



Economic and Social Council

Distr.: Limited
9 April 2007
English
Original: French

For action

United Nations Children's Fund

Executive Board

Annual session 2007

4-8 June 2007

Item 9 (a) of the provisional agenda*

Draft country programme document**

Mali

Summary

The draft country programme document for Mali is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$59,840,000 from regular resources, subject to the availability of funds, and \$66,647,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012.

* E/ICEF/2007/8.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after the discussion on the country programmes at the session of the Board. It will then be approved by the Executive Board at its second regular session of 2007.

Basic data[†]
(2005, unless otherwise stated)

Child population (millions, under 18 years)	7.4
U5MR (per 1,000 live births)	218
Underweight (% , moderate and severe) (2001)	33
Maternal mortality ratio (per 100,000 live births) (1995-2001)	580
Primary school enrolment (% , male/female, 2004)	50/43
Primary schoolchildren reaching grade 5 (%) (2003)	79
Use of improved drinking water sources (%) (2004)	50
HIV prevalence among adults (%)	1.7
Child work (% , children 5-17 years old) (2001)	35
GNI per capita (US\$)	380
One-year-olds immunized against DPT3 (%)	85
One-year-olds immunized against measles (%)	86

[†] Additional data about this country and on women and children can be found at www.unicef.org.

The situation of children and women

1. A Sahelian country with more than 13.5 million inhabitants, Mali is often subject to the vagaries of its climate which affect the economy, of which agriculture and livestock farming are the main pillars. The situation of the country is characterized by poverty, illiteracy, isolation and limited human resources. The region in which it is situated continues to be beset by conflicts in several neighbouring countries which could adversely affect the situation in Mali.

2. In recent years, the country has experienced exceptional political stability, the strengthening of its democratic process and the beginning of decentralization. There is genuine political will to improve the situation of children and women, as the Government has demonstrated by its decision to provide certain health-care services (delivery by caesarean sections and treatment of malaria for children under the age of 5 and pregnant women) and basic education free of charge. One of the major challenges is to ensure proper management of the substantial inflow of development assistance and to increase the share of the national budget allocated to the social sectors with a view to improving the country's performance in the areas of concern. Although significant progress has made, the results have fallen short of expectations and achieving the Millennium Development Goals will not be easy.

3. Concerning Goal 1, the situation is characterized by the failure to control population growth, insufficient economic growth, unequal distribution of the benefits of growth and limited access to basic services in rural areas. Nevertheless, the implementation of the 2002-2006 Poverty Reduction Strategy Framework (PRSF) has helped to reduce the level of income poverty from 68 per cent in 2001 to 59 per cent in 2005. The reduction was particularly noticeable in urban areas (from 26 per cent in 2001 to 20 per cent in 2005), while the poverty indicator in rural areas remained virtually unchanged (74 per cent in 2001 versus 73 per cent in 2005).

4. With respect to Millennium Development Goals 2 and 3, a review of the situation in the education sector shows limited educational opportunities and a

school system marked by low quality, high costs and poor performance. The combined net enrolment rate (NER) for boys and girls rose from 51 per cent in 2002-2003 to 57 per cent in 2005-2006. Despite the priority given to the education of girls, the gap between the net enrolment rate for boys (64 per cent in 2005-2006) and that for girls (49 per cent in 2005-2006) is still very wide (nearly 15 percentage points). It should be noted that only 41 per cent of pupils are enrolled in school by age 6 and 35 per cent by age 7. Although the total number of students has greatly increased, the student:teacher ratio has slightly improved (57 students per teacher in 2002 compared with 53 in 2005-2006). In 2004, the primary school (first six years of school) completion rate¹ was 75 per cent and 85 per cent for the first five years (no data is available for previous years).

5. Under Millennium Development Goals 4, 5 and 7, the infant mortality (113 per 1,000 live births), under-five mortality (229 per 1,000 live births) and maternal mortality (582 per 100,000 live births) rates remain very high, as the third population and health survey (2001) shows. However, these trends can be confirmed only with the results of the fourth population and health survey, which are expected to be available by the end of the first quarter of 2007. The main immediate causes of infant and child mortality are malaria, acute respiratory infections and diarrhoea, with malnutrition accounting for more than 50 per cent of mortality rates. According to the third population and health survey, 33 per cent of children under the age of five years are underweight, while 38 per cent suffer from stunted growth and 11 per cent from wasting. The limited access to safe drinking water (62 per cent) and sanitation facilities (46 per cent) is a major contributing factor to these mortality rates. Maternal mortality is directly related to the lack of access to decent health services and obstetric care.

6. The low prevalence of HIV/AIDS (1.7 per cent among the adult population, 2 per cent among women and 1.5 per cent among men, according to the third population and health survey) should not detract attention from the risk of the spread of the epidemic. Indeed, 50 per cent of women (55 per cent of them adolescents) and 22 per cent of men (30 per cent adolescents) are unaware of any means of preventing the disease. Among the estimated 75,000 children made vulnerable by HIV/AIDS, only 5,060 children infected and/or affected by the disease receive proper treatment. Despite the availability of funding (the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank's Multi-Country HIV/AIDS Program for Africa) and the existence of a strategic plan to combat HIV/AIDS, little concrete action has been taken.

7. With regard to the protection of children, there is little information on child labour, on the exploitation and abuse of children and on violence against them. The national child labour survey carried out in 2005 by the National Statistical and Information Office, in collaboration with the International Labour Organization (ILO) and the United Nations Children's Fund (UNICEF) shows that child labour is a troubling reality, particularly for girls from rural areas working as domestic servants. About two out of every three children aged 5 to 17 years are economically active, which amounts to more than 3 million girls and boys throughout the country. Other surveys² show a low level of awareness among children (approximately

¹ Rate of completion means the percentage of students enrolled in the first year who complete their fifth or sixth year of school.

² Knowledge, attitude and practices (KAP) study by the National Social Welfare Office, 2001, on

50 per cent) and their parents (approximately 40 per cent) of the rights of the child and of the relevant international conventions. According to the third population and health survey, 92 per cent of adult women are victims of excision.³ The national survey⁴ of birth registration conducted in 2004 showed that only 48 per cent of children under the age of 5 are entered in the civil registry (50 per cent of boys and 46 per cent of girls). There are wide disparities between urban (84 per cent) and rural (34 per cent) areas and depending on the mothers' level of education (90 per cent of educated mothers register their children compared with 46 per cent of those who are not). The main factors contributing to this situation are the cost of registration, limited access by the population to civil registry services and the unfamiliarity of parents with the procedures.

8. Mali has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women as legal instruments for the promotion of rights. The periodic report of Mali submitted to the Committee on the Rights of the Child in January 2007 shows that, despite some progress, the poverty and exclusion suffered by women remain serious obstacles to the realization of their rights. The Committee has strongly recommended the preparation of a rights-based national action plan covering all areas of the Convention and taking into account the Millennium Development Goals and the Declaration and Plan of Action adopted at the special session of the General Assembly on children, entitled "A world fit for children". The Committee also recommended the adoption and implementation of legislation to prohibit early marriage and female genital mutilation (FGM). It also expressed concern at the inadequate budget resources allocated to the well-being of children and at the widespread phenomenon of child beggars and the abuse, violence and exploitation to which children are subjected.

Key results and lessons learned from previous cooperation, 2003-2007

Key results achieved

9. With respect to child survival, significant progress was made between 2003 and 2006. At the national level, with the support of UNICEF and all partners, the DPT3 coverage rate increased from 40 to 80 per cent and the rate of vaccination against measles from 49 to 77 per cent. As a result of various campaigns and of the improvement in vaccination coverage, no cases of poliomyelitis have been reported since 2005 and the number of cases of measles dropped from 4,464 in 2001 to 242 in 2006. The number of cases of dracunculiasis (Guinea worm disease) declined from 829 in 2003 to 329 in 2006. The mortality rate from obstetric complications decreased from 5 per cent to 2.8 per cent. In the programme intervention areas, the rate of coverage of attended births and of vitamin A increased from 31 to 46 per cent and from 76 to 82 per cent, respectively. This improvement was due mainly to the

the perception of the rights of the child in urban (Bamako) and rural (Mopti region) areas.

³ According to the third population and health survey, in 2001, 96 per cent of adult women had been victims of excision, 41.3 per cent of them before the age of 4 years. Furthermore, 80.3 per cent of Malians supported this practice.

⁴ National study on birth registration, Ministry for the Advancement of Women, Children and Families (Ministère de la Promotion de la Femme, de l'Enfant et de la Famille), December 2004.

adoption and implementation of the child survival strategy by the Government and its principal partners. In the four regions supported by UNICEF, 16 of the 32 districts (or more than 70 per cent of the population of the four regions) are covered by three comprehensive service packages (the Expanded Programme on Immunization (EPI), or Immunization “Plus”, Antenatal Care “Plus” and community Integrated Management of Childhood Illness “Plus”). The child-friendly households approach has been validated and is now the basis for household interventions. Some 10,140 community centres now assist 364,641 households in promoting family practices that are essential for the survival and development of young children, or 70 per cent of households in the 16 health districts.

10. The main areas of intervention of the Education for Life Programme were concerned with the decentralized management of education, access to primary education, the quality of education, HIV/AIDS prevention in schools, and non-formal education. Every commune in the four programme areas and the Bamako district (50 per cent of all communes in Mali) has a communal education development plan. Elected officials and community workers have been trained in education planning and key education issues, the rights of the child and the “child-friendly, girl-friendly school” approach. This model is being extended to other regions of the country with funding from technical and financial partners. The elaboration of the second phase of the Education Sector Investment Programme (PISE II) and of Mali’s Education for All Fast Track Initiative, for which UNICEF was the coordinating agency, have helped to mainstream appropriate strategies (free education, adapting schools to the lifestyles of semi-nomadic populations, effective transfer of school construction management to the communes). A national school enrolment policy for girls is currently being adopted and the “child-friendly, girl-friendly” approach has been adopted and student governments established in 2,860 schools in seven of the nine regions of the country with the aim of improving the quality of education. A national policy on informal education and a statistical information system were adopted and publicized. Some 12,250 individuals, 70 per cent of them adolescents and women, were taught how to read and write.

11. In the campaign to combat HIV/AIDS, the 2006-2010 multisectoral plan for children affected or infected by HIV/AIDS was implemented with technical and financial assistance from UNICEF, which launched 55 centres offering comprehensive services for the prevention of mother-to-child transmission (PMTCT). Adaptation of the World Health Organization (WHO) standard PMTCT training modules is currently under way. With regard to paediatric care, the staff of the paediatric ward of the Gabriel Touré Hospital has been trained to provide psychosocial support and educational therapy. A prevention programme in school and non-school settings has been launched in 20 schools. Support has also been provided to partners for activities in connection with special events such as World AIDS Day.

12. Initiatives for the protection of children have included capacity-building, establishment of an information and data management system, and improved community response. Particular emphasis was put on birth registration, combating excision, early marriage and trafficking in children, and the national priorities set out in the poverty reduction strategy paper. Based on the results of the 2004 national study on birth registration, *Le Guide du citoyen* (The Citizen’s Guide), a unique awareness-raising tool, has made available information on the civil registration process to all segments of the population in a very instructional and accessible

manner. Advocacy activities for legislation against the practice of excision are continuing and, as part of its efforts to combat trafficking in children, Mali has signed multilateral regional cooperation agreements in West and Central Africa and bilateral cooperation agreements with Burkina Faso, Côte d'Ivoire, Guinea and Senegal.

13. In the areas of planning, monitoring and evaluation, Mali's social and economic database, referred to as the "Malikunnafofi", which uses DevInfo technology, is operational and will very soon be accessible to Internet users. It will allow for monitoring and assessment of national country programmes. The statistical bulletin on the situation of women and children was compiled in 2006 using Malikunnafofi. The results of the fourth population and health survey, carried out in 2006, will be used to update the indicators on women and children. A human rights training manual and a guide for the training of trainers in results-based management are being used to strengthen the capacity of those responsible for the implementation of national policies and programmes.

Lessons learned

14. The implementation of the child survival strategy has shown that it is possible to significantly reduce the under-five mortality rate within a reasonable period (a reduction of nearly 20 per cent in pilot areas). Millennium Development Goals 4, 5 and 6 are being pursued through this strategy at the national level. Now that the Government has adopted this strategy, it is necessary to establish a strong and broad partnership that includes all actors and donors such as communities, the World Bank, World Health Organization, the United States Agency for International Development (USAID) and bilateral and multilateral cooperation agencies to ensure in particular the availability and proper management of essential inputs.

15. Child malnutrition, a silent emergency in Mali, was not adequately addressed in the previous programme, despite its high prevalence and the fact that it accounts for a high proportion of deaths among children. The midterm review of the programme recommended that effective reduction of child malnutrition should be made a national priority in the current programme.

16. Two approaches were followed in the fight against HIV/AIDS during the previous cooperation programme: an integrated approach under which sectoral programmes addressed the various aspects of the campaign and a vertical approach in which an entirely separate programme was established. Analysis showed that the second approach allowed for greater visibility and better coordination, but was more costly. It was decided for the next programme to return to the integrated approach, which would be more efficient, less costly and consistent with the Government's vision, even as it seeks to improve the coordination mechanisms and to enhance the profile of initiatives for the prevention of HIV/AIDS.

Programme of work for 2008-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival	22 000	39 655	61 655
Basic education and equity	21 250	19 327	40 577
Child protection	6 650	4 332	10 982
Promotion of rights and partnership	5 190	3 333	8 523
Cross-sectoral costs	4 750	—	4 750
Total	59 840	66 647	126 487

Preparation process

17. Government officials and representatives of civil society and of Mali's principal partners all participated in the preparation of this document. Its preparation followed the elaboration of a new strategic framework for growth and poverty reduction (2007-2011) and of the United Nations Development Assistance Framework (UNDAF) for 2008-2012, which exemplifies the coordinated and concerted contribution of the United Nations system to the achievement of the Millennium Development Goals and of the national priorities set out in the strategic framework. The present document specifies the contribution of the UNICEF country programme to the achievement of the objectives of UNDAF.

18. The programming process has been coordinated by the Office of International Cooperation of the Ministry of Foreign Affairs and International Cooperation. The Office has established a steering committee composed of UNICEF and representatives of the ministries responsible for overseeing the components of the current programme. The steering committee has delegated the preparation of the programme components of the new cooperation programme to sectoral technical committees, comprised of representatives of technical agencies, national and international partners and non-governmental organizations involved in the implementation of the programme.

Objectives, key results and strategies

19. The programme is aimed at ensuring that children and women, particularly the most vulnerable, exercise their rights fully. Its main focus is the achievement of Millennium Development Goals 1, 2, 3, 4, 5 and 6 (and other related MDGs) and three of the five intended outcomes of UNDAF.

20. As a contribution to the achievement of UNDAF Outcome 1: "Greater awareness of and respect for human rights in Mali for the promotion of democratic governance and the rule of law", the programme seeks to achieve the following outcomes: (a) documentation, updating and analysis of the situation of children and women; and (b) implementation of national policies in favour of children and women and national legislation in conformity with international conventions.

21. In support of UNDAF Outcome 3: “Greater access by the most vulnerable groups to adequate basic social services” the programme will aim at the following outcomes: (a) adequate health care for children up to the age of 5 and pregnant women in the areas covered by the programme; (b) treatment for children under the age of 5 suffering from malnutrition in the most affected regions; (c) wider coverage of drinking water supply and sanitation facilities in schools, health centres and areas in which dracunculiasis is endemic; (d) a 95 per cent enrolment rate for girls in the first year of school in the programme intervention area and an 80 per cent primary cycle completion rate; and (e) access by the most vulnerable groups of children (*talibés* (Koranic students), girls working as domestics, street children and children with disabilities) to special basic education.

22. In support of UNDAF Outcome 5: “Universal access to care in the fight against HIV/AIDS”, the programme is seeking the following outcomes: (a) reduction in the HIV infection rate among children and young people and in the marginalization of children affected or infected by HIV/AIDS; and (b) treatment of HIV-positive pregnant women and their children in health facilities in the programme intervention area.

23. The programme approach provides for intervention at two levels: (a) at the national level, the interventions will help to strengthen national capacity, especially in the areas of planning and monitoring, through technical support to the Government, and also to ensure that children are taken into account in national policies through advocacy work; and (b) at the local level, the interventions will allow for the delivery of decent services to recipients, especially the most vulnerable, while ensuring their participation in the planning, implementation, monitoring and assessment of interventions. The synergy among the various components of the programme will be strengthened in order to improve its impact and efficiency.

24. In terms of strategies, the programme will develop a strategic partnership and a political dialogue at the national level through existing coordination and cooperation mechanisms with the aim of influencing national policies and strategies. This partnership also aims at the mobilization and use of funding for children (to reduce gender disparities and take into account vulnerable and marginalized populations). The geographical coverage approach will allow for the coverage of six of the nine regions of the country by strengthening and expanding the interventions through the introduction of a comprehensive package of services in the four regions already covered during the previous programme (Mopti, Segou, Kayes and Koulikoro) and by gradually introducing the package in the regions of Sikasso and Goa. National initiatives, such as the Expanded Programme on Immunization or vitamin A initiatives, thematic initiatives, such as the fight against HIV/AIDS or the protection of children, will be extended to the three other regions (Tombouctou, Kidal and Bamako). The criteria of vulnerability (such as poverty and exclusion) and the search for complementarity and/or synergy with other actors will determine the choice of programme areas.

25. The existence of a national vision reflected in the poverty reduction strategy papers and sectoral programmes endorsed by all of Mali’s technical and financial partners and of a coherent United Nations system framework in the form of UNDAF provides an opportunity for effective partnership. Moreover, in accordance with its

mandate, UNICEF will continue to engage in advocacy with decision makers and partners to ensure that the rights of children are promoted and respected.

Link with national priorities and UNDAF

26. With UNDAF 2008-2012, the United Nations system has defined its contribution to achieving the national priorities laid out in the strategic framework for growth and poverty reduction. In paragraphs 19, 20, 21 and 22 of the present document, the links between the programme outcomes and those of UNDAF are clearly established. Moreover, the expected outcomes of the programmatic components draw on strategic sectoral documents such as the programme for health and social development, the ten-year programme for the development of education, the national strategic framework to combat AIDS, 2006-2010, and the water and sanitation sector programme.

Links with international priorities

27. The programme interventions have been guided by the Convention on the Rights of the Child and the goals of “A world fit for children” and are in complete conformity with the five priority areas of the UNICEF medium-term strategic plan (MTSP) for 2006-2009. In effect, each programmatic component corresponds almost completely to a priority area of the MTSP, except for the fight against HIV/AIDS, which is integrated into the various programmatic components based on the specific aspects of each part. Given the country context, it is clear that survival and education are the primary programme components. The programme will contribute mainly to achieving Millennium Development Goals 2, 3, 4, 5, 6 and 7, where the added value of UNICEF has been proven.

Programme components

28. The child survival programme will contribute to the reduction of infant and maternal mortality and to achieving MDGs 1, 4, 5, 6 and 7 through strategies based on the integration of effective interventions and sustained services to mothers, newborns and infants at both the community and social/health agency levels. This approach will help to speed up the nationwide application of these strategies adopted in the social and health development programme, whose component will strengthen planning, implementation, follow-up and assessment mechanisms. Furthermore, it will be supported by advocacy and strategic planning as well as by communication for behavioural change, particularly at the household and community levels. The programme will provide inputs, training for participants and technical and logistical support. It will cover six of the country's nine regions, or 82 per cent of the total population, and will comprise three sub-components: (a) integrated and sustained care at the community level; (b) treatment for malnutrition, emergency obstetric and neonatal care, as well as HIV/AIDS care; and (c) water, hygiene and sanitation.

29. Sub-component 1 provides coverage through a comprehensive, high-impact package (EPI, insecticide-treated mosquito nets, vitamin A “plus”, “prenatal plus” consultations, and malnutrition and AIDS prevention) through the child-friendly households approach. Sub-component 2, which targets health-care referral centres, aims to achieve the following specific outcomes: (a) effective care in cases of severe acute malnutrition; (b) reduction to 1 per cent in mortality rates for pregnant women

due to obstetric complications, through the provision of emergency obstetric and neonatal care, establishment of a referral and medical evacuation system, and additional vaccination activities; and (c) PMTCT and training for health-care workers in how to care for seropositive pregnant women and their children. Sub-component 3 aims to achieve the following outcomes in the programme areas: (a) 73 per cent coverage of drinking water needs in the poorest communities; (b) 90 per cent of drinking water supply systems operational; (c) use of hygiene and sanitation facilities by 65 per cent of the population in the poorest areas; (d) reduction in the number of cases of dracunculiasis from 329 (2006) to 0 (2012); and (e) access to a source of clean drinking water for 80 per cent of primary schools and health centres.

30. We note that this programme is being implemented in a context marked by the review of the health sector medium-term expenditure framework, the transfer of skills from the State to local communities in the health and water supply sectors as part of the decentralization policy, the introduction of sectoral budgetary support, strengthening of the partnership between the State, civil society and the private sector, and implementation of the national child survival strategy. The appropriate Government agencies have assumed responsibility for all of these programme components. The main partners of the programme are the Ministry of Public Health, civil society, decentralized communities, the World Bank, the African Development Bank, the World Health Organization, the World Food Programme (WFP), the United Nations Population Fund (UNFPA), the European Union, the Governments of Belgium, Canada, the Netherlands and Switzerland and USAID. Collaboration among these partners at both the strategic and operational levels will be strengthened in order to achieve a strong synergy of action, including through existing frameworks for cooperation between technical and financial partners.

31. The **basic education and equity** programme is part of PISE II and the Education for All Fast Track Initiative adopted by the Government and all of its technical and financial partners. Its goal is to improve the availability and quality of basic education at the level of national policies and strategies and in the programme areas by emphasizing gender parity and equality through promotion of school enrolment for girls and the most vulnerable children. It will contribute to the achievement of Millennium Development Goals 2 and 3 and in part Goal 6. Operational strategies will include making free schooling broadly available, introduction of a core educational promotion of links between homes and schools, development of schools that are adapted to a semi-nomadic environment, mobilization of NGOs and associations, behaviour change communication and measures to facilitate the enrolment in schools of children with special educational needs. The programme will also follow the approach that partners child-friendly, girl-friendly schools with children's governments to promote the rights of the child, the participation of children and gender equality in schools and to strengthen the life skills of pupils. Teachers' skills will also be strengthened. Lastly, education for the prevention of sexually transmitted diseases and HIV/AIDS provided in primary and secondary schools and the fight against stigmatization and marginalization will be strengthened at all levels of education.

32. The programme has three sub-components: (a) early childhood stimulation and development; (b) primary education; and (c) education of the most vulnerable groups. Sub-component 1 will allow for the following outcomes: better early childhood stimulation will be provided by parents in the family setting and 1,000

early childhood development centres will be operational (some 250,000 children aged 3 to 5 years will ultimately be enrolled). Sub-component 2 aims for the following outcomes: average reduction of the gap between girls and boys to less than 10 points (compared with 20 in 2005); improved access to quality primary education by social groups with the lowest school enrolment rates (girls in rural areas and children in semi-nomadic settings); implementation of the “child-friendly, girl-friendly schools” and children’s governments approaches in all primary schools throughout the country, 15 per cent improvement in the performance of primary school pupils and inclusion of HIV/AIDS prevention in teacher training and school curricula. The outcomes of sub-component 3 are the following: 50,000 teenagers and women will acquire life skills and participate in community and post-literacy activities; 7,500 “talibé” children will benefit from primary education or apprenticeship training and will no longer be beggars; girls who work as domestic servants and street children will receive primary education appropriate to their needs.

33. The principal partners of the programme are: the Ministry of Education, the National Assembly, teachers’ unions, the National Federation of Parents’ Associations; the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO), WFP, the United Nations Development Programme (UNDP), UNDAF, USAID, the Canadian International Development Agency, the French Development Agency and the Swiss Agency for Development and Cooperation. On the ground, the partnership will involve the decentralized services of ministries, local governments, Aideet Action, Plan International, World Education, Intervida, national NGOs, associations of women, young people, parents and mothers of pupils, and children’s governments. The national and regional coordinating and consultative bodies will serve to reinforce these partnerships.

34. **The child protection programme** will help achieve MDGs 1 and 8 and will address, at the national level, the following priority problems: child labour and trafficking in children, juvenile justice, birth registration, children in situations of family breakdown and child victims of violence, orphans and vulnerable children, including those infected or affected by HIV/AIDS, FGM, early marriage and other harmful practices. Strategies will be based both on advocacy and institutional support for a protective environment and on interventions aimed at the target groups.

35. The programme consists of three sub-components: (a) support for policies and legislation; (b) response to the needs of child victims; and (c) combating harmful traditional practices. Sub-component 1 provides for the establishment of a database to support the elaboration of national child protection policies and strategies, adoption of the Personal and Family Code and other specific laws. Sub-component 2 covers the implementation of norms and standards for juvenile justice, combating all forms of trafficking and violence against children and care for children infected or affected by HIV/AIDS. Sub-component 3 will work to reduce harmful practices, in particular FGM, through a holistic approach, and will contribute to the care of girls and women affected by harmful practices.

36. The principal partners are the Ministry for the Advancement of Women, Children and Families, the Ministry of Social Development, the Ministry of Solidarity and the Elderly, and the Ministry of Internal Security and Civil Protection, the Ministry of Justice, the Ministry of Territorial Administration and

Local Government, the Ministry of Youth and Sport, the National High Council to Combat AIDS, the agencies of the United Nations, civil society and international NGOs.

37. The **promotion of rights and partnership** programme is national in scope and supports Millennium Development Goals 1 and 8. It also supports other programmes, particularly in the areas of planning, monitoring, evaluation and communication. Its main objective is to promote a culture of rights for children and women and of commitment on the part of decision makers and civil society, and the formulation and implementation of social policies and budgetary measures which take account of the rights of women and children. The establishment of alliances and partnerships to follow through on these commitments will be the best basis for the programme.

38. The programme consists of three sub-components: (a) advocacy and planning strategies; (b) alliances, partnerships and participation of children; and (c) communication in support of the programmes. Sub-component 1 will support the collection of disaggregated data on the situation of women and children, particularly the most disadvantaged, to assist in decision-making that promotes respect for their rights. It will work to integrate a programming approach based on human rights and results-based management into the formulation of national strategy documents. Sub-component 2 will target the participation of children and the strengthening of alliances and partnerships to create an environment that is conducive to respect for the rights of children through an active commitment on the part of decision makers, civil society and communities and through the participation of children. Sub-component 3 will draw heavily on actors who can genuinely influence the situation of children and women, particularly in the regions and in the context of decentralization, with a view to implementing communications strategies to promote respect for human rights. A comprehensive communications plan will be drawn up and directed towards behaviours that promote the well-being of children and women, particularly in the area of HIV/AIDS prevention. Given the national and regional context, a plan for preparing for and responding to emergencies, including avian influenza, will be prepared and regularly updated. The principal partners of the programme are all the ministries, the National Assembly, the Parliament of Children, the media, all agencies of the United Nations system and civil society as a whole.

39. **Cross-cutting costs** will be used to strengthen the logistical and management capacities of the programme as a whole. Emphasis will be placed on improving the management and monitoring capacity of partners in the context of the implementation in 2008 of the new approach to cash payments.

Principal partnerships

40. The list of principal partners can be found in the paragraphs on the programme components. The partnership will be strengthened through existing mechanisms for coordination (under the aegis of the Government) and cooperation with technical and financial partners, as well as mechanisms established by the United Nations system within the framework of UNDAF. The principle of shared programming by all agencies of the United Nations system in the fight against HIV/AIDS and in strengthening national capacities has already been adopted. The same applies to combating malnutrition with the World Food Programme. Other options are possible

with UNFPA in the area of reproductive health. In the intervention areas, zones are already being divided up among the actors, thereby allowing for coherence and complementarity.

Monitoring, evaluation and programme management

41. A steering committee chaired by the Division of Communication and Information of the Ministry of Foreign Affairs and International Cooperation and including representatives of the main ministries responsible for implementing sectoral programmes will coordinate the programme. Sectoral technical committees will be responsible for the planning, monitoring and review of sectoral programmes. Within the framework of UNDAF, inter-agency coordination has been established, and UNICEF will coordinate with WHO the working group responsible for the UNDAF social services outcome. A comprehensive five-year monitoring and evaluation plan integrated into the UNDAF plan will provide for the overall monitoring of the programme. Annual reviews will measure performance regularly. A mid-term review to be carried out jointly with the UNDAF review is planned for 2010. The results of the multiple indicator cluster system population and health survey scheduled for 2011 will be used to identify trends in the main indicators during the life of the programme.

<i>UNICEF MTSP Focus Area</i>	<i>Main results expected in the area/benchmark and year</i>	<i>Progress indicators</i>	<i>Means of verification</i>	<i>Principal partners</i>	<i>Expected results in this area will contribute to:</i>
1. Early childhood survival and development	1.1 90% of children in the country fully vaccinated by their first birthday <i>Baseline (2005): DPT3 91%; measles vaccine 78%</i>	1.1.1 Percentage of children aged 0 to 11 months who receive 3 dosages of DTC 1.1.2 Percentage of children aged 0 to 11 months who receive 1 dose of the measles vaccine	– Statistical yearbook – Monitoring reports – Surveys	Ministry of Health, Ministry of Social Development, Solidarity and the Elderly, Ministry of Mines, Energy and Water, technical and financial partners, civil society, WHO, the World Bank, WFP and UNDAF	UNDAF outcomes: – Improved access by the most vulnerable groups to quality basic social services – Universal access in the context of the fight against AIDS is improved MDGs: 1, 4, 5, 6, 8 Objectives of “A world fit for children”: – To promote a more dignified and healthy life – To fight against HIV/AIDS
	1.2 80% of children 6 to 59 months old in the country receive two doses of vitamin A annually <i>Baseline (2006): 82%</i>	1.2.1 Percentage of children aged 6 to 59 months who receive 2 dosages of vitamin A	– Statistical yearbook – Monitoring reports – Surveys		
	1.3 80% of pregnant women receive at least three prenatal consultations and 70% of them give birth with the assistance of qualified personnel <i>Baseline (2005): one prenatal consultation and 75% and assisted childbirth 53%</i> <i>Prenatal consultation (2006): 35%</i>	1.3.1 Percentage of pregnant women who have had 3 prenatal consultations 1.3.2 Coverage of childbirth attended by qualified personnel	– Statistical yearbook – Monitoring reports – Surveys – Household surveys – Population and Health Survey		

<i>UNICEF MTSP Focus Area</i>	<i>Main results expected in the area/benchmark and year</i>	<i>Progress indicators</i>	<i>Means of verification</i>	<i>Principal partners</i>	<i>Expected results in this area will contribute to:</i>
	1.4 80% of children under the age of 5 and of pregnant women sleep under insecticide-treated mosquito nets <i>Baseline (2006): 22%</i>	1.4.1 Proportion of children/pregnant women sleeping under insecticide-treated nets	– Logbooks – Surveys		
	1.5 70% of child-friendly households observe key family practices in programme intervention areas <i>Baseline (2006): 30% of child-friendly households</i>	1.5.1 Proportion of child-friendly households implementing key family practices	– Monitoring reports – Statistical yearbook		
	1.6 80% of cases of obstetrical complications are correctly treated in programme intervention areas <i>Baseline (2006): percentage of caesarean deliveries: 1.1%</i> <i>Mortality due to complications, 2.8%, percentage of complications treated: NA</i>	1.6.1 Proportion of referral health centres with the necessary technical capacity 1.6.2 Percentage of caesarean births	– Monitoring reports – Nutritional surveys – Nutritional surveillance at sentinel sites		
	1.7 Nutritional status of children improved in programme intervention areas <i>Baseline (2005): percentage of children suffering from severe acute malnutrition who are treated: 11.8%</i>	1.7.1 Percentage of community health centres and referral health centres offering quality-nutrition packages in areas of intervention 1.7.2 Proportion of children suffering from malnutrition (Weight/Age; Weight/Height; Height/Age)	– Water map – Review reports – Monitoring reports		

UNICEF MTSP Focus Area	Main results expected in the area/benchmark and year	Progress indicators	Means of verification	Principal partners	Expected results in this area will contribute to:
2. Education and gender equality	1.8 90% of schoolchildren in the areas of intervention have access to a source of clean drinking water and to adequate sanitation <i>Baseline: NA</i>	1.7.3 Proportion of children suffering from severe acute malnutrition receiving treatment	– Water map – Review reports – Household survey – Monitoring reports		
	1.9 90% of the population in the intervention areas has access to clean drinking water and cases of dracunculiasis reduced from 329 to 0 <i>Baseline (2005): 62% of the population has access to clean drinking water</i> <i>Cases of dracunculiasis (2005): 329 in 2006</i>	1.8.1 Proportion of community health centres/schools with a functioning clean drinking water supply system 1.8.2 Proportion of community health centres/schools that have adequate latrines 1.9.1 Proportion of villages with functional drinking water supply systems 1.9.2 Rate of access to clean drinking water 1.9.3 Number of cases of dracunculiasis	For 2.1 and 2.2: – National and regional statistical yearbooks – Knowledge, attitudes and practices and Education Academy data	– Ministry of Education; Ministry of Social Affairs, Ministry for the Advancement of Women, Children and the Family, Ministry of Territorial Administration and Local Governments and Ministry of Finance – Civil society and local governments – NGOs	UNDAF outcomes: – Improved access by the most vulnerable groups to adequate basic social services – Enhanced universal access in the context of the fight against AIDS – MDGs: 2 and 3 The objectives of “A world fit for children”:
	2.1 The rate of pre-school enrolment is at least 10% in the intervention areas <i>Baseline (2005/2006): 4.2% in 2004</i>	2.1.1 Gross rate of pre-school enrolment in regions of Kayes, Koulikoro, Ségou and Mopti			

<i>UNICEF MTSP Focus Area</i>	<i>Main results expected in the area/benchmark and year</i>	<i>Progress indicators</i>	<i>Means of verification</i>	<i>Principal partners</i>	<i>Expected results in this area will contribute to:</i>
				– UNESCO, UNDP, WFP, the World Bank and bilateral agencies	– A decent education – To combat HIV/AIDS
	2.2 95% enrolment rate for girls in first grade in the areas of intervention and 80% completion rate for the first cycle <i>Baseline (2005/2006): Gross rate 67%</i>	2.2.1 Net school enrolment rates for the first and second cycles (disaggregated data) 2.2.2 Enrolment rates for girls in first grade 2.2.3 Completion rates for girls in first cycle	– Household surveys – NGO data/reports		
	2.3 Rights of children better known and respected in all primary schools in Mali. <i>Baseline (2006): 2,800 schools</i>	2.3.1 Number of schools which have a government of children	– Review report		
	2.4 The most vulnerable groups of children (“talibé” (Koranic school)) children, girls who work as domestic servants, streetchildren and children with disabilities have access to primary education appropriate to their needs in Bamako, Kayes, Sikasso, Ségou and Mopti. <i>Baseline: NA</i>	2.4.1 Number of “talibé” (Koranic school) children, girls who work as domestic servants and streetchildren who have had access to appropriate primary education in the five cities targeted	– KAP and Education Academy reports – Review reports		
3. Protection of children	3.1 Data on vulnerable children are available and updated <i>Baseline: NA</i>	3.1.1 Database on vulnerable children is available	– Review and progress reports	– Ministry for the Advancement of Women, Children and the Family, Ministry of Justice, Ministry of Health, – National Assembly – UNFPA, technical and financial partners, civil society organizations	UNDAF outcomes: – Improved knowledge of and respect for human rights in Mali benefiting democratic governance and the rule of law – Greater access by the most vulnerable groups to decent basic social services

<i>UNICEF MTSP Focus Area</i>	<i>Main results expected in the area/benchmark and year</i>	<i>Progress indicators</i>	<i>Means of verification</i>	<i>Principal partners</i>	<i>Expected results in this area will contribute to:</i>
					<ul style="list-style-type: none"> – Enhanced universal access in the context of the fight against AIDS MDGs: 1, 6 and 8 Objectives of “A world fit for children”: – Protection against abuse, exploitation and violence – Fighting HIV/AIDS
	<p>3.2 Adoption of the personal and family code and of specific legislation on FGM</p> <p><i>Baseline (2006): Code not adopted; legislation on FGM not enacted</i></p>	3.2.1 Personal and family code adopted and legislation on FGM enacted	– Official journal		
	<p>3.3 40% of children in situations of family breakdown, orphans and vulnerable children are cared for</p> <p><i>Baseline (2005): children in situations of family breakdown: NA</i></p> <p><i>Orphans and vulnerable children receiving care (2005): 11.6%</i></p>	3.3.1 Proportion of children in situations of family breakdown and of orphans and vulnerable children being cared for	<ul style="list-style-type: none"> – Review reports – Civil status reports – Surveys – Progress and review reports 		
	<p>3.4 70% of children registered at birth</p> <p><i>Baseline (2005): 48%</i></p>	3.4.1 Birth registration rate			
	<p>3.5 At least 60% of children involved in offences as perpetrators or victims have access to social and legal support in conformity with prevailing norms and standards</p> <p><i>Baseline (2006): NA</i></p>	3.5.1 Proportion of children involved in offences as perpetrators or victims who have access to social and legal support in conformity with prevailing norms and standards			

<i>UNICEF MTSP Focus Area</i>	<i>Main results expected in the area/benchmark and year</i>	<i>Progress indicators</i>	<i>Means of verification</i>	<i>Principal partners</i>	<i>Expected results in this area will contribute to:</i>
4. Children and HIV/AIDS	4.1 Improved knowledge and behaviours among school-aged children in the areas of intervention <i>Baseline (2006): NA</i>	4.1.1 Percentage of school-aged children with a good knowledge of HIV/AIDS prevention methods	– Monitoring report – KAP schools survey		The UNDAF outcome: Improved universal access in the context of the fight against AIDS MDG: 6 Objective of “A world fit for children”: to combat HIV/AIDS
	4.2 Reduced discrimination against school-aged children infected or affected by HIV/AIDS <i>Baseline (2006): ND</i>	4.2.1 Proportion of affected or infected children enrolled in school			
	4.3 Improved HIV/AIDS knowledge and behaviours on the part of young people aged 15 to 24 years in the areas of intervention <i>Baseline (2001): 15% of young girls and 64% of boys know 2 or 3 prevention methods</i>	4.3.1 Proportion of young people aged 15 to 24 who have a good knowledge of HIV/AIDS 4.3.2 Proportion of young people aged 15 to 24 who use condoms during high-risk sexual activities	– KAP HIV/AIDS survey in areas of intervention		
	4.4 The progression of HIV/AIDS infection among pregnant women in the areas of intervention is halted <i>Baseline (2006): NA</i>	4.4.1 Proportion of pregnant women who have agreed to undergo HIV/AIDS testing 4.4.2 Proportion of seropositive pregnant women receiving treatment	– Report on prevention of mother-to-child transmission activity – Statistical information system report (Yearbook)		
	4.5 Teenagers and young people know and comply with HIV/AIDS prevention measures <i>Baseline (2001): 28% young men use condoms</i>	4.5.1 Proportion of teenagers and young people who know and use HIV/AIDS prevention methods	Survey KAP HIV/AIDS survey		

<i>UNICEF MTSP Focus Area</i>	<i>Main results expected in the area/benchmark and year</i>	<i>Progress indicators</i>	<i>Means of verification</i>	<i>Principal partners</i>	<i>Expected results in this area will contribute to:</i>
5. Advocacy and partnership for the rights of children	5.1 Greater availability and use of reliable, standardized and disaggregated statistical data on children and women for monitoring of MDGs, MTSP, PRSP, UNDAF and the visibility of results of the Country Programme <i>Baseline (2006): Database available but little used</i>	5.1.1 Malikunnafoni database operational and used by all ministerial departments and at the decentralized level 5.1.2 KAP and Health survey reports, studies, evaluations and statistical yearbooks published and made available	– Progress reports and review reports – Annual report – Review of studies and evaluations – Review report	– Steering Committee – Statistics Division – Media/press – Civil society – World Bank, IMF, UNDP, USAID, UNDAF	The UNDAF outcome: Improved knowledge of and respect for human rights in Mali are benefiting democratic governance and the rule of law MDGs: 1 and 8 The objectives of “A world fit for children”: all
	5.2 More effective implementation of the recommendations of the Geneva committee on monitoring reports for CRC and CEDAW <i>Baseline (2006): No recommendation implemented</i>	5.2.1 Percentage of the CRC and CEDAW recommendations implemented 5.2.2 Number of media partners	– Annual report – Annual review report		
	5.3 Improved partnership and participation of children and young people in advocacy and activities for the promotion of rights <i>Data not available in 2006</i>	5.3.1 Number of Donors 5.3.2 Rate of Mobilization of other resources 5.3.2 Government of Young People functional	– Review report		
	5.4 Improved behaviour towards children within families <i>Baseline (2006): No integrated communication programme</i>	5.4.1 Integrated communication programme developed and implemented			