

Mali

Update on the context and situation of children

Despite a 5 per cent annual economic growth since 2013, Mali remains one of the poorest countries in the world ranking 182 out of 188 in the Human Development Index and with 44 per cent of the population (55 per cent in rural areas) living below the national poverty line. The country is facing unprecedented demographic challenge with 55 per cent of the country's estimated 19.8 million inhabitants under 18 years of age^[1] and 17 per cent is under the age of 5. With an average annual demographic growth rate of 3.6 per cent, the young population is putting an increasing pressure on social basic services and the labour market, whereas rapid growth threatens food security and impedes economic development.

Since the outbreak of the multi-dimensional crisis in 2012, the country has been facing recurrent humanitarian crises and significant development challenges due to increasing social and complex security situation especially in central and northern regions. While a Peace Agreement was reached in 2015, some main themes remain uncompleted^[2]. In June, the mandate of the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA), established in 2013, was renewed to implement the peace agreement and address the deteriorating security situation in the Centre.

The humanitarian crisis has caused significant population displacements, extending its geographic scope, with critical repercussions on neighbouring countries, in particular Burkina Faso, Niger and Mauritania. As a result, 3.9 million people, of whom half are children are affected. The number of internally displaced people (IDP) dramatically increased from 80,300 in 2018 to 201,400^[3] (53 per cent children) in 2019. Insecurity incidents and inter-communal conflicts intensified, generating an increase in child rights violations including child recruitment by armed groups. In this context of insecurity, the humanitarian access becomes constrained and the provision of basic social services even more challenging thus hindering progress in achieving key results for children, particularly for girls. Furthermore, Government expenditures on key social services have remained low (5.1 per cent for health, 8.6 per cent for education) thereby further undermining the social inclusion agenda.

Mali has made progress on some child and SDG indicators, but some critical gaps remain. More than half of children (56 per cent) suffer from at least three deprivations (water, hygiene and shelter); girls and children in rural areas being the most affected. More than 20,000 children live with at least one form of disability.

Between 2012 and 2018^[4], infant mortality and new born mortality slightly declined respectively from 56 to 54 per 1,000 live births and from 35 to 33 per 1,000 live births. However, under five mortality increased from 95 to 101 per 1,000 live births. Effective coverage of key services improved, notably health facility delivery increased from 55 per cent to 67 per cent over the same period and DPT3 immunization coverage rose positively from 90 per cent in 2015 to 97 per cent in 2019. Despite improvement in vaccination coverage, only 45 per cent of children age 12-23 months completed all the basic vaccinations in 2018. Furthermore, Mali was requalified high risk of polio in 2019 due to the expansion of the derived virus from neighbouring countries even if there is no polio case reported since 2014.

Despite Government and partners efforts, key indicators on malnutrition remain worrying. Indeed, the Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) virtually stagnated between 2018 and 2019, respectively about 10 per cent and 2 per cent with substantial disparities. Children in the 6-23-month age group (MAG 15.1 per cent, MAS 3.8 per cent and boys more (10.7 for MAG and 2.5 for MAS) are the most affected. Additionally, the highest prevalence rates are found in the northern regions. Finally, child stunting increased from 24.1 per cent in 2018 to 26.6 per cent in 2019, with Mopti (34.6 per cent) and Sikasso (31.7 per cent) being the most affected regions^[5].

Mali made progress towards equitable access to quality basic education. Admission and gross enrolment rates were above 70 per cent in 2019, registering a 14 and 10 per cent increase from 2015 respectively. Nevertheless, access to quality, inclusive education remains limited, particularly for girls. One in five children repeats at least one grade over the course of their primary schooling and 1.2 million children of primary-school age (53 per cent girls) are estimated to be out of school. Only 35 per cent of primary schools have access to an improved drinking water point and 17 per cent have gender-sensitive and improved latrines^[6]. Due to conflict and insecurity, 1,113 schools, among which 640 in Mopti, were closed at the end of 2019 affecting roughly 334,000 children. In addition, a 5 months teacher strike impacted schooling for 2.5 million children.

The high prevalence of child marriage continues to affect girls' abilities to reach their full potential, contributing to other challenges such as early pregnancy, maternal mortality and school dropout. According to the DHS 2018, 54 per cent of women aged 20 to 24 years are married before reaching the age of 18 and 16 per cent were married before the age of 15. The legal age of marriage is still set at 16 for girls. Furthermore, 16 per cent of children in rural areas are still not registered due to limited access to civil registry centres, insufficient awareness and short registration timeframe.

In 2019, the framework to guide development and humanitarian interventions was reinforced with a series of strategic

Mali

policy documents, notably the Government's Strategic Framework for Economic Recovery and Sustainable Development (CREDD) 2019–2023; the UN Country Common Analysis (CCA) followed by the United Nations Strategic Development Cooperation Framework (UNSDCF) 2020-2024; the Integrated Strategic Framework (ISF); the 3- year Humanitarian Response Plan (HRP); the Common Chapter implementation plan and UNICEF Country Programme Document.

[1] National Institute of Statistics, 2019.

[2] Independent Observer of the implementation of the 2015 Agreement for Peace and Reconciliation in Mali, 2019.

[3] CMP – DNDS, December 2019.

[4] Demographic and Health Survey (DHS), 2012 and 2018

[5] SMART 2019

[6] JMP, 2019.

Major contributions and drivers of results

UNICEF contributed to the five Outcomes of UNDAF but most significantly to the outcome 4- Equitable Access to and Use of Quality Basic Social Services.

Goal area 1: Every child survives and thrives

DPT3 immunization coverage, one of the key results for children, considerably improved from 93 per cent in 2018 to 97 per cent (774,247 children 0-11 months), exceeding the CPD target of 70 per cent and the UNDAF target. Furthermore, 83 per cent of the 75 health districts successfully reached 80 per cent of DPT3 vaccination coverage (versus 78 per cent in 2018). Additionally, the nationwide measles vaccination campaign reached nearly four million children aged 9 to 59 months.

UNICEF's contribution towards achieving immunization targets involved supporting the Government to increase demand for and access to immunization services, promote community engagement and accountability. Together with GAVI, UNICEF strengthened the cold chain system by building an immunization warehouse, ten cold rooms and equip health centers with 251 solar refrigerators, thus improving storage conditions for 14 million doses to reach around 4 million children per year. As a result, there was no stock-outs reported for DPT, polio, measles and tetanus toxoid vaccines nationwide throughout the year. Furthermore, specific attention was given to the hard to reach children with urban vaccination strategy as well as specific mobile strategies targeting children living in mining areas and nomadic and pastoral communities. Through Procurement Services, UNICEF supplied the Government with US\$ 32.6 million of immunization supplies to accelerate immunization results for children.

The Real Time Monitoring (RTM) of vaccines stock and other vaccination supplies was tested during the nationwide measles campaign and reached 771,121 children aged 9-59 months. It enabled the tracking of daily vaccines, stocks and the daily monitoring of children vaccinated. RTM will be applied to the routine immunization and extended to high impact health, nutrition and HIV interventions, at community and health facility levels.

In humanitarian setting, despite the constraints, 1,420,199 (99.7 per cent) children under five were vaccinated against polio and 876,805 children aged 9 to 59 months (89 per cent) against measles. Mali has partially eliminated maternal and neonatal tetanus in six regions (92 per cent of Mali's population).

UNICEF also committed, as a key result, to reduce child stunting prevalence down to 23.9 per cent by 2019. Substantial progress in Infant and Young Child Feeding (IYCF) practices were observed to accelerate this result. Specifically, exclusive breastfeeding during the first six months steadily increased from 32 per cent in 2015 to stabilize at 40 per cent in 2018 and 2019 achieving the CPD target. Diet diversification between 6 and 23 months of age also considerably increased from 10.5 per cent in 2015 to 21.8 per cent in 2018.

Under the leadership of the Government and in partnership with the University of Pennsylvania and the World Food Programme, UNICEF conducted studies on breastfeeding social norms and the barriers to accessing and consuming nutritious foods. These studies will inform strategies to scale up exclusive breastfeeding and dietary diversity in 2020.

Mali

Furthermore, UNICEF widened the geographic scope of the community-based Nutrition Support Groups reaching nearly 1.2 million parents/caregivers and their under-five children with messages on optimal IYCF practices, and Care for Child Development (CCD).

In support to the Government response to the nutrition emergency, UNICEF procured 140,000 cartons of Ready to Use Therapeutic Food (RUTF) along with other nutrition supplies for treatment of SAM children. As a result, 144,469 children aged 0-59 months (54 per cent girls) were treated for SAM in 2019 (versus 146,286 children in 2018), representing more than 76 per cent of the anticipated case of SAM. Among those treated, 90 per cent fully recovered and 86,258 (43,992 girls) benefited from child stimulation activities in health facilities. To achieve this result, UNICEF supported the integration of SAM management services into the health system. For example, early screening activities were successfully integrated with national mass campaigns (vitamin A supplementation, malaria chemoprophylaxis) and the Mothers Mid-Upper-Arm-Circumference approach was rolled out in all health districts. To further decentralize SAM treatment, 1,905 health workers were trained. As the Nutrition Cluster Coordinator, UNICEF ensured a coordinated response to the needs of women and children in humanitarian situation.

Effective integration of the Integrated Management of Acute Malnutrition (IMAM) supplies into the national master supply plan, availability of quality human resources, and the lack of reliable and timely data remain major challenges to the performance of the IMAM programme.

With UNICEF technical support and advocacy with other partners, a reform of the Health System was launched by the Government, focusing on community health care to reduce high maternal, newborn and child mortality and accelerate the achievement of the SDGs 2 and 3 targets.

Goal Area 2: every child learns

UNICEF facilitated the reintegration of 204,471 (49 per cent girls) out of school children (OOSC) into formal schools including 99,273 (49 per cent girls) enrolled in humanitarian settings. With an increase of 163,495 children compared to 2018, UNICEF exceeded the annual target of 141,875. To achieve this key result, UNICEF implemented direct reinsertion activities via financial support to decentralized education structures and School Management Committees (SMCs). This strategy reduced costs, involved target communities in the identification and reinsertion of OOSC into school while increasing the accountability of key stakeholders. UNICEF continued to chair the national coordination platform established by the Ministry of Education (MoE). Partner mapping facilitated a better synergy of interventions. In partnership with EU, UNICEF in collaboration with WFP, IRC and NRC, efficiently ensured that OOSC benefitted from a holistic package (pedagogical support, school feeding, improved WASH facilities). Furthermore, in collaboration with the MoE, UNICEF designed an innovative and scalable online platform for monitoring enrollment and retention of OOSC using tablets and student ID cards, in Koulikoro, Segou, Sikasso and Kayes regions.

The primary education completion rate, another key result, increased during the past two years from 47 per cent (44 per cent for girls) for the school year 2017-2018 to 50 per cent (47 per cent for girls) for 2018-2019, partially reaching the 2019 target of 70 per cent. Completion rates are considerably lower in the northern and central regions (88 per cent in Bamako versus 28 per cent in Mopti, 5 per cent in Kidal). School closure due to insecurity may have adversely affected the completion rate. In response to school closure, UNICEF as Education Cluster co-lead, and other cluster members advocated for educational support for crisis-affected children. With a strong engagement from the MoE and support from implementing partners, 119 schools reopened in October for the start of the 2019/20 school year. In humanitarian setting, UNICEF constructed 101 temporary learning spaces and 105 emergency latrines to ensure IDP children continue their education. 9,000 children were provided with school kits.

Access to formal education improved during the 2018/2019 school year with 2,611,040 children (46 per cent girls) enrolled, an additional 100,000 children from the previous school year. In addition, UNICEF provided 115,095 children (55,579 – 48 per cent girls) enrolled in pre-schools, primary and lower secondary schools with school kits (including 36,095 children in humanitarian situations), achieving 74 per cent of the target. UNICEF reinforced the capacity of 918 SMCs, through trainings and development of school action plans. Furthermore, UNICEF equipped 200 Early Childhood Development (ECD) centers in four regions with pedagogical kits benefitting 12,612 young children (5,946 girls).

As the lead of the Education sector Group for all partners, UNICEF provided technical and financial support to the MoE to develop the 10-year sector plan (PRODEC II), strategically shifting focus on inclusive education and learning outcomes to achieve SDG4. UNICEF supported the MoE for the roll-out of the new preschool strategy included in the PRODEC II.

GOAL AREA 3: every child is protected from violence and exploitation

One of the key expected results for children was to reduce child marriage before the age of 18. According to the DHS 2018, 54 per cent of women aged 20-24 years are still married before 18, against a 53 per cent target. To accelerate results,

Mali

UNICEF focused on building the capacity of adolescent girls as agents of change. In 2019, 67,195 adolescent girls (7000 more than 2018) were reached through prevention and care interventions for child marriage and Female Genital Mutilation/Cutting (FGM/C) through community dialogue, successfully achieving the 2019 target of 66,000. At least 50 per cent of these adolescent girls subsequently conducted outreach sessions in their communities. Community mobilization efforts led to public declarations of abandonment of FGM/C in 118 villages and of child marriage in 123 villages in Koulikoro region, showing a positive evolution of traditional norms. In addition, 719 survivors of FGM/ child marriage and forced marriage received medical and psychosocial support. The Spotlight initiative launched in 2019 in partnership with UNFPA, UNWOMEN, UNHRC, UNDP, the Government and Civil Society Organizations was an opportunity to accelerate progress towards reducing child marriage, abandonment of FGM, and advocate for a law reform on Gender Based Violence (GBV).

Another key result was to provide protection services to children who experienced physical, sexual or emotional violence. In 2019, 832 children (567 girls) who experienced violence received social, medical and/or legal services. With UNICEF support, response services were improved both in humanitarian and development contexts, with a focus on strengthening quality of case management and referral. Additionally, UNICEF provided GBV response services to 293 women and girls (versus 73 in 2018) in humanitarian situations.

Special attention was given to children in armed conflicts (CAAC), thanks to UNICEF advocacy campaign 'Children Under Attack', combined with the visit of the Special Representative of the Secretary General, the representatives of the Security Council Working Group for CAAC, UNICEF Deputy Executive Director for partnership and the good will ambassador Muzoon Almellehan. This raised the CAAC agenda with the Government, the armed groups, and supported the work of the Country Task Force on Monitoring and Reporting for which UNICEF and MINUSMA are co-chairs. In 2019, 249 CAAC (18 girls) were effectively released, reintegrated with their families and provided with adequate care and services, compared to 107 in 2018. As the child protection sub-cluster coordinator, UNICEF ensured that children affected by conflicts received adequate prevention and response services.

The percentage of children under five who received birth certificates remained stable between 2015 and 2019 at 87 per cent. However, the northern regions which have much lower rates are not included in the statistics. In 2019, 15,615 children including new-born babies and older children (registered after the deadline through supplementary judgements) were registered, representing only 25 per cent of the 2019 target. Security constraints and inaccessibility, lack of funding, and high costs of supplementary judgements represented the main bottlenecks. To mitigate these bottlenecks, in 2019, UNICEF reinforced data interoperability between health and civil registration to register new-borns within the legal deadline; and supported birth registration for children who missed it through supplementary judgements in conflict-affected areas. UNICEF continued to support the National Direction of Civil Documentation in collecting data on birth registration through the RapidPro platform using mobile phones to collect quality statistics. Regional standard indicators and new data dashboards were integrated in 2019.

Goal area 4: every child lives in a safe and clean environment

One of the key results was to reduce the number of people practicing Open Defecation. In 2019, 48,361 people (24,660 children) representing 48 per cent of the year target, lived in 55 newly Open Defecation Free (ODF) certified communities. However, nearly 991,500 people (50 per cent girls and women), including people living with disabilities, live in 1,319 ODF certified communities in Sikasso, Koulikoro, Mopti and northern regions, against a target of 1,000,000 people in 1,500 communities. To achieve this, UNICEF scaled-up Community-led Total Sanitation (CLTS), developed WASH marketing approach and tools, and reinforced national planning and monitoring capacities.

UNICEF made progress in providing sustainable access to safe drinking water and basic sanitation services in communities and institutions. Ninety-five additional schools (5 pre -primary, 76 primary and 14 secondary) gained access to WASH facilities benefiting 15,145 learners (7,024 girls) against a target of 110 schools. Regarding WASH in health centers, UNICEF assisted the Ministry of Health in promoting the Water and Sanitation for Health Facility Improvement Tool in partnership with the WHO. This approach focused on building the capacity of government and civil society and monitoring the WASH action plans of health centers to enhance WASH standards. A technical guide for WASH infrastructure in health centers was validated. Thanks to CERF funding, 61 health centers gained access to improved water and gender-friendly sanitation facilities exceeding the annual target of 25.

In humanitarian setting, UNICEF as the lead of the WASH cluster, ensured access to water to 194,500 additional people (98,028 women), representing 87 per cent of the Humanitarian Action for Children (HAC) targets. UNICEF provided short-term emergency distribution of water treatment products to 108,168 people in Mopti and northern regions in response to local conflicts, floods and seasonal water scarcity issues. In addition, 153 water points were constructed providing about 61,474 people in 83 communities with sustainable access to water and strengthening their resilience. Furthermore, UNICEF reached 4,143 children affected by SAM and their families (24,858 people) through the distribution of water treatment kits to improve recovery of children in four regions.

Mali

UNICEF, as the lead of the WASH partners sector group, supported the Government to create a more conducive environment for the provision of WASH services through development of sector policies, inclusive planning and improved multi-stakeholder engagement to reach the SDG 6. In 2019, UNICEF supported the review of the National Water and Sanitation Policies. UNICEF also supported the Government for enhanced inter-sectoriality between WASH, Education, Health and Nutrition sectors by promoting integrated and coordinated strategies. For example, the WASH and Nutrition national strategy was validated in 2019.

GOAL AREA 5: equitable chance of life

UNICEF continued to support the Government to ensure that national and sub-national social policies are more inclusive and equitable, promoting the resilience of families and vulnerable communities. The key result in 2019 was the validation of the CREDDII (2019-2023) informed by data on the monetary and multidimensional poverty of children. Aligned with the SDGs, the CREDD fully integrates, for the first time, issues related to child deprivation (nutrition, education, health and poverty) into its diagnosis, results matrix and priorities.

Social protection services for vulnerable families were strengthened, with a 16.6 per cent increase in the proportion of households benefiting from the national safety net programme in 2019 (versus 26.6 per cent in 2018). UNICEF successfully supported the Government to strengthen the coordination of social protection interventions. The Government officially launched the Unified Social Register (RSU), containing information from all social protection, contributory and non-contributory programs with potential and real beneficiaries. However, the issue of child poverty measurement persists.

Additionally, using mobile collection of information in the field, the number of new children identified in the poorest households for all free health care under the Medical Assistance Program (RAMED) almost doubled from 17,404 in 2018 to 39,323 in 2019.

Cross cutting themes

Gender responsive programming: in 2019, all studies and evaluations conducted by UNICEF in Mali integrated a focus on gender equality and adolescent girls' empowerment with specific strategies for more gender-responsive programming, aligned with UNICEF global Gender Action Plan.

The first female excellence promotion project was implemented in 2019. Sixteen outstanding women students were placed in the office for a four-month internship to increase their employability readiness.

Communication for development: In 2019, different social and behavioral change strategies based on the National Communication for Development Policy contributed to the achievement of sectoral results by increasing demand for services and improving their use. The Mama Yeleen approach promoting positive social and behavioral change in communities was extended to 3 more regions, and the Mama Yeleen grew from 1600 to 4000. As a result, 301, 644 women and parents were reached with lifesaving messages.

U-report supported programme delivery through information on key programme needs by amplifying the voices and views of young people. The U-reporters network increased from 57,299 in 2018 to 61,820 in 2019 (43.5 per cent girls).

In partnership with the Peacebuilding Fund, OIM and UNESCO, UNICEF built the capacity of 2500 young people to promote the culture of peace and tolerance within their communities, using communication channels to promote behavioral change and strengthening interpersonal dialogue in communities. A smartphone application "PEACE MALI" supplements the knowledge on peace agreement.

Communication, Advocacy and Partnership: UNICEF leveraged campaigns, media relations and digital storytelling to drive action for children. High-quality multimedia products supported resource mobilization and advocacy objectives. Subsequently, in 2019 UNICEF in Mali mobilized 73 per cent of Other regular Resources (ORR). An innovative partnership was initiated with the private mining company B2Gold, offering an opportunity to engage with other private sector actors and promote Business for Results initiatives. The top ten donors in 2019 for Mali were: EU, Germany, Sweden, UK, GAVI, USAID, Netherlands, Canada, ECHO, MDTF/UNDP.

Followers of UNICEF Mali social networks increased to over 35,000 in 2019. A new website was launched, showcasing professional-quality content (19 new human-interest stories, over 15 videos and 600 new photos), featured in prominent campaigns such as Vaccines Work and State of the World's Children, and in media such as Reuters and The Independent.

Child-led advocacy was strengthened, enabling children from all regions to make their voices heard in the run up to CRC@30. A network of 40 digitally equipped child reporters (63 per cent girls) was created and adequately trained including on children's rights, with a focus on girls' rights.

Mali

Emergency coordination: Focusing on the link between humanitarian and development, risk-informed and adaptive programming, UNICEF considerably improved the overall level of emergency preparedness and response at both national and regional levels. This was achieved through pre-positioning of relief stocks, partners capacity building and enhanced coordination of national and regional actors. In addition to specific assistance provided in each goal area, an emergency response was successfully provided to 133,026 people (74,494 children), versus 56,518 in 2018, affected by conflicts and floods, particularly in Mopti, Segou, Timbuktu, Gao and Menaka regions, exceeding the initial target of 50,000.

Lessons Learned and Innovations

Joint advocacy and shared value partnership proved to be effective strategies to invest more resources to accelerate results for children in a sustainable way and promote Government accountability and ownership, despite the pressure on the national budget to raise the share of security expenses while decreasing the ones on social services. In addition, it was a very efficient strategy to link humanitarian to development efforts by working with two EU institutions- DEVCO and ECHO for a common strategy to gradually reduce dependence on external funding for RUTF and strengthen governmental system.

Maternal and child malnutrition has remained a serious public health issue in Mali for many years. The Government has long recognized the importance of good nutrition for economic and social development with the adoption in 2013 of a multisectoral nutrition policy and making the fight against malnutrition one of the key objectives of its 2016-2018 national development plan. However, despite this apparent commitment of the Government, the nutrition policy activities have remained gravely underfunded. A budget analysis conducted in 2019 showed that merely 0.7 per cent of government spending are allocated to nutrition. Nutrition specific interventions such as the management of Severe Acute Malnutrition rely entirely on bilateral and multilateral partners' funding, which has shown a declining trend for the past few years.

In this context, UNICEF in Mali, jointly with the EU and ECHO, championed advocacy and technical support for alternative funding sources and more robust Government commitment and investment to ensure adequate funding for nutrition over the short and medium term, notably the Acute Malnutrition programme. UNICEF and EU-ECHO also actively engaged in a humanitarian-development nexus work to leverage funding from both humanitarian and development partners while pursuing the dual objective.

The European Union Delegation's (EU) 50 million Euros programme (Food Security, Nutrition, and Sustainable Agriculture Sector Reform Contract - SANAD), which had been implemented since 2017 offered a great opportunity to influence the Government budget for children. The SANAD provided a combination of sectoral budget support and technical assistance to improve governance, strengthen public finance management, and reinforce monitoring and evaluation systems.

Together, the EU, ECHO, and UNICEF agreed on the need to strengthen the integration into the health system of services for the management of acute malnutrition, notably the integration of Ready-to-Use Therapeutic Food (RUTF) into the Master Supply Plan and the increase of Government's allocation to nutrition specific activities.

The negotiations between the EU and the Government of Mali resulted in € 8 million being allocated to the Government for reinforcing the nutrition component of the SANAD and the inclusion of conditionalities linked to nutrition in the signed programme agreement. Specifically, the Government committed to (i) include the RUTF into the national list of essential medicines; (ii) develop a road map for the effective integration of RUTF into the Master Supply Plan; and (iii) purchase and distribute 12,000 cartons of RUTF in 2020 and 24,000 cartons in 2021.

To support these efforts, UNICEF in Mali entered into a partnership with the EU to provide technical support to the Government to implement specific actions that will support the National Nutrition Policy and the nutrition-related objectives of the SANAD.

Going forward, UNICEF will build on this successful experience to engage in joint advocacy with other financial and technical partners in Mali to leverage more public finance for children (PF4C). As an example, UNICEF is already working to emulate the successful model with the World Bank's general budget support.