

This report is produced by the OCHA Mali office in collaboration with humanitarian partners and is issued by OCHA Headquarters in New York. It covers the period from 26 July to 10 August 2012. The next report will be issued on or around 28 August 2012.

I. HIGHLIGHTS/KEY PRIORITIES

- As of 10 August 2012, the complex emergency in Mali had displaced an estimated 435,624 people. Of these, 261,624 refugees from Mali have registered with UNHCR in neighbouring countries, and 174,000 are internally displaced in Mali.
- 140 cases of cholera, including 11 deaths, have been reported in the Gao and Ansongo districts of northern Mali.
- The locust threat in northern Mali continues to spread.

II. Situation Overview

Recent political developments

The President of the transitional government, Dioncounda Traoré, returned to Bamako on 27 July from France, where he had gone for medical treatment. Since his return, he has been leading consultations with national institutions on creating a government of national unity.

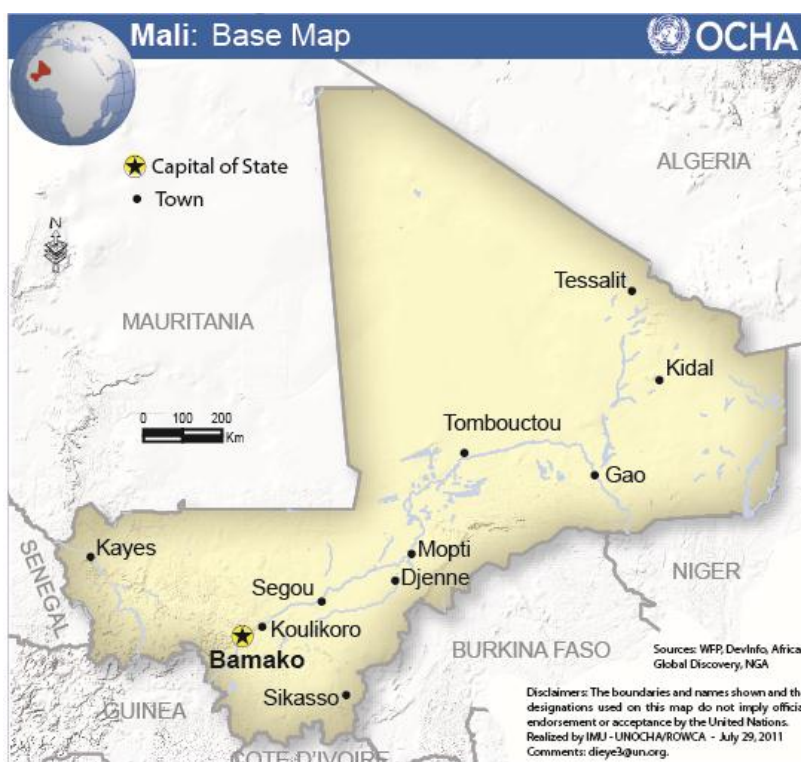
The President is also promoting dialogue with Malian rebel groups in order to resolve the crisis in the north, while respecting the country's national unity and territorial integrity. President Traoré has re-appointed Prime Minister Diarra and tasked him with forming a government of national unity by 14 August. This government will lead until elections can be held.

In July, the Tuareg rebel group *Mouvement national pour la libération de l'Azawad* (MNLA) lost control of the northern regions of Gao, Timbuktu and Kidal. These regions fell mainly into the hands of the fundamentalist Islamic militant groups Ansar Dine and the *Mouvement pour l'unicité et le jihad en Afrique de l'Ouest* (MUJAO). Other terrorist organizations such as Boko Haram and al-Qaeda of the Islamic Maghreb (AQIM), are active in this territory. MNLA elements have also been reported in Mauritania and Burkina Faso.

Humanitarian overview

Food distribution continues in the south and the north. Over 508,100 people were reached with food aid during the reporting period (148,100 in the north and 360,000 in the south).

The cholera epidemic that began in early July had been weakening over the last several weeks, but reported cases are again on the rise. As of 10 August 2012, 140 cases had been reported in the Gao and Ansongo districts, including 8 deaths. Partners are responding with medical supplies and increased outreach activities that will raise awareness in affected communities. A cholera action plan for 2012-2013 is being finalized by the Ministry of Health with the support of UNICEF for the regions of Timbuktu, Gao, Mopti, Kayes, Koulikoro, Sikasso and Bamako.



There is a growing threat from locusts in the north. The Mali Council of Ministers highlighted on 8 August that locusts were now present in the villages of Iblouladj, Tikardjaten and Inabag in the Kidal region. A survey team is being put together to try to contain the locust threat from Koro (Mopti) to Nara (Koulikoro).

III. Humanitarian Needs and Response in Mali



FOOD SECURITY

Humanitarian needs:

- According to FAO, the 2012-2013 agricultural campaign must be a priority, and emergency food assistance must be provided to 4.6 million people.

Response:

- WFP reached 360,000 beneficiaries in southern Mali with immediate food distribution, nutritional prevention activities and asset creation activities.
- Through its partners in the northern towns of Timbuktu, Gao and Kidal, WFP has reached more than 148,100 beneficiaries in northern Mali. These operations delivered 3,000 mt of mixed commodities by road and by boat on the river Niger. WFP has reached some 7,000 IDPs in Mopti with the provision of a monthly food ration and will start the second round of distributions for 5,000 IDPs in Mopti with NGO partner CARE
- The third round of WFP's general food distributions in all southern administrative districts of Kayes, Segou, Sikasso, Koulikoro and Mopti is underway. Food-for-asset activities are also ongoing and include re-forestation, prevention of erosion, prevention of desertification, vegetable gardening, irrigation channels, and soil restoration activities.



NUTRITION

Needs:

- Partners estimate the annual caseload of children at risk of severe acute malnutrition (SAM) to be 175,000. Partners estimate the number of children at risk of moderate acute malnutrition (MAM) to be 385,000. A new SMART survey is planned for August in the six southern regions of Mali. Results will be available in late September.

Response:

- In July, 3,452 children under 5 were admitted to various nutrition treatment programmes. Of these, 1,851 children were admitted for treatment of severe acute malnutrition – a 21 per cent increase over June. However, admission for MAM treatment fell by 18 per cent.

Gaps and constraints:

- Weekly reporting of data on nutrition admissions remains a challenge. Admissions for nutrition programmes remain below targets. A working group is being put together by CINAM and the nutrition sub-working group.
- Nutrition requirements are 52 per cent funded, the majority of funds being allocated for the procurement of supplies, and not directly to support programmes and activities. The total financial gap to address the management of acute malnutrition and increase coverage is close to US\$19 million.



WATER, SANITATION AND HYGIENE

Needs:

- Lack of access to drinking water and sanitation remains acute across Mali. This lack increases the risk of cholera contamination. Access to safe water for IDPs remains a major concern.

Response:

- IRC with the support of UNICEF organized the distribution of cholera kits and hygiene supplies in five health centres in the north. This was supplemented by the dissemination of cholera prevention messages using local radio stations and the training of 25 community workers on cholera awareness.
- In other parts of the country, some 61,000 students and 72,000 community members benefited from WASH activities organized by UNICEF.

Gaps and constraints:

- The limited number of humanitarian organizations operating in the north has limited the ability of the WASH cluster to contribute to improving nutritional management. Without a sufficient number of partners, it has not been possible to provide an adequate response.
- Funding is insufficient, with only 21 per cent of funding requirements covered.



HEALTH

Needs:

- A precise figure of the number of people in need of humanitarian health assistance is not currently available.
- Major needs among the population include cholera containment in the Gao region (Wabariia, Labbebz, Bentia et Wattagouna) and better cholera and other disease preparedness, contingency planning, alert and response system for outbreaks.

Response:

- 126,000 patients have benefited to date from the distribution of Interagency Emergency Health Kit basic units (IEHK) by UNICEF. These kits contain essential medicines and medical devices (renewable and equipment) urgently needed in a disaster situation. A kit's content is based on the health needs of 10,000 people for a period of three months.
- 138,000 children under five in the region of Timbuktu are being targeted by a vaccination campaign that started on 19 July. Médecins du Monde - Belgique (MDM-B) in partnership with UNICEF and the Direction Nationale de la Santé (DNS) are preparing an integrated vaccination campaign in the region of Kidal. This campaign will target 11,826 children under the age of 5.
- Health centres have been opened in the Kidal region.
- MDM-B is scaling up its response to cholera in the Gao region. Cholera surveillance systems are being put in place by diverse organizations.
- WHO, *L'Ordre des Médecins* and *la Coopération française* sent medical products and health workers to northern Mali to assist the population.
- UNICEF is working with the MoH to establish a cholera action plan for 2012-2013 for the regions of Timbuktu, Gao, Mopti, Kayes, Koulikoro, Sikasso, Segou and Bamako.
- The Health cluster response to the cholera outbreak is, at the national level, coordinated with DNS and the WASH cluster. WHO is sending medical products to northern districts in order to alleviate the shortage faced by health centres.

Gaps and constraints:

- IDP numbers need to be regularly revised for better planning and coordination of vaccination campaigns and other health programmes.
- Donor mobilization in the health sector needs to match the scale of the emergency and should not be delayed. Ongoing support is needed from donors to address cholera containment efforts.
- Better patient access to health services is required.
- There is a growing need for skilled healthcare workers.
- Procurement and storage of medicines are required.



LOGISTICS / UNHAS

- The cluster is facilitating training for partners on building and maintaining mobile storage units.
- The cluster is working on streamlining customs procedures for humanitarian relief items.
- WFP storage space in Bamako is available on demand to other organizations. Contact bryann@un.org for more information and/or to be put in touch with WFP.
- To date, 19 organizations (5 UN agencies and 14 NGOs) have used UNHAS flights.



EMERGENCY TELECOMMUNICATIONS

- The ETC cluster has completed the installation of the new communications centre in Mopti. This centre will monitor and ensure the security of humanitarian actors in the region.
- The cluster is assisting partners in operating HF/VHF radios.
- Free access to the internet is available to the humanitarian community in Mopti.
- For more information, contact the ETC for Mali: Mali.ETC@wfp.org



EDUCATION

Needs:

- The Education Cluster estimates that around 300,000 students are enrolled in various types of education in northern Mali. Of these, 80 per cent remain in the north and 20 per cent are internally displaced in other regions or refugees in border countries.
- Around 10,000 students from the north are now IDPs in the south. Of these 6,895 remain enrolled in school according to statistics published by the Ministry of Education and the Education Cluster in June.
- 6,500 children need transportation to school, access to canteens and learning materials in order to sit their exams.

Response:

- The Education Cluster plans to help 25,000 children by the end of the year. The cluster has put in place an action plan for the organization of remedial classes in the north. 6,500 children will be able to benefit from those classes.
- The cluster has put in place a social mobilization strategy in the north with a component for psycho-social needs. This will be in place for the start of the school year in October.
- The cluster is finalizing data collection of needs assessments in the north thanks to the assistance of 40 NGOs. Data collection is being coordinated by CRADE, a local NGO. Results will assist in the planning of future programmes and advocacy work.

Gaps and Constraints:

- Adequate urgent funding is necessary. Of the \$9.7 million required for the Education response, only 4 per cent has been funded to date. School feeding and psycho-social support programmes remain underfunded.
- Advocacy is needed in the north in order to ensure that children remain in school.
- Contingency planning is necessary at the national and regional levels, especially in the regions of Mopti and Segou.



PROTECTION

Commission on Population Movements:

Needs:

- The Commission on Population Movements reports that there are an estimated 174,000 internally displaced persons throughout Mali. The most affected region is the north (Timbuktu, Gao, Kidal), with 105,000 IDPs (60.3 per cent), followed by Mopti with 32,500 IDPs (18.7 per cent), Segou with 20,550 IDPs (11.8 per cent), Bamako with 12,390 IDPs (7.1 per cent). The cities of Sikasso and Kayes have received only 2 per cent of the total IDPs, with 2,800 IDPs and 710 IDPs respectively.
- Displaced people urgently need food (rice and millet), shelter, NFIs and WASH.

Response:

- Needs assessments of IDPs in the north and in Mopti district have been completed. Data will be available shortly.
- IOM is coordinating various actors to launch an NFI distribution to IDPs in Bamako. These will include mosquito nets, sleeping mats, and kitchen utensils.

Child protection:**Needs:**

- The results of an inter-agency assessment show that most separated children are with their extended families and remain in contact with their biological parents. However as the crisis continues, the burden on host families may put these children at higher risk.

Response:

- UNICEF ran a mine awareness campaign with members of the Government and national and international journalists.
- 338 children (including 18 disabled children) participated in psycho-social and sports activities in the towns of Timbuktu and Goundam.

Gaps and Constraints:

- There is a lack of government departments and institutions in the north, and only a limited number of organizations deal with child protection programmes. UNICEF is organizing meetings with community leaders in order to collect more protection data and information.

Sexual and Gender-Based Violence (SGBV):

- The SGBV sub-cluster distributed kits and began an outreach campaign on the theme of violence against women and gender inequality. The campaign operated through 16 local community radio stations in Timbuktu, Kidal and Gao.
- 81 NGO staff received training on the prevention of and response to gender-based violence. An action plan has been put in place to identify and respond to cases of violence against women, especially in the IDP population.

IV. Coordination

OCHA Mali continues to identify actions and communication tools needed to support the humanitarian community present in Mali.

Mr. David Gressly, Regional Humanitarian Coordinator for the Sahel, came on an inter-agency mission to Mali to discuss access issues in the north with different partners and authorities. He noted that access to population in the north is limited but relief items are reaching population in need via local communities. There does not seem to be any diversion of humanitarian goods but what is missing is a tangible assessment of the needs of the affected population.

OCHA Mali is now putting together its Information Management strategy and has begun the creation of specific IM services to address cluster needs. Maps produced by OCHA for the Clusters are published on the following Humanitarian Response website: <http://mali.humanitarianresponse.info>.

V. Funding

As of 14 August, and according to the Financial Tracking Service (FTS), donors have provided \$95.3 million to respond to the crisis in Mali, 45 per cent of the \$213 million required.

213 million
required (US\$)

45 %
funded

VI. Contact

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For more information, please visit: <http://mali.humanitarianresponse.info> & <http://ochaonline.un.org/rowca>; To be added or deleted from this sitrep mailing list, please e-mail: ochareporting@un.org or visit: <http://ochaonline.un.org>

CORRECTION TO OCHA MALI SITUATION REPORT 12

Several points related to the role of *Médecins du Monde-Belgique* were incorrectly reported in the the Health Cluster section of the last OCHA Mali Situation Report. Corrections appear below.

- MDM-B, in collaboration with the DRS (Direction Régionale de la Santé) was in charge of responding to the cholera outbreak in the region of Gao. MDM-B sent medical and health professionals to the region along with adequate and essential medical equipment. Cholera kits were provided by WHO and UNICEF.
- The hospital in Kidal has been re-opened by MDM-B. The hospital maternity services and the minor surgery unit are fully operational. MDM-B manages and runs a total of 7 community health centres, including 120 health professionals in the region of Kidal. MDM-B has also re-opened 8 community health centres in the region of Gao and is supported there by the work of 110 health experts.