

This update provides a snapshot of UNHCR and its partners' response to the displacement of Malian in Mali itself and into Burkina Faso, Niger and Mauritania. The refugee response is led by UNHCR and is undertaken in coordination with the host governments. More detailed operational information can be found on:

**UNHCR web portal for the Mali situation: <http://data.unhcr.org/MaliSituation/regional.php>

**UNHCR public website: <http://www.unhcr.org/pages/4f79a77e6.html>

Malian Refugees by Country of Asylum as at 14 August 2012

Country of Asylum	Malian Refugees	Others of Concern	Source
Niger	52,455	2,709	CNE, UNHCR
Burkina Faso	107,929	-	CONAREF/UNHCR
Mauritania	98,467	-	Government/UNHCR
Togo	20	-	Government/UNHCR
Guinea	44	-	Government/UNHCR
Total	258,915	2,709	
	Grand Total		261,624

Malian IDPs as at 14 August 2012

Population	Total number	Source
IDPs	185,889	Protection Cluster/WFP

Contributions Received

Contributions (USD)	
Austria	331,126
Brazil	300,000
Canada	1,500,000
CERF	6,469,616
Denmark	1,802,127
European Union	2,649,007
France	657,894
Germany	1,283,370
Ireland	746,269
Luxembourg	258,398
Netherlands	5,714,284
Norway	2,479,749
Spain	37,313
Sweden	2,077,562
Switzerland	518,672
United States	27,000,000
Private donors	508,454
TOTAL	54,333,841

In addition, UNHCR has received contributions towards its operations in West Africa and Mauritania presented in its Global Appeal, from Brazil, CERF, Côte d'Ivoire, Denmark, ECOWAS, the European Union, Finland, France, Japan, Switzerland, the United States, the UN Peacebuilding Fund and the UN Population Fund.



UN High Commissioner for Refugees António Guterres visits Malian refugees in Damba camp, Burkina Faso, together with US Assistant Secretary of State for Population, Refugees & Migration (PRM) Anne Richard. Guterres and Richard both called for more attention and assistance to the Malian refugees and to a political solution to the Mali crisis. UNHCR / H. Caux / August 1, 2012.

UNHCR Financial Requirements – (in million USD)

Country	ExCom approved Budget (with adjustments)	Supplementary requirements	Revised total budget
RO Senegal*	50.6	123.4	174
Mauritania	7.8	30.3	38.1
TOTAL	58.4	153.7	212.1

* The budget for the UNHCR Regional Office in Senegal covers UNHCR operations in Benin, Burkina Faso, Cape Verde, the Gambia, Guinea-Bissau, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo. The supplementary financial requirements presented in this Appeal include Burkina Faso, Mali, Niger, Senegal and Mauritania.

Highlights

- The current political instability in Bamako and insecurity in northern Mali continue to cause the displacement of Malians inside Mali (185,889) and into Burkina Faso (107,929), Mauritania (98,467), Niger (52,455), and to a much lesser extent into Guinea and Togo.
- UN **High Commissioner for Refugees** António Guterres, accompanied by the **Assistant Secretary of State for the Bureau of Population, Refugees, and Migration (BPRM)** Anne C. Richard, visited Burkina Faso from 31 July to 2 August. Guterres and Richard met with Malian refugees in Damba camp in the northern part of the country, as well as with national authorities and the humanitarian community.
- A delegation of the **European Commission Humanitarian Aid Office (ECHO)** visited Mauritania from 28 to 31 July to see the humanitarian response to the refugee situation in Mbera camp. They met with Malian refugees in the camp as well as the humanitarian community.
- In Burkina Faso, the Level 2 **Registration**, which provides comprehensive data for enhanced protection and assistance delivery, started in Damba from 26 July to 4 August, and proceeded in Mentao, from 3 to 10 August. The registration exercise is expected to be completed in all refugee camps in Burkina Faso by the end of September.
- The **cholera epidemic** continues to affect the Sahel Region. In Niger, 22 new cases were recorded amongst the local population of Ayorou village at the local health centre between 30 July and 3 August. In Mangaize, four new cases were reported, two from the camp and two within the local population.
- **Whooping cough** continues to be a public health threat in Niger. Twenty eight refugees reportedly died from whooping cough in Tizefan during the week of 23 July.
- There is a high incidence of **malaria** in some refugee camps. In Niger, 77 cases were reported in the first week of July in Tillia. In Burkina Faso, 45% of the consultations in health centres in Damba and Mentao camps were linked to malaria during the week of 23 July.
- Due to limited funding, UNHCR can only provide a threshold response to the Malian refugee crisis, limited to basic protection and **lifesaving activities**, leaving other important activities, such as education, unaddressed.

Protection response

- **In Mali**, the latest information from the Protection Cluster indicates that an estimated **185,889 persons are displaced** throughout the country, sixty percent of them originate from Timbuktu, Gao and Kidal. Since the ousting of the *Mouvement National pour la Libération de l'Azawad* (MNLA) by the Islamists of the *Mouvement pour l'Unité du Jihad en Afrique de l'Ouest* (MUJAO), human rights violations continue to be reported, mostly because of the application of the Sharia Law. This situation hampers access to IDPs who cannot benefit from humanitarian assistance. The Commission for **Unaccompanied Minors and Separated Children** (UAM/SC) among IDPs, under the leadership of the International Rescue Committee (IRC), conducted an exercise aiming at identifying these children in the Mopti, Koulikoro, Segou, and Sikasso regions. The main objective was to gather information on their protection needs to establish a plan of action. Out of **557 children**, **91%** were identified as **separated children** and **9% as unaccompanied**. The **Child Protection** sub cluster has started an awareness campaign to help prevent or reduce the dangers and risks associated with mines following some reports of **27 mine-related incidents** in Timbuktu, Gao, Kidal, and Mopti. More than **50% of the victims were children**.
- The **SGBV** Sub-Cluster faces difficulties in obtaining information on SGBV incidents but continues to be proactive in terms of prevention and response. The Sub-Cluster launched **radio programmes** in local languages and in French on SGBV related issues and set up regional committees of crisis at the provincial level, and vigilance committees at IDP sites.
- **In Niger**, **52,455 Malian refugees** have been registered while **2,709 nationals of Niger** have been registered as returnees from Mali. UNHCR, in efforts to relocate refugees from unofficial sites, visited about 250 refugees in Kizamou to encourage them to relocate to Abala camp in order to benefit from protection and assistance programmes. Among refugees who recently arrived in Abala, some were coming from other cities in Niger where there were no assistance programmes in place. In order to enhance **assistance to groups with specific needs** in Abala, ACTED identified **902 persons** including **204 children** and **47 women**. In addition, World Vision recruited and trained instructors for the implementation of a recreational centre project for children aged between 4 and 18 in Mangaize.

UNICEF undertook a mission to Abala to have **psycho-social activities for children victims of trauma** implemented through the NGO Help, and to evaluate education needs. On 2 August, UNHCR and Plan Niger officially launched **summer classes for children in Tabareybarey**. Out of the nine classrooms planned, five have been constructed for pre-school, primary and secondary education. In Mangaize, Plan Niger distributed school kits (bag, notebook and pen) and started summer classes for the 75 children registered so far. Tabareybarey and Mangaize camps were supplied with school stationery for the running of remedial classes for refugees in primary and secondary schools. In Tillabery a decision was reached between UNHCR and National Education authorities to give some financial incentive of 60,000 CFA to Niger teachers who will teach mathematics, English and physics in secondary schools. UNHCR and UNICEF are working closely to address the lack of formal school activities of children in the camps.

- UNHCR organized a training session on International Protection and Camp Coordination and Camp Management (CCCM) for local authority and military representatives, staff of partners, and refugee representatives in Mangaize camp on 17 July.
- **In Burkina Faso, 107,929 Malian refugees** have been registered. The **Level 2 Registration** started in Damba from 26 July to 4 August, and proceeded in Mentao from 3 to 10 August. The registration process continues in both sites to register all refugees.
- UNHCR continues to do **border monitoring** with the local authorities but the lack of transit centres in the border areas affects the Office's ability to monitor refugee movement.
- UNHCR **plans to relocate 9,450 refugees from Gandafabou to Goudebou** for three reasons; the inaccessibility of Gandafabou during the rainy season; concerns for refugees' safety due to the site's proximity with the Malian border; and low water production capacity at Gandafabou which does not meet the emergency standard of ≥ 15 litres/pers/day.
- **SGBV** monitoring also continued at all official sites with the inclusion of women's focus groups encouraged for both SGBV prevention and monitoring purposes. Early marriages are common in the camps. While discussions are ongoing between UNHCR, UNICEF and their partners on education activities for Malian refugee children, no agreement has been reached in relation to formal educational activities from September onwards due to lack of funds. However, in the Soum province, Plan Burkina has recruited qualified teachers from the refugee community, in addition to local teachers, to conduct remedial classes.
- **In Mauritania**, the total number of Malian refugees in the camp of Mbera stands now at **98,467** individuals. During the week of 30 July, 1,983 refugees arrived in Mauritania with a daily rate of arrivals of 283 people.
- UNHCR, in consultation with the authorities, decided to postpone the opening of a new camp in Aghor until the completion of the **Level 2 Registration exercise**. UNHCR is currently working closely with partners, the local authorities and representatives of the refugee community to prepare the registration process.
- In Mbera camp, **80% of children of primary school age** are out of school. UNICEF and INTERSOS are implementing recreational activities in Child Friendly Space in the camp, benefiting some 180 refugee children ranging from three to six years old.

Life-saving assistance

- UNHCR continues to provide refugees and the host population in Niger, Burkina Faso and Mauritania with basic assistance including water and sanitation, primary health care, education, shelter and core-relief items.
- **In Niger**, the **water situation remains alarming** in three camps Abala, Mangaize, and Agando with between 6.6 l to 9.7 l/pers/day. The water trucking system is expensive, as it costs as much as 1,800 US dollars a day in Mangaize, where the system is used to supply 89% of refugees. UNHCR and WASH partners are working hard to improve the situation. In Tabareybarey, *Médecins Sans Frontières* (MSF Suisse) has built a water treatment station that could provide up to 180 m³ of water per day. 75% of existing latrines as well as 50% of existing showers need maintenance work or replacement. With the rains, the situation worsened as several latrines sunk thus posing a public health risk.

- The **gap in hygiene promotion activities** has increased due to lack of funds to recruit personnel and with the risk of cholera epidemic the situation is a major concern to UNHCR.
- The treatment of **severe and moderate malnutrition** cases of children below 5 remains a key priority. Blanket feeding targeting children from 6 to 23 months old continued in Abala and Mangaize. In Mangaize, the Niger Red Cross distributed food rations to 380 new refugees. Food rations were also distributed to 500 households with persons with specific needs. In Abala, WFP and the Niger Red Cross organized a general food distribution in the last week of July for a target population of 12,041 refugees.
- In Abala, refugees were reported to exchange food for firewood. UNHCR, looking for funding for a project in the provision of fuel efficient stoves for refugees, has had discussions with the French Embassy and ACTED.
- In Mangaize the four recent **cholera** cases included a 9 year old girl. To intensify efforts to fight cholera, a local committee on epidemic management chaired by the mayor was set up. Prevention and response activities also continued with the active involvement of UNHCR. In Miel, where 81 cases of **whooping cough** were previously identified, the Niger Red Cross has provided medical supplies to the health centre for the treatment of the disease. Vaccination campaigns against whooping cough and measles were organized for refugee children in Abala, Miel and Tizfetan. There is a high incidence of **malaria** in the camps. In the first week of July, 77 cases were reported in Tillia. WHO donated complete health kits to help address insufficient supplies of medicine which persisted in two health centres in Tillia.
- In Abala, **heavy rainstorms** uprooted about 800 tents, and about 120 in Mangaize. Though the tents were later reinstalled through mobilization of the refugee community, there is the need to focus on finding a more durable solution to the shelter issue.
- **In Burkina Faso**, UNHCR and Oxfam are making efforts to improve the **water** situation in Ferrerio where the water infrastructure currently provides 13.26 l/pers/day. The construction of an Oxfam tank with a storage capacity of 90m³ is in progress. In Gandafabou, with only one hand pump, the water available is only 0.63 l/pers/day but plans are in progress to relocate refugees to Goudebo which has a capacity of 105m³ of water per day. With the current population of 9,450 refugees, it is estimated that water supply at Goudebo will be 11 l/pers/day.
- Prevention activities and preparedness of the response to **cholera** has been a priority to UNHCR, partners and the Ministry of Health.
- **Malaria** was the major cause of consultation in Damba and Mentao. In the week of 30 July, an average of 45% of the consultations was linked to malaria, with 31% in Damba and 60% Mentao. It was followed by upper and lower respiratory infections (14%).
- WFP and the Burkina Faso Red Cross organized a **general food distribution** in the camp of Mentao but the one-month food ration did not include oil. The Burkina Faso Red Cross provided refugees with additional food items, sugar and milk. WFP and the Burkina Faso Red Cross also organized a general food distribution for two weeks in Ferrerio. UNHCR is working with the Ministry of Health, *Médecins du Monde* (MDM) in Soum and *Médecins Sans Frontières* – France (MSF France) in Oudalan to ensure the availability of primary health care and support to specialized cases for refugees and surrounding host community members.
- Most plastic sheetings distributed to refugees in February and March 2012 which were already worn out have been replaced with new ones.
- **In Mauritania**, due to an increase of 1,983 refugees during the week of 30 July, the average supply of **water** from the three boreholes in Mbera camp per refugee per day has dropped from between 8/9 litres to 7.3 litres. Oxfam continued work to equip two boreholes it has constructed with supply capacity of 70m³ per hour with a distribution network which will contribute to increase water supply in the camp. *Solidarités International* launched the construction of a sixth borehole in the camp the operation of which should enable UNHCR to stop water trucking activities. In Mbera camp, Oxfam and *Solidarités International* have installed 1,823 communal latrines (54 persons per drop hole). UNHCR and Oxfam have also installed 985 showers.
- The most frequent causes of consultation among refugees in Mbera camp are **diarrhea** (30%) and acute respiratory infections (19%). Investigation conducted into the cause of diarrhea showed that the lack of good hygiene practices in the camp was the major cause. As a result, UNHCR held a meeting with refugee representatives to discuss the creation of Hygiene Committees in the camp, especially in the face of the cholera epidemic.

- **Mortality rate** among refugee children under 5 is 0.84/10,000pers/day, and 0.43/10,000 pers/day for the overall refugee population. In addition, **69%** of pregnant women received **antenatal care**. A strategy to fight malnutrition which includes weekly nutritional surveys in the camp has been elaborated by UNHCR and its partners. Currently, there are 2,437 beneficiaries in the nine **nutritional rehabilitation centres** in the camp. WFP and the *Commissariat à la Sécurité Alimentaire* (CSA) completed the distribution of one-month food rations to 90,000 refugees. In addition, 15-day food rations were provided to 2,500 new arrivals. UNHCR locally purchased construction materials for 8,000 semi permanent shelter kits and distributed 200 construction kits as part of the shelter strategy. In addition, UNHCR and the Lutheran World Federation (LWF) completed the construction of 80 semi permanent shelters for refugee families who have a member with special needs. UNHCR completed the construction of two **community centres** for the refugee coordination committees including those of women and youth, and provided support to ICRC for the distribution of Non Food Items (**NFIs**) to 6,000 households in the refugee camp of Mbera. The NFIs comprised plastic sheeting, cooking materials, mosquito nets, plastic mats, clothes for women, buckets, hygiene kits and blankets.

Financial situation

- The total **supplementary requirements for the Mali situation stand at 153.7 million** and UNHCR's total revised budgetary requirements to respond to the Mali situation amounts to USD 212.1 million for 2012. UNHCR's total financial needs for the Mali crisis in Mauritania amount to USD 38.1 million. In Burkina Faso Niger and Mali, UNHCR's additional financial requirements have increased to USD 123.4 million. The overall plan is based on providing emergency aid to 440,000 Malian refugee and IDPs until the end of the year.
- While UNHCR is grateful to donors who have thus far committed pledges amounting to **USD 54.3 million** to respond to this crisis, the Office remains extremely concerned about the overall funding shortfall. **Only 35.3%** of the total financial requirements have been raised thus far.
- UNHCR and its partners are **calling for urgent financial support** from donors for the Malian displaced.

UNHCR presence

Niger	Niamey, Abala, Mangaize, Ayourou
Burkina Faso	Ouagadougou, Dori
Mauritania	Nouakchott, Bassikounou
Mali	Bamako, Kayes

Working with partners

UNHCR is coordinating its life saving activities with the following partners:

Niger	<i>Commission Nationale d'Eligibilité</i> (CNE), Ministries of Defense, Interior and Health, UNICEF, UNFPA, WFP, WHO, OCHA, MSF Suisse (water/sanitation) UNAIDS, ICRC, CADEV (warehousing/transportation of NFIs), IOM (relocation), Islamic Relief (tent installation/site clearing), AFRICARE, ACTED (camp management/Water), PLAN NIGER (WASH), OXFAM (water).
<p>Coordination mechanisms in Niger: UNHCR is part of the existing coordination mechanisms at the ministerial level, technical level and amongst UN/NGO partners. A UN cluster system is in place involving the Government and the national early warning body (<i>Système de Relèvement Précoce, Système d'Alerte Précoce</i>). The Humanitarian Coordinator proposed a review of the working approaches with the ad hoc committee attached to the Prime Minister's Office and to continue to work closely with local and government authorities in the refugee affected areas.</p>	
Burkina Faso	CONAREF, <i>Comité National des Réfugiés</i> under the umbrella of the Ministry of Foreign Affairs, CONASUR (Social Affairs Department), WFP, WHO, UNICEF, FAO, Burkina Faso Red Cross Society (Shelter/NFI distribution/sanitation), Christian Relief and Development Organisation (CREDO),and SRDO (food and core relief items distribution, community services), Oxfam, HELP, Plan Burkina (WASH), MSF France (Water trucking), <i>Église des Assemblées de Dieu</i> (water), <i>Vétérinaires du Monde</i> ,

	<i>Médecins du Monde Spain, Hope87, Médecins du Monde France, Ministry of Public Health of Burkina Faso (Health), HELP (water).</i>
<p>Weekly coordination meetings are held by UNHCR with the Government, OCHA, UNICEF, WFP, WHO, ADRA, ICRC, ECHO, MSF and <i>Terre des Hommes</i>. Joint missions are undertaken with partners.</p>	
Mauritania	Ministry of Interior, <i>Commissariat à la Sécurité Alimentaire</i> (non-food items and food distribution), UNICEF (education), UNFPA, MSF Belgium, MSF France (health), Lutheran World Federation (camp management), Oxfam, <i>Solidarités International</i> (water/sanitation), INTERSOS (community services), WFP/UNHCR (food), ALPD (protection monitoring activities, management of a reception center in Fassala and transport of refugees from Fassala to Mbera).
<p><u>National level:</u></p> <p>Bi-weekly coordination meetings: The meetings are co-chaired by the National Coordinator appointed by the Ministry of Interior and UNHCR and include UN agencies, NGOs, members of the national civil society and donors.</p> <p>Monthly sectorial meetings: Meetings on Health, Nutrition and WASH are held to update the work plans for each of these sectors. The sectorial meetings are organized by UNHCR and attended by the organizations intervening in these sectors as well as the authorities.</p> <p><u>Field level:</u></p> <p>Coordination meetings: Three times per week the local authorities, UNHCR's implementing partners - ALPD, the Lutheran World Federation, Intersos, <i>Solidarités International</i>, UNHCR's operational partners - WFP and UNICEF, MSF Belgium, IFRC, Oxfam, and Mauritanian Red Crescent attend the coordination meetings presided by UNHCR.</p> <p>Weekly thematic meetings: Meetings on Health, Nutrition, Site Planning and WASH including the organizations intervening in these sectors are held.</p>	
Mali	<i>Ministères de l'Administration Territoriale, de l'Action Humanitaire, de la Solidarité et des Personnes Agées, et de la Protection Civile.</i> U.N. Organisations, NGOs, IOM, OCHA.
<p>Coordination mechanisms in Mali: The UN cluster system is activated for IDP protection. The protection Cluster is led by UNHCR. There are two sub clusters: child protection (UNICEF) and gender-based violence (UNFPA). It normally meets once every two weeks. The Commission of population movements (lead by IOM).</p>	