Mali

Consolidated Emergency Report 2016

Awa and Nantene at the CsCom Wayerma 1 Health Centre in Sikasso, where Nantene is screened for malnutrition using a MUAC ribbon.

Prepared by **UNICEF MALI**

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List of Acronyms

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

Map of Mali


ALGERIA
MAURITANIA
Tombouctou
Tessalit
Kidal
Abeïbara
Kidal
Tin Essako
Tombouctou
Bourem
Gao
Gao
Goundam
Gourma-rharous
Dire
Niafounké
Ansongo
Menaka
Youwarou
Mopti
Douentza
Nioro
Nara
Yelimane
Diema
Kayes
Koulikoro
Tenenkoun
Mopti
Bandiagara
Niono
Koro
Djenne
Bankass
Macina
Bafoulabe
Kayes
Kolokani
Segou
Ségou
San
Banamba
Baraoueli
Bla
Tominian
Kita
Kenieba
Kati
Koulikoro
Bamako
Yorosso
Diolla
Koutiala
Kangaba
Bougouni
Sikasso
Kolondieba
Yanfolila
Sikasso
Kadiolo
SENEGAL
GUINEA
COTE D'IVOIRE
GHANA
TOGO
BENIN
BURKINA FASO
NIGER
100 Km
Legend
National boundary
Regional boundary
National capital
Regional capital
Cercle capital

1. Executive Summary

Despite the signing of a peace agreement in 2015, Mali's security situation in 2016 continued to deteriorate, particularly in the northern part of the country. Clashes between armed groups and government forces soared, as did deliberate and complex attacks against the UN Multidimensional Integrated Stabilization Mission. Some armed groups have been conducting terrorist attacks targeting the international community in Bamako and in the region of Mopti. Western citizens were also targeted by kidnappings, as reflected by the recent abduction of a French citizen in Gao in December 2016. Criminality raised, both in rural and urban centres, fuelled by the persistent absence of Government institutions in some areas and a lack of basic social services. The political climate showed increased risks of instability, as evidenced by unsuccessful votes of non-confidence against the Government, delayed local elections criticized by the opposition, the laborious induction of decentralized interim authorities and a rising anti-government sentiment. Against this backdrop, the Security Council unanimously authorized a more proactive and robust mandate for MINUSMA, increasing its force levels and providing a stronger focus on stability and protection of civilians. As a consequence, the Mission boosted its overall presence and ventured into programmatic endeavours across the country, while UNICEF and other actors have been vocal in their efforts to maintain their neutrality and humanitarian space. This complex scenario was compounded by other notable crisis such as prevailing nutritional crisis, population displacements, closing of schools, floods and difficult access to some areas in the North (particularly in Kidal) among others.

UNICEF Mali continued therefore to play a critical role in supporting life-saving interventions and to facilitate the transition from reliefwork to sustainable development by facilitating access to and supporting the reinforcement of quality basic social services in crisis affected areas in the North where the Government's presence is weak or inexistent. In an effort to strengthen peacebuilding and social cohesion, UNICEF adopted an integrated approach aimed utilizing water-points in schools as a central component to reinforcing social cohesion in crisis-affected communities. C4D helped bridge the WASH in schools component with the social cohesion dimension through providing technical guidance in facilitating community dialogue in target areas of intervention. 50,950 children participated to peacebuilding activities in the regions of Gao, Timbuktu (north) and Mopti. Despite being one of the benchmarks for the implementation of the Peace Accords, a formal Disarmament, Demobilization and Reintegration (DDR) process hasn't yet started, but an Accelerated DDR programme has been instituted late this year. UNICEF has led the development of clear standard operating procedures for children's demobilisation in case an accelerated process should start, but concerns remain as to armed groups' willingness to participate in demobilisation efforts and as to the Mission's capacity to render communities safe and protect reintegrated children.

UNICEF has invested heavily both in terms of national and decentralised advocacy, capacity building at community level and material support to ensure sustainable reopening of schools at the onset of the 2016/2017 school-year. However, largely due to looming insecurity and the sprawling presence of radicalised elements in central and northern regions, 367 schools still remained closed at the end of 2016. During the 2015-2016 academic school year, UNICEF supported the reopening of 157 out of a total of 454 previously closed schools in centre and North Mali, in collaboration with the Ministry of Education, and in the context of the « Every child counts » campaign. In Kidal region where schools had remained closed for over 4 years, UNICEF Mali has helped reopen 21 of 62 schools providing access to schooling for over 3,800 children.

Child malnutrition remained a major public health problem. Funding streams for nutrition seems to have dried-up, nevertheless UNICEF – through Government and civil society partners - successfully ensured treatment for 145,395 children aged 6 to 59 months suffering of severe acute malnutrition (corresponding to 108 per cent of UNICEF target for 2016), Vitamin A supplementation for 6,363,953 children aged 6-59 months and deworming for 5,571,448 children aged 12- 59 months.

The strengthening of the national cold chain was a highlight for 2016. During the second half of 2016, UNICEF assisted 9 health centers in Kidal region by strengthening the cold chain. 551,225 children under five year were vaccinated against polio in Timbuktu, Gao and Kidal and 15,734 children under one year were vaccinated against measles in Kidal. The capacity building of health centers in Kidal additionally helped to treat 1,918 under five children against malaria, pneumonia and diarrhea. Substantial contributions were made in the WASH sector. Access to safe drinking water was provided to 153,116 individuals in conflict affected areas and 57 health and nutrition centres were equipped with appropriate WASH facilities. UNICEF also provided psychosocial support to 1,430 children and adolescents, while over 137,000 persons were reached by mine risk education.

2. Humanitarian Context

Mali continued to be affected by the armed conflict that erupted in 2012 in the north of the country. Despite the signature of the Peace Agreement in June 2015, renewed violence in the north and centre of the country this year and the violation of the ceasefire in Kidal (north) several time by some signatories of the Peace Agreement were of particular concern. The insecurity that affected certain areas threatened civilians and undermined the provision of effective aid. At the end of December 2016, some 37,000 internally displaced persons (IDPs) remained inside Mali and another 134,000 Malian refugees remained in neighbouring countries.

As a result of the conflict, the provision of basic social services remained limited or non-existent in the north. Almost three months after the start of the school year 2016-2017, 17% of primary schools (367 out of 2,380) in 66 municipalities of Gao, Kidal, Tombouctou, Mopti and Segou regions were still closed, resulting in an important number of children out of school. The poor coverage of water supply in Gao, Timbuktu and Kidal continued to remain a major challenge, resulting in poor hygiene practice and increase of diarrhea cases. One third of health services have been destroyed or looted and unable to provide the minimum preventive and curative care. The HeRAMS survey done in April 2016 showed that 69% of health structures in Kidal, 4% in Gao and 7% in Tombouctou are still closed despite the efforts done by the Government and the humanitarian partners. Moreover, emergency obstetrical and neonatal care are poorly available – from 0% to 20% in the majority of health structures in Kidal. The weakness of the epidemiological surveillance system associated with the gap in the provision of health services lead to the resurgence of various pathologies such as malaria and the outbreak of several epidemics (meningitis in the region of Koulikoro with 32 cases and measles in the region of Gao with 71 cases).

Malnutrition remains a major public health problem in Mali. The National Annual Nutrition Survey (SMART methodology) was conducted in July-August 2016, covering eight of the nine regions (Kidal was not included for safety reasons). The results confirm an alarming national rate of global acute malnutrition at 10.7% (MAM 8.6% and SAM 2.1%) with significant disparities between regions. The highest prevalence was recorded in Tombouctou and Gao (GAM 14.3% and 14.8%, respectively) and the lowest in Kayes and Bamako (MAG 8.4% and 8.6%, respectively). The prevalence of chronic malnutrition is at 26.2% (nationally), with significant regional variations, the lowest (9.9%) in Bamako and the highest (30.2%) in Sikasso. These rates indicate that the situation in Mali continues to be higher than the levels recommended by WHO and calls for increased and continuing attention to address the problem of malnutrition in the country. In 2016, the Nutrition cluster estimated the number of children with SAM (Severe Acute Malnutrition) to be at nearly 180,000 children, and 75% (or 135,000 children) was the target to be assisted.

In line with the 2014–2016 Sahel Regional Interagency Strategy, UNICEF Mali appealed for US$33 million of which US$ 21.6 million (60% of requirements) had been received. UNICEF humanitarian strategy as reflected in the 2016 HAC was built around a multisectoral approach aimed at responding to humanitarian needs and facilitating access to quality basic social services, while building the capacity of national counterparts. UNICEF humanitarian strategy covered the response to the consequences of the armed conflict. It also supported integrated vaccination campaigns in the three northern regions and health facilities received essential drugs and medical equipment to support health care for children under five and pregnant women. UNICEF continued to support the expansion of SAM treatment, implement integrated interventions in health, education and water, sanitation and hygiene (WASH), and reinforce the coordination capacities of national counterparts. UNICEF also focused on the rehabilitation of infrastructure to ensure access to safe water for more than 150,000 people. UNICEF improved access to quality learning for more than 140,000 children in crisis-affected communities. In child protection, UNICEF supported interventions for mental health and psychosocial support, children associated with armed forces and armed groups and survivors of gender-based violence, and reinforces the Monitoring and Reporting Mechanism. UNICEF also supported disaster preparedness for flooding and epidemic outbreaks.

UNICEF's humanitarian action in 2016 continued to focus on the articulation and synergy between humanitarian and development programmes to ensure a strong emergency-transition development continuum. UNICEF Mali strived to frame relief work into a longer-term development perspective, by building government and partner capacity to restore basic social services in conflict-affected areas. Furthermore, the country office pursued its efforts to strengthen existing partnerships with the government, communities, UN agencies, NGOs, in view of supporting sustainability of interventions addressing national priorities and emergencies.

3. Humanitarian Results

During 2016, UNICEF, with the support of its partners, implemented humanitarian interventions in order to achieve key results in the areas of emergency health, nutrition, education, water, sanitation and hygiene, and child protection. UNICEF raised $21.6 million of humanitarian funding against the target of $33 million, a performance of 60 per cent. The funding gap explains largely why a large number of targets were underachieved or only partially achieved (see table 1). Nevertheless significant results were able to be achieved using whenever possible flexible other resources to ensure that UNICEF could provide supplies,

3.1. Performance indicators 2016

Table 1: Cluster and UNICEF Progress against 2016 targets

	Cluster Target	Cluster Total Results	UNICEF Target	UNICEF Total Results	Level of achievement
WATER, SANITATION & HYGIENE					
Number of water points rehabilitated/constructed	792	307	138	197	Target exceeded
Number of SAM children receiving a WASH kit and hygiene promotion session	134,947	20,041	18,323	3,901	Underachieved
Number of WASH emergency household kits distributed	24,380	21,985	15,000	5,985	Underachieved
Number of health centres with minimum WASH package	249	449	60	57	Partially achieved
Number of affected population provided with access to safe water	372,454	251,868	200,000	153,116	Partially achieved

EDUCATION					
Number of children access to formal and non-formal education through UNICEF interventions	300,000	157,873	150,000	142,082	Partially achieved
Number of teachers benefitting pedagogy training (ALP, Schools)	1,500	1,654	1,000	1,311	Target exceeded
Number of children access to peace building program	60,000	50,950	60,000	50,950	Partially achieved
HEALTH					
Number of children under five reached each round of polio campaign in northern region (Tombouctou, Gao & Kidal)			487,708	551,225	Target exceeded
Number of children under one in affected areas reached with measles vaccination activities in Kidal			13,882	15,734	Partially achieved
Number of health facilities reached with UNICEF assistance (cold chain, logistics etc) in Kidal			10	9	Partially achieved
Number health facilities benefitting from Inter-Agency Health Kits (IEHK)			100	361	Target exceeded
Number of children under five treated against Malaria, Pneumonia and diarrhea in Kidal Region with IEDA support			2,263	1,918	Partially achieved
NUTRITION					
Number of SAM (severe acute malnutrition) children (6-59 months) treated	135,000	145,119	135,000	145,395	Target exceeded
Number of MAM (moderate acute malnutrition) children (6-59 months) treated	370,000	167,566	370,000	167,566	Partially achieved
Number of health centers offering malnutrition treatment	1,307	1,307	1,307	1,307	Achieved
Number of pregnant and lactating women treated for acute malnutrition	50,000	53,736			Target exceeded
PROTECTION					
Number of people reached by community level Mine Risk Activities	285,000	298,990	180,000	137,105	Partially achieved
Number of Children victims of/or at risk of violence, abuse and exploitation (including EAFGAs and PSS) identified with access to referral services and reintegration opportunities.	173,156	2,436	23,000	1,430	Underachieved
Number of survivors of GBV who receive appropriate care and support. (Desegregated by sex and age: women, girls, boys and men).			4,000	0	Underachieved

3.2. Overview of 2016 results and Key activities

Wash: Water access in the northern regions remained critical due to long lasting under-investments in the sector that have been aggravated since 2012 by the conflict. In addition to recurrent pockets of man-made crisis, combined factors such as adverse climate change impact, high figures of non-functional existing water points (due to a defaulting operation and maintenance system) and higher community pressure on available water resources are contributing to advanced water scarcity especially in the dry season. Community resilience capacity and coping mechanisms are decreasing year after year and provoking seasonal displacements for water access, and creating new humanitarian needs. The WASH sector is facing a real challenge to address both structural needs and humanitarian needs while trying to create bridges between the two types of interventions. The Linking Relief Rehabilitation and

Development approach is hindered by a refocusing of Humanitarian donor's means on emergency lifesaving activities while Development donors are remaining hesitant to finance structural programs in this highly volatile context. Water needs identified by the WASH Cluster in the Northern and central regions of Mali have increased from 635,000 people in 2016 to 795 000 people in 2017. In 2016 UNICEF has supported, in partnership with NRC and governmental regional directorates, short term emergency distribution of household water treatment products as well as water trucking reaching over 74 000 people in the northern regions. Beside in order to support population resilience, UNICEF through the Water regional directorate has completed emergency repairs for a total of 197 water hand pumps reaching an average of 78,800 people in Mopti and northern regions. WASH in Nutrition has been rolled out in Mopti region contributing to improve basic WASH facilities in 58 health centres. The gap between needs and WASH stakeholders funded/planned interventions remains grave. Regarding WASH in Nutrition hygiene kits, 20,041 people (Mother/caretaker – malnourished couple) were effectively reached by all partners – which corresponds only to 14% of the target. This underachievement is largely explained by the lack of funding available.

Education: In response to the on-going security crisis affecting Mali's northern and central regions, UNICEF continued to implement its "Every Child Counts" campaign. Interventions reached 95% of program targets for 2016. Through collaboration with international and national partners and the MoE, UNICEF was able to provide support to 142,082 crisis-affected children (59,674 girls). This support came through the distribution of teaching and learning materials to over 101,000 students, the rehabilitation of 120 schools, the implementation of 249 accelerated learning centers benefitting 9,373 out of school children (4,123 girls), support to 69 ECD centers in crisis-affected communities in support of 3,952 children (2,047 girls), the training of 1,311 teachers (327 women) on emergency thematic modules, with 50,950 children (21,399 girls) benefitting from Peace Education programming. As part of the "Every Child Counts" strategy, UNICEF has also engaged in piloting innovative approaches to ensuring quality formal and non-formal educational programming to crisis-affected children, including the development of interactive audio programming aimed at supporting teacher instruction in over 800 primary schools and 69 informal community-based learning centers situated in target areas of intervention. Thematic funding allowed to support capacity building for the MoE, including developing teacher training modules on psychosocial support, and strengthen regional emergency coordination mechanisms, with technical support from UNICEF. Community based action plans were developed in 40 target communities to ensure access to equitable schooling for both boys and girls in crisis-affected areas. Gender specific bottlenecks to education were identified and strategies were developed involving community leaders and women's groups. Overall, UNICEF Mali helped newly enroll 45,657 crisis-affected children (20,546 girls) to formal and non-formal educational programming, while helping reopen 157 previously closed schools.

Health: Responding to the lack of operational public health infrastructures in northern regions faced with insecurity, UNICEF Mali signed PCAs with international and national NGOs for lifesaving health interventions. Through these partnerships, 551,225 of children under five year were vaccinated with polio vaccine in Timbuktu, Gao and Kidal. For the same time, 15,734 children under one year were vaccinated against measles in Kidal. In order to prevent malaria in children under 5 years of age, four seasonal malaria chemo seasonal campaigns were organized in Diré in the Timbuktu region with financial support from UNICEF. These 4 campaigns helped protect 31,877 children aged 3 months to 5 years from malaria. 361 IEHK kits have been distributed in the health facilities of Kidal, Gao and Timbuktu for the management of illnesses of the vulnerable population. Each Kit covers 10,000 inhabitants for a period of 3 months – hence allowed to reach a total of 902,500 people in 2016. 926 children under one year were vaccinated with 3 doses of Pentavalent 3 in Kidal region with IEDA support and 1,918 children under five years were treated against Malaria, Pneumonia and Diarrhea in Kidal with IEDA support. Although vaccination coverage is relatively good in these 3 regions (Kidal, Timbuktu and Gao), this does not hold for other interventions: implementation of IMCI (Integrated Management of Childhood illnesses), EmONC (Emergency Obstetric and Nenonatal Care) and PMTCT (Prevention of Mother to Child Transmission) in particular remain challenging as they require functional health facilities.

Nutrition: In 2016, the number of children with SAM in 2016 has been estimated at nearly 180,000 children, and 75% (or 135,000 children) was the target of the Mali nutrition cluster. Thanks to the generous contribution of several donors, UNICEF in collaboration with the Government and other partners successfully ensured treatment for over 145,395 children suffering from severe acute malnutrition **(13,863 - 10% with complications**). This corresponds to **108% of the caseload for 2016** (the target of the nutrition cluster was 135,000 children). UNICEF distributed 130,062 cartons of Plumpy'Nut, 897 cartons of therapeutic milk F75 and 824 cartons of therapeutic milk F100 throughout Mali. In addition, all key performance indicators for URENI and URENAS (in-patient and out-patient facilities, respectively) have met key global standards (SPHERE standards) at the national level, although there remains significant differences and variations at district level. UNICEF provided technical assistance through its technical nutrition staff based in Bamako and in the field offices (Mopti, Gao, Kayes, Timbuktu), which allowed for continuous support to health districts in all aspects of the implementation of a CMAM program. UNICEF also managed the international procurement and distribution of CMAM therapeutic supplies and essential drugs, as well as provided financial support to partner NGOs to support the CMAM programme in specific health districts. This allowed to ensure the treatment of 167,566 children suffering from moderate acute malnutrition.

Protection: In Gao and Ansongo areas of Gao Region, UNICEF worked with Save the Children to strengthen community-based child protection mechanisms by supporting eight child-friendly spaces and eight local protection committees, which benefited 866 children (427 boys and 399 girls) at risk for violence, exploitation or abuse and the referral of 100 child victims to specialized services and case management. 1,430 children (730 girls and 700 boys) also benefitted from awareness-raising and preventing violence by participating in a local Gender-Based Violence Club. This is relatively low compared to the initial target of 23,000 due to the fact that the target was overestimated. In Mopti Region, UNICEF supported a local organization to set up and run four child-friendly spaces to enhance community-based child protection, resulting in the referral of approximately 100 children affected by the conflict. UNICEF also worked with Danish Refugee Council in Timbuktu region to train 115 local administrative authorities in Gossi and N'Tillit areas as well as 30 child protection authorities, eight child-friendly spaces volunteers and 14 child protection service providers on children protection concepts, community-based protection monitoring and reporting on the six grave violations of children's rights in conflict situations. In the regions of Kidal (Kidal and Tessalit areas) and Gao (Gao and Ansongo areas), 12 children who were victims or witnesses of explosive remnants of war and improvised explosive devises accessed psychosocial and medical assistance and 137,105 children were reached by sensitization activities in the northern regions, with UNICEF support. At community level, 30 focal points upon them 5 teachers and 4 local NGO staffs where trained on mine risk education prevention and care giving issues. In Bamako District, UNICEF worked with the ICRC, the National Directorate for Children and the Family (DNPEF) and members of the Child Protection Sub-Cluster to provide child protection services to nine boys who were released from armed groups in 2016. Unfortunately, activities related to the care and support of survivors of GBV in conflict affected areas could not be achieved as planned due to programmatic delays.

Communication for Development (C4D): UNICEF 2016 "Every Child Counts" campaign contributed to opening access to education to 150,000 children in Gao, Timbuktu, Kidal and Mopti. Radio programmes, community dialogue sessions and home visits conducted by more than 1,320 children trained as "Back-to-School Ambassadors" helped inform 395,000 people about the importance of education, peace, social cohesion and inter-community tolerance. To reinforce the peace agreement, UNICEF facilitated the participation of 15 young people in the G5-Sahel ministerial meeting on 2016-2020 Integrated Youth Strategy. In the framework of UNTFHS, a joint project with FAO, ILO, UNDP, UNFPA, and WHO in Gao, Timbuktu and Kidal, UNICEF helped identified target areas and community leaders to train in order to implement human security activities and reinforce social cohesion and resilience in northern Mali.

3.3. Contribution to cluster/sector leadership

The WASH cluster coordination mechanism which was setup in 2012 is still operational with the lead at national level of UNICEF, co-lead of CPS/SEEUDE (Cellule de Planification et Statistique/Secteur Environnement, Eau, Urbanisme et Domaine de l'Etat) and co-facilitation of the NGO Solidarités International. Substantial progress has been made in the setup of decentralized coordination mechanisms in Kidal region (under the lead of Norvegian Church Aid and co-lead of Solidarités International) and maintained for the existing coordination mechanism in Mopti, Gao and Tombouctou (under the lead of the Government and co-lead of Unicef). The cluster also played a key role in the elaboration of the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) for 2017, which focuses on safe water supply, hygiene and sanitation promotion, and WASH in nutrition intervention. The cluster also contributed regularly to the Online Reporting System (ORS) on key WASH indicators thus ensuring that accurate information was available for the international humanitarian community, allowing stakeholders to track progress of interventions. In 2016 the cluster conducted secondary data review based on different assessments realized by cluster members. The cluster lead supported as well capacity building of the co-lead (CPS/SEEUDE) and the co-facilitator (Solidarités International). UNICEF, as coordinator of the WASH Mali Donor Coordination Group is supporting coordination of the WASH sector and advocating for the rural sub-sector and in particular rural sanitation. In that respect, the donor group has been involved in the monitoring of the Mali Sanitation Water for All (SWA) Commitment, the organization of the annual national Water and Sanitation sectorial review, and the support to the elaboration of the new Governmental Water and Sanitation Program. UNICEF is as well supporting the national water resources monitoring system: through a phone-web technology approach the water point inventory has been conducted for the southern regions in 2015. Data consolidation, integration in the SIGMA database and a lesson learnt/ capitalization document have been produced. In a second phase in 2017, UNICEF will support the inventory roll out in northern regions.

UNICEF has continued to lead the Education Cluster at both national and regional level. In an effort to develop regional capacity of national actors, UNICEF trained 108 governmental and national NGO partners on emergency coordination and information management. As a result of this capacity building strategy which was carried in all 4 regions where sub-clusters/thematic working groups were operational, an emergency information system was established providing monthly updates on school closures and attacks against schools and education personnel, helping inform MRM reporting. Monthly information collected via the newly established system informs emergency sectoral strategy. Additionally, regional emergency units were established, composed of regional education authorities in an effort to improve regional response capacity to emergencies. UNICEF led the Education Cluster in implementing and monitoring the 2016 Humanitarian Response Plan, while developing the 2017 HNO/HRO strategy.

UNICEF as lead of nutrition cluster implemented activities that aimed at strengthening the coordination of partners in the implementation of harmonized interventions. In collaboration with the health cluster, the harmonized health-nutrition framework was put in place. Through this platform, partners share their experiences and harmonize their activities in order to consolidate the integration of nutrition into the health system in a sustainable way. UNICEF through the nutrition cluster continues to strengthen the capacity of the Nutrition Division in coordinating nutrition partners. A staff dedicated to the coordination of the nutrition thematic group is now available within the Nutrition Division of the Government and ensures the facilitation of the cluster with UNICEF. With technical and financial support from UNICEF, the annual nutrition review of the Nutrition Division is increasingly taking a multi-sectoral dimension in the fight against malnutrition. Coordination meetings of the Nutrition Thematic Group were regular and several actions taken responded to bottlenecks in improving the management of the nutritional data collection, analysis and transmission circuit.
The active mobilization initiated by the cluster lead enabled the partners to participate more heavily than last year in the humanitarian response plan development process (HRP2017) and the various fills of tools for the monitoring and evaluation of the cluster activities. The Cluster Coordination

Performance Monitoring (CCPM) carried out online by the partners is generally satisfactory and shows more progress compared to 2015.

UNICEF continued to play its leadership role in the area of Child protection, focusing on the two priorities identified by the child protection sub-cluster: capacity building and improving coordination. The DNPEF (Government structure and co-lead of the sub-cluster) together with IRC trained 175 professionals (Government and NGOs) on case management in Kayes, Mopti, Bamako, Koulikoro, Gao, Tomboctou and Sikasso (25 people per region). A strategy was developed for the sub-cluster with activities to be implemented in 2016 which included capacity building; putting in place coordination mechanisms for the sub-national coordination groups in Mopti and Gao; having the referral pathways (4Ws) up to date. A document for Strategic Orientation on Disarmament, Demobilization and Reintegration (DDR) of Children Associated with Armed Groups and Armed Forces in Mali was technically validated at the national level in December 2016. Working with the Child Protection Sub-Cluster and under the lead of the National Directorate for Children and the Family (DNPEF), UNICEF provided technical and financial support to the elaboration of the document and to the validation workshop. This key document is a preliminary step towards the development of a National Strategy on Child DDR and provides Child Protection actors with national level guidance on the release, care and community and socioeconomic reinsertion of children associated with armed groups in Mali. Standard Operating Procedures (SOPs) were developed for the accelerated DDR process for the reunification of 10 boys who were successfully transferred to Government child protection authorities and with UNICEF's support they were provided appropriate care and are now successfully reunified with their families. The information and analyses provided by the national and sub-national coordination efforts were important contributions to the Humanitarian Response Plan. Finally, the child protection sub-cluster contributed significantly to the humanitarian response and worked closely with the Protection Cluster under UNHCR's leadership.

3.4. Gender equity

The persistent crisis in the northern regions of Mali is imposing additional hurdles to the efforts for advancing gender equality, promoting women empowerment and protecting girls and women from violence. In a context of limited security, women and girls are increasingly vulnerable to the impact of natural hazards, suffer the effects of disrupted services and face widespread violations of fundamental rights. Against this backdrop, UNICEF Mali adopted an intersectional approach to strengthen their resilience and alleviate the effects that gender-related disparities produce on them and on the entire population, particularly on children.

UNICEF Mali operated on the WASH in nutrition by training 22,660 pregnant and lactating women on good practices in water management, hygiene and sanitation with a view at reducing malnutrition and attenuate the effects of preventable diseases on the infant/newborn population. In the framework of its engagement in the Disarmament, Demobilization and Reintegration (DDR) process, UNICEF Mali and its partners have been handling the challenge to identify and care of girls associated with armed groups. The effort started in 2015 with life-skills courses for 10,000 girls and prevention of GBV in 131 schools interventions continued until 2016. As part of the United Nations Girls Education Initiative (UNGEI), and following a strong advocacy work carried out by UNICEF, a national inter-ministry committee was established with the aim to formulate a national strategy to address inter sectoral bottlenecks to girls' education (February 2016). UNICEF Mali also provided financial and technical support for the completions of a gender study analyzing all gender education interventions carried out during PRODEC 1. The results of this study will support the preparation of the PRODEC 2 (PRODEC is the 10 year sectoral plan).

UNICEF Mali supported the Government of Mali to facilitate access to Emergency Obstetric and Neonatal Care (EmONC) for women in crisis affected areas trough the capacity building of referral structures in Mopti, Gao and Timbuktu. These structures were equipped in 40 kits of basic equipment, 40 delivery tables, 4 ambulances (2 for Timbuktu and 2 for Gao) etc.

According to the SMART survey conducted in 2016, boys are 1.2 times more affected by Global Acute Malnutrition at national level (age group 6-59 months). This is why the nutrition response in 2016 paid particular attention to ensure that boys were particularly targeted for screening and treatment in some regions. Moreover, women which are the primary caregivers and key actors in fighting children's severe acute malnutrition, were targeted in sensitization and community mobilization efforts to improve awareness on malnutrition and the importance of seeking timely treatment.

As part of its engagement in Gao, Mopti, Timbuktu and Segou, UNICEF Mali's C4D raised awareness on girls schooling through radio programs, community dialogues and the *Back to School* campaign, reaching 395,361 people in Mopti, Gao and Timbuktu.

4. Monitoring and Evaluation

UNICEF led clusters continued to coordinate with partners, including for joint planning, common monitoring and reporting frameworks. In 2016, UNICEF contributed to the finalization of the evaluation of national capacity for Disaster Risk Reduction (CADRI) and co-facilitated the workshop organized by CADRI. UNICEF also assessed the pilot project of a rapid alert system for flood (SMS flood) in Mopti region. The system is operational in the pilot areas (50 villages) and can be spread to other areas. In 2016, UNICEF prepared the launch of a new innovative project aiming to generate contingency plans using drone technology. It will be the first project worldwide of that nature. It will bring, in one geomatics platform, all data required to plan for Emergency Preparedness and Response, and integrate an improved version of the SMS flood system developed in Mopti. In 2017, UNICEF Mali will continue striving to strengthen the capacity of its partners, mostly government and NGOs, in monitoring, evaluation and use of innovative technologies.

In 2015 UNICEF developed an Emergency Response Plan (ERP), with specific activities, targets and indicators for each of the programme sections in line with the UNICEF Core Commitments for Children (CCC) in Emergencies. This response plan is updated yearly, and covers the range of humanitarian needs for the conflict, nutritional crisis and other risks. 2016 update is available, and 2017 update will be released by end of Q1. Emergency Preparedness Response Regional plans are available for Mopti, Gao and Timbuktu regions. These regionals plans include a monitoring and evaluation component with Humanitarian Performance indicators. These M&E components will be strengthened and monitored in 2017, through dashboard updated on a quarterly basis and presented in the Situation Report.

In 2016, UNICEF-Mali launched the process to put in place a Third Party Monitoring (3PM) system to monitor UNICEF interventions in conflict affected areas where access is limited due to insecurity. A national NGO (AMRAD) was identified to conduct the 3PM.The system will be operational in 2017.

5. Financial Analysis

In 2016, UNICEF Mali continued to raise flexible resources through participation in the elaboration of the 2016 Humanitarian Response Plan (HRP), as well as proactive fundraising with the local donor community, the UNICEF Regional Office and Headquarters.

The 2016 UNICEF emergency appeal for Mali secured 60 per cent of funding (US$ 21.6 million) against the 2016 requirement of $33million to enable it to fulfil its emergency needs and core commitments for children as shown in Table 1

Table 1: Funding status against the appeal by sector

Sector	Requirements	Funds Available Against Appeal as of 31 December 2016*	% Funded
Health	2,295,233	1,120,899	49%
Water and Environmental Sanitation	9,253,349	900,000	10%
Nutrition	11,063,787	9,618,114	87%
Education	6,974,209	8,766,589	100%
Child Protection	3,550,469	1,194,922	34%
Total	**33,137,047**	**21,600,525**	**60%**

** Funds available includes funds received against current appeal and carry-forward from previous year.*

The funding requirements in 2016 ($33 million) were revised downward compared to the appeal of 2015 ($37 million) and the humanitarian resources mobilized were higher than last years (60% this year compared to 51% in 2015 and 2014).

The five largest donors of the emergency appeal were: USA, CERF, ECHO/EU, Japan and Denmark. UNICEF Mali had also $3,895,243 in carry-over funds from 2015 (thematic and non-thematic). This carry over fund can be explained by the fact that some grants were based on a multiannual intervention (2016 to 2017). Therefore in 2016 the country programme only used the tranche that was allocated to this year. In 2016, there was $5,090,000 of funding available from the Central Emergency Response Fund (CERF), bringing the CERF as the second largest humanitarian donor for UNICEF Mali.

As shown in Table 1, three out of the five sectors were underfunded (less than 50% funded) – WASH, Child Protection and Health. Nutrition and Education were well funded – meeting respectively 87% and 100% of their funding needs. UNICEF used other non-emergency resources to meet the humanitarian needs for its sectors whenever possible.

The tables below on the funds received present contributions specifically earmarked for emergencies in 2016 (Reference with SM and KM prefix).

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

Table 2 - Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
See details in Table 3	SM149910	1,399,376
b) Non-Thematic Humanitarian Funds (List individually all non-thematic emergency funding received in 2016 per donor in descending order)		
USA USAID	SM160032	4,999,000
Japan	SM160086	1,500,000
European Commission/ECHO	SM160142	2,430,141

Denmark	SM160166	1,198,681
USAID/Food for Peace	SM160425	232,200
Total Non-Thematic Humanitarian Funds		**10,360,022**
c) Pooled Funding **(i) CERF Grants** (Put one figure representing total CERF contributions received in 2016 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 etc. (Put the figure representing total contributions received in 2016 through these various pooled funding mechanisms.		
UNOCHA	SM160111	1,080,000
UNOCHA	SM160112	750,000
UNOCHA	SM160126	2,110,000
UNOCHA	SM160130	900,000
UNOCHA	SM160134	250,000
d) Other types of humanitarian funds		
USAID/Food for Peace	KM150016	175,640
USAID/Food for Peace	KM160049	583,200
USAID/Food for Peace	KM160051	97,044
Total humanitarian funds received in 2016 (a+b+c+d)		**17,705,282**
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM149910	**897,202**
f) Carry-over of non-thematic humanitarian funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable		
Denmark	SM150090	461,397
European Commission/ECHO	SM150181	112,311
Canada	SM150211	59,714
USAID/Food for Peace	SM150332	234,186
Spain	SM150362	391,063
Belgium	SM150387	444,922
USA (USAID) OFDA	SM150467	584,081
Italy	SM150583	710,366
Total carry-over non-thematic humanitarian funds		**2,998,040**
Total carry-over humanitarian funds (e + f)		**3,895,243**
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Example: Regular resources diverted to emergency	GC/xx/6xxx-	
Example: Regular resources set-aside or RR for unfunded OR used for emergency	GP/16/xxxx or GS/16/xxxx	
Example: EPF if not reimbursed by 31 Dec 2016**	GE/xx/xxxx	
Total other resources		**0**

Table 3: Thematic humanitarian contributions received in 2016

Thematic Humanitarian Contributions Received in 2016 (in USD): Donor	Grant Number[1]	Programmable Amount	Total Contribution Amount
		(in USD)	(in USD)
Allocation from global thematic humanitarian*	SM149910	1,399,376	1,399,376
Total		**1,399,376**	**1,399,376**

* Programmable amounts of donor contributions, excluding recovery cost.

6. Future Work Plan

In 2017, UNICEF and partners will continue to respond to humanitarian needs and facilitate access to quality basic social services for crisis-affected populations and other vulnerable groups. In line with the 2017–2019 Sahel Regional Interagency Strategy, UNICEF will focus on emergency response and the search for durable solutions. UNICEF's multi-year humanitarian strategy will cover the response to the consequences of the armed conflict. UNICEF will also support integrated vaccination campaigns in the five northern regions and health facilities will receive essential drugs and medical equipment to support health care for children under 5 and pregnant women. 242,792 children under 5 will be protected against polio in the regions of Tombouctou, Gao, Kidal, Menaka and Taoudeni and 302,650 children under the age of one year against measles in the Kidal region. In the health district of Diré (Tombouctou region), 28,000 children aged 3 months to 5 years will be protected against malaria during seasonal malaria chemo control campaigns. In Kidal, with the support of the NGO IEDA, 10,240 children under 5 years of age with malaria, pneumonia or diarrhea will be taken care of and 2,100 pregnant women will have access to emergency obstetric and neonatal care.

UNICEF will continue to support the expansion of SAM treatment, implement integrated interventions in health, education and water, sanitation and hygiene (WASH), and reinforce the coordination capacities of national counterparts. Despite remaining a major public health problem, funding streams to fight child malnutrition have been decreasing in 2016, and very little funding has been secured for 2017. In 2017, over 620,000 children under 5 are expected to suffer from acute malnutrition, of which 142,000 will suffer from SAM.

UNICEF will also focus on the rehabilitation of infrastructure to ensure access to safe water for 240,000 people. UNICEF will improve access to quality learning for 140,000 children in crisis-affected communities. In child protection, UNICEF supports interventions for mental health and psychosocial support, children associated with armed forces and armed groups and survivors of gender-based violence, and reinforces the Monitoring and Reporting Mechanism. UNICEF also supports disaster preparedness for flooding and epidemic outbreaks. UNICEF will reinforce access to basic social services in all prioritized areas where access can be established and will continue to respond to malnutrition and epidemics.

In line with Mali's inter-agency 2017 Humanitarian Response Plan, UNICEF is appealing for $ 35,217,875 to support the country to respond to the needs of women and children affected by the conflict and the nutrition crisis in 2017. Without additional funding, UNICEF will be unable to support the national response to the country's continuing nutrition crisis and provide critical services to people affected by the armed conflict in the north. The situation is particularly critical for Nutrition as UNICEF has only been able to secure RUTF needs for the first trimester of 2017. The gap is high and can potentially put at risk the capacity of UNICEF and the Government of Mali to provide life-saving treatment to over 80,000 children.

Sector	2017 requirements (US$)
Nutrition	13,000,000
Health	1,735,515
Water, sanitation and hygiene	10,381,140
Child protection	2,500,000
Education	6,757,220
Cluster coordination	844,000
Total	**35,217,875**

7. Expression of thanks

The UNICEF Mali Country Office wishes to express its sincere gratitude to all partners and donors for their valuable support. Your commitment and collaboration allow UNICEF to deliver life-saving services and supplies to children, women and their families across Mali.

Although significant progress in improving the lives of children and women have been achieved, enormous challenges remain ahead due to the complexity of the humanitarian context in Mali, resulting from the volatility of the security situation despite the signature of the peace accords. There is still widespread chronic food insecurity and malnutrition. Just more than half of the population have access to improved sources of drinking water and only 20 per cent improved sanitation. Access to health care remains highly inadequate; less than half of the children are fully immunized before their first anniversary, under-5 mortality is still quite high at more than 100 per 1,000 live births and maternal mortality is 2,054 per 100,000 live births. Due to the conflict in the north, children are at risks of sexual violence, exploitation, injury from explosive remnants of war and even death, and approximately 110,000 children still don't have access to schools.

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

ANNEX I: Two pagers

See attached annexes

ANNEX II: Human Interest Story

See attached annexes

ANNEX III: Photos

See attached annexes

ANNEX IV: Donor Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below. Thank you!

Please return the completed form back to UNICEF by email to:
Name: Alessandra Dentice, Deputy Representative
Email: adentice@unicef.org

Name of Report: 2016 Consolidated Emergency Report

SCORING: 5 indicates "highest level of satisfaction" while 0 indicates "complete dissatisfaction".

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

2. To what extent did the fund utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

3. What suggestions do you have for future reports?

4. Any other comments you would like to share with us?