Directorate of Social Development on floods management, helped enhance institutional analysis capacities in humanitarian action. The worsened security situation in some parts of the country remained a challenge in the delivering of goods to needy beneficiaries. Measures were put in place to ensure goods are safely delivered, including regular information sharing between the security and supply units, use of alternative transport routes in case of deterioration of the situation (Niger and Cotonou), set up of a warehouse in Gao in partnership with WFP.

UNICEF continued to support evidence generation and information management. Efforts were deployed for the improvement of the Mali socio-economic database known as "Malikunnafoni" with its development and operationalization through a new technical platform framed as "Data For All (DFA)". User-friendly tools (data portal, online dashboard and a mobile application) were finalized and are available, creating a more user-friendly database for monitoring of the main national development indicators especially for CREDD²⁵, SDGs, Goals 2063 and UNSCDF²⁶ 2020-2024 frameworks.

Table 2: Summary of Programme Results

Sector	UNICEF and IPs		Cluster Response	
	2021 target	Total results	2021 target	Total results
Nutrition				

²⁵ Cadre stratégique pour la Relance économique et le Développement durable

²⁶ United Nations Sustainable Development Cooperation Framework

# children aged 6 to 59 months with severe acute malnutrition admitted for treatment	161,210	153,380	161,210	153,380
# primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	480,853	233,837	686,933	358,255
Health				
# children aged 6 to 59 months vaccinated against measles	409,629	345,047		
# children aged 0 to 59 months vaccinated against polio	1,400,000	875,277		
WASH				
# people accessing enough safe water for drinking, cooking and personal hygiene	543,800	446,517	1,002,661	663,785
# people accessing appropriately designed and managed latrines	50,000	19,880	100,000	43,785
# people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services	430,200	414,168	926,000	695,907
Child Protection				
# Children and caregivers accessing mental health and psychosocial support	300,000	56,142	828,728	66,638
# Children released from armed forces and groups reintegrated with their families/communities or provided with adequate care and services	400	554	800	562
# Unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	1,000	1,628	1,500	1,843
# Women, girls and boys accessing gender-based violence risk mitigation, prevention or response intervention	40,400	159,210	N/A	N/A
Education				
# children accessing formal or non-formal education, including early learning	90,000	209,643	159,000	294,000
# children receiving individual learning materials	200,000	131,034	485,832	390,500

# schools implementing COVID-19 -19 protocols (infection prevention and control)	2,000	2,274	6,500	12,441
Social Inclusion				
# households reached with humanitarian cash transfers across sectors	60,000	22,015	N/A	N/A
# households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding	40,000	30,000	N/A	N/A
SBC				
# people participating in engagement actions for social and behavioural change	800,000	1,820,151	N/A	N/A
# people sharing their concerns and asking questions/clarifications to address their needs through established feedback mechanisms	300,000	230,868	N/A	N/A

7. Results Achieved from Humanitarian Thematic Funding

Thematic funds were crucial in contributing to respond to the frequent and repeated population movements in the central and northern regions of Mali, mostly driven by violence and abuses carried out by armed groups. They enabled UNICEF to address the critical needs of IDP populations especially children that represent 64% of the of the IDPsin a timely and comprehensive manner. They constituted a precious flexible resource to deliver a holistic multisectoral humanitarian response across sectors

Exposed to extreme violence, children remain particularly vulnerable to abuse, violence and exploitation. For Child Protection, the humanitarian thematic funds specifically allowed to provide accurate responses in terms of protection for children affected by the crises in the Bamako region. A total of 983 children (604 girls) benefited from community-based psychosocial support in child friendly spaces while 143 child victims of violence, including 57 girls, who were victims of sexual violence, were cared for at the IDP site in Faladie (Bamako District). These children received individualized case management support including health and psychosocial care. Prevention activities against gender-based violence were organized. A total of 897 parents (511 women and 386 men) were sensitized on children's rights and protection against violations in IDP camps.

With the closure of schools, hundred thousand of children, both IDPs and in host communities, could not have access to education. Thematic funding has been essential and has enabled UNICEF to support the Government's actions to provide relevant, quality, child-friendly education alternatives and thus contribute to ensuring the right to education for children affected by the multidimensional crises. A total of 27,647 children (including 13,448 girls) have benefitted from access to quality education and 287 teachers (including 71 women) were trained in child-centred methodologies, peace/social cohesion education and psychosocial support (PSS), improving the learning conditions of more than 14,350 children. More specifically, access to and quality of education were strengthened through the following activities: (i) Rehabilitation of 42 classrooms and 43 separate latrines, benefiting 3,156 children; (ii) Creation/rehabilitation of 204 Community Learning Centres (CLCs), benefiting 7,607 children; (iii) Provision of individual learning kits to 27,647 pupils and teaching kits to 287 teachers.

Coordination with the different response actors was crucial to implement those activities in a coordinated and effective way mainly through national partners. National NGOs brought a very

contextualized and local knowledge on emergency situation while UNICEF staffs provide continuous guidance and on-job training to the partners to build their capacity in emergency response. Working with national NGOs was an asset allowing to increase community acceptance and better access to hard-to-reach areas.

Through regular consultations with women and girls, UNICEF has also ensured the implementation of risk reduction activities related to gender-based violence (GBV) in the targeted localities. Thematic funds were complementary to other funding resources mobilized in 2021 and allowed UNICEF to ensure a complementary and effective emergency response in child protection and education.

a) Thematic Funding Case Studies

Child protection

Despite the very complex socio-political context and the COVID-19 outbreak, actions to get children out of the non-state armed groups continued in the regions affected by the conflict, particularly in Gao, Menaka and Kidal. In 2021, UNICEF's partnership with the NGOs ATDED, DRC, GARDL, and SOLISA²⁷, allowed the strengthening of the MRM system and the strong involvement of influential leaders. The strengthening of the local child protection committees also facilitated the identification and withdrawal of children from non-state armed groups. These children, thanks to the contribution of humanitarian funds, benefit from holistic care. This case study describes the entire exit strategy and social reintegration process for children in the Gao region, which is subject to insecurity, especially in the Ansongo cercle, and to the negative consequences of COVID-19.

Background: The multidimensional crisis in Mali led to serious violations of children's rights. In the Gao region, the proliferation of non-state armed groups in several areas has led to population displacements including of children and adolescents. This growing insecurity, coupled with the closure of 111 schools led to cases of recruitment of children by non-state armed groups, killings and maiming, and cases of rape and sexual violence against children. Also, the weak coverage in basic social services to deal with this situation has had a strong impact on the emotional state of children and their social reintegration, especially those who have left non state armed forces and groups. UNICEF in partnership with the NGO ATDED has implemented the "Community Reintegration and Psychosocial Support Project for Children Affected by Armed Conflict, Insecurity and COVID-19 in the Gao region".

Resources required: To ensure the release of children from armed groups/forces and to promote their social reintegration in the Gao region, UNICEF supported ATDED in the recruitment of a Project Manager, a Supervisor, a Monitoring-Evaluator, an Accountant, two Case Managers, 10 Facilitators/Monitors, 2 Psychologists, and 14 Child Friendly Spaces supervisors. These agents have been trained on the different themes of child protection, particularly on the monitoring of serious violations of children's rights, listening activities, psychological first aid, the referral system, the prevention of GBV and other risks related to child protection, especially GBV and PSEA. UNICEF, in collaboration with its partner ATDED, has set up Community Protection Networks, frameworks for dialogue between formal and non-formal actors to facilitate communication on child protection issues. All activities integrate the preventive measures of COVID-19, particularly in the Child friendly spaces (CFS), at the level of Transit and orientation centres (CTO), special frameworks for the rehabilitation of children's dignity. To support the achievement of results, UNICEF has committed US\$380,360 to strengthen the capacities of actors, ensure the holistic care of children affected by emergencies and promote their social and socio-economic reintegration and schooling.

Progress results: Thanks to UNICEF's support, a community-based strategy for the release of children from non-state armed groups was put in place in various project implementation areas. The release adheres to the following process: 1) The identification of children usually done by child protection committee members who spot children in non-state armed groups, for example, in the back of pick-up cars or at checkpoints. 2) They then report the information to the President of RECOPE/CLPE who informs the relevant community leader, 3) The community leaders, who often know the leaders of the non-state armed groups, pleads for the children release. 4) Children are then referred to the relevant

²⁷ ATDED: Actions Tartit pour le Développement Durable ;
DRC :Danish Refugee Council,
GARDL : Groupe Action Recherche pour le Développement Local,
SOLISA : Solidarité pour le Sahel

NGO according to the referral path. 5) UNICEF or a member organization of the MRM Technical Group verifies and certifies the child as a child associated to armed forces and armed group (CAAFAG) and 6) transfers the child to the Transit and Orientation Centre for transitional care and follow-up of the family reunification and socio-economic reintegration process. This community-based approach allowed for the identification and discharge of 102 CAAFAG, 52 of whom were referred to the CTO for holistic care (psychosocial, clothing, health, food, family tracing and reunification, and socioeconomic and social reintegration).

Relevance and Added value: Social reintegration is a very important component for the rehabilitation of children exiting non state armed groups in the Gao region. Capacity building of the CTO²⁸, transitional foster families and CFS has helped to psychologically stabilize these children and prepare them for their return to their families.

Challenge- Lesson learned: The major remaining challenge is the prevention of re-recruitment in an area where the security context remains volatile. To this end, UNICEF, ATDED and the Regional Directorate for the Promotion of Women, Children and the Family of GAO have instituted periodic monitoring (every two months) of children. This follow-up is supported by maintaining telephone contact and making the Community Child Protection Networks responsible. Another challenge is the exit of associated girls. Thanks to the strengthening of the child protection local committees by the presence of women, 3 girls have been identified during the reporting period. The women played a key role in sensitizing girls associated with armed groups. Alongside with men and youth, the women were engaged into dialogue with non-state armed groups, community leaders and influential to ensure the release of children from armed groups while emphasizing on girls. This strategy of involving women must be reinforced by strengthening their capacities to enable the increasing number of girls released from armed groups as well as the prevention of recruitment and use of girls and boys by armed groups.

Education

Schooling of children affected by the crisis in the regions of Mopti and Ségou

Despite growing insecurity and the COVID-19 pandemic, children have benefited from access to quality learning in the project's intervention areas. The NGO APIDEV²⁹, in partnership with UNICEF, has implemented the project "Access to quality education for out-of-school and out-of-school children in the context of the COVID-19 crisis in the regions of Mopti and Ségou" with telethon funding to contribute to the improvement of children's education.

Background: The COVID-19 pandemic has aggravated the multidimensional crisis that Mali has been experiencing since 2012, with very painful social, health and economic consequences for the population. To this was added the teachers' strike which paralyzed the education sector for four months in 2021. These two factors led the Country and its technical and financial partners to put in place rapid impact and concerted initiatives to reduce the consequences on children. It is in this context that the NGO APIDEV, with the support of UNICEF, has contributed to the improvement of the quality of education in the context of COVID-19. This support has taken the form of setting up community learning centres, distributing school kits and integrating out-of-school children in the areas hard hit by the crisis.

²⁸ Centre de transit et d'orientation

²⁹ Association pour le Programme Intégré de Développement

Resource requirements: Considerable efforts have been made by UNICEF to ensure continuity of learning in crisis areas through the removal of barriers to children's access to and retention in quality education. This required the establishment of a team composed of one (01) Coordinator; one (01) Monitoring/Evaluation Officer; four (04) Supervisors; one (01) Accounting Assistant; fourteen (14) Facilitators; One hundred and four (104) Volunteer Teachers (Animators of the CAC/EAT³⁰ centres) who set up Temporary Learning Spaces, Community Learning Centres (CACs), the reintegration of out-of-school children and the distribution of school kits for an amount of 335,646,580 F CFA.

Progress and achievements:

- During the implementation of the Project, 104 CACs/TLs (84 in Mopti and 20 in Ségou) were built/rehabilitated and equipped to ensure quality learning for displaced and community children (6,150 children including 3,129 girls).
- Reintegration of 4,618 children (2,471 girls and 2,147 boys) into the project's formal schools.
- Distribution of school kits: School kit distribution activities were carried out in formal and non-formal education establishments (partner schools and CAC/EAT) in the Mopti and Ségou Regions. In total, 27,819 children, including 12,519 girls (25,690 children, including 11,561 girls in the Mopti Region and 2,129 children, including 958 girls in the Segou Region) received school kits consisting of notebooks, pencils, slates, pencils and textbooks (French, Bamanankan, Dogosso, Fulfuldé, Bomou, Minianka and Sonrhaï) to improve the quality of learning.

Relevance and added value: Despite the growing insecurity and the COVID-19 crisis in the regions of Mopti and Ségou, the project was able to set up an alternative education system through the CAC/EATs with the involvement of key education actors (Académie d'Enseignement, Centre d'Animation Pédagogique, collectivités Territoriales and Comités de Gestion Scolaires). The distribution of school kits has been a source of motivation for parents to enrol and keep their children in school.

Challenges and lessons learned: The main challenge was the restriction of movement due to insecurity and the COVID-19 pandemic which led to the closure of schools. The support of the administrative and local authorities facilitated the implementation of the project activities by making security information available.

Alternative education strategies through Community Learning Centres and Temporary Learning Spaces were factors that contributed to ensuring the continuity of basic education services and improving the quality and protection of children.

8. Assessment, Monitoring and Evaluation

UNICEF produced monthly situation reports based on data collected on high-frequency indicators as well as qualitative data captured both from UNICEF partners reports. Based on the evidence, mid-year and end-year country programme review exercises serve as platforms to review progress against targets of performance indicators and identify and prioritize bottlenecks and their causes jointly with provincial and central Government counterparts as well as other relevant actors. Corrective actions are then planned and implemented jointly with implementing partners to address causes to remove bottlenecks.

As part of assurance activities, programmatic visits are the essential tool to “ground trust” partner reports, identify and resolve implementation issues before they become a problem, and to help assure progress toward achieving planned outputs. At the end of each partnership agreement with an implementing partner, a final partnership review agreement is organized to share common analysis of

³⁰ Centre d'Apprentissage Communautaire/ Espace d'Apprentissage Temporaire

progress with partners. When possible and appropriate, UNICEF introduces and incorporates innovations in our project monitoring to improve how we use data for decision-making.

UNICEF in Mali made use of third-party monitoring partner to strengthen its field monitoring capacity in hard-to-reach areas. The former regions of Mopti, Timbuktu, Gao, Menaka and Kidal were covered by three national NGOs for field monitoring, insuring evidence are generated on the implementation of activities, their results as well as engaging beneficiaries to collect their feedback. Debriefing sessions were also organized at field level with Implementing Partners to ensure they take ownership of recommendations.

Digital platforms (RapidPro, U-Report, Kobo) were used for data collection and real-time monitoring. For example: RapidPro was used as part of a joint initiative WFP-UNICEF, to strengthen school-based monitoring by contacting school's director to provide information on school attendance, and school-feeding activities. This initiative will be maintained and scaled-up during this year.

In 2021, Mali Country Office participated in the Central Sahel Humanitarian Evaluation along with Burkina Faso, Niger and Mauritania. The results of this such evaluation will support the strategic planning and positioning of UNICEF in Mali within the next years and will allow to further appreciate achievements of the programme, to document eventual factors of success and lessons learned.

UNICEF's participation in inter-agency/inter-organizational fora also provided an opportunity to collect and share key data and information related to the context and humanitarian response. UNICEF has actively supported the functioning of coordination and crisis management frameworks both at central and regional levels. In particular, UNICEF invested (financially and technically) in the establishment and functioning of the coordination frameworks for the response to the Covid-19 epidemic chaired by government officials and entities. UNICEF has taken its full place in the organization of rapid evaluation or monitoring missions - both internal and multi-actor - which are key in the dimensioning or adjustment of the humanitarian response.

Cluster Coordination Performance Monitoring exercises were conducted for every cluster and sub-cluster in 2021. Clusters have regularly contributed to the inter-agency reporting requirements, in particular the completion of matrices (3W, 5W), the quarterly ICC reports and other situation reports.

9. Financial Analysis

As of 31st December 2021, US\$64.3 million representing 53.9 per cent of the appeal (US\$119,08 million) were mobilized, leaving a gap of US\$54 million, particularly in the sectors of WASH (66 per cent underfunded), Social inclusion (60 per cent underfunded) and Child Protection (57 per cent underfunded). UNICEF is grateful and expresses sincere gratitude to all public and private donors for the contributions received.

UNICEF optimized the utilization of the funds received by combining an integrated (multisectoral) programming to joint efforts with other UN Agencies and international and local NGOs. Several donors have shown flexibility by authorizing the reorientation of some development funding to the emergency response, which has enabled to maintain the response, particularly in the sectors of WASH and Child Protection.

Table 1: Funding status 2021

Sector	Requirements	Funds available against appeal as of 31 December 2021		Funding gap	
		Received in 2021	Carry-Forward	\$	%
Nutrition	22,764,211	5,550,419	6,705,258	10,508,534	46%
WASH	21,828,960	6,555,086	804,186	14,469,688	66%
Health	10,829,700	10,990,911	396,300	-557,511	-5%
Child Protection	23,210,000	7,974,190	1,996,806	13,239,004	57%
Education	14,539,649	8,870,839	3,714,748	1,954,062	13%
Social Inclusion	20,807,766	0	8,230,867	12,576,899	60%
C4D	2,948,400	2,285,869			0%
Emergency Coordination	2,156,609	201,078	0	1,955,531	91%
Total	119,085,295	42,428,394	21,848,164	54,146,207	45%

Table 2: Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
German Committee for UNICEF	SM1899100950	231,144
UNICEF-China	SM1899100896	21,981
Global - Thematic Humanitarian Resp	SM219910	2,177,789
Total Thematic Humanitarian Funds		2,430,914
b) Non-Thematic Humanitarian Funds (List individually all non-Thematic emergency funding received in 2021 per donor in descending order)		
Germany	SM210003	821,677
Government of Austria	SM210016	1,126,431
Canada	SM210019	14,390,513
Japan	SM210065	1,845,943
Japan	SM210108	805,556
SIDA - Sweden	SM210131	982,010
Canada	SM210190	1,831,341
European Commission / ECHO	SM210231	1,094,832
Japan	SM210242	925,390
European Commission / ECHO	SM210283	1,121,803
Denmark	SM210287	76,832
Romania	SM210317	55,246
Spanish Committee for UNICEF	SM210557	220,196
GAVI The Vaccine Alliance	SM210562	350,000
GAVI The Vaccine Alliance	SM210563	1,000,000
European Commission / ECHO	SM210782	1,030,979
USAID/Food for Peace	SM210885	625,561

Spanish Committee for UNICEF	SM210947	521,355
Spain	SM210984	521,355
Mali	SM210993	118,292
Mali	SM210994	3,216,206
Total Non-Thematic Humanitarian Funds		32,681,516
c) Pooled Funding		
(i) CERF Grants (Put one figure representing total CERF contributions received in 2021 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	SM210158	378,020
Total Pooled Funding		378,020
d) Other types of humanitarian funds- Example: In-kind assistance (include both GRANTs for supplies & cash) Norway		
Total Other types/Supplies & Cash funds		0
Total humanitarian funds received in 2021 (a+b+c+d)		35,490,450
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanit. Resp.	SM189910	2,270,384
Global - Thematic Humanitarian Resp	SM209910	99,983
Total Carry over Thematic Humanitarian Funds		2,370,367
f) Carry-over of non-Thematic Humanitarian Funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
Czech Republic (The)	SM190352	361,896
Spanish Committee for UNICEF	SM190542	37,514
British Government (DFID)	SM200006	3,884,171
European Commission / ECHO	SM200210	69,563
Switzerland	SM200253	1,444,464
Denmark	SM200427	1,081,093
Bureau for Humanitarian Assistance	SM200555	754
Spanish Committee for UNICEF	SM200688	219,188
USA (State) AF	SM200693	535,128
Canadian UNICEF Committee	SM200706	1,406,269
Spain	SM200728	541,477
USAID/Food for Peace	SM200748	571,697
Romania	SM200826	36,875
Spanish Committee for UNICEF	SM200852	413,488
USAID/Food for Peace	KM200117	1,712,866
USAID/Food for Peace	KM200119	191,332
European Commission / ECHO	KM200149	59,933
Total carry-over non-Thematic Humanitarian Funds		12,567,708
Total carry-over humanitarian funds (e + f)		14,938,075
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Example: Regular resources diverted to emergency	GC/NON-GRANT	500,000

Example: Regular resources set-aside or RR for unfunded OR used for emergency		
Example: EPF if not reimbursed by 31 Dec 2021	GE/xx/xxxx	0

Table 3: Thematic Humanitarian contributions received in 2021

Thematic Humanitarian Contributions Received in 2021 (in USD)	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (5% of D+D) (in USD)
German Committee for UNICEF	SM1899100950	231,144	243,309
UNICEF-China	SM1899100896	21,981	23,138
Total		253,125	266,447

10. Future Work Plan

In line with the Country Programme Document 2020-2024, the inter-agency Humanitarian Response Plan and the Core Commitments for Children in Humanitarian Action (CCCs), UNICEF will address the urgent needs of the most vulnerable populations in crisis-affected regions in Mali on building peaceful, inclusive, and resilient communities and strengthening the linkages between humanitarian action and development and peace programming.

In 2022, UNICEF will continue to be among the first responders providing a timely and integrated life-saving response to address the acute needs of people affected by forced displacements, natural disasters, and public health emergencies.

Based on the “localization approach” of the Grand Bargain, UNICEF will continue to deliver a rapid response in partnership with the Government, communities, and national implementing partners. This approach helps boost acceptance by local communities and increases overall efficiency, sustainability, and accountability. The mechanism will serve as an entry point for a comprehensive and integrated humanitarian response.

UNICEF will promote an **integrated emergency response** strengthening the linkages between Health, Nutrition, WASH, Education and Child Protection programmes to pave the way for more sustainable humanitarian interventions. Cross-cutting issues such as disability, gender and age will be integrated throughout the response. UNICEF will also invest in a systemic approach to preventing sexual exploitation and abuse, including regular training, community awareness raising, community engagement, risk assessment, increased vetting, and human resources measures.

UNICEF and its partners will continue to support SAM treatment in health zones with a target of 197,671 children affected by SAM admitted for treatment. UNICEF will continue to improve the coverage and effectiveness of the nutrition response, including for preparedness activities, through the development, piloting and building of evidence of new approaches and models of care.

UNICEF will enhance high impact health interventions focused on maternal and child health, thereby contributing to the reduction of maternal, neonatal and child mortalities. This is done through the strengthening of health systems, structures, and communities through high-impact interventions for pregnant women, new-borns, children and adolescents and immunization coverage. In humanitarian setting the focus will be on life-saving interventions such as measles vaccinations and primary healthcare services. In 2022 main interventions will include: support to routine immunization, COVAX implementation and the response to other health epidemics. UNICEF will also continue to support the Government in the development and implementation of the Epidemic Preparedness and Response Plan and the strengthening of the responsiveness of operational structures to epidemics (measles,

COVID19, Polio cVDPV2) by strengthening the skills of providers, providing vaccines and inputs and support kits.

UNICEF will provide WASH humanitarian assistance through a timely, coordinated, and integrated multi-sectoral package of support delivered primarily in regions facing recurrent population displacement with focus on solutions that will contribute to increased community resilience and preparedness. UNICEF will continue to lead the WASH clusters at the national and decentralized levels and will focus to promote capacity building in WASH for local and international non-governmental organizations and support national authorities to reach more people in need.

Regarding **Child protection**, UNICEF will continue to provide care to children associated with Armed non state armed groups and unaccompanied and separated children through socio-economic reintegration and the scale up of GBViE interventions. Continuing pilot approaches of socio-economic integration in urban areas for children associated with non-state armed groups () will be a priority together with the strengthen CPIE and social work link (as part of the Nexus approach). In addition, UNICEF will reinforce data collection and specific activities for disabled children and their families.

The **Education response** will mainly focus on facilitating access to quality education for school-aged children affected by displacement due to conflicts, natural disasters, including flooding. UNICEF will continue supporting the implementation of the education in emergencies minimum package focusing on access to education, notably through the provision of temporary learning spaces/construction of modular classrooms; quality education through the provision of teaching and learning materials, and capacity building of teachers; increased community participation through capacity building of school management committees, and awareness raising on critical topics such as social cohesion and violence in schools. The years 2020 and 2021 were marked by the COVID-19 pandemic, which exacerbated an already fragile education system. The pandemic disrupted children's learning and well-being, and violence against women and girls is on the rise. In 2022, emphasis will be placed on supporting the Ministry of Education with the implementation of safe schools' protocol (infection prevention and control) as well as supporting children to catch up on the learning they missed out on while schools were closed.

UNICEF's **Social & Behaviour Change (SBC) interventions** will focus on scale up positive behavioural change. In particular, UNICEF will work to increase the number of operational platforms which proved to be a crucial actor in promoting behavioural change at community level, about vaccination, nutrition, sensitization on Ebola Virus Disease (EVD) and COVID-19 prevention measures, addressing rumours and misinformation etc. UNICEF will scale up its interventions to create enhanced synergies between existing networks (Youth groups, Mama Yeleen, radio, U-Report and other community organizations), to provide them with communication materials/tools and technical skills to strengthen community's accountability and engagement, especially in emergency situations.

UNICEF will strengthen its action in the **prevention and response to GBV and Sexual Exploitation and Abuse** by challenging and transforming gender power relations and structures to foster a safe environment for children, women and girls. UNICEF will continue to provide support to survivors to improve their access to an integrated and holistic assistance, will make efforts to minimize SGBV risks throughout its programming and will strengthen the prevention of GBV by addressing the underlying drivers and causes.

At the upstream level, UNICEF, in partnership with other UN agencies and donors, is promoting national accountability and ownership on the Prevention of Sexual Exploitation and Abuse PSEA. To this end, UNICEF, will strengthen technical assistance to the Government to develop a multi-ministerial structure for prevention and response to SEA and to reinforce the legal framework on GBV/SEA, including judicial reforms to reduce impunity.

11. Annexes

Human Interest Story

Timbuktu's fight against COVID-19: using access to water, an essential commodity, by Julie Crenn

Market women come to fill their basins, neighbours to fetch water for their tea, children frolic as they rehydrate themselves... Thanks to UNICEF and its partners, a solar-operated water reservoir, a water distribution ramp with four taps and four hand-washing stations were built, providing the market with drinking water seven days a week, 24 hours a day.



This change is very much appreciated by the residents of the neighbourhood and the traders like Bintou Youssouf, a friendly chicken seller: "I live at 3 kilometres from the market, and I come here very early every morning with my chickens. These water points have made a lot of things easier for us, we wet the ground to prevent the dust that was making life difficult for us, but I can also refresh myself and the chickens."

« The fight against COVID-19 requires hygiene, and that starts with water » - Salia Diallo, Wash specialist

Between April and July 2020, the COVID outbreak infected more than 544 people and caused 16 deaths in the Timbuktu region, representing 22 per cent of COVID-19 cases in Mali at the time.



In response to the emergency, UNICEF and its partners launched "Operation Coup de Poing against COVID-19": a coordinated multi-sectoral response to stop the spread of the disease. UNICEF sourced from its Thematic Emergency Funds to organize awareness and prevention campaigns, provide tents and oxygen extractors to the hospital as well as provide support needed to put better hygiene in place around the localities.

"The fight against COVID-19 requires hygiene, and that starts with water," says Salia Diallo, UNICEF Timbuktu's Wash

Specialist. "It was necessary to provide water for hand washing, but also to help reduce contact between people outside the home. Before this water reservoir was built, traders and buyers in the market would go to local people to ask for water, and this could easily contribute to the spread of the disease," he adds.



Thanks to the new facilities, Sidi Mohamed Dicko was able to close the tap he has in front of his shop to the general public: "There were many people who came empty handed, asking for water and I wanted to help but, since there are these new water point, I have locked my tap. It's a great relief and it's very useful because a lot of people spend a lot of time here in the centre of town."

His opinion is shared by Ousmane Gadeye Toure, president of the market's management committee: "We have at least 300 traders gathering here at this big Timbuktu market, so you

have to imagine the daily water needs. A butcher, for example, has to wash his meat, wash his hands, and until now, everyone was looking for water from the homes of the local residents!"

With COVID-19, the situation has become critical. "Conventional hand-washing devices have to be filled with water manually and their capacity is usually 100 litres, whereas the containers installed at the market can contain 1,000 litres of water," Salia Diallo says proudly.

Badou Hamdedeou, the secretary of the market's management committee also appreciates the intervention: "We have benefited from soap, masks, there have been town criers here at the market because at one point the epidemic was very widespread in Timbuktu. We even had higher numbers of cases than Mopti or Ségou, it was crazy! We know of traders who had COVID-19 and lost their money".

*« This water is a source of pride for the entire neighbourhood »
- Bintou Youssouf, chicken seller*



Sitting with a basin of water at their feet, Bintou Youssouf and her colleague Fati repeat how happy they are to be free to drink as much as they wish: "In Mali they say that when you give water to someone you have the *baraka* (meaning good luck in Arabic), so it is a source of pride for the entire neighbourhood that we can now provide water to everyone! Even street children from other localities come here to get water, it helps both the young and the old. "



The evidence of the success of the operation "Coup de poing against COVID-19" is that since July 2020 only 46 new cases have been recorded in the Timbuktu region.

"This new solar-driven water reservoir contributes to strengthen the population's resilience because it saves a lot of time and energy: people don't have to queue up for a long time to pump water one by one... You open one of these taps and the water flows!" says Amah Klutse, head of UNICEF Mali's WASH Section.



"It's also a solution for dry areas because we can drill deeper with this technology than the systems that use hand pumps. " BMZ funds are making it possible to scale up this prototype installation, launched in Timbuktu in response to COVID-19 as part of the "Building Resilience in Mali" project. A total of 44 solar operated water stations will be built in 2021 across the northern and central regions (Gao, Timbuktu and Mopti) to improve people's access to water.