

## Mali

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### Executive Summary

Despite the signing of a 2015 peace agreement, Mali's security situation in 2016 continued to deteriorate, particularly in the central and northern regions. Clashes between armed groups and Government forces soared, as did deliberate and complex attacks against the United Nations Multidimensional Integrated Stabilization Mission (MINUSMA). Acts of criminality rose, fuelled by the absence of Government institutions and a lack of basic social services. The political climate's risk of instability increased, evidenced by unsuccessful votes of non-confidence against the Government, delayed local elections criticized by the opposition, the laborious induction of decentralized interim authorities and a rising anti-Government sentiment.

Against this backdrop, the Security Council unanimously authorized a more proactive and robust mandate for MINUSMA, increasing its force levels and providing a stronger focus on stability and protection of civilians. Consequentially, the Mission boosted its overall presence and ventured into programmatic endeavours across the country.

UNICEF Mali and other actors were vocal in their efforts to maintain their neutrality and humanitarian space. Despite this complex scenario, UNICEF Mali continued to facilitate access to quality basic social services in crisis-affected areas where Government presence is weak or inexistent.

UNICEF Mali supported Government and civil society to make strides in the survival, development and protection of children, continuing to strengthen community resilience, support capacity-building efforts and advocate for equity-focused policies, including the prioritization of Sustainable Development Goals (SDGs). This was evidenced by the confidence of technical and financial partners that continued to fund UNICEF Mali to the tune of US\$83,661,845 against the planned US\$82,689,090.

New partnerships with the World Bank, NORAD, and the Korean International Cooperation Agency (KOICA) were forged to facilitate access to health services and education. The strengthening of the national cold chain was a highlight for 2016 with a two-fold approach. Firstly, national vaccine storage capacity was increased by the installation of 20 cold rooms at central and subnational levels and the equipment of 574 community health centres with solar and electrical refrigerators (of which 389 are solar). Quality of vaccines was ensured through the implementation of innovative remote temperature monitoring materials. Additionally, immunization managers and vaccinators nation-wide were trained in vaccine technology.

Child malnutrition remained a major public health problem and funding streams for nutrition seemed to have dried up. Nevertheless, UNICEF Mali - through Government and civil society partners - successfully ensured treatment for over 131,000 children suffering from severe acute malnutrition (SAM), as well as Vitamin A supplementation for over 6.3 million children and deworming for more than 5.5 million children. An innovative programme to tackle stunting through Government multi-sectoral coordination showed promising results, lowering levels of chronic malnutrition in the district of Yorosso.

Substantial contributions were made in the WASH sector. Community-Led Total Sanitation (CLTS) programmes were scaled up to an additional 654 villages, bringing the number of villages declared Open Defecation Free (ODF) to 1,700 nationally due to intensive post-ODF monitoring and the scale-up of WASH marketing activities. Innovative menstrual hygiene management programmes and the setup of a Government WASH in Schools technical platform supported the systematization of WASH in Schools interventions nation-wide.

Schools continue to be a political battleground and ensuring the right to education for every child in Mali remained a challenge. UNICEF invested in national and decentralised advocacy, capacity building at community level and material support to ensure sustainable reopening of schools at the onset of the 2016/2017 school year. However, due to looming insecurity and the sprawling presence of radicalised elements in central and northern regions, 367 schools were still closed at the end of 2016.

Vulnerabilities were addressed by UNICEF Mali and partners through advocacy efforts and technical support for policy development in social protection, resulting in the adoption of the National Social Protection Policy and its Action Plan, as well as the official creation of the National Board for the Coordination of Social Protection Interventions.

Despite being one of the benchmarks for the implementation of the Peace Accords, a formal Disarmament, Demobilization and Reintegration (DDR) process had not yet started, but an Accelerated DDR programme was instituted in late 2016. UNICEF led the development of clear standard operating procedures for children's demobilisation in case an accelerated process should start.

## Humanitarian Assistance

Insecurity threatened civilians and undermined the provision of effective aid. Some 37,000 internally displaced persons (IDPs) were inside Mali and another 135,985 Malian refugees were in neighbouring countries. The provision of basic social services was limited or non-existent in the north. The food and nutrition crisis continued to affect children, with approximately 180,000 children under five suffering from SAM.

UNICEF Mali's humanitarian strategy was built around a multisectoral approach to respond to humanitarian needs and facilitate access to quality basic social services, while building the capacity of national counterparts. In parallel, UNICEF Mali reinforced its emergency preparedness activities. The restoration of social services, coupled with the sensitization (peace building, social cohesion, sanitation, mine risk, etc.) at community levels helped reinforce the resilience of vulnerable populations.

All humanitarian interventions of UNICEF Mali were conducted in close collaboration with clusters. Clusters led by UNICEF ensured the regular coordination of humanitarian interventions of NGOs and Government, both in national and regional levels, with a focus on building national capacities to facilitate the transition between humanitarian and development programmes.

UNICEF Mali raised 60 per cent of its funding target for emergencies in 2016, but was able to achieve results by using other flexible resources to fill key gaps, thus ensuring national coverage and emergency needs were rapidly addressed, particularly in the WASH (15 per cent) and health (30 per cent) sectors.

As part of the "Every Child Counts" campaign, UNICEF Mali worked in collaboration with the Ministry of Education (MoE) to lead community sensitization campaigns and help reopen 157 closed schools. In Kidal, where schools were closed for over four years, UNICEF Mali helped reopen 21 of 62 schools, providing access to schooling for over 3,800 children.

For the reintegration of out-of-school children back into school, UNICEF opened 249 Accelerated Learning Centres that provided 9,373 children with access to non-formal education. An additional 3,396 children benefited from access to informal community-based educational programming in areas where schools remained closed due to insecurity. UNICEF Mali helped 101,492 crisis-affected children benefit from quality education, of which 45,657 were newly enrolled in formal and non-formal education. Also, 355 school children participated in the inter-school competition for peace, social cohesion and inter-community tolerance in Timbuktu.

Through community dialogues, radio programmes and the door-to-door sensitization of 1,320 children trained as 'Back-to-school ambassadors', 395,000 parents in Gao and Timbuktu were informed on the importance of education, peace and social cohesion.

UNICEF continued to build capacity of health services to implement life-saving interventions in the regions affected by conflict. The restoration of the cold chain network in these regions resumed and extended routine and supplementary immunization activities, where 106,900 children aged six months to 15 years were protected against measles. A total of 30,278 children under five received chemo-prophylaxis against malaria in Timbuktu. Fourteen health districts in Mopti, Gao, Timbuktu and Kidal were provided with life-saving medicines and medical supplies to ensure Emergency Obstetrical and Neonatal Care (EmONC). The referral system was strengthened in six hospitals equipped with ambulances in Mopti, Timbuktu, Gao and Menaka; 389 emergency health kits were supplied to ensure essential medical care to 1,623,000 people living in crisis-affected areas. UNICEF provided assistance to 131,140 children suffering from SAM, equivalent to 97 per cent of the caseload in 2016.

In the context of population displacement, UNICEF Mali supported the distribution of household water treatment products to 50,868 people in some areas in the regions of Timbuktu, Gao, Menaka and Mopti. In the same regions, UNICEF in partnership with the Government completed emergency repairs for a total of 193 hand pump water points in rural settings, covering an average population of 77,200 people. UNICEF Mali supported water distribution in Gao, covering the basic water needs of 15,000 persons during three months of dry season.

UNICEF responded to continued protection threats to children's rights in conflict-affected areas of Mali. A total of 7,837 children benefited from psychosocial support, including nine children associated with armed groups. To address the threat of land mines and other remnants of war, 56,791 community members in the northern regions benefited from Mine Risk Education. At a strategic level, the humanitarian response in Child Protection was strengthened by work as co-lead of the Monitoring and Reporting Mechanism for Grave Violations of Children's Rights.

## Emerging Areas of Importance

**Climate change and children.** Since 2013, UNICEF Mali has supported the Government in replacing all kerosene and gas-reliant refrigerators in health centres with solar-powered refrigerators by 2018, to contribute to the reduction of greenhouse gas emissions and environment pollution. In 2016, 389 solar-powered refrigerators were installed at health facilities across the country. At the same time, 25 health districts were equipped with new incinerators and vaccination waste disposal collection tools.

UNICEF Mali contributed to the development and use of renewable energies through the promotion of solar pumping for small-scale water distribution networks versus electrical energy pumping. This way forward is newly integrating the National Water Plan to enhance sustainability of the water facilities through maintenance management and operation cost

reduction while respecting climate impact. In 2016, 35 small-scale water distribution networks equipped with solar pumps were completed benefiting to over 28,000 people.

**Greater focus on the second decade of life.** UNICEF Mali maintained focus on adolescent girls, addressing child marriage as a strategic outcome. This year was marked by a shift in the strategy for passing a law that would raise the minimum age of marriage from 16 to 18 years old for girls. After years of failed attempts at legal reform and little change in high-level political will, key actors, spurred in part by the results of a UNICEF Mali-supported analysis of main bottlenecks on related legislation, moved towards a more comprehensive Gender-Based Violence (GBV) strategy. And UNICEF Mali supported social mobilization to raise awareness of and challenge social norms on child marriage, reaching 417,490 community members with key messages.

**Accelerate integrated early childhood development (ECD).** Mali continued implementing the ECD) programme. An impact evaluation showed better development quotient and anthropometric indicators in children targeted by this intervention already by day 35. This was correlated by the 2015 MICS that confirmed the contribution of the ECD Care for Child Development Programme on parental behaviour change of parents. The percentage of mothers providing support for learning went from to 29 per cent in 2010 to 55 per cent; the availability of more than two toys at home went from 40 per cent to 52 per cent. So far, 17,100 young children benefitted from ECD services and opportunities to foster growth and development, while 34,214 parents strengthened their capacity to provide better quality care (through communication and play activities) to their children.

**Support “movements” to accelerate results for children.** UNICEF Mali supported the roll out of the Monitoring Results for Equity System (MoRES) level 3 and the reinforcement of its multisectoral approach. MoRES level 3 was implemented for the first time in Mali in two districts, and was extended to two new districts in the Mopti and Sikasso regions. This framework helped pinpoint the key barriers and bottlenecks that prevent the most disadvantaged children from receiving quality basic services, resulting in more efficient and effective interventions. In particular, the development of integrated micro-plans, combining programmatic multisectoral approach and geographical convergence, in response to the problem of malnutrition of children in these areas, allowed a greater focus on the results at district and community levels.

UNICEF Mali assisted the Government in setting up local multisectoral coordination platforms in five health districts in the Mopti and Sikasso regions. Data from the 2016 SMART survey suggests that establishing multisectoral platforms, in combination with community-level support groups for nutrition, curbed the prevalence of child stunting in the district of Yorosso (Sikasso) in a short time period. Indeed, chronic malnutrition in Yorosso decreased from 27.8 per cent in 2014 to 15.4 per cent in 2016. A lesson learned was that providing an integrated package of interventions through several sectors and targeting the first 1,000 days makes a difference. In the Yorosso district, the Education sector developed nutrition model lessons in 102 schools, while the WASH sector rehabilitated 505 water sources and certified 55 villages ODF.

## Summary Notes and Acronyms

BCP	Business Continuity Plan
C4D	Communication for Development
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CMT	Country Management Team
CO	Country Office
CPD	Country Programme Document

DDR	Disarmament, Demobilization and Reintegration
DCT	Direct Cash Transfers
DHIS2	District Health Information Software
DNEF	Direction Nationale de l'Enseignement Fondamental
DRR	Disaster Risk Reduction
ECD	Early Childhood Development
EMONC	Emergency Obstetrical and Neonatal Care
ENAP	Every Newborn Action Plan
ERP	Emergency Response Preparedness
FAO	Food Agriculture Organization
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender-Based Violence
GSSC	Global Shared Service Centre
HACT	Harmonized Approach to Cash Transfer
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immuno-Deficiency Syndrome
HR	Human Resources
ICT	Information Communication and Technology
IDP	Internally Displaced Persons
IEHK	International Emergency Health Kits
INFTS	Institut National de Formation des Travailleurs Sociaux (National Institute of Social Workers)
IYCF	Infant and young child feeding
LTA	Long Term Agreement
M&E	Monitoring and Evaluation
MICS	Multiple Indicators Cluster Survey
MINUSMA	United Nations Multidimensional Integrated Stabilization Mission in Mali
MODA	Multiple Overlapping Deprivation Analysis
MoE	Ministry of Education
MoH	Ministry of Health
MoRES	Monitoring Results for Equity System
MRM	Monitoring and Reporting Mechanism
NTD	Neglected Tropical Diseases
ODF	Open Defecation Free
ORE	Other Resources for Emergency
PDK	Pole de Dakar
PMT	Programme Management Team
PRIME	Plan for Research, Impact Monitoring and Evaluation
RR	Regular Resources
SAM	Severe Acute Malnutrition
SDGs	Sustainable Development Goals
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SMC	Seasonal Malaria Chemoprevention
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGEI	United Nations Girls Education Initiative
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WCAR	West and Central Africa Region
WFP	World Food Programme
WHO	World Health Organization

## Capacity Development

UNICEF Mali strengthened capacity of individual and communities through its communication for development (C4D) strategy: 1,320 children were trained as 'Back-to-School ambassadors' and community dialogues and radio programmes informed 395,361 parents about the importance of education and contributed to bringing back or maintaining 101,492 children in school. Furthermore, reproductive health and family planning practices in communities were reinforced through trainings provided to 834 Infant and Young Child Feeding (IYCF) support groups, and through the 'Husband's School' approach, which encourages husbands to accompany their wives to pre- and post-natal consultations.

National and subnational data collection systems were strengthened with the support of UNICEF Mali, notably with the setup of the DHIS 2 software in nine health districts, facilitating access to field data in real time. A strategic plan for data quality control was developed with a focus on immunization coverage data. To roll out this system, 33 agents were trained and 135 solar kits and computers were distributed to health facilities.

UNICEF Mali continued to strengthen Government officials' capacity for poverty analysis: 34 national experts were trained on child monetary poverty and the Overlapping Deprivation Analysis methodology. As part of UNICEF Mali efforts to set up a social protection system, 19 main actors in social protection were trained in Mopti and Sikasso on the use of tablets for real-time data. Data collected and analysed was used to build a single registry of social protection of potential beneficiaries.

In an effort to strengthen the country's emergency preparedness, UNICEF prepositioned 25 tons of WASH and non-food items as a flood preparedness measure before the rainy season, which were used to assist 12,000 flood-affected people. Additional relief items were prepositioned in the North for IDPs, assisting 2,100 households who had fled violence in Gao and Kidal.

## Evidence Generation, Policy Dialogue and Advocacy

Advocacy efforts by UNICEF Mali and partners in the area of social protection resulted in the adoption of the National Social Protection Policy and its Action Plan in October, as well as the official creation of the National Board for the Coordination of Social Protection interventions in September.

UNICEF advocated for the Government to have a clear plan to fund the 2017 National Child Nutrition Week and a transition strategy for a sustainable financing of the two rounds of Vitamin A supplementation of children every year. As a result, the 2017 national nutrition week was included in the draft Operational Plan of the Government for 2017 and UNICEF Mali will continue advocacy efforts until its effective approval.

UNICEF Mali supported the development of the costing model and the competency evaluation for the first year of primary schools. The costing model included five scenarios, one of which will be adopted by the ministry. The competency evaluation will inform the new sector plan on the impact of pre-school learning outcomes in Mali. High-level political dialogues on education were held at the central level with UNICEF Mali, the Ministry of Education (MoE) and key stakeholders in order to ensure political engagement in addressing education needs in crisis-affected communities.

Following a UNICEF Mali-supported National Evaluation of the Civil Registration System in 2015, a draft National Strategy on Reform of the Civil Registration Sector was technically validated and awaits political buy-in.

In prelude to the development of the national Every Newborn Action Plan (ENAP), an ENAP country implementation tracking tool was completed and shared with the UNICEF Regional Office and UNICEF Headquarters. The tool helped assess the new-born situation analysis at country level and identify bottlenecks to be removed.

## Partnerships

UNICEF Mali delivered results for children through strong partnerships and collaborative efforts with other UN agencies, research institutes, civil society and the Government.

Within the framework of Delivering as One, UNICEF Mali continued implementing seven joint projects including the MUSKOKA project in which WHO, UNFPA, UN Women, and UNICEF reduced neonatal and maternal mortality. More specifically, UNICEF Mali contributed to strengthen the emergency health services in 21 health centres by providing 295 EmONC kits, 11 ambulances, trainings of 196 EmONC providers and 53 in newborn essential care.

The Water and Sanitation for Health Facility Improvement Tool was promoted by UNICEF Mali and WHO. This approach promoted continuous improvement of WASH standards in health centres through capacity-building of health actors and monitoring of WASH action plans in health centres.

One more step towards the achievement of the education sector analysis was the signature of the partnership between UNICEF Mali and UNESCO IIEP Pole de Dakar (PDK). The PDK methodology and the timeframe was validated by all education partners in Mali. Data collection began in September and analysis was initiated in December 2016.

In order to strengthen national capacity to implement and monitor social protection interventions, UNICEF Mali supported the Training Institute of Social Workers to include a social protection cycle. The study on the Resilience of Malian Children was completed in partnership with the University of Tulane to inform UNICEF programming.

The Ministry of Health (MoH) partnered with UNICEF to ensure 300,000 girls and women aged 15 to 49 years used health centre and reproductive health and family planning services. Funded by the World Bank at US\$1.7 million, the project was implemented in the regions of Sikasso, Segou, Koulikoro and in the District of Bamako until February 2017.

## External Communication and Public Advocacy

UNICEF Mali continued to produce high-quality communication materials in support of advocacy and resource mobilization priorities of the CO, in particular nutrition and education. In 2016, various communication supports were produced, including six videos, 16 infographics and hundreds of photos that were shared on social media. U-Report, Facebook and Twitter boosted social cohesion and key family practices among youth. Numerous articles were written and TV and radio reports produced by local and international press and published after press releases, visits or conferences.

In the context of school closures and in support of the right to education for every child, UNICEF Mali launched two communication campaigns to promote the reopening of schools in areas affected by insecurity, which contributed to the reopening of 157 schools. The campaigns were covered by radio, TV and newspapers, and relayed on social media.

With stunting affecting one million children under five, UNICEF spotlighted the issue of chronic malnutrition as a major public health concern in Mali and promoted IYCF practices by issuing a press release and facilitating media coverage of a high-level mission to

Bandiagara, Mopti Region. The delegation included the Minister of Foreign Affairs, the UN Humanitarian Resident Coordinator in Mali and multiple donors.

Finally, in support of improved reproductive health practices and open access to health services for adolescents and women, UNICEF Mali initiated the recording of Top Etoiles, a prime time TV show, reaching over 20,000 people.

The development of a UNICEF Mali communications strategy, tailored to support the advocacy and resource mobilization priorities of UNICEF Mali and based on the Global Communications and Public Advocacy Strategy, is planned for 2017.

### **South-South Cooperation and Triangular Cooperation**

UNICEF Mali promoted and facilitated a series of South-South cooperation initiatives. UNICEF supported the National Child Welfare Authority in collaboration with international and national civil society organizations to examine existing bilateral agreement on cross-border human trafficking between Mali and Guinea. Support was given to incorporate emerging cross-border protection issues, including female genital mutilation/cutting (FGM/C), child marriage, and cross-border movement of children. The revised agreement was awaiting national validation before submission for signature by the two Governments.

UNICEF Mali initiated the active participation of 15 Malian children in the ministerial meeting on elaborating the youth strategy of G5-Sahel, an entity made up of Burkina Faso, Chad, Mauritania, Mali and Niger designed to foster peace-building in the sub-region. The children contributed to the youth strategy with a declaration on youth issues and needs in the region, including a requirement for three per cent of the national budget be allotted to ministries in charge of youth issues in their five countries.

UNICEF participated in cross-border collaboration on seasonal malaria chemoprevention (SMC) and neglected tropical diseases (NTD) with neighbouring countries Niger and Burkina Faso, to harmonize strategies, standards and procedures related to planning, supply chain and implementation of SMC and NTD control. UNICEF Mali supported SMC in 11 districts where at least 570,130 children under five received four doses of preventive treatment against malaria during the period of high transmission.

UNICEF supported the visit of the Malian delegation to Benin, where Malian and Ghanaian delegations met with Benin water services to share respective ongoing experiences in water resource monitoring systems through mobile technology. This exchange provided technical and operational guidance for the coming WASH inventory in the northern regions that will be rolled out in 2017.

### **Identification Promotion of Innovation**

In November 2016, UNICEF Mali launched a new project using the drone technology to generate contingency plans, among other things. The technology brought under one geomatic platform all data required to plan for Emergency Preparedness and Response activities. This five-month pilot project was conducted in collaboration with the Ministry of Humanitarian Affairs and the Civil Protection to be implemented in the Segou region in 2017.

UNICEF supported the implementation of the first phase of the Trackfin Initiative in Mali. This innovative approach monitored WASH sector financing to optimize resources for the sector. The first phase was marked by political buy-in from the Government. In addition, technical and policy gaps for data collection and transmission were identified and strategic orientations and modalities were defined that will guide the next phase in 2017.

As part of the Government's novel approach to accelerate the reduction of all forms of malnutrition, 634 community support groups were put in place in villages in Sikasso region (south) to boost the adoption of stunting-prevention practices. These groups provided a platform at the village level for the integrated delivery of nutrition-specific interventions and interventions in nutrition-sensitive sectors.

In an effort to ensure sustained quality of educational programming in emergency interventions, UNICEF supported the development of 120 interactive audio programmes supporting formal schooling and 20 lessons developed in local dialects for non-formal educational programming. The curriculums, implemented in formal schools and informal learning centres in communities directly affected by the security crisis, reinforce capacities of teachers and local animators and foster a child-centred approach to teaching and improving learning outcomes in areas where Government supervision and oversight is largely absent.

### **Support to Integration and cross-sectoral linkages**

With the support of UNICEF, local multisector coordination platforms were set up at district and community level in Mopti (centre) and Sikasso (south) regions. These platforms, coordinated by the local Governments, brought together actors from all sectors who committed to implement nutrition-sensitive actions in their respective field in order to tackle malnutrition. The strategy proved successful in Yorosso district where the prevalence of child stunting dropped from 27.8 per cent in 2014 to 15.4 per cent in 2016.

An operational guideline on IYCF was designed by UNICEF Mali with an innovative approach for community mobilization. Two strategic sectors partnered to assist scaling up IYCF community support groups: Social Development and Promotion of Women, Children and Family. Also, responsibilities of the support groups were increased, allowing groups to screen for acute malnutrition and coordinate and promote nutrition-sensitive activities such as ECD and adequate hygiene and sanitation.

UNICEF Mali's peace-building strategy incorporated an integrated approach that uses water points in schools as a central component to reinforce social cohesion in crisis-affected communities. C4D helped bridge the WASH in schools component with social cohesion by providing technical guidance in facilitating community dialogue in target areas of intervention. A total of 50,950 children participated to peace building activities in the regions of Gao, Timbuktu and Mopti.

Three sections of UNICEF Mali (Child Survival, Child Protection and C4D) worked closely to develop and implement the Birth Registration for Maternal, Neonatal and Child Health project. The approach integrated birth registration by medical services, joint trainings of medical and civil registry staff and the integration of birth registration in the training module for health community workers.

### **Service Delivery**

Through its C4D strategies, UNICEF encouraged health-seeking behaviour in communities. More than 80 midwives, 90 community leaders, radio programmes and theatre initiatives informed populations on child and maternal health. Results showed that during immunization days, on average 80 per cent of parents knew about immunization, and 70 per cent which diseases immunization protects children from.

The national policy of C4D, elaborated with UNICEF Mali support, awaits adoption by the National Assembly. In total, 137 radios relayed key messages on immunization, nutritional practices, reproductive health, FGM, child-marriage, peace and social cohesion.

Health systems were strengthened with medical equipment and transportation means to improve access and use of quality health services, including 20 cold rooms, 574 solar and electrical refrigerators, two trucks for vaccine distribution, six vehicles for cold chain maintenance, 28 vehicles for supervision, and 270 motorcycles for outreach strategies. This enabled the vaccination of 551,437 children against preventable diseases and 570,130 against malaria.

UNICEF Mali scaled up the WASH marketing approach and targeted up to 1,000 communities that already reached Open Defecation Free status (ODF). This approach enabled ODF communities to purchase latrines and access improved sanitation in a cost-effective and sustainable way. Other purchased products included hand-washing stations, soap and household water treatment products. In 2016, 97 private operators were involved in WASH marketing activities in 114 communes in Koulikoro (centre), Sikasso (south) and Mopti (centre) regions. As a result, 1,600 latrines were sold in 300 villages.

UNICEF Mali supported the establishment of school performance contracts to ensure accountability of local school officials, Government and community in Mopti and Sikasso regions. Identified school-based performance indicators were closely monitored, showing improvement especially in schools where UNICEF reinforced the capacities of School Management Committees.

### Human Rights-Based Approach to Cooperation

UNICEF Mali's Child Protection work focused on three thematic areas as per recommendations from the Committee on the Rights of the Child (CRC, 2007) including systematic birth registration of all children born within national territory, and addressing the harmful practices of child marriage and FGM/C. These priorities lined up with the recommendations in the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

Work on universal and free birth registration was largely on track, with the 2015 MICS survey revealing a national prevalence of 80.8 per cent. However, there were notable gaps in equity across the country and among vulnerable populations, such as children affected by the conflict in the North. UNICEF Mali has planned to take special measures to address.

In regards to recommendations from the Committee on Harmful Practices, UNICEF Mali invested heavily over the past decade in supporting the move towards legislation prohibiting FGM/C and raising the minimum age of marriage for girls to 18 years of age. However, with no seeming changes or openings in political will to address these two highly sensitive issues in the socially conservative political context of Mali, UNICEF Mali commissioned a study in 2016 to examine the barriers to shift legal and social norms, particularly on FGM/C. A key recommendation of the study was to move away from explicit programmatic focus on the harmful practices and reorient national and local priorities towards a more holistic approach on GBV. As a result, UNICEF provided significant technical and financial support to the Government of Mali in 2016 on examining the opportunities and challenges and the possible way forward on a comprehensive law on GBV and a change in community-based awareness-raising strategies.

### Gender Equality

Child marriage continued to be a targeted gender priority for UNICEF in Mali. Significant advocacy efforts were made to bring the national legal framework in line with international and regional conventions, including engagement during celebrations of international days. Service delivery was strengthened through training of service providers so that women and girls have access to quality response services. At the community level, UNICEF supported

social mobilization on child marriage, reaching 417,490 community members with key messages on child marriage.

Following many years of UNICEF-led advocacy, under the auspices of UN Girls Education Initiative (UNGEI), the MoE institutionalized a national inter-ministry coordination mechanism to generate evidence-based strategies to strengthen education opportunities for girls. Following the empowerment of the coordination mechanism through the training of decentralized education administrators (promotion of girls education and reducing school-based GBV), the Direction Nationale de l'Enseignement Fondamental (DNEF), with financial support from European Union, promoted national advocacy on gender mainstreaming in the education system.

UNICEF Mali had a gender focus through its WASH in Schools programme, which covered 245 schools. Through this programme, 168 latrines for boys and 287 latrines for girls were completed; menstrual hygiene sensitization was promoted among school children and teachers; 5,500 student and parents, especially mothers, were trained on savings and income-generating activities in order to contribute to supply for hygiene maintenance items for the school. Women represented at least 50 per cent of the members of each of the newly created 245 water point committees.

### **Environmental Sustainability**

Recognizing that climate change and environmental degradation undermine the rights of every child, especially the disadvantaged, UNICEF Mali committed to use renewable energy as much as possible.

Within the scope of interactive audio programming implemented in crisis-affected communities, all radios used to implement interactive programming are solar-powered to ensure a sustainable energy source that will promote sustained use of audio programming.

The WASH programme promoted the use of solar pumping through the transformation of hand pumps into solar pumps rather than electrical energy. Solar systems reduced not only breakdown rates and costs, but ensured enhanced sustainability of the facilities, and encouraged beneficiaries to preserve the environment.

In 2016, UNICEF Mali purchased and installed 135 solar kits for health facilities, contributing to the reduction of the greenhouse gas emissions, as well as savings on electricity bills for health facilities.

The CO explored ways to reduce its carbon footprint. An action plan was developed including the installation of a solar panel estimated at US\$54,000 to reduce 50 by per cent of the power consumption of the Bamako Office; the acquisition of printers that use two-sided paper by default to reduce the number of paper sheets used; the use of the office borehole for cleaning vehicles and for watering the garden and plants; and finally the installation of a tracking vehicle system to enable a better monitoring of fuel consumption. Suppliers were asked to download the bidding package on a pen drive, considered as a good practice to reduce the use of paper.

### **Effective Leadership**

The management plan for 2016-2017 was adopted by the Country Management Team (CMT). Monthly CMT and Programme Management Team (PMT), weekly operations meetings, statutory committees and ad hoc meetings were the main coordination mechanisms used to track management indicators and effective management of resources.

The CMT was the forum to discuss new initiatives involving more programmatic interaction between the sections and any new project aiming at improving the management of resources. The CO internal control framework defining the roles and responsibilities of staff including their financial limit for each transaction was adopted in April.

While the recommendations of the 2014 internal audit were all closed, the CO took the initiative to conduct a self-assessment of its Programme and Operations components to monitor the implementation of audit recommendations. It validated certain revisions of work processes for simplification.

Emergency risk management was addressed through update of the Office Early Warning Early Action Plan; prepositioning of life saving supplies; long term agreements (LTA) with transport companies and the support of UN convoys to unsecured areas whenever necessary. The CO business continuity plan (BCP) was updated and shared with all staff. Several simulations were conducted and tests were organized in the zone offices with the support of the Regional Office.

A risk assessment identified five medium risks and three high risks. A mitigation plan was implemented to address them through: enhancing capacity of partners and staff in the management of cash and supplies; assessment of the capacity in resource management of the zone offices; revision of the resource mobilization strategy to address financial gaps; development of a human resources strategy to retain staff and improve gender balance; and strict application of security measures and the BCP.

## Financial Resources Management

The monitoring of financial performance of the CO was done at each CMT and PMT on a monthly basis, and corrective actions were taken and monitored closely. As a result, the CO performed well in the area of quality assurance and financial management, among others. Maintaining a good performance in partnership management was a challenge due to the limited capacity of the partners to submit quality financial supporting documents on time.

At the end of the year, the direct cash transfers (DCT) rate represented 0 per cent. The use of a quarterly DCT liquidation plan allowed the CO to maintain throughout the year an acceptable clearance rate and monitor DCTs in the brackets of six to nine months and more than nine months. The outstanding DCT of US\$2.26 million in expired grants is closely monitored by sending reminder letters to implementing partners. This issue is monitored during monthly CMT meetings.

Fund allocation and utilization for the year were: Other Resources - Emergency US\$19.9 million (92 per cent utilization); Other Resources US\$45.0 million (98 per cent utilization); Regular Resources US\$16.6 million (99 per cent utilization) and support budget US\$0.9 million (100 per cent utilization). As of 31 December 2016 UNICEF had received 47 per cent (US\$15.4 million) of the US\$33.1 humanitarian appeal and had US\$ 4.5 million carry-over from 2015.

Strengthening risk and result management was a priority for UNICEF Mali. The capacity of 68 UN staff (UNICEF, UNDP, and UNFPA) and 267 partners' staff (Government and CSOs) were strengthened on HACT procedures. This resulted in improved understanding, compliance and quality of processes. In 2016, 16 audits, 25 micro-assessments, 77 spot-checks, and 154 programmatic visits were conducted (corresponding to 100 per cent of required spot-checks and audits and 85 per cent of required programmatic visits).

## Fundraising and Donor Relations

UNICEF Mali developed a Resource Mobilization and Partnerships Strategy for 2016-2019 with two main objectives: mobilizing high quality flexible resources, and strengthening relations with public and private partners. The CO ensured the timely submission of 100 per cent of its donor reports (54 Grants) thanks to the strict application of the internal workflow process and close monitoring of reporting indicators.

UNICEF Mali entered new partnerships notably with Norway and the World Bank, a strategic partnership that UNICEF Mali intends to explore further. The CO strived to revitalize its relationships with National Committees by continuing outreach efforts and sharing regular information and updates to better position Mali on potential funding opportunities.

Important advocacy and resource mobilization efforts were deployed in support of the nutrition programme, which culminated in November with the organization of a high-level visit involving key partners (European Union, Canada, USAID, Spain, Germany) to showcase a joint FAO, WFP, UNICEF initiative to fight chronic malnutrition. Following this visit, Canada expressed its interest in further investing in nutrition in Mali and a joint FAO, WFP, UNICEF proposal was developed.

Overall, the CO raised US\$45 million ORR against the planned US\$ 47 million, a performance of 96 per cent. Despite the emergency context, the ORE funding raised was relatively low, US\$ 19.9 million against the target of US\$ 33.1 million, a performance of only 60 per cent. UNICEF Mali is currently negotiating three large funding opportunities for education with DEVCO (US\$ 22 million), Educate a Child (US\$ 17.2 million), and Japan (US\$ 5 million).

Finally, the CO maintained its strong performance for contribution management, with 96 per cent of OR funds utilized and 100 per cent of donor reports submitted on time (as of 31 December 2016).

## Evaluation and Research

Mali Country Office developed its 2016-2017 Plan for Research, Impact Monitoring and Evaluation (PRIME) during the first quarter of the year. The PRIME aims to monitor, coordinate and ensure quality control of major data collection activities (studies, surveys, evaluation and research) in order to generate evidence on the situation of children and women in Mali. This Plan was discussed and validated at the CMT meeting held in March. The PRIME was regularly reviewed by the Monitoring and Evaluation (M&E) team in close consultation with the leading Sections. At the end of year, 86.7 per cent of the 2016 PRIME activities were either completed (60 per cent) or in progress (26.7 per cent).

Two out of the three planned evaluations for 2016 have started. The third evaluation scheduled for this year was cancelled, and transformed into a final assessment of the "Response to Silent Nutritional Emergency in Northern Mali" Project. This final assessment was completed in June, and the final report - technically validated by the Joint Steering Committee - was made available.

The evaluation of UNICEF Mali's response to the 2012-2014 humanitarian crisis is in the phase of consultant recruitment. The third evaluation of the WASH sector programme 'PROSEA I', was no longer funded by UNICEF Mali, but rather by the German Cooperation, as part of the WASH thematic group in Mali. UNICEF Mali, as the lead agency of the WASH technical and financial partners, coordinated the evaluation's implementation, which started mid-November, with the arrival of the international consultants in Mali. Planned for

completion in April 2017, this evaluation will feed into the development of PROSEA II and discussions on WASH sector reforms in Mali.

### Efficiency Gains and Cost Savings

UNICEF Mali adopted the United Nation Country Team (UNCT) informal business operations strategy, aiming at harmonizing business processes, and engaging in common services and sharing costs for security, the UN dispensary and telecommunications. The Mali CO continued sharing its offices in Kayes (West), Mopti (centre) and Gao (North) with WFP, where running costs are shared between both agencies.

Improved stock management practices established this year enabled the CO to reduce its storage capacity by 25 per cent, realizing savings of US\$ 30,000 in 2016. Over the longer term, annual savings of US\$ 65,000 for this spending area are expected. In addition, the distributions of supplies, especially for health and nutrition, resulted in savings of US\$ 45,000 of in-country transport in 2016. To reduce costs and waste, the Supply section is no longer printing invitation to bid/request for quotation documents. Instead, these are transmitted to suppliers via USB key, rendering the process paperless.

The CO developed an action plan aiming at cutting costs including initiatives such as the installation of solar panels, which is expected to reduce by 50 per cent power consumption; the use of printers with double-sided printing; and the use of the office borehole for cleaning vehicles, the building, and for watering the garden. A tracking vehicle system was installed to better monitor fuel consumption. These initiatives will contribute to the CO's carbon footprint reduction.

UNICEF in Mali reduced the number of office committees, adjusted the threshold of the Contract review committee and of Small scale funding agreements with civil society, and undertook the minimum required number of spot checks and micro assessments. The implementation of these five key streamlined processes for process simplification contributed to achieve good office performance in programme management, financial management, quality assurance and people management.

### Supply Management

CO Mali 2016	US\$
Programme Supplies	14,558,659
Operational Supplies	1,604,247
Services (excluding constructions managed by Supply UNICEF)	1,840,815
Construction managed by Supply UNICEF	12,050,953
<b>Total</b>	<b>30,054,674</b>
<b>Value of supplies channelled via Procurement Services (US\$)</b>	<b>US\$</b>
Via Regular Procurement Services	3,903,969
Via GAVI	24,676,400
<b>Total</b>	<b>28,580,369</b>
<b>Value of locally managed procurement (US\$)</b>	<b>US\$</b>
Programme Supplies	3,381,414
Operational Supplies	1,007,380
Services	13,891,768
<b>Total</b>	<b>18,280,562</b>

As of 4 January 2017, the value of programme supplies stocked in the UNICEF Mali-controlled warehouse was US\$4,454,043, of which US\$502,275 were supplies prepositioned for emergencies. The value of programme supplies issued from the UNICEF Mali-controlled warehouse recorded in VISION was US\$12,114,984. The total value of supplies managed by the Mali CO-controlled warehouse through 2016 was US\$16,569,027.

In July, the Supply section organized a workshop on logistics for Government partners and NGOs in order to improve accountability of material sent to the field. Thirty-six partners took part in the training, leading to a noticeable improvement in the quality of returned documentation.

The supply chain suffered no constraints in 2016 apart from the Dakar-Bamako leg, which seriously delayed some material. The delays, however, did not have adverse consequences on programme delivery activities (as contingency stocks were available to prevent stock out in pipeline).

The CO continued to conduct two full physical inventories per year. The results, as in 2015, showed US\$0 difference between VISION stock and physical stock. Warehouse management practices resulted in no items expired or damaged while in stock and, in November, storage capacity was reduced by 25 per cent.

UNICEF Mali was an active member in the UN Procurement Working Group. Long Term Agreements (LTAs) for customs clearance, travel agencies and transport were used by other UN agencies. The CO was responsible for the Harmonized Approach for Cash Transfer (HACT) management. As a result, 16 LTAs on audit, micro-evaluation and spot-checks were renewed on behalf of the UN system and opened to their use.

The UNICEF Mali WASH in health centres programme component supported the NGO ACTED to construct water points, latrines, showers, waste management (US\$309,000).

### **Security for Staff and Premises**

Staff safety and security of premises was a priority in the Mali CO due to the high level of threats related to armed conflict, terrorism, civil unrest, criminality and hazard.

A budget of US\$807,596 was allocated to Mali CO for security enhancement. The amount was used to purchase ballistic resistant helmets and flak jackets for all duty stations for potential relocations, evacuation and field missions. A guard shack, an exit gate in Mopti and a handheld metal detector were among the security enhancement done in 2016.

Also, three armoured vehicles were added to the pool: one for Bamako in response to the increase of insecurity in the capital city; and two in Mopti (centre) as a response to the multiplication of security incidents in this region and to support field visits.

While the CO ordered all security equipment, delay in contracting services and the insecurity in the North impacted on the timely process of some structural security enhancement of the offices such as safe rooms, access control measures and compliance with building, safety and fire guidelines. A request for roll forwarding of the unspent security budget of US\$119,800 was submitted to the Regional Office to continue the security upgrade in 2017.

Since the end of May 2016, the Security Specialist was on special leave without pay. A temporary international staff was hired, supported by a National Officer deployed from the Gao Office to fill the gap.

All new staff accomplished the training on Safe and Secure Approach to Field Environment (mandatory before in-country travel due to high insecurity in Mali). The warden system was activated. The staff list and communication tree were updated regularly. Two tests were organized to ensure that the communication tree was operational.

## **Human Resources**

HR reforms were a priority for the CO. On the new performance management system “Achieve”, two group trainings and several one-on-one support sessions were provided to staff by a Human Resources focal point. As result, the planning phase was completed in Achieve at 100 per cent.

Staffing structure, based on a result-based approach used during 2015 Programme Budget Review, remained the same in 2016 with a total of 18 posts charged to institutional budget. Forty-one positions were filled as a result of the 2015 Programme Budget Review and regular recruitment load. New systems were put in place to plan and monitor recruitments in a timely manner.

Achieving an overall office gender ratio remained a challenge. A gender recruitment and retention strategy was developed that reduced the gap between international females and international males. However recruiting qualified female national staff in remote posts remained a challenge.

A Learning and Development Plan was developed and implemented based on staff performance review discussions. Mandatory trainings on Ethics, Prevention of Harassment and Sexual Abuse were taken by 98 per cent of Mali staff. An ERM briefing was conducted in September 2016.

No action was taken this year by UN Cares, but the CO’s two Peer Support Volunteers supported staff.

The 2014 Global Staff Survey results showed that Mali revealed room for improvement in personal empowerment, career development and work/life balance. An Action Plan, discussed with all staff, was put in place to ensure recommendations were implemented. The Plan was monitored by the Joint Consultative Committee and was 74 per cent complete. Remaining actions will be taken in 2017.

## **Effective Use of Information and Communication Technology**

Mali CO rolled out cloud-based office automation tools that offer internet access of data stored in the cloud at any time, from any location and by any staff. This modality allowed staff to respond to the business continuity needs of the CO.

The Information Communication and Technology (ICT) unit worked closely with the programmes to support the use of technological innovations. The ICT team supported the utilization of RapidPro as a real-time monitoring technology platform, including U-Report, which is supported by three institutional contracts with Orange Mali and Malitel for SMS and AMRT (Agence Malienne de Régularisation des Télécommunications) for the short codes.

The ICT unit assisted the CO in increasing availability and speed of the internet, allowing staff to enjoy broad, diverse, reversible and accessible information flows, using high speed and broad bandwidth digital technology.

Extensive improvements in connectivity and unified communication services (voice and video conferences) between Bamako and the five Zonal Offices were completed, increasing effectiveness of communications and facilitating inter-office dialogue to the benefit of

programme implementation.

The ICT unit provided user support to all staff through the help desk, handling hundreds of requests and providing timely support and solutions, including troubleshooting user problems with ICT systems, providing hands on training on IT tools and supporting efficient use of ICT resources by users.

UNICEF Mali established a protection system of its essential equipment, vital records and assets facilities, and eliminated or mitigated the impact of disruptions on operations. The ICT section created redundancy for critical core systems by introducing telecommunication back-up (mobile phones, satellite phones, BGAN for data, and wireless connections) and home office equipment.

## Programme Components from RAM

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1** By the end of 2019, boys and girls aged 0-59 months, pregnant women and breastfeeding mothers, particularly those living in the most disadvantaged communities, have access to and use an essential package of high-impact preventive, curative and promotional health interventions, including in emergency situations.

#### **Analytical Statement of Progress:**

According to administrative data from January to September 2016, out of 735,249 children under one year, 68 per cent were vaccinated against measles and 71 per cent received three doses of the Pentavalent vaccine (diphtheria, pertussis, tetanus, Hepatitis B, Hemophilus influenza type B). For the same period, out of 63 health districts, 82 per cent reached 80 per cent immunization coverage for the Pentavalent 3 vaccine (for children under one year) while 85 per cent reached 80 per cent immunization coverage for the measles vaccine (for children under one year). In addition, 62 per cent of health districts achieved 90 per cent immunization coverage for the Pentavalent 3 vaccine (for children under one year). Compared to 2015, vaccination indicators thus showed a significant increase.

Regarding management of diseases of children under five years by CHWs, 42 per cent of uncomplicated malaria cases, 27 per cent of Acute Respiratory Infectious cases and 11 per cent of cases of diarrhoea were supported by CHWs through the Essential Care in the Community approach. In 2015, these proportions were 17 per cent, 21 per cent and 24 per cent respectively. This shows better management of malaria and Acute Respiratory Infectious and a decrease in the management of diarrhoea, most probably due to improved hygiene practices linked to EVD awareness-raising campaigns. Compared to the baseline, proportions are thus progressing, with the exception of the management of diarrhoea. The implementation of seasonal chemo-prophylaxis (SMC) of malaria, which UNICEF supported in 11 health districts out of 65, reached more than 90 per cent of children aged three months to five years.

From January to September 2016, in the regions of Kayes, Mopti, Gao and Sikasso, the proportion of births with skilled attendants present at delivery stood at 48 per cent, 47 per cent, 14 per cent and 32 per cent, respectively.

During the reporting period, out of 710,117 pregnant women expected for the year, only 19 per cent were counselled and tested for HIV. This reveals the weak use of antenatal care services, inadequate Prevention of Mother to Child Transmission (PMTCT) sites, non-integration of activities and inadequate programme management. Considering only pregnant women seen in prenatal care, in 2016, 65 per cent were counselled and tested for HIV,

against 70 per cent in 2015. The proportion of HIV-positive pregnant women receiving ARV prophylaxis was 95 per cent against 79 per cent in 2015 and the percentage of infants born to HIV-infected women receiving ARV for prophylaxis for PMTCT is 98 per cent, compared with 96 per cent in 2015.

For paediatric HIV care, there were 74 functional sites out of 80; 33 per cent of these children received a virological test for HIV within two months of birth and 23 per cent at 18 months. Mopti and other Northern regions did not yet started the early diagnosis of HIV. There is a trend of lower HIV prevalence rate among pregnant women from 2015 to September 2016. The coverage of HIV-positive pregnant women and new-borns born to HIV-positive mothers under ARV prophylaxis is close to the target of 100 per cent.

To achieve the above-mentioned results, UNICEF Mali focused on the implementation of high impact interventions to reduce preventable childhood morbidities and mortality. Improvement of governance and accountability was the main pillar to achieve results for women and children. Improvement of vaccine storage capacity, cold chain and logistics, implementation and scaling up of immunization outreach strategies and capacity building for health workers were all used to strengthen the EPI programme. The development of the Integrated Management of Childhood Illnesses (IMCI) strategy and the implementation of essential community health care were strengthened along the year. UNICEF contributed to this result by providing medicine and training to CHWs, in complement to USAID contributions to CHW salaries. Development of BEmONC and Comprehensive EmONC were the basis of the reduction of maternal and neonatal mortality by addressing direct causes. To accelerate the elimination of MTCT of HIV in Mali and to improve paediatric care for children born from HIV-positive mothers, a National Strategic Plan for the Elimination of MTCT of HIV was developed and disseminated with UNICEF financial support.

Responding to the lack of operational public health infrastructures in the northern regions faced with insecurity, UNICEF Mali signed PCAs with international and national NGOs for lifesaving health interventions. Through these partnerships, 60 per cent of children under one year were vaccinated with three doses of Pentavalent 3 in Timbuktu, 68 per cent in Gao and 56 per cent in Kidal. For the same target population, immunization coverage rate against measles reached 60 per cent in Timbuktu, 78 per cent in Gao and 99 per cent in Kidal (though data for Kidal is likely to be largely overestimated due to double counting and lack of information on total population in remote areas). Although vaccination coverage is relatively good in the three regions (Kidal, Timbuktu and Gao), this does not hold for other interventions: implementation of IMCI, EmONC and PMTCT in particular remain challenging as they require functional health facilities.

For UNICEF, inadequate funding for HIV activities and malaria control remains an obstacle to support Government programmes on the elimination of MTCT of HIV and malaria prevention.

In 2017, UNICEF will focus on addressing barriers to care access for children, particularly the most vulnerable, through outreach and health interventions at the household and community level, as well as improving access to the facility-based system. UNICEF works with UN agencies and development partners to this end in order to ensure that healthy children become healthy adults.

**OUTPUT 1** By 2019, the governance, funding and accountability framework for the health of mothers, new-borns and children is strengthened, including in emergency situations.

**Analytical Statement of Progress:**

The implementation of the Programme Décennal de Développement Socio-Sanitaire (PRODESS) was facilitated by the development and use of the manual of procedures. The developed strategic plan to improve the quality of EPI data was used to analyse the coverage data and the Medium-term Expenditure Framework was used to mobilize resources for health. The birth registration system was enhanced through its integration at health facilities and a rapid assessment of obstetric and neonatal emergencies in health facilities was performed using a global standard tool. This assessment will serve as a baseline to develop the Every Newborn Action Plan with WHO and UNFPA.

Programme monitoring was enhanced through the integrated reviews of EPI, IMCI, PMTCT and periodic consultation meetings between regional health director teams and district and community health facility teams. Data collection, analysis and utilization were improved through the capacity building of 33 officers and the deployment of DHIS2, supported by UNICEF and USAID. Knowledge of the status of 2015 health indicators was made available through the National Statistical Yearbook, with UNICEF financial and technical support. The health situation for populations living in the northern regions was analysed through the Statistical Yearbooks for the regions of Mopti, Gao and Timbuktu and reports from humanitarian actors. With UNICEF financial support, a study carried out by the support unit for decentralization of the MoH on the use of funds transferred by the Government to the decentralized territorial authorities improved the knowledge of actors about flow management procedures and the use of these funds.

Implementing partners' skills on UNICEF's cash transfer procedures (HACT) were improved. Through this capacity building as well as spot checks, programmatic visits and follow-up missions by UNICEF staff, the quality of requests, reports, resource management and implementation of activities improved.

In 2016, a key challenge under this result was the delayed availability of updated data, including the late production of the National Statistical Yearbook. It is expected that the deployment of DHIS2 will reduce this constraint.

**OUTPUT 2** By 2019, 90 per cent of children under five (boys and girls), particularly those living in the most disadvantaged communities, have access to and use a minimum package of health services, including in emergency situations.

**Analytical Statement of Progress:**

In 2016, 71 per cent of 735,249 children under one received Pentavalent 3 vaccine. A 80 per cent coverage was reached by 82 per cent of the health districts (while 62 per cent reached a 90 per cent coverage).

Curative service utilization rate for children under five decreased from 0.64 to 0.47 contact/habitant. This apparent decline is due to incomplete data linked to the change from DESAM to DHIS2. Over 90 per cent of under-five children received four doses of malaria preventive treatments during Seasonal Malaria Chemoprevention (SMC). As part of ICCM, 42 per cent of cases of uncomplicated malaria, 27 per cent of ARI cases and 11 per cent of cases of diarrhoea were managed by CHWs. Compared to 2015, CHWs contribution to managing diarrhoea decreased, probably due to improved hygiene practices linked to EVD awareness-raising campaigns.

The results were achieved through increased cold chain equipment in health facilities, intensified outreach and mobile vaccination strategies, and partnerships in conflict areas.

With support from Canada, GAVI and the United Arab Emirates, UNICEF increased and strengthened vaccine storage capacity through the installation of five cold rooms at the central level and 15 in regions and districts. Also, 574 community health centres were equipped with solar and electrical refrigerators. Vaccine quality was ensured through remote temperature monitoring materials installed in all cold rooms and continuous temperature monitoring in all refrigerators. Vaccine supply chain from central to decentralized level improved thanks to the provision of two refrigerated trucks. UNICEF supported MoH with cold chain maintenance equipment (six vehicles, eight tool kits and two furnishing kits). The supply of immunization services was strengthened with logistical resources at regional and district levels (28 vehicles) and CHCs (270 motorcycles). To improve quality, immunization managers and vaccinators were trained on vaccine technology (Effective Vaccines Management (96), Surveillance Management (667), and Logistics (95), cold chain maintenance (95), monitoring and micro-planning of immunization (299)).

IMCI supply was scaled up with new treatment sites created and existing ones strengthened, with UNICEF and WHO joint-support through skills strengthening of health providers, drugs and equipment provision. UNICEF contributed to establishing 33 IMCI sites. With funding from GFAM, USAID and UNICEF, Mali conducted four SMC campaigns for children under five, with UNICEF support in 11 health districts.

CHWs contribution to managing childhood illnesses was strengthened by USAID and UNICEF. UNICEF provided inputs and built capacity for CHWs, including a vehicle for central level supervision and 135 computers with solar kits to health facilities to facilitate birth registration and follow up of pregnant women and children under five. Health facilities were lit through donations of solar kits. Emergency health interventions were implemented in the north (Timbuktu, Taoudénit) through agreements between UNICEF, NGOs and CSOs. In Sikasso and Mopti, actors, through MoRES, identified bottlenecks, determined corrective strategies and developed micro-plans to improve coverage of high impact interventions.

Main constraints remained poor performance of the health system on both supply and demand sides. In 2017, UNICEF will continue to enable and strengthen the health supply chain, build capacity and improve service delivery at community and facility level.

**OUTPUT 3** By 2019, 90 per cent of pregnant women, including those exposed to or infected with HIV, receive care during pregnancy, childbirth and the postpartum period, including in emergency situations.

#### **Analytical Statement of Progress:**

Routine data for pregnant women receiving at least three antenatal care consultations is not yet available. Partial first semester data indicate coverage rates of 34 per cent for Kayes, 38 per cent for Mopti, 18 per cent for Gao and 37 per cent for Sikasso. The proportion of births with skilled attendants present at delivery was 48 per cent, 47 per cent, 14 per cent, and 32 per cent for these regions respectively. This possible trend would evidence improvement since 2015.

Out of 710,117 pregnant women expected for the year, only 19 per cent were counselled and tested for HIV. The apparent decline compared to 2015 was due to a change in calculation method that now includes all expected pregnant women in the year. Considering only women seen in prenatal care, 65 per cent were counselled and tested for HIV, 95 per cent of pregnant HIV-positive women received prophylactic ARV and 98 per cent of children born from HIV-positive mothers received prophylactic triple therapy.

Between 2015 and 2016, Basic Emergency Obstetrical and Newborn Care (BEmONC) sites increased from 183 to 210 and PMTCT sites increased from 436 to 652; 74 out of 80

reference centres ensured HIV paediatric care, the PCR test was performed for 1,853 children and antiretroviral therapy initiated for 4,609 children.

These achievements were supported by UNICEF jointly with MUSKOKA, BR4MNCH and other partners such as Global Fund. With UNICEF support, results included: a national conceptual framework developed for the organization of reference/evacuation in the country, the reference/evacuation system was organized in all health districts, maternal deaths audits were institutionalized at hospitals and gynaecologists and paediatricians were deployed in district hospitals. UNICEF, WHO, UNFPA, UNAIDS and USAID supported minimum equipment in all health districts (ambulances, medical and surgical equipment) and strengthened health workers' skills. UNICEF ensured capacity building of 196 Emergency Obstetrical and Newborn Care (EmONC) providers. Twenty-one health districts out of 63 and 318 community health centres were supplied with EmONC kits and 11 district hospitals were equipped with ambulances. Standard EmONC data collection tools were updated. UNICEF supported the ongoing EmONC evaluation in collaboration with UNFPA.

Regarding PMTCT and HIV paediatric care, UNICEF supported the dissemination of the eMTCT national plan for universal coverage of HIV management for pregnant women and newborn care. A total of 652 PMTCT sites were operationalized. UNICEF contributed to PMTCT site assessment and training of PMTCT service providers, PCR test and HIV paediatric care providers. In the northern regions where insecurity prevails, UNICEF signed an agreement with ONG IEDA to implement EmONC and PMTCT services. MoRES sessions in Sikasso and Mopti allowed actors to identify bottlenecks, determine corrective strategies and develop micro action plan to improve coverage of high impact interventions.

In keeping with UNAIDS new vision and to achieve the SDGs, adjustments should be directed towards scaling up the B + option, implementing a delegation of tasks strategy, and eMTCT of HIV with greater involvement of the community. However, inadequate funding for HIV and the scaling up of the B + option remain major obstacles.

**OUTCOME 2** By 2019, communities, particularly those living in rural and disadvantaged areas, have increased sustainable access to and use of safe drinking water, basic sanitation and hygiene, including in emergency situations.

#### **Analytical Statement of Progress:**

According to the WHO-UNICEF Joint Monitoring Programme report for 2015, Mali made great progress in access to an improved water source with coverage increasing from 27 per cent in 1990 to 77 per cent in 2015, thus surpassing the MDG target of 65 per cent. Progress in sanitation coverage was substantially lower, with access to an improved sanitation facility having only increased from 14 per cent in 1990 to 25 per cent in 2015. The slow progress in sanitation was due to the low prioritization/budgeting of the sanitation sub-sector as compared to the water sub-sector. Sanitation differs from other spheres of development in that the primary barrier to success is often not the availability of adequate facilities, but rather the level of demand for improved sanitation practices.

The substantial progress in the water sub-sector hides a disparity between urban and rural settings, as rural coverage remains at a low 64 per cent. This means that a third of the rural population still lacks access and is a reflection of the low investments in the rural water sub-sector.

These issues are compounded by the low Government budget allocation to the WASH sector (mainly used for salaries and support costs), a human resource deficit, weak capacity in the key WASH government technical services (National Water Directorate and National

Sanitation Directorate) and insufficient WASH data for institutions (schools and health centres) as well as at the decentralized level.

UNICEF Mali contributed to solve issues as part of its 2015-2019 Country Programme by resorting to various strategies such as focused service-delivery, advocacy and generation of an evidence base.

UNICEF as coordinator of the WASH Mali Donor Coordination Group supported coordination of the WASH sector and advocated for the rural sub-sector and in particular rural sanitation. In that respect, the donor group was involved in the monitoring of the Mali Sanitation and Water for All (SWA) Commitment, the organization of the annual national water and sanitation sectorial review, and the support to the elaboration of the new Government Water and Sanitation Programme.

UNICEF supported the implementation of the Trackfin Initiative. This study will follow-up the financial sector findings to ensure: (i) coherence with the National WASH programme (PROSEA 2) and with SDG targets, (ii) a follow-up of Government commitments (SWA, N'Gore statements) (iii) a better analysis of sectorial funding situation in order to support strategic orientations.

UNICEF improved the profile of rural sanitation by conducting communication events on CLTS, disseminating the CLTS impact study and providing CLTS trainings to WASH practitioners. UNICEF supported several studies in 2016 to contribute to the evidence base of the WASH sector: (i) A WASH in Schools impact study conducted with Emory University aiming at establishing the impact of WASH in Schools on pupil's health and education outcomes was finalized, (ii) A national budget allocation study for WASH in Schools, (iii) Baseline survey of the sanitation situation in Sikasso and Mopti regions, (iv) Situation analysis of the privatization of the management of 22 water services in Mali.

Due to organizational and availability constraints, the 2016 yearly WASH sustainability audit will be conducted beginning 2017, and aims to provide substantial insight into the current sustainability bottlenecks of rural WASH, both at the institutional and community levels.

The water service delivery component of the programme continued at a large scale in 2016: (i) in southern regions (Sikasso, Koulikoro, south Mopti), 100 handmade boreholes, 73 mechanical boreholes and 35 small solar water networks were completed, reaching over 97,200 people in 208 communities (ii) in the northern regions, 4 technical WASH assessments were completed in Timbuktu-Taoudeni, Gao-Menaka, Kidal and Mopti regions in order to identify, select and improve water access to an additional 80,000 people through the construction/rehabilitation of 180 water points in 2017.

Regarding sanitation delivery, UNICEF maintained efforts in 2016 to scale up CLTS coverage by partnering with 12 NGOs to implement CLTS in 654 villages, of which 339 have already been declared ODF, thus benefitting 278,000 people. UNICEF strengthened post-ODF monitoring since 2015 and is currently supporting the National Sanitation Directorate in the development of post-ODF action plans and setting up of monitoring mechanisms in five regions.

Within the continuity of the National Strategic Plan for the Promotion of Hygiene Education in Schools (NSPPHES) UNICEF WASH in School activities in 2016 reached 245 additional schools in Koulikoro, Sikasso and Mopti regions, benefitting 40,000 schoolchildren.

In terms of WASH in Health centres, UNICEF is supporting the MoH for an enabling environment through the development of the WASH in Health National Strategic Plan, coordination and capacity building of Governmental and civil society stakeholders in WASH

and Infection prevention control. UNICEF engaged with 263 health centres in Sikasso and Koulikoro regions to reach the WASH minimum standards.

Throughout 2016, as WASH Cluster lead, UNICEF contributed to address water access and needs in emergency situation following man-made or natural crisis as well as to support population resilience through structural WASH support in the highly fragile context of the northern regions. UNICEF WASH humanitarian response supported short-term emergency distribution of household water treatment products, water distribution and improvement of water access to over 143,000 people in the Northern Regions.

**OUTPUT 1** 2019, a more favourable environment is established for the provision of water sanitation and hygiene services, with a special focus on the sub-sector rural sanitation.

**Analytical Statement of Progress:**

UNICEF Mali aims at building a more favourable environment for the provision of water, sanitation and hygiene services, with a special focus on the sub-sector of rural sanitation.

The following approaches were rolled out in 2016:

- a) Follow-up on the SWA commitments of Mali. The implementation of the commitments were monitored and regular reports sent to SWA secretariat through the national SWA focal point.
- b) The first phase of the Trackfin initiative was successfully implemented under the lead of the Governmental 'Cellule de Planification Statistique'. Political accession was engaged, preliminary set of results analysed, technical and policy gaps were identified and modalities were set up for the next step of the process in 2017 (consolidation phase).
- c) Continuation of the sustainability audit approach in Mali. This approach, developed through the DGIS-funded project, provided substantial insight into the current sustainability bottlenecks of rural WASH, both at the institutional and community level.
- d) Increased the profile of CLTS. This was done with UNICEF technical and financial support through the completion of a baseline study of rural sanitation (Sikasso and Mopti regions), annual CLTS review workshops, the dissemination of the CLTS impact study and communication events such as the certification of an ODF village by the Minister of Environment and Sanitation.
- e) Capacity building of the National Water Directorate: UNICEF supported fund mobilization for the implementation of the national training plan and advocating, alongside partners, with the Government for the set up of an exceptional public service competition to recruit 100 additional agents.
- f) Capacity building of the National Sanitation Directorate: UNICEF engaged a study for the conception of a master training plan and results are expected in 2017.
- g) Support the national water resources monitoring system: through a mobile technology approach supported by UNICEF, a water point inventory was conducted for the southern regions in 2015. In 2016, data consolidation, integration in the SIGMA (Système Informatique de Gestion des ressources en eau du Mali) database and a lessons learnt/capitalization document was produced. In a second phase in 2017, UNICEF will support the inventory roll out in northern regions.
- h) Improve national and local systems for monitoring and evaluation of the sector: a diagnostic study was engaged with WASH stakeholders, aiming at a five-year investment plan to respond and meet the challenges and the ambitions for the follow up of the new SDG goals.
- i) Enhanced leadership of the Mali Donor Coordination Group. UNICEF was the leader of this group since 2014. It gained significant momentum as more donors were participating (EU, ECHO, Denmark, Sweden, Netherlands, USAID, AFD, KfW and GIZ). This put UNICEF

in a position to effectively lobby for additional investments in the rural sector and in particular, sanitation.

j) UNICEF supported the development of the new National Water and Sanitation Programme 2016-2030 (PROSEA 2).

**OUTPUT 2** By 2019, at least 1 million additional people living in at least 1,500 rural communities, particularly the most disadvantaged, have gained access to safe water and have adopted good hygiene and sanitation practices.

**Analytical Statement of Progress:**

The WASH in communities component of the programme aims at increasing access to water and sanitation in the rural communities of Mali, thus contributing to the achievements of the new SDG goals.

In that respect, UNICEF contributed to the reduction of open defecation in rural areas from 20 per cent in 2010 to 15 per cent in 2015. This reduction was achieved through a CLTS campaign that led to 1,700 villages being declared Open Defecation Free (ODF) during that time period. For 2016, UNICEF maintained efforts to scale up CLTS coverage by partnering with 12 NGOs to implement CLTS in 654 villages, of which 339 have already been declared ODF, thus benefitting 278,000 people.

UNICEF strengthened post-ODF monitoring since 2015 and supported the National Sanitation Directorate in the roll-out of the National Post-ODF strategy. In 2016, these efforts were intensified through:

- Organization and holding of three regional trainings for technical officials, local stakeholders and NGOs in the regions of Koulikoro, Sikasso and Mopti on post-ODF implementation,
- Development of post-ODF action plans and setting up of monitoring mechanisms in five regions,
- Institutional diagnosis of the DNACPN (Direction Nationale de l'Assainissement et du Contrôle des Pollution et des Nuisances) and its regional services in the framework of the implementation of post-ODF activities in Mali,
- Integration of post-ODF activities according to the national strategy in all new UNICEF CLTS projects, with 550 villages in Koulikoro, Sikasso and Mopti regions currently in the process of implementing post-ODF.

UNICEF is scaling up the WASH marketing approach and targeting up to 1,000 communities that have reached ODF status. As CLTS reduces open defecation rates, the WASH marketing approach will enable ODF communities to purchase latrine slabs and access better sanitation in a cost-effective and sustainable way. Other products that are part of the approach include hand-washing facilities, soap and household water treatment products. In 2016, 97 private operators were developed to support WASH marketing activities in 114 communes in Koulikoro, Sikasso and Mopti regions. As a result to date, 1,600 latrine slabs were sold in 300 villages.

UNICEF improved water access in CLTS communities that lacked or had insufficient access to an improved water source. In that respect, the water supply component of the programme continued at a large scale in 2016: 100 handmade boreholes, 73 mechanical boreholes and 35 small solar water networks were completed, reaching over 97,200 people in 208 communities in Sikasso, Koulikoro and Mopti regions. UNICEF built a strategic partnership with an international and a national NGO and the Government for the professionalization of manual drilling, and a standards and an operational guide were developed.

Local and Community Water Management services were strengthened through the set up and training of 208 Community Water Point Committees for improved continuity, coordination and accountability of water point operation and maintenance.

**OUTPUT 3** By 2019, at least 1,100 institutions (schools and health centres) meet recommended WASH standards in terms of equipment, promotion of hygiene and local governance.

**Analytical Statement of Progress:**

Within the continuity of the National Strategic Plan for the Promotion of Hygiene Education in Schools (NSPPHES) UNICEF WASH in School activities in 2016 reached 245 additional schools in Koulikoro, Sikasso and Mopti regions, benefiting 40,000 school children. Taking into account the lessons learned from previous years, the WASH in Schools package and intervention strategy were periodically updated and improved. The incorporation of menstrual hygiene management in the school training package was rolled out to all intervention schools.

The integration of hygiene education in the National teacher training curriculum was being operationalized by the MoE. The training of trainers of the National Teacher's School was conducted and the curricula revised.

The local NGO federation for WASH in Schools was operational and elaborated an advocacy strategy for WASH in Schools. This UNICEF-supported initiative stimulated an increased engagement at Governmental level through the setup of a WASH in Schools technical platform under the lead of the MoE. The technical committee brought together the main stakeholders of the sector (water, sanitation, health, civil society) and ensured cross-sectoral dialogue in order to influence political options and strategic orientations for WASH in the schools.

In 2016, several studies were conducted with UNICEF support to generate an evidence base for advocating for stronger integration, programming and monitoring of WASH in Schools. These included:

- 1) A budget allocation study for WASH in School,
- 2) An evaluation of the implementation of PSPEHMS,
- 3) A study on barriers to the application of standards (WHO/UNICEF) in the construction of water and sanitation infrastructure in schools in Mali.

In terms of WASH in Health centres, UNICEF supported 263 health centres in Sikasso and Koulikoro Regions to reach WASH minimum standards. Construction activities were planned for 2017 completion. UNICEF supported the MoH for an enabling environment for the sub-sector. WASH FIT (Water and Sanitation for Health Facility Improvement Tool) was promoted in Mali in partnership with WHO. This approach promoted continuous improvement of WASH standards in health centres through capacity building of Governmental and civil society health actors and the roll out and monitoring of WASH action plans in health centres.

To date, main results achieved:

- The national platform for WASH in health facilities met on a monthly basis and empowered coordination among many active stakeholders and implementing partners,
- The content of WASH in health facilities package was designed and quantified,
- The WASH in Health National Strategic Plan was developed,
- Documents for WASH/Infection Prevention Control Training Module, Manual of Bio-Medical Waste Management Procedures were revised..

- Twenty-seven WASH in health trainers at regional level were trained and a system of cascade training set up was launched.

**OUTPUT 4** Communities affected by crises or conflict have increased access to clean water, basic sanitation, measures to promote prevention of water and sanitation-related diseases.

**Analytical Statement of Progress:**

UNICEF contributed to address water access and needs in emergency situations following man-made or natural crisis, as well as to support population resilience through structural WASH support in the highly fragile context of the northern regions.

Throughout 2016, UNICEF supported short-term emergency distribution of household water treatment products to 50,868 people in Timbuktu (circle of Goundam), Gao (circle of Bourem), Menaka (circles of Essaylal, Ménaka, and Anderboukane) and Mopti region following population displacement in those areas. Through the Regional Directorate of civilian protection of Gao, UNICEF supported water distribution in Gao (21,000 liters/day) by water trucking for three neighbourhoods covering 15,000 persons during three months of the dry season.

UNICEF in partnership with WASH Regional Directorates completed emergency repairs for a total of 193 hand pump water points in rural settings, covering 77,200 people in Timbuktu (62 water points), Gao (54 water points), Kidal (5 water points) and Mopti (72 water points). Four technical assessment studies were completed in Timbuktu-Taoudeni, Gao-Menaka, Kidal and Mopti in order to improve needs identification and participatory selection with local authorities of communities/sites for construction and rehabilitation of an additional 180 water points planned for 2017.

The WASH in Nutrition approach was rolled out in Mopti region, contributing to improved basic WASH infrastructures in 57 health centres in Bandiagara, Koro and Mopti circles, and WASH in Nutrition hygiene kits were distributed to 7,192 ‘mother/caretaker-malnourished child’ couples.

UNICEF launched an intervention in 41 schools in the north to strengthen social cohesion and promote a culture of peace among children and adolescents, including the most vulnerable, their parents and their surrounding communities through an integrated approach in schools. This approach focused on the promotion of peace-building education activities and inter-community dialogue through the provision of WASH infrastructure in schools. Forty-one schools were assessed and selected in partnership with local partners, social intermediation activities started in October, and construction/rehabilitation activities are planned to start in 2017.

In terms of sectorial coordination, the cluster mechanism that was set up in 2012 remained operational under the lead of UNICEF. Substantial progress was made with WASH Regional Directorates in the set up of decentralized coordination mechanisms in Mopti, Timbuktu and Gao and plans remained to transition this coordination role to a WASH Sector Platform under the lead of the Government.

**OUTCOME 3** By the end of 2019, the nutritional status of children aged 0-59 months and women of childbearing age improved, especially those living in areas with high prevalence of malnutrition, particularly Mopti and Sikasso.

### **Analytical Statement of Progress:**

Child malnutrition was a major public health problem in Mali. Data from the 2016 nutritional survey using the SMART methodology showed little improvement in the nutritional situation of children. Over the last five years, the prevalence of global acute malnutrition hovered between 10-15 per cent, with Northern Regions often exceeding 15 per cent. In 2016, Gao, Timbuktu and Segou exhibited particularly worrisome acute malnutrition rates by WHO standards (14.8 per cent, 14.3 per cent and 13.6 per cent respectively).

Chronic malnutrition (stunting) remained a significant problem. Rates continued to be high (26.2 per cent in 2016) and Sikasso continued to be the most affected region (30.2 per cent). Chronic malnutrition in Mali is linked to multidimensional causes, including chronic food insecurity, lack of access to quality health care, inadequate IYCF practices, poor maternal nutrition, high prevalence of childhood illnesses, poor hygiene and lack of sanitation. Based on the 2014 Multiple Overlapping Deprivation Analysis, the region of Mopti and Sikasso were targeted for a multisectoral support package linking key nutrition-specific activities (IMAM, IYCF, micronutrient deficiency prevention activities) with the most essential nutrition-sensitive activities in the sectors of WASH, health and education.

In the other regions, UNICEF Mali was focused on IMAM, micronutrient deficiency prevention and key maternal and child health activities. The main priorities included advocacy for Government to prioritize nutrition, and to strengthen nutritional information systems, by designing community-level data collection through support groups, to reduce chronic malnutrition through intensified efforts to improve Infant and Young Child Practices and prevent micronutrient deficiencies, and to continue to fight severe acute malnutrition by providing quality care as per the national protocol and international standards. UNICEF Mali strengthened the national framework for coordination by leading the Nutrition Cluster and by strengthening the Nutrition Division on coordination at all levels.

UNICEF Mali worked toward reducing chronic malnutrition and preventing micronutrient deficiencies through supplementation campaigns for children, training health workers and agents from various departments, supporting IYCF support groups, and advocating for increased use of iodized salt. Regarding support to IYCF, UNICEF Mali supported an innovative Government strategy in the district of Yorosso to curb child stunting. A multisectoral platform was put in place at local level to coordinate, plan, monitor and evaluate nutrition interventions, and community support groups were created to strengthen community-led actions to prevent stunting, including adequate IYCF, access to potable water and adequate sanitation. Results from the 2014 and 2016 SMART surveys indicated a substantial drop in child stunting in Yorosso from 27.8 per cent in 2014 to 15.4 per cent in 2016.

A total of 6,363,953 children aged 6-59 months (89 per cent) received the first dose of Vitamin A supplements coupled with a polio vaccination campaign, and a second round took place in December 2016, though the data on the latter is still not available. These activities were carried out in collaboration with Governmental and NGO partners. Fighting SAM was a priority in 2016. Through UNICEF Mali's support, from January to November 2016, 131,140 children aged 6-59 months were admitted for treatment in health centres all over the country. Through the continued and uninterrupted supply of RUTF for the treatment of SAM and training of health staff and health district teams, UNICEF Mali pursued its aim of resolving supply-related bottlenecks.

Resource mobilization remained a challenge, causing delays which impacted UNICEF Mali's capacity to deliver programming planned in the 2016 Annual Work Plan. Deteriorating security conditions in the country were a main concern for delivery, with incidents recorded in the southern part of the country as well.

**OUTPUT 1** By 2019, the institutional and strategic repositioning of the nutrition sector has taken effect and facilitates integration across sectors, and the improvement of the sector's funding framework.

**Analytical Statement of Progress:**

At institutional level, UNICEF Mali supported the Government, the REACH partnership and the SUN movement's efforts for a multisectoral response to nutrition in Mali, and particularly the mid-term review of the nutrition multisectoral plan and Communication Plan (2014-2018). The revised Communication Plan stemming from the Multisectoral Action Plan includes an improved technical framework. In partnership with the Government, SUN, REACH and National Health Information Centre, communication and advocacy tools were developed to produce a comprehensive toolkit for a nutrition communication campaign. Tools included a community mobilization strategy manual, nutrition posters and booklets for health centres and community actors as well as mass media material such as radio and television messages.

At the decentralized level, UNICEF Mali backed the Government in setting up local multisectoral coordination in five districts, one in Mopti (Bankass) and four in Sikasso region (Yorosso, Kignan, Koutiala, and Bougouni). Yorosso and Bankass platforms were exemplary in leading cross-sectoral actions effectively, and key nutrition indicators from the SMART nutrition survey showed encouraging results in reducing chronic malnutrition in Yorosso District (from 27.8 per cent in 2014 to 15.4 per cent in 2016).

UNICEF Mali provided technical guidance to the Government to strengthen nutritional information systems by designing monitoring tools for community support groups.

The Cluster/Groupe Technique de la Nutrition coordination meetings were instrumental to the harmonization of nutrition interventions, dissemination of knowledge and best practices, and regular sharing of data and information on the nutrition situation. Meetings were held quarterly in the regions and monthly at the national level. The regions of the North (Timbuktu, Gao and Kidal) and Mopti both held quarterly and monthly meetings.

These meetings were integrated into the Health and Nutrition Thematic Group. Out of a total of 26 quarterly inter-sectoral coordination meetings held at the regional level in 2016, UNICEF Mali financially and technically supported 13. These meetings helped sectors integrate nutrition indicators into intervention packages (Food Security and Nutrition, Health and Nutrition, Protection and Nutrition, Wash and Nutrition).

**OUTPUT 2** By 2019, at least 70 per cent of pregnant women and children aged 0-23 months have access to a package of interventions to reduce chronic malnutrition in the target areas of Mopti and Sikasso.

**Analytical Statement of Progress:**

In 2016, UNICEF Mali provided technical policy expertise to the Government for chronic malnutrition prevention. A cross-sectoral operational guideline was elaborated for scaling up the IYCF)Strategy based on the 1,000-Days initiative.

UNICEF Mali guided the Government in designing an innovative approach, involving both health system and communities. First, strategic partners were mobilized (Social Development and Promotion of Women, and Children and Family) to assist health practitioners in planning, training, and supervision of community support groups. Second, groups were given roles in coordinating nutrition-specific and sensitive activities, such as WASH, education, and health care, as well as provide acute malnutrition screening. Third,

UNICEF Mali provided technical expertise to develop M&E training and communication tools based on the cross-sectoral 1,000-Days interventions.

To date, 1,431 health practitioners were trained on IYCF and on the 1,000-Days initiative in all regions in Mali. In 2016, 245 health workers were trained with the revised materials as well as 21 workers from Social Development and Women Promotion.

In 2016, 1,490 groups were set up and trained, bringing the total number of groups in Mali to 3,039. Group members were trained to strengthen their skills in communication to promote positive nutrition-specific and sensitive practices. Practices include: early breastfeeding, exclusive breastfeeding for first six months, early child development, washing hands thoroughly at critical times of the day, sleeping under insecticide-treated bed nets for women and children, and consulting qualified health personnel during and after pregnancy as well as for children's growth and illness. As groups are present in each village, 201,877 children aged 0-23 months and 269,169 pregnant and lactating women will benefit from the groups set up in 2016.

UNICEF Mali assisted the Government to ensure programme sustainability, resulting in the integration of the groups in the revised Community Health Guidelines. In 2016, a pool of national and regional trainers (48) were trained on the revised Guidelines and capacity building of 563 CHWs was conducted on IYCF and 1,000-Days best practices.

Despite efforts, IYCF remained inadequate according to the 2015 MICS that revealed an 53 per cent early breastfeeding rate, a 30 per cent exclusive breastfeeding rate, and only 6 per cent adherence to the minimum acceptable diet.

Specific bottlenecks included traditional beliefs toward optimal feeding practices. Women are rarely the decision-makers of the family and do not have full control over household finances. They are influenced by elderly women and men and have difficulty to uptake advice received through counselling and communication activities on IYCF and the 1,000-Days approach. Other bottlenecks regarded inadequate legislation. For example, Mali elaborated an inter-ministerial statement on the International Code on Marketing of Breastmilk Substitutes, however it still needs to be adopted as national legislation.

For these reasons, UNICEF Mali continued to advocate for suitable policies and provided expertise in developing a harmonized cross-sectoral operational guideline for implementing the IYCF strategy and 1000-Days initiative in an integrated and sustainable manner.

**OUTPUT 3** By 2019, at least 80 per cent of children aged 0-59 months (boys and girls) and women of childbearing age have access to a service for the prevention of micronutrient deficiencies.

#### **Analytical Statement of Progress:**

In collaboration with World Vision and Helen Keller International, UNICEF Mali supported efforts by the MoH to conduct as planned the two rounds of Vitamin A supplementation and deworming campaigns. The first round was integrated in the Polio vaccination campaign, accordingly, 6,363,953 children aged 6-59 months were supplemented with Vitamin A and 5,571,448 children aged 12- 59 months were dewormed. The second round was conducted and the results are being analysed. This second round was implemented as a stand-alone activity with a focus on community involvement: CHWs and community health agents distributed Vitamin A capsules and deworming tablets and nutrition support groups sensitized parents on the importance of the activities. In addition, with the polio eradication and the need to identify new Vitamin A supplementation delivery platform, UNICEF Mali is supporting the MoH to develop a transition plan that ensures the implementation of the

Vitamin A supplementation activities.

A key challenge was the lack of funding to support the operational cost of the activity. As a result, the MoH was developing an investment plan for Vitamin A campaigns. Due to the delay in DHIS2 tools, data on iron and folic acid supplementation of pregnant women were yet not available. Discussion was ongoing to revise the inter-ministerial decree on importation of salt in Mali, in order to implement an effective quality control of salt at the borders of the country.

The particular constraint to implement the Vitamin A supplementation was the lack of funding to support operational costs. The Government did not provide funds to fill up the gap of the estimated budget for the campaign. The country still fully depends on UNICEF financial support to conduct the campaign. Also, there was a delay in finalizing the transition plan that describes the national strategy of the Vitamin A supplementation and de-worming that is not integrated in the polio campaign.

Data on iron folic supplementation of pregnant women is still not available for analysis due to the delay in filling up the DHIS2 tools.

**OUTPUT 4** By 2019, at least 80 per cent of children aged 6-59 months (boys and girls) have access to good quality services for managing severe acute malnutrition (including in emergencies).

**Analytical Statement of Progress:**

With the technical and financial support of UNICEF Mali, the Division of Nutrition/National Direction of Health (Division nutrition de la Direction Nationale de la Santé) continued implementing interventions to improve access and quality of care for the management of severe acute malnutrition (SAM). A total of 131,140 children between the ages of six and 59 months received treatment for SAM from January 2016 to end of November 2016.

In terms of access to treatment and based on research information, a national community mobilization strategy must be outlined but only four community mobilization plans were elaborated for the five investigated health districts. Access to treatment was supported by coupling mass screening campaigns with seasonal chemo-prophylaxis of malaria funded by UNICEF Mali in several health districts. The campaign is on-going and coverage data will be available in 2017.

In order to improve the quality of treatment in inpatient care, a three-stage strategy was elaborated between Division of Nutrition/National Direction of Health, UNICEF Mali and the international NGO ALIMA. A total of 120 government health staff followed a three-week practical internship at the 'Ureni School' at the Referral health centre of Dioila. Following the practical training, a post-internship follow-up was carried out to support health staff in implementing adequate care practices in the stabilization centres.

Regarding the quality of treatment in outpatient centres, a total of 32 joint supervision visits between UNICEF Mali and DN/DNS were carried out.

Capacities of the regional and district nutrition focal points were strengthened on the management of the CMAM programme according to the national protocol in the regions of Kayes, Sikasso, Segou, Mopti and Gao.

Besides the limited financial resources available, the major bottlenecks to the efficacy and effectiveness of the IMAM programme in Mali were more systemic. First, the public routine information system supporting the IMAM provided data of poor quality and often too late to

trigger timely response to unexpected peaks in the number of malnourished children at the district level. Second, RUTF are still not on the list of essential drugs and the stock management skills of health personnel in facilities participating in the IMAM programme is limited, leading the Government to rely entirely on UNICEF to assess the needs for, procure, store, and distribute RUTF in the entire country. Finally, despite UNICEF and its partners' efforts, community knowledge of the IMAM programme was low, limiting coverage of the entire burden of SAM in Mali.

**OUTCOME 4** By the end of 2019, the barriers to school attendance for children aged 3-15, particularly girls and the most disadvantaged children, were lifted and children are able to access quality basic education and succeed at school.

#### **Analytical Statement of Progress:**

While the Government of Mali allocated a considerable amount of its resources to education (on average 25 per cent of the national budget, 2005 - 2010), the performance of the sector was weak and indicators started to deteriorate before the recent crisis (2011). The Gross Enrolment Rate (GER) and the Gross Admission Rate (GAR) for the 2015-16 academic year were relatively weak, at 67.7 per cent and 62.7 per cent respectively. Regarding the completion rate between the 2014-15 and the 2015-2016 academic years, there was a deterioration of over three points, passing from 49.7 per cent to 46.2 per cent.

The bottleneck analysis showed that low performance can be attributed to (1) weak coordination mechanisms and information systems, (2) the absence of an accountability framework, and (3) poor management of human, material and financial resources, particularly at the decentralized levels. In addition, the education sector was situated within a context of high demographic growth rates (3.6 per cent), with a significant population under 24 years old (> 60 per cent). The National Strategic Education Sector Plan reached the end of its cycle in a post-crisis context, leaving the sector with transitional policy dialogue instruments (Transitional Education Sector Plan, 2014 - 2016).

The preparation process for a new Education Sector Plan ('Programme Décennal de l'Education', PRODEC II, 2017 - 2026) started, with UNICEF covering the role of managing entity for the Global Partnership Education Strategic sector plan funds. UNICEF supported the MoE in the validation of the road map. UNICEF signed the contract with the UNESCO International Institute for Education Planning 'Pole de Dakar'. The Swiss Cooperation was the sector lead agency until end of 2016 and UNICEF was selected as new sector lead agency for 2017-2018.

In addition to the studies produced by UNICEF for the preparation of the education sector plan, a few more were validated or initiated. The ECD costing model was validated and provided MoE with options for the development of the ECD sector. Also the early learning assessment started in partnership with UNICEF WCARO and the directorate of preschool and special education. The norms and standards for quality education were validated. They will represent an important policy reference document and will be utilized for further development of education quality in the country.

In 2016, UNICEF strengthened its support on coordination and governance. This included contributing to establishing and maintaining pivotal national and region coordination mechanisms such as the education cluster and sub cluster, the United Nation Girl's Education Initiative (UNGEI) committees both at national and regional level, and committees for out-of-school children (OOSC). Such mechanisms allowed UNICEF and its partners (MoE, NGOs and INGOs) to support the functioning of 550 school management committees and provide access to quality education for 56,111 OOSC and children at risk of dropout. In

addition, 50,950 children in crisis-affected areas participated in peace education activities with a high impact on their resilience and social cohesion.

**OUTPUT 1** By the end of 2019, the education system has an operational sectoral program based on equity, inclusion, analysis and risk management.

**Analytical Statement of Progress:**

During 2016, UNICEF carried on with its upstream engagement to support the MoE in strengthening capacity in sectoral planning, coordination, and policy development. The final aim was to shift from a transitional sector plan to a proper 10-year sector plan to draw long term and effective strategies to overcome the last years of crises in Mali. UNICEF, in collaboration with Technical and Financial Partners, continued supporting MoE in the implementation of its Transitional Sector Plan (2014-16), focusing on reducing bottlenecks and improving access to quality education, including in humanitarian situations.

UNICEF played a key role in assisting the MoE in its preparation for the upcoming Education Sector Plan (PRODEC II). UNICEF in its role of Managing Entity ensured Global Partnership Education strategic development funds to allow Mali to prepare the new education sector plan.

UNICEF continued to support the education sector by generating knowledge and data on key issues to feed into the PRODEC II. Studies validated in 2016 included the ECD costing model, the Early Learning Assessment, the Quality Norms and Standards study and a study on Gender in Education.

UNICEF was instrumental in regular coordination mechanisms such as the MoE-led Partnership Development Group and the Local Education Group.

UNICEF played a key role in advocating for the re-vitalization of the following thematic working groups: quality education; teaching and learning; and governance. Following many years of UNICEF-led advocacy, under the auspices of UNGEI, the MoE institutionalized a national inter-ministry coordination mechanism aiming at generating evidence-based strategies to strengthen education opportunities for girls.

UNICEF, jointly with local counterparts, elaborated orientation documents and harmonized data collection, analysis tools and micro plans for the Monitoring for Equity Results (MoRES) approach in Mopti and Sikasso, aiming at enhanced decentralized cross-sectoral monitoring based on equity results at local levels.

A main constraint was the delay of the sectoral analysis. As a result, the Transitional Sector Plan, which was supposed to be finalized in 2016, had to be revised, amended and extended until end of 2017. One step toward the achievement of the sector analysis was the signature of the partnership between UNICEF and UNESCO International Institute for Educational Planning Pole de Dakar (IIEP PDK). The PDK methodology and the timeframe was validated by all education partners in Mali, data collection began in September, and data analysis began in December 2016.

For the upcoming years, the role of UNICEF as sector lead agency represents an important opportunity to move forward strategic and political issues in the sector and ensure that UNICEF sector priorities are included in the Government agenda.

**OUTPUT 2** Production and implementation of strategic plans at the regional level to reduce the number of children out of school.

**Analytical Statement of Progress:**

The main constraint regarding education access is the limited offer: with regard to pre-primary education, only five per cent of needs are covered, compared to a regional average of 25 per cent. Regarding primary education, the offer is not fully adequate for the first cycle (grade 1-6) and is worse for the second cycle of primary schools, where the availability of structures is half that of the first cycle. This situation has an important impact on the access as well as the completion rate of children.

In 2016, UNICEF moved forward its agenda for OOSC. UNICEF Mali focused its fundraising on OOSC, targeting large donors such as KOICA and EAC. The study on OOSC was printed and will be disseminated at regional and local levels. It will provide stakeholders with new knowledge and tools on school exclusion in Mali, so that the issue can be better addressed.

A total of 140,559 OOSC were identified through regional census, and actions to re-insert them in the formal education system were ongoing. The regional census was successful as it identified personal information on OOSC and their specific vulnerabilities such as level of poverty, level of education and literacy of parents. This information built effective partnerships with CSOs to tackle local bottlenecks to education access. So far 79,070 OOSC and children at risk of dropping out had access to formal and non-formal education. Also coordination mechanisms for OOSC and girls education (established since 2015) are fully functional in all regions. Those committees succeeded in including political stakeholders in dialogue on how to reduce school exclusion through ad hoc measures.

The reinsertion of OOSC was successful with a bottom-up approach that relied on community mobilization activities such as sensitization meetings, village assemblies, radio programmes, advocacy days and mobile cinemas. This successful strategy will continue to be used.

Concerning girls' education: in addition to the national committee, about 200 local UNGEI committees were put in place. These committees include institutional, community, political and education stakeholders who elaborated action plans in order to boost access and quality for girls' education.

Thanks to UNICEF advocacy work, OOSC was recognized as a priority in the national education agenda. As the total number of OOSC is around 1.2 million, UNICEF will continue to work with the ministry to ensure that a national strategy on OOSC is developed and challenges of access are considered and addressed in the new Sectoral Strategy. UNICEF will continue to identify donors willing to invest in the OOSC and pre-primary sectors, aiming to ensure multi-year and multi-million funding to address the main bottlenecks.

**OUTPUT 3** By the end of 2019, children - especially in the regions of Mopti and Sikasso - complete a quality basic education.

**Analytical Statement of Progress:**

The main constraints regarding the quality of education were a) the low qualification of teachers, b) weak school management and governance c) low community participation and d) low quality and non-standardized curricula at pre-school level. To respond to this:

a) UNICEF supported the development and dissemination of common primary education quality norms and standards jointly defined with MoE in 18 school districts. The standards will provide important guidance for the next sector plan elaboration.

b) The MoE capacity to strengthen in-service teacher training and conduct learner

assessments was leveraged in priority zones (eight school districts across Sikasso, Mopti and Kayes regions). Through a strategic partnership between UNICEF and the Canadian-funded FORME Project, the National Directorate of Normal Education was supported to scale up its 'teacher learning communities' strategy (Stratégie de Généralisation de la CA de maîtres) and strengthen localized in-service teacher training platforms across Mali. Thirty national and 167 regional trainers were trained.

c) UNICEF supported two regional consultations with six additional regions to review the draft National Framework on Learner Evaluations initiated by the FORME project and the National Directorate of Pedagogy. With UNICEF WCARO inputs, the final National Framework reflects the contextual realities across Mali. In 2017, UNICEF will support the Framework dissemination and training of education officials. With UNICEF support, the capacity of 550 School Management Committees in the regions of Mopti, Sikasso and Kayes were built. The end line survey conducted by UNICEF together with the CADDE (MoE decentralization support unit) and partner NGOs (Save the Children, Solidarité, Pluriel, GRAT and OMAES) revealed that 63 per cent of the supported SMCs adhered to minimum (provisional) functionality criteria. UNICEF expanded the initiative to an additional 100 schools in October 2016.

d) Regarding ECD, the preschool costing model was validated. In collaboration with UNICEF WCARO, the Early Learning Assessment (a national assessment of first graders, to gauge pre-schooling impact) started. During field missions by the Direction Nationale de l'Éducation Préscolaire et Spéciale, 1,200 children were assessed. The final report will come out in 2017. The results and recommendations of both studies will inform the next education sector plan and formulate effective strategies for ECD. The innovative Care for Child Development approach was introduced in Gao region where malnourished children now benefit from better quality care (communication and playing activities) provided by their parents. In 2016, 34,214 parents in the regions of Sikasso, Gao, Timbuktu and Mopti were trained while 28 new community-based ECD centres were established. With UNICEF support, the community preschool system was strengthened by capacity building of 588 preschool teachers and the provision of 198 ECD kits and 960 round tables for 7,680 children.

UNICEF, jointly with the MoE, defined common primary education quality norms and standards. Together with the costing analysis of the ECD sector and a national Early Learning Assessment, this will promote school readiness and improve learning and retention in the early grades and beyond.

**OUTPUT 4** In an emergency situation, girls and boys have access to safe and quality education and benefit from peace-building education policies and practices in order to accelerate the transition to development.

**Analytical Statement of Progress:**

Due to the on-going insecurity, 367 schools were still closed in December 2016. In the affected regions, there were more schools that remained closed than the end of the last academic year, where only 296 schools were closed.

In an effort to ensure the reintegration of OOSC back into the formal school system, UNICEF opened 249 Accelerated Learning Centres that provided 9,373 children with access to non-formal education. An additional 3,396 children benefited from access to informal community-based education in areas where schools remained closed due to insecurity.

In total, UNICEF emergency programme helped increase access to formal and non-formal education for 45,657 crisis-affected children who were newly enrolled for the 2015/16 academic school year.

UNICEF is implementing a two year (2016/17) 'Every Child Counts' campaign to reach the most vulnerable school-aged children residing in crisis-affected areas. UNICEF worked in collaboration with MoE to lead community sensitization campaigns and provided material support to schools, helping reopen 157 previously closed schools for the 2015/16 academic school year in the crisis-affected regions of Gao, Timbuktu, Kidal, Mopti and Segou. UNICEF efforts helped reopen 21 of 62 schools in Kidal region, where schools had remained closed for over four years, providing access to schooling for over 3,800 children.

In an effort to ensure sustained quality of educational programming in emergency interventions, UNICEF collaborated with implementing partners to develop an innovative interactive audio programme to support formal schooling. A total of 120 programmes with 20 different lessons were developed in local dialects (Tamachaque and Sorey) for non-formal educational programming. These curricula were implemented in formal schools and informal learning centres in communities directly affected by the security crisis and focused on improving the learning outcomes of children where Government supervision and oversight was largely absent. By fostering a child-centred approach to teaching and learning, the programme reinforces the capacity of teachers and local animators.

Cluster coordination mechanisms were functional at the national and regional level, with meetings held on a monthly basis. Through EiE and emergency coordination trainings, the capacity of five regional sub-clusters were reinforced, benefiting 108 regional education authorities and civil society members. Preparedness action plans were established for three sub-clusters (Timbuktu, Mopti and Gao) out of five, and are currently being implemented. A national C/DRR study was validated and will be integrated into the new Education Sectorial Plan.

In total, 101,492 children benefitted from UNICEF educational support, kits or education activities in emergency situation in 2016. Among them, 45,657 children were newly enrolled in schools, as mentioned above.

**OUTCOME 5** By 2019, children, especially girls, are better protected against violence, abuse and exploitation.

**Analytical Statement of Progress:**

At the end of 2015, UNICEF's efforts to support the finalization of a revised Child Protection Code showed positive signs of moving toward setting the minimum age of marriage at 18 years for girls. However, the passing of the revised Child Protection Code stalled in 2016 with waning political will, which included putting into question a ban on harmful practices.

The Government partner for Child Protection shifted to a strategy in favour of a more comprehensive law on GBV, which would include child marriage and FGM/C, as well as related issues of violence against women and children. One trigger of this shift was a benchmark study on the analysis of influential factors for the abandonment of FGM/C in Mali, which was completed by the National Programme on FGM/C with UNICEF support.

Recognizing the limited capacity of national and sub-national protection actors to plan and monitor activities, UNICEF supported Government officials to methodically develop region-specific work plans, budgets and detailed implementation plans. To advance efforts to end FGM/C and child marriage in Mali, in partnership with the national NGO AMSOPT ('Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles'), UNICEF's efforts on community mobilization and awareness-raising advanced. Forty-two new villages committed to FGM/C abandonment, and 96 that previously declared abandonment maintained their status, bringing the total number of villages having declared FGM/C abandonment to 138.

In response to the crisis in the North, UNICEF continued to support national coordination of the Government co-led Child Protection Sub-Cluster, as well as sub-national Child Protection and GBV coordination mechanisms in Mopti and Gao. This allowed UNICEF to regularly monitor and analyse children and women's vulnerabilities to changing humanitarian circumstances and ensure coordinated action of protection actors to prevent and respond to violence, exploitation and abuse of children. Unfortunately, insecurity in the Centre and North of the country (Gao, Timbuktu, Kidal, etc.) impacted basic social services and access to humanitarian services for the children in need of special protection measures. The lack of funds for Child Protection in Emergencies and the absence of Child Protection specialists in Zonal Offices, particularly in Gao, limited UNICEF capacity for implementation and attaining planned results.

As the co-lead with MINUSMA of the Monitoring and Reporting Mechanism (MRM) of Grave Violations of Children's Rights, UNICEF contributed to the Annual Report on Children Affected by Armed Conflict of the Secretary General, as well as other period reports to the Secretary General, including four Global Horizon Notes. The Country Task Force on the MRM held a high level meeting, supported by the MRM Technical working group, and trained 22 Child Protection actors in Gao Region on skills to contribute to monitoring and reporting on cases of grave violations of children's rights.

In addition, more than 98,448 people in Gao, Kidal, and Timbuktu were reached with sensitization messages on mine risk education and 796 children affected by the conflict were provided psychosocial support or other specialized services, including nine children associated with armed groups who received care and support for their reintegration into their families and communities.

**OUTPUT 1** By 2019, the policy and legislative framework for the child protection sector is harmonized and its institutional and budgetary components are reformed.

**Analytical Statement of Progress:**

Despite past efforts to strengthen the legal and policy framework for child protection, progress was slow toward adopting a law prohibiting the practice of FGM/C and raising the age of marriage to 18 for girls.

UNICEF Mali supported the Government and civil society to engage in a significant revision of the bilateral agreement on child trafficking between Mali and Guinea to address FGM/C, child marriage and cross-border movement of children.

With the support of UNICEF, the Ministry for the Promotion of Women, Children and Family (MPFEF) led two workshops to coordinate actors and advocacy efforts for adoption of a law prohibiting the practice of FGM/C and raising the age of marriage for girls (potentially through a comprehensive law on Gender-Based Violence). The types and forms of GBV, not yet taken into account by the Malian legislation, were identified and agreed on by all stakeholders so messages and advocacy efforts are aligned and consistent.

The workshops led to a proposal for a ministerial decree establishing a National Committee for the Follow-up of the Draft GBV Law, drafted and submitted to the signature of the Minister of MPFEF. A roadmap was developed to monitor the process of the adoption of the law. UNICEF supported to mobilize high-level engagement of the First Lady on the African Union campaign to end child marriage launched in 2015, demonstrated in 2016 by her signature on a act of commitment, 'Daughter not to marry: I am committed to the abandonment of the child marriage'. This was during the International Day of the Girl Child in October 2016.

On the basis of the results of the Report of the National Evaluation of the Civil Registration System (CRVS), the National Directorate of Civil Registration, with UNICEF support, developed a National Strategy for Civil Registration and a Budgeted Action Plan that were submitted to the Ministry of Territorial Administration for validation to ensure the reform of the civil registration system.

Unfortunately, the national-level mapping and analysis of the Child Protection system in Mali (for critical analysis and evidence for institutional and budgetary reform) did not proceed as planned. Violence Against Children, Justice for Children, and the production and use of data related to FGM/C, child marriage and birth registration were serious challenges that need to be addressed within the context of strengthening of child protection systems at the national level.

**OUTPUT 2** By 2019, the capacity of institutional and informal actors at the national, regional and local level is strengthened in terms of planning, implementing and monitoring interventions for the prevention and response to children's vulnerabilities.

**Analytical Statement of Progress:**

Three national Government agencies (DNPEF, PNLE, DNEC) and nine decentralized public services (DRPFEF) developed budgeted work plans with performance indicators aligned to the Government of Mali-UNICEF Rolling Work Plan and the RAM with support from UNICEF. The national level evaluation of the civil registration and vital statistics system highlighted the strengths and weaknesses of the different actors involved in offering services for registration of key events, including birth registration. Based on the evaluation, the national direction of civil registry (Direction Nationale de l'Etat Civil), with UNICEF technical and financial support, trained 834 actors and equipped 150 civil registration centres with declaration kits including typewriters. In the localities of Bandiagara and Bougouni in Mopti and Sikasso Regions respectively, birth registration improved as a result of UNICEF-supported capacity building on provider knowledge and competencies. The 150 centres were operational and provided birth certificates to parents in a more timely and appropriate manner.

At the national level, training materials used by the multiple civil society and Government actors on civil registration were harmonized with UNICEF support to bring them in line with national legal provisions. An analysis of the specific capacity-building needs of the actors involved in the civil registration system was available. The use of the revised materials in 2017 will strengthen knowledge of the actors on civil registration procedures and contribute to an appropriate management of civil registration and vital statistics, including birth registration.

In 2016, in the health district of Kayes, UNICEF, in collaboration with AMSOPT, strengthened GBV services with the training of 250 health care providers on FGM/C, child marriage and provision of quality medical care, as well as the training of 166 social workers (psychosocial agents, including teachers and students) in survivor-centred care and psychological first aid. The better services benefited 1,935 survivors of GBV in referrals to psychosocial, medical and legal care and support.

**OUTPUT 3** By 2019, communities in priority intervention areas adopt behaviours and practices that promote positive social norms against violence, abuse and exploitation towards children.

**Analytical Statement of Progress:**

In 2016, UNICEF supported community mobilization and awareness-raising on FGM/C and child marriage as a means of social and religious integration of girls.

In the health district of Kayes, communities in 102 villages were mobilized with better knowledge of the consequences of FGM/C and child marriage as well as the services available. More than 417,000 people (269,592 women, 47,418 men, 52,160 girls, and 48,320 boys) received messages disseminated through traditional and modern channels, with the support from AMSOPT and UNICEF.

In addition, community-based referral mechanisms were strengthened through the training of 368 community focal points who reached out to community members on messages of FGM/C abandonment, ending child marriage and referring of survivors to GBV services.

In December 2016, 42 villages held ceremonies with Public Declarations of FGM/C abandonment, bringing the total number of villages having declared FGM/C abandonment to 138 (96 have abandoned in previous years). The interventions, however, do not yet embrace a model to bring the FGM/C abandonment to regional and national scale.

In the regions of Kayes, Koulikoro, Segou, and Sikasso and in the six districts of Bamako, 3,338 community leaders (local administration, religious leaders, women's associations etc.), local media and traditional communicators increased knowledge on FGM/C and child marriage as well as on services available. Of the 3,338 people trained on GBV, 1,442 community members were identified to promote and accompany change in peer behaviour to abandon practices such as FGM/C, child marriage and other forms of GBV.

**OUTPUT 4** At least 50 per cent of children affected by humanitarian emergencies benefit from protection and reintegration measures.

**Analytical Statement of Progress:**

UNICEF co-led the National Child Protection Sub-Cluster with the National Directorate for Children and the Family during 2016, holding monthly meetings for coordination of Child Protection in Emergencies, ensuring information-sharing and joint analysis of emerging child protection issues, as well as sub-national coordination in Mopti and Gao Regions. The information and analyses provided by the national and sub-national coordination efforts were important contributions to the Humanitarian Response Plan.

A document for Strategic Orientation on Disarmament, Demobilization and Reintegration (DDR) of Children Associated with Armed Groups and Armed Forces in Mali was technically validated at the national level in December 2016. Working with the Child Protection Sub-Cluster and under the lead of the National Directorate for Children and the Family (DNPEF), UNICEF provided technical and financial support to the document and the validation workshop. The document was a preliminary step towards the development of a National Strategy on Child DDR and provided Child Protection actors with national level guidance on the release, care and community and socioeconomic reinsertion of children associated with armed groups in Mali.

In Gao and Asongo areas of Gao Region, UNICEF worked with Save the Children to strengthen community-based child protection mechanisms by supporting eight child-friendly spaces and eight local protection committees, which benefited 866 children (427 boys and 399 girls) at risk of violence, exploitation or abuse, and the referral of 100 child victims to specialized services and case management. A total of 225 children (115 girls and 110 boys) increased knowledge and skills to prevent violence by participation in a local Children's Club.

In Mopti Region, UNICEF supported a local organization to set up and run four child-friendly spaces to enhance community-based child protection, resulting in the referral of approximately 100 children affected by the conflict. UNICEF worked with Danish Refugee Council in Timbuktu region to train 115 local administrative authorities in Gossi and N'Tillit areas as well as 30 child protection authorities, eight child-friendly space volunteers and 14 child protection service providers on child protection concepts, community-based protection monitoring and reporting on the six grave violations of child rights in conflict situations.

In the regions of Kidal (Kidal and Tessalit areas) and Gao (Gao and Ansongo areas), 12 children who were victims or witnesses of explosive remnants of war and improvised explosive devices benefited from psychosocial and medical assistance, with UNICEF support.

In Bamako District, UNICEF worked with the ICRC, DNPEF and members of the Child Protection Sub-Cluster to provide child protection services to nine boys who were released from armed groups in 2016.

In Kidal (Kidal and Tessalit) and Gao (Gao and Ansongo) Regions, 12 child survivors and witnesses of unexploded remnants of war or improvised explosive devices received psychosocial support with the support of UNICEF partner, Handicap International.

**OUTCOME 6** By 2019, national and sub-national social policies are more inclusive and equitable, promoting the resilience of families and vulnerable communities.

**Analytical Statement of Progress:**

The ministry in charge of social protection is implementing the national single registry with the support of the World Bank, UNICEF and other key social protection stakeholders, to improve the efficiency and the effectiveness of programmes in the country. Thus, it may be noted that the Decree 2016/0677 creating the national council of social protection was signed on 5 September 2016 and the first coordination meeting held. The national social protection policy and its actions plan were approved during a Cabinet meeting on 12 October 2016 and will be disseminated in the coming months.

The Single Registry Management Committee (COPIL) and Single Registry Technical Committee (COTECH) were established by Decree 2016/0594 and the Roadmap for the operationalization of the Single Registry was approved by the COPIL in September 2016. This approval was a milestone as the validation of major stakeholders for the implementation of the single registry.

UNICEF Mali supported the National Agency for Medical Assistance (ANAM) to identify eligible beneficiaries to the national free health care scheme. The pre-selected beneficiaries will receive a matriculation number and have access to free health care scheme during three years.

UNICEF supported the National Social Protection Programme 'Jigisemejiri' by building the capacity of its national technical committee in C4D on accompanying measures. The second National Conference on Social Protection was held on 25-27 October 2016 with UNICEF technical and financial support.

The study 'Resilient Malian Children', undertaken in collaboration with the University of Tulane and the University of Mali, was finalized in 2016 and results were disseminated during a validation workshop; to be presented in WCARO and UNICEF Headquarters as well as publication in peer-reviewed journals.

Regarding capacity building and South-South collaboration, two staff from the ministry in charge of social protection attended the Francophone Community of Practice meeting on cash transfers in the Republic of Congo, and UNICEF funded the participation of three staff in a comprehensive training on social protection programmes.

UNICEF Mali initiated discussions with the National Statistics institute (INSTAT) and the National Human Development Watch (ODHD) to develop relevant indicators to monitor monetary and non-monetary child poverty. A staff member for each of those institutions attended a Poverty Analysis Training in Dakar. At the national level the capacity of 34 national experts to analyse poverty was strengthened during a workshop on the Multiple Overlapping Deprivation Analysis (MODA) methodology. This will allow national experts to build indicators to monitor the SDGs related to child poverty.

In order to reinforce stakeholder involvement in policy design and implementation, UNICEF supported the revitalization of sub-national and local development coordination mechanisms and advocated for an efficient allocation of social resources. This included capacity building of local leaders in term of planning and activities prioritization. The Financial and Technical partners involved in Social protection (UNICEF, World Bank, EU, ECHO, WFP, FAO) had regular meetings in working groups to discuss and address emerging social protection issues.

Within the agenda of youth participation, UNICEF Mali rolled out U-report with young people at the central and regional levels. Eleven surveys were carried out at national level and six at sub-regional level (in Ségou, Koulikoro, Bamako, Sikasso (2) and Mopti). Mali participated in four global U-report surveys (girl and child violence, harassment, advocacy with African leaders). The national task force, the U-report officer and two UNICEF staff were trained in the use of Rapid Pro and the capacity of the national youth task force and U-report clubs in Sikasso, Mopti and Gao regions was strengthened. The partnership developed between sub-regional authorities and youth organizations for the implementation of the U-report action plans, translated into the signature of MoUs between the regional clubs and the regional direction of social development in Gao, the regional direction for the Promotion of Women, Children and Family in Sikasso and Mopti, and the regional direction of youth and sports in Kayes.

**OUTPUT 1** By 2019, the poorest families and children are regularly identified and monitored at the national, regional and local level, and the causes of their deprivation identified and analysed.

#### **Analytical Statement of Progress:**

The National Social Protection Policy document and its action plan that benefited from technical inputs from UNICEF, were endorsed by the Ministry of Solidarity and Humanitarian Action in October 2016. The action plan was costed to serve as an advocacy document for fundraising, and an accountability tool for the Government that endorsed it.

The final report of the Resilient Malian Children study, conducted in partnership with the University of Tulane and the University of Mali, was finalized. Its main products include: (i) an interactive database with documents, studies and reports on resilience in Sahel, (ii) a quantitative study to identify dimensions and indicators relevant to assess interventions to strengthen resilience, (iii) a qualitative study to test resilience indicators at child and community-levels and to assess the factors that influence it, and (iv) a toolkit to guide diverse actors to integrate resilience in their programming. The dissemination of the study findings was done during a dissemination workshop on 23 August 2016, with major stakeholders working on resilience in Mali, including Government departments, UN agencies

and other multilateral partners, local and international NGOs, universities and think tanks, and national and sub-national authorities.

UNICEF Mali launched discussion with the National Statistics Institution (INSTAT) and the National Human's Development watch (ODHD) for the development of a Mali monetary and non-monetary child poverty analysis. With the support of UNICEF WCARO, 34 national experts from 12 government departments and universities were trained on the MODA approach. Prior to that training, two staff from ODHD and INSTAT attended a training of trainers in Dakar. This capacity building will enable the national experts' team to update the N-MODA report using the 2015 Mali MICS data. They will establish a baseline for and monitor SDG 1.2. (reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions).

The number of U-reporters increased from 9,016 in February 2016 to 20,068 in November 2016. U-report clubs benefited from training sessions and complementary material, including an internet connection. A constraint was the relatively low participation in surveys (25 per cent-30 per cent response rate).

**OUTPUT 2** By 2019, a larger number of vulnerable families benefit from social protection programmes.

#### **Analytical Statement of Progress:**

The coordination structures for social protection interventions were reinforced with the signing of the decree putting the national strategic guidance council under the chairmanship of the Prime Minister. At the same time, coordination structures were established at the regional, district and commune levels, with support from UNICEF. Three information meetings with the three sub-committees were held at the central level and two were held at regional level (in the regions of Mopti and Sikasso). UNICEF and other partners successfully advocated for the creation of a social safety nets division, which was established within the National Direction of Social Protection and Solidarity Economy.

UNICEF in Mali supported the national institute of social workers in the revision of the curriculum to the Licence Maitrise Doctorat system and the creation of the social protection pathway. The curriculum revision will be finalized in 2017 and the new curriculum offered for the start of the 2017 academic year.

Regarding South-South exchanges and capacity building, two Government officers from MAH took part in the annual meeting of the Francophone Community of Practice on cash transfers in Brazzaville to learn from the experience of other countries in the region at various stages of implementation of social protection programmes. Moreover, three staffs participated in the ILO training in Turin entitled: 'Academy on Social Security', with UNICEF financial support, in order to gain further insights in the practical implementation of social protection programmes.

To increase the effectiveness of social protection interventions, UNICEF supported the National Social Protection Programme Jigisemejiri by building the capacity of its national technical committee in C4D on accompanying measures, so that cash transfer can be supplemented by proper behaviour change among beneficiaries and produce better outcomes for children, namely in nutrition, child protection (FGM, early marriage) and WASH.

As a response to increased demand for universal health coverage, UNICEF supported the National Agency for Medical Assistance in identifying additional destitute men, women and children in the Mopti and Sikasso regions. Out of the 29,000 that were targeted in 2016,

11,632 were identified. Moreover, out of the 44,547 destitute men, women and children identified in 2015, documents were received for 29,675, and 29,286 were recorded with receipts established. The registration process is being finalized as 682 already have their receipts. It should be noted that anyone who is destitute and registered will benefit from free health care, as will their dependents.

**OUTPUT 3** By 2019, policymakers and public and private actors have increased the percentage of resources allocated to social sectors and social protection programmes.

**Analytical Statement of Progress:**

UNICEF is undertaking a Public Expenditure Review (PER) on Social Protection, in collaboration with the World Bank. The terms of reference of the review were finalized and the first step will be a discussion with Government to identify core programmes. Many important issues will be addressed in the study, including benchmarking spending and performance indicators, review of existing evidence of performance, mapping of benefit spending using the Social Registry (Social Registry Inclusion System) and programme administrative data, review of coverage and targeting performance, targeted technical assistance to improve M&E capacity, analysis of incentive interactions of non-contributory with contributory programmes, and spending trends and implications. The PER report is bound to be a major advocacy document to engage with Government to increase the proportion of the state budget allocated to social sectors in general and social protection in particular.

In order to mitigate the political consequences of the 2012 crisis, the Government of Mali strengthened its decentralization policy, with emphasis on regionalization that will allow more involvement of communities in decision making. This will facilitate the implementation and the transfer of resources from the national to the decentralized levels. In order to reinforce the involvement of all stakeholders, UNICEF in Mali is supporting the revitalization of regional and local coordination mechanisms and advocating for budgetary allocations to the sub-national tiers of Government. This included capacity building of local authorities (regional division of social development and regional division of social protection and solidarity) in planning and prioritization, in order to integrate social protection issues into local development sectoral plans (PDSEC) in the regions of Sikasso and Mopti. The signature of the Social Protection coordination mechanism in September 2016 is a major step to support the revitalization of sub-national coordination mechanisms.

The final report of the study on the development of universal health coverage (UHC) in Mali, which looked into strengths, constraints, stakes and prospects, was approved by the scientific committee, printed and widely disseminated. The study was carried out by a team of consultants, with technical and financial support from UNICEF. It examines the issues involved when implementing universal health coverage, namely the strengths and weaknesses of the existing health system, as well as challenges and perspectives it could face under different scenarios. The study involved collection of socio-anthropological information in all the administrative regions of the country except Timbuktu and Kidal, for security reasons.

The second meeting of the national social protection conference was held successfully in October 2016, with UNICEF support. In addition to national participants (central and sub-regional), it registered the participation of neighboring countries such as Senegal, Ghana and Technical and Financial Partners which support MAH. As a result, challenges of financing and coordinating social protection interventions in Mali are identified, and experiences and best practices shared on a unified social register. In this register, universal health coverage, the extension of Social Protection to the agricultural sector and the Informal Sector and Adaptive Social Protection area and their relevance to Mali highlighted.

## **OUTCOME 7** Effective support to the Management Programme areas, Operations, Field Office and Security

### **Analytical Statement of Progress:**

This outcome includes three categories of costs: operating costs of the five Zonal Offices (Mopti, Sikasso, Kayes, Gao and Timbuktu), operating costs linked to the Bamako CO, and technical support of supply and logistics. Operating costs cover : a) staff cost of Chief of Zonal Offices and staff functions of Operations that cut across multiple programme results, b) prorated non staff cost for the functioning of the Zonal Offices and travel and equipment costs of the staff hired under this component.

Zonal Offices in Mopti, Sikasso and Gao are cost centres, and were delegated some financial responsibilities in VISION. They release transactions against their respective cost centre as per the delegation of authority established and centralized in the Main Office. The Zonal Office of Kayes is under the financial responsibility of Bamako and Timbuktu is under Gao for their financial transactions. The roles, responsibilities and coordination mechanisms between the Main Office in Bamako and the Zonal Offices are defined in the Annual Management Plan, as well as Sections/Zonal Offices work plans in order to facilitate supervision and monitoring activities.

A budget plan for the operating cost is developed by each Zonal Office and submitted to the Main Office for centralization and management. The issuance of cost distribution for salary, contract services and procurement activities equal or above USD 2,500 are issued by the Main Office. Zonal Offices were delegated the management of petty cash and the issuance of manual purchase orders for minor expenses less than USD 2,500 and in-country travel authorizations in VISION to facilitate effective functioning of their respective office and to meet programme delivery.

As of 4 December 2016, 100 per cent of the cross sectoral budget was utilized. All logistics indicators are showing better results than the planned baseline target. Further, Mali Country Office consistently achieves good results in stock management. For example, there is zero non-emergency programme supplies older than 24 months in warehouses. For procurement planning, the year-end target has not been achieved. Whilst supply planning remains a challenge, the 2016 execution rate is higher than the 2015 mid-year rate, which was 22 per cent.

## **OUTPUT 1** Effective Management of supply.

### **Analytical Statement of Progress:**

In 2016, focus was put on the consolidation and the stabilization of the Supply and Logistics processes. Amongst them was ensuring a Supply Plan was prepared as part of the Annual Work Plan, that procurement files were complete with distribution plans and partners' request, respecting the time for delivery items and improving quality of products, and proceeding with pre-delivery inspections before deliveries. Gaining efficiency in logistics was a focus this year, with several tasks remaining to complete from 2015.

In June 2016, the role to issue institutional contracts was finally transferred to Supply. Until then, the sections had initiated both Sales Orders and requisitions, which did not respect internal control of segregations of duties. Since the transfer to Supply, the 2012, 2013, 2014 contracts were closed as required by the procedures. A Standard Operating Procedure for institutional contracts was prepared by Supply and validated by the CMT to highlight each step of the process for quality and efficiency in the contracting function. Supply monitors the

status of Purchase Orders and Institutional Contracts on a monthly basis, closing those that are fully paid.

Supply presents Supply and Logistics Monthly dashboards to the PMT/CMT, including execution rate of the Supply Plan per section. This allows each section to plan procurement through the year and avoid any last minute, end-year rush that could impact quality of the goods procured (less possibility to re-tender if necessary).

On the logistics side, stock management reached a high level of efficiency, as practices implemented had results. Supply monitoring of KPI enabled that 0 per cent of items expired while in stock; 0 per cent of items stay in the regular stock for more than 12 months; and there was a 0 per cent difference between VISION and physical stock in last three full physical inventories. The improved management of the stock resulted in 25 per cent reduction of the storage capacity, saving UNICEF US\$65,000 per year. LTAs were signed with in-country transport companies to improve end-deliveries, resulting in a transit time that is several days shorter than in 2015.

It was planned for Supply/Logistics to undertake joint end-user monitoring missions with the programme sections. Supply provided the PME section in January and in October data on distribution of material by section over a one-year period. It was not possible to undertake end-user monitoring missions in 2016 and Supply/Logistics replaced this activity with the design and delivery of a one-day logistics workshop to implementing partners. The 36 partners attending the workshop were taught how to read and sign the waybills, quantities and the material code, as well as how to count per kit, per carton, and per unit (as all the information is in English). The workshop included information on how to safely stock material and distribute, keeping in mind the transparency and accountability aspect.

## **OUTCOME 8** Special Purpose.

### **Analytical Statement of Progress:**

Staff safety and security of premises remained a priority in Mali due to the high level of threats (armed conflicts, terrorism, civil unrest, criminality and hazard).

Considering the high level of insecurity in the North, a daily security report was prepared by the UN Security Committee members and shared with the Senior Management Team. This report was part of the Security Risk Management (SRM) process meant to identify security threats, assess what risks they create for UNICEF, and to establish a prioritization plan for lowering risks to enable the achievement of UNICEF's goals by managing the problems created by security threats. For example, security reports allowed to deliver supplies with the support of MINUSMA and UNHAS.

Security Management Team members met on a bi-weekly basis on security orientation such as danger pay in the difficult living regions of Mopti, Gao and Timbuktu, and updating MOSS and MORSS based on security assessments.

Internal memos were established to strengthen security awareness when traveling. Three security incidents were reported to OPSCEN linked to car accidents in the field; drivers and passengers were not harmed.

To protect staff and office premises, UNICEF premises in the main offices and the zonal offices were guarded by a renowned security company. The day guards directed UNICEF guest, as well as controlled exit and entry of vehicles into the office compounds. The premises were controlled through electronic access control, augmented by a personal identification system. HD video cameras were installed, supported by an access

management system. Fire extinguishers were strategically placed for ease of application. Every room was equipped with a smoke detector to trigger alarm in the event of fire. The buildings were equipped with emergency exits and there is 24/7 power backup. First Aid and PEP kits were available for emergency purposes.

In 2016, MOSS for Mali changed continually depending on the security situation. UNICEF CO continuously must upgrade the security of staff and assets in keeping with the changing MOSS Recommendations.

The Mali CO was granted two allotments of premises and security budget for the security enhancements of the main office in Bamako and the Gao, Timbuktu and Mopti Zonal Offices.

A first approved 2016 Central Investment Fund allotment of US\$537,020 was received on 12 January 2016 for personnel protective equipment and facility protective equipment in the main office in Bamako and the five zonal offices. Some activities, such as ensuring safe rooms, were on going.

A second approved 2016 Central Investment Fund of US\$270,576 was allocated on 5 April 2016 for the security enhancement of the new zonal office in Mopti, which moved from rented premises to land donated by the Government.

While the office ordered all security equipment, the delay in delivering prefabs for the office in Mopti and the level of insecurity delayed the timely process of some contracting services of the structural security enhancement of the offices (such as safe rooms, access control measures, compliance with building, safety and fire guidelines). Also, a great challenge in Mali was to obtain offers of acceptable quality from suppliers and to ensure the delivery date of the expected output is respected, thus delaying contracting processes.

All new staff have undertaken the training on Safe and Secure Approach to Field Environment (SSAFE), mandatory before any in-country travel due to the prevailing high insecurity in Mali. Activation of the warden system where staff are zoned with chief and deputy warden was effective and updated. The staff list and the communication tree were updated regularly due to staff turnover. Two tests were organized to ensure the communication tree was operational. The CO regularly shares security updates received from the country security advisors with staff, to enhance security awareness and take informed action. All mission travel are cleared by UNDSS.

## **OUTPUT 1 Premises and Security**

### **Analytical Statement of Progress:**

Staff safety and security of premises remained a priority in Mali due to the high level of threats related to armed conflicts, terrorism, civil unrest, criminality and hazard.

A budget of US\$ 807,596 was allocated to Mali CO for security enhancement. The amount was used to purchase ballistic resistant helmets and flak jackets for all duty stations for relocations, evacuation and field missions. A guard shack, an exit gate in Mopti and a handheld metal detector were among the security enhancements made in 2016.

Also, three armoured vehicles were added to the pool: one for Bamako as a response to the recent increase of insecurity in the capital city, and two in Mopti (centre) as a response to the multiplication of security incidents in this region and to support field visits.

While the CO ordered all security equipment, delay in contracting services and the insecurity in the North impacted on the timely process of some structural security enhancement of the

offices such as safe rooms, access control measures, compliance with building, safety and fire guidelines. A request for a roll forwarding of the unspent security budget of US\$119,800 was submitted to the Regional Office to continue the security upgrade in 2017.

Since end of May 2016, the Security Specialist was on special leave without pay. A temporary international staff was hired, supported by a National Officer deployed from the Gao Office to fill the gap.

All new staff took the training on SSAFE, mandatory before any in-country travel due to the prevailing high insecurity in Mali. The warden system was activated. The staff list and communication tree were updated regularly. Two tests were organized to ensure the communication tree is operational.

**OUTCOME 9** Management Outcome: The identity, direction and well-being of UNICEF and staff are managed efficiently and effectively to enable the achievement of results for children in the country.

**Analytical Statement of Progress:**

The 2016-2017 rolling management plan was developed in a participatory manner and shared with all staff. Review of the Annual Management Plan (AMP) was conducted during the last CMT in December with the representation of two staff from each section and all five zonal offices. This participative meeting allowed for the CO to assess the relevance of the defined priorities, identify constraints and propose new priorities for the next AMP.

The statutory committees and other internal committees were established and updated whenever a change was needed. Delegation of authority and internal procedures were established. Access to VISION was provided through user IDs and roles assigned to staff through the Approva system. Monitoring internal control was done through Approva and Insight. Mitigation actions were taken to maintain sound segregation of duties. Staff delegated with roles on the TOA formally acknowledged the understanding of responsibilities by signing an acceptance of delegation.

Coordination and monitoring mechanisms such as the CMT, programme meetings, Operations meetings and section meetings were defined and activated to track office performance.

The CO developed a checklist and trained staff to ensure successful transition of transactions to the GSSC. Staff participated in webinars organized by the Regional Office and the GSSC to monitor the effectiveness of the transition and provide guidance to address common errors.

Staff wellbeing and the outcome from the global staff survey were addressed during the Joint Consultative Committee (JCC) meeting held on a quarterly basis. Action plans were monitored at each JCC meeting.

ERM, Business Continuity Planning and the seven elements of the Organizational Resilience Management System were updated regularly in consultation with staff. Effective management of ICT systems was made according to the standard.

In line with UN Coherence and 'Delivering as One' requirements, UNICEF participated in 12 UN interagency groups: four UNDAF results groups (peace, security and national reconciliation, governance, basic social services, and Inclusive growth and sustainable development); four inter-agency working groups (PMT, OMT, UNCG and M&E TG); and four OMT sub-groups (HACT, NOC, Procurement and Finance).

In 2016, common initiatives were developed with UN Agencies for effective use of resources in line with the 'Deliver as One' framework to meet Programme and Operations results.

**OUTPUT 1** Actions related to setting the direction and governance of country programme operations and office structures, including business continuity and risk management.

**Analytical Statement of Progress:**

Office governance and systems were established in the 2016 rolling management plan and functioned well. Statutory committees including the CMT, Contract Review Committee and systems for governance management functioned as planned. Regular monitoring of the established internal control mechanisms and the revision of processes for simplification - including for five of the eight opportunities recommended by DED - contributed to achieving a good office performance scorecard in financial management, quality assurance, programme management and people management.

A self-assessment plan was developed to review specific Programme and Operations areas as follow up to recommendations of the last internal audit. Corrective actions were taken consisting of reviewing work processes and building staff capacity. The plan was not fully completed in 2016 as planned due to conflicting agendas and this exercise will continue in 2017.

In 2016, the Mali CO fully leveraged the deployment and implementation of all cloud-based office automation tools. This allowed staff to respond to business continuity needs of the CO. ICT unit worked closely with Innovations to support the innovation agenda of the CO, in particular the use of RapidPro as a real-time monitoring technology platform and U-Report through partnership with two national telecom companies (Orange Mali and Malitel) for SMS, and AMRT (Agence Malienne de Régularisation des Télécommunications) for the short codes.

Extensive improvement of connectivity and Unified Communication Services (voice and video conferences) between Bamako and the five zonal offices were made, increasing effectiveness of communications and further facilitating inter-office dialogue to benefit programme implementation. A system of protection of UNICEF essential equipment, vital records and assets facilities exists, eliminating or mitigating the impact of disruptions on UNICEF operations. The ICT section introduced important telecommunications back-up (mobile phones, satellite phones, BGAN for data, and wireless connections) and home office equipment.

Maintaining an effective communication system is very important but requires a budget allocation that is not always funded as needed. In view of this, the CO encouraged including operating costs in donor proposals to cover needs.

The Business Continuity Pan was updated end of 2015 and in November 2016 following staff turnover, several tests were conducted in the main office and some zonal offices. Actions were taken to ensure effectiveness and to continue the exercise in the other zonal offices. This involved additional financial resources from programmes, Regional Office or EMOPS. In 2016, more than 90 per cent of the BCP action plan was completed.

A risk assessment was conducted at the beginning of the year and action plans developed to mitigate the residual risks. Due to turnover of key staff in management, programme and security positions, the timely monitoring of ERM action plan was a challenge. The update will

prepare the 2017 AMP.

**OUTPUT 2** Financial Resources and Stewardship: Office administration, asset and financial management activities. Stewardship of Financial Resources creates the conditions to pursue country operations.

**Analytical Statement of Progress:**

The transition to the GSSC in Budapest was a success due to a smooth preparation that involved redefining tasks within the offices and ensuring staff were aware of the SOPs developed by GSSC on transactions. Several webinars conducted by the Regional Office and GSSC contributed to improving the quality of requests sent via MyCase and the timely processing of transactions for programme and operations activities. Bank reconciliation were processed on time, as were accounting activities.

The close monitoring of DCTs during CMT meetings contributed to 0.1 per cent outstanding DCT over six months at the year-end. A quarterly DCT liquidation plan, a tool developed in 2016 from the pivot tables to track DCTs older than six months, allowed the CO to have an acceptable clearance rate and regulate the DCT in the brackets of six to nine months and more than nine months. The outstanding DCT of US\$2.26 million in expired grant was closely monitored by writing letters to implementing partners.

UNICEF Mali developed a Resource Mobilization and Partnerships Strategy for 2016-2019 with two main objectives: mobilizing high quality flexible resources and strengthening relations with public and private partners. The CO ensured the timely submission of 100 per cent of its donor reports (54 grants) thanks to the strict application of the internal workflow process and close monitoring of reporting indicators. The CO maintained its strong performance for contribution management, with 96 per cent of OR funds utilized and 100 per cent of donor reports submitted on time (as of 31 December 2016).

The CO operated a Harmonized Approach for Cash Transfer (HACT) assurance plan for 2016. HACT indicators were monitored regularly at the CMT and by the HACT Working Group. UNICEF Mali was an active member in the UN Procurement Working Group. LTAs for customs clearance, travel agencies and transport were used by other UN agencies. The CO was responsible for the HACT management. As a result, 16 LTAs on audit, micro-evaluation, and spot-checks were renewed on behalf of the UN system.

In 2016, 68 UN staff (UNICEF, UNDP and UNFPA) and 267 partners' staff (government and CSOs) were trained on HACT procedures and 100 per cent of planned micro evaluations, required spot-checks and audits and 85 per cent of required programmatic visits were conducted. The successful implementation of the assurance plan resulted in improved understanding, compliance and quality of processes. In 2017, UNICEF Mali will continue to build capacity, improve planning on HACT activities and strengthen connection with end-user monitoring and third-party monitoring to address constraints.

As of mid-November 2016, four PSB meetings were organized, and 95 per cent of PSBs recommendations were implemented to dispose of obsolete equipment and materiel and free up space.

**OUTPUT 3** Human Capacity: Human resources have the capacities, skills, morale and motivation to support country operations.

### **Analytical Statement of Progress:**

In 2016, efforts were deployed to fill most of the new positions resulting from the 2015 PBR but vacancies due to a regular turnover. New monitoring tools were put in place to track timeliness and quality of recruitments. With regard to the global human resources indicators of time to recruit and diversity, the Mali CO met the KPIs since October 2016.

In 2016, changes in HR management included the launch of a new performance management system 'Achieve', the roll out the new recruitment system Talent Management System and the digitization of all national staff personnel files. All these global HR initiatives were successfully rolled out locally. For instance, 100 per cent of UNICEF Mali staff used 'Achieve' to do their planning phase and were completing the year-end appraisals within the system. The human resources transition project of OSF digitization was completed at 100 per cent.

A new orientation system was put in place for newcomers with an emphasis on the face-to-face meeting with key people in the CO, an information kit and a buddy system. On Learning and Development, the management encouraged staff to complete the mandatory trainings and the office implemented the trainings with the rate of 98 per cent for HACT online training, 99 per cent for ethics training, and 95 per cent prevention against harassment training.

Following the 2014 Global Staff Survey, the Mali CO developed an action plan in response to the findings related to career and personal development, personal empowerment and work-life balance. This plan was developed with contribution from all staff and under the joint guidance of the local staff association (APUM) and senior management. The plan was approved through the APUM General Assembly and regularly followed up by the CMT; 75 per cent of the action points were completed or ongoing.

The CO benefited from the contribution of staff sourced and paid by partners: the Swiss Federal Ministry of Foreign Affairs for one staff in Child Protection and WHO for two staff in C4D (Stop Polio).

The major challenge faced in the area of Human Resources in 2016 was the gender and diversity balance. Attracting qualified female candidates for programmes, especially in the field and remote locations was difficult. Several strategies and approaches were adopted that reduced the gap between international females and international males from 37 per cent versus 63 per cent in January 2016 to 40 per cent vs. 60 per cent in October 2016. Efforts are ongoing and more reduction of the gap is expected by the end of December 2016 and in 2017.

**OUTCOME 10** Programme Effectiveness Outcome: Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.

### **Analytical Statement of Progress:**

Despite a progressive deterioration of the security situation and a turnover of managers, programme work was strengthened through a three-pronged approach. First, programmatic inter-agency dialogue continued this year due to the co-leadership of the interagency Programme Management Team and the leadership of M&E UNDAF Group, and the participation in more ad-hoc *fora* such as the groups on Protection of Civilians, Security Sector Reform and DDR, Establishment of Interim Authorities and on SDGs. This helped maintain boundaries between UNICEF humanitarian space and the UN Mission and build alliances to leverage and showcase UNICEF mandate both at decentralized and national levels, as indicated by the building of alliances with new partners such as the World Bank

and support Senior Management to influence political processes such as the prioritization of crucial SDGs indicators to show progress for children.

Second, the CO strengthened internal control systems to reinforce strategic partnerships, enhance programme efficiency and better monitor results. Simplified workflow processes for PCAs and institutional contracts, mostly with private sector, were established paving the way for 45 PCAs with implementing partners. A plan for the acceleration of HACT-related benchmarks was put in place, including strengthening in-house and external capacities: this ensured that the CO undertook 100 per cent of scheduled micro-evaluations and spot-checks and 85 per cent of scheduled programmatic visits. This was facilitated by a revision of participation of membership of internal committees, now comprised of key programme staff under the leadership of the Deputy Representative.

Finally, inter-sector and interagency collaboration were strengthened to leverage funding streams and keep UNICEF relevant as a development and humanitarian actor across the country. A roadmap with quantifiable indicators was developed and implemented to facilitate programmatic integration in Sikasso and Mopti. In the same areas, innovative and multi-partner programmes to tackle chronic malnutrition were implemented. Already considered a best practice by donors and UN agencies (evidenced by pledges from the Canadian Government and the EU buy-in for replication in northern regions and a joint collaboration with WFP and FAO in Bandiagara), these programmes will be scaled up in 2017. They have paved the way for smaller, ad-hoc integrated programmes in other sectoral areas such as a joint UNHCR, UNICEF and UNDP Education programme with Norwegian funding, and a joint UNICEF-UNFPA GBV programme with Belgian support. The recent deployment of M&E officers in Mopti and Sikasso strengthened integration and collaboration with partners.

**OUTPUT 1** Programme Coordination: UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes

**Analytical Statement of Progress:**

Coordination of sectoral programmes was done at two levels. First, through PMTs which continued to be held, when possible, twice a month. A focus on scorecards and overall office results helped track programme indicators on a regular basis with the development of budget tools showing sections' commitments at financial, fundraising and reporting levels and monthly efforts by sections to uphold those commitments. As such, the CO submitted all donor reports on time, kept quarterly levels of unjustified DCTs to partners to less than 0.5 per cent, and had an overall level of programme implementation of 97 per cent by the end of the reporting period.

Participation of Zonal Offices reinforced mutual accountabilities and joint work in a decentralized office, as evidenced by the timely prepositioning of critical supplies in response to natural emergencies during the rainy season. Collaboration, however, needs to be reinforced and new tools developed in 2017. The PMT offered a forum for discussion of global and regional priorities such as SDGs, the new Strategic Plan, WCARO key results and have facilitated integration of these into the CO Annual Management Plan and into sectoral work-plans.

Second, regular weekly meetings with managers helped the Deputy Representative keep track of major policy and technical benchmarks in all sectors through: follow-up of rolling work plans and of a number of high-visibility efforts such as the installation of solar fridges with remotely controlled temperature nationwide; the design and implementation of two innovative programmes such as WASH facilities in health centres; and solar panels in civil registrar offices.

**OUTPUT 2 PME:** Effective planning and monitoring of country programme results.

**Analytical Statement of Progress:**

Malikunnafuni (DevInfo Mali) was adapted to the new context. The National Institute for Statistics in Mali, INSTAT, with support from UNICEF, revised it to include SDGs and indicators for the Cadre stratégique pour la Relance Economique et le Développement Durable du Mali (CREDD 2016-2018). Harmonization of sectoral statistical yearbooks was a priority to regularly inform Malikunnafuni.

The Statistical Yearbook on Children and Women 2015 was produced under the leadership of the CNDIFE (Centre National de Documentation et d'Information sur la Femme et l'Enfant), in collaboration with sectoral Units for planning and statistics (CPS), with UNICEF support.

The SMART 2016 was conducted through a partnership between INSTAT, the CPS for Health and the National Health Directorate (DNS), with support from UNICEF, FAO, WFP and WHO. Results were available to decision-makers. Under the leadership of INSTAT, the MICS5 was finalized, in collaboration with the CPS for Health and Education and with support from UNICEF, UNFPA, and PSI-Mali. UNICEF provided technical assistance with a full-time MICS specialist. Preliminary data were shared and the final report validated. Together with a summary report and communication material, it will be disseminated early 2017.

These surveys were part of UNICEF Mali's Plan for Research, Impact Monitoring and Evaluation (PRIME) 2016-2017. The implementation of the PRIME was on track, with 86.7 per cent of 2016 activities either in progress or completed.

National capacity to collect, analyse and use information on children and women was strengthened with support from UNICEF. The 50 focal points for Malikunnafuni trained by INSTAT used the database. Under the leadership of the Cellule Technique de Coordination du Cadre Stratégique de Lutte contre la Pauvreté, (CT/CSLP) national central capacities to analyse child deprivation and use result-based management (RBM) are strengthened (12 organisations trained on MODA and 23 on RBM).

MoRES was extended to two new districts. Four districts in Mopti and Sikasso regions now use it, under the leadership of the prefects. UNICEF strengthened local actors' capacities, resulting in stronger ownership. MoRES informs integrated and multi-sector micro-plans that reduce malnutrition. Documentation of the process and results was a priority for 2017.

The launching of the CPD 2015-2019 and 2016-17 Rolling Work Plan was completed. Two joint missions of the Steering Committee of the Programme of Cooperation Mali-UNICEF took place in five regions under the leadership of the Ministry of Foreign Affairs and with seven other ministries participating. During regional and sectoral reviews (mid-year and annual), UNICEF and partners reviewed progress of the RWPs, identified lessons learned and adjusted activities.

Strengthening risk and result management was a priority for UNICEF Mali. The capacity of 68 UN staff (UNICEF, UNDP, UNFPA) and 267 partner staff (Government and CSOs) were strengthened on HACT procedures. This resulted in improved understanding, compliance and quality of processes. In 2016, 16 audits, 25 micro-assessments, 77 spot-checks, and 154 programmatic visits were conducted (100 per cent of required spot-checks and audits and 85 per cent of required programmatic visits).

### **OUTPUT 3 C4D: Cross-sectoral Communication for Development.**

#### **Analytical Statement of Progress:**

Access of 408,630 children to education was recorded in Gao, Timbuktu and Mopti, a result to which UNICEF "Every Child Counts" campaign contributed tremendously. Radio programmes, community dialogue sessions and home visits conducted by more than 1,320 children 'Back-to-School Ambassadors' help inform 395,361 people about the importance of education, peace, social cohesion and tolerance. To reinforce the peace agreement, UNICEF facilitated the participation of 15 young people in the G5-Sahel ministerial meeting on 2016-2020 Integrated Youth Strategy. In the framework of UNTFHS, FAO, ILO, UNDP, UNFPA, UNICEF and WHO identified target areas to jointly implement human security activities to reinforce social cohesion and resilience in northern Mali.

UNICEF gave technical support to the communication agency of the MoH (CНИЕCS) to elaborate an Inactivated Polio Vaccine communication strategy. This new strategy will reinforce behavioural change towards vaccination. With social mobilization during the national immunization days, the immunization knowledge rate rose to 80 per cent. On average, 70 per cent of parents and caregivers know the disease against which children are vaccinated.

Regarding reproductive health and family planning services promotion, 208,468 women and girls aged 15-49 used reproductive health services from July to October in Communes I, II, III, IV and V of Bamako, and in some circles in Segou, Sikasso and Koulikoro. This figure, based on partial data, forecasts a significant overrun of the planned target of 300,000 women and adolescent girls. Complete data will be collected from 19 other circles of the four target regions early 2017.

In order to achieve this result, 3,629 social mobilizers, health centre directors, health workers and community leaders conducted outreach activities to get women and adolescent girls to attend health centres. More than 700 religious leaders conducted preaching sessions in mosques and churches to promote the acceptance of family planning within communities. More than 62,000 young people were informed about reproductive health via Facebook, Twitter and U-Report; 121 journalists and radio presenters produced and broadcast programmes on the issue. In total, 134 radios relayed key messages. With the mobile cinema projections, 180,000 people (70 per cent women and adolescents) were reached on the advantages of the RHFP. In order to reinforce the acceptance of RHFP and improve accessibility of services, a television series was produced and broadcast on the national channel ORTM, which has 80 per cent demographic coverage.

The lack of adoption of the national policy of Communication for Development (PNCD) constituted a bottleneck to the coordination and implementation of activities. However, with orientation from regional directorates of social development (DRDS), multi-sectoral plans took into account each regional priorities, and conducted activities together. As soon as adopted, the PNCD will improve coordination of C4D activities.

The study on social norms was yet conducted which hampered activities related to early marriage, FGM/C, non-enrolment of girls and chronic malnutrition. Evidence will be strengthened in 2017 with monitoring, evaluation, and surveys. A training in Results Based Management will address partners' knowledge of procedures to submit requests and reports.

#### **OUTPUT 4** Emergency Coordination: Emergency preparedness and response.

##### **Analytical Statement of Progress:**

In order to strengthen the coordination capacity of the Ministry of Solidarity and Humanitarian Action, UNICEF financed a technical advisor who supported the ministry. With technical advisor support, contingency plans for floods were updated with partners, coordination meetings, the elaborated 2016 annual work plan of the Government on IDPs/refugees and the Government-prepared the 2016 World Humanitarian Summit. The advisor was appointed to another position in April; the process for his replacement is ongoing.

UNICEF ensured the prepositioning of more than 25 Metric Tons of WASH and non-food items (NFI) in all at-risk regions through the General Directorate of Civil Protection, reinforcing the capacity of the Government to assist flood-affected population during the rainy season. More than 12,000 people affected by floods were assisted across the country. Additional relief items were prepositioned in the North for IDPs, allowing more than 12,700 IDPs who fled violence to be assisted. UNICEF signed MoUs with the Norwegian Refugee Council and World Vision to allow for needs assessments and distribution of relief items to areas where the Government has no access due to insecurity.

UNICEF contributed to the finalization of the evaluation of national capacity for Disaster Risk Reduction (CADRI) and co-facilitated the workshop organized by CADRI. In February, UNICEF assessed the pilot project of a rapid alert system for flood (SMS flood) in Mopti region. The system is operational in the pilot areas (50 villages) and can be spread to other areas.

UNICEF prepared the launch of an innovative project that generates contingency plans using drone technology. It will be the first project worldwide of that nature. It will bring, in one geomatics platform, all data required to plan for Emergency Preparedness and Response, and integrate an improved version of the SMS flood system developed in Mopti. This five-month pilot project, implemented initially in Segou region, will be done in collaboration with the Ministry of Humanitarian Affairs and the Civil Protection.

Zonal Offices of Mopti, Tombouctou and Gao updated UNICEF internal contingency plans and UN interagency plans. In November, the Civil Protection, with UNICEF support, organized the revision of the Government national contingency plan, which brought more than 60 Government participants from all regions. In order to have a contingency plan that benefits the disadvantaged, UNICEF advocated for the use of the newly produced interagency contingency plan methodology (ERP). The ERP was previously used in pilot countries to develop UN interagency contingency plans. With UNICEF initiative, Mali will be the first country with a national contingency plan based on this new methodology in the first quarter of 2017. This will drastically enhance planning and the quality of emergency preparedness.

While results were achieved in terms of emergency preparedness, coordination and sectoral response, lack of funds was a major constraint, preventing UNICEF and its partners to better respond to the humanitarian needs of the population, especially vulnerable children and women of Mali in regions affected by natural disasters and man-made crises.

**OUTPUT 5** UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders (Action related to external relations, management of partnerships with donors, and public advocacy).

**Analytical Statement of Progress:**

UNICEF Mali continues to produce high-quality communications materials in support of advocacy and resource mobilization priorities of the CO, in particular nutrition and education. In 2016, a steady stream of content was produced, including 6 videos, 16 infographics and hundreds of photos that were shared on social media. U-Report, Facebook and Twitter were used to boost social cohesion and key family practices among youth. Two TV spots and two series were produced on reproductive health and family planning and telecast on national TV. Numerous articles were written and TV and radio reports produced by local and international press.

The visibility of donors and Natcoms was ensured on an ongoing basis, and support received from Volvic Japan, ECHO, USAID, the United Arab Emirates and the World Bank benefited from recognition and visibility on traditional and social media channels.

In the context of school closures and in support of the right to education for every child, UNICEF Mali launched two communication campaigns to promote the reopening of schools in areas affected by insecurity, which contributed to the reopening of 157 schools. The campaigns were covered by radio, TV and newspapers, and relayed on social media. With stunting affecting one million children under five, UNICEF Mali spotlighted the issue of chronic malnutrition as a major public health concern in Mali, and promoted IYCF good practices through media engagement and coverage of a high-level nutrition mission to Bandiagara, Mopti Region.

Improved reproductive health practices and open access to health services for adolescents and women were supported through the recording of Top Etoiles, a prime time TV show, reaching over 20,000 people.

The promotion of child rights was ensured with strengthened children's participation. About 100 children from all regions participated in intergenerational debates and radio shows during the 10th edition of Oxyjeunes for the promotion of child rights. Also, 165 children trained in U-Report and social media spoke on behalf of the most vulnerable. The Zero Tolerance for GBV Campaign, the International Forum on Girls' Schooling in Africa, the Day of the African Child, and Global Hand Washing Day were all celebrated to advocate on children's rights. UNICEF Mali participated in global campaigns such as Fight Unfair.

The lack of proactivity and coordination and the weakness of intersectoral collaboration in promoting child's rights were noted. Significant efforts are made to fulfil children's right to expression and participation throughout the country, which will enable children to become leading actors in child rights promotion. In 2017, the promotion of children's rights will continue by enabling children, adolescents and youth to safely and effectively use digital communications platforms such as U Report, Facebook and Twitter in order to lead their own advocacy in favour of children's rights in Mali.

The development of a UNICEF Mali communications strategy, tailored to support the advocacy and resource mobilization priorities of UNICEF Mali and based on the Global Communications and Public Advocacy Strategy, is planned for 2017.

### Evaluation and research

Title	Sequence Number	Type of Report
Enquête Nutritionnelle Anthropométrique et de Mortalité rétrospective	2016/005	Survey
Response to the silent nutritional emergency in the northern regions of Mali	2016/004	Review
Rapport et plan de mobilisation communautaire : Commune Urbaine de Tombouctou	2016/003	Research
Analyse Critique des Acteurs d'Influence à l'Accélération de l'Abandon de la Pratique des MGF/Excision au Mali	2016/002	Study
Rapport d'Evaluation du Système d'Enregistrement des Faits d'Etat Civil et de la Production des Statistiques de Vie au Mali	2016/001	Study

### Other publications

Title
Peace Education Guide
Education and Teacher Guide for including psycho social support in preschool and school environments
ResilientChild: Mali Package for Resilience
Développement de la Couverture Maladie Universelle au Mali : forces, contraintes, enjeux et perspectives
Situation analysis of the privatization of the management of 22 water services in Mali
Study on barriers to the application of standards (WHO/UNICEF) in the construction of water and sanitation infrastructures in schools in Mali
Budget allocation study for WASH in School in three regions of Mali (Sikasso, Koulikoro et Mopti)
Review of the strategic plan for promoting hygiene education in schools (2011-2015)
Study of the pollution of the groundwater by arsenic in Mali
Operational implementation guide for manual drilling in Mali
Norms and Standards for manual drilling - Inner Delta of the Niger River in Mali
Baseline survey of the sanitation situation in Sikasso and Mopti regions
Capitalization / Lesson learned related to the national water points inventory in Mali using Akvo
TrackFin
Production and broadcast of TV programmes on SRPF on ORTM TV Channel
Design and production of participatory theater plays on the SRPF
Design and productions folk songs on the SRP
Design and production of media on the SRPF
Support to the Ministry of Health in the context of the introduction of Inactivated Polio Vaccine in routine EPI.
Critical Analysis of the Role of Opinion Leaders in the Acceleration of Abandonment of the Practice of FGM/C in Mali
Final Report of the Evaluation of the National System for Civil Registration and Vital Statistics in Mali

## Lessons learned

<b>Document Type/Category</b>	<b>Title</b>
Innovation	Cross-sectoral approach to coordinating high-impact interventions to prevent chronic malnutrition in Mali
Lesson Learned	Adopting a holistic approach to addressing harmful practices through Gender-Based Violence