

## Mali

### Part 1: Situation update in the country

Six years after armed conflict broke out in northern Mali and despite some significant progress since the signing of the Algiers Peace Agreement in 2015, the country experienced a rapidly deteriorating security situation, compounded by severe humanitarian crises. The central regions and areas bordering Burkina Faso and Niger were particularly affected. Protracted conflict and displacement, adverse weather conditions, commodity price fluctuations, a food and nutrition crisis, and political tensions were among the major challenges the country faced, affecting children and women.

The Multiple Overlapping Deprivation Analysis conducted in 2018 under the lead of the Ministry of Economy and Finance with UNICEF support, showed that more than half (55.8 per cent) of children in Mali suffer from at least three forms of deprivations and 24 per cent of children between 5-14 years of age are simultaneously deprived of water, hygiene and shelter. The geographic distribution of child poverty has shifted, with the highest number of deprived children living in Mopti and Segou. The previous multidimensional child poverty analysis identified Mopti and Sikasso as regions with the highest incidence of child poverty.

In August 2018, the President was re-elected for a second five-year term. The elections were held in accordance with the electoral calendar and without major security incidents, despite some challenges in several areas of the country. The local and Parliamentary elections were once again postponed and will take place in 2019. Following the Presidential election, a new Cabinet was appointed with 34 per cent female representation and a woman appointed as Minister of Foreign Affairs. The high number of women in the Parliament and young female ministers is a promising sign that gender equality and youth empowerment agenda is moving forward.

#### **Positive developments towards integrating the 2030 Agenda across sectors**

The Government of Mali expressed strong political will to embrace the 2030 Agenda for Sustainable Development at its launch in February 2016, and to design strategies and programmes to leave no one behind. This commitment was evidenced by Mali's presentation of its first voluntary report on the implementation of the Sustainable Development Goals (SDGs) at the High-Level Political Forum on Sustainable Development in July 2018. Major challenges highlighted in the report included lack of institutional capacity, unavailability of reliable data to monitor progress, weak coordination of programmes and inadequate resource mobilization (internal and external) for financing achievement of the SDGs. The Government launched a process for defining and establishing the social protection floor in Mali across its functions and programmes. The national dialogue on the social protection floor was officially launched with an aim to enhance implementation of both the SDG agenda (target 1.2.3) and the National Social Protection Policy (NSPP). Information about the NSPP, including how the most vulnerable (including the most deprived, marginalized groups, people living with disabilities) can access social protection were broadcast on local radio stations to ensure no one is left behind.

2018 was critical for the Government of Mali with major strategic documents due for revision.

These included the Strategic Framework for Economic Recovery and Sustainable Development (CREDD), the Action Plan for Social Protection Policy, the Health and Social Development Programme (PRODESS), the 10-year Education Programme (PRODEC II) and the 10-year Plan for the Empowerment of Children, Women and Families 2020–2029. In addition, the Water and Sanitation Programme 2016–2030 (PROSEA 2) has been pending approval and endorsement for an extended period, due to the Government's change of vision in relation to its institutional framework. The year provided a window of opportunity to comprehensively examine the strategic framework, sectoral programmes and action plans, and align their respective visions with government priorities for achieving the SDGs. Although the integration of government commitments across these documents was not finalized by the end of 2018, the Government of Mali is conscious that the SDG agenda needs to be further mainstreamed into the 2019–2023 CREDD. While the CREDD is still being developed and is likely to be completed in the first quarter of 2019, the draft document fully integrates issues related to child deprivation (nutrition, education, health and poverty) in both its situation analysis and the results matrix.

### **A deteriorating security situation and multiple severe humanitarian crises**

In 2018, Mali was ranked the 18th most insecure country (of 191) according to the Risk Management Index (INFORM). Most regions in the country are classified as “very high risk” (Gao, Timbuktu and Mopti) or “high risk” regions (Kidal, Ségou, Sikasso, Koulikoro). Kayes and Bamako regions are the only two regions considered as “medium risk”. In addition to internal conflicts, Mali was also impacted by growing regional insecurity marked by the recent developments in neighbouring Burkina Faso and Niger. Insecurity spread rapidly across borders, with consequences ranging from the forced displacement of local communities to the erosion of both state authority and basic social services. For this reason, the international community stepped up its support for the deployment of the sub-regional G5 Sahel Force that commenced its security activities in 2018. The attention directed to security and stabilization has, at times, been to the detriment of development and humanitarian investments. Advocacy to re-balance the investments and to place children and young people at the centre of a transformative agenda for peace and Key Results for Children (KRCs) continued with the Government, partners and member states.

The September report of the United Nation's Secretary-General on the situation in Mali stated that almost one-third of the population were living in conflict-affected areas. According to the Humanitarian Needs Overview, the number of internally displaced persons doubled between December 2017 and October 2018, reaching over 80,302, of whom 53 per cent were children and 23 per cent women. Timbuktu, Mopti, Menaka and Segou were the regions most affected by population movements. An estimated 4.1 million people needed humanitarian assistance, of whom more than half were children below the age of 18. Over 1.7 million had no access to health services, 900,000 people were deprived of water, hygiene and sanitation, and an estimated 800,000 people (87 per cent children) were estimated to have suffered from acute malnutrition. Over 950,000 children were deprived of any form of protection, while a large number were denied access to education.

Overall, violence against civilians increased considerably, with the number of fatalities tripling, from 232 in 2017 to 882 in 2018. Additionally, inter-community and inter-ethnic conflicts worsened in the centre of the country, where numerous disputes between nomadic pastoralists (Fulani) and farmers and fishermen (Dogons, Bamanan and Bozos) were reported, leaving dozens of people dead and hundreds displaced.

The deteriorating security situation continued to have a negative impact on children and adolescents, including girls, who were exposed to serious violations of their rights, and degradation of their physical and psychological conditions. Child rights abuses perpetrated by parties to the conflict rose by 7 per cent, with 365 serious violations recorded in the first half of 2018 compared with 342 in the same period in 2017. Child recruitment and association with armed groups is a growing concern. In terms of gender-based violence, Mali has one of the highest rates of child marriage worldwide, with 51 per cent of women aged 20–24 married before the age of 18 (*Multiple Indicator Cluster Survey/MICS 2015*). This constitutes a major infringement of the rights of the girl child, with severe inter-generational consequences. Child marriage, together with the criminalization of female genital mutilation/cutting and violence against women, are included in a draft law prepared by the Ministry for the Protection of Women and Promotion of Children and Family, currently awaiting approval by the Government.

Mali has one of the highest education repetition rates globally: 20 per cent at primary education level and 36 per cent at general lower secondary. The high repetition rate could be a sign of poor learning outcome, which further contributes to low enrolment and retention rates.

Conflicts across the country left 716 schools closed at the beginning of the current school year, affecting 214,800 children, compared to 500 schools closed at the beginning of the 2017 school year. The region of Mopti, located in the centre, had the highest number of closed schools (62 per cent of the total). It is estimated that over two million Malian children aged 5 - 17 years are out of school.

Access to basic healthcare services was continuously hampered by the crises and related system breakdowns. Immunization coverage for children aged below one year has not improved over the last 10 years. According to World Health Organisation (WHO) and UNICEF estimates, immunization coverage for DTP3 decreased from 75 per cent in 2010 to 68 per cent in 2016. Similarly, according to the Demographic and Household Survey, the proportion of children between 12-23 months fully vaccinated worsened between 2006 and 2018 (48 per cent and 45 per cent respectively), with a significant reduction in 2012-2013, corresponding to the onset of the crisis. In 2018, both in the north and centre of Mali, access to basic healthcare services, including mobile clinics, gradually deteriorated, leaving 1.7 million people more vulnerable to epidemics and diseases. As of 2 December, there had been 1,577 suspected cases of measles, with 413 samples testing positive. Access to emergency obstetric and neonatal care remained low or non-existent in some areas.

Besides human-made adversities, Mali also experienced natural disasters, namely droughts and floods, which affected the provision of basic social services, including shelter, health care, education, food assistance, water and sanitation. Scarce and erratic rainfall left 4.1 million people in need of food and nutrition assistance, of whom 58 per cent were children, and caused massive economic migration from the north to the south. Floods also impacted the regions of Timbuktu, Segou and Koulikoro, damaging 5,262 houses and affecting 70,700 people. Some 1,554 hectares of crops were destroyed, and livestock killed, leading to serious risk of food insecurity and malnutrition.

Global acute malnutrition and severe acute malnutrition remained stable at 10 per cent and 2 per cent respectively, signalling a continuous crisis in 2018 (*SMART 2018*). The conflict-affected areas in the northern and central parts of the country had the highest levels of severe acute malnutrition cases. Significant deterioration of food security was recorded in Kayes, Segou, Mopti, Gao, Timbuktu and Kidal. Estimates showed an increase of 32 per cent in the

number of people in crisis during the lean season (June to August), compared to the same period of 2017.

As a result of the food and nutrition crisis in the Sahel, an estimated 274,145 children were expected to require treatment for severe acute malnutrition, an increase of over 60 per cent compared to the original estimated burden of 165,000 children.

Overall, humanitarian operations were affected by insufficient funding. By mid-November, the revised Humanitarian Response Plan (HRP) target of US\$330 million was only funded at 50 per cent. The Rapid Response Mechanism (RRM), established in 2016 by humanitarian partners, had a financial shortfall, affecting 30,000 displaced persons awaiting assistance.

### **Financial constraints persist**

Despite a projected 5.0 per cent growth in GDP for 2018 and a forecast 4.9 per cent for 2019, economic growth has generally not been inclusive in recent years. Budget allocations to social sectors continued to decrease: education was allocated a mere 17 per cent in 2018, down from 17.1 per cent in 2017 (with 88.6 per cent execution rate) and 19 per cent in 2016. The picture is even more discouraging for the health sector, with only 5.3 per cent allocated in 2018, compared to 7.1 per cent in 2017 (with only 89.7 per cent executed) and 5.6 per cent in 2016. These rates fall far below the recommended allocations of 20 per cent for education (Global Partnership for Education) and 15 per cent for health (Abuja Declaration).

Following the enactment of decrees transferring competencies and resources in education (2015), health (2002), water (2002), social development (2012) and agriculture (2016) from central government to regional councils and municipalities, the transfer of financial resources has occurred progressively. However, this has been at a level significantly below the government commitment of 30 per cent of the total budget. As a result, resources have not reached the communities and social services have not been available to the most vulnerable groups. The current decentralization policy and sectoral budget allocation process for regional disbursements are not based on comprehensive consultations and evidence-based allocation formulae that consider deprivations and vulnerabilities of the Malian population across different regions.

The projected increased insecurity in northern and central Mali will continue to impact the delivery of basic services by development and humanitarian actors and the Government will further experience challenges in reaching vulnerable populations with its social sector programmes. According to provisional estimates by the United Nations (UN) system in Mali, 4.7 million people will require humanitarian assistance in 2019, an increase of 15 per cent compared to 2018, while 5.7 million will live in conflict-affected areas, an increase of 10 per cent.

## **Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents**

The UNICEF Country Programme is fully aligned with the United Nations Development Assistance Framework (UNDAF) 2015-2019 and has contributed to achieving results in all its five Outcomes: 1 - Peace and Stabilization, 2 - Social Cohesion, 3 - Good Governance and Rule of Law, 4 - Equitable Access to and Use of Quality Basic Social Services and, 5 - Increased Capacities and Productive Opportunities for Poverty Reduction. The Country

Programme is in conformity with the UNICEF Strategic Plan Common Chapter (with the United Nations Development Programme/UNDP, the United Nations Population Fund/UNFPA and UN Women) and the UN Integrated Strategy for the Sahel.

The Government signed the 2018-2019 results-based rolling work plans in March. The work plans are aligned with UNICEF's new Strategic Plan and were developed in consultation with UNICEF partners. Mali selected four KRC from the eight identified by the UNICEF West and Central Africa Regional Office (WCARO): 1) immunization, 2) prevention of stunting, 3) improving learning outcomes, and 4) ending child marriage. The KRC were integrated into the Annual Management Plan and are being used criteria for management decisions. A KRC implementation document was developed and investment cases plans are being discussed.

### **Goal area 1: Every child survives and thrives**

Achievements under this area contributed towards government efforts to ensure 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. Furthermore, they contributed to improving the nutritional status of children aged 0–59 months and women of childbearing age, especially those living in areas with high prevalence of malnutrition. Almost all performance targets were fully achieved during the reporting year.

**Positive progress was made on maternal and newborn health.** An important milestone was the elimination of maternal and newborn tetanus in six regions, home to 92 per cent of Mali's mothers and children. A vital shift in policy occurred with approval of the use of chlorhexidine gel for newborn umbilical cord care by community health workers. This will reduce infection cases, the leading cause of newborn deaths. During the first semester, skilled attended deliveries stood at 73 per cent, exceeding the 2019 target of 70 per cent. The percentage of pregnant women attending four antenatal care visits remained low, at 23 per cent. UNICEF provided state-of-the-art equipment to all 249 community health facilities to enable them to deliver basic emergency obstetric and neonatal care and newborn care.

A dual point-of-care early infant HIV-diagnostic and viral load technology (Alère Q) was introduced for improving the survival of HIV-positive infants through early identification and initiation of antiretroviral therapy (ART). In a four-month-period, 281 HIV-exposed infants were tested in 10 districts compared with 271 infants tested in one year nationwide. The 31 identified HIV-positive infants were immediately initiated on ART. The urban strategy for prevention of mother-to-child transmission alongside the district of Bamako contributed to the increase in HIV testing in pregnant women from 7 per cent in 2017 to 10 per cent in 2018.

**A focus on immunization as a Key Result for Children,** According to administrative data, immunization annual targets were fully achieved: 94 per cent (549,896) and 93 per cent of infants received measles and three doses of pentavalent vaccine respectively up to September, compared with 72 per cent (480,568) in 2017. Similarly, 78 per cent and 85 per cent of health districts reached 80 per cent vaccination coverage respectively for penta3 and measles, compared with 28 per cent in 2017. No stock-outs were reported for DPT, polio, measles and tetanus toxoid vaccines at national level in 2018. However, the data quality review conducted revealed some discrepancies and the dropout rate between DTP1 and DTP 3 remained high, at 16 per cent. National Immunization Day independent monitoring data indicated good results

for the proportion of people who understand the importance of completing all vaccines for children and pregnant women; 70 per cent in Kayes, Mopti and Segou, 81 per cent in Sikasso and 91 per cent in Gao and Bamako. This was primarily as a result of effective communication for development (C4D) strategies. More than US\$17 million were spent on immunization supplies through UNICEF Procurement Services.

Immunization micro-plans were implemented in 11 priority districts with the highest number of un-immunized children for DPT3. Outreach services and active tracking of children lost to follow-up were reactivated, particularly in remote locations. Community-based enumeration of children and introduction of village immunization registers were among the innovative strategies introduced to increase demand for services. In addition, urban immunization delivery strategies tailored to local contexts were developed to reach children living in peri-urban areas and other locations not reachable by traditional strategies.

UNICEF continued building on previous efforts to strengthen the cold chain system in community health centres through the installation of 166 solar-driven refrigerators and extension of the remote real-time temperature monitoring system to 24 cold rooms.

**Advocacy for an enabling environment.** Through UNICEF technical support, the inter-ministerial order on salt iodization and the Code for the Marketing of Breastmilk Substitutes were revised to promote proper iodine intake and optimal breastfeeding. As part of national supply chain strengthening, the national list of essential medicines was revised and ready-to-use therapeutic foods for the treatment of severe acute malnutrition was added.

**Mixed progress on child nutrition.** Although annual targets were achieved, the SMART nutrition survey data showed a slight downward trend in the prevalence of acute malnutrition, from 10.7 per cent in 2017 to 10.0 per cent in 2018, including in Sikasso (from 9.2 per cent to 7.5 per cent). However, there was an increase in Mopti, from 5.6 per cent to 8.9 per cent. This reduction was primarily due to a drop in the prevalence of severe acute malnutrition which decreased from 2.6 per cent in 2017 to 2.0 per cent in 2018, particularly in Bamako, Sikasso and Kayes. Despite some positive trends, Mali is experiencing a continuous and stable nutrition crisis.

As of September, nutrition indicators for severe acute malnutrition were in compliance with the SPHERE minimum quality standards. A total of 93,777 (52 per cent female) severe acute malnutrition cases - 58 per cent of the annual target - were admitted for treatment, out of whom 91.1 per cent recovered fully, 8.1 per cent abandoned treatment, and 0.8 per cent died.

**Scaling up community-based nutrition programme as a contribution to the regional Key Result for Children on prevention of stunting.** While national estimates show a stagnation from an estimated prevalence of 23.1 per cent in 2017 to 24.1 per cent in 2018, significant progress was achieved in scaling up the community-driven model of Yorosso. This model is grounded in the principles of local empowerment, greater vertical accountability, and demand-responsiveness. Parents were informed on the importance of optimal infant and young child feeding and other key family practices, including child stimulation, for the prevention of all forms of malnutrition. In eight health districts of Mopti and Sikasso, 689 new nutrition support groups (known as GSAN) were set up, taking the total number of villages with at least one support group to 3,220. These reach about 180,000 parents and caregivers of 720,000 children under five, which is (57 per cent of the population of the two regions). In parallel, through the community based Mama Yeleen approach implemented in five regions, 1,600 women leaders

informed 16,000 mothers and 92,071 people about child survival and cognitive development best practices. In 2019, growth monitoring and promotion will be integrated into nutrition support groups routine activities.

Additionally, nearly five million (99 per cent) children aged 6--59 months received two doses of vitamin A supplement. Despite these satisfactory results, the heavy reliance on polio campaigns for delivery is a major threat to the sustainability of the programme. The polio campaigns are being phased out and stand-alone supplementation campaigns remain too costly to be sustainable.

**Health and nutrition in emergencies.** The extension and strengthening of the cold chain in conflict-affected Timbuktu, Taoudenit, Kidal, Menaka, Gao and Mopti with the deployment of 94 solar refrigerators allowed for the resumption and scaling-up of immunization activities in remote areas.

By 2 December, there had been 1,577 suspected cases of measles, with 413 laboratory-confirmed. In response, localized vaccination activities were conducted, reaching 6,967 children. A total of 509,685 children under-five were reached by each round of polio campaign, while another 72,119 were vaccinated against measles.

In Mopti and Timbuktu, seasonal malaria chemoprevention and active screening of acute malnutrition were integrated in 41 districts. As a result, 537,909 children aged 3--59 months (85 per cent) received seasonal malaria chemoprevention, while 1,402,671 children aged 6-59 months (60 per cent) were screened, with 41,745 acute malnutrition cases and 9,020 severe acute malnutrition cases.

**Strategic partnerships.** UNICEF continued to lead the multisectoral Nutrition Cluster coordination and this opportunity was used to influence major decisions and actions for children and women. With key partners (ECHO, the European Union Delegation (EU), Canada, World Bank, United States Agency for International Development/USAID, WHO and WFP), joint advocacy for a gradual increase (which is still to materialize) in the allocation of the national nutrition support budget was successfully undertaken. This will facilitate the scale-up of nutrition support groups as well as integration of core nutrition indicators in the District Health Information System.

## **Goal area 2: Every child learns**

Achievements contributed to government efforts to lift barriers to school attendance for children aged 3--15, particularly girls and the most disadvantaged children, and ensure children can access quality basic education and succeed at school. Mali experienced a decrease for all indicators during the past school year.

Focus on equitable and inclusive learning opportunities for children: UNICEF continued to support the Ministry of Education (MoE) to ensure children have access and remain at school. The gross enrolment rate in primary education decreased by almost four percentage points in one year, returning to the level of academic year 2014/15. The MoE created a national platform on out-of-school children and UNICEF was designated as a lead agency. A national mapping of partners supporting out-of-school children initiatives and a database of interventions were established, allowing the MoE to ensure appropriate synergy between partners and form a better understanding of the coverage of activities in the field.

At community level, UNICEF focused on facilitating the reintegration and enrolment of more than 40,976 out-of-school children (50 per cent girls) through direct reinsertion and accelerated learning strategies for the 2018/–2019 school year. The Back to School campaign engaged 3,876 child and youth ambassadors (1,918 girls), who trained and used different community-based awareness activities, including home visits, community dialogues and interactive radio programmes. An action plan aimed at revising the early learning strategy was elaborated, leading to an increase in budgetary allocation for the preschool subsector from 0.01 per cent to 4 per cent in the forthcoming education sector plan.

To promote the holistic development of young children, UNICEF implemented an integrated early childhood development (ECD) strategy that reinforced community-based platforms, working with parents and caretakers to improve practices related to nutrition and cognitive stimulation. Through UNICEF support, 8,718 children (4,520 girls) accessed pre-primary education.

**Gender-responsive programming.** To address gender constraints related to access to schooling, UNICEF supported the MoE to develop an action plan aimed at addressing inequities in Mali's new Education Sector Plan. The plan allows for better definition and costing of activities to improve girls' education in the Multiyear Operational Budget Plan, which is linked to the Sector Plan. The creation of girls' clubs in 100 target schools in Mopti, Sikasso and Bamako was supported, providing 2,283 girls with life skills training on sexual and reproductive health, self-esteem, civic education and leadership. These girls in turn empowered their peers through knowledge-sharing.

#### **Improved learning outcomes as a contribution to the regional Key Result for Children.**

While there are no recent data available, some indications of poor learning outcomes may be gained from the high repetition rates of 20 per cent at primary education and 36 per cent at general lower secondary. At the same time, the completion rate for primary schools deteriorated from 48 to 42 per cent between 2016/17 and 2017/18. In 2019, UNICEF and other partners will identify solutions to reduce the repetition rate and increase the completion rate of children.

UNICEF continued to support the MoE to improve the school learning environment through capacity building initiatives, the provision of equipment, tools and skills, allowing children's learning outcomes to be monitored. At primary level, UNICEF reinforced the capacity of 2,695 education officials and teachers (22 per cent female) to strengthen learner evaluation methodologies and pedagogical practices, benefitting 75,000 children in 647 schools. Furthermore, 103,969 vulnerable children were provided with individual school kits.

Community-based preschool teachers' skills were improved and recreational materials provided to promote young children's motor and cognitive development. UNICEF provided 275 audio instruction modules, consisting of national preschool training modules translated into five local languages, in three pilot regions to enhance literacy and numeracy competencies of children entering Grade 1. To deliver quality early learning, 670 female animators in 346 preschools in six regions were trained, benefitting 16,842 young children, including 8,353 girls.

In conflict-affected areas, the situation regarding closed schools deteriorated: with 500 closed schools in 2016/17 and 735 in 2017/18. UNICEF promoted community dialogue sessions involving regional education authorities and implementing partners to re-open schools. The

provision of 67,000 school kits helped ensure the continuation of education. UNICEF also promoted the use of innovative approaches, using interactive modules for teachers and model lessons, targeting 25,200 children. UNICEF distributed 632 digital tablets to 474 teachers, 116 school directors and 42 school inspectors.

**Building strategic partnerships.** As coordinator of the technical and financial partners, UNICEF engaged in and influenced sectoral policy dialogue and fostered partnerships with key stakeholders. These included the EU, Canada, World Bank, USAID, UNESCO, and the Ministry of Innovation and Scientific Research. UNICEF utilized its position as lead agency to help push forward strategies and policies ensuring access to quality schooling within the humanitarian cluster response plan and the new Education Sector Plan. A major achievement was the endorsement of the Safe Schools Declaration by Mali in February, which guarantees that schools stay free of armed personnel.

### **Goal Area 3: Every child is protected from violence and exploitation**

Achievements contributed to supporting the Government to ensure children, especially girls, are better protected against violence, abuse and exploitation. No recent data are available on child marriage and female genital mutilation/cutting, two major challenges facing children in Mali.

**Protecting children affected by the conflict and childprotection in emergencies.** More than 14,000 children (53 per cent girls) received prevention and response services including medical, psychosocial support, interim care and reintegration. One hundred and seven children (five girls) formerly associated with armed groups and released back to communities received support while in interim care, including medical, food, psychosocial and education services. Only 28 of the 107 children were reunified with their families before the end of the year. UNICEF advocacy with the anti-terrorism and justice authorities led to release of 21 children suspected of association with armed groups in Mopti, and their transfer to child protection authorities for interim care, pending family reunification.

In addition, 178 unaccompanied children (59 girls) were provided with care, family reunification and follow-up in collaboration with the International Committee of the Red Cross, the local Red Cross and the regional child protection committees. A total of 14,020 vulnerable children (7,293 girls) were provided with community based psychosocial support in child friendly and safe spaces in Gao, Timbuktu, Kidal and Mopti. A total of 73 girls, survivors of conflict-related gender-based violence received health and psychosocial support.

UNICEF strengthened capacities of partners engaged in the Monitoring and Reporting Mechanism (MRM) to monitor and report incidents of child rights violation. Around 500 incidents including recruitment and use, sexual violence, abduction, killing and maiming of children were documented and reported. Additionally, initial steps have been taken to deploy Child Protection Information Management System+ software in 2019.

Following the deployment of nearly 1,400 units of G5 Sahel in Mopti, UNICEF in close collaboration with MINUSMA, supported the inclusion of Children and Armed Conflict modules in the training of Joint Forces. A handover protocol for the transfer of children associated with armed groups and a directive on the protection of children during military operations were adopted. Additionally, a Child Protection Advisor to the Force Commander was deployed.

**Support to the Truth Justice and Reconciliation Commission (TJRC).** UNICEF provided technical support to the Commission for the inclusion of a child perspective in all activities. The TJRC personnel were trained on the principles of the participation of children in the transitional justice process, how to involve them in the process of establishing truth and on how to support victims. The Commission developed a detailed action plan to ensure better participation and protection of children in 2019.

**Prevention and protection against harmful practices, with a focus on child marriage as a contribution to the regional Key Result for Children.** In Kayes region, where prevalence of female genital mutilation/cutting is the highest at 89.6 per cent, 80 and 68 communities publicly declared abandonment of the practice. In the same region, 68 communities declared abandoning child marriage. These declarations were the result of community-based dialogue and social mobilization conducted at village level, during which adolescent girls played a significant role as agents of change. A total of 60,016 adolescent girls were reached through prevention and care interventions for child marriage and female genital mutilation/cutting through focus group discussions in schools and in communities in six regions. Sixty per cent were empowered to conduct outreach sessions and lead discussions on child marriage, female genital mutilation/cutting and on life skills. As a result, 80 girls (aged 13–15) were prevented from entering child marriages and 307 avoided female genital mutilation/cutting.

In total, 1,265 survivors of female genital mutilation/cutting, 293 who were married as children, and 24 women aged 19-21 years who were victims of forced marriage benefited from at least one service through UNICEF supported local NGOs and decentralized social services. The services included psychosocial support, medical care, legal assistance and support on income-generating activities.

**Fulfilling the right of children to a legal identity, through birth registration.** The National Civil Registration Strategy was adopted, and a memorandum of understanding was signed between health and civil structures for the appointment of community health workers as birth register agents. This collaboration will speed up registration of births within the legal deadline. UNICEF efforts led to increase in birth registration in communities outside of health facilities from 54.7 per cent in 2017 to 61.7 per cent in 2018 in targeted localities. Birth registration of children beyond the legal deadline of 30 days in conflict-affected areas remained an important challenge, with a significant impact where children associated with armed groups are released and need assistance. In total, 25,877 children were identified in Gao and Timbuktu and received birth certificates through UNICEF-supported legal process of supplementary judgement.

**Building partnerships.** UNICEF worked with national and local authorities, including Members of Parliament, governors, mayors, local leaders, women and youths' groups to advocate for the adoption of the law to prevent, punish and respond to gender-based violence, including female genital mutilation/cutting and child marriage. Despite collaborative efforts by UNICEF, UNFPA and UN Women in advocating and sensitizing authorities on the Bill and the communication strategy, it has not been adopted. Deep-rooted gender and cultural norms remain major barriers, as does the Code of Persons and Family which authorizes girl marriage at 16 and does not criminalize the practice of female genital mutilation/cutting. UNICEF advocacy for the adoption of the Child Protection Code, which will lower the minimum age of marriage for girls to 18, has continued throughout 2018, however resistance from conservative religious leaders continues to be an obstacle. UNICEF, UNFPA, UN Women, WOMEN, the United Nations High Commission for Refugees (UNHCR) and UNDP developed a four-year programme funded by

the EU to Prevent and Respond to Violence Against Women and Girls in Mali, as part of the Spotlight initiative.

#### **Goal area 4: Every child lives in a safe and clean environment**

Achievements contributed to supporting government efforts to ensure communities, particularly those in rural and disadvantaged areas, have increased sustainable access to and use of safe drinking water, basic sanitation and hygiene, including in emergency situations.

**Progress towards integrating the SDGs into sector policies.** UNICEF as lead agency of the water, sanitation and hygiene (WASH) Donor Coordination Group, supported the Government to hold a multi-stakeholder dialogue to build political will to reflect the SDGs in national WASH policies. Significant processes undertaken included:

Annual national water and sanitation sectoral review. As a result, the Ministries of Water and Sanitation committed to expand the sustainability compact from three to five regions and develop a sectoral agreement on sustainability with an adequate monitoring mechanism;

- 1 Production of the Ngor's Sanitation follow-up report;
- 2 Participation by the Government of Mali and civil society in the African Ministers' Council on Water (AMCOW) meeting and Africa Water Week in Gabon;
- 3 The Sanitation and Water for All (SWA) meeting in Portugal in November. This led to the designation of Mali as a new member of the SWA steering committee and a pioneer country on mutual accountability mechanisms.

**Open Defecation Free rural communities.** Despite funding constraints, UNICEF and partners managed to raise the profile of rural sanitation by strengthening Community-led Total Sanitation (CLTS) and post-open defecation free (ODF) monitoring and action plans, and by developing WASH marketing approaches and tools. In total, 35 communities, comprising a population of 26,950 in northern regions were triggered through the direct support of UNICEF during the reporting year. UNICEF continued to support and strengthen SANIYA, the national sanitation database covering CLTS, post-ODF and liquid waste subsectors, which was developed in 2017. In 2018, the database had already registered 625 triggered communities and 457 ODF-certified communities benefitting 186,768 people out of 4,598 communities (3,542,454 people) since the adoption of CLTS in 2009.

**Improved access to safe drinking water in emergencies.** Water access in northern regions remained critical due to prolonged under-investment in the sector, aggravated by conflict. UNICEF provided water to 199,134 people following human-made or natural disasters and supported building the resilience of populations. As a result, 53,600 people gained access to improved water sources and 145,534 people benefitted from short term distribution of household water treatment products and water trucking. The latter figure included 4,000 severely acutely malnourished children and their families (24,000 people) who received water treatment kits to improve recovery.

**WASH in schools.** To address the limited data on WASH in schools, the MoE with UNICEF support and in collaboration with REHA (a local NGO federation), completed a baseline survey on WASH access and practices in primary schools. The results provided the sector's stakeholders with an updated situation analysis and data to inform programming. In addition, a WASH in schools' technical platform was set up under the lead of the MoE to ensure cross-sectoral dialogue to influence policies and strategies. UNICEF's direct support resulted in the validation of the new National Strategic Plan for the Promotion of WASH in Schools 2018–2022. Cross-sectoral gender programming work was developed between WASH and education

sectors. As a result, nearly 16,412 children (7,835 girls) in 62 primary and 21 secondary schools in two regions gained access to facilities with WASH minimum standards.

**Gender-responsive interventions.** Under the coordination of REHA and with the support of UNICEF and WaterAid, a national platform was created to better address the specific needs of girls. The platform promotes menstrual hygiene management to improve girls' school attendance and performance as well as advocates for social inclusion and individual respect. A menstrual hygiene management roadmap with three main axes of intervention was validated: research/action studies, capacity building and learning, and advocacy and coordination.

**Building partnerships.** In collaboration with WHO, UNICEF supported the Trackfin initiative, which aims to set up an improved national system to monitor financial investments and flows in the WASH sector. Financial data collection and analyses were consolidated, and the scope of the study was broadened to specific sub-sectors such as integrated water resources management, hygiene, WASH in schools and in health centres. As the lead agency for the Inter-Agency Standing Committee WASH Cluster, UNICEF organized a forum and workshop in Kidal to assess the status of water access in the region, which aimed at readjusting the WASH in nutrition national strategy. As lead of the WASH donor coordination group, UNICEF coordinated elaboration of PROSEA 2 and inventorying of all water points.

#### **Goal area 5: Every child has an equitable chance in life**

Achievements contributed to supporting government efforts to ensure national and sub-national social policies are more inclusive and equitable, promoting the resilience of families and vulnerable communities.

**High level advocacy.** 2018 marked the last year of implementation of the 2016-2018 Strategic Framework for Economic Recovery and Sustainable Development/CREDD as well as the preparation for the new Framework for 2019-2023. UNICEF conducted a situation analysis of Malian children with the specific aim of directly influencing the CREDD 2019–2023 and ensuring that children's issues are visible. The draft fully integrates issues related to child deprivations - nutrition, education, health and poverty - in its diagnostics and results matrix. Additionally, numerous high-level advocacy efforts led by UNICEF with partners including the EU Delegation, World Bank, and other UN agencies were undertaken to ensure children and young people are at the centre of government policies and national plans.

**Child poverty now routinely monitored.** Monetary child poverty was estimated retroactively for 2015–2017, using the yearly household survey data. The Government has institutionalized collection of the indicators through this annual survey, conducted by its Central Statistical Office (INSTAT). From 2018, Mali can track child monetary poverty on a yearly basis through its household survey, known as EMOP.

**Advancing efforts on the 2030 agenda.** Following the mainstreaming, acceleration and policy support (MAPS) mission and the prioritization exercise for SDG targets conducted in 2017, Mali volunteered to present a national report on implementation of the SDGs at the United Nations High-Level Panel. With UNICEF support, the Government prepared its baseline report using reference values for indicators on child monetary poverty (SDG 1.2.1) from the EMOP and child multidimensional poverty (for SDG 1.2.2). Baseline values were provided for all SDGs, except SDG 14.

**Enhanced social protection coverage for vulnerable families.** A total of 67,867 households covering 393,629 children benefitted from the national safety nets programme compared to 60,715 households covering 352,147 children in 2017. The 2017 interim evaluation of jigsaw, the national safety net programme, showed no results for nutrition outcomes in children, despite noticeable improvements in overall household wellbeing. As a result, jigsaw was enhanced with a nutritional preventive package. The number of children having benefitted from health care free of charge under the Medical Assistance Scheme (RAMED) also increased sharply and stood at 20,538, including 15,289 children in Mopti and Sikasso, the two regions where this programme is supported by UNICEF.

Under UNICEF's lead, the Government pioneered its first multi-sectoral national dialogue on a social protection floor with the intention to integrate it in its strategies to meet the demands of the 2030 Agenda (SDG target 1.2.3) and commitments for the National Social Protection Policy.

### **Gender dimension**

Significant efforts were made to include strong gender considerations in the UNICEF Mali strategic moment of reflection and to finalize the gender programmatic review in order to define gender priorities and focus areas to empower adolescent girls as a key results for children in the next Country Programme 2020–2024. The deliberations highlighted four key areas: 1) jump-starting access by adolescent girls to essential nutrition services (Goal Area 1); 2) empowerment of marginalized girls through education (Goal Area 2); 3) reduced incidence of child marriage and female genital mutilation/cutting (Goal Area 3), and; 4) menstrual hygiene services, information and puberty education (Goals 5 and 2).

UNICEF Mali laid out its foundation for a dual approach – programmatic and institutional – to effectively implement the Gender Action Plan by setting interlinkages between key strategies and cross-sectoral programmes. Gender equality was integrated across all programme areas. Cross-sectoral initiatives were developed between the WASH and education sectors, and between health, nutrition and education sectors to ensure girls' specific needs are addressed. Specific results achieved are reported earlier under each goal area. Defined priorities for adolescent girls included specific needs related to health, a safe and clean environment, menstrual health and hygiene, essential nutrition practices and puberty education.

At the institutional level, UNICEF Mali enhanced availability of gender data and evidence as well as girls' engagement in programming, including during the situation analysis process. A study on social norms, conducted with the University of Belfast was launched with the aim of informing programme design and better addressing gender inequalities in norms and practices.

Additionally, to improve the gender balance in the UNICEF Mali and improve working conditions for women, a gender parity strategy was developed. A female excellence promotion project was launched to offer internship opportunities to the most brilliant university students, who could later become a national talent pool for employment.

### **Prevention of sexual exploitation and abuse (PSEA)**

In December, the PSEA Action Plan for UNICEF Mali was developed and costed. The PSEA notification alert was rolled out in all offices of UNICEF. Increased awareness on PSEA and UNICEF core values was built through regular sensitization sessions and meetings for all staff,

including as part of the induction for new colleagues. In addition, there were also opportunities to discuss prevention of harassment during the mission of UNICEF's Principal Ethics Advisor to Mali in September.

## **Humanitarian situation**

UNICEF continued to lead the WASH, nutrition, education clusters and the child protection sub-cluster, in collaboration with the sectoral ministries, the Ministry of Solidarity and Humanitarian Action and the Malian Civil Protection. Based on the updated national flood and disaster management plan, 56,718 people affected by humanitarian crisis were assisted. Through a participatory and inclusive process, UNICEF conducted a four-step emergency preparedness planning exercise aligned with the UNICEF Mali workplan, for more effective response to humanitarian crisis and prompt delivery against the Core Commitments for Children. Specific results for humanitarian actions are outlined in every goal area earlier in this annual report.

Two humanitarian-related evaluations were carried out: the evaluation of UNICEF's humanitarian response 2013–2017 and the global evaluation of UNICEF's coverage and quality in complex humanitarian situations. The findings will inform the next country programme and will guide UNICEF humanitarian interventions. UNICEF will ensure vulnerabilities caused by the crisis are properly identified and addressed. As part of the process, a risk-informed programming workshop was organized with key partners to identify and discuss the risks that could affect children in Mali. Those risks will be considered while developing the theories of change for the next programme cycle. Discussions are ongoing with UNICEF WCARO on developing an accountability framework for beneficiaries and affected populations that will contribute to accelerating results for children.

Following the joint visit of the emergency directors from UNICEF, the EU, WFP and the Food and Agriculture Organization (FAO) plus a joint security mission, UNICEF advocated at all levels (humanitarian country team, donors, integrated missions, development partners) for increased humanitarian access. UNICEF's joint advocacy with other agencies such as WFP, OCHA, UNHCR and FAO was significant in convincing United Nations Department of Safety and Security(UNDSS) to review its security and risk management strategies to include community acceptance and negotiation.

## **Other cross cutting areas**

### **Communication for development**

Following the adoption of the C4D national policy (PNCD), six regional and district PNCD committees were established and are functional. A total of 34,000 community leaders were equipped with skills to conduct outreach activities and promote the adoption of key family practices. In addition, 60 members of faith-based organizations (Muslim, Protestant and Catholic) were equipped with skills to conduct awareness-raising activities in communities, aiming at influencing positive social change.

Communication for development was a key strategy in achieving sectoral results, especially on immunization, nutrition, protection and education, as highlighted under each goal area. Several approaches were developed to reinforce adoption of key family practices among communities, including leveraging Mama Yeleen to strengthen resilience in four regions. It helped raise awareness about cognitive development, infant and young child feeding practices, and pre- and post-natal consultations. Communication for development approaches also strengthened

social cohesion and helped open broader access to basic social services in Mopti and Segou.

### **Promoting peacebuilding**

In partnership with the International Organization for Migration (IOM) and UNESCO, the capacity of 2,500 young peace actors (1,000 girls) and 900 women was strengthened to raise awareness of their peers and their communities about inter- and intra-community tolerance, while conducting home visits, focus groups and organizing intercommunity and generational dialogues. The use of new technology and local media enhanced awareness-raising. By the end of the year, 57,255 youths (41 per cent girls) had subscribed to the SMS-based platform U-Report to share their opinions about children's rights, peace and social cohesion.

### **Partnership strengthening and innovation**

UNICEF Mali began exploring engagement with private sector partners to help foster innovation and find solutions for children and young people. An innovative public-private partnership involving Canada, the UNICEF Canada National Committee, mining companies together with Government partners was discussed to leverage funding for the promotion of children's rights and ensure a more positive economic and social impact of the mining industry for children. UNICEF started working with Spanish Cooperation and other public and private partners and research institutes to conduct research and identify local solutions to ready-to-use therapeutic food production, building on similar experiences in the region. Finally, UNICEF engaged with Impact Hub, a global network focused on building entrepreneurial skills, to work with young entrepreneurs and co-create innovative solutions to inform the new Country Programme.

### **Communication and advocacy**

UNICEF's communication and public advocacy strategy continued to be implemented with a strong focus on out-of-school children, the fight against malnutrition and promoting the health of the youngest children. In support of public advocacy around neonatal health, the EveryChildAlive campaign for newborn survival was rolled out with a strong link to the Early Moments Matter ECD campaign, emphasizing the need to provide a complete package of services to the youngest children with involvement of role of mothers in Ségou and Sikasso, the regions with highest neonatal mortality.

To position out-of-school children as a subject of nationwide public concern, UNICEF hosted its most ambitious child participation event ever, Oxyjeunes. Press articles written by children were placed in influential dailies and widely read by Government and decision-makers. Child journalists also led radio broadcasts and live social media events.

In support of public advocacy around female genital mutilation/cutting and child marriage, in collaboration with UNFPA and UN Women, UNICEF rolled out the digital campaign #HearMeToo. This involved creating a change-maker narrative and profiling inspirational community members who are breaking the silence and acting to end these harmful practices.

Overall, coverage on the three key advocacy priorities was secured in top-tier media such as Radio France International (RFI), France24, Le Monde, and the Guardian. Reach and engagement of digital audiences on UNICEF social networks increased by 124 per cent in under a year.

### **Planning, monitoring and evaluation**

UNICEF and its partners, including youth, started to elaborate the 2020-2024 Country

Programme. Key orientations around the life-cycle approach, gender and decentralization were agreed during a strategic moment of reflection with participants from Government, civil society, and United Nations agencies. A shared understanding of the challenges faced by children and youth (including specific challenges for adolescent girls) and key priorities for the Country Programme was reached. Ownership of the process by the Government was ensured through an inter-ministerial Steering Committee and a Government-led technical group. In addition, UNICEF and partners held a risk-informed programming workshop during which opportunities to strengthen social cohesion and resilience and to ensure coherence between development and humanitarian action were identified, as well as theories of change for effective realization of results developed.

### **Change strategies**

To increase demand for quality social services across sectors, UNICEF engaged local government and communities in multiple social and behaviour change interventions (see Goal Areas 1, 2, 3, and 4). Policy dialogue, advocacy, provision of quality technical assistance across sectors and documentation of best practices and evidence-based approaches helped to strengthen systems impacting on vulnerable children.

UNICEF explored multi-stakeholder partnerships for children and young people among donor community. UNICEF continued to partner with UN agencies, combining efforts to deliver results through seven joint programmes, whilst also sharing capacity and knowledge on a range of initiatives, including advancing country readiness to report on SDGs, as a lead of the monitoring and evaluation technical group for UNDAF. Appropriate communication, human resources, information and communication technology, administrative and supply-related support, and an active programme monitoring system over cash transfers were all effective internal enablers of results.

## **Part 3: Lessons learned and constraints**

### **Point-of-care (ALEREQ) as a strategy to accelerate paediatric HIV care in Mali**

**Background/Issue:** Using innovative approaches to deliver services is likely to yield more results for children. Mali had a low average enrolment of HIV-positive children on ART (200 per annum) between 2010 and 2016 compared to an average of 2,000 adults and a very low viral load suppression level in children already on ART (only 26 per cent). The main reason is the weak identification and referral system for children.

**Strategies:** To improve the situation, in line with Mali's 2017–2018 catch-up plan to enrol 1,275 new HIV positive children each year in treatment, a new approach was introduced to fast track the achievement of the 90-90-90 targets for children by 2020. The dual point-of-care for early infant HIV-diagnostic and viral load technology (AlereQ) was introduced. This state-of-the-art device was provided to 10 districts and the capacity of health workers built for improving the survival of HIV-positive infants through an early identification and initiation of ART. To ensure ownership, sustainability, capacity building and skill transfer, UNICEF opted to strengthen the government system. Districts and health facilities whose technical teams are the direct implementers of the programme were identified by the Government. A solid partnership was established with not only the Government at central and decentralized levels, but also with UNAIDS and WHO and other partners in the health and HIV sectors.

**Results:** Within a four-month period, 281 infants were tested using AlereQ in 10 districts, compared with 271 infants tested in one year in 75 districts nationwide. Most importantly, the 31 infants identified HIV-positive through AlereQ were immediately initiated on ART.

**Lessons learned:**

- 1 Early diagnosis of HIV is feasible and can be expanded rapidly to improve paediatric HIV response.
- 2 The full support, buy-in and ownership of the Government at national and district levels was instrumental in rolling out the new approach.

**Next steps:** Looking forward, efforts will be deployed including additional partnerships for scaling up AlereQ to other health facilities. The focus will be on high load facilities with high yield, using all suitable health, nutrition and community services delivery entry points. Remaining areas of work will be the integration and linkage with other maternal, newborn and child health and nutrition interventions in line with the new Country Programme 2020–2024 vision of integrated, community-level programmes.

**Youths demonstrate their potential and the use of innovative tools**

Access to education remains a major issue in Mali. It is estimated that over one million children aged 7-12 are out of school and at risk of rights violations. Every year, UNICEF Mali organizes Back to School (BTS) campaigns to inform communities on the importance of enrolling children in schools, with a focus on girls.

During the 2018 BTS campaign conducted nationwide, in addition to Child Ambassadors, UNICEF trained 1,690 youth (825 girls), as Second Decade for Education facilitators in interpersonal communication and how to raise awareness among parents and communities about the importance of education. They were also provided with 1,000 telephones to collect data and learnt how to use the RapidPro based tool Edutrac.

Three major steps were taken:

- 1 Three weeks before school opening, trained youths accompanied BTS Child Ambassadors to conduct home visits to inform parents on the importance of enrolling or facilitating children's return to school. Several youth groups (girls and boys) went door to door for five days, visiting 10 households a day to meet with parents and children and discuss issues regarding the importance of education. They also took part in interactive radio programmes and conveyed key messages on girls' education.
- 2 Two weeks after school opening, the youth visited the same households for a second time, to collect data on children who were enrolled for the first time as well as those who returned to school.
- 3 A week later, youth received a questionnaire developed from Edutrac via SMS on their telephones. They answered the questionnaire with the data collected and sent it back to UNICEF by responding to the SMS.

Youth dynamism combined with technological innovation helped to measure the results achieved. Edutrac data revealed that 2,186 BTS Child Ambassadors directly helped enrol 22,025 children and return 9,324 others to school. Real-time monitoring with data generated by young people are powerful tools that can support the Government and partners to plan and make decisions.

**Lessons learned.** Generating evidence is key for communication for development. In the framework of Generation Unlimited, UNICEF can position the second decade to contribute to promotion of key family practices and use technological innovations to generate data on health, water, hygiene and sanitation, nutrition and child protection.

As an added value, they helped provide evidence that the communication campaign achieved results, while raising participation and engagement. It also meets, to some extent, a need expressed by young people during the strategic moment of reflection to be allowed to plan, execute and evaluate their activities themselves.

**Way forward.** To scale up the strategy, UNICEF Mali will align youth programming to its KRCs: immunization plus, quality education, child marriage, stunting. If youth engagement is channelled towards the KRCs and given the necessary support to conduct activities, youth will co-create, innovate, and deploy their full potential. Youth will help collect data and inform programming, and their commitment to their own communities will contribute to more sustainable results. Of importance is the engagement of girls, as the available avenues for their participation remain limited.

### **Integrated programming approach to maximize impact on children**

The 2015-2019 Country Programme has a general objective to support the Government of Mali to increase equitable access to basic social services, strengthen the resilience of communities, support service delivery systems and promote policies and budgets that are sensitive to the situation of the most disadvantaged groups and children, while ensuring a better transition from humanitarian action to development.

Considering the community-based health care initiative and deprivation analyses that have shown half of the poor children who suffered from at least three deprivations were living in central region of Mopti and southern Sikasso, the programme focusses on these two regions. In Mopti and Sikasso, the aim was for all components of the country programme to offer integrated service packages in communities, schools and health centres. These interventions would be guided by a participatory approach to strengthen the capacity of rights holders and duty bearers while working for social change, local ownership and equity-based programming. The prevention of chronic malnutrition was to serve as an entry point for the establishment of a set of high impact interventions. Thus, nutrition activities would be combined with health, water and sanitation, education and food security interventions to promote a preventive, multisectoral and integrated approach and generate optimal benefits. UNICEF Mali has offices in these two regions and staff in each sector of intervention.

To support the process of developing a new Country Programme for 2020–2024, UNICEF Mali conducted an evaluation of the approach in December to draw lessons and make recommendations to better define appropriate strategies. The evaluation revealed the following.

*Relevance of the approach:* The integrated approach was relevant as the nature of the interventions aligned with and contributed to the priorities identified in the UNICEF strategic framework, in the UNDAF, and supported the priorities in national policies and strategies.

*Coherence of the approach:* The concept of the integrated programming approach was not

based on a well-articulated and integrated theory of change. Although the changes expected by each of the sectoral components of the integrated programs of Sikasso and Mopti appear to be complementary and relevant, the establishment of a harmonized understanding of the integrated approach within the UNICEF team would have led to greater adherence to the approach. There was no monitoring mechanism to demonstrate how the integrated approach was more or less efficient than the traditional approach of implementation by sector.

*Effectiveness and efficiency of the approach:* The programme achieved a considerable number of expected results considering the implementation context and the timeframe. However, the monitoring and reporting system did not fully reflect the work done by UNICEF. The planning cycle followed the usual sectoral approach, and the inadequacies of the monitoring and evaluation mechanism have not favoured the establishment of an integrated approach. The budget structure did not allow an analysis of the efficiency of the programme: whether the resources were used well nor to confirm that the results were achieved at lower cost than previously.

### **Lessons learned**

- 1 The process of designing and planning complex multi-sectoral integrated programmes must be based on an adapted, specific and concerted approach, ensuring the participation of all the sectors of intervention concerned. It must ensure a harmonized understanding of the proposed integrated vision and the definition of consistent, unifying and measurable statements of results.
- 2 The effectiveness of a programme implies the efficiency of the management and use of the data and the information it generates. Multiplying data collection tools without convergence and integrated vision can quickly become detrimental to a team's effectiveness.
- 3 The implementation of integrated programmes must result in an operational strategy. This should stipulate how the integrated vision of the programme will be articulated, specify the roles, responsibilities and accountabilities of each actor (country office, zone offices, sections, programme monitoring and evaluation unit), outline the schedule, the implementation sequence and the monitoring protocols.
- 4 An integrated programming approach must be unifying for all programme sections and reflect the needs and priorities identified according to the strategic reference guidelines including, for example, the child development cycle and the Key Results for Children, without forgetting the specificities of each area of intervention. As a result, it may be too restrictive to offer a single-entry point for the entire programme.

### **Way forward**

- 1 For the 2020-2024 Country Programme an integrated theory of change and results framework will be developed and aligned to UNDAF and UNICEF 2018-2021 Strategic Plan. A life cycle approach will be developed to ensure integration of interventions;
- 2 To move forward with an integrated programming approach, which is also considered promising, dedicated brainstorming exercises will be conducted to agree on a common vision of the integrated approach;
- 3 One of the determinants of the success of an integrated approach will be community involvement and engagement. It will be important to carry out a more comprehensive analysis of the multisectoral coordination mechanisms, considering the decentralization process, and the roles and responsibilities of the key stakeholders.

### **Outlook for 2019**

2019 is the last year of the UNDAF and the UNICEF Country Programme 2015–2019. UNICEF has started the process of developing a new Country Programme for 2020–2024. A strategic moment of reflection workshop was conducted with key stakeholders including the Government, other United Nations agencies, non-governmental organizations, children and youth, to discuss and define strategic priorities and identify alternative solutions for a transformative agenda for children and young people. The workshop highlighted the need to mainstream the life cycle approach and involve more young people as agents of change into the new programme cycle. The new Country Programme will be in line with the new UNDAF 2020–2024 that is being developed, and in conformity with the Strategic Plan Common Chapter (with UNDP, UNFPA and UN Women) as well as the UN Integrated Strategy for the Sahel.

The programme context will have the Integrated Strategic Framework as its backdrop; and will be based on the complementarity and comparative advantage of relevant UN expertise and resources in Mali – both MINUSMA and the United Nations Country Team – to ensure coordinated and integrated support to the peace process as per Security Council Resolution 2423 (2018). The MINUSMA mandate was renewed in June for another year with its peacekeeping, police and civilian presence to accelerate the implementation of the Peace Agreement.

Under the framework of Generation Unlimited, the Government is calling on UNICEF Mali to reinforce its programmes for the empowerment of those in their second decade of life. This was re-emphasized during the visit of the UNICEF Executive Director in May. Reflections have been initiated to design innovative youth approaches tailored to gender and regional contexts and with the involvement of the private sector, which will enable Malian youth to unleash their full potential and contribute to a more peaceful and prosperous country.

END/