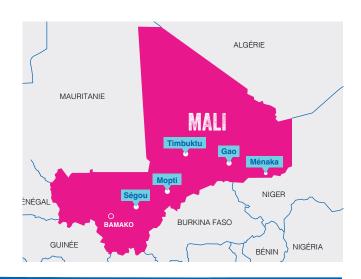




METHODOLOGY

A mixed qualitative and quantitative data gathering was conducted by Plan International in August 2022 in Mali through market survey, Focus Group Discussions (FGDs), and Key Informant Interviews (KIIs) in the regions of Gao, Menaka, Mopti, Segou, and Timbuktu. A total of 225 traders from the major market systems were interviewed, while a total of 785 people attended the FGDs held separately for women, men, girls, and boys. Heads of government agencies, humanitarian organizations, and other actors in the 5 regions and in Bamako were also interviewed through KIIs.



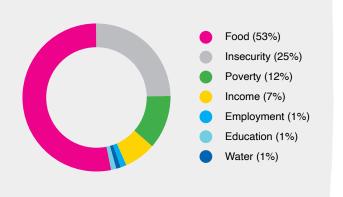


OBJECTIVES

The objective of the study was to assess the immediate needs of households (HHs) in the target communities and determine the feasibility of Cash and Voucher Assistance (CVA) and market-based interventions to meet the basic needs of the population in those regions in terms of food security, protection, education, and livelihoods.

Main issues faced by communities

- Food insecurity is the biggest problem for 61% of the HHs.
- Conflict and insecurity drive the HHs to flee multiple times from their homes, abandoning their farms and animals. Non-state armed groups theft and loot productive assets.
- The HHs identify lack of income and opportunities for work, and poverty in general as the root causes of their food insecurity.





Food Security

The FGDs revealed negative coping mechanisms adopted by HHs due to acute food insecurity:

Around 80% OF THE HHS consumed less preferred food in at least 4 days in 7 days.

At least **60% BORROWED MONEY** from family members and friends in order to buy food at least 3 times in the last 7 days.

About 70% LIMITED PORTION OF THE FOOD serving in at least 3 days in the last 7 days.

At least 73% OF ADULTS REDUCED FOOD INTAKE to allow children to eat.

39% MENTIONED THE DISPOSAL OF PRODUCTIVE assets like animals to buy food items.

25% DID NOT EAT ALL DAY in at least 3 days in the last 7 days due to lack of money to buy food.





Education

Low participation and high drop-out rates in primary and secondary school:

72% OF THE HHS said that there are school drop-outs in their communities (26,370 out of school children, including 63% girls).

About 66% MENTIONED THAT THEY ARE STRUGGLING TO SEND THEIR CHILDREN TO

school while the rest totally stopped sending their children to school due to lack of financial resources. Added to these are the long distance of the schools from their respective houses, early marriage, lack of birth registration, and insecurity.

SCHOOL CLOSURES: Threats from armed groups and displacement were the main reasons for the schools to be closed. Schools also closed due to conflict, and lack of fund from the government to finance teachers, school equipment, and facilities.





Child protection

LABOUR among out of school children. The need to get children to work was mentioned as a reason for school drop-out.

About 46% MENTIONED UNACCOMPANIED OR SEPARATED CHILDREN in their communities because of insecurity due to intercommunal conflict, death of parents, displacement separating them from their parents, and abandonment.





The feasibility study led by Plan International assessed the market functionality and availability of basic commodities based on the needs of the communities.

- Several primary and secondary markets in the 5 regions have been the source of basic needs. However, there are limitations in terms of the supply of menstrual health and hygiene products, and other pharmaceutical products.
- The prices vary depending on the locations of the market. SEGOU AND GAO REGISTERED THE HIGHEST MARK-UP compared to the other regions (+32% and +19% respectively).
- 66% OF THE TRADERS INTERVIEWED ARE
 AVAILABLE and willing to participate to CVA activities. They have the capacity to restock and meet an increased demand.



- The Red Rose, a global financial service provider, can partner with local financial service providers like banks, Western Union, and local remittance agencies in the 5 regions.
- Bank of Africa can participate in the cash programming in the 5 regions.
- Orange telecom can cover the 5 regions for cash transfer and has already been utilized by Plan International.
- Moove Bank or Mobile Money can cover the 5 regions but there were connectivity challenges in some areas.
- Kafu Djikinai micro finance institution can also cover the 5 regions.
- Bank Atlantique can cover the regions of Mopti and Segou.





RECOMMENDATIONS

- ESTABLISH WITH THE CASH WORKING GROUP (CWG)

 THE MINIMUM EXPENDITURE BASKET following the existing computation for basic needs amounting 70,000 CFA (107 €) recommended by UNHCR for non-food items and the amount recommended by WFP for food requirements for 7.5 average HH size.
- ADDRESS THE IMMEDIATE NEEDS OF HHs ON FOOD SECURITY to prevent further deterioration of health and nutrition, especially children under 5, pregnant and lactating women, and the elderly people including people suffering from chronic illnesses like HIV, tuberculosis, and other diseases through cash assistance. Voucher or in-kind distributions are recommended in areas with high security challenges.
- ADDRESS THE INTERMEDIATE AND LONG TERM NEEDS of the HHs through livelihood support programs like agricultural seeds and tools support, livestock management interventions including destocking during drought season and restocking, disease and pasture management routines, skills training to increase access to economic and employment opportunities (wage and self-employment/entrepreneurship), and resilience building programs. Introduce life skills for young people related to practical skills on critical thinking, inter and intra communication skills, digital literacy, safe migration, financial literacy, and sexual reproductive health.



- GRADUATION APPROACH AND LIVELIHOODS REFERRAL SYSTEMS for the most vulnerable through CVA interventions and selected distinct project activities, linking them to other existing social safety nets programs.
- IMPLEMENT THE ANJE APPROACH (INFANT AND **YOUNG CHILD FEEDING)** with sensitization on early breastfeeding, exclusive breastfeeding during the first six months, deworming, immunization, supplementation in vitamin A, as well as cooking demonstration with balance diet, distribution of food according to vulnerability status of the HHs. screening and referral to specialized structures for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), promotion of nutrition rehabilitation centers, as well as the implementation of Positive deviance hearth (PDH) approach, aiming to scale up positive nutritional practices within communities to be implemented by the majority of people with the involvement of both women and men.
- SCHOOL FEEDING PROGRAMS to improve nutritional status of children while also promoting school attendance, targeting an increase of enrolment and retention. School feeding programs can be profitably supported with school gardens while dry ration can also be considered.
- Improvement of the SCHOOL INFRASTRUCTURE through cash for work and training of teachers on new pedagogic approaches including safeguarding and resiliency.
- PROMOTION OF SEXUAL REPRODUCTIVE HEALTH
 SERVICES in the various health centers including
 distribution of free contraceptives and other birth
 control services. These could be accompanied
 with advocacy activities for community
 acceptance and distribution of dignity kits
 through vouchers.
- PROMOTION OF THE INSTALLATION OF WATER HARVESTING AND IMPOUNDING FACILITY for domestic use and food gardening, in connection with WASH facilities.



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