

2018

HUMANITARIAN RESPONSE PLAN

JANUARY-DECEMBER 2018

JAN 2018

MALI



TOTAL POPULATION

18.9M

PEOPLE IN NEED

4.1M

PEOPLE TARGETED

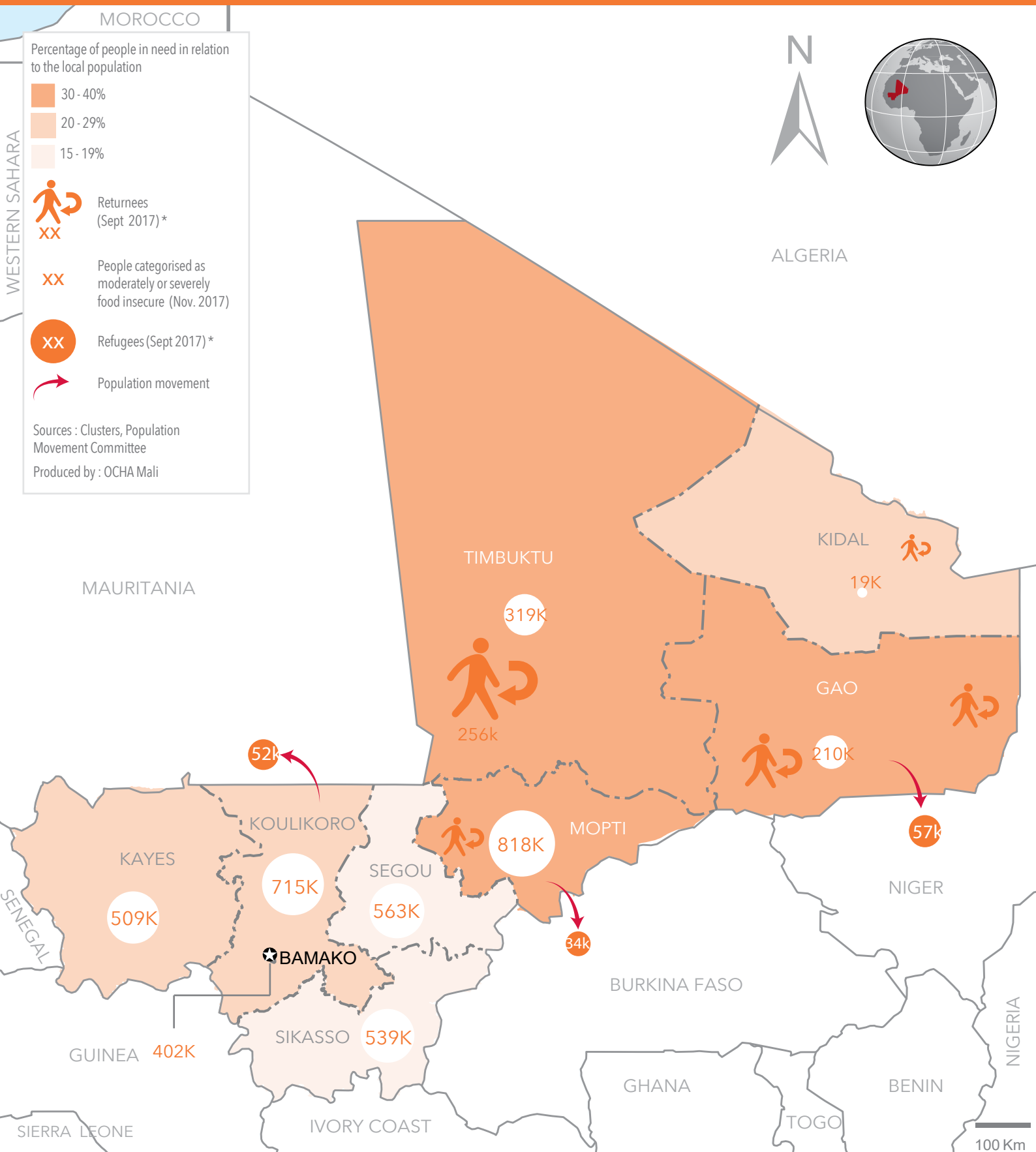
1.56M

REQUIREMENTS (US\$)

263M

HUMANITARIAN PARTNERS

156



The boundaries and names shown and the designations used on this map do not imply any official recognition or acceptance by the United Nations * Clusters have prepared their key figures based on data from September 2017 (CMP, 12 Oct. 2017 <https://goo.gl/9Dz5bZ>). These are the data used throughout this document.

TABLE OF CONTENT

PARTIE I: COUNTRY STRATEGY

Foreword by the Humanitarian Coordinator	04
The humanitarian response plan at a glance	05
Overview of the crisis	06
Strategic objectives	12
Response strategy	13
Operational capacity	22
Humanitarian access	23
Response monitoring	26
Summary of needs, targets & requirements	27

PART II: OPERATIONAL RESPONSE PLAN

Water, hygiene & sanitation	32
Nutrition	36
Guide to giving	40
Food Security	42
Operational capacity	47

PART III: ANNEXS

Objectives, Indicators & Targets	50
Participating organisations and funding requirements	52
Key figures by regions: people in need and people targeted	53
What if ... we fail to respond?	55

FOREWORD BY

THE HUMANITARIAN
COORDINATOR

Mali fell into crisis in 2012, triggering a massive humanitarian emergency that has left around 4.1 million people currently in need of assistance. While humanitarian assistance has enabled hundreds of thousands of people to survive, the situation has worsened in certain spheres and despite some progress in the implementation of the 2015 Algiers Peace Agreement, insecurity and violence have spread from the northern to the central regions, considerably increasing the vulnerability of people in more than half of the country.

About 5.1 million people, more than 27 per cent of the total population, lives in the areas affected by insecurity. Almost one in five Malians (2018 Humanitarian Needs Overview) is food insecure. According to the 2017 SMART survey, severe acute malnutrition has reached 2.6 per cent, well above the emergency threshold. The number of children suffering from severe acute malnutrition increased from 142,00 in 2017 to 165,000 in 2018. Children suffering from severe acute malnutrition are nine times more likely to die in case of illness because of a weakened immune system. The situation is particularly serious in the regions of Timbuktu and Gao, where more than 15 per cent of children under five suffer from malnutrition, ranging from “serious” to “critical” levels, according to the WHO classification scale.

Outside the conflict zones, chronic vulnerabilities specific to the countries of the Sahel region persist. In 2018, 4.1 million people will need food assistance, almost half of them in Koulikoro, Sikasso and Segou regions of. In Kayes region, malnutrition rates are worryingly high, with more than 14 per cent affected by global acute malnutrition due to limited dietary diversity, poor hygiene and sanitation conditions and inadequate access to drinking water.

Faced with the deteriorating situation, humanitarian actors are working with the Malian authorities and development actors to better articulate the priorities to address the causes of risks and vulnerabilities.

Malnutrition, lack of education and protection of children and young people, especially girls, is worrisome. The number of closed schools has increased significantly in recent months, from 297 in 2016 to 500 at the start of the 2017 - 2018 academic year.

However, the recent peace agreements, including the one signed on 20 September 2017 between the two main coalitions of armed groups present in the northern regions, could create more favourable conditions for the implementation of the action plans of the interim authorities, as well as promote the administration of the territory and the gradual restoration of basic social services, essential for the survival of local communities. The United Nations Security Council visit in October 2017 testified of the growing willingness of the international community to support the efforts of the Malian authorities to restore state authority throughout the country, protect the civilian population and encourage a solid foundation for post-conflict reconstruction and development.

Today, with this joint plan, the humanitarian actors are renewing their commitment alongside the Malian people. The world must stop perceiving this crisis only through security lenses. The current politico-security crisis goes hand in hand with the chronic vulnerabilities linked to natural hazards. Erratic rains, the early seasonal decline of Niger Delta waters and the silting of arable lands are some of the effects of climate change. These exacerbate food insecurity and malnutrition and trigger population displacement owing to tensions among communities.

The Malian Government and its partners have an opportunity to implement the Humanitarian-Development Nexus in line with the “New Way of Working” to which humanitarian and development actors, donors and Governments have committed to to end needs and address the causes of chronic human suffering.

Mbaranga Gasarabwe
Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1



Bring humanitarian assistance to the most vulnerable

people (residents, returnees, displaced and repatriated) in the north, the centre and any other area affected by a crisis, regardless of its nature.

STRATEGIC OBJECTIVE 2



To reinforce vulnerable people's access to social basic services

(education, health, nutrition and water, hygiene and sanitation), protection, basic infrastructure and state services.

STRATEGIC OBJECTIVE 3



Strengthen livelihoods and resilience of vulnerable populations,

as well as emergency preparedness.

PEOPLE IN NEED



4.1M

PEOPLE TARGETED



1.56M

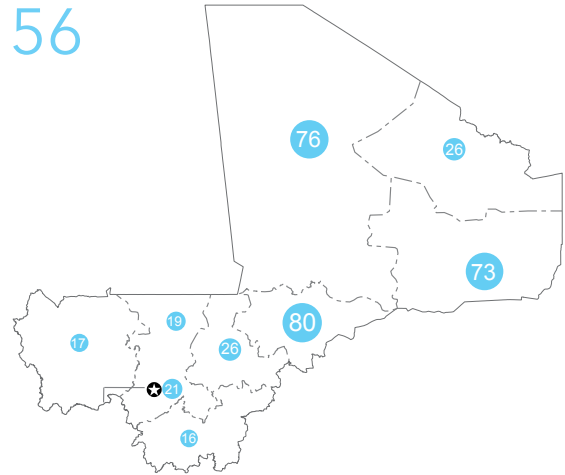
REQUIREMENTS (US\$)



263M

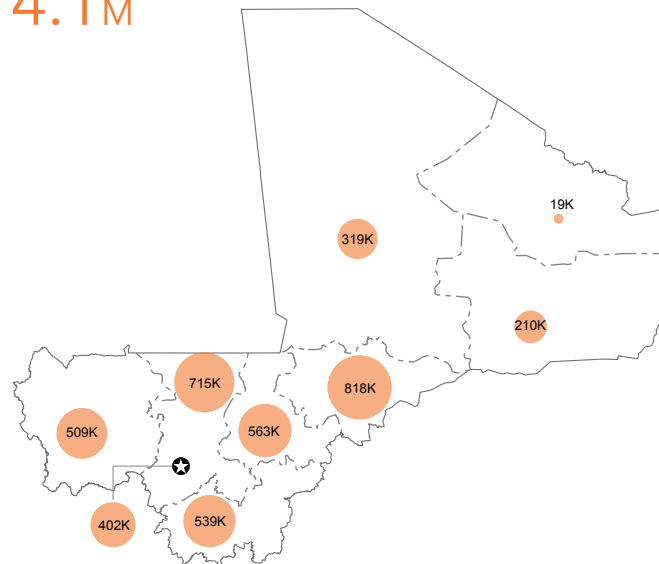
OPERATIONAL PRESENCE: NUMBER OF PARTNERS

156



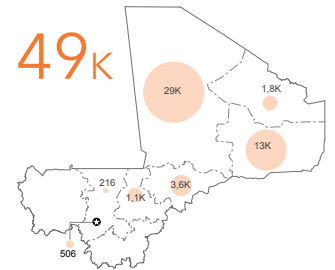
PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

4.1M



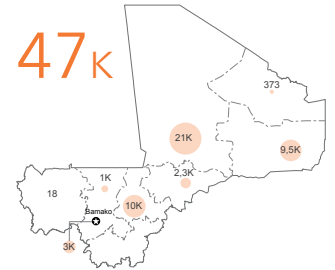
RAPATRIATED

49K

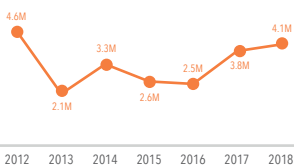


INTERNALLY DISPLACED PEOPLE

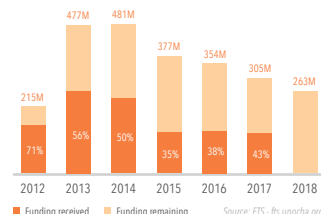
47K



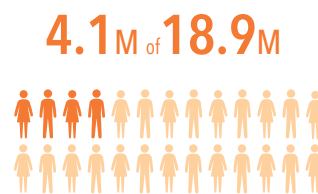
EVOLUTION OF THE NUMBER OF PEOPLE IN NEED



HUMANITARIAN FUNDING (US\$)

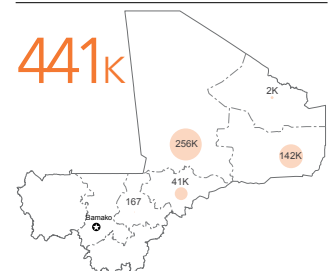


PEOPLE IN NEED OUT OF THE TOTAL POPULATION



RETURNEES

441K



OVERVIEW OF

THE CRISIS

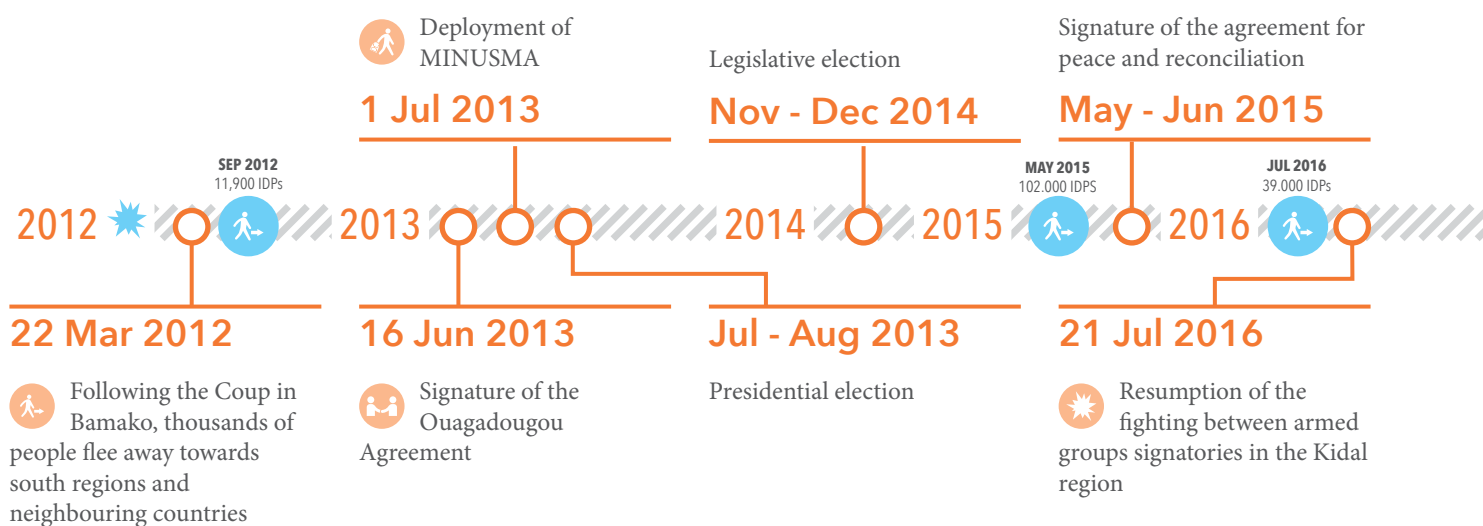
The humanitarian situation in Mali continues to deteriorate. Insecurity, which has spread from the northern region to the central region of Mopti and to areas of Ségou (Macina and Niono), is restricting population movement and disrupting livelihoods and access to services such as drinking water, health and education. Clashes between armed groups and intercommunal violence continue to cause displacements of people who require humanitarian assistance and protection services. In June 2018, when the lean season will begin, 4.1 million people (more than one in five Malians) will be food insecure and need humanitarian assistance. This includes the 795,000 people needing immediate help. This is an increase compared to the same period in 2017, when 3.8 million people were food insecure, confirming the rising trend observed since 2016 (3 million). Other sectors also recorded an increase in people in need this year. This is particularly the case for the Protection cluster (950,000 against 590,000 in 2017) and the Education cluster (306,000 against 220,000 in 2017).

Hit by crisis since the 2012 coup, Mali is one of the poorest countries in the world, ranked 175th out of 188 countries in the Human Development Index (HDI 2016), with nearly 50 per cent of the 18.9 million Malians living below the poverty line (less than \$2 per day). The conflict, born from the feeling of marginalization and identity affirmations, started with hostilities between armed groups in the north of the country and the central government. The holding of the presidential elections in 2013 and operation Serval, which was succeeded by operation Barkhane in 2014, allowed the recovery of the northern regions

and the return to constitutional normalcy. On 1 July 2013, the United Nations Multidimensional Integrated Mission (MINUSMA) in Mali was deployed.

Despite the signing of the Peace and Reconciliation Agreement in 2015, the situation has remained unstable in the north and the centre of the country, because of banditry and clashes between armed groups, and sometimes between armed groups and the Malian Armed Forces. The implementation of the Peace Agreement progresses slowly: the presence of police remains

CHRONOLOGY OF THE CRISIS



limited, many difficulties arise during the organization of mixed patrols and the impact of interim authorities is still very limited. The contingents of MINUSMA are subject to different forms of attacks almost every day. Inter and intra-community conflicts, particularly related to the management of natural resources and the vulnerability of farming and pastoral communities across the country, are exacerbated by the effects of climate change, including growing desertification and ever more severe flooding.

Impact on civilians

The political and security crisis has consequences for the civilian population, already affected by recurring episodes from various shocks.

Impact of the crisis on food and nutrition insecurity

In Mali, food insecurity continues to be a major problem and recurring nutritional crises require immediate care. According to the forecast of the November 2017 Cadre Harmonisé,

approximately 21.7 per cent of the population (4.1 million people) are food insecure, including 795,000 people in need of emergency food assistance. The conflict accentuated these vulnerabilities, partly because of displacements. Internally Displaced Persons (IDPs) live with host families or create temporary shelters in the localities of displacement. IDPs and host communities are rapidly depleting food reserves. This has significant consequences, especially on the nutritional health of children, elderly people, pregnant and lactating women (PLW), as well as on social cohesion. The national prevalence of Global Acute Malnutrition (GAM) is 10.7 per cent, and that of Severe Acute Malnutrition (SAM) has reached 2.6 per cent.

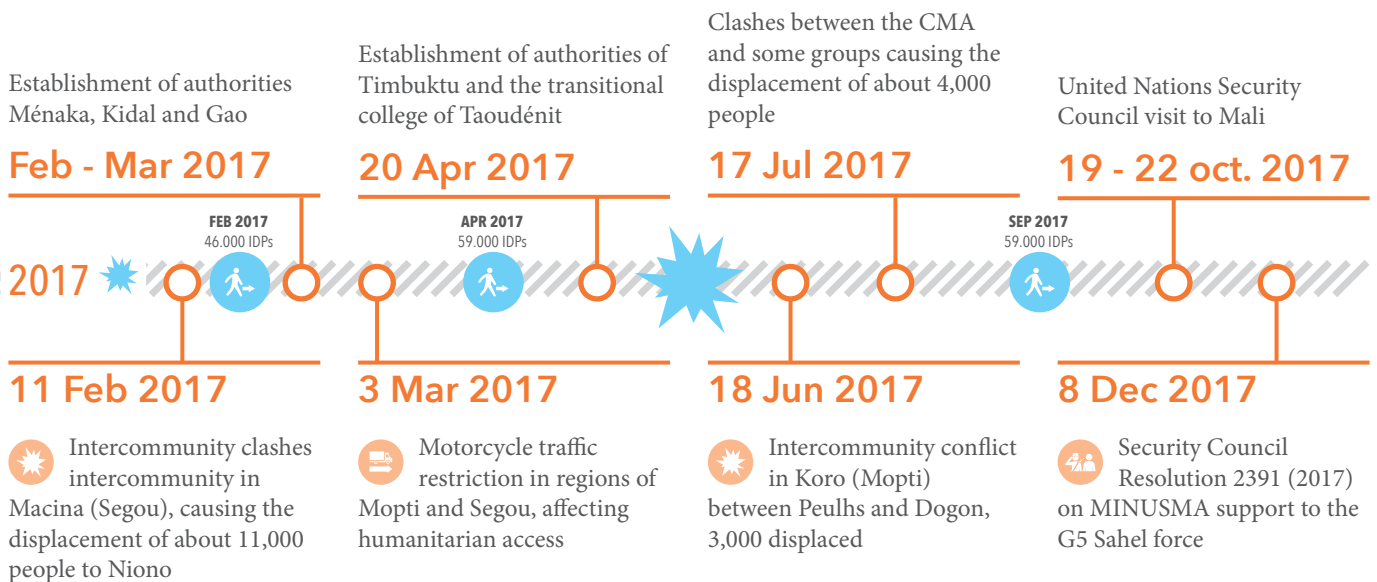
The GAM rate is more severe in areas affected by insecurity such as Timbuktu (15.7 per cent), Gao (15.2 per cent) and Taoudénit (14.3 per cent). Exceeding the 15 per cent emergency threshold. Timbuktu and Gao are a priority in 2018. GAM rates are also high in the western part of the country (14.2 per cent in Kayes region) because of low food diversification, poor conditions of hygiene and sanitation, as well as insufficient access to drinking water. This requires a multi-cluster response approach involving various partners. The high prevalence of stunting, especially in agricultural production areas, was also observed. This results mainly from an inadequate diet and low-diversification food. Another reason being that women spend more time in agricultural work and cannot maintain the normal rhythm of breastfeeding.

Population Displacements

At the height of the crisis in June 2013, about 523,000 people were forced to flee and seek refuge inside and outside the country. Since then, majority of IDPs have returned to their area of origin or villages, but new internal displacements occur regularly due to ongoing violence and tensions in the northern and central parts of the country.

KEY ISSUES

-  Persistence of insecurity
-  Worrying food security and nutrition situations
-  Water shortages
-  Natural disasters
-  Children out of school or forced to leave school



In 2017, more than 30,000 newly displaced people were registered, the majority being children and women. As of 30 October 2017, there were almost 41,000 IDPs (8,000 households) in Mali compared to 37,000 IDPs on 31 October 2016 (increase of 11 per cent). The regions of Ménaka (10,700 IDPs), Ségou (9,700 IDPs), Gao (8,500 IDPs) and Timbuktu (5,500 IDPs) are home to the largest number of IDPs because of incidents that affected these areas, and the one of Kidal. IDPs seeking refuge in unpopulated areas rarely have access to drinking water and sometimes use water unfit for consumption, being a source of health problems. Some of them, traumatized, experience difficulties in adapting to their new environment and require psycho-social care.

As for the refugees, more than 61,000 of them have returned since the beginning of the crisis, while 133,000 are still in countries of asylum, compared with 142,000 in September 2017. However, this does not exclude future cases of Malian refugees given the volatility of the security situation.

Regarding returnees and repatriates, they often find their homes abandoned and have significant needs in terms of accessing shelter and drinking water. Cases of diarrheal diseases are frequent among children and are related to the consumption of non-potable water and respiratory infections linked to poor housing conditions during bad weather periods. These repatriated populations are mainly nomads, their return sites are sometimes isolated and access to markets is often hindered by insecurity.

Limited access to basic social services

The absence or low availability of social services in areas of conflict and residential localities fosters the vulnerability of communities and creates protection risks. Some 2.4 million people do not have sufficient access to water, hygiene and sanitation services. In 2017, several localities (some of them in the region of Timbuktu) suffered lack of water. Meanwhile, 320 localities still have no access to a source of drinking water for human consumption and lack water for livestock. Tensions around access to water sources are regular and cases of gender-based violence (GBV) have been reported.

Due to the prevailing insecurity, access to basic healthcare services in the north and centre of the country is gradually

deteriorating. Following various attacks by armed men on health staff and their ambulances, the movements of mobile clinics have decreased and functional health structures meeting the required standards have dropped from 88 per cent 2015 to 83 per cent in 2017. In total, access to healthcare for 1.7 million people is compromised, making them more vulnerable to epidemics and diseases. Access to emergency obstetric and neonatal care remains low or are inaccessible in some areas. The rate of national coverage in assisted childbirth is 24.7 per cent in Timbuktu, 15.3 per cent in Kidal and 1.2 per cent in Taoudénit. In 2017, a deficit of qualified health staff with a ratio 5.2 per 10,000 inhabitants, well below 23 per 10,000 according to WHO standards, was also recorded. From 2012 to 2017, the number of qualified health staff went down from 884 to 609 (a decrease of 31 per cent), of which 80 per cent is currently being financed by international aid.

The conflict has also significantly impeded girls' and boys' right to education in the north and the centre of the country. Of the 4,872 schools located in the 66 affected communities, 500 remained closed at the beginning of the 2017 – 2018 academic year, while 296 were closed in June 2016. The most acute needs are in the region of Mopti where school teachers and principals were forced to flee certain localities and where 338 schools are closed. The closure of schools, combined with the absence of full-time teachers has led to an increase in the number of children out of school or forced to leave school, and the overload of classrooms in schools that remained open.

Civilians in need of protection

Although clashes between armed groups do not directly target civilians, the latter (especially women and children) remain the main collateral victims. The volatile security situation and the weak capacity of state response contribute to the resurgence of acts of banditry against traders, among others, but also infringe the right to life and physical integrity of civilian populations. More than 4 million people affected in the northern and central regions by the conflict, and those in the south by the floods, need protection.

Nearly 950,000 people (displaced, returned and hosts), of which 52 per cent are women, need protection against various human rights violations, including GBV. Urgent needs include but are



175th country out of **188**

in the world ranking of the Human Development (HDI). Mali is among the last fifteen countries of the world according to this classification.

source: PNUD 2016



around **50%**

of inhabitants still live below the threshold of absolute poverty (less than \$2 a day and per person), which is one of the highest poverty rates in the world.

source: IMF 2015



59 years

is the life expectancy at birth. About one in ten children dies before reaching the age of five

source: World Bank 2016

not restricted to access to civil status and justice, care for GBV survivors, social cohesion and anti-mine sensitization.

In 2018, women and children will remain the most vulnerable people. Assistance is also required for people with specific needs

like pregnant or lactating women, people living with HIV/AIDS, children, the elderly or those living with a handicap.

VULNERABILITY TO EPIDEMICS AND NATURAL DISASTERS

Mali is regularly hit to natural disasters such as droughts and floods that affect not only people but also crops and livestock. The floods in 2017 were moderate and caused less damage than in 2016. However, more than 11,360 people were affected between June and September 2017, mainly in the north of the country. More than 1,200 homes were destroyed and about 500 more were damaged. Pastoral communities have been particularly affected with more than 26,000 animals lost at the end of September 2017. Additionally, the risks of cholera epidemics, the seasonal decline in groundwater levels, livestock pressure on water resources and pockets of malnutrition in certain localities are prevalent.



MALI AT THE CROSSROADS OF MIGRATION

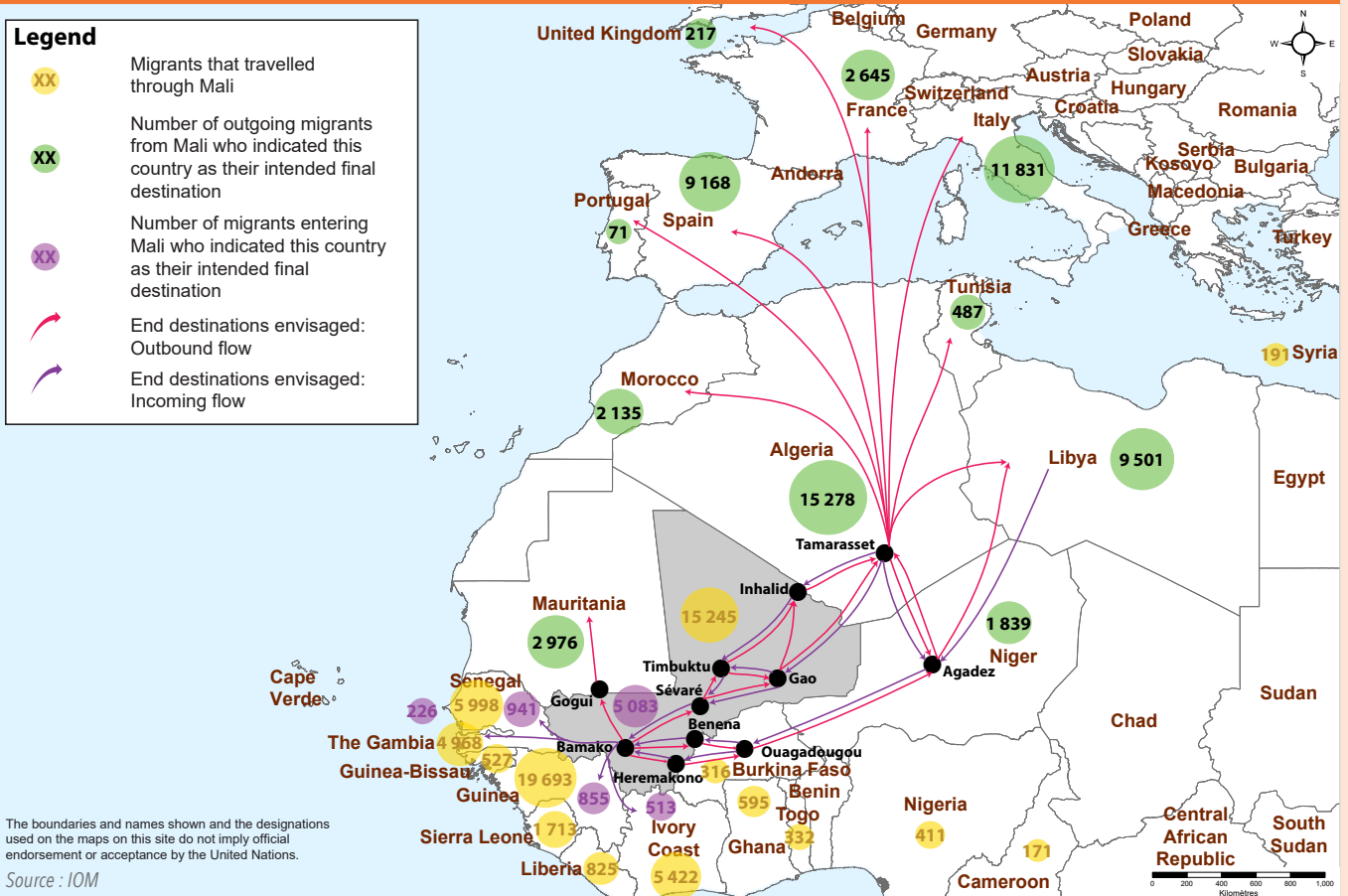
Mali is both as a source and transit country of migrants in West Africa heading to North Africa and to Europe. Kayes Bamako district are the main departure areas of Malian migrants, and the strategic points of transit are the cities of Gao, Timbuktu and Malian borders including Benena, Gogui and Heremakono.

The predominance of Guinean, Malian and Ivorian migrants is a new trend compared to data from previous years, when Senegalese and Gambian were the most migrants. The persistence of insecurity in many parts of Mali is leading to a loss of livelihoods of tens of thousands of people. Beyond forced displacement, prolonged crisis threatens to accentuate the emigration of young people, due to the lack of prospects, especially economic. This phenomenon is now affecting the regions located in the north and centre of the country that, unlike the region of Kayes for example, were not traditional areas of emigration.

Between January and September 2017, the International Organization for Migration (IOM) registered, through migratory flow monitoring points, nearly 29,000 migrants to countries in North Africa and Europe. Some 90 per cent of the migrants were from five countries: Côte d'Ivoire, Gambia, Guinea, Mali and Senegal, 95 per cent of them are men. Under 18s account for 7 per cent of the total number of migrants.

Mali is also a transit country for returnees who have mostly failed crossing the desert or are returning to Côte d'Ivoire, Guinea, Senegal and other Sub-Saharan countries. Many cases of migrant rights violations have been observed in migratory routes and in mining areas. Along the roads leading to the north, migrants face episodes of theft, extortion and abuse. Women are exposed to sexual assault and rape, both by smugglers and other migrants using the same roads.

MAP OF MIGRATORY ROUTES (DATA FROM JUNE 2016 TO SEPTEMBER 2017)





STRATEGIC

OBJECTIVES

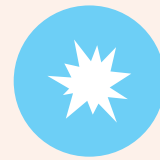
Recognizing the complexity of the humanitarian crisis in Mali, the strategic objectives of the humanitarian response in 2018 will take into consideration the urgent situations generated by the violence. Analysis of the context takes into account chronic and structural vulnerabilities of the populations in the emergency-development framework advocated by the New Way of Working strategy.



1 **Providing humanitarian assistance to the most vulnerable people** (residents, returnees, displaced and repatriated) in the north, the centre and any other area affected by a crisis, regardless of its nature.



2 **To reinforce vulnerable people's access to social basic services** (education, health, nutrition and water, hygiene and sanitation), protection, basic infrastructure and state services.



3 **Strengthen means of subsistence and resilience** of vulnerable populations, as well as emergency preparedness.

The root causes of the crisis in Mali remain political tensions, violent extremism, climate change and extreme poverty. These are therefore evidences common to several Sahel countries.

1. Save lives:

Provide people in emergency situations a coordinated and integrated assistance, necessary for their survival.

2. Analyse risks and vulnerabilities:

Collect data on risks and vulnerabilities, analyse them and integrate the results in humanitarian and development programming.

3. Strengthen resilience:

Support vulnerable populations to better cope with shocks by responding to alert signals in an anticipated manner, reducing the duration of the post-crisis recovery and strengthening capacities of national actors.

The effectiveness of the humanitarian response and the resilience of the people will be enhanced by the articulation with development strategies. This response plan takes into account the plans of action of the Malian authorities and development actors. It seeks synergy with, among others, the integrated plan of the United Nations for Development Assistance Framework in Mali (UNDAF 2015 - 2019), the Economic Recovery Framework Plan and Sustainable Development of Mali (CREDD 2016 - 2018) and the Government Plan for Sustainable Recovery in Mali (2016 - 2018), which also aims at accessing basic social services, gender equality and the advancement of women.

Many priority areas for the humanitarian response are still plagued by an unstable security situation, requiring a flexible planning, adapted to the specific needs of the most vulnerable people.

RESPONSE

STRATEGY

The humanitarian community in Mali requires \$263 million to respond to 1.56 million people in need, particularly in terms of food security and nutrition (57 per cent of funding), protection (11 per cent), water, hygiene and sanitation (10 per cent), health emergencies (8 per cent) and education (8 per cent). This humanitarian response plan focuses on emergency response, while encouraging the adoption of lasting solutions in concert with development actors. It mainly targets the most vulnerable populations, taking into account the changing political and security context and the ability of actors to intervene on the ground.

The deterioration of security conditions in Mali in 2017 aggravated an already-difficult humanitarian landscape. Considering the weak presence of the State and the lack of progress around sustainable development in the centre and north of Mali, humanitarian actors will continue to play a primary role in responding to the fundamental needs of vulnerable persons.

For 2018, the interventions of the actors were planned around the following scenarios:

Persistence of political tension with progressive restoration of state authority in some parts of northern Mali

Progress in the implementation of the Peace Agreement were observed in 2017, but the advancement on the restoration of state authority remains slow due to numerous persistent obstacles. The regional and municipal elections, which were to take place in December 2017, have been postponed to April 2018, illustrating major challenges. For 2018, which will be marked by the presidential election, the risk of rising number of clashes between the signatory parties of the Agreement is foreseeable, as is a potential rise in violence by non-signatory groups. The presidential election will also elicit the attention of political actors, at the cost of the implementation of the Agreement.

Meanwhile, interim authorities have been deployed in areas with acceptable security conditions. Regarding the Operational

Mechanisms of Coordination, only the city of Gao has a truly operational set-up with joint patrols but which are often interrupted due to financial shortages. In line with the above, humanitarian actors do not expect a drastic access improvement in 2018. The response planning therefore took potentially more restricted humanitarian context into consideration.

Persistence of a volatile security situation, especially in the north and at some border crossing points

The delay in the Disarmament, Demobilization and Reintegration (DDR) process, the limited presence of security forces in certain areas and the free movement of small arms predict a continuous volatile security situation. This may have a negative impact on i) populations, their activities and their property (violation of rights including the right to life and physical integrity, market malfunction or loss of livelihood resources), ii) on the respect for humanitarian space (targeting of personnel, theft of equipment, limited access to certain areas etc.), as well as iii) on basic social services (schools, health centres etc.). The advent of the joint G5 Sahel force could provide greater security to northern regions on one hand, and the centre (where recent insecurity has propagated) on the other hand.

Movement of people back to the North

As of 31 October 2017, approximately 134,000 Malians were still refugees in Burkina Faso, Mauritania and Niger (almost constant figure since 2014), while a dozen thousands of people returned to their regions of origin in 2017. However, the insecurity that still prevails in most northern and central regions deters refugees intending to return.

The humanitarian community does not foresee a mass return for the year 2018 and the number of facilitated returns should be similar to 2017.

Persistence of population vulnerabilities

Despite the transition from humanitarian to development in certain areas where joint actions are carried out to meet the most urgent needs, the vulnerability of the population remains high, especially in terms of food security and nutrition. This could be

KEY POINTS



Address food insecurity and malnutrition



Strengthen the response to health emergencies



Address child protection and inequality

explained by a socio-economic situation still difficult, combined with the impact of the crisis on populations, limited access to basic social services, as well as the consequences of climate change (reduction/irregularity of rainfalls, reduction of resources especially during the dry season etc.).

Other planning assumptions

Interventions should take into account the particularly vulnerable situation of women and young people, especially in the southern and central regions where new armed groups, not associated with the peace process, were created. Following the attraction of young people for these groups, studies showed a link between unemployment and youth involvement in armed groups on one hand, and the desire of self-protection on the other hand given the context of State's limited presence. Further reflection should be made on the position, role and practices of the State, to accompany the return of state services. In addition, the humanitarian response plan will support certain activities of resilience taking into account the needs of women and girls used by armed groups especially as informants, cooks, washerwomen, etc.

Scope of humanitarian intervention and prioritization

Humanitarian partners do not have the capacity to assist the 4.1 million people identified as in need of humanitarian assistance. The 2018 planned humanitarian response 2018 prioritizes projects meeting specific needs of the most vulnerable people. It considers the increased restriction of the humanitarian space in which the partners function, and considers the low level of fund mobilization over the last three years. Thus, 1.56 million people, 38 per cent of the total number of people in need, are targeted for humanitarian assistance in 2018.

The action of humanitarian workers will be guided exclusively by needs, i.e. the vulnerability of populations regardless of

their status as returned, refugees, displaced persons or hosts. It is in this perspective that host communities will also be recipients of humanitarian aid if they meet the targeting criteria and stakeholder capacities. Quality will be at the heart of the humanitarian response through the promotion of an approach based on people's right to receive an assistance that respects human rights and humanitarian principles.

The analysis of humanitarian needs reveals vulnerabilities strongly accentuated in the northern and central regions affected by conflict, by the presence of armed groups and by intercommunity tensions. Areas receiving displacements are also vulnerable due to the pressure of newcomers on natural resources and essential services. About 5.1 million people, or 27 per cent of the population, reside in the affected regions of Mopti, Timbuktu, Taoudénit, Gao, Ménaka, Kidal and Segou (Niono and Macina). In addition to being heavily affected by the conflict, these zones are particularly vulnerable to the hazards of climate change. They host more than 93 per cent of the 47,000 IDPs, nearly all repatriated (more than 61,000), and all the returnees (approximately 515,934 persons). Moreover, food insecurity, malnutrition and floods equally affect the southern regions, a part of the population particularly vulnerable to these risks which was considered when defining the people in need.

Taking into account the interventions of the State, particularly regarding food security, those of the Red Cross and Red Crescent Movement as well as those of the development actors, humanitarian interventions in 2018 will focused primarily on:

- Needs identified following sectoral or multi-sectoral efforts led by humanitarian actors including through the mechanisms of rapid response;
- Food and nutrition assistance in the regions affected by conflict and natural disasters;
- Prevention of and response to health emergencies and natural disasters.

LOGIC OF

INTERVENTION

Fight against food insecurity and malnutrition

Projections of food insecurity and nutritional data for 2018 are quite worrying, according to the Cadre Harmonisé and the SMART survey. An integrated nutritional safety approach to meet the food and nutritional needs of people who are food insecure, children as well as pregnant and lactating women affected by acute malnutrition, must be at the heart of prioritised actions. To be effective, the response will be based on three axes: i) prevention activities, including community-based approaches, will be linked to early detection involving community relays, ii) early warning mechanisms, food supplementation programmes and promotion of essential family practices, iii) nutritional education based on local food supply. These will contribute to the reinforcement of social behavioural change and to address the underlying causes of malnutrition. Then, strengthening the mechanisms of emergency preparedness will be systematized to enable faster implementation of assistance operations through the distribution of food with a priority granted to people who are food insecure and acutely malnourished. Actions will also help to recover livelihoods through support for agriculture, livestock and fishery, and will support resilience projects targeting communities who were affected by floods, and in line with state initiatives to stabilize post-conflict areas.

Strengthen the response to health emergencies

Health emergencies will be the focus of constant attention and will consequently be invested in by the humanitarian partner organizations through several complementary activities in support to health system actors at all levels of the health pyramid. In support to technical regional health districts, the surveillance, prevention, warning systems and response to diseases with epidemic potential (cholera, meningitis, malaria, measles, etc.) will be strengthened. Vulnerable people will also be provided with access to essential health care kits and the minimum activities package, incorporating Post-Exposure Prophylaxis kits to treat GBV survivors. In addition, emergency packages for water, hygiene and sanitation will be distributed, and the infrastructures to access drinking water will be improved. Support to health actors for routine vaccination activities will be provided to reduce the risk of mortality, as well as infant and neonatal morbidity.

Advocacy action for humanitarian access and protection of civilians

Advocacy and mobilization efforts by the national and regional authorities, as well as technical and financial partners will be deployed by humanitarian actors so that the humanitarian space is protected and allows stakeholders to reach the target populations. Also, armed forces, national security forces, MINUSMA and the joint force of the G5 Sahel will be constantly

reminded to assume their responsibilities for the protection of civilians and for securing the humanitarian environment, in accordance with the principles of distinction between humanitarian and political action and in conformity with their respective mandates.

Protection of the most vulnerable populations and promotion of their rights

The response will take into account gender issues and special attention will be given to specific needs of women, girls, boys, elderly people and the disabled from different categories of the targeted population, to maximize the impact of projects for the entire community.

Thus, a multi-stakeholder and multi-sectoral action will be conducted to respond to the needs of women and children, mostly exposed to GBV. A coordinated system, rationally distributed in the risky zones will ensure the universal care of GBV survivors through medical, psycho social, legal and economic assistance to promote self-esteem, confidence, dignity and reintegration of victims. In this context, the information management systems for GBV will be largely utilised.

Also, given the strong impact of the crisis on children, child protection programs including activities for psycho-social care, de-radicalisation, prevention of recruitment by armed groups, as well as withdrawal and reintegration of former child soldiers will be conducted. The promotion of access to birth registration and civil status will be a priority for protection workers.

Furthermore, focus will be given to supporting the education system for the admission of children who either did not attend school or were forced to leave school. This will be done through supporting the reopening of schools, training of education staff, implementation of vocational training programs and the provision of school material and care for volunteer teachers to strengthen the workforce. In partnership with the Food Security cluster, incentive measures such as school canteens and scholar programs adapted to nomad population will be put in place together with efforts from regional academies to grant access to education to children of school age.

Overall, the efforts deployed in 2017, for the implementation of the resolution 1325 (year 2000) of the United Nations Security Council, especially related to the participation of women in the peace process, under the auspices of UN Women will continue and will be supported by programs empowering women, who along with the youth, constitute a guarantee for social cohesion.

Centrality and inclusion of protection in the implementation of the humanitarian response plan

According to the directives of the Inter-Agency Standing Committee (IASC) on protection, the centrality of protection

promotes the inclusion of coordination actors from the Country Humanitarian Country Team and the protection cluster group to ensure that the protection of all those affected or threatened spearheads the decision-making and humanitarian interventions, including collaboration with state and non-state parties to the conflict. As a result, in 2018, the humanitarian organisations present in Mali commit to give a central place to protection in their programmes and actions in general.

Food security

In 2018, the Food Security cluster partners will continue to strengthen the mainstreaming of protection in a non-discriminatory and impartial manner when designing and implementing food, agricultural and livelihood assistance activities, which will promote the security, dignity and integrity of vulnerable people. The interventions will take into account the protection-risk analysis related to food assistance. Food assistance will thus strengthen the consideration of vulnerabilities (gender, age, minority groups, women head of households, lactating women and people with disabilities), and mitigate physical and psychological risks for the communities. Assistance will be organized in public places during the day to avoid exposure to security risks for beneficiaries. The choice of the mode of assistance (in kind, cash or coupon) will also take into account potential exposure to risks.

Shelter and non-food items (NFI)

Assessments from the Shelter/NFI cluster will take into account the protection risk analysis related to the distribution of relief aid to improve assistance to affected communities. Distribution will also strengthen the consideration of vulnerabilities (gender, age, minority groups, women head of households and persons with disabilities), and mitigate physical and psychological risks to communities.

In addition, cluster partners will continue to report on the delivered assistance with disaggregated data by gender and age. The cluster will work with the Protection cluster through the GBV sub-cluster to deliver, as part of the NFI emergency response, dignity and hygiene kits for displaced girls and women of reproductive age in areas of return and displacement.

Water, hygiene and sanitation (WASH)

The implementation of WASH cluster actions will be based on a participatory and inclusive approach for better assistance to beneficiaries. Partners will work in collaboration with technical services and communities at the regional and local levels. Regular consultations will be organized with the different groups of affected communities to take into account issues related to protection and gender. Thus, beyond the gender separation of common latrines and washing areas, the choices on the locations and designs of common water and sanitation infrastructures will take into account the threats and risks of insecurity and the protection of women, girls, boys and people with special needs, to enable effective and protected access of communities to assistance. These designs will meet environmental standards. Cluster members will be encouraged to put in place mechanisms allowing the consideration of accountability issues for a constant assessment by beneficiaries of the assistance provided to them.

Education

The Education cluster will closely work with the WASH and Protection clusters to develop joint programming on cross-cutting protection issues, including access, respect for dignity and the principle of Do No Harm. Activities will be implemented within communities to promote girls' access to education as well as community mobilization for a better involvement of parents in the schooling of children. The construction or rehabilitation of water points and latrines will take into account gender dimensions (separation by sex) and specific needs of children living with disabilities. In addition, particular emphasis will be placed on the establishment of protective mechanisms to avoid exposing children to risks on their way to school and strengthen the safety nature of schools and learning spaces. Training will also be provided for risk reduction in emergencies, including school closures and/or occupation. The activities will be aligned with the response strategy of the National Ministry of Education presented in the Emergency Education Programme (PRODEC II).

Health

The members of the Health cluster will ensure that affected populations have access to quality curative, preventive and promotional care in all fairness for girls and boys, men and women, children and the elderly. Gender considerations and cross-protection elements such as the principle of Do No Harm, respect for safety and dignity, improvement of accountability, meaningful access, participation and empowerment for the beneficiary communities (including lactating women, women exposed to GBV, children and specific groups like elderly, disabled or living with HIV/AIDS) will continue to be taken into account in the various interventions to improve the quality of response. Emphasis will be placed on local care facilities to build their capacities on the importance of having small equipment and material but also emergency medicines and obstetric kits to easily reach pregnant women wherever they are. New mobile health care structures will be set up for populations with difficult access. Beneficiaries will be consulted during the selection process of the mobile health care facilities' location. The beneficiaries will also be consulted and measures will be taken to ensure the security of the latter vis-à-vis armed groups.

Overall, the dialogue with development actors will encourage the capacity-building of local staff to promote the sustainability and empowerment of the beneficiaries.

Nutrition

Gender considerations and cross-cutting protection elements, such as the Do No Harm principle, respect for safety and dignity, improved meaningful access and accountability, as well as participation and empowerment of beneficiary communities, including lactating women, women exposed to GBV, children and specific groups, as well as the elderly, disabled, or living with HIV/AIDS will continue to be taken into account in different interventions to improve the quality of the response.

Renewed transversal nature of gender

Women and girls continue to play key roles in households' survival through personal and community efforts. Paradoxically, an increase in their vulnerability to different shocks has been observed. Faced with this situation, the humanitarian community commits in 2018 to strengthen the resilience capacities of girls and women through the implementation of global, cross-sectoral and sectoral strategies in line with humanitarian needs identified and the empowerment of the targeted populations. Gender sensitivity will be the focus of sustained attention by humanitarian actors throughout the humanitarian programming cycle, including the use of the gender marker tool.

Protection

The transversal theme of all interventions, the essential needs comprise i) monitoring and documentation of the violations of human rights and International Humanitarian Law (IHL), ii) prevention and holistic care of vulnerable people affected by the conflict, including GBV survivors, iii) support to communities and authorities to better prevent and mitigate protection risks, including via the promotion of social linkages and conflict resolution. In response to these needs, the humanitarian community will focus on:

- Promotion of survivors' rights through equitable access to justice and clinical care services, empowerment and participation of girls and women in mechanisms and processes for violence prevention, advocacy and resolution of conflicts. For this purpose, ex-combatants will receive special attention;
- The implementation, in the context of child protection, of preventive actions and sustained psychosocial care, as well as socio-economic reintegration initiatives for girls and boys associated with armed forces and groups;
- School reintegration for particularly vulnerable girls and boys.

Food security

The intervention strategy will target women, women head of households with children under age two as well as pregnant and lactating women. The response will accord them equal access to food and production resources. Depending on the degree of vulnerability of the households (poor and very poor households), livelihood promotion activities will be designed through specific programmes such as social safety nets, multi-purpose cash transfers, income-generating activities, support to rural microfinance, resilience funds and grain banks. During the lean season, in-kind support or cash transfer programmes (money or coupons) will be provided to households. Steps will be taken to ensure the involvement of men, women and youth in community and national decision-making processes and mechanisms linked to food security.

Health

Access to health and nutritional care, reproductive health services (including clinical management of rape) and mental health services for the medical management of minor mental disorders have been identified as priority needs for 1.7 million people, of whom 51 per cent are women and 40 per cent children.

In order to meet the specific needs of girls and women, the plan will consider the aspects of protection (dignity, security, access, accountability) and the specific needs of women and girls belonging to different categories of the population such as lactating women, women exposed to GBV, children, the elderly, disabled people or living with HIV/AIDS. The response will promote empowerment and effective participation of these target groups in the processes and mechanisms of decision-making, and family and community management. Similarly, girls' and women's knowledge and experiences in health will be capitalized and valued.

Nutrition

Management of the malnutrition cases among children under five, pregnant and lactating women, as well as at the level of prevention interventions will take into account the protection aspects. The implementation of the interventions will consider the involvement of male heads of households, responsible for the management of food stocks. Interaction with Health, WASH and Food Security clusters will ensure real impact of the interventions on the targeted population. In addition, the actors have provided support for strengthening the health system with a focus on the situation of children living in very poor households. In the western regions of the country, the focus will be on promoting women's food management so that household nutrition can be diversified, while involving men in the area of food security and health. This involvement will also be sought in the promotion of women heads of households and men in nutrition advocacy initiatives and in nutrition surveys (targets and teams).

WASH

The groundwater level is receding in some localities during the dry season, making access to water difficult for the different categories of the population. The overall intervention strategies will rely on:

- The promotion of equal access for women, men and children from different categories of the targeted population to a source of water for drinking as well as for the livestock of the different categories of breeders and agro-pastoralists;
- A coordinated assistance adapted to the vulnerability of women and children, including the elderly and people with disabilities in emergency situations;
- Promoting the participation of women and young people in the mechanism and processes of community management of hydraulic works (village and pastoral).

Education

The overall intervention strategy of the actors will consist of a differentiated approach taking into account the specific needs of the different categories of children and the households in which they live as well as the specificities of the regions, considering the protection aspects. Community mobilization will be at the heart of interventions. However, in order to take into account the specific needs of girls and to promote the schooling of girls, the GBV protection of girls on their way to school will occupy a special place in the initiatives. The development of separate latrines with dignity kits, the installation of water points and the provision of school kits represent fundamental actions in favour

of girls' schooling. For out-of-school children and those forced to drop it, non-formal and informal educational offerings will be provided to help the children, especially girls, get back to school and to restore their parents' confidence. To ensure a better quality of teaching, the staff will be equipped with educational kits and will be trained on the psychosocial care of children. Community volunteers will be supported and valued.

Shelter and NFI

The provision of safe shelters and NFI, appropriate to the specific needs of women and children, is an absolute necessity to enable them to carry out their daily activities with peace, dignity and security. The development, construction or rehabilitation of sustainable shelters and the provision of NFI kits will take into account respect for the privacy and dignity of the different categories of women and girls.

WOMEN AND GIRLS ARE A TARGET WITH SPECIFIC NEEDS BUT ALSO ASSETS FOR A WAY OUT OF THE CRISIS IN MALI

Women often embody the vital core of the family and the resilience of their communities. They are the ones who keep their families healthy, feed them and maintain social cohesion. However, gender inequalities, in particular rights or status, remain glaring across the country. Stereotypes based on perceptions, or socio-cultural considerations, underlie the low status of women and provide fertile ground for gender inequities.

Indeed, girls and women experience unequal power relations within the private and public spheres that often result in gender-based violence (GBV), including violence that affects their physical integrity, dignity and citizenship.

Child marriage or early marriage is considered in some cultural environments as a strategy to protect girls (49 per cent of girls marry before the age of 18) and according to UNICEF¹, 89 per cent of them went through female genital mutilation marking the transition from childhood to adulthood. The most disabling and humiliating consequences are fistulas, as well as illiteracy or dropping out of school. In terms of protection and promotion of human rights, 83 per cent to 92 per cent of GBV survivors do not have access to legal

aid and security/protection services. The persistence of impunity maintained by the insufficiency and dysfunction of the legal and judicial system, the coexistence of modern and customary laws (attachment to ancestral and religious values) favour the amplification of this violence based on gender seriously weakening the harmony of communities and undermining the fundamentals of the rule of law.

Despite the loss of their livelihoods, and despite the physical and mental overload imposed on them by isolation, loneliness and various forms of violence, refugee, displaced and returnee women display ingenuity to ensure their triple role. Alone or with the help of their children, women develop coping strategies in the face of precarious housing, difficult access to drinking water, health care and hygiene services, and the scarcity of food and economic resources of production. The strong presence of women among internally displaced persons and returnees may therefore be a resource and the traditional role of women in promoting inter-community dialogue should be further supported to enhance the maintenance of social cohesion.

Humanitarian - development - peace and early recovery Nexus

Humanitarian actors in Mali adhere to the “New Way of Working” endorsed by humanitarian and development workers, as well as several Governments and donors during the 2016 World Humanitarian Summit. For several months, through its involvement in the Rehabilitation Commission of Post Conflict Areas, the humanitarian community participates in reflections for the definition of common programme objectives (collective outcomes) and joint/complementary actions with other actors. For 2018, five key clusters were chosen to develop the initial strategies of the Nexus: Food Security, Nutrition, Health, Water, Hygiene and Sanitation, and Education. The work of identifying common objectives has progressed and many opportunities for synergy have been identified.

The main challenges have also been identified and the work accomplished so far has allowed for a first joint planning of the response in terms of access to water, resilience assistance and improved access to basic and non-formal education.

In 2018, it is expected that these first pilot clusters will agree on the establishment of a follow-up and a joint evaluation of the response plan.

This work is particularly important to reduce vulnerability in the northern and central regions of the country where the Malian authorities have been re-established. It will also be critical during the implementation of the Disarmament, Demobilization and Reintegration (DDR) programmes for the armed groups in 2018. The humanitarian actors, through this joint work, hope to create the basis towards fast recovery and development, but also to prevent an aggravation of the situation in the country. This is particularly important in conflict-affected areas where structural

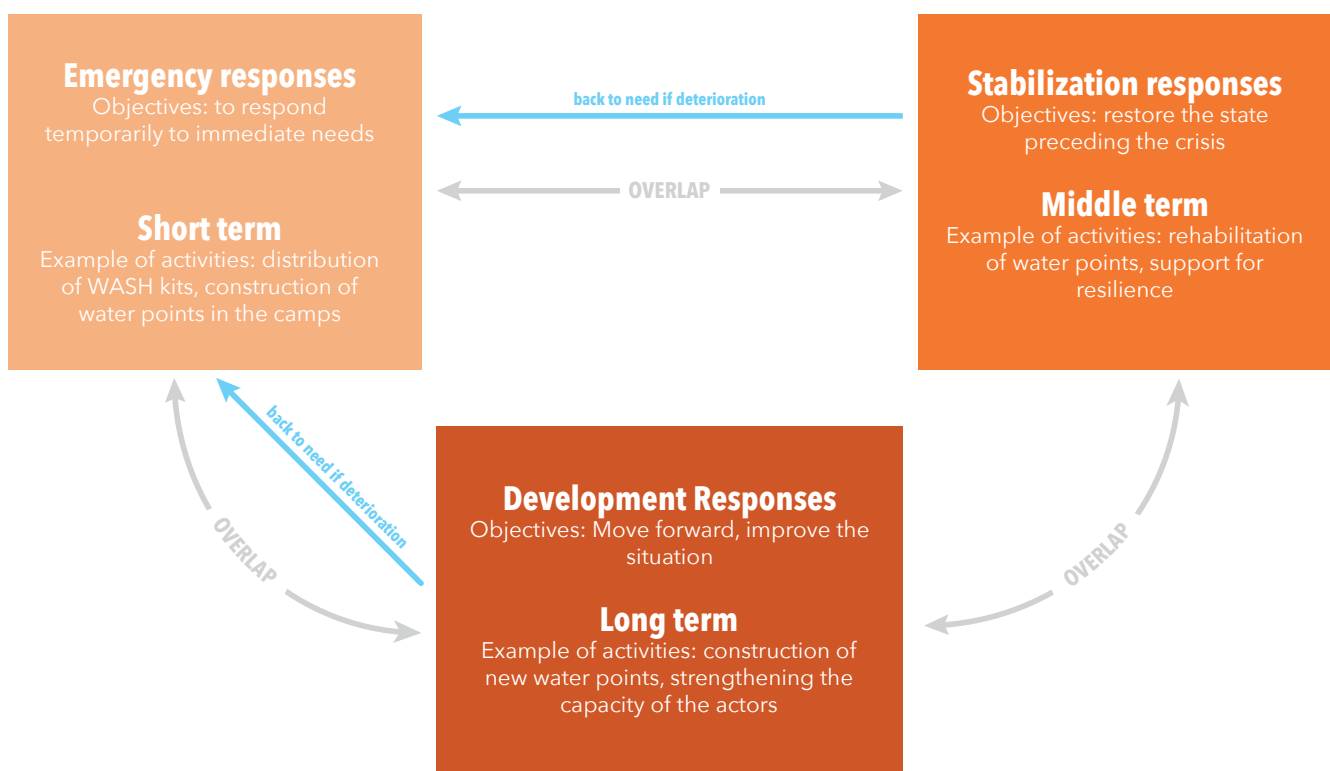
investments are essential to enable people to move out of the emergency phase and gain greater autonomy.

Relative security stability is essential to not only access vulnerable populations, but also to give them the opportunity to rebuild their homes and to redevelop their livelihoods. The inclusion of peace actors, including peacekeeping, is therefore important to improve the actions of partners engaged in the Nexus and the New Way of Working and to try to truly exceed the provision of assistance covering urgent needs and to end dependency on aid.

Research and implementation of sustainable solutions

The search for sustainable solutions is important for the humanitarian response in 2018 to gradually reduce humanitarian needs. Thus, in 2018, humanitarian and development actors encourage the implementation of sustainable solutions for the restoration of security and a protective environment, but also for the effectiveness of essential services. A 2017 study by the International Organization for Migration (IOM) among 1,835 displaced households indicated that needs were identified on education and health, but also urging the quick redeployment of authorities throughout the country. In addition, the partners will also aim to develop the financial capacity of the displaced population to revive livelihood activities and fill the gap of equipment and food in the areas of origin.

The Nexus approach also involves efforts to involve, engage and build the capacity of Malian civil society and community-based organizations in the transfer of skills and knowledge. This approach is one of the ways that will enable sustainable stabilization solutions to emerge.



WHAT IS A SUSTAINABLE SOLUTION?

A sustainable solution is reached when IDPs are settled in their home environment, either locally or elsewhere in the country, so that they no longer need help or specific protection because of their displacement and can enjoy their human rights without discrimination related to the displacement.

Sources: Guiding Principles on Internally Displaced Persons.

Conditions of implementation

The primacy of accountability and communication vis-à-vis affected communities and people

With a view to ending the crisis, the strategy will focus on dialogue with affected communities, local authorities, community and religious leaders, as well as armed groups to raise awareness and encourage the acceptance of humanitarian workers, especially in insecure areas.

Humanitarian actors will pay attention to accountability to affected people and to communication with communities, with a view to continually improve the assistance in line with the needs expressed by them.

Accountability of humanitarian organizations to the beneficiaries is crucial and will ensure interventions tailored to local realities. For 2018, the humanitarian community in Mali is committed to establish or strengthen dialogue and feedback frameworks with affected or assisted communities to obtain their opinion on the quality of the humanitarian action or their appropriation. Community media and free phone numbers will be used to facilitate access to information or the sharing of community views.

Civil-military coordination following the humanitarian / military coexistence approach

In line with the Humanitarian Country Team's (HCT) strategic directives, it is the coexistence approach that characterizes relations between humanitarian actors and military and related actors. The dialogue will be maintained between MINUSMA (via Unity 9 Civil Military Coordination) and United Nations Humanitarian Civil-Military Co-ordination (UN-CMCoord) under the auspices of OCHA to enable and facilitate dialogue and interaction between civil and military actors essential to defending and promoting humanitarian principles, protecting and maintaining the humanitarian space, preventing and minimising the risk of confusion between civilian humanitarian actors and actors for stabilization and/or military, and to avoid duplication. The civil-military coordination meetings in Bamako and the regions will be continued in 2018. They provide privileged frameworks to discuss the best ways for military actors to contribute to humanitarian access and secure the humanitarian space.

They will help avoid the negative effects of Quick Impact Projects (QIPs) on the humanitarian response.

Principle of caution and critical thinking about the integrated approach and QIPs

While the integrated approach 'Humanitarian Organisations / UNDP / MINUSMA' through "integrated packages" and QIPs cannot be separated, a careful analysis and the principle of reserve must be undertaken with the greatest critical spirit. This will be done during the intervention decision, in coordination with the humanitarian partners under the aegis of the concerned clusters and by guaranteeing the greatest transparency and visibility in the implementation to avoid any amalgam that could harm the action and the principle of not harming the people of Mali.

The Rapid Response Mechanism (RRM)

The RRM is to be continued as a means of rapid and effective response to humanitarian needs in contexts of frequent movement of populations. This approach takes into account humanitarian access constraints in the central and northern regions of Mali, in a coordinated and harmonized framework related to OCHA and the regional humanitarian services at the regional level.

INCREASED USE OF CASH TRANSFERS

The humanitarian response in Mali makes cash one of the most widespread modalities, allowing, when conditions are right, an optimization of the humanitarian response. Often still taking the form of coupons or cash, cash is now the most used modality to deliver assistance by both humanitarian and state actors. Cash transfers account for over 60 per cent of humanitarian aid in the food security cluster.

The other transfer mechanisms also used in Mali are mobile phone transfers, banks, microfinance institutions, and cash payments via merchants. While cash was used predominantly in the food security and nutrition clusters in 2017, this method of distribution of humanitarian aid was favoured by many other actors and results from post-distribution monitoring surveys, such that cash is now being used for other items of expenditure such as health, shelter, WASH, protection, education and even early recovery economic activities.

The increased use of this modality of delivery of humanitarian aid has benefited from several favourable factors, including the market situation, the preference of beneficiaries for cash rather than food in most areas, the possibility of acquiring what they want on the market, as well as a better cost-effectiveness.

To improve the quality of responses via cash transfers in Mali, a study to define the minimum expenditure basket of poor and very poor households was initiated. Its results will inform humanitarian responses. This study was launched by the Cash Working Group with the involvement of state actors and clusters. The coordination initiated by the implementation of this study opens the prospects for joint multipurpose cash interventions for the response in the north and centre of Mali, subject to future feasibility analyses.

Indeed, in Mali, multi-use cash could be more advantageous than multi-sector cash because it allows greater flexibility and better suitability to the needs of the population. It also improves the flexibility of the response and the implementation of projects, including from a protection point of view.

The lead of the Cash Working Group has been ensured since it was set up in 2013 by OXFAM and its co-leads WFP and the National Directorate of Social Protection and Solidarity Economy (State). OCHA supports the group through the mapping of actors, sharing information on the humanitarian situation and the involvement of group members in the humanitarian planning process.

OPERATIONAL

CAPACITY

The humanitarian community in Mali includes an extensive network of international, regional and national organizations, with varied capacities and areas of intervention ranging from emergency preparedness and preparation, to humanitarian response via need assessments and mid-term and final evaluations. The operational capacity of these actors is, however limited, because they evolve in a humanitarian space that is more and more restricted but also because of the little funding they have received in recent years.

According to the mapping of the operational presence (3W) established by OCHA Mali, 156 humanitarian actors are present on the territory, including 12 UN agencies, 69 international non-government organizations (NGOs) and 54 national NGOs. In terms of geographical distribution, 110 organizations operate in the north of the country, while 98 operate in the south of the country. It should be noted that these organizations combine their efforts with the Government and the basic public services, as well as with Malian associations, foundations and movements. It is important to emphasize the crucial role played by national and international NGOs in providing humanitarian assistance to populations in inaccessible areas due to insecurity and the context of permanent conflict, such as in Kidal and Ménaka.

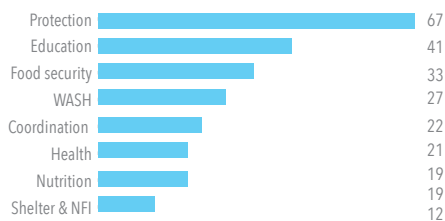
In addition to this presence of humanitarian actors, the OCHA country office and its three sub-offices (Gao, Mopti, Timbuktu), in relation with the regional and interim administrative authorities, provide leadership for the coordination of

humanitarian actors through existing coordination mechanisms. A dozen humanitarian focal points have also been designated to complete the geographical coverage of the territory. Kidal and Ménaka are covered by an OCHA Humanitarian Affairs Officer based in Gao.

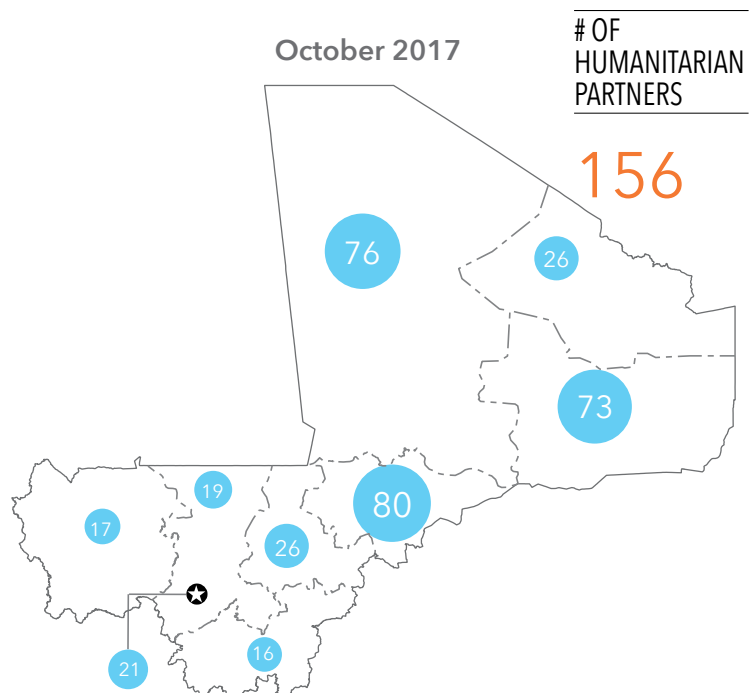
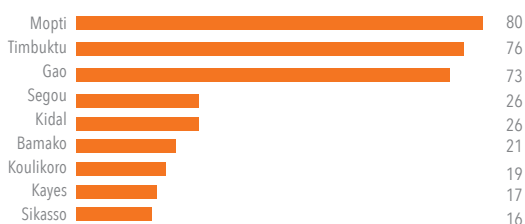
In addition, a manual of facilitation of procedures for the importation of relief goods is being prepared to facilitate NFI operations during disasters or epidemics. Such an instrument will enhance the operational capacity of humanitarian partners by easing customs clearance procedures to adapt to emergency situations.

Beyond the physical presence, the operational capacity of the actors is also dependent on financial, human and logistical resources, but above all on the acceptance by the communities of actors involved in the field.

Number of organizations by sector



Number of organizations by region



HUMANITARIAN

ACCESS

Security conditions have deteriorated significantly in 2017. Humanitarian workers are targeted mainly for their vehicles and work equipment. The incidents that they undergo are becoming more and more violent. Due to insecurity and ongoing violence, most UN agencies are not present beyond the cities of Timbuktu, Gao and Mopti. Access is particularly difficult in Kidal and in Taoudénit and Ménaka regions. Following burglaries targeting humanitarian workers, some actors had to suspend their activities in several areas including Kidal and Ménaka. On 28 November 2017, the coordination of NGOs in Ménaka announced the suspension of humanitarian activities in the region following repeated attacks against them, before resuming activities a few weeks later. In Goundam area of Timbuktu, the suspensions were multiple but of short durations.

Humanitarian actors continue to assist those in need by adapting the implementation of their operations and relying on community-based approaches to secure access.

Incidents affect humanitarian workers, the Malian Armed Forces, MINUSMA, business operators and the population almost every day. The risks range from mortar shell fire, suicide bombings, unexploded explosive remnants of war or unidentified missiles, and petty crime and communal conflicts. The number of attacks against Malian and international security forces has increased significantly since June 2017.

Humanitarian workers are generally not the direct targets of suicide bombings or mortar shelling, but suffer violent attacks mostly related to crime or banditry. In December 2017, more than 130 cases of access constraints were recorded. Ninety-seven per cent of these cases occurred in the northern (Gao, Ménaka, Kidal and Timbuktu) and central (Mopti) regions. Seventy-five per cent of incidents were related to theft, carjacking and physical aggression.

Some INGOs succeed in carrying out actions in the rural areas of these regions through their local partners, which limits the ability to monitor and control the quality of humanitarian interventions.

Regarding the movement of actors and supplies in the northern and central regions, air travel appears to be the surest way to circumvent the risks of anti-personnel mines or attacks by extremist or criminal armed groups. However, the destruction of Kidal Airport, which had been reopened in February 2016, is still a major challenge for humanitarian access in that region.

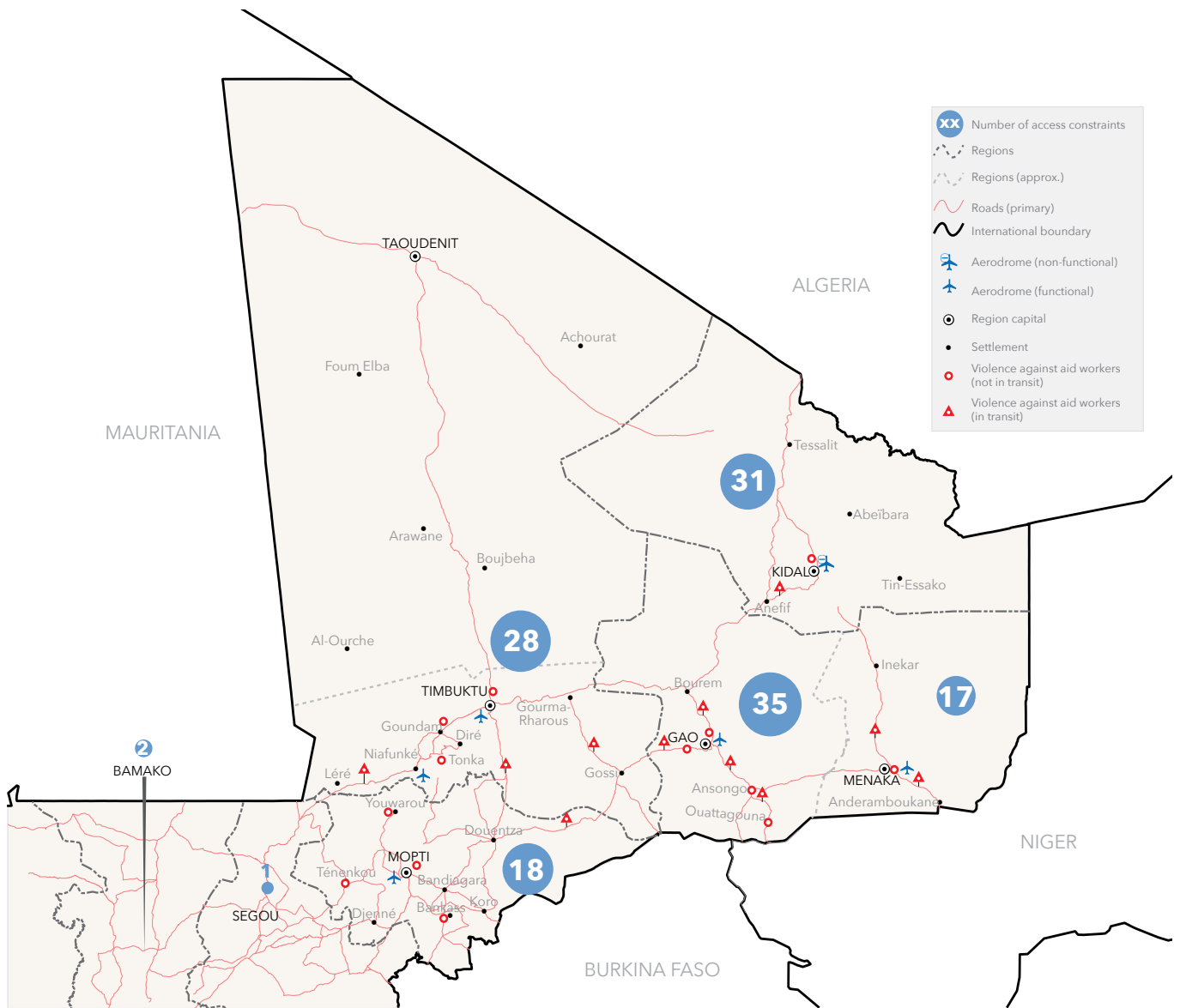
Routes through the United Nations Humanitarian Air Service (UNHAS) do not cover all humanitarian areas and may be suspended due to lack of sufficient and regular funding. The use of MINUSMA flights raises issues related to the perception of independence and neutrality of humanitarian aid. It also poses practical problems for humanitarian aid workers because MINUSMA aircraft are primarily reserved for UN mission personnel.

Although the joint G5 Sahel military force has the potential to bring some stability to the northern and central regions, including in border areas, security incidents are unlikely to diminish in the short and medium term. It should be noted that the DDR process, the operational coordinated mechanisms and the mixed patrols instilled by the Peace Agreements have experienced major delays and obstacles with few optimistic signs beyond the declarations of good intentions and sub-agreements between factions. In addition, fragmentation or implosion of armed groups increased in 2017, with a proliferation of small groups with different identities and alignments often difficult to decipher.

This profusion of armed groups, whose leadership sometimes escapes the traditional interlocutors of non-state armed groups, makes negotiations for humanitarian access difficult. It resulted in the adoption by the HCT of several strategic instruments, in accordance with the recommendations of the March 2017 Senior Transformative Agenda Implementation Team (STAIT). The most important instruments are the establishment of a working group, in Bamako and in the regions, as well as a humanitarian access strategy and an action plan to analyse, advocate and put in place concrete measures to improve access and preserve the humanitarian space.

In June 2016, the HCT had already adopted a common position considering the use of armed escorts as a last resort.

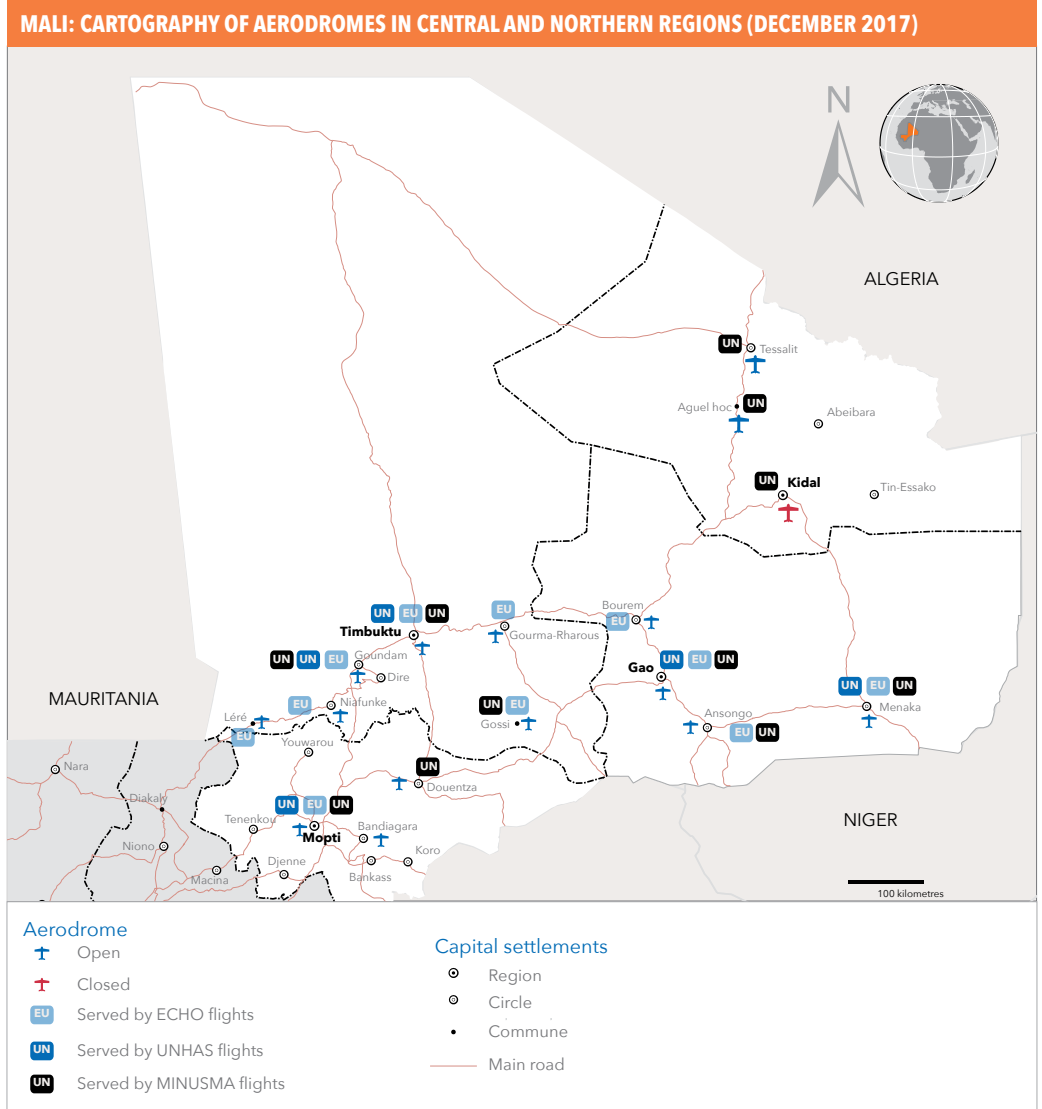
Furthermore, MINUSMA, whose fundamental mission in accordance with UN Security Council Resolution 2295 (Article 19) is to promote humanitarian action, is targeted by non-state armed groups, affecting its capacity to protect the citizens, to guarantee access and to protect the humanitarian space. The populations continue to resort to militias or defence committees or resign themselves to the new agents of law enforcement in areas where the state has not settle down.



The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the United Nations.

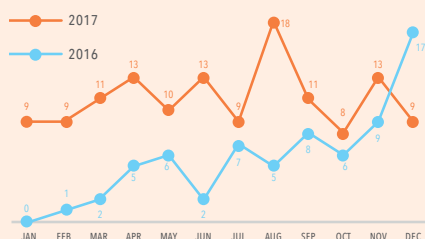
ACCESS CONSTRAINTS REPORTED IN 2017 (as at 31/12/17)

133

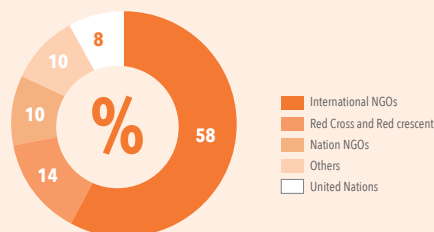


The boundaries and names shown and the designations used on the maps on this site do not imply official endorsement or acceptance by the United Nations.
 Date created : December 2017 Sources : Clusters Comments : ochamali@un.org | http://mali.humanitarianresponse.info | www.unocha.org/mali | www.reliefweb.int

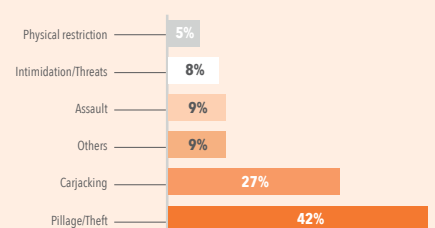
EVOLUTION OF THE NUMBER OF CONSTRAINTS



CONSTRAINTS BY TYPE OF ORGANISATION



NUMBER OF CONSTRAINTS BY CATEGORY



RESPONSE

MONITORING

Aiming for more accountability, and in alignment with the commitment for better monitoring of the Humanitarian Response Plan (HRP), the Humanitarian Country Team (HCT) will ensure the implementation of the HRP monitoring framework in 2018 in close consultation with the Inter-Cluster Coordination Group (ICCG).

The framework, developed by the ICCG and approved by the HCT, defines what would be monitored, how and at what frequency. It also determines supervision and analysis responsibilities. It is an operational tool allowing the HCT and the clusters to put in place monitoring activities.

The monitoring framework provides data and strong analysis to the Humanitarian Coordinator (HC) and the HCT that will guide the decision-making process, reinforce the humanitarian response, fill the gaps and help revise the HRP if needed. The framework should also reinforce the accountability of the humanitarian community towards the people in need and the local partners in Mali.

Scope of the response-monitoring framework

Strategic objectives, sectorial objectives and HRP activities will be monitored through indicators, baselines and targets, allowing progress tracking during the year. The Financial Tracking System (FTS) will monitor financial contributions.

Different actors oversee the monitoring and reporting of the humanitarian response based on the framework criteria. Strategic objectives will be monitored by the ICCG while cluster objectives will be monitored by the cluster lead. Activities will be monitored by independent member organisations from the various clusters and compiled by cluster leads. Clusters are committed to ensure the monitoring of the humanitarian response through resource mobilisation (both human and financial).

Planning of periodic reports

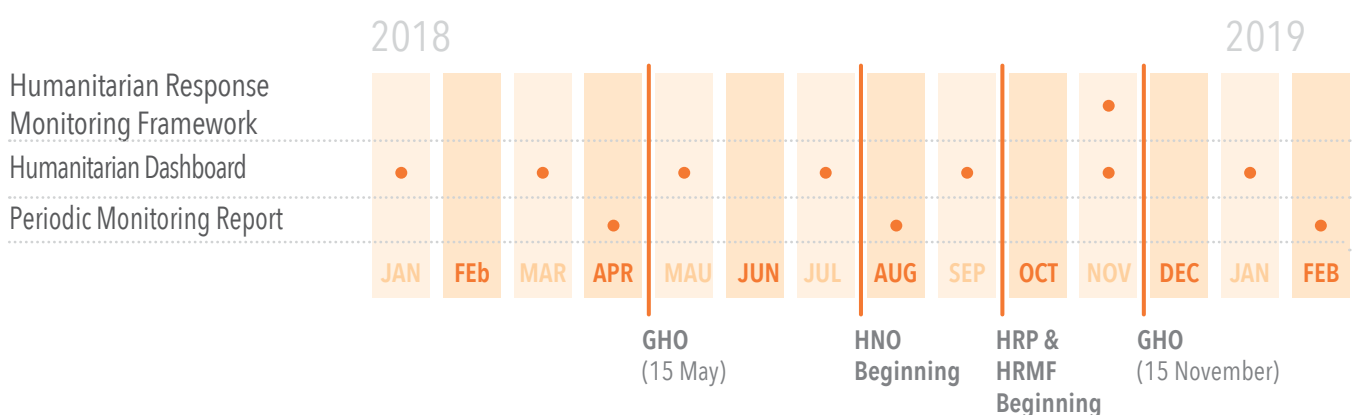
In 2018, two Periodic Reports of Monitoring (PRM), trimestral humanitarian dashboards and an annual report will be produced.

The PRMs will present the progress made towards completing the strategic objectives, obstacles encountered, the evolution of the situation, financial analysis and recommendations for the future. Similarly, each cluster will examine the progress made towards their own objectives, the evolution of the situation and obstacles encountered, and will make recommendations to fill the gaps in the ongoing humanitarian response.

Humanitarian dashboards will present information on the humanitarian response, needs and gaps at the country level and will take the form of infographics.

Data and information found in the PRMs and the dashboard will also be used in the Global Humanitarian Overview (GHO) and if need be, in the Humanitarian Needs Overview (HNO) and the HRP revisions.

REPORTS PUBLICATIONS CALENDAR FOR 2018



SUMMARY OF NEEDS, TARGETS AND BUDGETS

PEOPLE IN NEED



4.1M

PEOPLE TARGETED



1.56M

REQUIREMENTS (US\$)



263M

	TOTAL		BY STATUS			BY SEX & AGE			REQUIREMENTS
	People in need	People targeted	IDPs	Returned and repatriated	Others	% female	% children, adults, elders ³	Requirement (millions US\$)	
Shelter and NFI ¹	0.3M	0.11M	29k	79k	3k	50%	56% 41% 3%	4,3	
Coordination	-	-	-	-	-			12,1	
WASH ²	0.9M	0.91M	12k	305k	590k	50%	56% 41% 3%	25,1	
Education	0.3M	0.21M	16k	168k	27k	51%	99% 01% 0%	21,9	
Nutrition	0.9M	0.67M	23k	26k	624k	58%	87% 14% 0%	46,8	
Protection	0.95M	0.95M	55k	526k	397k	52%	55% 41% 4%	29,2	
Health	1.7M	1.56M	37k	474k	571k	51%	75% 22% 3%	19,9	
Food security	4.1M	1.00M	40k	90k	20k	50%	56% 41% 3%	103,4	
TOTAL	4.1M⁴	1.56M⁵				52%	67 30 3%	263M	

1. Non Food Items 2. Water, Hygiene and Sanitation 3. Children (< 18 ans) | Adults (18 - 59 ans) | Elders(> 59 ans) 4. Largest people in need figure by cluster 5. Largest number of targeted people by cluster



PART II: OPERATIONAL RESPONSE PLAN

- 
-  Shelter and NFI
 -  Water, Hygiene and Sanitation (WASH)
 -  Education
 -  Nutrition
 -  Protection
 -  Health
 -  Food security
 -  Coordination

PEOPLE IN NEED


304k

PEOPLE TARGETED


11k

REQUIREMENTS (US\$)


4.3M

OF PARTNERS


12

SHELTER & NFI OBJECTIVE 1 :

1 Provide qualitative risk analysis and accurate estimation of specific needs by socio-economic categories for men, women and children, and relay this information to the coordination and development actors through a system of alerts and evaluations done in collaboration with social change actors.

SHELTER & NFI OBJECTIVE 2 :

2 Offer a rapid and coordinated response for shelter and NFI, adapted to the specific needs of the people affected by conflict or natural disasters in the north and centre of the country.

SHELTER & NFI OBJECTIVE 3 :

3 Provide appropriate response, to specific needs in shelter and NFI of the different categories of returnees to ensure sustainable returns.

CONTACT

Daouda Diallo
Coordinator

coord.mali@
sheltercluster.org

SHELTER AND NON-FOOD ITEMS



Introduction

The Shelter and NFI cluster in 2013 started a programme in the northern and central regions to facilitate access to housing for the repatriated, refugees and returning displaced people who have not been able to rebuild their houses and acquire basic household items that were stolen or damaged. People in need of assistance also include those who had to flee their homes after natural disasters and those most at risk in the host populations, including women and children.

There are still significant Shelter and NFI needs. For example, some families that have been home for more than two years are still waiting for assistance. In 2018, 304,000 people will need shelter and NFI assistance. Activities planned by the cluster partners target 110,000 people, among whom 52 per cent are women, 57 per cent children under and 4 per cent elderly people of over 59 years.

The main challenges for the actors are insecurity, difficult access to people in need, lack of financing in 2017, limited number of partners, insufficient qualitative evaluations and difficult access to local construction material.

To offer decent living conditions both to the returnees and victims of natural disasters (such as floods), it is essential that they receive support to rebuild their house and NFI kits. According to available information as of 24 August 2016, the Prediction Tool for Floods in the inner Niger Delta estimated that the total level of flooding in 2016 would be much higher than the last ten years.

Cluster Strategy

In 2018, the Shelter and NFI Cluster in collaboration with the Government and development actors will continue to:

- Provide qualitative risk analysis and accurate estimation of specific needs by socio-economic categories for men, women and children and avail the findings to coordination and development actors through a system of alerts and evaluations done in collaboration with social change actors.
- Offer a rapid, coordinated and adapted response to specific needs of targeted people.

- Offer an appropriate response, involving national authorities in the activities at all level for a smooth transition, to the specific needs in Shelter and NFI of the different categories of returnees to ensure a sustainable return.

Prioritization

Taking into consideration the limited financial resources, which reduces the capacity of intervention of the cluster, the response, coordinated with the Protection cluster will be based on three main axes:

- 1. Distribution of 1,500 emergency shelters kits and 1,500 NFI kits** to newly displaced people forced from their homes by conflicts or flooding. The cluster will work closely with the Protection cluster through the sub-cluster for gender-based violence to distribute female hygiene kits and dignity kits for displaced women of childbearing age;
- 2. Building or rehabilitation of 2,000 shelters and 20,000 NFI kits** to the population returning to their homes. Layout of the shelters will take into consideration the respect of intimacy and of dignity for all the different categories of the targeted population and in particular for women and girls;
- 3. Distribution of 3,000 kits of traditional shelters** for nomadic or semi-nomadic populations.

Targeting methodology

People targeted by the Shelter and NFI cluster are either among the most affected by the crisis according to the need analysis presented in the Humanitarian Needs Overview 2018 (HNO 2018) or in zones affected by the flooding. Most are displaced persons, repatriated or returnees. The cluster is also targeting people most at risk in host communities by using the 2017 poverty index of the Mali Permanent Household Survey Module.

The cluster has targeted 10 per cent of the people in need of a building/rehabilitation of permanent housing, 10 per cent of beneficiaries in need of traditional huts (particularly for nomadic populations) and 30 per cent of people in need of NFI distribution.

Synergy with the other clusters and actors (“New Way of Working” and multisector)

In its response, the cluster will work in coordination with the Protection cluster and will articulate its response taking into consideration the response to food security, nutrition, education, and WASH needs. While the Shelter and NFI cluster is not part of the pilot clusters working on the humanitarian-development-peace nexus, its actions have been planned in collaboration with the state actors, developments actors and MINUSMA.



PEOPLE IN NEED


908k

PEOPLE TARGETED


908k

REQUIREMENTS (US\$)


25.1M

OF PARTNERS


27

WASH OBJECTIVE 1 :

1 Provide men, women and children including elderlies and disabled in emergency context, coordinated WASH assistance tailored to their specific needs.

WASH OBJECTIVE 2 :

2 Ensure equal access to men and women from different categories of population to WASH services and infrastructures in at-risk zones.

WASH OBJECTIVE 3 :

3 Reinforce the capacities of the communities and the local actors for an integrated and sustainable management of the water resources.

WATER, HYGIENE & SANITATION



Despite the lack of funding and the insecurity in some regions, the cluster observed some progress in terms of access to WASH services, despite the rainfall deficit and low water retention. Major vulnerability factors remain the risk of cholera, flooding, low level of the groundwater, impact of the livestock on the water supply and malnutrition.

In 2018, around 908,000 people (221,987 men, 222 933 women and 463,080 children) will be in need, particularly elderly men and women, disabled people and children, who are more often exposed to water-borne diseases.

The main challenges that the cluster will face in 2018 are the poor investment in new water points as well as in the weak management and maintenance system of existing water points.

Response Strategy

Planned interventions for 2018, will continue the work done by the cluster since 2013 and are based on both sectoral and multisector analysis, considering the lack of drinking water, hygiene and sanitation as aggravating circumstances or underlying causes of vulnerabilities.

The strategy of the WASH cluster is to ensure equitable access to clean water for women, men and children of different categories of the target population as well as for livestock, different categories of farmers and agro-pastoralists. This should limit competition between the different water users in the pastoral zones or zones with a strong potential for farming.

For 2018, the response planned is articulated around three axes:

1. Provide men, women and children, the elderly and the disabled in emergency context, coordinated WASH assistance tailored to their specific needs. Regional mechanisms of coordination will be reinforced to improve preparedness and deliver a rapid response to sudden crises. This will allow the distribution of emergency WASH kits in case of flooding, epidemics and displacement of populations following sparks in conflicts between armed groups. These interventions will also take place in zones with high index of severe acute malnutrition with a focus on fast and efficient clean water, hygiene and sanitation.

2. Ensure equal access to men and women from different categories of population to

WASH services and infrastructures in at-risk zones. This will include prevention activities, reduction of risks, preparedness of the response to epidemics of cholera, to flooding and malnutrition. These activities target the improvement of access to clean water to the vulnerable populations, particularly households and populations most at risk due to hygiene and defecation conditions.

3. Reinforce the capacities of the communities and the local actors for an integrated and sustainable management of water resources, while taking into account the specific needs of women, men and the youth of vulnerable categories, and encouraging the participation of women and the young in community management. The actions should also consider accountability issues and livelihoods of the communities.

Priorization

Interventions of the WASH cluster will target priority communities with a high level of severe malnutrition. The cluster will work with its member to preposition contingency stocks in certain localities at risk of natural disasters, those prone to clashes between armed groups as well as localities with a high rate of severe acute malnutrition. A mechanism of monitoring and centralization of the different evaluations realised by its member will be put in place to identify zones with information gaps and organise further evaluation to prioritise actions and zones of deployment.

Targeting methodology

Targeting will be based on the tool of identification of people in need developed by OCHA and by applying the eight indicators chosen by the active members of the cluster, as defined in the HNO 2018.

Regular analysis and evaluations of needs, linked with occasional crises, will be conducted to adapt the response in the best possible way, based on the real needs of men, women and children belonging to the most vulnerable categories of the population.

Reinforcement of local systems

The cluster's interventions will include activities reinforcing the population's resilience through a revitalisation of the communal management

CONTACT

Fassou Noramou
Coordinator

fnoramou@unicef.org

of the infrastructures. The cluster's activities will target all the actors of the system: technical services, private organisations and collectives to make the entire chain of work of the WASH system operational.

The implementation of these activities will be done based on a participatory and inclusive approach. Regular consultations will be organised with the leader of the different groups of the community to address concerns linked to protection and gender. Designs and constructions will respect the environmental best practices.

Synergy with other actors

Through its multisector interventions, the WASH cluster is coordinating with other clusters (Food Security, Nutrition, Protection, Health, Education) and will ensure that transversal issues (Nexus, out of crisis, gender and transversal protection) will be taken into account.

The cluster is also working with sectoral groups under the technical leadership of the Government under the Programme

for Accelerated Development in the North and the Sectoral Programme for Water and Hygiene.

Regarding the Nexus, activities will not be limited to the emergency response and will be developed with a short- and long-term vision, and will include issues of structural mitigation to cover needs and ensure the durability of the response with the objectives of developing resilience capabilities of the communities. These activities will place water as a social cohesion tool and a factor of peace in the regions. The cluster will also promote the construction of water systems with solar pumping (generally to be funded by humanitarian donors) instead of manually operated pumps to respond to a need of closer water points and to create drinking troughs where the water level is low. These will also allow irrigation for small gardens with waste water from boreholes. These actions will be held in collaboration with the Food Security Cluster.

Furthermore, the cluster will conduct advocacy actions directed towards development actors for a stronger involvement (despite the volatility of the regions affected by the conflict) and durable funding.



PEOPLE IN NEED


306k

PEOPLE TARGETED


211k

REQUIREMENTS (US\$)


22M

OF PARTNERS


41

EDUCATION OBJECTIVE 1 :

1 Reinforce preparedness for emergency situations in the education sector, including the preparation of schools to against natural disasters.

EDUCATION OBJECTIVE 2 :

2 Improve access for boys and girls (ages 3 – 15 years), affected by the security crisis, to quality formal and non-formal training in a healthy and protected environment.

EDUCATION OBJECTIVE 3 :

3 Use a deep analysis of educational needs for children (ages 3 – 18 years) and for educational staff living in regions affected by the security crisis.

EDUCATION

The deterioration of the state of the education, despite the best efforts of the educational actors, makes it a primary challenge. In the northern and central regions, supplies and educational resources are often targeted by attacks. More than 500 schools remained closed at the beginning of the 2017 – 2018 school year, an aggravating factor to the already low schooling rates of boys and girls from poor families. The region of Mopti is the most affected with 277 schools closed (55 per cent). In 2018, some 300,000 children (174,000 boys and 126,000 girls) (displaced, returnees or repatriate families and from host communities) will need an urgent assistance in the education sector.

Challenges faced by the Education Cluster are linked to the security context, the mobilisation of teachers in affected areas and absorption capacities that need to be reinforced, including school canteens, latrines and learning infrastructure for out-of-school children.

Response Strategy

The strategy of emergency intervention will be implemented by taking into consideration the specific needs of each categories of children, their families and specificities of the north and central regions, which are directly affected by the security crisis.

In 2018, the strategy of the cluster will be articulated around two axes:

1. Bring quality education in a safe environment to 300,000 out-of-school children (174,000 boys and 126,000 girls), including disabled children, in regions affected by the crisis, regardless of its nature.

2. Reinforce resilience capabilities of the educational system, notably through the training of 6000 educational actors to social cohesion, peace culture and natural-disasters risk reduction.

Planned activities aim to promote the reopening and proper functioning of schools in zones directly affected by the security crisis. This will be achieved through activities of mobilisation of the communities and the implementation of temporary learning spaces in order to increase the absorption capabilities of schools, to entice children to go back to school, in particular girls, and to reassure parents. Furthermore, the cluster aims to offer non-

formal learning opportunities adapted to out-of-school children affected by the crisis through fast-learning programs, vocational training and communitarian-based learning. The support and the valuing of community volunteers will also be at the centre of the activities. The cluster will also promote the concepts of peace and social cohesions by favouring equal access for girls and boys from different communities to its activities. In parallel, the cluster will provide support in distributing school supplies and material, will build or rehabilitate school classes, separated latrines and water points.

Priorization

For the educational sector in Mali, it has been planned that humanitarian intervention in an emergency context will consist of “buffer” actions, aimed at ensuring school continuity through regular or alternative offering for affected, out-of-school children as per the principle of humanitarian action. Stabilisation and rehabilitation activities are all actions of rebuilding and reinforcing technical and institutional capabilities, aimed at reestablishing the state of education prior to the crisis. Finally, the development activities will seek to improve the access, quality and governance of the Education Cluster by aligning them with the national development priorities with a mid- and long-term vision. Based on this, the regions of Gao, Ménaka, Kidal, Timbuktu and Mopti will be prioritised by the Education Cluster for 2018.

Targeting methodology

The targeting methodology will consist of identifying the insecure areas where at least one school is closed; determining the number of children of school ages (5-19 years) in the five areas affected by the crisis, with the help of the Administrative Vocation Census of Civil Status; and the targeting of out-of-school children in 66 localities per non-functioning schools (an average of 300 children per school), which corresponds to children in need. The number of teachers targeted was based on the total number of students (50 students per teacher). The programme will consider non-formal and informal learning plans, adapted to out-of-school boys and girls affected by the crisis. The intervention will extend more generally to children out of the school system. The Education Cluster has decided to target 70% of



CONTACT

Sharmila Pillai
Coordinator

spillai@unicef.org

people in need (repatriates, IDPs, returnees, host communities and teachers), corresponding to 211, 400 targeted people.

Reinforcement of local systems

The Education Cluster will reinforce the capabilities of decentralised State services and of humanitarian actors involved in education in the regions affected by the conflict, natural disaster and epidemics. The proper functioning of emergency cells at a central and regional level, as well as the elaboration and the implementation of action plans at a communitarian level will decrease the risks for schools exposed to natural disasters or to the security crisis in the northern and central regions of Mali.

Synergy with other actors

The Education Cluster will closely collaborate with the WASH, Protection and Food Security clusters and will specifically focus on nutrition at school as a necessary factor, not only to keep children at school but also to ensure their protection against risks that they might face while commuting from their homes to schools—thus ensuring the durability of a healthy and safe school environment for all children. Specific needs of the households in which the children live will also be considered to promote the schooling of girls, who are often in charge of household's chores. Joint programmes will also include water points and separated latrines, as well as mechanisms of protection for the monitoring

and recording of violence, school closure or occupation. Furthermore, all the clusters' activities will align on the response strategy of the National Education Ministry, as detailed in the Programme for Emergency Education (PRODEC II).

To ensure a successful continuity between humanitarian action and educational development interventions, certain key activities will have to be organised in synergy with the other actors of the humanitarian-development-peace Nexus, including governmental actors and local communities. These activities include advocacy for the implementation of educational offerings adapted to the needs of the communities in order to ensure that achievements are sustainable and that education contributes to the fulfillment of the person and its community. This will be achieved through a strong focus on decentralised schools and their management, the implementation of prevention mechanisms and planned response to future crises, including contingency plans. This effort also includes actions ensuring the initial and continuous training of teachers on thematics linked to emergencies, everyday life competencies, and techniques and approaches focused on children. It will also seek an amelioration of the pedagogical supervision through the reinforcement of the capabilities of the Centre for Pedagogical Animation, and a higher engagement of the communities through the Committees for School Management in the conception, implementation and monitoring of school projects.



PEOPLE IN NEED


868k

PEOPLE TARGETED


662k

REQUIREMENTS (US\$)


47M

OF PARTNERS


19

NUTRITION OBJECTIVE 1 :

1 Supervise the nutrition situation and reinforce intersectoral coordination..

NUTRITION OBJECTIVE 2 :

2 Prevent malnutrition in at-risk population.

NUTRITION OBJECTIVE 3 :

3 Supervise the nutrition situation across the community and the health information system, and reinforce intersectoral coordination.

NUTRITION

The aggravated nutritional crisis in zones affected by the conflict

Some regions of Mali, already heavily affected by years of drought, have seen the nutritional status of their populations deteriorate as result of the current security crisis. In this context, pregnant or nursing women, elderly, disabled and children are among those most affected by malnutrition.

For 2018, the cluster has identified 868,000 people in need and 1,307 health structures, which need to be reinforced. Based on the response capacities of the members of the cluster, the humanitarian response is targeting 662,000 people among the most vulnerable, which represents 75% of identified needs.

The main challenge for the sectoral actors is difficult access to health centres for the communities (particularly in the regions of Timbuktu, Kidal, Ménaka and Taoudénit). Other challenges include the non-alignment of the different national nutrition evaluation calendars (Standardised Monitoring and Assessment of Relief and Transitions—SMART, ENSA, Harmonised Framework) and the lack of disaggregated data at the district level, which would allow better planning of interventions. Moreover, integration of nutrition best practices and principles is poor at the community level, leading to non-sustainability of activities implemented by humanitarian actors.

Response Strategy

The result of the SMART 2017 survey revealed that the severe malnutrition rate among children under age five went from “severe” to “critical” in the regions affected by the conflict in Timbuktu (15.7%) and Gao (15.2%), and that the national level of 10.7% remains higher than the 10% emergency threshold set by the World Health Organization (WHO). Very high incidence is also reported in the regions not directly affected by the crisis, such as Kayes (14.2%). This indicates that nutritional support must not only respond and adapt to a crisis of conflict and of the lack of access to resources and health centres, but it must also continue to address the chronic and structural needs in several regions of the country.

Activities identified by the first strategic objective will allow the reinforcement of coordination between the different clusters

involved in nutrition activities, in order to have a larger impact and reduce malnutrition. Interventions for the second strategic objective will consist of reinforcing the resilience capabilities of the population, chronically affected by nutritional and dietary crises. According to the third strategic objective, the interventions will focus on reducing the mortality risk (to below 1 in 10,000 per day) and morbidity (to less than 10% of severe malnutrition) for children of both sexes, and pregnant and nursing women living in poor households or affected by severe moderate and severe acute malnutrition. Moreover, curative activities will be complemented by a package of preventive activities implemented under the strategy of the “1,000 first days” in health structure and in communities. Mass campaigns such as vaccinations, vitamin A supplements and Chemoprophylaxis against seasonal malaria will be used as opportunities to identify nutritional deficit in children.

Reinforcement of local systems

In 2018, particular focus will be kept on reinforcing the capacities of health structures. Targeted structures will receive technical support to reinforce the health system through the six WHO pillars in order to consolidate the long-term integration of nutrition in their Minimum Package of Activities. This will facilitate the perpetuation of the activities of malnutrition care after humanitarian organisations leave and will be part of the humanitarian-development Nexus strategy currently being written.

Priorization

According to the needs analysis, the northern regions (Gao-Ménaka and Timbuktu-Taoudénit) are to be prioritized, followed by the region of Kayes, which is the second priority of the cluster. Particular attention is also to be paid to Kidal because of the constant instability, which is a risk factor for malnutrition.

Targeting methodology

The response strategy will focus on the most vulnerable groups, including children under age five, and pregnant and nursing women, and will involve the head of household. It is important to involve men in the question of food security and health, so that women can have certain



CONTACT

Claude Chigangu
Coordinator

bchigangu@unicef.org

control on food supplies and can diversify the household's diet.

In terms of emergency, beneficiaries of curative treatments will be: more than 130,000 children under age five, suffering from severe malnutrition; more than 325,000 children between 6 and 59 months, suffering from moderate malnutrition; and more than 47,000 pregnant or nursing women suffering from malnutrition. Furthermore, the ancillary food programme to prevent severe malnutrition is targeting more than 171,278 people (mainly children between 6 and 23 months, and pregnant or nursing women).

In terms of reinforcement of prevention activities, the cluster is planning the provision of vitamin A supplements and the disinfection for 70% of children of both sexes, aged between 6 and 59 months, in emergency situations and living in a poor household, as well as the supplementation of iron and folic acid for 70% of pregnant or nursing women in emergency situations and living in poor households.

Synergy with other actors

The year 2018 will be the occasion to start planning for the implementation of the humanitarian-development Nexus strategy that will be implemented for at least three years. Interventions of severe malnutrition care will be executed in a way to bring a durable answer to the nutritional crisis but also to reinforce the resilience of the community, in order to arm them

to face future crises. Transversal indicators will be used for the implementation of the response, as defined per the guidelines of the cluster.

In coordination with the Health Cluster, the plan will support the Health System Restrengthening and the organisation of meetings between the two clusters under the leadership of the health authorities at a regional level. The situation of children of both sexes, living in very poor households, will be a part of the agenda for this coordination exercise.

The framework for concerted advocacy in favour of nutrition, which will involve men and women affected by the crisis, will be executed in collaboration with the different members of the cluster. The support of the regular nutrition monitoring will be effective through the Food and Nutritional Security Surveys and the national SMART survey conducted during the hunger season. These surveys will see that men and women, who lead their households, will have a part of the composition of the teams and of the target audience to be interrogated.

In the southern regions, where the situation seems more stable, decentralised preventive and curative interventions within communities will be encouraged. Advocacy activities will be organised and will target the local and national authorities for their contribution to the improvement of malnutrition. Multisectoral and transversal interventions will be organised with other sensitive sectors such as health, protection, education, food security and WASH.

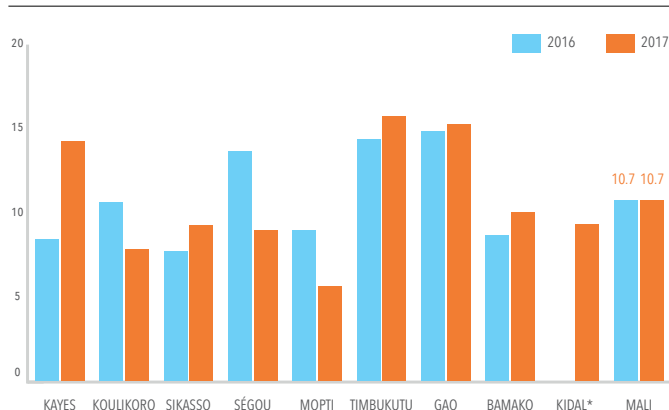
 753,000

girls and boys will need nutritional aid

 115,000

Pregnant and lactating women will need nutritional aid

RATE (%) OF GAM BY REGION AND COUNTRY



* Smart survey did not cover the region



OCHA/Eve Sabbagh

PEOPLE IN NEED


950k

PEOPLE TARGETED


950k

REQUIREMENTS (US\$)


29,1M

OF PARTNERS


67

PROTECTION OBJECTIVE 1 :

1 Evaluate and analyse protection problems (displacement, human rights, gender-based violence, childhood protection) and advocacy action to achieve emergency response.

PROTECTION OBJECTIVE 2 :

2 Reinforce the capacity of partners, providers, authorities and communities to improve prevention and mitigation of risks.

PROTECTION OBJECTIVE 3 :

3 Provide protection services and holistic assistance to those vulnerable to and affected by the conflict (including survivors of sexual violence, children and others with special needs).

CONTACT

Matho Nianga Doré
Coordinator

doren@unhcr.org

PROTECTION



Response strategy

Protection is the backdrop of the humanitarian response. According to the needs identified for 2018, the response strategy for the Protection Cluster will primarily focus on the areas affected by the conflict (19 circles in the regions of Segou, Mopti, Timbuktu, Kidal and Gao), generated by the comparison tool in addition to the 27 indicators agreed upon by all active members of the cluster. The response will focus specifically on the protection needs of the displaced population due to the conflict. The perpetual involvement of beneficiaries to the implementation, monitoring and evaluation of activities should guarantee the sustainability of the benefits of the cluster's intervention. In collaboration with its partners, the cluster will organise activities in six areas of protection:

1. Access to justice, rule of law and access to civil registry documents

In 2018, the working group is planning on focusing its activities around the following axes:

Raising awareness of state entities, communities and armed groups on human rights, international humanitarian law and legal proceedings.

Monitoring human rights and international humanitarian law violations in order to direct advocacy activities and humanitarian response.

Legal assistance and victim protection for those who have suffered human rights and international humanitarian law violations.

Reinforcement of the Malian judicial system's capabilities.

Reinforcement of institutional services of civil documentation and archiving capabilities, as well as an advocacy plan for better access to justice and civil documentation.

Assistance to children who need birth certificates and for whom the time limit to request birth certificates has passed. Additionally, transversal protection will be a specific focus through a) the promotion of the rights of survivors of gender-based violence; b) the case of pregnant or nursing women in jail as well as children in a prison environment; and c) the training of jail and judiciary manpower

2. Gender Based Violence (GBV)

In 2018, humanitarian interventions will principally aim at increasing access to a

holistic care in the zones of Tasslit, Tin Essako, Abeibara, Kidal, Goundam, Gourma Rharouss, Niafunke, Timbuktu, Mopti, Koro, Tenenkou, Youwarou, Ménaka, Gao, Bourem and d'Ansongo, and at reinforcing the capacity of partners present in these zones to ensure prevention, risk diminution and a more efficient response to GBV.

The interventions will strengthen to ensure the availability of rape kits in health structures in the regions affected by the conflict. The sub-cluster will also work with the rapid response mechanism to deliver, in the context of an emergency response, dignity kits to women of childbearing age. Specific attention will be given to reinforce the capabilities of the partners in case management, use and respect of GBV standards and medical care in case of sexual violence. The update of quick evaluation tools for GBV, the referencing system (in regions affected by the conflict), activities of GBV risk prevention and continuous reinforcement of the Gender-based Violence Information Management System to support the advocacy action and programming of GBV will also be some of the activities executed in 2018. The sub-cluster will work with high-priority clusters such as Protection, Education, Health, Nutrition and Food Security to ensure integration of the Inter-Agency Standing Committee guidelines on prevention and response to GBV in emergency situations, and the implementation of action plans of the mentioned clusters on GBV prevention.

GBV prevention and mechanisms to prevent victimization aims to make survivors agents of change for human dignity. Women and girls formerly associated with armed groups will not be ignored.

3. Child protection

The strategy of the sub-cluster will in 2018 be based on the strengthening of the community-based approach through the Community Networks for Child Protection (CNCP). This will be linked to the prevention and the response to the needs of vulnerable children in conflict-affected areas, including Children Associated with the Forces and Armed Groups (CAFAG). The care and socio-economic reintegration of girls and boys affected by the crisis in general, as well as those associated with armed groups in particular, will be a priority, especially in the context of the DDR process. A vocational training and/or school reintegration

project will be developed for vulnerable children who are in a situation of mobility for security, learning, economic or other reasons. This project will be implemented at railway stations, childcare centers, households that employ them as domestic workers, Koranic teachers and employers. The improvement of the documentation and information system on child protection incidents will also be a focus of intervention through the Child Protection Information Management System (CPIMS). These preventive measures will be supported by holistic care through the establishment or strengthening of referencing mechanisms, as well as specialized services in direct assistance to children. Recreational sites run by trained youth leaders and social workers, as well as local child protection networks, will be available to provide psychosocial support activities in child-friendly spaces and transitional centers. During the implementation of this strategy, the cluster will ensure the identification of the specific needs of children by refining the targeting based on the factors of influence of the vulnerability such as elements related to the environment in which the child lives: type of household (monogamous or polygamous), sex and economic profile of head of household (female head of household, disabled man head of household, elderly man etc.). Similarly, sustained attention will be given to out-of-school adolescents as part of the prevention initiatives against enlistment and radicalization/violent extremism.

4. Awareness to the dangers of anti-personnel mines

Anti-personnel mine action (prevention and response to risk) will continue in the northern and central regions of Mali, including Timbuktu, Mopti, Gao, Menaka, Kidal and Segou. These activities will target in particular at-risk groups such as IDPs, returnees and children (the latter representing 64 per cent of unexploded ordnance casualties recorded from 2012 to August 2017). The focus will be on the capacity building of Malian communities and local civil society organizations to i) enable them to conduct activities that respond to the threat; ii) to better tailor activities to conflict transformation.

Activities will include five priority areas: i) risk education for Explosive Remnants of War (ERW), Improvised Explosive Devices (IEDs) and SALW adapted to the current context; ii) non-technical surveys to understand the extent of contamination; iii) holistic assistance to victims; (iv) the reduction of community violence and the promotion of social cohesion; and (v) the cleansing of affected areas. In addition, mine action actors will pay particular attention to the protection of children, promoting greater synergy with actors involved in the education sector. Considering the status of girls and boys (under guardianship, physically and / or mentally disabled, ex-combatant or children associated with armed forces, etc.) as well as the situation of the household in which they live, it will be important to consult them and involve them according to an appropriate technique. Likewise, mothers, fathers and guardians will have to be consulted in the process.

5. Monitoring, population movements' follow-up, promotion of peaceful coexistence and implementation of sustainable solutions for the affected people

The activities of data collection and analysis of population movements will continue throughout the Malian territory with a focus on the regions of Timbuktu, Gao, Mopti, Menaka, Kidal

and Segou. The priority will focus on humanitarian watch and regional coordination on the information received to validate them on alert. Attention will also be paid to the analysis of the contexts of displacement and the analysis of the needs of the people affected by the conflict.

Protection monitoring activities will continue in the regions with critical protection needs and will collect information on protection risks and the needs of vulnerable populations.

Needs analysis will be strengthened to consider in addition disaggregated data by sex and age, the type of household, the marital, socio-economic and health status of the persons affected, to better understand the specific needs of the vulnerable categories. In addition, conflict sensitive analysis activities will be conducted. These activities will guide advocacy and the sharing of alerts and analysis in a timely manner to guide the emergency response and actions of the wider humanitarian community. Regarding lasting solutions, the analysis of IDPs' return intentions and the needs of returnees, and the implementation of community reconciliation and reintegration programs, will create favorable conditions for the return of IDPs. sustainable integration of the targeted people. Finally, capacity-building activities of national authorities, affected communities and the humanitarian community will be undertaken regarding the prevention of protection risks and the response to protection needs (including aspects of social cohesion and humanitarian mediation).

In this process, valuing the experience of women and men from different segments of the population and the participation of women and adolescent girls will be considered as important elements in the search for long-term solutions.

6. Centrality of protection

In 2018, the Protection cluster will continue to support the entire humanitarian community to ensure the inclusion of protection in planning and humanitarian response. Sensitization and training sessions on cross-protection and particularly accountability will be delivered at national and regional level to strengthen the engagement of humanitarian actors with affected populations and strengthen their overall capacity for analysis and prioritization of needs, from efficiency and effectiveness of the humanitarian response.



PEOPLE IN NEED

 1.7M

PEOPLE TARGETED

 1.56M

REQUIREMENTS (US\$)

 20M

OF PARTNERS

 35

HEALTH OBJECTIVE 1 :

1 Strengthen the health information system in the 26 health districts as of 31st December 2018

HEALTH OBJECTIVE 2 :

2 Increase access and provision of care to women, men and children from vulnerable communities in the 26 Health Districts.

HEALTH OBJECTIVE 3 :

3 Improve the epidemic and disaster preparedness and response system in the 26 Health Districts.

HEALTH

Despite the progress made in 2017, the needs of populations affected by conflicts, droughts and floods are growing, particularly among the most vulnerable groups that are women, children, the disabled and the elderly. 1,777,289 persons, 874,951 of them women and 858,320 men, will be considered as people in need by the health response for the year 2018.

The main challenges facing the cluster relate to: the provision of care in a context recurrent attacks on the staff of health, equipment and facilities in health centers in the North and Central regions; the difficulties of ensuring access to health care for vulnerable populations more than 5 km away from health facilities in a context of extreme insecurity and low population density; provide adapted care services to nomadic communities.

Response Strategy

In view of the challenges and needs identified for 2018, the response of the 35 regular members of the health cluster will be based on the following elements:

- 1. Strengthening the health information system at 26 health districts** By improving the capacity of health care structures on the health information system at all levels, and by monitoring the activities of the Minimum Activity Package (MAP) and the Supplementary Activity Package (SAP).
- 2. Increasing access and provision of care to different categories of women, men and children from affected populations in the 26 health districts.** Cluster partners will, among other things, provide quality curative care including MAS, SONUB / SONUC; organize care by mobile teams/essential community care in transhumance and low coverage areas; to ensure a regular supply of essential drugs and vaccines, kits for the management of survivors of sexual violence, therapeutic food and milks, and small equipment and trauma equipment in health facilities; and strengthen the capacity of non-state structures in relation to development actors.
- 3. Improving the epidemic preparedness and response system and disasters in the 26 health districts,** Considering the specific needs and specific care strategies of women, children and men belonging to the categories socio-economic groups most vulnerable. This will also

be done by developing / updating contingency plans and organizing the response to epidemics and disasters.

4. Strengthening coordination mechanisms of the health cluster at national and regional level that will ensure the involvement and participation of women, men and youth in the various health processes and initiatives. Proposed activities include updating the HeRAMS and 4W mapping of health cluster actors, conducting sector and joint humanitarian assessments, organizing monthly and joint National / Regional Cluster meetings, and implementing Humanitarian Nexus-Development Strategies.

Strengthening local systems

Emphasis will be placed on strengthening the capacity of health care facilities in small equipment and materials, as well as emergency medicines and emergency obstetric kits. New mobile care structures will be organized for populations where access is difficult by encouraging beneficiary participation. Capacity building of local staff can thus promote the sustainability and empowerment of beneficiaries.

Priorization

The priority health districts for health cluster interventions are, in the Kidal Region (3): Abéibera, Tessalit, Tin-Essako; in the region of Gao (2): Gao, Bourem; in the region of Timbuktu (4): Goundam, Gourma Rharous, Niafunké, Timbuktu; in the region of Taoudénit (6): Taoudénit, Achourat, Al-Arouch, Arawane, Boujbeha, Foum-Alba; in the region of Kayes (2): Bafoulabé, Oussoubidiagna; in the region of Koulikoro (1): Kolokani ; in the region of Mopti (4): Douentza, Djenné, Tenénkou, Youwarou; and in the region of Menaka (4): Menaka, Anderambukane, Inekar, Tindermene.

Targeting methodology

Targeting was made based on the determination of people in need of tool developed by OCHA and applying the 9 indicators chosen by agreement with all the cluster active partners, as defined in HNO 2018.

Areas classified as categories 5 and 6 were considered to be at very high risk of vulnerability. Men, women, girls and boys



CONTACT

Dr. Théodore Yao
Coordinator

yaot@who.int

living in these areas were considered to be affected by the crisis. Pregnant women, lactating women, children under 5 and Elderly men and women as well as IDPs and returnees younger than six months are included in the category of people in need in view of their specific health needs. The analysis of the operational capacities of the cluster made it possible to target 90 per cent of people in need for this year 2018.

Synergy with other actors

The process of integrating nutrition will continue not only in the LDC and PCA but also in the different pillars of the health system. Joint coordination meetings will ensure the application

of this provision. The joint meetings will also continue with development actors to consolidate the joint Humanitarian Nexus - Development Strategy as well as the transition indicators.

All interventions will be carried out in close collaboration with the Regional Directorates of Health and the National Directorate of Health. In addition, to ensure a multisector response, the health cluster will work in close collaboration with other active clusters and development platforms to strengthen coordination within the framework of the Humanitarian-Development Nexus.



PEOPLE IN NEED


4.1M

PEOPLE TARGETED


1.0M

REQUIREMENTS (US\$)


103.4M

OF PARTNERS


46

FOOD SECURITY OBJECTIVE 1 :

1 Provide people in emergency situations with coordinated assistance and integrated, necessary for their survival.

FOOD SECURITY OBJECTIVE 2 :

2 Support vulnerable populations to food and nutrition insecurity to better deal with agro-climatic and security shocks in strengthening their livelihoods.

FOOD SECURITY OBJECTIVE 3 :

3 Strengthen the capacity of national structures and actors to better coordinate the emergency response and resilience of affected populations.

FOOD SECURITY

Insecurity is already affecting 4.1 million people in Mali, mostly women and children. Among them, 795,000 people need immediate assistance. The response to food insecurity in Mali will continue to face significant challenges related to insecurity in parts of the country, where humanitarian convoys are attacked and the means of production are routinely destroyed or stolen. Access to cultivated agricultural areas and grazing and watering areas is also disrupted by movements of armed groups. In addition, the regions of Timbuktu and Gao have been affected by major floods, resulting in losses that have not yet been quantified in the cereal harvests.

Response strategy

The response of the Food Security cluster for the year 2018 will focus on three main axes:

1. Strengthening the livelihoods of poor households and the capacity of national actors and local communities.

This axis aims to support the livelihoods and incomes of the poorest populations by improving their access to food. The main actions concerned are social safety net programs, multi-purpose cash transfers and income-generating activities, using common tools, such as the Minimum Expense Basket, to facilitate a response. It must enable these populations to better deal with agro-climatic and security shocks by restoring or strengthening their livelihoods.

2. Integrated support to populations vulnerable to food insecurity and malnutrition.

This axis concerns agricultural, livestock and fishery support, and aims to improve the food availability of the most vulnerable households by promoting gender equality. It targets Phase 3 and 4 populations and some of the people classified in Phase 2 in the Cadre Harmonisé analysis. the pastoral lean season (March - June) and/or the agricultural lean (June to September) to protect them from negative survival strategies. Rapid Response Mechanism to population movements due to the fragile security context in the north and central Mali with significant inter-ethnic and / or community conflicts. Food assistance will focus on recent movements of populations, whether displaced, repatriated or returned. Affected host communities also need to be targeted.

3. Emergency response to basic food needs (lean season and RRM).

The latter, based on the targeting of populations in Phases 3 and 4 of the Harmonized Framework, aims to meet the immediate food needs of the most vulnerable populations to food insecurity. These populations will receive food assistance in kind or through cash transfer programs (cash or voucher). Food assistance activities will thus strengthen the consideration of vulnerabilities (gender, age, minority groups, women heads of households and persons with disabilities) and mitigate physical and psychological risks to communities. This food assistance will always be organized in public places during the day so as not to expose beneficiaries to security risks. The choice of the modality (nature, species or coupon) will take into account the potential exposure to specific risks of the targeted persons. Activities can be classified according to two types of response: Response to the agro-pastoral lean 2018, among the most vulnerable local populations, affected by production too low during the previous campaign. Depending on the populations concerned, harmonized and multisector, ensuring seasonal food assistance will cover equal access and equitable sharing of resources between men, women and young people from different social categories. This approach also includes support for rural microfinance, resilience funds, and grain banks.

Prioritization

In geographical terms, most of the interventions will focus on the North and Central Mali, areas affected by armed conflict, pockets of drought (Mopti region) and flooded areas in the Niger River Basin. However, there are pockets of extreme vulnerability in some circles in the regions of Kayes, Segou and Sikasso. The food security cluster partners will coordinate with the Malian authorities to ensure that the national contingency plan allows for intervention in other regions according to the needs that will arise during the year 2018.

Targeting methodology

The role of women is central to household food security in Mali, especially in the northern regions, where a higher proportion of households is headed by women. Special attention has been paid to targeting and



CONTACT

Fabien Tallec
Coordinator

info.mali@fscluster.org

supporting women, pregnant and lactating women, and having children under two years of age.

Synergy with other actors

To link emergency response with longer-term perspectives, the different interventions need to be better integrated to reinforce both early recovery initiatives and the humanitarian-development-peace nexus.

The second line of intervention is fully in line with the Global Alliance's priorities for Resilience Initiative (AGIR), in an integrated approach, thanks to the rapprochement and intersectoral coordination with the Nutrition, Water, Hygiene and Sanitation clusters, and Protection, respectful of early recovery. Nutrition education is an essential component of this integration.



REQUIREMENTS (US\$)


14.8M

OF PARTNERS


131

COORDINATION AND COMMON SERVICES



Enhanced and accountable coordination at national and regional level

A coordinated humanitarian action multiplies the impact and effectiveness of individual interventions. OCHA, together with its partners, helps to provide

effective and timely humanitarian assistance through strategic coordination, advocacy, and information management for better planning and guidance of the humanitarian response. The coordination will be to support the work of humanitarian actors in implementing the humanitarian response plan and in achieving the strategic objectives.

This will be achieved by strengthening the leadership and effectiveness of coordinating humanitarian actions to respond to the needs of affected people, and by adapting to a complex humanitarian context, covering a variety of existing and emerging stakeholder and partner networks.

As part of the operation of HRP 2018, the work of OCHA, HCT and clusters, under the leadership of the Humanitarian Coordinator, will be based in particular on the recommendations of the STAIT mission in Mali in March 2017, and will focus on the following three pillars:

- Ensure an effective and coordinated humanitarian response at national and regional level;
- Strengthen the link between national and regional coordination frameworks
- Strengthen the humanitarian-development-peace nexus to foster linkages between actors and between interventions and increase the resilience of targeted populations.

In the context of intersectoral coordination, the inter-cluster coordination group will support the various sectors at national and regional level as well as treatment and consideration of cross-cutting issues. The conduct of inter-agency missions, the collection and management of information, the promotion of accountability to beneficiaries as well as the monitoring of civil-military are all elements that will allow a coordinated and effective response, based on humanitarian principles.

To ensure the quality of the humanitarian response, emphasis will be placed on strengthening coordination in the regions, as well as on implementing the emergency preparedness strategy. In addition, the capacity building of local authorities and national NGOs will continue, with some emphasis, in the wake of the New Way of Working and the strengthening of local actors as elements. keys to this new approach. In addition, partnership and relationships with civil society, including women's and youth associations, will be preferred options to better meet community expectations.

Regarding civil-military coordination and engagement activities with armed groups, sensitization sessions on humanitarian principles, coordination and the humanitarian space will continue to be organized for the national army, MINUSMA, the Barkhane force, the joint G5 Sahel force and the signatory groups of the 'Peace agreement. For reasons of pragmatism, these relations will be extended to all armed groups except those who are extremist or fundamentalist obedience.

The common services adapted to facilitate the conduct of humanitarian action

Faced with an increasingly complex operating environment, OCHA and UNHSS will work more on managing the "Saving Lives Together" approach to better assess priority areas. On the other hand, given the current situation, the services of the air operators at the disposal of the humanitarian community (UNHAS) will contribute to maintaining the humanitarian space and ensuring safe and secure access to populations in need. It is expected that new air routes will be explored to reach more people in need, especially in newly-accessible regions.

The activities of UNHAS will allow the transport of passengers, the transport of freight and the possibility of organizing medical and security evacuations. These are essential to maintain a presence and sustainable humanitarian access in the most isolated and insecure areas. Tracks can be explored to increase the pace of services or shuttles.

In addition, to contribute to the implementation of a shared security framework, humanitarian organizations will be able to benefit from services adapted to their needs in terms of

CONTACT

David Cibonga
Head of Inter-Cluster
Coordination
cibonga@un.org

training, communication and information sharing, in order to better assist and protect the most vulnerable populations while minimizing the risk of harm to their physical integrity.

The humanitarian response will be reinforced by visibility of the actions of the various actors, particularly on the OCHA website, but also via other visibility media such as MINUSMA radio and social networks. Advocacy and outreach activities, in addition to informing humanitarian action and strengthening their anchoring and community ownership, will be essential for the accountability of humanitarian assistance, especially to those affected by the crisis and the Malian people in general, but also donors.

The humanitarian partners will have to continue, and sometimes strengthen, their contributions in terms of collecting data and testimonials from the beneficiaries in order to feed the websites and other communication media. This will continue to keep the attention of the public on the Malian crisis and report to donors in the context of accountability.





D-HAFW

GHS



GUIDE TO GIVING

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit :

www.humanitarianresponse.info/en/operations/mali

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. e OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. is is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/our-donors/how-donate

IN-KIND RELIEF AID



The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and exibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:


logik@un.org

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to s@un.org or through the online contribution report form at <http://s.unocha.org>

PART III: ANNEXS



Objectives, Indicators & Targets	50
Participating organisations and funding requirements	52
Key figures by regions: people in need and people targeted	53
What if ... we fail to respond?	54

OBJECTIVES, INDICATORS & TARGETS










COUNTRY INDICATORS - SHELTER	TARGET
Number of people assisted with NFI kits	18,300
Number of people assisted in constructing or rehabilitating emergency shelters	2,675
Number of people assisted in building traditional huts	1,500
Number of people assisted in constructing or rehabilitating sustainable shelters	1,500
COUNTRY INDICATORS - WASH	TARGET
Percentage of people in emergency situations who received WASH assistance.	100
Percentage of vulnerable people with access to a sustainable improved water source adapted to their needs.	100
Percentage of vulnerable people with access to basic sanitation services.	100
COUNTRY INDICATORS - EDUCATION	TARGET
Percentage or number of out-of-school girls and boys in insecure areas with access to education	150,000
Percentage or number of schools reopened in municipalities affected by insecurity	500
Number or percentage of actors in the education sector trained (teachers, CgS, Aeps, MEAs, etc.)	3,000
Number or percentage of schools with functional canteens	500
COUNTRY INDICATORS - NUTRITION	TARGET
Number of children aged 0 - 59 months with severe acute malnutrition admitted and treated	130,395
Number of children aged 6 to 59 months with moderate acute malnutrition admitted and treated	236,598
Number of admitted and treated malnourished pregnant and lactating women	46,761
Number of children aged 6 to 23 months, and pregnant and lactating women receiving blanket feeding	171,277
COUNTRY INDICATORS - PROTECTION	TARGET
Number of advocacy actions initiated and monitored on the basis of protection risk.	108
Number of victims of violations of human rights and international humanitarian law (legal assistance and protection) in conflict-affected areas.	10
Percentage of survivors of GBV who received holistic care in conflict-affected areas.	63%
Number of children receiving holistic care in conflict-affected areas.	124,241
Number of people sensitized and/or trained (humanitarian actors/national actors/affected communities) on prevention and protection response in conflict-affected areas.	1,212
Percentage of survivors and direct beneficiaries of mine and other explosive device and SALW risk education sessions in conflict-affected areas.	25%
COUNTRY INDICATORS - HEALTH	TARGET
Completeness and promptness of SIS reports	1,144
Number of new curative consultations per individual per year (disaggregated by sex and age)	1,319,000
Proportion of epidemics and disasters that benefited from the response within 48 hours after confirmation	100%
Number of births attended by skilled staff out of total expected deliveries	429,000
COUNTRY INDICATORS - FOOD SECURITY	TARGET
Number of targeted individuals who receive multi-purpose cash transfers (excluding emergency response to lean period and non-RRM)	337,000
Number of targeted people receiving agricultural support (including livestock and fisheries)	579,600
Number of people affected by the 2018 lean season that received food assistance (in-kind, cash or vouchers)	366,000
Targeted people in the RRM device who received emergency food assistance (in-kind, cash or vouchers)	40,000

PARTICIPATING ORGANIZATIONS & FUNDING REQUIREMENTS

ORGANISATIONS	REQUIREMENTS (US\$)	ORGANISATIONS	REQUIREMENTS (US\$)
Action against hunger Spain	10,948,707	Medicos del Mundo	1,266,759
ACT Alliance / DanChurchAid	881,749	Mines Advisory Group	1,400,000
Agency for Technical Cooperation and Development	8,290,154	Norwegian Refugee Council	4,552,475
Association d'Aide et d'Appui aux Groupements	902,205	Office for the Coordination of Humanitarian Affairs (OCHA)	4,485,762
Association Jeunesse et Développement du Mali	374,000	ONG Rescate	14,039
Association Soutoura	306,284	OXFAM	7,918,816
CARE International	3,225,560	Plan International	2,170,672
Catholic Relief Services	2,479,719	Plan Mali	2,389,083
Centre Sahélien de Prestation d'Étude d'ecodeveloppement et de Democratie Appliquée	159,617	Première Urgence Internationale	3,631,629
Cooperazione Internazionale - COOPI	645,000	Save the Children	4,227,014
Deutsche Welthungerhilfe e.V. (German Agro Action)	2,000,000	Solidarités International	1,817,350
Food & Agriculture Organization of the United Nations (FAO)	17,000,000	United Nations Children's Fund (UNICEF)	33,574,085
Handicap International	1,872,457	United Nations Department of Safety and Security (UNDSS)	359,861
Help - Hilfe zur Selbsthilfe e.V.	1,266,983	United Nations High Commissioner for Refugees (UNHCR)	6,408,600
International Emergency and Development Aid	2,831,000	United Nations Humanitarian Air Service (UNHAS)	7,219,388
International Emergency and Development Aid Relief	3,599,000	United Nations Mine Action Service (UNMAS)	2,788,152
International Medical Corps	1,162,875	United Nations Population Fund (UNFPA)	4,750,289
International Organization for Migration (OIM)	6,100,000	World Education	417,134
International Rescue Committee	9,925,163	World Food Programme (WFP)	91,006,350
Médecins du Monde Belgique	5,463,967	World Health Organization	2,075,206
		World Vision Mali	827,272
		TOTAL	262,734,376



KEY FIGURES BY REGIONS: PEOPLE IN NEED AND PEOPLE TARGETED

REGIONS	TOTAL		Total Population	BY SEX AND AGE		
	People targeted	People in need		% Female	% children,	adults, elders
 KAYES	138K	509K	2.6M	51%	56	41 3
 KOULIKORO	138K	715K	3.1M	51%	56	41 3
 SIKASSO	90K	539K	3.4M	51%	56	41 3
 SÉGOU	89K	563K	3.0M	51%	56	41 3
 MOPTI	271K	818K	2.6M	51%	57	40 3
 TOMBOUCTOU	629K	319K	0.9M	51%	57	40 3
 GAO	344K	210K	0.7M	51%	58	39 3
 KIDAL	42K	19K	0,1M	51%	57	40 3
 BAMAKO	52K	402K	2.4M	51%	56	41 3
TOTAL	1.56 M*	4.1M	18.9M	51%	56	41 3

*The total is not the sum of targets by region. It is the number of the cluster with the highest people in target.

WHAT IF?

...WE FAIL TO RESPOND



AN INCREASED NUMBER OF PEOPLE WILL BE EXPOSED DIARRHOEAL DISEASES, WITH A WORSENING OF THE MALNUTRITION AMONG CHILDREN AND WATER ACCESS CONFLICTS

Lack of funding for the sector will lead to high risk of diarrhoeal diseases in communities, particularly in areas at risk of cholera.

The actors responsible for the management of malnutrition among children will also see their efforts diminished as more than half of malnutrition cases are associated with diarrhoeal diseases linked to lack of hygiene, access to safe drinking water and adequate sanitation. In the northern regions (Kidal, Gao, Ménaka, Taoudénit and Timbuktu) and the Centre (Mopti) poor funding for improving access to water for the benefit of returned and displaced host populations will pose risks water scarcity, thus increasing tensions around water points between communities already weakened by the conflict. This could also lead to population and livestock movements. The movements of nomadic populations could lead to clashes between nomadic and sedentary populations.



DETERIORATION OF THE PROTECTION SITUATION, ESPECIALLY IN THE NORTHERN AND CENTRAL REGIONS

Protection assistance cannot be provided as defined by the cluster's strategic objectives, there will be no coverage of community and armed conflicts and protection needs in the northern and central regions leading to the possibility of renewed conflict.

This could cause the continued disintegration of state structures with deadly consequences for the people. Te abrupt interruption of holistic care services will have an impact on the dignity and rights of those affected, including medical and/or vital consequences.

The abrupt interruption of capacity building activities could also lead to an upsurge in conflict, human rights violations and other violations of International Humanitarian Law (IHL)



NUMBER OF PEOPLE IN ACUTE FOOD INSECURITY WILL FURTHER INCREASE

If humanitarian assistance cannot be provided as defined in this strategy and around these three axes, the food insecurity of the people targeted will further deteriorate, with the risk of people falling into the upper phase of the Cadre Harmonisé, particularly those in the "emergency" phase (phase 4) who could switch to the "emergency" phase of famine.



LACK OF EDUCATION WILL INCREASE CONFLICT AND VIOLENCE

Te 500 non-functional schools in the communes affected by the security crisis may remain closed.

Te 207,355 targeted children will not have access to education and will be at risk of abuse and exploitation, including begging, child labour, sexual violence, early marriage, drug abuse, criminal activity and recruitment by armed groups.

Without a future perspectives, these children risk to contribute perpetuating the cycle of conflict and violence



THE LACK OF SHELTER/NFI ASSISTANCE WILL BE AN OBSTACLE TO RETURN

In return areas in the north of the country, more than 30% of the shelters of returnees are seriously damaged and cannot be inhabited before rehabilitation (REACH 2013).

The most threatened category of people are vulnerable persons, including women heads of households, children and the elderly. These people will continue to live in inhumane conditions (decayed or crowded shelters, lack of hygiene, inability to store water and prepare food, lack of sleeping areas ect.).



1.7 MILLION VULNERABLE PEOPLE WILL NOT HAVE ACCESS TO HEALTH CARE

Access to care will be limited and of lower quality. Epidemics such as measles, malaria and cholera are likely to hatch

Lack of emergency obstetric care could lead to increased maternal mortality.



THE NUTRITIONAL CRISIS WILL PERSIST IN THE MOST AFFECTED REGIONS

The nutritional vulnerability of children under five as well as pregnant and breastfeeding women will further worsen in the affected areas. Tens of thousands of these children are at risk of dying due to a weakened immune system.

These children will also have stunted growth and are at risk of brain damage or irreversible diseases such as blindness.

The transition phase from emergency to development will be longer than expected and the resilience mechanisms will not be effectively consolidated.

Malnutrition will have an impact on society as a whole, hindering productivity and economic growth.

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

The designation employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Humanitarian Country Team and partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

We are grateful for the support received from Ms Raveesha GUPTA, Ms Sarah BERNOLET, Mr Jeremie KAMANO, Mr David CANDELA, Ms Dyana ARAFA and Mr John Paul ZIHALIRWA, and their contributions to the translation of this HRP 2018 for Mali. As UN Online Volunteers, they were mobilized through www.onlinevolunteering.org



www.unocha.org/mali



www.humanitarianresponse.info/en/operations/mali



@OCHA_Mali