Executive Summary

In 2014 Mali continued to face a multidimensional crisis that jeopardized the survival and development of women and children: overall political instability, an armed conflict in the North - evidenced by the events in Kidal of May 2014 - a continuous food and nutrition crisis, as well as an unprecedented Ebola outbreak which demonstrated the weakness of the national health system. These challenges, coupled with a dwindling of funding streams from bilaterals and multilateral organisations, created a complex scenario against which major results were still able to be achieved.

Significant support was provided to the Government of Mali to scale up Community Management of Acute Malnutrition (CMAM) at national level to ensure equitable access to treatment for all. Coverage increased from 26,600 severely malnourished children treated in 2011 to 180,000 in 2014.

Of note was the scaling up of the Community Led Total Sanitation approach that continued with an additional 482 villages reaching open defecation free status in 2014 benefiting 313,443 persons. A community led total sanitation (CLTS) impact study concluded that in addition to improving sanitation coverage, the CLTS programme had a positive and significant impact on growth outcomes among children less than five years of age, with a 13 per cent reduction in stunting.

The UNICEF Mali response to the Ebola Virus Disease (EVD) outbreak had two strands. The first was to provide technical and material support to set-up observation and treatments centres in three at-risk regions and in Bamako, including installation of adequate supply systems and trainings of health personnel; and the second was to undertake social mobilization efforts through which over 1.5 million people were reached.

In terms of shortfalls, the changing political and security landscape made UNICEF operations in the North extremely challenging. While early recovery of basic social services in the North was UNICEF’s priority, the recent changes in the political and security situation slowed down this process in many areas. In Kidal and Menaka, for example, there is no presence of Government personnel, resulting in the lack of functional social services systems. Humanitarian access was also problematic, with the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) increasingly becoming a military target.

Despite efforts such as the “Back to School” campaign and a progressive increase in allocation of financial resources, the primary education sector still has major challenges. Out of each 100 children aged six to 12 years, only 63 enter school, 41 remain in school until the fifth (out of which only 13 show satisfactory learning achievements), only eight continue to secondary education and two to tertiary education.

Notwithstanding UNICEF work to support the decentralization policy, overly centralized structures were still the norm in most sectors hampering effectiveness of interventions and
limiting decision-making latitude. This was manifested during the Ebola crisis, when incoherencies in the understanding of the situation and lack of consensus between different Government entities slowed down implementation of activities.

Challenges created opportunities, and new partnerships were forged in the wake of the Ebola crisis and the decline in financial support for Mali. New multilateral funding modalities were successfully tapped into, while agreements were signed to scale up prevention efforts against EVD.

**Humanitarian Assistance**

UNICEF’s humanitarian action in 2014 focused on the articulation and synergy between humanitarian and development programmes to ensure a strong emergency-transition-development continuum. UNICEF Mali strived to frame relief work into a longer-term development perspective, by building government and partner capacity to restore basic social services in conflict-affected areas. Nevertheless, continuous efforts have been made to strengthen UNICEF capacity to respond to emergencies as evidenced by the work done to address the nutrition crisis as well as the Ebola Virus Disease outbreak.

To help support the transition from the conflict that took place in 2012-2013 to sustainable development, UNICEF accelerated efforts for rehabilitation of the basic social services in the conflict-affected north, to re-establish and reinforce service delivery. In the three northern regions, 94 per cent of students are back in school, compared to the pre-crisis enrolment largely owing to the ‘Back to School’ campaign supported by UNICEF and its partners. Also, through the repair of water points, over 400,000 people were provided access to safe water and 97 health facilities were provided with basic medicines and materials. However, major operational challenges were faced in the Northern regions. The incident in Kidal in May 2014 significantly changed the security landscape in the country, making the political situation and operational environment more complex. There is very limited Government presence, especially in some areas, and humanitarian actors have increasingly become direct target of attacks: this has led to a decreased presence of partners in the North. While peace talks continue in Algiers, little has been achieved in concrete terms. In order to accelerate efforts for social cohesion at community level, UNICEF initiated dialogue with partners and developed a plan on the community-based peacebuilding activities, which will be implemented in 2015 under the framework of the Peace Building Fund.

Treatment and prevention of acute malnutrition for children under five remained a priority in 2014. It is estimated that treatment activities for acutely malnourished children (moderate and severe) reached approximately 303,600 children (six to 59 months). Coverage of severe acute malnutrition treatment increased from 70 per cent in 2013 to more than 85 per cent in 2014. An emphasis was also placed on the inter-sectoral approach to address malnutrition. A water, sanitation and hygiene (WASH) in nutrition approach resulted in effectively addressing some of the root causes of the malnutrition, ensuring 117 health centres were equipped with a WASH minimum package.

The priority action for the second half of the year was preparedness and response to the EVD outbreak. In coordination with the World Health Organisation (WHO), UNICEF supported the Ministry of Health on prevention and preparedness. The first confirmed case was in Kayes in October, followed by six confirmed cases and one probable in Bamako. UNICEF focussed on capacity-building of health systems as well as communication and social mobilization, including hygiene promotion in communities and at schools. In Kayes, UNICEF provided supplies and
technical assistance to set up the transit and observation centre. In Bamako, UNICEF provided
technical and material support to reinforce the Ebola treatment centre, including the installation
of adequate water supply systems. In high-risk areas such as Sikasso and Koulikouro, UNICEF
helped reinforce capacity of health centres by establishing three transit and observation centres
with screening mechanisms. UNICEF supported the production and dissemination of preventive
messages through TV and community radios. Information, education and communication (IEC)
materials were produced, including an ‘Aide-memoire’ guiding community mobilisers such as
community health workers, religious leaders and youth and women’s associations. Over 600
religious leaders were sensitized, with an emphasis on safe burial practices. Over 1.5 million
people were reached through sensitization activities with the National Transports Union, through
the setting-up of hand-washing facilities in all bus stations in Bamako, caravans in at- risk
communities and door-to-door visits by community health workers.

In partnership with the Ministry of Education (MoE), training of trainers was conducted for 45
pedagogic advisors and 1,000 school principals in Bamako. In partnership with non-
governmental organisations (NGOs) and the Red Cross, UNICEF continues to provide schools
with hand-washing facilities and a minimum WASH package for Ebola, with over 1,000 schools
targeted.

**Summary Notes and Acronyms**

ANSP - African Nutrition Support Programme
APUM - Association du personnel de l’UNICEF au Mali (local staff association)
ARV - Antiretroviral
BBC - British Broadcasting Corporation
BCP - Business Continuity Plan
C4D - Communication for Development
C/DRR – Conflict and disaster risk reduction
CEDAW - Convention on the Elimination of all Forms of Discrimination against Women
CHW – Community Health Worker
CLTS - Community led total sanitation
CMAM - Community management of acute malnutrition
CMT - Country Management Team
CP - Country Programme
CPD - Country Programme Document
CRC – Convention on the Rights of the Child
DCT - Direct cash transfer
DRR – Disaster risk reduction
ERM - Enterprise Risk Management
EU - European Union
EVD - Ebola Virus Disease
FGM – Female genital mutilation
FGM/C - Female genital mutilation/cutting
GBV - Gender Based Violence
GDP- Gross Domestic Product
GPS - Global Positioning System
HF - High frequency
ICT - Information communication technology
IEC - Information Education Communication
IHSS - Integrated Health Systems Strengthening
Capacity Development

Communication for Development (C4D) played a crucial role in ensuring individuals and communities develop the necessary capacity to become resilient through a robust C4D strategy across all sectors. C4D activities promoting key family practices were conducted throughout the year in collaboration with government partners, media, civil society and faith-based organizations, particularly in the framework of the on-going humanitarian and nutrition Crisis, and the latest Ebola Outbreak Response.

Through the use of a wide range of communication tools/channels, including audio-visual materials, proximity and mass communication channels (radio and prominent artists), social mobilization campaigns and targeted sensitization sessions, UNICEF promoted exclusive breastfeeding, immunization, malaria prevention, appropriate treatment for sick children, hand-washing, prevention of child abuse, and early childhood stimulation.

Information on infant and young child feeding practices was disseminated in the northern regions using community volunteer networks and local media (community radio). In UNICEF
supported nutritional centres in the North and in the Sikasso region, mothers were regularly sensitized on key practices for children’s health and nutrition, including exclusive breastfeeding, hand washing, immunization, and the use of oral rehydration salts and zinc for diarrhoea.

Communication for Development played a pivotal role by empowering communities in the promotion and adoption of immunization services for routine immunisation, and in particular for preparations for a measles campaign that was postponed to 2015 due to the unprecedented Ebola outbreak affecting the sub-region.

C4D was also instrumental in helping 482 villages achieved open defecation free (ODF) status through the adoption of the community-led total sanitation approach in the priority areas and particularly in high risk zones; communication activities and support were essential in reaching out to the community and promoting ownership. Likewise, hygiene promotion messages were translated into local languages, and broadcast through radio stations to sensitize the communities to the need to adopt good hygiene practices.

In response to the Ebola outbreak emergency, UNICEF continues to act as lead for social mobilization interventions conducting awareness activities with partners at all levels, including community dialogues with local and religious leaders, social mobilization activities with community relays and volunteers, community radio programming and mass information campaigns to ensure the Ebola virus does not spread further.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Mali worked to increase advocacy efforts highlighting the situation of children and women based on empirical data collection and analysis. Two of a series of targeted advocacy efforts focused on understanding the causes of childhood poverty and the impact of CLTS on communities and young children in Mali. The objective was to put the most vulnerable children and women at the centre of Government policy, and support the expansion of proven cost-effective high-impact interventions.

UNICEF in partnership with the Government of Mali provided the first ever estimates of national child deprivation rates in Mali using the Multiple Overlapping Deprivations Approach (MODA). A participatory national process reported that approximately 50 per cent of children in Mali live below the poverty line and 45 per cent are deprived of at least one of their basic rights such as access to health care, appropriate nutrition, education, safe water, an identity, or a protective environment. In coordination with the Minister of Finance and Economy, a National MODA Technical Committee will use the findings to guide the Government’s effort to address and reduce childhood poverty via the Community Support Rural School Programme CSRSP in 2015.

In WASH, the CLTS impact study in collaboration with the Bill and Melinda Gates Foundation and the Partnership for Economic Policy network, showed that the campaign was highly successful in increasing access to private latrines, improving the quality of latrines, and reducing self-reported open defecation. In addition, the study reported that access to a private latrine almost doubled among households in CLTS villages and self-reported open defecation rates fell by 70 per cent among adult women and men, by 46 per cent among older children (age five to 10), and by 50 per cent among children under five. The study also showed that the CLTS programme has a positive and significant impact on growth outcomes among children less than five years of age. When accounting for baseline height measurements, children under five years old in CLTS villages were taller and 13 per cent less likely to be stunted. This study resulted in
heightened awareness and dialogue around the criticality of ensuring that households, especially those with children, have access to appropriate low cost sanitation measures.

**Partnerships**

UNICEF Mali has worked to strengthen and redefine existing partnerships and forged new ones in order to improve achievement of the programme results of the new Country Programme 2015-2019.

To strengthen evidence-based programming, UNICEF developed a partnership with academia. The University of Sciences, Techniques and Technology of Bamako (USTTB) and Tulane University’s Disaster Resilience Leadership Academy have recently launched the Resilient Malian Child study so to deepen the knowledge of child well-being and resilience in the Malian context. Ties have been further strengthened with the development and launch of a Masters course on Public Health and Nutrition in Bamako in collaboration with the Faculty of Medicine and Odonto-Stomatology thanks to a close partnership between UNICEF, the Ministry of Education and the Ministry of Health and Public Hygiene. This commitment has been guided by the desire to put nutrition at the centre of public health interventions in Mali, given its importance as a major determinant of human health and deficit of qualified human resources for scaling up nutrition interventions in the country.

As new crises emerge worldwide and financial support for Mali dwindles, it is crucial to be able to tap into both emergency and development funding modalities. Advocacy efforts with traditional and non-traditional donor partners were pursued to this effect. Funds from new financial instruments, such as the Mali Climate Fund, the Peace Building Fund, the Trust Fund Human Security and new donors such the Japan International Cooperation Agency (JICA), have been successfully tapped into.

The EVD outbreak has given the opportunity to engage with a number of new partners that will continue to play an important role in future emergency and development programmes. This includes a new partnership with the National Transporters Union, who have jointly raised awareness of the truck drivers across the country. An existing partnership with religious groups was also enhanced, to effectively spread out prevention messages to the communities. Through cooperation with mobile telephone companies, U-report was launched in the regions at high risks, to reach out to youth.

**External Communication and Public Advocacy**

UNICEF Mali targeted its external communication and advocacy efforts towards putting vulnerable children and women at the core of Government policies and interests.

Tools and communication materials were developed in support of programmes, including videos, info graphics, media materials, factsheets, human interest stories and photographs to help engage key audiences to act on behalf of children to raise awareness and financial resources. Advocacy events, including field visits, were conducted with key government leaders, stakeholders and media. The Day of the African Child, the End Violence initiative, the Day of Child Girl, and the 25th anniversary of the Convention on the Rights of the Child (CRC) were all celebrated in order to bring children’s right to core of the political agenda.

The unprecedented EVD outbreak created a new scenario for UNICEF Mali, who worked towards supporting Government and partners’ coalitions to orchestrate an early and straightforward communication campaign, based on the lessons learned from Ebola-affected
Through the use of mass media, social media and community led communication channels, UNICEF was able to raise visibility of key issues affecting the population in general and children in particular. Visits with international media including the BBC, the Guardian, The New York Times, the Washington Post, NBC, CNN, IRIN, and RFI were conducted in Kayes and Sikasso. In addition, UNICEF conducted training on CRC principles, risk communication, management rumours and organized field visits with local media, including community radios. UNICEF organized television/radio spots and debates, mobile caravans and communication materials were developed to support awareness efforts to halt the spread of the Ebola virus, such as human interest stories, videos, and fact sheets).

A social media campaign was conducted on Facebook, to inform users in Mali about Ebola and preventive measures. Social media platforms have been crucial in engaging “millenniums” in discussions: for example, the UNICEF Mali Facebook page is the most popular in the region. The office launched the first French speaking U-Report in Western Africa, with the potential to reach over 3,000 children.

**South-South Cooperation and Triangular Cooperation**

In the context of prevention and response to Ebola Virus Disease, UNICEF Mali leveraged the knowledge and experiences from Democratic Republic of Congo (DRC), where the EVD outbreak had already occurred frequently prior to the 2014 outbreak in the West Africa region. In collaboration with UNICEF DRC, the office brokered and facilitated a partnership between the Governments of DRC and Mali, aiming at enhancing the national EVD prevention and response capacity through exchange of knowledge and skills. Following an official request by the Ministry of Health, UNICEF Mali supported a technical mission of two staff delegated by their counterpart in DRC. The delegation team worked closely with the key national actors involved in the EVD response in Mali, including the Ministry of Health as well as the leadership of the Emergency Operation Centre. The Emergency Operation Centre was a newly established national structure, with a mandate of coordinating all the governmental actors and other agencies as well as NGOs with regard to EVD.

Upon completion of the nine-day mission, the DRC delegation suggested a number of critical recommendations for improved EVD preparedness and response, analysing challenges related to structural and coordination issues within the Government, for instance. The mission also indicated potential areas of further support by the Government of DRC, which can be envisaged should the EVD situation in Mali deteriorate in 2015. Such South-South cooperation has proven effective, particularly within the same region where many cultural and social elements are shared, bringing positive impacts in terms of technical inputs as well as advocacy.

**Identification Promotion of Innovation**

UNICEF Mali, in partnership with the Government of Mali and the Children’s Parliament, launched the first Innovations Mali Lab in August 2014. At the launch, over 50 participants learnt from young innovators from all over the Region, and discussed with national stakeholders the role that innovations can play in improving quality of life, providing a voice to the voiceless and improving social cohesion.

Ten innovative approaches and seven new applications were developed using RapidPro as its real-time monitoring platform.
“SMS Nutrition” is an innovation that allows real time data collection to monitor on-going nutritional programmes. Health workers collect and transmit data, facilitating timely interventions when, for instance, death rates or abandons increase at targeted centres for throughout the country. This application was launched in Mopti and covers 174 health centres.

The Akwo Flow system was used to monitor rural water points via mobile phones. A pilot was launched and implemented in Koulikoro in collaboration with the international NGO SNV and the National Water Directorate. It is expected that the National Water Directorate will use the system for the nationwide inventory that is planned for 2015.

A comprehensive management system including lifecycle management of equipment, alarm reporting systems and data-driven system performance management is being piloted to facilitate routine temperature monitoring and optimize the vaccine cold chain. Other efforts include the development of a comprehensive temperature solar refrigeration system design and the modelling of cold chain transportation routes.

A new approach was tested to build 118 temporary learning spaces in Mopti and Segou. It empowers communities, led by the Village Chief, Mayor, Parents Association and local education authorities to share the costs and labour associated with the construction. This committee manages the budget and identifies priority actions and responsibilities: it might decide that the Government build half of the school walls with community providing materials and labour to complete the construction.

In November 2014, U-Report Mali was launched in partnership with the Children’s Parliament, five Bamako-based national youth groups and the Government of Mali. U-Report Clubs have been launched in seven regions and six communes in Bamako with 121 members so far.

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

The improvement of integration and cross-sectoral linkages is still a challenge for the Country Programme. The development of multi-sector Programme Cooperation Agreements (PCAs) with INGOs has proved time-consuming and has raised several managerial challenges highlighted by the internal audit, such as a lack of financial reconciliations, delays in Direct Cash Transfer (DCT) management and an inability to monitor results in a coordinated manner.

Some limited, but good, examples that will be brought to scale with the implementation of the new 2015-2019 Country Programme can be found in the areas of nutrition and child protection, as far as the regular programme is concerned, and in the development and implementation of the emergency prevention plan and the response to the EVD outbreak.

The Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey collected data on the nutritional status of children under five as well as other basic data on health, education, water and sanitation and child protection indicators. This has allowed for an analysis of the links between malnutrition and other key indicators.

In order to adequately address the multi sectoral nature of nutrition, UNICEF has been actively working in Mali to ensure that nutrition activities are linked with all other sectors which contribute to the high levels of all type of malnutrition. UNICEF supported training of health workers in in-patient treatment programmes on early childhood development and psychosocial stimulation to ensure that this aspect is integrated in treatment of children with severe acute malnutrition. This component is now successfully implemented in in-patient nutrition treatment programmes.
The office also launched a joint effort between the health sector and child protection to strengthen the national birth registration system in four regions (Gao, Mopti, Timbuktu and Sikasso) using the interoperability between Civil Registry and Vital Statistics. This approach builds on the existence and effectiveness of health care information at the community level to build and consolidates a sustainable system of birth registration supported by community structures.

In response to the Ebola Virus Disease outbreak, the office developed a multi sectoral programme response combining social mobilization, water and hygiene package, support to schools, strengthening of health systems and psycho-social support in the affected areas (Kayes, Sikasso and Bamako).

**Service Delivery**

Early recovery of basic social services and service delivery was UNICEF Mali’s major strategy to support Government in re-establishing and strengthening its authority in the North and to consolidate social cohesion and community resilience, despite a deeply divided context.

Through INGOs UNICEF provided essential medicines to cover all health facilities while functioning health centres (five hospitals in Gao and six in Timbuktu) were provided with essential medical equipment to improve the quality of care. Water regional directorates conducted a technical diagnosis and a rehabilitation of boreholes. UNICEF supported the SOMAGEP, the national water company, to restore water supply and enable directorates to scale-up maintenance of water systems. As a result, 647,250 people affected by conflict gained access to safe water. Through the “Back-to-School” campaign, UNICEF supported the return of 400,000 children back to school nationwide (160,000 in Gao and Timbuktu regions: about 80 per cent of the pre-crisis level).

Work on service delivery contributed to reinforce the supply side of existing services. However, the continuous fragile political and security context undermined the institutional and administrative capacity to ensure long-term sustainability of services, as accountability systems are not in place. This gap will have to be addressed in view of the peace agreement, as service delivery will form part of the tripartite social contract between the central Government, localized administrative structures and the population.

In the area of nutrition, significant support was provided to scale up Community Management of Acute Malnutrition to ensure equitable access to treatment for all. Through UNICEF support, partners have treated more than 115,000 children suffering from severe acute malnutrition thanks to the procurement of therapeutic foods, essential medicines and continuous support to the supply chain nationwide. The development of a community mobilization strategy was instrumental in increasing demand for services.

In the area of health, continuous work was undertaken for the strengthening and optimization of the vaccine cold chain with the procurement, distribution and maintenance of solar refrigerator systems. The piloting of innovations in this area has helped participation and endorsement by relevant institutional stakeholders and users.

**Human Rights-Based Approach to Cooperation**

In line with the strategic orientations of the current Country Programme Document (CPD) and rolling work plans, a human rights-based approach to programming and the UNICEF Core
Commitments for Children remained vital frameworks of reference to uphold the rights of crisis-affected children and women.

UNICEF continued to work with governmental, non-government and community based partners to increase their understanding of children’s and women’s rights and the international legal instruments to protect them.

At the field level, in order to provide better results for children and women, UNICEF worked to strengthen the capacities of duty bearers and rights holders, including institutions, communities and individuals. For instance, UNICEF increased its community-based programming through C4D initiatives that worked with community and religious organizations, community radio stations and mayor’s associations regarding essential family practices and inter-community tolerance as well as Ebola.

At the policy level, UNICEF continued to support the operationalization of the Additional Protocol on the Involvement of Children in Armed Conflict, the Paris Commitments and Security Council Resolutions 1612, 1882 and 1998. As a result, UNICEF and partners increased the national campaign on prevention of child recruitment and use. UNICEF also supported implementation of the Monitoring, Analysis and Reporting Arrangements (MARA) of the Security Council Resolution 1960, which strengthens accountability for crimes of sexual violence during conflict and facilitates survivor’s access to services, including to justice.

UNICEF reinforced programming to tackle female genital mutilation (FGM) and early marriage, including advocacy for legislation prohibiting FGM as highlighted in the UN General Assembly Resolution (A/RES/67/146) and raising the age of marriage for girls to 18 per commitments to Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), which Mali ratified in 1985. UNICEF supported civil society organizations to conduct prevention activities to accelerate the change of gender adverse social norms and increase community awareness of women’s and children’s rights.

In partnership with the Government, UNICEF continued to strengthen the political and normative framework for child protection through the adoption of a National Child Protection Policy in July, and the on-going development of a new Child Protection Code.

**Gender Mainstreaming and Equality**

Gender inequity, stemming from gender adverse social norms and unequal power relations, remains a primary challenge in Mali. Despite the Government’s adoption of a National Gender Policy in 2010, women and girls continue to face violations of fundamental rights and remain under-represented in most spheres of influence. The country ranks low in both the Social Institutions and Gender Index (2012) and the Gender Inequality Index (2011); 86th out of 86 countries, and 143rd out of 146 countries respectively.

UNICEF is engaged in supporting and working with the Malian Government not only to develop, implement and evaluate national action plans and strategies but also to support legislation to raise the minimum age of marriage for girls to 18 and ban female genital mutilation/cutting (FGM/C.). Two Child Protection Specialists focusing on gender-based violence (GBV) are dedicated to addressing gender inequality through GBV prevention and response activities including programming, advocacy, technical support and coordination. To achieve results, the different programme units in UNICEF Mali collaborate to ensure an integrated and multi-sectoral approach. UNICEF Mali GBV prevention and response programming began in 2003 and
remains a priority through the next Country Programme 2015 - 2019.

In 2014, an evaluation of the 2010-2014 National Plan to address FGM/C was conducted. The development of the new plan (2015-2019) is underway. In 2014, eight villages have publicly declared the abandonment of the marriage of girls before the age of 18, one village has publicly declared the abandonment of FGM/C and 37 have declared the abandonment of both FGM/C and the marriage of girls before the age of 18. A total of 1,303 women and girls received medical support for complications linked to excision.

Environmental Sustainability

As in previous years, UNICEF continued addressing environmental sustainability as a key underlying principle for the implementation of its programmes in Mali, most noticeably in the WASH and health sectors. The scaling up of the Community Led Total Sanitation approach continued with an additional 377 villages reaching open defecation free status in 2014. An impact study completed in 2014 showed that access to a private latrine almost doubled among households in CLTS villages, whereas self-reported open defecation rates fell by 70 per cent among adult women and men. This substantial reduction in indiscriminate open defecation has also reduced the risks of surface water and ground water contamination.

A pilot programme on manual drilling was implemented with 35 boreholes drilled with this new drilling technique. Preliminary work was conducted with the National Water Directorate to consider manual drilled boreholes as a Government-recognized improved water source. This will pave the way for scaling up low-cost and environmentally friendly technical solutions for water supply over the coming years.

UNICEF also continued supporting the use of renewable energy technologies, such as solar refrigerators, in the national vaccine cold chain system with 99 new refrigerators installed in 2014. These solar refrigerators are efficient, low maintenance and environmentally friendly as compared to kerosene or electrical generated refrigerators.

In terms of environmental sustainability, important progress was made with a new partnership between UNICEF and the newly-established Mali Climate Fund, one of the first national climate funds operational on the African continent. This Fund aims at supporting the Government national strategy on climate change by combining financing from bilateral and multilateral sources as well as from the public and private sectors. UNICEF Mali successfully applied to the first round of funding of the Mali Climate Fund in 2014 and received an allocation of US$1 million. The approved project will aim at increasing water supply for communities faced with water shortages induced by rainfall variability and higher temperatures, through the construction and rehabilitation of solar-powered small scale water distribution systems.

Effective Leadership

The office held seven Country Management Team (CMT) meetings in 2014, two of which enlarged to all Heads of Zonal Offices and some zonal staff, in line with a further push for decentralization supported by the Country Office.

The CMT, as well as Programme Management Team (PMT) and Operations Management Team regularly monitored programme and operations indicators and follow-up on actions to be taken by responsible staff. Along with ad-hoc efforts, such as the “Zero-Dollar Campaign”, monitoring by the main governance bodies has helped the Office improve its performance on some indicators. For example, no delay was experienced in the submission of donor reports
versus 72 per cent of donor reports submitted beyond deadline in 2013; DCT levels over six months were generally maintained under five per cent, while DCT over 9 months were maintained under the recommended maximum of one per cent.

An internal audit was undertaken between March and April 2014, with the goal of strengthening programme planning, implementation and monitoring, operations procedures and the governance environment for the overall office. Audit recommendations were a standing item during CMT meetings, and an Audit Committee composed by the Deputy Representative, Chief of Operations, Supply Manager, Chief of Planning, Monitoring and Evaluation was created to ensure regular follow-up of recommendations. Nine of the 25 audit recommendations have been closed so far. Support from the UNICEF Regional Office and Headquarters was sought on a regular basis, especially in the area of programme supplies and planning for the new 2015-2019 Country Programme.

Other formal and informal office governance bodies were also strengthened. The PCA Committee and the Contract Review Committee developed new, stricter guidelines to mitigate risks identified by the audit such as lack of strategic vision and approach in the development of partnership agreements, and to increase transparency and accountability for major procurements. The Property Survey Board conducted four meetings, and dealt with a major backlog of 2013 recommendations that had not been acted upon. Stand-up meetings were conducted regularly, while all several staff meetings were organized to inform all staff of major office milestones such as the audit, the management review, the office plan for the Ebola response, and the office plan for security after the Kidal events in May.

The UNICEF Mali Operational Business Continuity Management Plan was developed and updated during the year: one live testing exercise was conducted in June.

**Financial Resources Management**

UNICEF Mali was designated by the UN Resident Coordinator as the Harmonised Approach to Cash Transfers (HACT) lead agency. The macro assessment was conducted by an international firm ACE and the final report was received in November. The office prepared an assurance plan for the year and 23 spot checks were conducted between April and October. A total of 102 UNICEF staff members and 126 partners from all over the country have been trained on HACT. Micro assessments for partners of all UN Agencies have been planned, and will commence in February 2015. Audits of 51 partners have been planned and will be undertaken from March 2015.

Twenty five recommendations were made by the UNICEF Office of Internal Audit and Investigations after the internal audit that took place in March: 4 were considered as high priority and 11 as medium priorities. Nine recommendations were closed by November and the office is working to close 11 more. One recommendation is specifically related to UNICEF Supply Division and three to the Regional Office.

**Fund-raising and Donor Relations**

In 2014, UNICEF Mali was able to achieve a perfect record of submitting donor reports on time due to the implementation of an approved framework that includes sending reminders to sections with follow up at least one month in advance of the due date. When the report is received, the new framework includes the use of a donor report checklist to ensure the report contained the required elements. In addition, the list of reports due in the next 100 days according to VISION was shared via email to all programme managers on a fortnightly basis (or
more frequently) and also shared in the PMT.

Budget implementation was monitored through the use of the VISION Performance Management Report and Dashboard. Monitoring reports were issued on a daily, weekly, monthly and quarterly basis by the Budget Unit. These reports were shared with Senior Management and Heads of Sections and indicators discussed during PMT and CMT sessions. The relevant corrective measures to address issues with resources were decided collectively at the PMT and CMT for immediate implementation.

In 2014, UNICEF used the following monitoring tools and processes for grants monitoring: quarterly review for funds re-phasing; funding mobilization and funding gaps reports; budget implementation by Programme/Outcome/Output/Grants; programme utilization (requisitions, obligations, expenditures) by funding type; grant utilization by expiry date; donor report due/overdue; monitoring of outstanding Cash-DCT by programme, partner, age of DCT (3-6 months, 6-9 months, >9 months), and; grants unutilized amount by closing date. As a result, the utilisation of the country programme ceiling was 100 per cent for Regular Resources, 100 per cent for Other Resources-Regular and 98 per cent for Other Resources-Emergency.

**Evaluation**

The office pursued its efforts to improve the overall performance of the evaluation function by conducting and/or completing the following evaluations: the summative external evaluation of the Catalytic Initiative/Integrated Health Systems Strengthening programme in Mali; the Impact evaluation on Community Led Total Sanitation Programme in Mali; and the evaluation of the WASH in Schools programme.

The findings from the Catalytic Initiative showed that 42,000 under-five deaths were avoided between 2007 and 2012 through the introduction of a package of services at the village level. The 2015-2019 Country Programme will leverage this experience with a focus on stronger integrated programming at the community level, and on improving governance frameworks and sectoral decentralization to expand access to basic services for the most disadvantaged. Lessons learned from the impact of CLTS programme will help to strengthen the advocacy and the leverage of resources for the expansion of sanitation coverage and the campaign against open defecation.

In relation to the 2013 Real Time Evaluation of UNICEF’s response to the Mali crisis which was rated as highly satisfactory, a management response plan was prepared and implemented, and was uploaded in the Evaluation Management Response Tracking System. As of December 2014, 75 per cent of corrective actions to recommendations were completed.

In the framework of the 2015-2019 Country Programme, the office will step up actions to promote a culture of evaluation and to perform high quality evaluations with an emphasize on the impact of the programme integration model in Mopti and Sikasso, the cost-effectiveness evaluation of capacity-building strategies, and the evaluation of the area offices model.

**Efficiency Gains and Cost Savings**

In 2014, the office started working on a new telephone system, CISCO, which will help to reduce considerably the cost of telephone communication. Among the savings, all calls through all zonal offices and Bamako will be considered as internal calls. The financial gain will be evident in 2015.
UNICEF Mali started to implement the HACT. This allowed UNICEF and other UN agencies to share costs when conducting macro assessments of shared implementing partners. As a result, UNICEF was able to save US$32,000.

In goods transport, there was an increase in direct delivery to partners for local procurement, better transport costs calculated for distribution plans, and more partners collected items at the warehouse, all of which combined to save US$435,000.

In procurement, issuing a tender for Back to School items to suppliers under a UNICEF Long Term Agreement (LTA) has helped UNICEF to save US$70,000.

Regarding the warehouse, UNICEF negotiated a price reduction since no more kit preparation/packing is undertaken by the warehouse staff, resulting in US$10,000 in savings.

The average time to complete the local procurement process from Supply Order creation to Goods Receipt at warehouse or handover to partners decreased from 120 days in 2013 to 100 days in 2014.

An innovation that was put in place this year was the tracking of all UNICEF vehicles in the field using HF radios and GPS to monitor the vehicle and driver’s position and the speed on the ground. This helped the office minimize loss of vehicles, spare parts and consumption of fuel.

**Supply Management**

In 2014, UNICEF Mali procured US$59,452,484 worth of supplies. For programmes, there was an increase of 13.8 per cent from last year, and a strong reduction of local procurement supplies (by 57 per cent) which is in line with the UNICEF strategy to focus procurement efforts on strategic commodities. Procurement of local supplies considered important, but not essential, were transferred to partners assessed as “low risk” according to the micro-evaluation study. This strategy enabled UNICEF to focus its resources on the procurement for moderate/high risk partners and mitigate the risks linked to procurement.

As a result, the supplies in the UNICEF-controlled warehouse remained high and the costs of warehousing and transport did not reduce. An office strategy needs to be developed to support the Government with this issue. To help address this concern, the transport and warehousing could be undertaken by partner NGOs as part of their PCAs, which would build the local capacity, and reduce UNICEF direct costs.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies - excluding Procurement Services</td>
<td>US$24,947,491</td>
</tr>
<tr>
<td>Programmes services - excluding Constructions</td>
<td>US$2,678,825</td>
</tr>
<tr>
<td>Programme services – Constructions</td>
<td>US$10,175,920</td>
</tr>
<tr>
<td>Programme supplies - Procurement Services</td>
<td>US$19,300,254</td>
</tr>
<tr>
<td>TOTAL PROGRAMME:</td>
<td>US$ 57,102,490</td>
</tr>
<tr>
<td>Operational supplies - assets and consumables</td>
<td>US$1,761,969</td>
</tr>
<tr>
<td>Operational services - for Administrative purposes</td>
<td>US$588,025</td>
</tr>
<tr>
<td>TOTAL OPERATIONAL:</td>
<td>US$2,349,994</td>
</tr>
<tr>
<td>TOTAL PROCUREMENT:</td>
<td>US$59,452,484</td>
</tr>
</tbody>
</table>
The value of stock received in UNICEF warehouse in 2014 was US$19,568,922, and US$13,817,015 in stock value was issued during the year. The current stock value in the warehouse is US$5,751,906.

**Security for Staff and Premises**

The early recruitment of a Local Security Assistant and a Security Adviser enhanced the safety and security of all UNICEF staff, property and reputation in Mali. Regular security missions and assessments were conducted to all regions where there is an office. Security training was provided to all staff and timely advice provided to senior management on all issues related to security and safety of staff members. There was a satisfactory level of compliance for the Minimum Operating Security Standards (MOSS) as well as the Minimum Operating Residential Security Standards (MORSS).

In view of the on-going deterioration of the security situation mainly in the north, access to the vulnerable populations is currently a daily challenge and the incidents related to Improvised Explosive Devices became the main threat. In order to enhance the delivery of programmes, UNICEF increased its footprint in all field missions, and put adequate mitigating measures in place, including two additional armoured vehicles and the recruitment of one Local Security Assistant for Gao and Timbuktu and one for Mopti. In the north, increasing the number of hotels cleared by UN security will provide more accommodation for visiting missions. The office space shared with the World Food Programme (WFP) in Gao is already too small for both agencies, and moving to a new UNICEF office will give more room for incoming staff members. This also applies to Timbuktu in the near future.

The creation of a fixed term position for a Local Security Assistant in Bamako, the purchase of more Personal Protection Equipment, more security training for all staff, and the improvement of the MOSS and MORSS compliance for UNICEF in Mali are the most outstanding pending security issues.

**Human Resources**

The overall staff capacity of UNICEF Mali increased during the year, from 180 (55 International Professional and 125 National Officers) in January 2014 to 193 (62 International Professional and 131 National Officers and General Service Staff) by December 2014. This increase was partially due to the surge support linked to the Ebola Virus Disease outbreak in Mali, as well as the number of staff deployed to the zonal offices in Gao, Kayes, Mopti, Sikasso and Timbuktu.

In an effort to ensure the office was continuously following the principles of the Results and Resources Based Approach, a management review was conducted in the first quarter of 2014 in order to: assess the relevance of the current Country Programme vis-a-vis the country situation and the management and staffing structure; produce an affordability analysis and; recommend a new business model for the country programme cycle 2015-2019.

While not precluding the results of the upcoming Country Programme Management Plan and Integrated Budget preparation, the review suggested that the staffing structure including the profile, competencies and distribution between the main office and the zonal offices would significantly change. The proposed business model for the upcoming 2015-2019 Country Programme would require as many as 163 staff including 54 International Professionals, 55 National Officers and 54 General Service positions. In addition to its prime objectives, the management review was used to inform and share with the staff changes arising from the Effectiveness and Efficiency initiatives.
The Performance Evaluation Review completion rate, although increasing, remains low despite frequent reminders from the Country Management Team. The mid-year review completion for year 2014 was at 61 per cent for all staff. In 2014 and after three years, the office was able to conduct its first all staff retreat with an external facilitation. The retreat provided the opportunity to strengthen teambuilding and to improve the working environment. Over 2014, Mali was still faced with significant security challenges. As a response to this threat amongst others, the office contracted a local staff counsellor to provide support and counselling to staff and their families, alongside the two Peer Support Volunteers. More than 75 per cent of the staff received training on safe and secure approaches in the field. In line with UNICEF’s Core Commitments for Children in Humanitarian Action (CCCs), more than 60 staff were trained on emergency risk management and response. As part of the response to EVD, staff members regularly received useful information to protect themselves and their families.

Senior management closely monitored the regular functioning of statutory and other office committees and working groups, and emphasized the adequate sharing of discussions and decisions. Document repositories, such as the share drive, were used consistently to upload minutes and relevant documents for staff consultation. There was close collaboration between the staff association (APUM) and the Senior Management. This resulted in a more enabling environment for staff to pursue excellence in performing their duties.

**Effective Use of Information and Communication Technology**

Reliable and secure information technology services to all staff was provided. With the move from an emergency to a standard operation in 2014, the ICT section adjusted its strategy to provide the most reliable, but at the same time, cost effective solutions.

While continuing to support UNICEF programme activities to reach all areas in Mali, ICT provided versatile communications systems consisting of MOSS telecommunication, improved access to DATA service by putting in place a VPN to interconnect Bamako and all zonal offices on the same network as well as installed a Cisco IP Phone system. The data access through provision of Outlook services to 30 smart phone users (office phones and ‘bring your own device’) was improved. This improved the connectivity and availability of e-mail communication to a large number of staff on mission, while reducing costs and met the need for internet access through the use of the more economic 3G data service provided by local telephone companies.

The ICT unit contributed to Innovation projects on conducting data collection including RapidPro, U-Report, and Rapid SMS by identifying the appropriate technology and hosting the data collection service in the office for UNICEF partners to collect data from the field and transmit via the internet.

ICT Inter-Agency participation continued with close cooperation with the UN ICT Working Group.

In support to the Business Continuity Plan for the office, the ICT section provided continuous failover services, using the established back-up site via Wireless bridges at the management’s residences.

An ICT inventory was reviewed and the reduction of warehouse capacity supported through a rigorous review of ICT infrastructure needs and sized to the requirements. A thorough Property Survey Board submission was prepared, material classified for partner donation, sale or
disposal and the process supervised to ensure safe disposal of hazardous materials and recycling

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 4: By the end of 2014, 80 per cent of (girls and boys) children under five, pregnant and lactating women, including those vulnerable to HIV AIDS, have equitable access, and use of an essential package of preventive and curative (high impact) interventions at the community level and in health units.

Analytical Statement of Progress:
During 2014, the Health and HIV programme of the Child Survival Section helped to improve the access and use of facilities providing essential packages of high impact interventions at the community level and in health facilities. The efforts were focused on strengthening and scaling up high impact community care essential services, strategic schedule for the elimination of mother to child transmission of HIV, improving the quality of vaccines through the reinforcement of the cold chain system, availability of vaccines and consumables, and ensuring adequate equipment and of community health centres and child survival for quality mother and baby care.

Revitalization of the health infrastructure in the north of the country was a high priority and is still on-going. Additional resources are needed to fill the gaps still remaining to ensure cold chain equipment and training on maintenance.

According to annual partial data (HMIS 2014): 110,511 cases of childhood diseases were supported by community health workers; 93 per cent of children received Penta3 and 81 per cent for vaccine against measles; 41 per cent of pregnant women attended at least three visits to antenatal clinics; 40 per cent of births were attended by trained personnel; 1.43 per cent of babies were born by caesarean section; 1,202 pregnant women who tested positive to HIV were placed on anti-retrovirals (ARVs) to prevent transmission from mother to child (71.25 per cent) and; 718 children born from positive mothers were placed on ARV treatment (87.6 per cent).

OUTPUT 1 Care at the community level for children less than five years of age living in the most disadvantaged areas or in emergency situations, receive a preventive, curative and promotional package of basic care at the community level.

Analytical Statement of Progress:
During 2014, UNICEF contributed to improved access and utilization of services for children under five through delivery of essential commodities and medicines to CHWs, training and regular supervision of CHWs as well as support to coordinating mechanisms at all levels. Also, the quality of treatment was improved by strengthening the capacity of 544 CHWs in Kayes, Koulikoro and Segou.

From January to June, 110,511 cases of childhood diseases were treated by CHWs: 55,554 cases of malaria, 28,922 cases of diarrhoea, and 26,035 cases of pneumonia in the five regions implementing the integrated essential community-based maternal, newborn and child health and family planning package (SEC).

More than 200,000 children aged between three and 59 months of age were administered a
preventive dose of antimalarial during the peak transmission (rainy) season in six districts. This was achieved as part of UNICEF’s contribution to the implementation of the innovative malaria prevention strategy, Seasonal Malaria Chemoprevention. This contribution included finance and drugs provision in six health districts including five in the south and in the north to Timbuktu; and the realization of micro plans nationwide.

The attainment of this Output was mainly achieved through the scale up of the “Essential Community Health” programme in the five southern regions of Mali directly implemented within communities by Community Health Agents (CHAs). In total, at country level there are more than 2,000 CHAs who implemented this programme in 2014.

The implementation of the current SEC in the first half of 2014 had major difficulties including the interruption of the regular payment of salaries of CHWs since December 2013 that caused a significant dysfunction of CHW sites, as well as irregularities in the collection of data management of cases. Given this situation, and to implement the recommendations of the external evaluation of the SEC in 2013, UNICEF Mali contributed to support training, supervision, development of the National Strategic Plan SEC and complement of salaries with others donors.

OUTPUT 2 By the end of 2014, 80 per cent of children under five years and pregnant women, particularly the most vulnerable, are protected against the target diseases of ENP and benefit from the LDCs in health facilities, including in emergency situations.

Analytical Statement of Progress:
2014 was marked by a more active engagement with Government to reinforce vaccine programme performance. UNICEF support to the Extended Vaccination Programme contributed to improve vaccine coverage in the whole country through reinforcement of vaccine stocks, logistics, and timely availability of vaccines and consumables.

In the northern regions of Timbuktu and Gao, UNICEF supported campaigns and contributed to cover 4,729 children with Pentavalent vaccine and 24,386 with measles vaccine. According to the annual partial data, the following key results were achieved:
• 93 per cent of children 0-11 months received Penta 3 versus 81 per cent for measles vaccines;
• 66 per cent of pregnant women received Tetanus Toxoid (TT) vaccine under the maternal and neonatal tetanus elimination programme;
• The reinforcement of the quality and capacity of the national cold chain at all levels. Currently a total of 177 solar, electric refrigerators and freezers are being installed across the country.

These results do not mask the fact the overall situation in the country with regards to the control of vaccine preventable disease remains worrying, with an ageing cold chain and the need to virtually reconstruct the vaccination programme in the north. This means that the potential risk of outbreaks of polio and measles, among others, will still continue to hang over the country in 2015. A Polio Eradication Strategic Plan will be implemented in 2015.

OUTPUT 3 By the end of 2014, and 80 per cent of pregnant women are supported during pregnancy, childbirth, postpartum and the complications of circumcision, and 80 per cent of newborn children, are supported, including in emergency situations.
**Analytical Statement of Progress:**
UNICEF support to the programme contributed to improve the quality of case management for pregnant women and newborns through the delivery of standard kits, training of health agents in maternal and newborn health, extension of MKU, evaluation of emergency obstetric and neonatal care (EmONC) structures and abandon of FGM, supervisions and monitoring of reference systems.

According to available partial data from the HMIS for the first semester of 2014 (all regions except Kidal) ANC3 and skilled delivery performance are 41 per cent and 40 per cent respectively, just below the expected benchmarks for the year. Compare to 2013, in 2014 the emphasis was placed on the delivery of the minimum package of maternal and neonatal health services including EmONC, in order to contribute to mortality reduction in these two vulnerable groups.

At the policy level, UNICEF supported the Ministry of Health and other partners to prepare and follow the evaluation process of EmONC structures in Bamako and Koulikoro regions.

At an operational level, UNICEF contributed to the improvement of the quality of service delivery in EmONC sites by delivering medical equipment. Thus, 62 centre de santé de référence (reference health centres) and five hospitals were equipped with obstetric care standard kits, and 81 peripheral structures (CSCOM) with complementary kits. Thirty four reference health centres and 300 CSCOM were supplied with a specific standard kit for new born resuscitation (valued at US$966,442).

UNICEF supported the scaling up of the kangaroo mother care approach and evaluation in village which have dropped out. UNICEF also worked to build the capacity of implementing partners in the conduct of maternal mortality audits and data quality availability.

In total, at country level, the number of functional EmONC facilities remained at 161 (54 comprehensive and 107 basic sites).

**OUTPUT 4** By the end of 2014, at least 80 per cent of pregnant women and their children exposed and/or infected with HIV / AIDS receive respectively eTME services and pediatric care, including in emergency situations.

**Analytical Statement of Progress:**
The support provided to Government by UNICEF during the course of the year has contributed to improve access to PMTCT and paediatric case management of AIDS.

During the year, the health programme supported the Government to ensure a continuous availability of essential supplies essentially in some hospitals (Hospitals Gabriel, Point G et Oussoubidjandjan) and the national reference laboratory for HIV testing to overcome stock outs and increase the performance in the area of early infant diagnosis and paediatric treatment of HIV.

UNICEF supported the Ministry of Health to build the Elimination of Mother to Child Transmission of HIV national plan, and plans for five priority districts.

According to partial data from January-September 2014: 203,388 pregnant women received PMTCT counselling services during ANC visits, and 127,158 underwent testing (62.5 per cent). A total of 1,687 of these women tested positive (1.33 per cent), within the range of current
national estimates. Out of the positive cases, 1,202 were placed on ARVs to prevent transmission from mother to child (71.25 per cent); and 87.6 per cent (718 out of 820) children born from HIV positive mothers were placed on ARV treatment.

These results were recorded against a background of low availability of PMTCT services, which stood at about 30 per cent, and further diminished with the loss of 59 sites in the north due to conflict. As of the 30th of September, the country had a total of 436 functional sites, out of a potential of more than 1,000. The persistent problem of stigma attached to the HIV and AIDS has also affected the uptake of paediatric treatment for needy children.

OUTCOME 5 By the end of 2014, the nutritional status of children 0-59 months, pregnant and lactating women is improved particularly in areas with a high prevalence of malnutrition.

Analytical Statement of Progress:
Despite the huge progress recorded in the number of severe acute and moderately malnourished children admitted to the programme, the nutritional status of under five children in Mali has not significantly improved since the last five to ten years. The number of severe acute malnourished (SAM) children aged six to 59 months admitted to the programme increased by 300 per cent from 2011 to 2014. According to the last Nutrition Survey with SMART methodology conducted in July 2014, the SAM prevalence in all regions - except from Kayes, Sikasso and Kidal - remains above the level of the WHO's emergency threshold of 2 per cent. Similarly, the national prevalence of global malnutrition has increased from 8.6 per cent in 2013 to 13.3 per cent in 2014, and it is considered as serious (>10 per cent) in all regions except for Sikasso and Kidal.

The SMART 2014 also showed that there was no improvement in chronic malnutrition and underweight. Compared to 2013, only Bamako region recorded a reduction in the prevalence of stunting. Chronic malnutrition increased from 27.5 per cent in 2013 to 28.1 per cent in 2014, affecting three in ten children (0-59 months); and underweight increased from 16.9 per cent in 2013 to 24.2 per cent in 2014.

To fight against severe acute malnutrition, UNICEF and partners in 2014 treated more than 118,000 children. This meant that the annual caseload of 107,000 severe acute malnourished children treated (corresponding to 80 per cent of the 2014 annual burden of 136,000), was fully reached. Another activity carried out in order to improve the nutritional status of under five children was the Vitamin A supplementation campaign, which reached 6,479,427 children aged six to 59 months (99.6 per cent); and 5,802,132 children aged 12 to 59 months (89.55 per cent) were dewormed with Albendazole. Moreover, 253,050 children aged six to 11 months and 109,954 post-partum women were supplemented with Vitamin A capsules as a routine activity, as well as provided with deworming capsules.

The implementation of the national Infant and Young Child Feeding (IYCF) strategy started, although the preface still need to be signed by the Ministry of Health. In line with this strategy, the training of more than 900 health agents was carried out and almost 500 IYCF supporting groups at community level were created.

In terms of the institutional framework for effective governance for nutrition, UNICEF supported the validation and costing of a Multi-sectoral Action Plan for Nutrition and worked closely with the Scaling up Nutrition (SUN) and REACH (Renewed Efforts Against Child Hunger and under nutrition) initiatives. In terms of treatment, a focus was placed on improving the coverage and quality of treatment for severe acute malnutrition and building the capacity of the Government to
integrate these critical services into the health system, while directly supporting the Government to treat children with SAM. In this respect, the performance indicators (death, abandoned, cured) were in line with international Sphere standards.

The SMART survey showed that malnutrition prevalence (Middle Upper Arm Circumference-MUAC <230 mm) among pregnant and lactating women remained high, from 6.8 per cent in 2013 to 6.1 in 2014, indicating that no real progress was made.

In 2015, despite lack of funds, access and capacity constraints, UNICEF aims at attending 75 per cent of severely malnourished children around the country, as well as scaling up chronic malnutrition prevention activities in two targeted regions, Mopti and Sikasso. In addition, a focus will be put on increasing support to the Government to reinforce its coordination and data management capacities, including the implementation of innovative approaches such as the Rapid SMS technology for monitoring and survey approaches to better target assistance for improved efficiency.

OUTPUT 1 By the end of 2014, feeding, hygiene and dietary practices for infants and young children, including the sick, those infected with HIV/AIDS and the most disadvantaged and those in emergency situations, are improved through communication for behavior change at the community level and in health facilities.

Analytical Statement of Progress:
Several communication for development initiatives were undertaken in order to improve IYCF practices in the most vulnerable and deprived areas of the country at both community and health centre level. Nevertheless, IYCF practices still need to be reinforced. Data on progress done towards better IYCF are only available for Mopti and Sikasso regions for 2014 (SMART 2014); they show that important differences still exist between different regions. According to these results, the exclusively breastfeeding rate improved in Sikasso in 2014 compared to 2013 (from 33 per cent to 40 per cent), but it deteriorated in Mopti (from 33 per cent to 24.7 per cent). The same trend concerns complementary feeding, which improved in Sikasso in 2014 compared to 2013 (from 45 per cent to 54 per cent) but got worse in Mopti (from 45 per cent to 27.3 per cent).

The national IYCF Strategy, which was revised in 2013, has not yet been prefaced by the Ministry of Health. Nevertheless, in order to assist the Government in the roll-out of this innovative new strategy at community level, in 2014, UNICEF provided both technical and financial support. A total of 908 trainers and health staff were trained in community-based IYCF; 499 IYCF support groups were created (and additional 604 are planned) to provide integrated package of nutrition prevention activities, including breastfeeding and complementary feeding; UNICEF signed several project agreements with NGO partners in order to increase nutrition prevention activities at community level, and; UNICEF supported the elaboration of a guide on the use of micronutrients.

In collaboration with some NGO partners, a focus continued to be on testing innovative home fortification techniques at the community level using micronutrient powder.

UNICEF provided financial and technical support to the Breastfeeding Week campaign, and produced 11,000 counselling cards on appropriate IYCF practices and hygiene.

OUTPUT 2 By the end of 2014, an improvement of micronutrients in children 0-59 months and for pregnant and lactating women, including in emergency situations, through micronutrient
supplementation, food fortification on a large scale at home, control of intestinal Helminthiases and the promotion of a balanced and varied diet.

**Analytical Statement of Progress:**
To address the reduction of high-prevalence of micronutrient deficiencies, UNICEF provided continued support to activities related to supplementation in Vitamin A, prevention of iron and iodine deficiency disorders. The programme provided technical support to develop a plan for an integrated Polio/Vitamin A campaign for the first and second rounds. In order to reinforce human resources capacities of health agents and workers to conduct Vitamin A supplementation, technical support was provided to develop training modules for the integrated campaign. Over 15,000 copies of the module were produced and disseminated at district level.

UNICEF supplied the Government with Vitamin A 100,000 UI (1,970,000 capsules) and 200,000UI (15,150,000 capsules), Albendazole 200 mg (307,000 capsules) and Albendazole 400 mg (11,500,000 capsules) for the routine supplementation activity and for the two rounds integrated Polio/Vitamin A campaign. UNICEF also supported the operational costs of the two rounds. However, due to the Ebola outbreak and risk, the second round of integrated campaign has not been realised.

During the first round of the integrated campaign, 6,479,427 children (99.6 per cent) aged six to 59 months received Vitamin A capsules while 5,802,132 children (89.55 per cent) aged 12-59 months were dewormed with Albendazole. A total of 109,954 post-partum women received Vitamin A and deworming tablets.

For the routine activities, 253,050 children aged six to 11 months received Vitamin A capsules between January and September.

Concerning the activities related to the prevention of iodine deficiency, three advocacy sessions were realized in three regions (Sikasso, Bamako and Segou) for local policy makers, importers and others actors involved in salt importation. Five hundred agents were trained on the revised guidelines on salt quality control. To ensure the regular quality control of salt, the Nutrition Division was supplied with 20,000 iodine test kits.

A challenges encountered during the implementation of vitamin A supplementation campaigns, was a huge discrepancy in the estimation of the targeted population between the figure coming from the campaign and the one estimated using census data. To address this issue, UNICEF in collaboration with others partners, such as Helen Keller International, the United States Agency for International Development (USAID), and World Vision will organize a workshop in early February 2015. The inter-ministerial decree on the prevention of iodine deficiency is still awaiting signature at the Ministries involved in the programme, and as such, border controls have not been implemented. UNICEF undertook advocacy for the signature of the decree.

Five agreements were signed with NGOs to promote preventive activities that contribute to the reduction of stunting through food: home-based fortification and the use of Nutributter.

**OUTPUT 3** By the end of 2014, children 0-59 months and pregnant and lactating women with acute malnutrition (severe or moderate) including those sick or infected by HIV/AIDS and those in emergency situations, benefit from quality support.
Analytical Statement of Progress:
In 2014, a realistic targeted caseload for the treatment of severe acute malnutrition was estimated at 107,000 children, representing approximately 80 per cent of the estimated burden in the country and agreed to by the Nutrition Cluster. The UNICEF programme targeted the full caseload and contributed to the treatment of 92,540 children with SAM identified in the country in 2014, representing 86.4 per cent of the targeted caseload (total number of admissions will be updated at the end of December, when all monthly statistics are available). This figure is similar to the number of SAM treated in 2013 and shows the significant achievement undergone in the last two years in terms of scaling up, considering the limited capacity and barriers to providing full coverage for treatment.

However, significant work is still needed to ensure full coverage and access to treatment for children with SAM, as reflected in the national coverage survey carried out in May-June 2014. The survey showed a very low direct coverage rate of SAM treatment for the whole country (except Kidal and Gao not surveyed). The main barriers to treatment identified by the survey are the lack of awareness of malnutrition and of the CMAM programme, the distance to the outpatient therapeutic patient site and the lack of money, social norms and socio cultural practices, women’s low status and decision making power, as well as the poor organization and quality of the CMAM programme. UNICEF will support the Government in improving access to SAM treatment in 2015.

In terms of quality, the performance indicators for the integrated treatment programme for acute malnutrition are positive and within the Sphere thresholds:
- Unité de Récupération et d’Education Nutritionnelle Intensive (URENI): recovery 89.8 per cent, death 8.1 per cent, defaulter 2.1 per cent
- URENAS - Unité de Récupération et d’Education Nutritionnelle Ambulatoire Sévère (URENAS): recovery 89.6 per cent, death 0.4 per cent, defaulter 10.0 per cent.

These indicators when disaggregated at regional and district level highlight the need for improvements in the quality of treatment in the coming year, including the death rate for in-patient care and the defaulter rate for out-patient care. UNICEF will support the Government in focusing on improving treatment quality to lower these rates in 2015.

OUTPUT 4 By the end 2014, the effective repositioning of institutional and strategic nutrition and nutrition policy documents, in accordance with the latest developments in public health and nutrition.

Analytical Statement of Progress:
During 2014, UNICEF continued to support efforts to raise the profile of nutrition in the political agenda of Malian Government.

In collaboration with the REACH Initiative, UNICEF provided financial and technical support to prepare the costing of the Multi-sectorial Action Plan for Nutrition, which will facilitate the inclusion of key multi-sectorial nutrition activities in the budgeting of the Government.

UNICEF supported the participation of a Malian delegation to the Nutrition International Conference (CIN-2) held in Rome. Capacity building and awareness of fifty-five key stakeholders (members of the Multi-sectorial Committee) were enhanced by providing them with training in multi-sectorial coordination with link to nutrition and food security. In order to reinforce the national nutrition information system, UNICEF developed a RapidSMS system, which allows...
health workers to track admissions in nutrition programmes. A pilot experience in ongoing in all health districts of Mopti region.

A Masters Course on Public Health Nutrition was developed in 2014 and will start in January 2015. In order to ensure better human resources, UNICEF supported the revision of all nutrition curricula for the Malian public health school and advocated to increase the number of nutrition dedicated courses at all levels.

A study on malnutrition determinants in two health districts (Yorosso and Bankass) was supported by UNICEF. The final results will strengthen advocacy mechanisms and to revise and update the C4D strategy, if necessary. In collaboration with civil society, UNICEF also supported the elaboration of the “profile outil” an informatics tool for advocacy and to demonstrate the severity of health problems related to nutrition.

Two key national surveys were undertaken with UNICEF support: a CMAM coverage survey using SLEAC (Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage) method and a nutritional survey with SMART methodology, which covered seven of nine regions. Two additional nutritional surveys with SMART methodology were conducted in Kidal and Gao regions, which were not covered in the national survey because of security reasons. In collaboration with Cornell University, UNICEF supported capacity building on leadership of several institutional partners involved in the Multi-sectorial Plan for Nutrition.

OUTCOME 6 By the end of 2014, rural communities and disadvantaged urban communities, affected by crises (nutritional, food, conflict, epidemic, etc.) have access to drinking water, basic sanitation and education in hygiene, provided in a sustainable manner.

Analytical Statement of Progress:
The UNICEF WASH programme support is embedded within the Government National Water and Sanitation Programme. In this framework, the priorities of the WASH programme are centred on integrated WASH interventions in schools and in surrounding communities to improve health and education outcomes for vulnerable persons.

Key activities supported in the programme are: delivering the full WASH Packages in schools, CLTS/WASH marketing in surrounding villages as well as the promotion of hand-washing with soap. Since 2008, this work has contributed to a total of 330,000 schoolchildren in 1,169 schools being reached, representing approximately 15 per cent of nationwide primary school enrolment. Work is currently underway in an additional 699 schools (for an additional 197,000 children), which would bring the coverage rate up to about 23 per cent of primary school enrolment. CLTS interventions continued with an additional 377 villages reaching open-defecation free status in 2014, for a total of 1,412 villages since 2008. This has contributed to a reduction of 1 per cent in the nationwide open defecation rate, according to the Joint Monitoring Programme Report of 2014. The CLTS approach is at the centre of WASH equity programming, as it targets the population that resort to open defecation, who are generally the poor.

In terms of capacity building, the WASH programme has consistently contributed to strengthen national methodologies, norms and standards and regulatory frameworks. Key contributions in 2014 included: the first ever participation of the Government of Mali to the High-Level Meeting of the Sanitation and Water for All Initiative; the integration of hygiene education in the teacher’s training curriculum; the signature of a sustainability compact between UNICEF and the Government, and; the preliminary work for a national sanitation database. At the Sanitation and Water for All meeting, the Government of Mali made several commitments, including: increasing
the budget allocated to water and sanitation (five per cent of national budget to WASH and 0.5 per cent of GDP to sanitation); expanding the sustainability compact; incorporating CLTS in the national sanitation policy/strategy, and; strengthening the monitoring/evaluation mechanisms of the sector.

UNICEF continued in 2014 to play a crucial role in the coordination of WASH partners: the WASH cluster, activated in March 2012 is still operational. In addition, UNICEF has also taken the lead in the Mali WASH donor coordination platform in 2014.

The evidence-based component of the programme is still strong with the completion of the PEP Network CLTS impact study, the WASH in Schools impact study, a School Menstrual Hygiene Management study and a WASH marketing study.

The CLTS impact study showed that access to a private latrine almost doubled among households in CLTS villages whereas self-reported open defecation rates fell by 70 per cent among adult women and men. In addition, there was evidence that the CLTS programme has a positive and significant impact on growth outcomes among children less than five years of age. When accounting for baseline height measurements, children under five years old in CLTS villages were taller and 13 per cent less likely to be stunted. This latest finding has exposed the strong link between poor sanitation and chronic malnutrition and gives a strong case for the incorporation of CLTS in all chronic malnutrition future programming.

In terms of innovations, a pilot programme on manual drilling was implemented with 32 boreholes drilled with this new drilling technique. This will pave the way into scaling up this low-cost and environmentally friendly technical solutions for water supply over the coming years. In addition, a pilot was launched on the development of an innovative project for the monitoring of the operation of rural water schemes based on the transmission of key data (performance indicators) via mobile phone SMS.

An important achievement was the partnership initiated between UNICEF and the newly-established Mali Climate Fund. UNICEF Mali successfully applied to the first round of funding of the Mali Climate Fund in 2014. The approved project will aim at increasing water supply for communities faced with water shortages induced by rainfall variability and higher temperatures through the construction and rehabilitation of solar-powered small scale water distribution systems. This project will enable UNICEF Mali to be more involved in the climate change problematic as well as provide the WASH programme with a new source of funding.

OUTPUT 1 National strategies for access to drinking water are strengthened and 377,000 people among the poorest gain access to safe water for consumption.

Analytical Statement of Progress:
For several years UNICEF has supported the Government of Mali to eradicate Guinea Worm through water supply programmes in the northern endemic regions. Despite the prevailing security situation in the north in 2014, the programme continued. Construction activities were conducted by the private sector and monitoring/quality assurance was done by private engineering consultancy firms. As a direct result of UNICEF’s interventions, 70,800 people gained access to potable water through the construction/rehabilitation of water points or through household water treatment, which brings to a total of 310,600 people since 2008.

Despite these considerable achievements the number of Guinea Worm cases in 2014 spiked to 32, when compared to only three in 2013. This can be mainly attributed to the weakening of the
A pilot programme on manual drilling was implemented with 32 boreholes drilled with this new drilling technique. Preliminary work was conducted with the National Water Directorate to consider manual drilled boreholes as a Government-recognized improved water source. This will pave the way into scaling up this low-cost and environmentally friendly technical solutions for water supply over the coming years.

A pilot was launched on the development of an innovative project for the monitoring of the operation of rural water schemes based on the transmission of key data (performance indicators) via mobile phone SMS. This pilot was implemented in Koulikouro Region in collaboration with SNV and the National Water Directorate by using the AKVO-Flow system. It is likely that the National Water Directorate will use the system for the nationwide inventory which is planned for 2015.

UNICEF is also continuing its support to the decentralization process of the National Water and Sanitation Programme (PROSEA) in collaboration with the National Water Directorate. This support falls in line with the overall decentralization policy of the Government of Mali which aims at gradually delegating the management of social services to the communes.

**OUTPUT 2**

National strategies for the promotion of hygiene and sanitation are strengthened and more than 600,000 people, including the poorest, acquire hygiene and sanitation practices and knowledge

**Analytical Statement of Progress:**

UNICEF has supported the national strategies for hygiene promotion and improved sanitation access mainly through a scaling up of the community led total sanitation approach. A total of 377 villages reached open-defecation free status in 2014, for a total of 1,412 villages since 2008, benefitting over 1.1 million people. This has contributed to a reduction of one per cent in the nationwide open defecation rate according to the Joint Monitoring Programme Report of 2014.

In addition to the above-mentioned service delivery activities, UNICEF has supported the Government in improving the enabling environment for CLTS through the following: i) elaboration of a national CLTS development plan for 2015-2024; ii) elaboration and adoption of a post-ODF strategy; iii) adoption of the CLTS implementation guide for Mali, and; iv) elaboration and adoption of a training manual and its accompanying modules for post-ODF activities.

The increased interest of the Government of Mali for CLTS has become even more evident when UNICEF Madagascar requested that a team from the Mali Sanitation Directorate travel to Madagascar to train their counterparts.

The results of the CLTS impact study that was completed in 2013 became available in 2014. The main results were:
• The CLTS campaign was highly successful in increasing access to private latrines, improving the quality of latrines, and reducing self-reported open defecation;
• Access to a private latrine almost doubled among households in CLTS villages (coverage increased to 65 per cent in CLTS villages compared to 35 per cent in control villages);
• Self-reported open defecation rates fell by 70 per cent among adult women and men, by 46 per cent among older children (age five to 10), and by 50 per cent among children under five.
• Latrines in the CLTS households were 3 times more likely to have soap present and 5 times more likely to have water present.
• There were significant reductions in respiratory illness, including cough, difficulty breathing, and congestion;
• There was a 55 per cent reduction in diarrhoea-related under-five mortality in CLTS villages.

There is evidence that the CLTS programme has a positive and significant impact on growth outcomes among children less than five years of age. When accounting for baseline height measurements, children under five years old in CLTS villages were taller and 13 per cent less likely to be stunted.

The results of this study will be used to further advocate for CLTS scaling up, as well as to include a CLTS component in nutrition programmes.

**OUTPUT 3** National strategies for Essential Hygiene Actions (EHA) in schools are strengthened and more than 1,000 schools, including the poorest, reach the EHA recommended standards (for equipment, the promotion of hygiene and local governance) allowing more than 290,000 children to study in an improved school environment.

**Analytical Statement of Progress:**
Despite the political, military and humanitarian crisis that Mali has been confronted with since 2012, the National Strategic Plan for the Promotion of Hygiene Education in Schools (NSPPHES) has been implemented at a fast pace. Since early 2013, 113 schools have been upgraded to the WHO/UNICEF WASH in Schools standard which allowed 32,500 schoolchildren to benefit from a healthier and improved learning environment. This contributes to a total of 330,000 schoolchildren in 1,169 schools reached since 2008, representing approximately 15 per cent of nationwide primary school enrolment. Work is underway in an additional 699 schools (for an additional 197,000 children), which would bring the coverage rate up to about 23 per cent of primary school enrolment.

In support to the Ministry of Education, UNICEF contributed to strengthen the capacity of teachers in intervention schools through trainings on school hygiene.

Taking into account the lessons learned from previous years, the WASH in Schools package and intervention strategy are periodically updated and improved. One of the improvements scaled up in all intervention schools in 2014 is the incorporation of menstrual hygiene management in the school training package. This was possible through the implementation of a UNICEF funded Emory University study on menstrual hygiene in Mali schools. In addition, UNICEF supported in 2014 the integration of hygiene education in the National teacher’s training curriculum, which will render hygiene education an obligatory module in all Mali schools.

Data collection for the WASH in Schools impact study was completed in 2014 and the report is expected in early 2015. Preliminary results indicate that there was: i) a reduction of 23 per cent in self-reported diarrhoea; ii) a reduction of 21 per cent in self-reported respiratory infection
symptoms and; iii) an improvement in all behavioural outcomes (hand-washing, reduction of open defecation, functionality of school management committees)

UNICEF also supported the creation of local NGO network for WASH in schools. This network called the ‘REHA’ has over 20 local NGO members, and is actively lobbying for a heightened political awareness of WASH in schools.

OUTPUT 4 Emergency intervention strategies are enhanced and basic water, sanitation and hygiene services are provided to the affected population.

Analytical Statement of Progress:
In support of the Government of Mali, the UNICEF humanitarian response in the area of water and sanitation helped maintain temporary access to chlorinated water for 185,000 people in 2014, mostly in areas affected by the conflict in Gao, Kidal, Timbuktu, Mopti and Segou Regions. In addition 401,000 people benefited from a permanent access to safe water through the construction/rehabilitation of water systems in this same regions. Most notably, UNICEF contributed to the rehabilitation of the Gao, Timbuktu and Kidal urban water supply systems in collaboration with SOMAGEP, the state-owned, water utility company. As shown by the results above, UNICEF has started to shift its activities in the north from emergency kit distribution and temporary access to chlorinated water to more sustainable infrastructure works. This has culminated in 2014 with UNICEF being tasked by the European Commission’s ECHO to lead a consortium of five NGOs in the implementation of a ‘Linking Relief to Reconstruction and Rehabilitation’ (LRRD) project in the northern regions.

The Regional “WASH in Nutrition” strategy continued to be implemented in 117 community health centres where nutritional care programmes exist. This initiative supported 38,820 severely malnourished children and their caretakers, which represents a three-fold increase from the previous year. It is expected that a simplification of the WASH in nutrition kit will occur next year thus enabling an even higher number of children reached.

In terms of capacity building, UNICEF supported the Directorate General of Civil Protection for a coordinated response to flood management. It helped to harmonize national assessment tools and improved the capacity of civil protection agents. In addition, the setup of regional contingency stocks has allowed the Regional Civil Protection Directorates to respond quickly to floods events.

In addition, the cluster coordination mechanism which was setup in 2012 is still operational under the lead of UNICEF. Plans are currently under way to transition this coordination role to a WASH Sector Platform under the lead of the Government.

OUTCOME 11 By the end of 2014, members of communities, in particular those in the 38 priority districts and emergency zones, adopt favourable, key behaviours for the survival, protection and development of children and the promotion of inter-community tolerance and equitable social change.

Analytical Statement of Progress:
UNICEF supported the Government’s interventions in both humanitarian as well as development responses, which were impacted in 2014 by the Ebola outbreaks. Particular practices, specifically funeral rites and hygiene measures, required heightened attention. The intervention focussed on the population aged from 10 to 64 years old in the 38 priority districts and in response to the Ebola emergency, 60 districts were covered.
As a result of the planning, implementing and monitoring competencies acquired by the 41,583 implementers, good practices in education, nutrition, health, child protection and intercommunity governance reached 3,611,976 people aged from 10-64 years. The sensitization on Ebola took place in all districts, (with a focus on the Guinea border areas), which reached 2,906,924 persons in the overall 60 districts throughout the country.

The major results recorded by sector are the following:

Health
- 110,511 cases of childhood diseases were treated by CHWs: representing 55,554 cases of malaria, 28,922 cases of diarrhoea, and 26,035 cases of pneumonia in the five regions implementing SEC;
- More than 200,000 children aged between three and nine months received a preventive dose of antimalarial during the peak transmission rainy season in six districts;
- 93 per cent of children 0-11 months received Penta 3 and 81 per cent received measles vaccine;
- 66 per cent of pregnant women received the tetanus toxoid vaccine under the maternal and neonatal tetanus elimination programme.

Nutrition
- The exclusive breastfeeding rate improved in Sikasso in 2014 compared to 2013 (from 33 per cent to 40 per cent respectively); complementary feeding, improved in Sikasso in 2014 compared to 2013 (from 45 per cent to 54 per cent respectively) according to the SMART.

Education
- Close to 438,000 school-aged children and more than 50,000 young children in crisis-affected regions (displacement, conflict, floods, food/nutrition crisis) had access to education.

Protection
- A total of 110,518 people participated in community discussions towards the abandonment of Female Genital Mutilation/Cutting (FGM/C) and child marriage.

The major constraints faced are still the non-operationalization of a C4D National Policy, and the insecurity in the northern regions. The Ebola outbreak caused an adjustment in the planned workplan for the year.

OUTPUT 1 By the end 2014, key partners and non-governmental programmes are able to design, implement and adhere to C4D interventions in support the national programmes and plans for emergency response.

Analytical Statement of Progress:
During 2014, the component (according to the AWP 2014) which had been convened with the Government enabled the design, implementation and monitoring of 20 actions plans at regional, district and community level. This result, in turn, was a result of 41 583 institutional and community actors having been trained.

The plans led to the creation of community dialogue spaces, communication materials (radio messages, poster, advocacy tools) designed, on health, education, nutrition, child protection and issues regarding Ebola. The interventions covered 38 districts, in addition to the 22 districts where Ebola activities took place.

As a result of capacity development (including structure functionality and technical
assistance) institutional and community actors were able to:

- Undertake needs’ assessment (situation analysis based on evidence) in the areas of intervention, which permitted the identification of themes and key messages for dissemination;
- Organize planning sessions with communities to find local solutions on issues linked to child survival;
- Lead advocacy sessions toward local services and community based structures on community specific issues;
- Develop tools for monitoring activities for promotion of messages;
- Conduct field visits to compile and analyse data for reports;
- Conduct coordination and mid-term evaluations of strategies in order to share lessons learned.

Constraints included the non-operationalization of the C4D National policy which hampered the integration of strategy with other ministries, and the insufficient number of actors involved in the programme due to the lack of funding.

OUTPUT 2 By the end 2014, the partnership for the implementation of the "Communication for Development" programme is strengthened at local and national level to promote strengthened individual educational plans (IEPs) and to take into account inter-communal tolerance and good local governance

Analytical Statement of Progress:
In all contexts, particularly in humanitarian crises, community and traditional networks and NGO commitment at all levels is crucial to the success of any behaviour change strategy. The Ministry of Communication, with the technical and financial support of UNICEF, established partnerships with community and traditional networks to reach the most deprived children through interpersonal communication and community dialogue.

The partnerships were two-folds: strengthening of partnerships which had existed since 2013; and the newly created, more structured partnerships that covered increased areas of intervention. UNICEF provided financial and technical assistance but also partnered with the organizations because of their mutual interactions for child survival goals. Many women, youth and members from religious groups continued the sensitization activities during their daily activities.

From six partnerships in 2013, nine new ones were created by UNICEF in the 38 districts. These organizations included traditional therapeutic associations, three radio networks, and women and youth groups.

Almost 800 traditional and religious leaders and 514 radio animators were mobilized to ensure a wider promotion of: good nutritional practices; preventive measures against Ebola; birth registration; intercommunity dialogue; education; and good local governance in the 60 districts, through group discussions, preaching in mosques, churches and public places.

As for the media, these key messages were disseminated through radio and television to promote key messages including, on back-to-school programme, girls schooling, Ebola preventive measures, birth registration, exclusive breastfeeding and the support role of men to their nursing wives. A total of 8810493 persons of 10-64 years of age were exposed to these
messages through radio and TV channels. Of this number 6,518,900 persons aged from 10-64 years in the targeted districts were reached.

Strengthening partnerships with community networks helped promote measures against Ebola and prevented the spread of Ebola in the country.

**OUTPUT 3** By the end 2014, 60 per cent of the population aged 10 to 64 years in two communities (from each of the 38 priority districts) reflects a positive attitude vis à vis the IEPs, inter-communal tolerance and good local governance.

**Analytical Statement of Progress:**
For the year 2014, the different strategies in C4D supported communities in adopting positive prevention attitudes against Ebola, IEPs, good nutritional practices, inter-community tolerance, good local governance, female circumcision, early marriage, and the back to school programme.

Almost all indicators have increased following various efforts and the campaign on the prevention against Ebola between March and December 2014.

**OUTCOME 12** By the end 2014, most vulnerable children and those affected by the crisis have access to formal and non-formal quality education in a safe and protective environment

**Analytical Statement of Progress:**
A bottleneck analysis related to education supply and demand (UNICEF Mali- based on Ministry of Education data, 2014) revealed that Mali’s education system is lagging behind in comparison to regional and international standards. This is seen in terms of disparities related to access, learning outcomes and school management. In relation to inequitable access, 76 per cent of boys versus 64 per cent of girls access school. Only 49 per cent of students have adequate skills in French and 32 per cent in mathematics. Completion rates are 48 per cent. There are also challenges with poor school management and community participation. In addition, the complex crisis has disrupted schooling of 200,000 children in the northern regions of Mali. The National Strategic Education Sector Plan (PRODEC I) reached its end of cycle in a post-crisis context, leaving the sector without policy dialogue instruments.

In response to these challenges, UNICEF has supported the implementation of the Government’s Transition Plan (2014-2016) focusing on educational activities in conflict-affected areas. Furthermore, UNICEF has provided continued technical support to the MoE in the development of their new Education Sector Plan (“Programme Décennal de l’Éducation”, PRODEC II, 2017-2026).

UNICEF, in collaboration with its partners, continued to support the MoE to improve quality education for crisis-affected children, with a focus on out-of-school children and the return of regional education authorities in two conflict-affected regions (Gao and Timbuktu) and the “cercle” of Douentza in the Mopti region. Through a large Back-to-School campaign, UNICEF jointly with the MoE has supported the return to school of around 500,000 children. Furthermore, UNICEF and other partners have supported the MoE to establish the foundation for a healthy and protective environment in Early Childhood Development (ECD) centres and primary schools through teacher training in psychosocial support, the inclusion of the module on “Care for Child Development” (CCD) in the teacher training package and the implementation of parental education activities. UNICEF provided technical support to the Ministry of Education in the development of a national preparedness and response strategy linked to the current Ebola
crisis. This including sensitization activities at school-community level, training of teachers and the development of school protocols. In addition, UNICEF supported the rehabilitation of school management structures in conflict-affected areas (rehabilitation of the "Académie d'Enseignement" of Gao).

In an effort to equip the education sector with a sound long term plan (PRODEC II), UNICEF in collaboration with financial and technical education partners has been supporting the Malian Government to conduct five studies: (1) Educational Exclusion ("Out of School Study"); (2) Girls' Education ("Freins de la scolarisation des filles"); (3) Teacher's Professionalization including the definition of quality education standards; (4) Conflict and Disaster Risk Reduction (C/DRR), and; (5) Early Childhood Development. In addition, two working groups on Girls' Education and ECD were revitalized in order to coordinate interventions in these sub-sectors and to develop key messages which will inform the development of PRODEC II. UNICEF has also been positioning itself to further strengthen advocacy efforts for disparity reduction through out-of-school children profiling and policy dialogue for effective strategy development, better learning outcomes and conflict/disaster risk reduction (C/DRR) analysis.

OUTPUT 1

By the end 2014, coordination and planning of the education system at central and decentralised levels have enhanced capabilities

Analytical Statement of Progress:
The Ministry of Education (MoE) has developed and validated a Transition Plan (2014-2016) in order to facilitate school reopening in conflict-affected regions in the north and host communities in the south, as well as to launch the development of a ten-year Education Sector Plan (PRODEC II). UNICEF supported the MoE to develop a roadmap to prepare for the new Sector Plan as well as Terms of Reference related to specific studies to inform the same plan.

Advocacy work resulted in the inclusion of: information/data linked to disparities around access to education; a C/DRR analysis, and; a review/harmonization of education quality standards in the education sector diagnosis. The, capacity of education officials at central level was reinforced in C/DRR, providing them with skills and tools to integrate conflict and disaster risk reduction into the Malian education sector plan and ensuring a smooth transition of the Education Cluster coordination mechanism to longer-term emergency preparedness and planning structures.

Dialogue and coordination was strengthened between the Malian MoE and neighbouring countries hosting Malian refugee children. Malian Education authorities have committed to ensure: access to education for all school-aged returnees; integration of data related to school-aged Internally Displaced People in the Education Management Information System and; setting up special exam sessions for Malian refugee students (Mberra refugee camp, Mauritania).

Strengthened coordination capacity at national and regional levels resulted in: the revitalization of the “Girls' Education” and “ECD” coordination platforms, and the functioning of regional coordination mechanisms including enhanced capacity of government counterparts; national and international NGOs producing a joint strategic plan; and as emergency related information management system being implemented in the regions of Ségou, Mopti, Gao and Timbuktu. For security reasons, such a coordination and planning mechanism has not been put in place in the region of Kidal. In collaboration with the Global Education Cluster and in preparation for the new school year 2014-2015, a UNICEF-supported innovative needs assessment via mobile telephones was conducted in the region of Kidal.
OUTPUT 2 By the end 2014, communities in areas affected by crises develop local initiatives to ensure continuity in the education of their children.

Analytical Statement of Progress:
In 2014, through the implementation of community-based approaches and the development of inter-sectoral activities focusing on the promotion of schooling, close to 438,000 school-aged children and more than 50,000 young children in crisis-affected benefited from their right to continued access to education. This included close collaboration between the Education, Nutrition, Child Protection and C4D sections within UNICEF, including the implementation of psycho-cognitive stimulation for malnourished children and the prevention of violence in schools. In addition, UNICEF and its partners provided continued overall support to crisis-affected communities and initiatives, included those affected or at risk of Ebola.

School-readiness of malnourished children aged under five was improved thanks to the implementation of a holistic approach to child development. After the provision by UNICEF of training and advocacy activities, parents organized themselves in groups where "enlightened" parents can train others. The holistic approach included: cognitive and social development activities for malnourished children; parental education and; the support to existing ECD centres through provision of equipment and educators’ training on basic early learning pedagogy. These activities initially financed by UNICEF, were funded directly by the communities (for example the management of the preschool centres through the school management committees and the payment of the salary to community ECD workers). In addition, UNICEF provided technical support to partners to set up stimulation centres, to train staff and to provide counselling to parents of malnourished children attending nutritional rehabilitation centres.

Through support received from UNICEF and its implementing partners, community leaders, women and Youth Associations in the region of Timbuktu held sensitization and awareness-raising sessions on getting children back to and maintaining them in school. In 2014, the partnership with NGOs, including Bornefonden and PLAN, resulted in the construction and equipment of 25 ECD centres in the regions of Sikasso, Ségou, Mopti and Timbuktu providing access to preschool education to around 1,000 young children. These centres are now entirely managed by the neighbouring communities who chose the sites, manage administratively the centres, recruit the teachers and implement advocacy activities for expanding the access to the centres. In addition, within the framework of establishing ECD centres in sanitary districts, 16 stimulation centres were established in the regions of Sikasso, Ségou and Mopti, and 140 health agents were trained on care for child development activities (psycho-cognitive stimulation). Close to 1,180 educators, 35,000 parents and over 6,500 young children benefitted from basic ECD training, parental education, counselling sessions through home visits for parents of malnourished children and cooking demonstrations in an effort to support the school-readiness of malnourished young children in the region of Sikasso. These contributed in mobilizing parents to participate in the activities of the centres, and allowing children to stay at school and avoid dropping out. Furthermore, 417 ECD Centres benefitted from the provision of materials such as ECD kits in the regions of Kayes, Sikasso, Ségou and Mopti.

OUTPUT 3 By the end 2014, school age children, and more particularly those affected by crises, receive continuous access to basic, quality education throughout the whole territory.

Analytical Statement of Progress:
During the first semester of 2014, close to 442,790 school- and pre-school-aged children benefitted from learning and recreational materials in an effort to facilitate their continuous
access to education in the northern (Gao, Timbuktu) and southern regions (Mopti, Ségou, Kayes, Koulikoro, Sikasso and Bamako) of Mali.

In response to the complex crisis which has interrupted children’s access to schooling, UNICEF and its partners provided the MoE with technical and financial support to ensure that the children affected by the crisis return to school. To facilitate children’s access to education, UNICEF’s implementing partners provided school kits, textbooks, recreation and ECD kits to 1,350 schools including 417 ECD centres. Community mobilization and alternative education activities within the Back-to-School campaign and implemented by key education stakeholders with the support of UNICEF reached an additional 3,610 crisis-affected children who were out of school.

To improve classroom management and promotion of a safe and secure learning environment in these 1,350 schools, the MoE, supported by UNICEF, improved teachers’ capacities through training in psychosocial support, peace education, large group pedagogy and multi-grade teaching. In the regions of Gao, Sikasso, Kayes and Mopti a community mechanism to prevent and respond to school violence was put in place through School Management Committees, revitalization of student parliaments, teacher training on child rights, peace education and prevention of violence in schools.

Throughout 2014, UNICEF continued to support the schooling of crisis-affected children, particularly those who are out-of-school or at whose schooling is at risk linked to conflict, recurrent flooding, food insecurity and Ebola, through social mobilization and teacher training activities, setting up of temporary learning spaces as well as distribution of teaching, learning and recreational materials.

OUTPUT 4 By the end 2014, the mechanisms for monitoring and evaluation of the sector are reinforced

Analytical Statement of Progress:
In an effort to ensure the interventions’ effectiveness in the education sector, UNICEF reinforced the monitoring mechanisms of the education sector at the field level through:
- The development of monitoring tools on teacher training, education supply distribution and utilization, and beneficiaries’ satisfaction;
- Documentation tools such as interview guides to collect information on income-generating activities, aiming at increasing the education demand from regional and local education units, implementing partners, communities and beneficiaries;
- The use of innovative data collection/analysis methods such as Rapid Pro in zones affected or at risk of Ebola;
- Joint field monitoring visits.

The MoE, with the support from UNICEF, documented interventions aimed at increasing the demand for education and improved learning outcomes through community participation. The results will be used to fine-tune the education component of the new UNICEF Country Programme 2015-2019. During the second semester, UNICEF provided technical support to the MoE to review and harmonize the existing monitoring tools and reinforce monitoring at decentralized levels. This aims to establish school report cards, in order to promote community participation in school management and student learning.
OUTCOME 13  By the end 2014, policy makers and stakeholders involved in humanitarian operations, advocacy, planning and the management of the programmes and policies have access and use statistical data disaggregated (by gender, geography and equity) and the knowledge gained from studies, evaluations and monitoring of field activities.

Analytical Statement of Progress:
Mali spends less than 10 per cent of its GDP on health, nutrition, education, water and the protection of children. In each of these sectors, information systems capable of providing disaggregated and gender-sensitive data are poorly developed. Programme effectiveness, in its ability to target and reach the most disadvantaged, as well as in its capacity to produce more equitable outcomes, is still affected by weak planning capacity and the lack of a culture of data driven analysis and decision making.

In its commitment to strengthen the evidence-based planning and data driven decision making, the Planning, Monitoring and Evaluation programme component pursued its engagement to support the implementation of the National Statistics Master Plan. In addition, special attention was paid to strengthening the capacity of sectoral statistics (Child Protection, WASH and Nutrition), the promotion of a culture of evaluation, and the production, dissemination and/or utilization of disaggregated data on children’s rights, including SMART, MICS, SLEAC nutrition coverage survey)

This support was essential to the development of an equity focused, risk informed and conflict sensitive Country Programme Document for the period 2015-2019. Using data from the previous MICS and MODA study, the Government and UNICEF were able to mainstream equity throughout the CPD 2015-2019 whose the overall objective is 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”.

As a result of UNICEF engagement, and through the implementation of 2014 SMART survey series, more evidence was gathered on the nutritional status of children, regional and sub-regional profile and disparities in under nutrition. To improve the planning of national policies, and assess the country progress towards the Millennium Development Goals, as well as to provide strong baseline monitoring for the Post 2015 Global Development Goals and national targets outlined in the Government Plan of Action 2014-2018, the Government has stepped up effort, and committed resources to conduct a nationwide MICS survey, which will stand as the first post-crisis nationwide household survey.

Progress in assessing the effectiveness of sectoral policies and programme was reinforced through the conduct and/or the completion of the following evaluations: the summative external evaluation of the Catalytic Initiative/Integrated Health Systems Strengthening programme in Mali; the Impact evaluation on Community Led Total Sanitation Programme; the evaluation of the WASH in school programme, and the simplified LQAS Evaluation of Access and Coverage (SLEAC) of programmes delivering Community Management of Acute Malnutrition services at national, regional and districts levels.

The findings from the Catalytic Initiative showed that 42,000 under-five deaths were avoided between 2007 and 2012 through the introduction of a package of services at the village level. The 2015-2019 Country Programme will leverage this experience with a focus on stronger
integrated programming at the community level, and on improving governance frameworks and sectoral decentralization to expand access to basic services for the most disadvantaged.

Lessons learned from the impact of CLTS programme will help to strengthen the advocacy and the leverage of resources for the expansion of sanitation coverage and the campaign against open defecation. Findings from the SLEAC suggest CMAM programme coverage levels at 22.3 per cent, far below the more than 80 per cent coverage yielded by indirect estimates from SAM admission data. Based on these findings, the Government of Mali and UNICEF committed to generate more evidence onto the barriers and boosters to CMAM coverage.

While notable progress is being made in the quality of research and evaluation and their utilization, the capacity to perform quality evaluations remains weak and as a result, the effectiveness and efficiency of UNICEF programmes, Government policies and strategies are still largely undocumented.

**OUTPUT 1** Vulnerable persons, affected by crises, including children and women, are better identified and regular monitoring is effective and disaggregated at national, regional and community levels

**Analytical Statement of Progress:**
In 2014, UNICEF Mali maintained its previous efforts in generating equity focused evidence for children and women, and providing data driven analysis for effective prioritization, planning, result based and risk management of UNICEF-supported interventions.

Using the equity principles and approaches, an analysis found that around 2.5 million children live on less than US$1.25 a day and experience deprivations in at least three of the following areas: health, nutrition, water and sanitation, education and protection. Half of these children live in the regions of Mopti and Sikasso. In the northern regions (Gao, Kidal and Timbuktu) that are home to nearly 15 per cent of the population, the relative burden of deprivation is even greater, reflecting low coverage of basic social services as well as significant disparities in coverage. Based on these findings, UNICEF and the Government developed the rationale and the theory of change for the 2015-2019 Country Programme.

In addition, UNICEF Mali continued the implementation of the humanitarian performance monitoring through investments in the Third Party Monitoring systems in northern Mali where access is restricted for security reasons. Data generated on programme implementation was used to produce regular Situation Reports on UNICEF’s humanitarian response.

As a response to the weaknesses in the national statistical capacity, UNICEF has been supporting the Malikunnafoni (DevInfo) which has reached a maturity point with existing regional databases and technical capacity in place. With the continuous revision of sector data, Malikunnafoni provides the opportunity to carry out disparity analysis to inform about the most vulnerable people of underserved constituencies. In addition, UNICEF continued its support to the production of statistical yearbooks in child protection, WASH and education sectors.

In order to improve the risk-informed decision making and programming, the programme component guided the office in meeting key targets in the implementation of HACT roadmap. In conjunction with other UN agencies, a macro-assessment of public finance was conducted and a number of micro-assessment of implementing partners is ongoing. More than 200 staff from the UN, Government and NGOs were trained. UNICEF designed and implemented a HACT assurance plan. Furthermore, technical resources including two staff positions were secured to
help the office advance in the implementation of HACT. While good progress has been made on HACT, there are still some gaps in assessing the overall risks and to design a corresponding risk mitigation plan for the office through a full scale Enterprise Risk Management exercise.

**OUTPUT 2** The mechanisms for planning, assurance of quality, risk controls, and for monitoring the performance of the cooperation programme are implemented and operate efficiently.

**Analytical Statement of Progress:**
In 2014, a strong focus was put on preparing the Country Programme 2015-2019 and improving the overall programme integration, monitoring and evaluation mechanisms and evidence base.

A variety of approaches were used to improve programme integration and cross-sectoral linkages. Evidence generated through the nutritional SMART survey provided an opportunity to collect data on nutrition and health status, education, water and sanitation coverage and child protection issues. Programme integration was reinforced through the conclusion of an increasing number of multi-sector PCAs with NGOs in different areas. In addition, through some service delivery points (health and nutrition centres, temporary learning spaces) a package of integrated services were delivered to targeted populations.

The overall performance of the evaluation function was improved through the conduct and/or the completion of the following evaluations: the summative external evaluation of the Catalytic Initiative/Integrated Health Systems Strengthening programme; the Impact evaluation on Community Led Total Sanitation Programme; the evaluation of the WASH in school programme; and the simplified LQAS Evaluation of Access and Coverage of programmes delivering CMAM services at national, regional and districts levels. Findings from these evaluations were used to define the focus and build the theory of change of the upcoming country programme.

In relation to the 2013 Real Time Evaluation of UNICEF’s response to the Mali crisis rated as highly satisfactory, a management response plan was prepared and implemented, and is being uploaded in the Evaluation Management Response Tracking System. As of December 2014, 75 per cent of corrective actions to recommendations were completed.

In the framework of the 2015-2019 country programme, the office will step up actions to promote a culture of evaluation and to perform high quality evaluations with an emphasize on the impact of the programme integration model in Mopti and Sikasso, the cost-effectiveness evaluation of capacity-building strategies, and the evaluation of the area offices model.

Programme coordination and monitoring was improved with the Government of Mali taking more leadership on programme oversight and reviews. Through two series of joint field visits, major bottlenecks and hurdles to programme implementation were identified, discussed and provided with mitigation measures.

**OUTCOME 14** By the end 2014, the needs of the most vulnerable and children affected by the crisis are supported and the protection of children against the VAEN systems are strengthened

**Analytical Statement of Progress:**
In 2014, interventions geared towards prevention and response to child rights violations have led to the support of more than 3,610 most vulnerable children. To achieve this, UNICEF strengthened collaboration and coordination with the Government child protection and welfare institutions, UN agencies, and civil society organizations to respond both to needs created by the crisis in the north of the country and to enhance national child protection systems.
The adoption of the National Child Protection Policy and Plan by the Government in July 2014 constituted an important milestone. The challenge that needs to be addressed in 2015 is the demonstration of the continued political will of the Government to support child protection programmes. This will be evidenced by the proportion of the budgetary allocation to support the implementation of the child protection policy and plan (Indicator: Child Protection Policy document and Plan available). Furthermore, the on-going review of the defunct Child Protection Act constitutes an opportunity to align the document with international child protection norms.

The attendance by the Minister for Women, Children and the Family and a member of civil society to the London Girl Summit convened jointly by the UK Government and UNICEF and the organization in October of the debriefing session of the meeting to donors, the UN and CSOs is an eloquent expression of the commitment of the Government of Mali to eliminating FGM/C and Child Marriage in a generation.

2014 also saw increased support of UNICEF to the Government of Mali in building the technical and operational capacity in the birth registration with a dual purpose: provide a rapid catch-up opportunity for the north where birth registration has been disrupted by the crisis and to strengthen the nation-wide system. Such efforts have enabled the reopening and operationalization of 160 birth registration services in Gao and Timbuktu. It is important to note that Kidal has not been covered due to security and access reasons. (Indicator: The birth registration system is revitalized in the 3 northern regions).

Local child protection mechanisms have been enhanced or created in 431 communities in order to prevent and/or respond to Gender Based Violence (151) and Mines and Explosives Remnant of War accidents (280). Sustained efforts in the area of prevention and response to FGM/C have led the declaration of abandonment of the practice, which is significant progress in the progressive elimination of the practice (Indicator: Local Child Protection mechanisms in place).

In addition, collaborative efforts between UNICEF and MINUSMA have led to a stronger advocacy with the Government on the dissemination and implementation of the Protocol on the Release and Reintegration of Children formerly associated with Armed Groups. Hence, the four children who were transferred to UNICEF, have been provided with care, rehabilitation and protection services before they were reunified with their families in Gao, Timbuktu, Mopti and Kidal. (Indicator: Number of children formerly associated with armed groups reunified with their families and communities).

UNICEF has endeavoured to support the improvement of the child protection coordination capability of the Government at central and decentralized levels and NGOs in order to achieve a strong, reliable, up to standards and responsive capability. This was done through training and capacity building, harmonization of tools, standards and procedures. In addition, an evaluation of the negative impacts of the crisis on children was conducted in Bamako, Gao and Mopti regions in collaboration with the Directorate of the Protection of Children and the Family. The results of the study will guide planning for child protection interventions in the various regions.

To further strengthen the preparedness for a child protection response in emergencies, Minimum Standards for Child Protection in Emergencies were integrated into other thematic sectors through intensive training sessions in Bamako, Segou, Mopti, Gao and Timbuktu. Concerning the EVD response, efforts were made to create capacity for prevention and response at the community level. Hence, the training and creation of community psycho-social
teams are completed in Bamako and Kayes. A minimum of 10 persons per Cercle are prepositioned to respond to EVD in case it may erupt.

A GBV information management system being implemented in Mali: UNICEF provided support to its partners to ensure data collection and information sharing are in compliance with ethics and contribute to programmatic responses.

OUTPUT 1 The national system for the protection of children through the development of policies, the adoption of a national strategy, training and institutional support, especially at the decentralized level, is strengthened

Analytical Statement of Progress:

Dissemination of the document is planned in 2015 and discussions with the Ministry of the Family Women and Children are underway to focus on the dissemination of the document while paying special attention to the priorities of the child protection programme in the new country programme i.e. birth registration, prevention of child marriage and FGM/C.

The Ministry for the Family, Women and Children, UNICEF and CSOs agreed on the imperative to review the Child Protection Act developed in 2002, adopted by the Cabinet but never passed into law by the National Assembly. The review is seen as an opportunity to align the Act with international norms pertaining to children, and to take into consideration all recommendations and Concluding Observations of the CEDAW and CRC Committees to Mali’s reports, including those related to birth registration, corporal punishment, FGM/C, child marriage, and child labour. UNICEF attended a workshop and contributed to the inclusion of these latter in the proposed Child Protection Act.

OUTPUT 2 Through widespread training of actors and partners, vulnerable children and those directly affected by the crisis are identified through the enhanced capacity for needs assessment and benefit from support for improved access to social services and basic reintegration.

Analytical Statement of Progress:
UNICEF continued to support capacity building to close the gap highlighted in the supply of child protection services mainly in the northern regions affected by the crisis. In collaboration with the National Civil Registration Directorate, 82 new civil registration officer were trained to collect data on birth and other civil registration events (27 in Gao and 55 in Timbuktu) (Indicator: Number of localities of Gao and Timbutku covered by Birth Registration officers trained to conduct birth registration).

UNICEF supported the operationalization of 160 civil registration services through the provision of registration and computer kits in Gao and Timbuktu regions. (Indicator: Number of functional birth registration services in the regions of Gao and Timbuktu).

Through collaboration between local authorities and NGOs, 1,874 children in Gao and Timbuktu regions who missed out on registration because of the crisis have already received their birth
registration certificates. *(Indicator: Number of children born during the crisis identified and registered with civil registration in Gao and Timbuktu).*

In order to meet new challenges generated by the conflict in Mali, 277 mine risk focal points were trained to conduct mine risk education in regions of Gao and Timbuktu through collaborative efforts among the following actors: Mine Risk Action Working Group, Regional Directorates for Women and Children and NGOs. The efforts of the focal points have made it possible to reach 173,083 persons in the regions of Gao and Timbuktu. *(Indicator: Number of persons trained by Mine Risk focal points who can conduct information and awareness sessions).*

In order to strengthen the child protection systems in Mali, UNICEF is supporting an assessment of the social welfare institutions. It is expected that the study will give a mapping of child vulnerabilities, actors and interventions. In addition, the study will be used as an advocacy tool for the Government to initiate reforms in the child welfare system.

**OUTPUT 3** Vulnerabilities and risk prevention is reinforced at the national and community level and social change activities are undertaken at national, regional and local levels, including the abolishment of female circumcision, early marriage and violence-based -gender (VGB)

**Analytical Statement of Progress:**

Efforts to prevent FGM/C and child marriage continued in 151 localities of Kayes, Koulikoro, Gao regions and in Bamako (Commune I). A total of 110,518 participated in community discussions towards the abandonment of FGM/C and child marriage *(Indicator: Number of villages covered by social mobilization activities on GBV including FGM/C and child marriage).*

Through community social dialogue undertaken by UNICEF-supported NGOs, 45 villages out of 59 targeted in Koulikoro and Kayes regions signed public declarations of the abandonment of the practice of FGM/C and child marriage *(Indicator: Number of villages involved in the process of the abandonment of the practices of FGM/C and Child Marriage in the regions of Kayes and Koulikoro).*

In addition, through UNICEF support and its partners, four new localities in the Kayes, Koulikoro, Bamako and the Cercle of Bourem in Gao have functional referral systems meant to respond to GBV concerns and care of GBV survivors *(Indicator: Number of localities with a functional referral system for GBV survivors).*

Between January and October, 2,800 GBV survivors among whom 1,070 children were children (883 girls and 187 boys) received medical and psycho-social support, and 26 received legal assistance *(Indicator: Number of GBV survivors referred).*

In collaboration with the United Nations Population Fund (UNFPA) and the GBV Sub-Cluster, the review of the referral pathway established in 2013 made it possible to highlight the level of satisfaction of 500 adolescent clients selected among displaced households with the package of services provided by the GBV program: medical, psycho-social, socio-economic. Significantly, their highest level of satisfaction was with the confidentiality of the programme.

With UNICEF’s support, the Regional Coordination mechanisms on the abandonment of harmful practices are being revitalized in Kayes, Koulikoro, Sikasso and Mopti. With UNICEF-UNFPA support, the Government of Mali was able to review the 201-2014 Plan of Action to Prevent GFM/C. The report was validated by key actors in the FGM/C and to develop a new Action Plan for 2015-2019—which is in its adoption process.
OUTPUT 4  The mechanisms for coordination, monitoring and evaluation, including the Monitoring Reporting Mechanism (MRM), are reinforced and made operational at the national level and in areas affected by the crisis.

Analytical Statement of Progress:
2014 being the second year in the Malian crisis, UNICEF focused its efforts in consolidating the capacity of the Government of Mali to coordinate and manage child protection related emergencies. Hence, the National Directorate for the Promotion of the Child and the Family are already a co-chair of the Child Protection Sub-Cluster. They jointly organized a training of trainers in Child Protection in Emergencies. Four regional sub-cluster have been created and are functional. *(Indicator: Number of regions with operational child protection mechanisms)*.

An updated capacity building plan for Child Protection the Sub-Cluster include a component on the prevention and response to EVD. The implementation of the capacity building plan improved the quality of information sharing on child protection concerns especially in the context of emergencies. It streamlined referrals and coordination among Sub-Cluster members.

In the framework of the implementation of minimum standards for child protection in humanitarian action, the Child Protection Sub-Cluster has consensually developed a list adapted to the local context.

In the area of the Monitoring and Reporting Mechanism around Security Council Resolution 1612, UNICEF and MINUSMA continued to co-chair the monthly meetings of the Technical Working Group on the Monitoring Reporting Mechanism (MRM). New incidents were reported regularly through the involvement of more than 160 field personnel trained and equipped with data collection tools in Gao, Timbuktu, Mopti and Bamako. The Mali MRM substantively cooperated with other information gathering systems such as the Clusters and Sub-Clusters.

The information gathered formed the basis for the submission of 4 Global Horizontal Notes this year and the Report of the Secretary General on Children Affected by Armed Conflict in Mali. *(Indicator: MRM carried out at central and regional levels)*.

The Ministry for Women, Children and the Family, drafted the report to the Committee on the Rights of the Child. The report was reviewed by the relevant inter-ministerial committees. Review comments are currently being included in the document. *(Indicator: CRC report submitted)*

OUTCOME 15  By the end 2014, the situation of children including the most vulnerable is better known and a commitment in favour of children is acquired through advocacy, communication and strategic partnerships

Analytical Statement of Progress:
The year 2014 marked the closure of the two year extension cycle of the Country Programme. With a start in 2013 as a new programme component, the External Communication and Partnerships programme managed to provide support in terms of communication and partnerships and be on track in achieving its objectives. In terms of partnerships with donors, private sector and civil society, the office Resource Mobilisation and Partnerships Strategy was implemented resulting in partnerships with new donors guaranteeing the required Other Resources Regular funds for the country programme and having a strong start in private sector engagement in Mali. With the shift in media and donor attention to other emergencies in the
world (i.e. CAR, Syria, and South Sudan) and the successful presidential elections, mobilizing emergency resources for Mali was challenging in 2014.

UNICEF Mali contributed to improve the situation of women and children by ensuring their issues were at the centre of the national agenda of key stakeholders, media, Government of Mali, Children’s Parliament, UN agencies and other organizations. UNICEF Mali provided training and IEC materials to better understand the rights of children, in particular those most vulnerable. As a result, exposure in social media increased to over 7,000 followers, relationships with donors were strengthened resulting in increased revenue for the programme, and UNICEF’s role as an organization for children was reinforced with government authorities and the general public.

In terms of partnerships, the programme engaged a new strategy to reach civil society actors working on children’s issues, to bring about coherence and added value to the overall UNICEF response. The second year of the bi-annual work plan was marked by changes in management priorities and new emergency situations, notably the Ebola outbreak. The Ebola outbreak response and prevention activities brought a unique opportunity to highlight critical issues affecting women and children in Mali and the need to act. UNICEF quickly prioritized this emergency and was able to raise resources from partners (Malian Government, donors, local and international organizations) and ensure coverage in international and national media, resulting in a substantial increase in visibility for children and women in Mali, media relations and advocacy for children’s rights.

**OUTPUT 1** By the end 2014, increased visibility of promotional actions regarding the rights of children are increased and achieved through approaches and opportunities for information, communication and appropriate advocacy involving children’s participation.

**Analytical Statement of Progress:**

The major achievement of the External Communication component was the rapid response to the unprecedented Ebola outbreak in Mali in terms of media engagement and visibility. In addition, 2014 marked the closure of the extension work plan and new planning and management shifts that led to unique opportunities in terms of visibility, media relations and advocacy in favour of children’s rights.

In terms of results, the programme was able to advance towards full implementation of its target goals; particularly exemplary are the efforts to produce visibility materials for media relations, resource mobilization and advocacy purposes. The programme surpassed the 5 media visits to showcase the efforts of UNICEF Mali in favour of women and children. A number of visibility materials, including video, photos, and beneficiary stories were produced and distributed to key partners both nationally and internationally. Social Media played a pivotal role in visibility efforts engaging “millennials” in the discourse and making the Mali Facebook page the most viewed/liked in the region.

Despite the security issues and new emergencies (Ebola outbreak), two media visits were conduct to Gao and Sikasso to showcase UNICEF’s efforts in terms of education and nutrition issues. These visits served to advocate for support to those programmes, and to help raise financial resources.

Efforts to improve the UNICEF Mali goodwill ambassador programme took place, and the office worked together with the National Goodwill Ambassador, Habib Koite on the global IMAGINE
project by recording a Malian version of the song. It is hoped that his personal engagement in time will translate into more visibility for issues affecting children in Mali and consequently in additional financial resources. This year, the Programme was very successful in advocating children’s issues related to health (Ebola Outbreak Response), nutrition (through the breastfeeding week), education (for the Back to School campaign), and protection (children’s rights, and child protection issues related to GVB, DDR, and others).

OUTPUT 2 By the end 2014, the commitment and mobilization of resources for priority issues regarding children are strengthened through partnerships with the private sector, donors, national committees for UNICEF and goodwill ambassadors

Analytical Statement of Progress:
With the change in donor priorities, as well as the shift to direct budget support, increased efforts by the programme in resource mobilization and partnerships was reinforced. With the continued support of the programme, the office was able to surpass the gap for 2014 Other Regular Resources funding. A priority for 2014 was to strengthen and build relationships with donors and partners. As part of this effort, the office organized five donor visits (USAID, Canada, Sweden and EU/ECHO) where donor feedback helped programmes to stay on track of project goals and provided input on how donor recognition is weak in the field. To address this weakness, the programme prepared a presentation for the office on the new UNICEF Recognition Guidelines for Public Sector. This aspect will be reinforced in 2015 to ensure the donor recognition in cooperation with field offices in the regions.

Relationships with donors has improved according to donor feedback (EU/ECHO) and new partnerships were built (JICA, Mali Climate Fund, GIZ Swiss Cooperation and H&M). As planned in the Resource Mobilisation and Partnerships Strategy, the programme increased communication with UNICEF headquarter divisions to ensure that donor information is up to date and advocacy for Mali remained in the agenda of donors. Donor profiles were updated upon request as well as the financial situation for the office. In addition to a donor meeting in April which presented to donors the new CPD 2015-2019, the office was active in meeting with donors regularly and as a result, potential funding for 2015 has emerged with donors including EU, ECHO, USAID, Sweden, Spanish Committee for UNICEF and the Qatar Foundation.

The latter part of 2014 saw the outbreak of the Ebola virus in Mali, which challenged UNICEF to mobilize funds for prevention and response interventions. Old and new donors stepped up to support UNICEF, following the production of information on the importance of investing in children and women, who are most at risk for Ebola contamination, and how UNICEF was leading the social mobilisation work to fighting the spread of the virus. UNICEF Mali was able to raise over US$2.4 million. In addition, numerous donors pledged US$7.5 million for UNICEF in the Ebola response.

The programme is in the process of revising the strategy for resource mobilisation and the strategy for resource mobilisation for the new CPD.

OUTCOME 16 Evidence on the legislation, policies, budgetary principles and community systems are made available to enable the most vulnerable populations to become more resilient and reduce disparities
Analytical Statement of Progress:
In 2014, UNICEF continued to accompany the Government’s efforts to address childhood poverty, enhance resilience, support the decentralization process, and establish a national social protection system.

UNICEF continued to work towards addressing childhood poverty and deprivation, through ensuring that Mali continues to develop and implement social policy and public finance that benefit children, promote equity, support inclusion and builds resilience at the individual, community and systems level. Specifically, UNICEF supported the collection of data and its analysis related to multidimensional poverty such as the MODA, Communal Poverty Index Study (IPC) and IPC 166 evaluations to better understand and address childhood poverty. Phase One of a social spending/public finance evaluation was completed, and the ‘Resilient Malian Child’ 18 month study was launched to identify the characteristics of resilience in Mali, and develop a series of metrics and indicators to measure UNICEF and stakeholders’ impact on resilience.

To support the Government’s effort to re-launch the national social protection system, UNICEF supported the re-writing of the text of the national policy as well as the Decree n°01-566/PM-RM that strengthens the overall coordination of all social protection actions in Mali. With local authorities in Mopti Region, UNICEF supported the implementation of a decentralized social protection approach that encourages the participation of community leaders and members in the identification of vulnerable households and their inclusion in activities aimed at decreasing poverty.

Although the office did not advance significantly with the decentralization process in 2014, the social policy team was able to begin initial discussions with the Government of Mali in their decentralization process and how UNICEF might accompany them during the next Country Programme.

UNICEF Mali launched the first Innovations Lab in the Region, and supported eight innovations and technologies meant to improve the way UNICEF works and delivers programmes and to provide innovative solutions to common problems in Mali.

The UNICEF Mali Social Policy team worked actively with the following institutional partners at the central and decentralized level: MSAHRN, MAT, MEF, MDR, MSPP, MAE, ANTIM, University of Mali, Tulane University, and Children’s Parliament, World Bank, EU, USAID, AFP and various local and international civil society partners.

OUTPUT 1 In 2014, the authorities in charge of Social Protection use the tools and evidence to ensure equitable planning and budgeting for women and children

Analytical Statement of Progress:
In an effort to better understand the situation of children and women in Mali and improve collective policy and programming work on their behalf, UNICEF supported the Government of Mali to undertake a series of studies. With the Ministry of Solidarity, Humanitarian Action and Reconstruction (MSAHRN) and ODHD, UNICEF supported the analysis and dissemination of the IPC (Communal Poverty Index Study) and worked on a second, more detailed evaluation of the 166 communes in 2014, providing insight into the basic causes of extreme poverty for these communities.
In addition, with the Poverty Reduction team of the Poverty Reduction Strategy Paper (PRSP), UNICEF Mali and Innocenti Research Centre supported two stakeholder meetings to define and complete a National MODA (N-MODA) analysis. Based on the N-MODA, the Government has tentatively launched a Technical Expert Committee to be trained in N-MODA methodology to ensure that childhood poverty is better understood and included in the next generation of the PRSP in Mali. The MODA: Childhood Poverty and Multidimensional Overlay Report and Advocacy Situation Analysis will be reviewed and validated by the GTE MODA in January 2015 and will serve as the basis of a series of position papers in 2015 on childhood poverty and its underlying causes in Mali.

A public finance evaluation of social spending at the central level was completed with the University of Mali/GREAT and the Resilience Malian Child evaluation was launched with academic partners University of Mali and Tulane University. These two evaluations provided valuable information of the trends of social budgeting 2010-2014 and began the process of understanding what resilience means for Malian children, their families and communities. Finally, under the leadership of the Minister of Rural Development and a consortium of over 50 governmental, non-governmental, donor and civil society partners, UNICEF supported and led the development of a common targeting tool for resilience and nutrition/food security in Mali. This tool will allow resilience stakeholders to commonly target the most vulnerable communes and communities in Mali and implement common, integrated activities to enhance resilience and decrease vulnerability to shocks – natural, man-made and economic.

OUTPUT 2 In 2014, vulnerable populations, particularly women and children have access to basic social services through programmes implemented by Government social transfers.

Analytical Statement of Progress:
In order to reinforce the Government’s social protection efforts in 2014, UNICEF specifically supported the validation of the national social protection policy and action plan to strengthen its content and harmonize with existing, successful sub-regional approaches and systems. Support also provided for re-writing the texts related to Decree n°01-566/PM-RM which creates the National Counsel for Strategic Orientation (for social protection) and the empowers the in-line ministry responsible for social protection in Mali to coordinate all activities related to social protection, and sits within the Office of the Prime Minister.

UNICEF Mali, with the Regional Office and Government counterparts, trained over 100 staff and partners in the principles and application of social protection mechanisms. Support was provided for the launch of the National Technical Committee for Complementary Social Protection with the World Bank-supported Jigisemejiri social protection programme, and the process begun to define a single register for all social protection activities and beneficiaries.

UNICEF worked with the MSAHRN to launch a technical working group to address the possibility of exemption of costs for health care for children under 5 and pregnant and lactating women, and continued to work within the Mid-term Framework for the Health Sector.

In an effort to enhance resilience and decrease poverty, UNICEF, with partners in Mopti region, worked to identify and support 1,200 extremely vulnerable households through a social protection approach. The regional government, with village chiefs and community based groups, identified the 1,200 households considered the most vulnerable to receive cash transfers for six months. The cash transfers will allow families to purchase goods or send their children to school. This pilot project, to be replicated in Sikasso, is the first step in allowing local authorities
and communities to place a key role in effort to decrease both monetary and non-monetary poverty.

**OUTPUT 3:** In 2014, devolved and decentralized structures are able to coordinate and orient social protection interventions

**Analytical Statement of Progress:**
Mali has embraced the idea of decentralization and deconcentration of administration, infrastructure, civil service and social services. However, to date, while in some aspects the decentralization process has succeeded there remains a limited systematic, fully-functioning decentralization process in Mali.

In early 2014, UNICEF had a series of meetings with MAT Ministry of Territorial Administration to discuss the mechanisms and approaches that UNICEF could utilize to support the State’s decentralization efforts. Based on the various studies, evaluations and collection of datasets that the social policy team supported with partners, UNICEF carried out a succession of in-depth analyses to allow for a more sophisticated approach to targeting for a resilience-focused integrated packaged in priority regions. Using innovations, UNICEF was able to provide to internal and external stakeholders a series of maps and analyses at the decentralized level to re-align current and orient future investments and programming. These products, coupled with the initial public finance evaluation, will serve as a basis and guide for an enhanced dialogue regarding decentralization and deconcentration in 2015 with the UNICEF Zonal Offices in Sikasso, Mopti, Kayes and Gao.

**OUTCOME 18:** Through to the end of 2014, UNICEF supports the Government in providing a coherent, coordinated and effective response to humanitarian crises and disasters through the cluster leadership appropriate, and covering the needs of the most vulnerable populations and the most affected areas (a development system in assigned humanitarian clusters)

**Analytical Statement of Progress:**
UNICEF’s humanitarian action in 2014 focused on building Government and partner capacity to restore basic social services in conflict affected areas, providing support for the nutrition response as well as emergency response for Ebola Virus Disease outbreak.

In support of the country in transition from the conflict that took place in 2012-2013 to sustainable development, UNICEF accelerated the efforts for rehabilitation of the basic social services in the conflict-affected north, supporting the national and local capacity to re-establish and reinforce the sustainable system of service delivery. As a consequence, in the three northern regions, 94 per cent of students are back in schools compared to the pre-crisis enrolment. Through the repair of the water points, over 400,000 people in the north were provided with access to safe water. Ninety seven health facilities north were supported with basic medicines and materials.

While these results have been achieved, it should be noted that the team was faced with the major operational challenges in some areas. Humanitarian access was extremely limited as the security situation remained fragile, with humanitarian actors increasingly becoming direct target of rebel attacks. While peace talks continued in 2014, to accelerate efforts for social cohesion at community level, UNICEF initiated dialogue with partners and developed a plan on the community-based peacebuilding activities, which are anticipated to be implemented in 2015 under the framework of Peace Building Fund.
Treatment and prevention of acute malnutrition remained a priority humanitarian action in 2014. It is estimated that the annual caseload of acutely malnourished children reached approximately 500,000 with moderate acute malnutrition and 180,000 with severe acute malnutrition. Since 2012, significant support has been provided to the Government of Mali to scale up Community Management of Acute Malnutrition (CMAM) at national level to ensure equitable access to treatment for all. Coverage has increased from 29 per cent of needs in 2012 to 57 per cent in 2013, and 89 per cent expected in 2014. Emphasis was also placed on the inter-sectoral approach to address malnutrition. The ‘WASH in Nutrition’ approach for example, resulted in effectively addressing the root causes of the malnutrition, reaching 117 health centres with a WASH minimum package.

The priority action for the second half of the year was preparedness and response to outbreak of EVD that affected the West Africa region, including Mali. From the onset of the outbreak in the neighbouring countries, in coordination with WHO, UNICEF supported the Ministry of Health on prevention and preparedness. Having the first confirmed cases in Kayes region in October, followed by seven cases (including one probable case) in Bamako, UNICEF rapidly scaled up the response, with a focus on capacity-building of health systems, communication and social mobilization, including hygiene promotion in communities and at schools. In Kayes, UNICEF immediately deployed an emergency team and provided supplies and technical assistance and rapidly set up the transit and observation centre. To reinforce the capacity of Ebola treatment centre in Bamako, UNICEF provided technical and material support, installing adequate water supply systems. In the other regions at high risk such as Sikasso, UNICEF contributed to improvement of capacity of health centres, by establishing three transit and observation centres, and ensuring that screening mechanisms were in place. UNICEF, in collaboration with Malian Red Cross and the Child Protection sub-cluster members, provided psycho-social support to those affected, including the family of victims and those who were quarantined.

Communication and social mobilization efforts were made at national, regional and community level. UNICEF supported the production and dissemination of preventive messages through TV and community radios. Various IEC materials were produced, including an ‘Aide-memoire’ that guides community mobilisers such as community health workers, religious leaders and youth and women’s associations. Training was conducted for transporters in collaboration with the National Transporters Union and hand-washing facilities provided at major bus stations in Bamako, accompanied by the distribution of 20,000 stickers for cars. At community level, door-to-door visits were conducted by community health workers. UNICEF also worked in collaboration with more than 600 religious leaders to advocate for promote safe burial.

UNICEF stepped up the activities in schools in partnership with the Ministry of Education. Training of trainers is being conducted for 45 pedagogic advisors on prevention and preparedness measures in school settings, targeting 1,000 school principals in Bamako. To accompany the training, model lesson guides for teachers have been developed and distributed nationwide. In partnership with NGOs and the Red Cross, UNICEF is currently providing schools with the hand-washing facilities and a minimum WASH package for Ebola, with more than 1,000 schools targeted for sensitization.

As the cluster lead agency, UNICEF ensured effective coordination in nutrition, WASH, education and the sub-cluster on child protection at national and sub-national levels. In 2014, given the importance of sustainability and national ownership, UNICEF placed emphasis on support to build capacity of the government partners in cluster coordination.
To strengthen the capacity of the UNICEF team and the partners for humanitarian action, Emergency Preparedness and Response training was organised for UNICEF staff as well as government and NGO partners in Bamako as well as Gao, Mopti, Segou, Sikasso and Kayes, reaching a total of 100 people (37 UNICEF staff and 63 partners).

To strengthen emergency preparedness at the regional level, UNICEF provided WASH supplies to the General Directorate of Civil Protection, which have been prepositioned in all the regions except for Kidal.

**OUTPUT 1** By the end 2014, national and local authorities, civil society organizations and communities have leadership and coordination capacity to prepare for humanitarian crises caused by conflicts, natural disasters and epidemics (Increased country capacity).

**Analytical Statement of Progress:**
In reinforcing the national preparedness capacity for emergencies, UNICEF worked closely together with and supported the Ministry of Solidarity, Humanitarian Action and Reconciliation of the north in strengthening the preparedness mechanism at national and regional levels.

At national level, UNICEF provided human resource support for the post of special advisor to the Minister, which contributed to improved capacity of the Ministry in coordination and policy guidance for humanitarian action. Through the UNICEF support, the Ministry developed a national policy on humanitarian action, which is in process of finalization. The Ministry also put in place a national task force on the floods, which developed a contingency plan. Under the framework of the national task force on floods, UNICEF supported the General Directorate of Civil Protection to pre-position WASH supplies at regional level. To strengthen the capacity of the UNICEF team and the partners for humanitarian action at regional level, Emergency Preparedness and Response training was organised for UNICEF staff as well as government and NGO partners in Bamako as well as Gao, Mopti, Segou, Sikasso and Kayes, reaching a total of 100 people (37 UNICEF staff and 63 partners).

For preparedness for the Ebola outbreak, UNICEF primarily supported the Ministry of Health, through provision of the essential supplies such as medicines, tents and WASH kits, as well as mass communication, social mobilization and reinforcement of the health system. This support contributed to operationalization of the national action plan led by the national task force, which was subsequently replaced by the Emergency Operational Centre.

**OUTPUT 2:** By the end 2014, the national and local authorities, civil society organizations and communities provide a suitable and quick response to the humanitarian needs of the most vulnerable in targeted areas and ensure the coordination of quality, humanitarian assistance, taking into account the needs of children and women (Increased country delivery of services).

**Analytical Statement of Progress:**
The Ebola outbreak involved humanitarian action of the largest scale mobilized in 2014. From the onset of the outbreak in the neighbouring countries, in coordination with WHO, UNICEF supported the Ministry of Health on prevention and preparedness. Having the first confirmed cases in October, UNICEF rapidly scaled up the response, with a focus on capacity-building of health systems, communication and social mobilization, including hygiene promotion in communities and at schools. UNICEF, in collaboration with Malian Red Cross and the Child Protection sub-cluster members, provided psychosocial support to those affected including the family of victims and those who were quarantined.
As the cumulated total number of reported cases being relatively limited (seven confirmed and one suspected case), all the cases received appropriate support. While the outbreak was brought under control and the country was declared Ebola free by January 2015, the emergency response experience showed the need to reinforce the national coordination and management capacity at national and regional levels.

### Document Centre

#### Evaluation

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