Executive Summary

Since January 2012, the Republic of Mali has been facing a multi-dimensional crisis. In response to this complex emergency, the Country Office (CO) revised the 2008-2012 programme strategy to include a balanced Humanitarian Action Plan to respond to the needs of families and children faced with food insecurity, the nutrition crisis, and displacement as a result of conflict.

Among the CO’s main achievements are the outstanding efforts made to raise flexible resources. UNICEF’s emergency appeal in Mali has secured approximately USD 27 million in funding against a revised requirement of USD 58 million. The CO also set up an efficient and timely supply chain that addressed the needs of at least 650,000 people in the north to be addressed. The cholera epidemic was contained in Gao region, and community-based networks for child protection and education in the north were established. All results were monitored through the Humanitarian Performance Monitoring system established this year.

In the south, wherever possible, key activities from regular programming have continued and complemented the emergency response. Building on these programmes will increase community resilience in 2013. For example, the Essential Health to Communities programme was able to reach more than 110,000 children under five (U5) while the Community-Led Total Sanitation (CLTS) programme was able to cover the needs of more than 500,000 beneficiaries.

In the area of nutrition, UNICEF scaled up an integrated response across the country, combining water, sanitation and hygiene (WASH), health and education activities. In 2012, the treatment of acute malnutrition was three times higher than in 2011. This increase is related to the scale-up of nutrition capacity in health centers and communities, including UNICEF support for supplies and capacity development.

Mali CO has also contributed to the establishment of the REACH (Renewed Efforts Against Child Hunger and Undernutrition) initiative with a clear implementation plan, and the SUN (Scaling Up Nutrition) initiative through the implementation of a nutrition focal point adviser in the Ministry of Health with UNICEF support.

Nevertheless, service coverage remained insufficient to meet the needs of acutely malnourished children in 2012. The severe acute malnutrition (SAM) caseload in 2013 is anticipated to be 220,000 children. Education and child protection concerns also need to be addressed, with access to education continuing to be denied to more than one million children. There is major concern over violations of children’s rights in the north, including recruitment. The lack of funding and capacities in these areas are delaying effective and efficient response. With the Country Programme shifting from development to more emergency-led programming, management of operations and the profile of existing human resources were among the major difficulties the CO faced.

Throughout 2012, UNICEF established strategic partnerships to address challenges faced by children and to scale up the impact of the emergency response. Starting in February 2012, over 20 Project Cooperation Agreements (PCA) were signed, covering all UNICEF sectors and representing a financial commitment of almost USD 13 million. These partnerships will be extended in 2013 and will reinforce capacities of both institutional and civil society actors in the north and south.

Country Situation as Affecting Children & Women

In late 2011 the Government of Mali declared a food production deficit in 111 municipalities in the Mopti, Timbuktu, Gao and Kidal regions and in the northern parts of the Kayes, Koulikoro and Ségou regions. Specifically, insufficient and uneven rainfall resulted in poor crop harvest and increased food prices. In response, UNICEF and its partners identified 50 of Mali’s 60 health districts as priority districts for nutrition interventions.

Amidst this growing food and nutrition crisis, an armed conflict erupted in January 2012 between the Malian Government, separatist Tuareg rebels the National Movement for the Liberation of Azawad (MNLA) and other armed groups in the Timbuktu, Gao and Kidal regions. The conflict has now spread to central Mopti. In March
2012, a military coup ousted the elected president, resulting in the installation of a Transitional Government. Ethnic divisions have also exacerbated the conflict. Access to basic services has been severely constrained as many qualified personnel have fled the north and many service structures have been destroyed or looted. Extensive human rights abuses have also been reported. According to available reports from child protection actors, children (specifically young boys) have been recruited and enlisted to fight in armed groups. At least 24 children have also reportedly been injured as a result of Explosive Remnants of War (ERW).

Following the coup, Mali’s donors suspended budget support and much of their project aid to the government. UNDP has estimated that 85 per cent of external state budget support was suspended (USD 98 million) and project aid has contracted by USD 398 million. The health and education sectors have been heavily affected since about half of their funding normally comes from external sources. Severe contractions were also noted in the service, construction and public works sectors, resulting in significant layoffs and loss of revenues for individuals. Real GDP in 2012 is forecasted to shrink by 1.5 per cent, following a growth of only 2.7 per cent in 2011. The poor harvest in 2011 and trade disruptions pushed average inflation in 2012 to an estimated 5.9 per cent. With an expected good 2012-13 harvest and steady recovery, the World Bank estimates real GDP to grow by 4 to 5 per cent in 2013.

The combined effects of these unprecedented developments turned relatively stable Mali into a country faced with a growing complex emergency. The armed conflict, political instability, the food and nutrition crisis, as well as flooding, a cholera outbreak in Gao, and grave violations of child and women’s rights, have displaced more than 344,000 people from their homes including over 198,000 internally displaced persons (IDPs) and 145,000 refugees in neighboring countries (UNHCR). Most of the displaced have found support from host families, mostly in urban areas of Bamako district, Mopti and Ségou regions. Results from the WFP Early Warning System survey show that living conditions are deteriorating for IDPs and host families in the Timbuktu, Gao and Kidal regions because of rising food prices and reduced incomes in all sectors, forcing people to borrow money and sell goods to purchase food. The cholera outbreak in Gao region was contained by the swift action from UNICEF and partners, limiting its spread to only two health districts and resulting in 219 reported cases and 19 deaths. Flooding also occurred in Ségou, Kayes, and Mopti, affecting more than 10,000 people.

This growing complex emergency has further aggravated an already dire situation facing children and women. Mali has the second highest under-five (U5) mortality rate in the world estimated at 178/1,000. The reported maternal mortality rate is 464 maternal deaths per 100,000 live births. Furthermore, with the exception of the drinking water target, Mali is off-track to achieve most of the Millennium Development Goals (MDGs). With an annual population growth rate of 3.6 per cent, one of the highest in the world, Mali is faced with exceptional demographic challenges, which will increase the pressure on the already scarce basic social services and resources. The World Bank estimates that the population of students aged 7 to 15 will increase by 43 per cent by 2020 in a context where more than 1 million school-aged children are out of school and where the existing education system continues to face bottlenecks related to supply- and demand-side factors as well as inefficient coordination of national and decentralized services.

Results from the 2012 SMART survey point to high levels of acute malnutrition despite recent progress. Roughly 610,000 children could be affected by global acute malnutrition (GAM) in 2013. Even with favorable rainfall in 2013, an estimated 2 million people will remain food insecure, compared to 4.6 million in 2012 (WFP VAM). Common childhood infections like malaria, pneumonia and diarrhea still account for 80,000 out of 120,000 deaths of U5 children every year.

A large burden of the humanitarian and development needs remains in the south, with 87 per cent of cases of severe acute malnutrition (SAM) expected in south Mali in 2012. The 2012 SMART survey found rates of GAM of 12.2 per cent in Ségou region and 10.1 per cent in Kayes. These regional results highlight the need to further analyze the link between food insecurity and malnutrition in Mali. Further research is also needed on infant and young child feeding practices (IYCF), as some food secure regions continue to report relatively high rates of child malnutrition. Furthermore, in the south, the socio-economic burden placed on communities by IDPs is a growing concern, with most IDPs living with host families and utilizing local basic social services. Finally, there are estimated to be over 25,000 school-aged displaced students in the south, most of whom missed the 2011-12 school year.
In an effort to help restore peace and democracy in Mali, the international community, including ECOWAS (Economic Community of West African States) and the United Nations Security Council, have initiated a series of actions and resolutions. In December the United Nations Security Council authorized deployment of an African-led International Support Mission in Mali (Resolution 2085). As the government makes plans to mount a military operation in 2013, there is significant risk of contraction of national social sector allocations.

### Country Programme Analytical Overview

The final year of the 2008-2012 Country Programme (CP) saw a dramatic shift from a development-oriented programme to a more humanitarian focus. The design of the 2013-2017 Country Programme Document (CPD), which was largely development-oriented given the relatively stable operating environment at the time, has been partially abandoned. The complex emergency situation and increasing needs of IDPs and host families have prompted a shift in the Mali Country Office (CO) programmatic focus, objectives, strategies, staffing and resources.

The magnitude and severity of the crisis affecting over 4.6 million people, including 175,000 SAM children led to support from the Regional Office and Headquarters. Therefore, the CO developed and implemented an Integrated Emergency Response Plan. A combination of strategies was used to deliver the needed humanitarian assistance. UNICEF Mali increased capacity to meet its accountabilities as lead for the nutrition, WASH (water, sanitation and hygiene), and education clusters and child protection sub-cluster (education is co-lead with Save the Children). By reinforcing its supply and logistics chain, the Mali CO enhanced service delivery in both southern and northern Mali in a manner that was consistent with identified needs and priorities of IDPs, host families and the affected population.

Partnerships with non-governmental organizations (NGOs) were strengthened to maintain capacity to conduct interventions in northern areas with high security restrictions and to continue regular programme delivery in the south. The Mali CO also engaged in a series of innovative programming approaches, including remote implementation of activities in the north thanks to partnerships with implementing NGOs and local community organizations. Third party monitoring is also currently being implemented with due diligence. Other significant changes were noted in the staffing structure, with over 40 additional staff hired to reinforce UNICEF programmes, operations and cluster capacities. The Mali CO was also able to meet 50 per cent of the required 58 million USD for Other Resource Emergency (ORE) funding needs and 135 per cent of Other Regular Resources (ORR) as per the CPD ceiling.

Since southern Mali, which hosts 85 per cent of the total population and most of the IDPs, remained largely accessible, the CO continued to pursue the implementation of regular programmes to complement humanitarian action. While the programmatic strategies have evolved, most programme objectives have remained fully aligned with the Mid-Term Strategic Plan. The patterns of the major bottlenecks and barriers in various programme areas, including health, education, nutrition, WASH and child protection, remained unaltered with 60 to 80 per cent of the total population having low access to the Essential Health Package. The regular programme and the humanitarian action plan tried to address bottlenecks and focused on the most vulnerable.

With the 2008-2012 CP shifted and broadened to respond to an unprecedented complex emergency, the current programme cycle was extended by one year. To integrate the vision outlined in the Consolidated Appeal Process (CAP) and the Joint United Nations Government Framework to Support the Transition (CCAT), UNICEF Mali will simplify its 2013 results structure in an effort to focus on building community resilience and consolidate the objectives of humanitarian action and the development agenda.

### Humanitarian Assistance

UNICEF is working with other United Nations bodies and the Inter-Agency Standing Committee (IASC) under a common humanitarian framework in Mali, with a common Humanitarian Situation Analysis integrated into the 2012 and 2013 CAP processes. A common Humanitarian Code of Conduct has been approved by the Humanitarian Country Team (HCT). UNICEF implemented an internal humanitarian architecture in 2012, to be
maintained in 2013, which includes leading various clusters, as noted above. UNICEF is also active in the health, shelter/non-food items (NFIs) and logistics clusters.

The 2012 humanitarian response plan was designed based on the experiences and best practices of other UNICEF COs, including Pakistan, Somalia and the Democratic Republic of Congo. Key strategies include establishment of decentralized sub-clusters at the regional level through UNICEF zonal offices, NGOs and local government. Advocacy for national partners to respond to priority needs, including promoting child rights in emergencies, is another key strategy.

A key issue in 2013 will be monitoring impacts on child rights of a possible military intervention. Monitoring national implementation of United Nations Security Council Resolution 1612 on Grave Child Rights Violations will also remain a top priority.

### Effective Advocacy

**Mostly met benchmarks**

In 2012, one of the primary concerns of the Mali CO was violation of children's rights. Gender-based violence (GBV) and child recruitment have reportedly taken place. With the possibility of an escalation of conflict, UNICEF has been working to sensitize authorities including the military about the special protection that civilians, especially women and children, are entitled to during conflict, and has called for all relevant actors to prevent and avoid child rights violations.

Based on Security Council Resolutions 1612 and 1882, UNICEF supported a national campaign on the prevention of recruitment or enrolment of children by armed groups. UNICEF also mobilized national high-level government entities to better consider the issues of mines/unexploded ordnance (UXO), GBV and child recruitment in designing and implementing national protection policies. Furthermore, UNICEF led the elaboration of the Code of Conduct for Humanitarian Action in Mali validated by the HCT. The Code of Conduct promotes and ensures that humanitarian programmes are compliant with humanitarian principles. Finally, the Mali CO contributed to the Global Horizontal Notes on major trends of grave child rights violations.

The CO also strengthened advocacy efforts in partnership with other United Nations agencies and partners to scale up nutrition. Priorities included: the adoption of the national nutrition policy; establishment of the REACH (Renewed Efforts Against Child Hunger and Undernutrition) initiative with a clear country implementation plan, including the transition from emergency to development; and support to the development of the SUN (Scaling Up Nutrition) initiative.

Private sector engagement has been a key strategy with a focus on corporate social responsibility (CSR), though the scope for fundraising has been limited by the crisis.

A key advocacy challenge is information verification given limited access to the north. As a result, UNICEF has not been able to gather precise statistics on child recruitment or obtain first-hand stories to share with the media. There is a need to advocate more strategically with the media to report not only on political issues in Mali, but also on the humanitarian consequences of any escalation of the conflict and the impacts of the food and nutrition crisis on children and communities across the country.

### Capacity Development

**Partially met benchmarks**

UNICEF is reinforcing internal emergency response capacity as well as the programme delivery capacity of technical partners in response to the crises. Development of partners’ humanitarian capacity has focused on scaling up quality response to the current crises, including establishing NGO capacity to fill part of the service gap left by the expulsion of the government from the north.
UNICEF is also supporting the government to sustainably improve services in the south, particularly through a major overhaul of the nutrition programme. Capacity is being put in place to make the revised 2012 National Nutrition Protocol operational, including community-based management of acute malnutrition and integration of nutritional screening into the community health programme. UNICEF ensured that health personnel attained the skills and tools for facility and community management of acute malnutrition through training of 2,947 health staff and 4,020 community agents. Through UNICEF support (training, equipment, subsidies), 77 per cent (or 1,681) of planned community health workers (CHWs) are now functional across 34 of the 41 target health districts.

In the field of child protection, 35 officers of the Malian armed forces participated in a training of trainers (ToT) session on child protection and gender in armed conflict. These officers are expected to hold 35 sessions in military garrisons around the country for approximately 1,500 unit commanders. UNICEF and partners also began an emergency Mine Risk Education (MRE) response in April 2012. A total of 1,611 people have received lifesaving mine/UXO risk awareness education and 108 trainers have been trained amongst displaced and at-risk populations. UNICEF also organized a ToT for 15 civil protection representatives and 88 members of partner organizations on psychological support and first aid for children in emergencies in Kayes, Mopti and Bamako. A further 114 partners’ staff (NGOs and government) were trained to provide psychosocial support to GBV survivors and 93 to provide medical support (Bamako, Mopti, Séguéla, and Koulikoro). However, key capacity bottlenecks remain, including programme monitoring, with one of the key constraints on the nutrition programme being the weak supply monitoring and ordering system from health centers to regional directorates.

### Communication for Development

**Mostly met benchmarks**

As a result of the humanitarian situation at the beginning of 2012, a rapid communication for development (C4D) needs assessment was conducted leading to the integration of C4D across the UNICEF emergency response plan. This has accelerated and extended activities planned in the 2012 Annual Work Plan (AWP) across the 35 districts identified by UNICEF and partners as most vulnerable to the crises.

The C4D capacity of 139 implementing partners (circle socio-health teams) was reinforced. A total of 1,886 community relays and health center workers were trained on promotion of Essential Family Practices (EFP), including good nutrition, UXO dangers and GBV awareness. Complementary to the work conducted by CHWs, promotional activities were carried out through community dialogue sessions, media and advocacy. Meanwhile, 277 traditional communicators from the Network of Traditional Communicators (RECOTRADE) and 2,464 members of nutrition support groups supported by the NGO ASDAP conducted visits in 44,064 households, benefitting 528,136 people. Finally, meetings organized with civil society organizations in the north disseminated key messages to prevent risks for children on MRE and family separation, and to support recreational places for children.

Thanks to the partnership with the Union of Independent Radio and Television in Mali (URTEL), 152 micro-programmes were produced and broadcast on these same topics and on HIV prevention among youth, benefitting, among others, 1,200 internally displaced youth. To combat the cholera epidemic, over 1 million visual aids were disseminated and TV and radio advertisement were broadcast 7,434 times.

Despite the overlapping crises, five National Immunization Days/Polio Campaigns were conducted in the south with the awareness rate of parents increasing from 74 per cent in 2011 to 85 per cent in 2012.

Finally, in terms of knowledge management, the C4D component conducted a CAP study on the “Life Savers” campaign to highlight results and provide baseline data for future campaigns. The pilot experience of the participative approach to community monitoring of C4D (Most Significant Change) in Katiola district was documented and is considered an example to follow by the Regional Office.
**Service Delivery**

*Fully met benchmarks*

As the Mali CO shifted focus from development to humanitarian action, the role of service delivery in the programme has been strengthened. Assessments and surveys conducted by UNICEF and humanitarian partners, such as the SMART nutrition survey and the programme criticality review, identified key service gaps and the people most affected by the overlapping crises. Particularly critical were IDPs, host families, and populations in the north with reduced access to infrastructure and social services. In addition, children in 50 out of 60 health district are facing major risks of acute malnutrition. The supply chain linking the south and north, including the traffic and transportation network, was also disrupted.

In response to the scale of needs, UNICEF reinforced its supply and logistic capacities to uphold service delivery even in areas with limited access. This reinvigorated service delivery approach was implemented through community-based interventions to ensure that the most vulnerable and crisis-affected populations continued to have access to basic services. Most of the direct service delivery, including distribution of life saving kits and services, was designed and implemented to build community-level resilience with support from CHWs. UNICEF has also supported and reinforced the supply chain from the central to district level in the south and from the central level to the level of NGOs based in northern Mali. For example, UNICEF has worked with the NGOs MDM and ALIMA to support the functioning of 37 health facilities in the north and supported 44 per cent of health facilities in the south through essential supplies of goods and equipment. In addition, in south Mali, NFI kits have benefitted 19,400 IDPs with 30,000 IDPs targeted for HIV prevention. Finally, the service delivery approach was used to strengthen the nutrition and child protection systems. In terms of nutrition, UNICEF is ensuring the continued functioning of the supply chain for the delivery of Plumpy’Nut all over the country. IN 2012, 41,794 boxes (each containing 150 sachets) were delivered. UNICEF and its partners remained key actors in nutrition, covering 41 per cent of all health areas in the country.

Coordination and monitoring mechanisms were established for due diligence and accountability, and clusters were set up at the national and regional levels to promote service delivery where it is most needed. Regular reviews with partners, third-party monitoring and ActivityInfo – a web-based platform to track and report on programme performance – were established to track delivery and service utilization. In addition, implementing partners were encouraged to comply with the Humanitarian Code of Conduct.

**Strategic Partnerships**

*Mostly met benchmarks*

UNICEF established and reinforced several strategic partnerships to address the challenges facing children and to scale up programme impact. Since January 2012, UNICEF signed agreements with 20 national and international NGOs for emergency response for almost USD 13 million. To decentralize coordination, UNICEF has promoted NGO leadership of regional sub-clusters; notably, a nutrition plan was launched to have one lead NGO per region for coordination and service delivery.

Despite political instability, UNICEF continued its collaboration with various line ministries and technical services. For instance, UNICEF provided technical support to an inter-ministerial working group on the recruitment of children and other grave child rights violations. In parallel, UNICEF sought to create sustainable partnerships with civil society organizations capable of programme implementation, strengthening capacities, and reaching the maximum number of children.

The CO also strategically strengthened local donor fundraising partnerships with the European Union (EU), Canada and Sweden, amongst others. UNICEF’s partnerships with Canada and Sweden have resulted in substantial funding for WASH, education and health programmes in rural areas. The strategic alliance with ECHO, based on a common funding strategy in the north, as well as a common understanding of the constraints, risks and humanitarian principles, was key in 2012. A partnership with USAID should lead to a significant increase in resources to build community resilience for child survival in southern Mali.
UNICEF is well positioned to raise ORR from the local donor community because of its credibility and reputation. This presents an opportunity to support UNICEF’s community resilience-building interventions in the south.

Guided by the Human Rights and Business Agenda, UNICEF continues to engage with the local business sector to support the adoption of child-friendly CSR policies. In 2012, UNICEF Mali launched the Children’s Rights and Business Principles in collaboration with Save the Children, the Ministry of Commerce and Industry, the Ministry of Mines and the National Council of Employers. Furthermore, the Business Platform for Children restarted its activities after a period of inactivity following the coup. The Platform has engaged in sensitization activities around promotion of child nutrition, exclusive breastfeeding and basic hygiene.

### Knowledge Management

*Mostly met benchmarks*

Amidst a growing complex emergency, Mali CO continued its support to research and data collection, facilitated the sharing of information and strengthened cluster information management. Of importance was the support provided to the National Institute of Statistics for the realization the SMART nutrition survey and the maintenance and use of DevInfo/Malikunafoni, which tracks, updates and provides socio-economic data disaggregated by gender, region and quintiles among others.

In addition to supporting the national statistical office, UNICEF catalyzed a multi-partner platform comprised of the Maternal and Child Health Integrated Programme (MCHIP), Save the Children, the Ministry of Health (MoH), and CARE to perform a series of Lot Quality Assurance Sampling Surveys (LQAS) in selected health districts. These LQAS support the process of District Health System Strengthening (DHSS). LQAS and DHSS aim to track district-level progress towards equity for the most underserved populations to improve the quality, timeliness, use and reporting of data at all levels of the system and empower managers, communities and stakeholders with actionable data for timely local decisions and engagement of communities.

Under the Access Bottleneck Costing and Equity Initiative with the support from the Seattle Institute of Health Metrics, Mali completed a first mapping of all health facilities with attention to their supply chain, equipment, workforce and services offered. WASH monitoring and evaluation (M&E) and knowledge management is being reinforced through the Mali Dubai Cares Initiative, which aims to improve student health and education through access to drinking water, hygiene and sanitation for better learning environments. Under this initiative, processes and tools have been developed and rolled out in 2012 to collect, analyze and share data and lessons, with linkages to national information systems. A Dubai Cares impact evaluation began in 2012.

Humanitarian data collected and analyzed is compiled monthly in the CO Situation Reports (SitReps), with the information in the SitReps used to transmit lessons learned and best practices, and to take management decisions.

While some pillars of knowledge management are well established, Mali CO still does not have a comprehensive office strategy or a dedicated staff member with the primary responsibility of fostering knowledge management.

### Human Rights Based Approach to Cooperation

*Partially met benchmarks*

Throughout the development of the 2013-2017 CPD, the implementation of 2011-2012 rolling work plans, and the design and implementation of the humanitarian response plan including CAP 2012-2013, the Human Rights Based Approach (HRBA) and UNICEF Core Commitments for Children (CCCs) in emergencies remained vital frameworks of reference to uphold the rights of crisis-affected children and women.
In most programming processes, UNICEF focused on increasing awareness of children’s and women’s rights and the international legal instruments to protect them. This was particularly the case for MRE and the operationalization of the Additional Protocol on the Involvement of Children in Armed Conflict, and Security Council Resolutions 1612, 1882 and 1998, as a result of which UNICEF and partners launched a national campaign on prevention of child recruitment. Resolution 1860 on sexual violence led UNICEF and partners to support interventions against GBV. In addition, UNICEF is encouraging its implementing partners to sign and implement the Humanitarian Code of Conduct to deliver one coherent response to the complex emergency.

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. Health staff from Kayes, Bamako, Koulikoro, Ségou, Mopti and Sikasso regions have been trained on the promotion of IYCF practices. In child protection, communities, including Local Crisis Committees (CLC), were reached, resulting in 1,611 people receiving lifesaving MRE. Community members from the north who form part of these CLCs have been directly in contact with UNICEF since April 2012 and have been trained on basic child rights and actions to prevent the abuses of these rights. CLCs also serve as important sources of information for UNICEF Mali. NGO and government staff were also trained and equipped on MRE and basic child rights. In addition, 114 personnel were provided knowledge on psychosocial support, prevention and response to GBV, identification and reporting of grave abuses to child rights, and another 93 were trained to provide medical support.

On issues requiring further attention, Mali was not able to prepare and submit a periodic report to the United Nations Committee on the Rights of the Child due in 2012. In setting up mechanisms for reporting on the implementation of the Additional Protocol on the Involvement of Children in Armed Conflict, the Mali CO will need to build capacities to apply the HRBA, and to strengthen systems for data collection on children’s and women’s rights.

**Gender Equality**

*Partially met benchmarks*

In Mali, gender inequalities represent major challenges. Women and girls 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 and the Gender Inequality Index (99/102 and 175/187 respectively) (SIGI 2009; UNDP 2011). In addition, female genital mutilation remains high, with 9 out of 10 females being excised. As in recent years, principles of gender equality continued to guide UNICEF Mali programming, as evidenced by the 2010 analysis of the CP from the gender perspective. However, little progress is being made on implementing the resulting recommendations. The multi-faceted crisis in Mali has had different impacts on the vulnerabilities of men, women, boys and girls and their ability to cope, thus exacerbating pre-crisis gender inequalities.

Evidence from some initial assessments and testimonies from communities suggest that women and girls faced higher risk of child marriage and sexual violence while boys were more potentially subjected to recruitment by armed groups. This is especially true in northern Mali, where stricter Sharia law is enforced and where women are subjected to unacceptable harassment.

There remains a lack of sufficient gender-sensitive data. Therefore a gender-inclusive analysis was applied at different stages of programming, including giving each partner’s CAP a gender marker to measure gender awareness. UNICEF also co-led the GBV sub-cluster with UNFPA, supported policy dialogue and set up interventions against GBV. Child protection and education programmes supported wide-ranging training activities that benefited 8,000 teachers and increased their capacities to provide psychosocial support to GBV survivors. Cultural activities, among other events, were used as channels to raise GBV awareness. UNICEF also supported access to psychosocial and medical support to GBV survivors.

As is the case for many other humanitarian actors, the Mali CO is still struggling to implement Security Council Resolution 1325 (2000) on the involvement of women in crisis management. Assessment and
planning tools still cannot allow for interventions to be designed based on the understanding of gender-specific needs. In the north, third-party monitors remain mostly male due to restrictions on women to work and move, limiting women’s access monitoring purposes.

**Environmental Sustainability**

*Partially met benchmarks*

WASH interventions take environmental sustainability into consideration, especially those comprising construction activities, including hand-drilling, promotion of community cleanliness (i.e. elimination of open defecation and uncontrolled dumping of grey water and waste that contaminates groundwater), promotion of community-made water disinfectant through solar energy, and water networks supplied by solar energy. UNICEF does not implement heavy works requiring Environmental Impact Assessments. Nevertheless, health and social impact studies are often performed in UNICEF programming that incorporate environmental issues. Moreover, UNICEF works with government technical services in all activities, and is bound to respect national environmental rules and regulations. The following interventions reflect the UNICEF programmatic commitment to ensuring environmental sustainability:

(i) The CLTS impact study assesses the environmental impact of behavior change related to excreta and solid waste management in villages.

(ii) For the construction of public latrines, including those in schools and markets, the government has adopted an environmentally friendly model. This consists of a double vault pit latrine allowing for reuse of mineralized excreta as manure. This technique and its benefits to protect the environment and to create income-generating activities are assessed through the WASH in Schools (WinS) monitoring framework.

(iii) UNICEF supports the water supply sector to develop its Integrated Water Resource Management Plan at the central and regional levels.

(iv) UNICEF promotes low-cost and environmentally friendly technical solutions for water supply, such as manually drilled boreholes.

(v) UNICEF has consistently developed its partnerships with the private sector with a focus on social and environmental responsibility of enterprises.

(vi) UNICEF supports the government to strengthen climate change management in Mali, including through capacity building of senior representatives from the Ministries of Water and Sanitation to promote the commitment of national stakeholders to adopt policies and strategies that reduce adverse effects of development on the environment.

A key challenge in Mali is urban development, especially in Bamako, which has one of the highest urban growth rates in the world. Without an appropriate development plan, uncontrolled urban development may have devastating effects on the environment and on living conditions, particularly of the urban poor.
**PC 1 - Survie de l’enfant**

**Constrained**

**PCR 2760/A0/03/009 SURV-PCR1:** D’ici 2012, au moins 80% des enfants de 0 à 5 ans et 80 % des femmes enceintes, particulièrement les plus vulnérables exposés au VIH / SIDA bénéficient de soins préventifs, curatifs et promotionnels de qualité au niveau communautaire et des services de santé

**Progress:**

Despite significant efforts by the government and its partners, Mali will not attain the MDGs on health.

The trends in maternal and infant mortality reduction continue to indicate considerable disparities between rural and urban settings. The main bottlenecks that still need to be addressed include geographical, financial and cultural factors. The epidemiological conditions of children have not changed over the past ten years, with malaria, pneumonia and diarrhea as major child killers; seven out of ten of these deaths occur at the community level.

The focus in 2012 was on removing major bottlenecks impeding utilization of health services through: (i) integrated community case management of child illness; (ii) expanded programme on immunization, focusing on poor performing districts and hard-to-reach areas; (iii) prevention of mother-to-child transmission (PMTCT) of HIV; and (iv) emergency obstetric and newborn care in health facilities.

With regard to the complex emergency situation in the northern regions, UNICEF worked with the health cluster to revitalize 37 health facilities (45 per cent) with medicines and human resources. In the area, 95 per cent of targeted children were vaccinated against measles, and 90 per cent for polio. Vitamin A and deworming treatments were also added, and about 92,000 treated bed nets were distributed along with kits for the treatment of cholera.

In collaboration with partners, the Health Section has continued its support to the government to scale up the Essential Community Health Care programme that offers a package of integrated community case management of malaria, diarrhea, pneumonia and malnutrition. By the end of 2012, a total of 1,788 CHWs were trained and 1,681 were operational. These CHWs have reached about 500,000 vulnerable children living beyond 5 km of a health facility. To improve service quality, monitoring and micro-planning with LQAS have been implemented to strengthen bottleneck analysis at the decentralized level.

Mali has maintained its polio-free status. There has been an overall increase in immunization coverage compared to 2012 except in the northern regions.

With regard to HIV/AIDS control, focus was on expansion of PMTCT services and about 100,000 HIV tests were provided by UNICEF to avoid stock out of reagents due to suspension of funds by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Due to conflict in the north, the number of functional PMTCT sites dropped from 338 in 2011 to 281 in 2012.

The C4D Section worked closely with the Health Section to provide advocacy and socio-mobilization support to immunization campaigns, and maternal and newborn mortality reduction initiatives.

**On-track**

**IR 2760/A0/03/009/001** D’ici 2012, 300 000 enfants de 0 à 5 ans issus des zones les plus défavorisées reçoivent le paquet de soins essentiels préventif et promotionnel au niveau de la communauté

**Progress:**

Scaling up of SEC has continued in 2012 in all the 32 UNICEF target districts (Kayes -7, Koulikoro -9, Segou -8 and Mopti -8) as a key strategy to address inequity and infant morbidity and mortality in communities.
living more than 5 km from a health center. While the CHW training objectives have been met in targeted
districts, service delivery has not started in two districts of Mopti affected by the conflict in the north.
In Sikasso, Save The Children has commenced training of 325 new CHWs in 4 districts, to add to the 5
districts where CHWs have been operational since 2010.

Compared to the end of 2011, when only 521 CHWs were trained, by the end of 2012, 1,788 were trained
(82 per cent of the target) and 1,681 were operating (77 per cent). The strong partnership between USAID, Save The Children and Plan International was instrumental for scaling up the strategy.

In terms of output, incomplete reports as of November 2012 indicate that CHWs in the 32 UNICEF-supported
districts treated 56,277 suspected cases of malaria, of which 68 per cent were RDT positive; 23,443 cases of
diarrhea with ORS and zinc; and 37,001 cases of ARI. In addition, 10,638 cases of acute moderate
malnutrition were detected. This achievement represents about 20 per cent of childhood infections treated in
the 32 districts. Further, reports from just 7 districts indicate that 6,477 newborns received essential care.

Despite ongoing implementation challenges, such as the need to improve supportive supervision and
reporting, the 2012 objectives have been achieved in terms of enhancing equity to treatments and reduction
of U5 morbidity.

The coming year will be focused on consolidating implementation, essential equipment and drug
procurement, further reflections on removing financial bottlenecks, improving supervision and monitoring
quality and reinforcing program evaluation and advocacy at all levels to enhance sustainability prospects.

On-track

IR 2760/A0/03/009/002 D’ici 2012, au moins 80 % des enfants de moins de cinq ans et des femmes
enceintes particulièrement les plus vulnérables, protégés contre les maladies cibles du PEV et bénéficient de
la PCIME y compris dans les situations d’urgence

Progress:

Scaling up SEC has continued in 2012 in all the 32 UNICEF target districts (Kayes -7, Koulikoro - 9, Segou -
8 and Mopti - 8) as a key strategy to address inequity and infant morbidity and mortality in communities
more than 5 km from a health center. While the CHW training objectives have been met in targeted districts,
service delivery has not started in two districts of Mopti affected by the conflict in the north.

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of U5 morbidity.

The coming year will be focused on consolidating implementation, essential equipment and drug
procurement, further reflections on removing financial bottlenecks, improving supervision and monitoring
quality and reinforcing program evaluation and advocacy at all levels to enhance sustainability prospects.
To reduce maternal and newborn mortality, the current Country Programme has focused on the scaling up of emergency obstetric care, the practice of focused antenatal care and promotion of skilled delivery in health centers. In Mali, there are 137 emergency obstetric and newborn care (EMONC) structures (61 comprehensive and 76 basic). The country has met its target for the number of comprehensive sites due to a robust collaboration between UNFPA, WHO, USAID, UNICEF and the government.

In 2012, the health programme focused significantly on the emergency response in the northern regions, where more than 50 per cent of health structures were destroyed by armed groups. UNICEF in collaboration with NGOs supported the revitalization of 37 health facilities with standard kits and skilled human resources to provide the minimum package of reproductive health services. In the District of Dire, the implementing partner provided antenatal care services to 3,120 pregnant women and conducted 570 normal deliveries over a 7-month period.

In terms of essential newborn care practices at the community level, a total of 1,681 CHWs (77 per cent of the target) are operational in 32 districts. Incomplete data from just 7 districts indicate that more than 6,000 newborns received care, with about 8,000 women registering as new family planning users.

Regarding advocacy, UNICEF and Save the Children are partnering in the “Every One Campaign” to increase awareness on maternal and neonatal mortality. Visits were made to parliamentarians and religious leaders to obtain concrete commitments for improving social mobilization and increasing general budget allocation for maternal and neonatal health.

Overall, there are still significant geographical, financial and cultural bottlenecks that need continued attention. Underperforming national programmes in maternal and neonatal tetanus elimination and sites offering Basic EMONC will benefit from additional programme funding in 2013 to contribute to the attainment of national targets.

The interventions of the health programme in the control of HIV are focused on the elimination of mother to child transmission (EMTCT) and the scale up of pediatric case management.

During the year, this support consisted essentially in the procurement and supply of test kits, laboratory reagents, PEP kits and essential medicines to EMTCT sites. These supplies were able to cover the stock outs caused by the suspension of the GFATM grant to Mali. Technical and financial support was also provided to the Gabriel Toure Hospital, the national reference hospital for the treatment of HIV positive children. Specific assistance was provided to the psychosocial support unit, which organizes regular sessions for parents and children. Practical training sessions were also funded for capacity building of service providers on pediatric case management.

Supportive supervisory missions to EMTCT sites in five regions by the national-level representatives and annual review programmes were also funded, with a view to improving the quality of service delivery. Out of the 338 sites existing at the end of 2011, 281 are currently functional and offering services, for a national coverage of 26 per cent. This reduction was caused by the destruction of health facilities in the north during the conflict. For pediatric case management, 70 sites are currently functional.
Overall, it is estimated that 92 per cent of diagnosed pregnant women living with HIV in 2012 and 91 per cent of the newborns born of seropositive mothers received prophylactic antiretroviral drugs.

The prevalence of HIV in the general population still remains low at 1.3 per cent (DHS 2006), due to a conjunction of the efforts of government, UNICEF and other partners.

[NOTE] : rating reviewed to reflect actual progress

**On-track**

**PCR 2760/A0/03/010 SURV-PCR2**: Décìci 2012 la prévalence de l'insuffisance pondérale des enfants de moins de 5 ans est réduite de 19% à 14%

**Progress:**

The nutrition programme component for child survival in Mali aims to deliver measurable results in four priority result areas (upstream policy development and nutrition security awareness, promotion of appropriate IYCF practices, micronutrient deficiency and anemia control and community-based management of acute malnutrition (CMAM)) for improved maternal and child nutrition as well as child growth and survival outcomes. Within the framework of these four areas, UNICEF Mali invested not only in direct nutrition-specific interventions for pregnant and lactating women and U5 children – with a focus on under-two – but also in broader multi-sectoral nutrition-sensitive approaches based on maternal and child health care, water and sanitation, immunization, agriculture, cognitive stimulation and psychosocial support.

The programme relies on five strategies to deliver measurable results: systems strengthening with improved nutrition visibility, capacity building, advocacy and partnerships, improved district-based and community-based nutrition programmes and knowledge management in nutrition.

The nutrition component contributes to efforts to achieve MDGs 1, 4 and 5 in Mali. Key strategic partners included the MoH, the EU, the Canadian international Development Agency (CIDA), The Spanish Agency for International Development Cooperation (AECID), USAID, WFP, WHO, FAO, and GAIN. Fourteen agreements were signed with implementing partners from national and international NGOs (Red Cross [France, Belgium and Mali], Alima-AMCP, APH, YAGTU, AVSF, ASDAP, MDM-B, ACF-E, IRC, AAA, HKI, WV).

In relative and absolute terms, the latest figures from the MICS survey carried out in 2010 and national nutritional surveys conducted in June 2011 and July 2012 suggest that the nutrition situation of Malian children still remains precarious and poor. This explains to a large extent why survival goals are not being met and why new efforts for proactive policy and programme action need to be taken for the prevention and care of child malnutrition.

Until 2011, nutrition was not clearly considered as a national top priority, particularly at the operational level. However, a lot of progress was made in 2012 because UNICEF Mali and its partners took the different crises that occurred in 2012 (food insecurity, malnutrition, conflict and political instability) as an opportunity to scale up nutrition programmes such as CMAM, as well as to increase advocacy of issues related to nutrition. The number of high-level nutrition specialists was increased (from 3 FT in 2011 to 7 FT in 2012), as were the funding resources used (from USD 6,966,753 in 2011 to USD 10,363,852 in 2012).

As a result, the policy on nutrition development was adopted by the Government on 2 January 2013. A roadmap for a national inter-sectoral nutrition action plan was elaborated within the framework of the REACH initiative and the contribution of the Food Security Thematic Program (FSTP) funded by the European Union and implemented by UNICEF. At the operational level, significant progress has been made, with 3,291 health staff from six southern regions having been trained on CMAM and IYCF promotion. In addition, 60,597 U5 children suffering from SAM, of 175,000 expected, were admitted in the CMAM programme during the first eleven months.

In 2013, the nutrition component of the child survival section will continue to accelerate and strengthen policy and programme action for scaling up evidence-based nutrition interventions through expanded
partnerships (government, NGOs and communities) and by improving the data collection, monitoring and evaluation of nutrition programmes. The nutrition component will also focus on the carrying out of cutting-edge research for evidence-based advocacy, including on cash transfer and nutrition (WFP-UNICEF, IRD, IFPRI).

**On-track**

**IR 2760/A0/03/010/001** D’ici 2012, l'alimentation, l'hygiène et les pratiques alimentaires du nourrisson et du jeune enfant y compris celles des emalades et/ou infectés par le VIH-SIDA dans les zones les plus défavorisées et en situation d'urgence sont améliorées grâce à la communication pour le changement de comportements au niveau des communautés et des formations sanitaires.

**Progress:**

The nutrition component provided technical support to update, strengthen and validate the IYCF strategy based on four evidence-based IYCF practices: i) early initiation of breastfeeding within one hour of birth; ii) colostrum feeding in the first three days of life; iii) exclusive breastfeeding in the first six months of life; and iv) timely introduction of appropriate complementary feeding at six months of age with continued breastfeeding (6-23 months or beyond).

At the operational level, UNICEF provided technical support in IYCF activities with C4D support. As a result, 3,291 health staff from 6 regions (Kayes, Bamako, Koulikoro, Segou, Mopti and Sikasso), out of 2,965 expected, have been trained on the promotion of appropriate IYCF practices within the framework of CMAM training. They acquire skills and are going to be equipped with tools to provide improved counseling and support to mothers, families and communities. Moreover, UNICEF is ensuring that IYCF activities are included in the agenda of NGOs. In this context, NGOs were able to train 4,020 community agents on the nutrition essential package as well as community screening of acute malnutrition. Community dialogue sessions were also organized to improve care practices.

UNICEF is supporting Handicap International in the north for a blanket feeding with ready-to-use therapeutic foods (RUTF) for 1,552 children 0-23 months old. UNICEF intends to scale up this kind of preventive distribution programs in emergency settings with a clear monitoring and evaluation framework.

UNICEF advocates for appropriate IYCF practices to be considered as the most important nutrition intervention for community resilience. When IYCF practices in communities are improved, the level of both acute and chronic malnutrition can be reduced and families and communities more able to resist and recover from the negative impacts of shocks (e.g. political crisis) or continued high levels of stress (e.g. food insecurity).

**On-track**

**IR 2760/A0/03/010/002** D’ici 2012, le statut en micronutriments des enfants de 0 à 59 mois et des femmes enceintes et allaitantes, y compris dans des situations d’urgence, est amélioré à travers la supplémentation en micronutriments, la fortification alimentaire à large écarts à domicile, le contrôle des helminthiases intestinales et la promotion d’une alimentation équilibrée et diversifiée.

**Progress:**

The nutrition programme component provided technical support for the planning, implementation and monitoring of biannual Child Health Days, including vitamin A supplementation (VAS) and deworming for children. UNICEF contributed to improving the capacity of staff of government and partners to distribute vitamin A supplements to children 6-59 months old and deworming tablets to children 12-59 months old. This resulted in coverage higher than 93 per cent for the first round. In emergency settings, the nutrition component integrated vitamin A supplementation and deworming in polioyelitis and measles campaigns in very densely populated areas in northern Mali with strong support from the health component of the child survival section of UNICEF Mali. UNICEF also supported routine service delivery for vitamin A supplementation for children 6-11 months old.

UNICEF continued to support government to accelerate progress towards universal salt iodization (USI) by: i)
revitalizing the National Iodine Deficiency Disorders Control Programme; ii) revising national legislation on iodized salt; and (iii) training on the WYD Iodine Checker for personnel in the health and custom sectors to better control salt importation at the border and inside the country.

The nutrition programme is also providing technical support to develop a multi-sectoral strategy in anemia control for U5 children and women of childbearing age, including weekly iron and folic acid supplementation, preventive biannual deworming distribution, malaria control (bed net distribution and malaria treatment), and provision of counseling for the control of anemia throughout the life cycle.

On-track

IR 2760/A0/03/010/003 D'ici 2012, les enfants de 0 à 59 mois et les femmes enceintes et allaitantes souffrant de malnutrition aiguë (sévère ou mo y compris ceux malades et/ou infectés par le VIH-SIDA et ceux en situations d'urgence, bénéficient d'une prise en charge d'égalité.

Progress:

The nutrition component contributed to advance CMAM-supported policies, protocols and programmes for the effective delivery of quality nutrition care and support for children with SAM. UNICEF provided technical guidance for the revision and validation of the protocol for management of acute malnutrition. UNICEF advocated for aligning national guidelines with internationally agreed-upon recommendations of CMAM, introducing the 2006-WHO Child Growth and Development Standards in the CMAM programme and also expanding the management of SAM through community-based strategies for better population-level impact.

As a result, 3,291 health staff from 6 regions (Kayes, Bamako, Koulikoro, Segou, Mopti and Sikasso) out of 2,965 expected have been trained on CMAM. Before this training, particular attention was paid to improving data collection and monitoring tools. These tools were printed and disseminated after each training session.

As a result, 60,597 U5 SAM children of 175,000 expected were admitted in the CMAM programme during the first eleven months of the year (existing beneficiaries at the beginning of 2012 and new admissions). These data are incomplete because information from the last quarter of 2012 are not yet fully available. However, the number of new admissions in the third quarter of 2012 is three times higher than the number of new admissions in the third quarter of 2011.

UNICEF with its partners is trying to reduce the CMAM programme bottlenecks, such as user and referral fees.

UNICEF strongly supported and reinforced the supply chain from the central to the district level in southern regions and from central level to the level of NGOs based in Northern Mali. UNICEF dispatched 59,324 RUTF cartons, which is three times what UNICEF was able to distribute in 2011.

On-track

IR 2760/A0/03/010/004 SURV-IR2.1: Repostionnement Institutionnel et stratégique de la nutrition est effectif et les documents de politiques d’nutrition sont en accord avec les derniers développements en santé publique et nutrition

Progress:

UNICEF provided technical support to advance nutrition policy action for the effective delivery of nutrition programmes for children and women. The nutrition development policy was adopted by the Government on 2 January 2013. A roadmap for a national inter-sectoral nutrition action plan was elaborated within the framework of the REACH initiative and the contribution of the FSTP was funded by EU and implemented by UNICEF. UNICEF significantly contributed to the establishment of the REACH initiative with a clear country implementation plan, including the transition from emergency (cluster strategy) to development (thematic groups). UNICEF also supported the development of the SUN initiative through the donor convener (CIDA), two national NGOs and the nutrition focal point adviser in the MoH.

In terms of emergencies, UNICEF has significantly contributed to the establishment of the nutrition cluster
and regional sub-clusters as the first forum for coordination of nutrition activities. The main results reside in determining the main nutrition strategic orientations for implementation, developing national mapping of interventions and partners, identifying gaps in term of non-covered areas and interventions, reaching consensus on estimates of 2013 SAM and MAM caseloads, and developing weekly CMAM admission notes. UNICEF also supported the development of a national emergency nutrition plan (both south and north). UNICEF with other partners (Nutrition Department, National Institute of Statistics, WFP and WHO) carried out a nutrition and mortality survey using SMART methodology in the six southern regions in September 2012, allowing for an update of the nutrition situation and estimates of 2013 SAM and MAM caseloads. The results show that there were no significant changes in both acute and chronic malnutrition levels in southern Mali compared to the situation of July 2011 in the same regions.

**On-track**

**PCR 2760/A0/03/011 SURV-PCR3: Déjà à fin 2012, la prévalence des maladies liées aux insuffisances d'accès à l'eau potable, à l'hygiène et à l'assainissement est réduite, en particulier les diarrhées et le Ver de Guinée**

**Progress:**

The WASH Programme is embedded within 3 key sectoral programmes/strategic plans of the government: (i) the National Water and Sanitation Programme (W&S sector); (ii) the National Strategic Plan for the Promotion of Hygiene in Schools 2011-2015 (education sector), and (iii) Strategic Plan for the Promotion of Hygiene Practices for the Reduction of Diarrheal Diseases 2011-2015 (health sector). In addition, the WASH programme is actively involved in the WASH cluster emergency response to the Malian Crisis. The crisis has caused massive displacement, which has put additional pressure on a water and sanitation infrastructure that was already strained, resulting in an increase in the incidence of water-related diseases in the crisis-affected areas.

In this framework, the WASH programme focuses on integrating WASH interventions in schools and in surrounding communities to improve health and education outcomes for vulnerable persons. Key activities are: delivering the full WASH Packages in schools, and CLTS, WASH marketing, HWTST and promoting hand washing with soap in surrounding villages. This prioritization allows for scaling up of interventions that have proven efficient in building the resilience of communities and national counterparts to crisis and to prevent diarrheal diseases. In particular, implementation of WASH in Schools (WinS) activities has been substantially accelerated, as approximately 538 schools have received the full package (102 through UNICEF implementation and 436 through partners coordinated by UNICEF), and an additional 269 schools are in the process of receiving it, thus benefitting 204,000 schoolchildren. Furthermore, 480 villages have been declared open defecation free through CLTS interventions, thus benefitting over 500,000 people.

In terms of capacity building, the WASH Programme has consistently contributed to strengthening national methodologies, norms and standards and regulatory frameworks. Key contributions include: a teacher training manual, standards for WASH facilities in schools, IEC tools, the cholera strategic framework, a CLTS handbook, the national M&E framework for the sanitation sector, and a WinS Manual.

In 2012, the programme was adapted to cope with the large-scale complex crisis affecting the country (nutrition, cholera, floods, conflict) and the WASH team was almost doubled (from 9 to 17 staff). UNICEF has consistently developed its capacities to provide WASH supplies and is consequently acting as the key suppliers of WASH equipment and material to the humanitarian actors involved in the response, thus benefitting over 490,000 people living in the crisis-affected areas.

Moreover, the WASH programme is playing a crucial role in the coordination of WASH partners. The WASH cluster was activated in March 2012 with 60 partners participating, including government counterparts. The WASH programme actively contributed to support the nutrition and health responses, specifically for the cholera outbreak, which was quickly addressed in one area of the country with a limited death toll (19 out of 219 cases).

Finally, the WASH programme has established comprehensive Monitoring-Evaluation-Learning frameworks. All interventions are thoroughly monitored through detailed databases (CLTS, WinS, emergency responses).
while construction sites are systematically controlled by an engineering consultant, and interventions in northern regions are monitored by a third party monitoring partner and NGO partners. Two impact studies are ongoing with specialized research institutes (PEP network for CLTS and Emory University for WinS). This increases the transparency of the programme and improves its ability to reach the most vulnerable persons, capitalize on lessons learnt and best practices and advocate for pro-poor rights-based approaches. As a result, the WASH programme managed to leverage more than 50 million USD for WASH interventions in Mali in coming years.

On-track

IR 2760/A0/03/011/001 SURV-IR3.1: Strat. Nat. Eau renforcées u potable sont renforçées et 154 000 personnes parmi les plus démunis obtiennent un eau saine pour la consommation

Progress:

UNICEF has contributed to the reinforcement of water systems operation and maintenance through: i) implementation of the CDMT 2014-2016 for all 108 communes of Koulikouro Region; ii) organization of a national workshop for the review/approval of the regional plans for the CDMT 2014-2016 for 703 communes; iii) organization of a national workshop on the maintenance and sustainability of hand-pumps (update of the pump mechanics database, spare parts stocks, spare parts prices per region and trainings of pump mechanics); and iv) support to the statistical and pacification cell of the WASH sector in the design of the statistical yearbook in order to improve the decision-making process in the sector and update/harmonize the sector data and indicators. UNICEF has also actively promoted low-cost technologies for water supply through the local production of chlorine by electrolysis for household water treatment in collaboration with the National Health Directorate and the Antenna Technologies-Aidemt NGO consortium. UNICEF has also promoted manual drilling through a partnership with the WASH alliance and a restitution workshop on studies conducted by UNICEF.

On-track

IR 2760/A0/03/011/002 SURV-IR3.2: Strat. Nat. HA renforcées e l'hygiène et de l'assainissement nt sont renforées et plus de 650000 personnes parmi les plus démunis acquièrent des meilleures connaissances et pratiques d'hygiène et d'assainissement

Progress:

UNICEF has supported the national strategies for hygiene promotion and improved sanitation access though a number of activities, including the elaboration and adoption of the operationalization study for the Liquid Waste Strategy and the Strategic Plan for the Promotion of High-impact Hygiene Practices (2011-2015). Monitoring and evaluation tools were also developed for CLTS in Mali such as CLTS villages database, guides for field monitoring missions, and an inventory of all CLTS actors. Open defecation has been eradicated in 480 communities benefitting 500,000 people. The organization of 5 training workshops in Koulikouro, Sikasso and Mopti regions developed the capacity of 12 NGO’s, while UNICEF also contributed to the capacity development of the National and Regional Sanitation Directorates through their participation in five training workshops in Mali, as well as two workshops in India (four participants), the AFRICANSAN workshop in Kigali (one participant) and the EAA workshop in Dakar (two participants). Finally, 500,000 were persons reached directly with hand-washing messages in the 5 southern regions through the implementation of CLTS in their communities, and 8,400,000 persons were reached with hand-washing messages through mass media (TV, national and local radios).

On-track

IR 2760/A0/03/011/003 SURV-IR3.3: Strat. Nat. EHA Ecote renforcour l'EHA dans les écoles sont r enforcées et plus de 500 écoles parmi les plus démuatteignent les s tandards EHA préconisés (au niveau des équipements, de la promotion de l'hygiène et de la gouvernance localpermettant chaque année à plus de 200000 enfants d'etudier dans un meilleur environnement scolaire

Progress:

In the framework of the government’s national action plan (four sectors: education, health, water and sanitation), the WinS package was designed in 2010. The package has been delivered to 86 schools in 2010-
2011. In 2012, implementation of WinS activities has been substantially accelerated, as about 538 schools have received the full package (102 through UNICEF implementation and 436 by partners coordinated by UNICEF) and an additional 269 schools are in the process of receiving it (100 per cent UNICEF implementation). As a result, a total of 204,000 pupils are currently benefiting from improved health and education outcomes. An additional 375 schools have also been selected for intervention and are expected to receive the package in 2013.

UNICEF is engaged in activities to increase the quality of interventions. In terms of infrastructure, the section is making better use of local private sector capacity, by improving its management of construction contractors and by using specialized engineering firms to assist in the quality control of construction activities. In terms of programme content, partner NGOs are receiving continuous training/guidance on the basis of a UNICEF-elaborated guide for NGO community workers on hygiene promotion and school-governance.

In addition, the WinS programme is having an important leveraging effect, with new donors pledging money for an additional 419 schools.

In 2012, the IR component has also reinforced its evidence-based approach by launching three studies. An overall impact study in 200 schools will aim to quantify the impact of the WinS programme on pupil learning and health. The second study will measure the impact of the programme on pupil hydration and cognitive capacities, while the third will focus on identifying barriers to hand-washing and latrine use.

Despite the political turmoil in 2012, UNICEF strived to improve the enabling environment by lobbying for the creation of a steering committee for the National Strategic Plan for the Promotion of Hygiene in Schools.

Progress:

The UNICEF WASH programme aims to prevent diseases related to unsafe water access, poor sanitation and hygiene conditions, and enhance the resilience of vulnerable populations affected by the current crises by improving their access to adequate and sustainable WASH services. WASH strategies are therefore envisaged as a key cross-cutting aspect to improve health and education outcomes for vulnerable children in completion of health, nutrition, education and protection interventions. WASH interventions are based on four main axes, promoting coherence and developing comprehensive support to the most vulnerable communities, schools and health centers as outlined below:

- In close integration with the Nutrition and Health Sections, interventions tackle diarrheal diseases among the most vulnerable households, with a focus on severely malnourished children, by providing safe drinking water, hygiene and sanitation both at the nutritional center and community levels.
- Interventions are undertaken to ensure minimum access to safe water, hygiene and sanitation to the populations and school children affected by the conflict (IDPs, returnees, hosting families and the ones that stayed in the north).
- Thanks to the coordination of the C4D and Health Sections, a robust cholera prevention strategy is being developed that contributes to understanding cholera dynamics and targets cholera-prone areas for rehabilitation of WASH services while strengthening the preparation and knowledge of the inhabitants.
- The resilience of communities and institutions to crisis is strengthened through emergency preparedness, developing a response plan through contingency planning, and developing national strategies to anticipate and mitigate the effects of climate changes in the country.

In order to implement its emergency strategy, UNICEF increased its partnerships with nine additional NGOs, in addition to its regular partnerships with civil protection and technical regional directorates.

Furthermore, thanks to the trust of donors and partners, UNICEF rapidly increased its logistical capacities,
which led to 510 tons of WASH supplies being sent throughout the country to cover the immediate needs of more than 492,448 affected people. This response led as well to containing the cholera epidemic in Gao and Ansongo health districts, which reported 219 cases with only 19 deaths thanks to the large cholera prevention response covering every highly sensitive area (12 health districts) with the active support of the C4D and Health Sections.

In addition, in the north, UNICEF WASH supported 58,360 people to gain access to safe water supply with the rehabilitation of water points and the repair of water networks.

Finally, 1,757 children suffering from SAM, and their families (10,542 beneficiaries in total) were sensitized on hygiene measures to promote health and provided materials such as water treatment products, soap and jerry cans. This programme is implemented in coordination with the Nutrition Section of UNICEF and all nutrition partners from the cluster, in order to scale up this response and increase the impact of nutrition programmes. WASH services in health centers are also been upgraded in 50 locations of Mopti, Segou, Koulikoro, Gao and Kidal Regions in order to provide medical and nutrition treatment in a healthy environment.

**PC 2 - Education de base et équité**

**Constrained**

**PCR 2760/A0/03/006** D’ici fin 2012, 7% des enfants de 3 à 6 ans (filles et garçons) en particulier ceux des zones rurales défavorisés bénéficiant d’une éducation préscolaire de qualité

**Progress:**

Advocacy with the Ministry of Education (MoE) led to the adoption of the Early Childhood Development (ECD) policy and the creation of the National Directorate for Early Childhood and Special Education. However, there have been no published annual statistics since 2010, when estimated gross preschool enrolment stood at five per cent, which hinders an appraisal of progress and makes planning imprecise.

Following the crises, policy dialogue and advocacy was realigned to focus on: 1) capacity development of the new directorate by working with them to fashion their vision and strategies; 2) strengthening a multi-sectoral and holistic approach to ECD that integrates development and emergency response activities using existing community-based ECD structures as well as health and nutritional centers; and 3) strengthening partnerships with local partners plus reinforcing inter-sectoral coordination through monthly meetings at the national level. Consequently, the inter-sectoral ECD group comprised of over 25 local partners, including the World Bank, Agha Khan Foundation, Plan Mali, Save the Children, BØRNEfonden, UNICEF and others, has been re-engaged and the ECD policy has been disseminated in five regions.

Community-level interventions on parental education and early stimulation were concentrated in the target regions of Kayes, Koulikoro, Mopti and Ségou, with the last two being regions of high concentration of IDPs. In response to the nutrition crisis, UNICEF supported the Ministries of Health and Education to develop an integrated strategy for the management of malnourished children that focuses on psycho-cognitive stimulation. Capacities of seven international NGOs in the nutrition sector were developed for roll out of the strategy in health and nutritional centers in 2013.

Despite the above efforts, the ECD sub-sector suffers from poor budget allocation and investment among the Local Education Group, which is a major bottleneck to improved access to primary education. Transition from ECD centers to primary school is further complicated by lack of key supply-side elements, including lack of schools within accessible distances of communities, lack of qualified teachers and a high student to textbook ratio.

In 2013, emphasis will be placed on policy and advocacy for a continued inter-sectoral approach with support for data collection for better planning and monitoring of progress made in this sub-sector. A parenting education programme will be finalized and its implementation scaled up through a multi-entry point strategy.
to ensure that IDP children as well as those affected by the nutrition crisis also benefit from psycho-cognitive stimulation and early learning.

**Progress:**

All Ministry officials responsible for ECD at the central level and in eight selected Teaching Academies have improved knowledge and skills in a multi-sectoral approach to ECD and have used the existing programme, its tools and techniques to implement and monitor/supervise ECD in four target regions.

In an effort to scale up interventions, capacities of 26 new officials of the Directorate were developed for mastery of the content of a multi-sectoral ECD programme including its implementation and monitoring. As a result, five multi-sectoral regional consultations on the ECD policy were conducted involving the Ministries of Health, Protection, and Education, as well as civil society, the private sector, and local authorities, which led to a consensual commitment on local investment in ECD in four regions. More than 30 NGO trainers as well as nutrition, education and health technical services have the knowledge and skills to conduct stimulation and psycho-cognitive approaches with children suffering from malnutrition in health centers, as well as in community-based ECD centers and communities.

At the regional level, the capacities were developed of 8 Teaching Academies and 17 Pedagogic Animation Centers, including 33 staff responsible for ECD, which led them to organize stimulation activities with educators and monitor their implementation in the ECD centers. At the community level, 1,330 members of the community-based ECD centers’ Management Committees employed their capacities effectively in the mobilization, management, operation and regular monitoring of children in 266 community centers.

In 2013, priority will be placed on capacity development of the MoE in data collection, planning and monitoring of early childhood interventions, building public/private partnerships and strengthening coordination and capacities of the different sectors for scaling up ECD interventions including an integrated parenting education programme.

**Progress:**

In collaboration with 8 Teaching Academies and 7 international NGOs, 15,443 children (including 9,505 girls) aged 3 to 6 in 266 community-based ECD centers benefitted from early learning and stimulation. To keep these community centers functional, 264 Mothers Associations supported by UNICEF through income generating activities used the proceeds to provide feeding to the young children in the centers and incentives to the mothers who volunteered as educators.

In addition, through community sensitization and mobilization in more than 350 rural communities, 12,538 stakeholders (local councilors, community leaders, members of School Management Committees, associations of mothers of children, and parents) improved their knowledge and skills in stimulation and parenting of 20,000 children aged 0-3.

In an effort to complement the integrated response to the nutritional crises, UNICEF supported the MoE to develop a module on care for child development and adapted the strategy to support the psycho-cognitive development of children suffering from SAM in health and nutritional centers. New partnerships were built
with Aga Khan Foundation, Plan Mali and IRC for the expansion of ECD and stimulation activities through 18 stimulation spaces in Ségou, Mopti and Kati, benefiting approximately 1,000 children aged 3-6, the majority of whom are IDPs.

**Constrained**

**PCR 2760/A0/03/007** D'ici fin 2012, 90% des enfants d'âge scolaire (6-11 ans) notamment ceux des milieux défavorisés en majorité des filles ont à un enseignement fondamental de qualité, maîtrisent les connaissances instrumentales de base; 80% achèvent les six premières années de l'enseignement fondamental tout en acquérant des compétences de vie.

**Progress:**

The overall objective of the Education Investment Plan III is to continue the development of an efficient education system in Mali and to improve the quality of education through: 1) the provision of teaching and learning materials for all schools in Mali; 2) continuous professional teacher development and equitable recruitment; 3) reduction of disparities with emphasis on the acceleration of girls’ education; 4) the development of standardized tests for measuring learning achievement; and 5) the establishment of a decentralized system of management and control to increase the effectiveness and efficiency of the education system at all levels.

Little progress has been made in achieving the goals set in the Education Investment Plan III, be it in terms of gross enrolment (82 per cent), completion rates (58.3 per cent) or gender parity (0.8) due to the changing context of conflict and political crises that caused a major closure of the education system for the three northern regions of Gao, Kidal and Timbuktu. The crises also resulted in the suspension of about 50 per cent of investment in the education sector by major donors in the Local Education Group. In the last quarter of the year, alternative methods of donor financing were pursued, with organizations like UNICEF, international NGOs and the Global Partnership for Education reorienting financing of USD 41.7 million towards emergency response.

The Department of Planning in the MoE also failed to produce the 2011/2012 Annual Statistics, making it difficult for the sector to measure the overall impact of the crisis on the education system.

UNICEF supported the MoE to develop a Policy on Girls Education, establish a Girls Education Division, appoint a Technical Advisor on Girls Education, and set up an inter-sectoral National Committee on Girls Education with representation from relevant ministries.

A sectoral bottleneck analysis pointed to bottlenecks in every determinant of quality education. A further analysis of the bottlenecks indicates that there is a need to focus on access for over one million children out of school and to improve on learning achievements. Since the bottleneck analysis called for an in-depth disparity analysis, UNICEF partnered with the Forum for African Women Educationalists (FAWE) in the last quarter of 2012, and began a diagnostic study on girls’ education with all relevant stakeholders.

**On-track**

**IR 2760/A0/03/007/001** D'ici fin 2012 les capacités d'au moins 80% des agents des services centraux, déconcentrés, décentralisés et de la société cien charge de l'enseignement fondamental sont renforcées pour concevoir, mettre en oeuvr e et suivre la politique de scolarisades filles et de l'approche EAEF et pour utiliser les outils.

**Progress:**

With UNICEF support, the national policy for girls’ education was adopted, and strategies for accelerating girls' education were implemented to reduce gender disparities in access, retention and completion.

The capacities of about 80 per cent of stakeholders at the national and regional levels were reinforced in implementing strategies for improving girls’ education and a Child-Friendly School (CFS) approach. The establishment of a multi-sectoral coordination framework allowed for the first-time participation of other relevant ministries, civil society and local partners in the decision-making process on girls’ education.
Regional Committees of the UN Girls’ Education Initiative (UNGEI) conducted advocacy and awareness campaigns, while regional consultations based on regional communication strategies developed with the support of the C4D Section led to the broadcast of messages through local radios on the removal of barriers to girls’ schooling and reducing gender disparities. Twelve local workshops on gender-based abuse and violence in schools led to implementation of action plans to prevent and fight against this phenomenon, which results in dropout from school for some girls. The results of the above actions are still to be evaluated in 2013.

UNICEF supported the MoE to develop the Strategy and Action Plan 2012-2015 for the prevention of HIV and AIDS in schools and developed the capacities of 605 School Management Committee members involved in maintaining transparent and school-based management in 402 schools to render this plan operational.

On-track

IR 2760/A0/03/007/002 D’ici fin 2012, au moins 80% des filles de 6 ans en particulier celles issues de communautés défavorisées accèdent à l’école de filles déjà scolarisées fréquentent régulièrement et achèvent les 6 premières années de l’enseignement fondamental

Progress:

In an effort to address access and retention of girls, UNICEF supported a cash transfer strategy called Mother’s Scholarships that benefitted 2,200 mothers of households identified by community members as the most poor. This transfer guaranteed the enrolment and retention of 2,331 children (1,221 girls) who would not otherwise have had the opportunity to attend primary school. In addition, four regional consultations led to the development and implementation of regional action plans that address barriers to girls’ schooling. In the same vein, 34 radio messages were broadcasted in 90 catchment areas where school attendance rates are low and were parents’ resistance to their children’s schooling was most pronounced.

The technical and financial support to 264 mothers’ associations and local women’s group through income generating activities enabled 85,800 children, mostly girls, to gain access to and remain in school. The mothers’ associations and women’s groups serve as pressure groups that sensitize parents, especially mothers, on the importance of girls’ education. The proceeds from the income-generating activities of women’s associations are primarily reverted back to the family to support the Mother’s Scholarships, while a part is transferred to the School Management Committees for the functioning of school.

A diagnostic study on the deprivations of girls’ schooling was initiated in collaboration with the NGOs BØRNEfonden and FAWE to provide a deeper analysis and to set specific measures to address girls’ schooling in 2013 and beyond.

On-track

IR 2760/A0/03/007/003 D’ici fin 2012 au moins 200 000 enfants (filles/garçons) dans 420 écoles bénéficient des services éducatifs répondant aux norstandards EAE

Progress:

In an effort to promote the CFS approach, UNICEF conducted a study for the development of alternative models for the construction of classrooms. The hope was that modeling and advocacy for the harmonization of norms and standards for construction would be further developed. Unfortunately, the model was scaled down due to lack of ownership and private sector capacity to implement the strategy. Nevertheless, to improve educational access and protection of children, UNICEF in collaboration with NGOs and communities, constructed and equipped 21 classrooms with 14 blocks of gender-segregated latrines and 7 offices in 7 schools according to the CFS standards.

Alternatively, emphasis was placed on improving the quality of teaching through improving the capacity of 2,400 teachers in pedagogical approaches such as child-centered learning, inclusive education, and integrating gender and HIV and AIDS concepts into teaching for the benefit of 561,000 children. Children’s participation was also enhanced through 320 active school governments in 420 schools that were involved in
issues such as the improvement of hygiene and sanitation in their schools.

The improvement of quality education remains a major challenge due to lack of harmonization of the different strategies for improving quality by different partners. Using the CFS approach, UNICEF has begun the mapping of different partners’ practices to lead a dialogue for the development of a context-specific approach that builds on existing “good practices” for improving the quality of education in Mali. Furthermore, building on the lessons learned in the 400 pilot schools, UNICEF has begun the extension of the CFS approach to 3,500 schools.

**On-track**

**PCR 2760/A0/03/008** D’ici fin 2012, au moins 50% des enfants (filles et garçons) vulnérables identifiés en 2011 (handicapés, talibés, privés d’umilieu familial, en conflit avec la loi, refugiés) non-scolarisés ou déscolarisés ont accès à une éducation de base adaptée, maîtrisent les connaissances instrumentales de base et les compétences de vie

**Progress:**

Over one million children aged 7 to 15, about 20 per cent of primary school-aged children, are out of school in Mali. To begin addressing this problem, the MoE developed a policy for non-formal education that incorporated the strategies of livelihood skills development in CEDs targeting children 9 to 15 who have never been to school. The MoE also drew up the Accelerated Learning Strategy (SSA/P) to reintegrate children 7 to 12 who have dropped out of school.

UNICEF supported the Ministry strategies through the construction of CEDs and leveraged partnerships with NGOs to implement the SSA/P approach in the four geographic regions of intervention. However, it is observed that the Ministry pays little attention to the CED approach and fails to monitor activities. The Ministry also does not collect relevant information to assess progress and measure effectiveness. Although there are estimates on the total number of children who are out of the education system in Mali, there is no comprehensive data on children by region and commune, making it difficult to locate regional pockets of vulnerabilities.

The number of out-of-school children increased following the complex crisis, in part due to ill preparation of the education sector to provide a coordinated response. To fill this gap, UNICEF, in partnership with Save the Children, supported the Ministry to co-lead the education cluster at the national level, including the regions of Mopti and Ségou with the highest concentration of IDPs. That technical support provided a coordinated response for over 25,000 IDP children who moved to the southern regions and the 85 per cent of teachers from the north who also moved to the south.

Following the creation of the education cluster, UNICEF provided technical support to improve knowledge and skills of relevant ministry officials and about 60 humanitarian actors in education in emergencies on needs assessments, and planning, monitoring and evaluation of interventions. In accordance with the beneficiary targets set by the cluster, UNICEF provided support to 60 per cent of the beneficiaries and facilitated dialogue with the neighboring countries of Niger, Mauritania and Burkina Faso to assist Malian refugee children.

**On-track**

**IR 2760/A0/03/008/001** D’ici fin 2012 Les capacités d’au moins 80% des agents des services centraux, déconcentrés, décentralisés et de la société cien charge de l’éducation des groupes vulnérables sont renforcées pour concevoir, mettre en oeuvre et suivre la politiqued’éducation en situation d’urgence, et de la stratégie multisectorielle intégrée de prise en charge éducative des enfansvulnérables et pour utiliser les outils.

**Progress:**

In 2010, when this result was formulated, the target was to develop capacities of 80 per cent of the stakeholders responsible for different vulnerable groups to develop an inter-sectoral strategy appropriate for all categories of vulnerable children. Following the review and planning exercise at the beginning of 2012,
the Ministry partners and implementing NGOs noted that the formulation of this result was too ambitious and included categories of children who were beyond the jurisdiction of education sector. Hence, the focus was maintained on children who have never been to school and those who have been to school and dropped out at some point.

As a result, 94 personnel responsible for non-formal education at the Teaching Academies and Centers for Pedagogic Animation in the target regions strengthened their knowledge and skills on results-based management (RBM), including tools for planning, monitoring and evaluation of non-formal education activities. All of the officials trained were involved in the planning, monitoring and tracking of progress of the children in participating CEDs and SSA/Ps.

Given that the strategy document to support vulnerable children was discontinued, and the question of out-of-school children remains a major challenge for the education sector, UNICEF plans to focus in 2013 on advocacy and policy dialogue towards the identification of out-of-school children and their deprivations, as well as strategies to ensure that that they have access to a quality basic education.

**Progress:**

In collaboration with partner NGOs like PROMAVI and Stop Sahel, 1,642 out-of-school children participated in the Accelerated Learning Programme, also known as the Alternative Basic Education Programme, in 29 centers in the Ségou and Kayes regions. A learning achievement test conducted at the end of the programme revealed that only 625 children had grade 2, 3 and 4 levels competencies in reading, writing and mathematics and concepts of hygiene and sanitation. Hence, only those 625 (38 per cent) were reintegrated into the first cycle of basic education.

In addition to the support for children in the Accelerated Learning Programme, UNICEF supported the construction of 12 classrooms for the benefit of 120 adolescents to gain livelihood skills in the Centers of Education for Development for the less-privileged areas of Bankass and Djenne in Mopti and Diéma in Kayes region.

Considering that 20 per cent of children aged 7 to 15 are still out of the education system in Mali, the next step will be to increase coverage through a rigorous strengthening of capacities of education personnel in pedagogical approaches and evaluation techniques so as to improve the overall number of children who are reintegrated into the schools system.

**Constrained**

**IR 2760/A0/03/008/002**


**Progress:**

[New] Over one million children aged 7 to 15, about 20 per cent of primary school-aged children, are out of school. To begin addressing this problem, the MoE developed a policy for non-formal education that incorporated the strategies of livelihood skills development in Centers of Education for Development (CED) targeting children 9 to 15 who have never been to school. The MoE also drew up the Accelerated Learning Strategy (SSA/P) to reintegrate children 7 to 12 who have dropped out of school.

The number of out-of-school children increased following the complex crisis, in part due to the ill preparation of the education sector to provide a coordinated response. To fill this gap, UNICEF in partnership with Save the Children supported the MoE to co-lead the education cluster at the national level, including the regions of Ségou, Kayes and Mopti.
Mopti and Segou with the highest concentration of IDPs. That technical support provided a coordinated response for over 25,000 IDP children who moved to the southern regions and the 85 per cent of teachers from the north who also moved to the south.

Following the creation of the education cluster, UNICEF provided technical support to improve the knowledge and skills of relevant ministry officials and about 60 humanitarian actors in education in emergencies on response needs assessment, and planning, monitoring and evaluation of interventions. In accordance with the beneficiary targets set by the cluster, UNICEF provided support to 60 per cent of the beneficiaries and facilitated dialogue with the neighboring countries of Niger, Mauritania and Burkina Faso to assist Malian refugee children.

### PC 3 - Protection des enfants

**Constrained**

**PCR 2760/A0/03/012** D’ici 2012, les enfants (F/G) et les femmes sont mieux protégés contre la violence, les abus, l’exploitation et la négligent toutes autres formes de vulnérabilité

**Progress:**

In 2012 there was little progress in the development of the legal and political frameworks for child protection in Mali, and considerable effort is still required to ensure the effective promotion of children and women’s rights in Mali.

To date, the National Child Protection Policy is not available, and the Child Protection Code (ordinance 02-062 of 05 June 2002) has not yet been reviewed or adopted, and is therefore obsolete. In addition, Law 087 promulgated at the end of 2011 allows for the marriage of girls at age 16 (compared to age 18 for boys). Despite Mali being a signatory to all relevant human rights conventions, including the Convention on the Rights of the Child (CRC), this law violates girls’ marriage rights. In Mali, 61 per cent of girls are married before they are 18 years old. Furthermore, in spite of the Malian authorities responding to expert questions in the follow up to the Committee on the Elimination of Discrimination against Women (CEDAW), CRC and the African Charter on the Rights of the Child in 2006, 2007 and 2009, there remains no legislation against female genital mutilation/cutting (FGM/C). There are, however, articles in the Penal Code under which FGM/C could be penalized (Section III: Assault and Battery – Violence – Torture). In Mali, 89 per cent of girls or women aged 15 to 49 have undergone FGM/C.

Considered one of the most stable countries in West Africa until 2011, Mali has been affected by an unprecedented complex crisis since January 2012, exacerbating the already difficult child protection situation. The crisis that has confronted Mali since the beginning of 2012 has had a negative impact on the implementation of activities of the programme and in particular on regular programme activities. Political instability prevailing since the coup d’état of 22 March and the successive changes of government (four in 2012), the withdrawal of financing by key development partners, the suspension of cooperation with the government, as well as the reorientation toward emergency response, have resulted in weak progress of the Child Progress Programme in 2012.

**No Progress**

**IR 2760/A0/03/012/002** D’ici fin 2011, les décideurs s’impliquent dans la finalisation et adoption de la politique nationale de protection des enassorti d’un plan d’action opérationnel (catégorie 2)

**Progress:**

In 2012, a draft National Protection Policy was elaborated. However, due to the crisis and the emergency, this draft requires fundamental revision before its adoption to ensure that it is based upon the new situation. The document requires the incorporation of the themes of child welfare in emergencies and new approaches to define emergency child protection policies. In addition, the continued non-justification of funds transferred...
to some key programme partners in the last nine months has obstructed the provision of funds for certain important activities. The revision of the draft National Protection Policy will take place in the first trimester of 2013. A mapping exercise of the child protection system will be conducted during the same period to feed into the policy document.

No Progress

**IR 2760/A0/03/012/003** D’ici 2012, les enfants (filles/garçons) jouissent d’un cadre juridique et d’une justice conformes aux normes internationa(catégorie 3)

**Progress:**

Efforts have focused on the consideration of protection issues in the new ten-year Health and Social Development Plan (PDSS). Since the integration of the Ministry of Family and Promotion of Women and Children in the planning and statistics departments of the Ministries of Health and Humanitarian Action, child protection indicators have been taken into account in the different surveys or assessments conducted nationwide. Regarding the implementation of activities at the operational level, the focus has been primarily on advocacy for the review and adoption of the Penal Code as well as the Child Protection Code, which became null and void a few months after its adoption by a ruling in 2002. Efforts have also focused on monitoring the training of police officers and judges carried out in 2011 as well as the legal and judicial assistance for children in conflict with the law.

In terms of expected results, it is clear that there has been no significant progress recorded in 2012. Weak progress can be explained by the reorientation of interventions toward emergency response and the implications of the unjustified cash advances for over nine months by some programme partners.

[NOTE] : The rating was changed to reflect actual progress on the IRs

Constrained

**IR 2760/A0/03/012/004** D’ici 2012, les capacités des acteurs sont renforcés sur la collecte, l'analyse et l'utilisation des données fiables de protection des enfants (catégorie 2)

**Progress:**

Capacities of 487 actors were strengthened on the collection and analysis of data. In addition, data on 15 child protection indicators was collected at each health district and commune in the Ségou region (data validated under the leadership of the governor of the region) and incorporated into the national DevInfo database - Malikunnafonni. These indicators should be used for planning of policies and programmes to promote children’s rights. UNICEF has also supported the collection of humanitarian data on child protection indicators in the north of Mali through the establishment of a network of community leaders providing information, including on mine accidents and separated children.

[NOTE] : The rating has changed to reflect actual progress on the IR (21/01/2013) – BIS

Constrained

**PCR 2760/A0/03/013** Coûts opérationnels

**Progress:**

Support for vulnerable children consisted of regular and humanitarian programme activities. This included implementation of a reference system for vulnerable children at the community level in three new circles, Nioro, Dioila and Bougouni following a participatory diagnosis, which is reinforcing similar activities in three circles and one commune in the district of Bamako. Child protection has improved through an inventory of civil structures in Bamako and the reinforcement of 2,806 reporting centers resulting in an increase in the rate of birth registration in Sikasso and Ségou regions from 72 per cent to 75 per cent. In 2012, protection activities focused on emergency response. In addition to the development of a child protection response in emergencies plan, the following activities have been carried out:
• establishment of coordination mechanisms (child protection and GBV sub-clusters, co-led by UNICEF);
• two situation analyses, in the north on the security crisis and in the south on malnutrition;
• capacity reinforcement of over 400 actors on mines/UXO, MRE, GBV, psychosocial support (PSS) and children affected by conflict, including children associated with armed groups and forces (EAFGA);
• training of 365 social workers and community leaders on various themes of child protection in emergencies;
• awareness-raising of 2,587 people on the risks of mines/UXO; and
• development of play activities contributing to psychosocial support following provision of 90 recreational kits.

The integration of child protection in the Strategic Framework for Growth and Poverty Reduction or regional child protection initiatives (child protection systems, talibé children, family support for child protection) represent opportunities. However, the political crisis in Mali aggravated by the food and nutrition crisis also has consequences on the situation of children, with the number of identified vulnerable children (street and separated/unaccompanied children) significantly increasing in 2012.

The emergency in northern Mali and the necessary support for displaced persons could cause people to forget that children and vulnerable youth remain a population in a situation of great vulnerability. Inadequate programme coordination and leadership at the central level and the rise of extremism in some religious groups can constitute a real barrier for the normal continuation of activities.

[NOTE] : the rating was reviewed to reflect actual progress on different IRs (21/01/2013)

**On-track**

**IR 2760/A0/03/013/001** D’ici 2012, les capacités des acteurs, des parents, communautés, collectivités décentralisées et des enfants, de Kayes, Koulikoro, Sikasso, Ségou, Mopti et le district de Bamako sont renforcées sur la protection des enfants et une meilleure coordination des interventions est assurée (catégorie 2)

**Progress:**

Three community reference systems were created in three new sites (Nioro Dioila, Bougouni) following a participatory diagnosis and strengthening of four old reference system sites. The capacity of 400 actors was strengthened on topics related to child protection in emergencies. A rapid and inter-sectoral assessment on the impact of the security crisis on child protection and education was conducted in the north (Gao and Timbuktu) in March 2012 [1] (carried out by UNICEF and Save the Children). In April 2012, a rapid and inter-sectoral assessment [2] (on aspects of child protection, GBV, education and WASH) on the impact of food and nutritional crises on children and women was conducted in the southern regions (Kayes, Koulikoro, Sikasso and Ségou) [3]. This inter-agency assessment was led by the child protection sub-cluster and most notably by IRC, UNICEF, Save the Children and Plan Mali. The assessment showed an increase in child labor, particularly domestic work for girls and work in the mines (slightly more boys than girls) and an increase in sexual violence (girls between 13 and 18 years are most affected). The results of these two evaluations were used to respond to emergencies and to plan activities. Since the beginning of the crisis, 19,830 children and adolescents have benefited from recreational activities, with 18 new recreation sites in communities supported by UNICEF partners. A further 70 informal sites were put in place by communities. MRE activities started in April 2012, with 10,000 children and adults in communities in conflict zones better able to identify and respond to risk of mines and unexploded ordnance in at-risk areas. Between March and December 2012, 30 accidents were recorded, resulting in 52 victims, including 31 children.

**Constrained**

**IR 2760/A0/03/013/002** D’ici 2012, 100 % des enfants vulnérables (F/G) identifiés y compris ceux infectés ou affectés par le VIH ont accès aux mécanismes opérationnels d’orientation et de prise en charge dans les régions Kayes, Koulikoro, Sikasso, Ségou, Mopti et Idistrict de Bamako (Catégorie 2)

**Progress:**
With respect to orphans and vulnerable children, few activities have been carried out by the concerned institutions, specifically the National Directorate for the Promotion of Children and the Family (DNPEF), with the complex crisis diverting capacity towards humanitarian activities. Furthermore, the DNPEF has remained financially blocked and therefore unable to implement new activities. Support to vulnerable children has included support for street children through activities of Samu Social and to a lesser extent through BNCE/Enda. As a result, 594 street children benefitted from care and support over the course of the year, including 932 medical care, 495 individual counseling interventions, 57 family mediations, 80 follow-up visits, and 521 sensitization sessions with the Samu Social team. Moreover, through the Accelerated Schooling Strategy, the programme has enabled school reintegration for vulnerable children aged 9 to 12 through the transfer of 442 children to formal education structures in the district of Bamako and the city commune of Kayes.

In addition to the emergency and crisis context that has affected the implementation of the programme, the low capacity of stakeholders in this sector and the limited knowledge of parents on child rights constitute obstacles to the implementation of activities. Through a partnership with the NGOs Save the Children, Plan and IRC, an initial assessment was conducted for separated and unaccompanied IDP children in the South of Mali. A routine system for collection of information on these particularly vulnerable children is being set up by the National Commission for Population Movement with IOM support; UNICEF has observer status on the Commission.

**Progress:**

Birth registration remains a programme flagship activity. Partnership with the Mission for the Consolidation of Civil Status (MACEC) consisted of technical strengthening of registration officers in the reporting of registered children and improvement of data at the town council and registry office secondary center levels. The implementation of a plan for a large-scale registration of births through a national network of registration centers allowed for large-scale coverage and contributed to an increase in the rate of registration of children at birth in Sikasso and Segou from 72 per cent in 2011 to 75 per cent in 2012.

The major challenges of this programme still persist, including the limited access to the north, where the registration rate remains the lowest in the country, as well as the difficulty identifying many northern populations that are displaced in the southern regions.

**On-track**

**IR 2760/A0/03/013/003** D'ici 2012, 80% des enfants (filles/garçons) sont enregistrés à la naissance dans les régions de Ségou et Sikasso (catégorie)

**Progress:**

In terms of the fight against harmful traditional practices (FGM/C, child and forced marriage), UNICEF efforts have combined with other partners such as Equilibres & Populations, UNFPA, and national NGOs (AMSOPT, TAGNE) in the zones with high prevalence rates of FGM/C (Kayes, Koulikoro, Sikasso, Bamako). Mass communication campaigns (via theatre, Cinéma Numérique Ambulant, radio stations and television) helped 132 village communities abandon the practice (target 451 by 2013). In these areas, 41 village communities are directly funded by UNICEF, 59 are funded by Français Equilibres & Populations and 32 are funded by UNFPA.

Following community discussions on FGM/C in Commune I of Bamako district, 33,667 people who were sensitized have decided to abandon the practice. Community discussions organized in areas where UNICEF operates have informed 77,398 listeners about the harmful effects of child marriage and FGM/C through 4,416 community discussions.

Training on medical and psychosocial care for victims of FGM/C was provided to 350 health workers in the
zones of UNICEF intervention (health districts of Kayes, Koulikoro and Bamako Commune I). Following capacity-building activities, the medical care of 799 girls and women with complications from FGM/C was proven successful in 98 per cent of cases in Kayes and Bamako.

A total of 120 communication agents (40 per region: Kayes, Koulikoro, Bamako) were supported to improve their communication techniques on FGM/C to enable them to deal with this issue with creativity and respect for local populations and to take into account the values, perceptions, stereotypes, myths, beliefs, etc. that support the continuation of this practice.

Results of the study on FGM/C initiated in 2009 by the National Programme for the Fight Against Excision (PNLE) of Mali, with the technical and financial support of KfW, showed a high prevalence of FGM/C: 84 per cent of girls between the ages of 1 and 14 in four combined cultural areas: Bambara, Fulani, Soninke, Senufo, Songhrai.

Progress:

The integrated strategy of mass communication on FGM/C and early/forced marriage (via theatre, Cinéma Numérique Ambulant, radio stations and national television), which began in 2009, was reinforced by the third link of this strategy consisting of interpersonal communication through national NGOs active in the fight for the abandonment of harmful practices.

The implementation of cooperation agreements signed in 2011 between NGOs AMSOPT (30 villages in Kayes), AIN (30 villages in Koulikoro) and Sini Sanuman (the 4 poorest districts of Commune I of the district of Bamako) continued in 2012. This activity helped inform 77,398 people on the harmful effects of FGM/C and child marriage through 4,416 community discussions organized in UNICEF intervention areas. This included 1,405 educational discussions, 1,349 counseling sessions, 1,662 home visits, and 90 theatre performances (in 45 villages in the rural town of Sadiola in Kayes region).

The organization of a sports and cultural week during the celebration of the 16 Days of Activism against Violence against Girls and Women (25 November to 10 December) in 4 schools in Commune I of Bamako helped to raise awareness of about 4,200 people on child marriage and FGM/C, with the participation of young people (boys and girls), youth and women’s associations, and school and administrative authorities.

Progress:

In 2012, 132 village communities publicly declared that they have abandoned the practice of FGM/C through the intervention of UNICEF and partners. Of these communities, 41 are in zones supported by UNICEF, and the remainder in areas covered by other partners.

A total of 33,667 people [1] (elected, administrative and local authorities, women’s and school governments, neighborhood chiefs and counselors, and community groups composed of men, women and youth) were sensitized about the dangers of FGM/C and child marriage in Commune I of the district of Bamako and have decided to abandon the practice of FGM/C. This has led to public statements on the abandonment of FGM/C by those habitually performing them, including well-known figures such as Siba Fané from Bamako and Gory Gopela and Bougoutitin (in Kayes region).

The media was significantly involved in these efforts, representing a scale up in media engagement from...
2011. There were 3,594 communication activities of various forms conducted on the harmful effects of FGM/C. A radio campaign was conducted from 1 to 30 August in the regions of Kayes, Koulkoro, Ségou, Sikasso, and Mopti and the district of Bamako, with 3,264 radio spots transmitted, 150 radio series by 50 partner radio stations from URTEL and 180 transmissions on the consequences of FGM/C and child marriage. In addition, there was significant media coverage of the Office of Radio and Television of Mali and Africable regarding the joint visit of the Swedish Embassy and UNICEF on the abandonment of FGM/C by the village of Dramébougou, which allowed the continued dissemination of information to the public on the topic.

Partners received 300 advocacy/awareness kits on the health consequences of FGM/C in local languages (Bambara, Fulani, Soninke, Senufo, Songhai). With the support of the C4D section, 120 communication agents (40 per region: Kayes, Koulkoro and Bamako) were supported to improve their communication techniques on FGM/C to enable them to deal with this issue with creativity and respect for local populations and to take into account the values, perceptions, stereotypes, myths, beliefs, etc. that support the continuation of this practice.

On-track

IR 2760/A0/03/014/003 : D’ici 2012, 80% des filles/femmes victimes des complications liées au mariage précoce et à l'excision identifiées sont pren charge sur l e plan psycho social et juridique et soutiennent la prévention (Catégories e 3)

Progress:

Against an initial target of 279 personnel, 350 health workers, including 90 doctors, 110 nurses, obstetricians, and midwives, and 150 traditional midwives and nursing assistants, were trained to provide medical and psychosocial support related to FGM/C.

A total of 799 girls/women with complications from FGM/C received treatment in Kayes and Bamako, with 98 per cent of victims receiving appropriate care and the remaining 2 per cent continuing to receive treatment. These victims have become allies of the project to prevent FGM/C.

A further 322 actors (health, psychosocial, security, legal) from non-occupied areas were trained to provide medical (93) and psychosocial (229) support for GBV victims in emergencies – against an initial target of 100 personnel. Following this training, 1,538 survivor of GBV (including 45 cases of FGM/C and/or child/forced marriage) were identified among IDPs, and 272 survivors have benefited from medical (112) and psychosocial (159) care.

A partnership agreement was signed with Family Care International (FCI) to begin emergency response in Mopti region. As a result, and thanks to the support of targeted training, 137 social actors from Mopti are able to provide psychosocial care for GBV victims in emergencies. In addition, a reference system for the care of victims was set up in the region, supported by 10 child protection teams and 100 GBV focal points who are positioned in three communes (Mopti, Sokoura, Fatoma). Standard Operational Procedures for coordination and multi-sectoral response to support GBV survivors have been adopted by all stakeholders.
Plaidoyer et Communication contribuera à la mise à l'œuvre de l'approche équité et des politiques sociales par le renforcement de l'identification des groupes vulnérables et une analyse approfondie des disparités géographiques, économiques et de genre afin de mieux orienter les interventions en appui aux stratégies nationales de lutte contre la pauvreté et la réduction des disparités. Des analyses pertinentes notamment une analyse de la situation des enfants et des femmes permettant de rendre disponibles des éléments précis pour le plaidoyer, de suivi évaluation des politiques, des stratégies nationales et des budgets afin de placer les intérêts des enfants et des groupes plus vulnérables dans les priorités nationales et de mesurer l'impact des actions sur leur bien-être recolte des données désagrégées sur les groupes les plus vulnérables, particulièrement sur les enfants et les femmes, afin d'éclairer sur leur situation et d'études clés sur la situation des enfants et des femmes. Ainsi que des divers programmes sectoriels enfants.

**Progress:**

In 2012, the capacity and the space for the government and UNICEF to improve social policies was badly affected by the humanitarian situation. Because of the crises, the National Framework for Growth and Poverty Reduction (CSCRPR) 2012-2017 was put on standby, and the UN extended the 2008-2012 UNDAF and agency country programmes into 2013. The UN system developed a two-year Joint Transitional Framework (CCT-2013-2014) to bridge the gap between the country programmes and humanitarian needs. The CO has managed to mobilize USD 29 million, 50 per cent of the 2012 humanitarian appeal target, in part due to considerable donor and media engagement.

UNICEF continued to work towards the Monitoring Results for Equity System (MoRES), supporting decentralized collection, analysis and use of development/humanitarian data for planning, management and reporting in collaboration with the government, NGOs, cluster partners and civil society. UNICEF catalyzed a multi-partner platform comprised of MCHIP, Save the Children, MoH and Care to perform a series of Lot Quality Assurance Sampling Surveys (LQAS) in six health districts. These LQAS support the process of District Health System Strengthening (DHSS). In addition, the MICS/ Household Poverty Survey (ELIM) was finalized for publication in 2013, and a preliminary Situation Analysis of Children and Women was developed. A SMART nutrition survey was conducted; health structures were mapped, while the annual health, education and child protection statistics were published. UNICEF put a system of Humanitarian Performance Monitoring in place based upon the CO 2012 humanitarian response plan, with data collected at the field level by partners, UNICEF staff and independent monitors to be used for management decisions and reporting.

All of this data feed into strategy development to meet the needs of the most vulnerable people. For example, the 2012 and 2013 Inter-Agency Standing Committee/UN Consolidated Appeal Process (CAP) documents were finalized, and the strategies for community health, CLTS and back to school relied on data/analysis. However with the major changes in the context, national monitoring and evaluation systems' capacities remain inadequate, and a renewed focus on national capacity building is required.

Another opportunity that arose in 2012 was a partnership with the World Bank on cash transfers as the basis for a national social safety net, for which UNICEF contributed information on the most vulnerable children and women to improve targeting. Other important initiatives include Lot Quality Assurance for Community Health and ActivityInfo in humanitarian monitoring. However, the outstanding social policy vacancy at the CO hindered progress.

**IR 2760/A0/03/015/001** Les personnes vulnérables, notamment les enfants et les femmes, sont mieux identifiées et localisées de façon désagrégée aux niveaux national, régional et communautaire, et leur suivi régulier est effectif.
**Progress:**

In 2012, the report of the MICS/ELIM survey undertaken in 2010 was made available. Using this data, the CO developed an interim Situation Analysis of Women and Children in preparation for the 2013-2017 country programme cycle. However, as noted above, the new country programme was postponed due to the humanitarian situation, with the CO requesting an extension for 2013.

Community-level monitoring has particularly focused on essential health care at the community level, with support provided to the development and implementation of monitoring tools.

A Humanitarian Performance Monitoring system has been established with the prioritization of monitoring key indicators to facilitate management decisions on the humanitarian response and to report to donors/partners. Indicators were linked to the UNICEF CCCs. UNICEF humanitarian partners use these standard indicators to report in their monthly and quarterly reports, including through the online/offline ActivityInfo database, which UNICEF has supported as a service to partners. UNICEF has signed 20 partnership agreements with NGOs for humanitarian action in 2012, and dedicated monitoring and evaluation capacity has been included as a core part of each agreement to promote best practices in these NGOs. In the north, where UN personnel have no direct access, UNICEF has established a system of third party monitoring for external organizations to monitor the delivery of the UNICEF-supported humanitarian NGOs, and reports have provided useful information for programme management.

UNICEF has worked with other UN agencies and NGOs to generate essential humanitarian data, including on displacement and social service coverage.

Major surveys undertaken include the SMART nutrition survey in the southern regions/districts, however despite efforts to put it in place, the study could not be undertaken in the north due to lack of research capacity. Data collection for the fifth Demographic Health Survey is underway in the five southern regions.

**Progress:**

There is national will to make Malikunnafoni (based on DevInfo) operational nationwide, with installation of computing equipment in central, regional and decentralized partners. Annual sector statistics were published on the health, education and child protection sectors, feeding into the national database. There are now 47 partners supported to use the database at the national and regional levels, including ministries, national institutions, and some pilot regional- and circle-level authorities. Validated data from new surveys and research undertaken were used as a reference to update the majority of the indicators in Malikunnafoni, including on socio-economic and health areas. The database can be found online at [http://www.malikunnafoni.com](http://www.malikunnafoni.com).

In addition, studies were conducted and policy notes produced to support planning for national programmes such as the CSCRP, the Health and Social Development Programme (PRODESS) or the Ten-Year Education Programme (PRODEC). While each of these policies has integrated gender and equity dimensions and are therefore important building blocks in the path towards the conclusion of the MDGs in 2015, this component of the UNICEF programme has not registered notable progress in the year due to the significant restructuring of the programme to meet humanitarian needs.

Data gathered on the humanitarian situation by UNICEF and cluster partners has been analyzed and shared with partners at the national and sub-national levels. UNICEF has supported the development/update of the UN/Inter-Agency Standing Committee Consolidated Appeal Process (CAP) 2012 and CAP 2013. The 2013 CAP has been integrated as a core element of the UN two-year Joint Transitional Framework (2013-2014). Key
components include the percentage of the population who have had their access reduced to basic social services and expected levels of malnutrition, all disaggregated as much as possible.

No Progress

IR 2760/A0/03/015/003 Les personnes vulnérables, en particulier les enfants et les femmes, sont mieux pris en compte dans le nouveau CSCRP (2012-2017) et bénéficient d’allocations budgétaires accrues et d’une protection sociale élargi

Progress:

[NEW] UNICEF, in collaboration with other Technical and Financial Partners (PTF), has supported the process to develop the new CSCRP 2012-2017. UNICEF has advocated for the cross-cutting integration of gender and equity across the document. Advocacy was also undertaken with the government to increase the proportion of the state budget allocated to social sectors that affect children.

In collaboration with the World Bank, initial steps have been taken to establish a system for social safety nets in Mali, with the World Bank requesting UNICEF support for a Cash Transfer Programme to be established under the Ministry of Finance and the Ministry of Humanitarian Affairs. The project will provide USD 70 million over 3 years. As part of the effort to establish this project, UNICEF is a partner of the humanitarian NFI cluster, under which a Cash Transfer Working Group is being formed. A cadre of four CO staff members attended the WCARO training on cash transfers in emergencies as preparation for the scale up of this cooperation.

The initial bottleneck analysis conducted for the education sector and the mapping of health facilities are part of the CO’s initiative to scale up the MoRES equity focus of the programme, with the government requesting UNICEF to support an updated national health map in 2013. As part of the 2012 training on Lot Quality Assurance for the Community Health Programme, UNICEF and partners were also trained on bottleneck analysis in the health sector.

The broader development of the social policy framework was interrupted in 2012 due to the prevailing humanitarian context. Indeed there was a significant reduction in national and PTF financial allocations to the social sectors in 2012 following the coup and the government’s focus on preparations for a potential military operation.

[NOTE]: The rating was reviewed to reflect actual progress that was hindered by the early departure of the Chief Social Policy.

On-track

IR 2760/A0/03/015/004 Les enfants bénéficient de partenariats stratégiques renforcés et opérationnels, qui promeuvent leurs droits et améliorent leur situation sociale.

Progress:

UNICEF’s emergency appeal for Mali secured approximately 50 per cent of the revised requirement of USD 58 million. In addition, a total amount of USD 22.3 million USD in Other Resources-Regular (ORR) was mobilized, representing 135 per cent of the target in the CPD. The credibility of UNICEF in Mali enabled the increase of the CPD ORR ceiling from USD 80 million to USD 108 million. A further increase of the ceiling is needed, considering the additional contributions in 2013 amounting to USD 54 million, surpassing the ceiling with 40 million USD. The CO expanded the funding base with donors such as ECHO, CIDA, SIDA and the Netherlands.

In terms of partnerships with the private sector, UNICEF and its partner put in place the Business Platform for Children in Mali and launched the Children’s Rights and Business Principles. Due to the political crisis, the private sector suffered large losses and this led to a change in UNICEF’s strategic approach to corporate engagement, which included fundraising, to focus purely on CSR. The communications activities carried out to support key programme priorities and the emergency response included: 6 field visits with donors and media, 10 press releases, local and international press briefings, coverage in The Christian Science Monitor,
The Guardian, M6, Paris Match, Marie Claire France, and The Washington Post, 30 human interest stories and videos for various websites, extensive photo coverage and more than 4,700 followers on Facebook. Due to the security risks to our partner in the north and the crackdown on the media, verification of information on child rights violation in the north has proven difficult. While there has been significant progress towards achieving progress under this IR, the implementation of the activities has been somewhat constrained by the crisis. In addition, the section's dependency on temporary human resources is not sustainable.

**On-track**

**PCR 2760/A0/03/016 PPC-PCR2: Promotion Demande SSB : Les Jeunes, les menages et les communautés, surtout les plus marginalisés, adoptent et promeuvent les PFE en santé, en Education et en Protection, en particulier dans les zones de faible couverture en ser vices de base**

**Progress:**

Due to the humanitarian situation in the country since the beginning of 2012, the programme undertook a rapid needs assessment in C4D. A C4D component was developed and integrated into the comprehensive emergency response plan, which was approved in April by the programme partners, including those from the occupied regions. Overall, this resulted in an acceleration and expansion of key activities under the 2012 Annual Work Plan to 35 vulnerable districts identified by UNICEF and its partners.

C4D capacity building of 139 implementing partners (socio-health teams at the circle level) and 1,886 community workers helped promote Essential Family Practices (EFP) and nutrition, and the dangers of mines/UXO and GBV in order that mothers and guardians have the support of fathers, musokorobas (women leaders), and community associations. This was made possible through 110 community dialogue sessions involving 1,100 leaders, 1,028 interpersonal discussions in 514 health areas, as well as 10 round table discussions and 5 advocacy sessions. In addition, 277 traditional communicators from the Network of Traditional Communicators (RECOTRADE) and 2,462 members of support groups for nutrition supported by the NGO ASDAP conducted visits in 44,064 concessions and reached 528,136 people.

Thanks to the partnership with URTEL, 152 micro-programmes were produced and broadcast on these same topics as well as on HIV prevention among youth, benefitting, amongst others, 1,200 IDP youth through the support of 94 peer educators and radio hosts. To combat the cholera epidemic in the north, over one million visual aids were disseminated and TV and radio adverts were broadcast 7,434 times.

Despite the overlapping crises, five National Immunization Days/Polio Campaigns were conducted with an awareness rate of parents increasing from 74 per cent in 2011 to 85 per cent in 2012.

Finally, in terms of knowledge management, the C4D component conducted a CAP study on the “Life Savers” campaign to highlight results and provide baseline data for future campaigns. The pilot experience of the participative approach to community monitoring of C4D (Most Significant Change) in Katiola district was documented and is considered an example to follow by the Regional Office.

**On-track**

**IR 2760/A0/03/016/001 PPC-IR2.1: Operationalisation PNCD: Les acteurs publics et de la société civile responsables des programmes de développement sont ceux visant les populations les plus vulnérables, acquièrent les capacités de conception, de mise en œuvre et de suivestratégies de CPD en appui aux politiques et programmes nationaux**

**Progress:**

Capacity reinforcement of 139 public sector and civil society actors as well as 1,886 community health workers and agents of community health centers in interpersonal communication, community dialogue and advocacy took place in 2012. This required the development of three specific modules and was facilitated by improving the policy and legislative framework of C4D. C4D was integrated in the Strategic Framework for Growth and Poverty Reduction 2013-2017 as the 42nd priority area as a result of strategic advocacy, and the National Agency for Communication for Development was created to ensure coordination of the National Communication for Development Policy (PNCD). Finally, 3 regional forums and 1 national forum were
organized to bring together 300 multi-sectoral representatives of 9 regions.

UNICEF met for two days in San (Ségou region) with 40 key figures in the three occupied areas of the north (community and religious leaders, members of legislative and regional assemblies, social and health officials, and NGO representatives) to discuss the feasibility of C4D interventions. The exchanges demonstrated that even at the level of participants, there were and inter-ethnic and community suspicions and sensitivities as a result of the conflict, which affects mutual cooperation. Regional group work to identify ways to make C4D interventions possible in the occupied areas has contributed greatly to overcoming some of the psychological barriers as reflected in the action plans and commitments made.

**Progress:**

UNICEF’s C4D Section in partnership with national NGOs and local technical services has trained 503 leaders, members of traditional and modern networks of communication, including 238 women, in 22 of the most vulnerable health districts. These trained community leaders (traditional communicators, directors of radio stations, and representatives of technical services) are using interpersonal communication, community dialogue and advocacy to promote EFPs within their communities.

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**On-track**

**IR 2760/A0/03/016/002** - Les leaders communautaires (traditionnels et religieux), ou de réseaux de communication traditionnels et modernes (dontfemme), appliquent les approches participatives pour la promotion des PFE.

**Progress:**

Promotion of EFPs and the prevention of malnutrition were conducted through a partnership between the UNICEF C4D Section and three national NGOs. The achievements of this partnership include training and mobilization of local actors, namely: 2,462 nutrition support officers and groups, 277 traditional communicators, and 76 radio station hosts. In addition, the district socio-health teams organized 110 community dialogue sessions with the participation of 1,100 community leaders, 10 roundtable discussions and 5 advocacy sessions with 200 decision-makers. In 514 health areas, community health workers have made 1,028 visits and provided educational talks in households.

The 5 National Polio Vaccination Days generated significant results, including a rise in the awareness rate of parents from 74 per cent in 2011 to 85 per cent in 2012 as well as vaccination coverage of 108 per cent.

The mass communication campaign on cholera in the northern regions occupied by the rebels helped stop the spread of the epidemic in the affected areas.

The results on the survival and development of U5 children, in particular in terms of immunization and prevention against epidemics, have been achieved thanks to the financial contribution of partners and donors to UNICEF.

In terms of adoption of EFP by households, the following results have been recorded: 90.54 per cent of mothers with U5 children are sleeping under insecticide-treated bed nets; 64.04 per cent use oral rehydration salts to treat diarrhea at home; 96.05 per cent use soap or detergent for washing hands; 68.46 per cent say they breastfed their newborns within the first hour after birth; 96.05 per cent know that children are vaccinated to prevent disease; and 94.40 per cent claim to have had their children under two years old vaccinated.
UNICEF Annual Report 2012 for Mali, WCARO

Constrained

IR 2760/A0/03/016/004 PPC-IR2.4: Media & Participation Enfants: Les associations et mouvements d’enfants et de jeunes, aux niveaux national, régional et local se mobilisent et participent à la réalisation des résultats du programme de coopération Mali-UNICEF dans les domaines santé, éducation et protection des enfants.

Progress:

In terms of participation of children and young people in achieving the results of the cooperation programme of UNICEF Mali, a mapping exercise of associations and organizations for children and youth was conducted, and 1,000 copies of the results were disseminated. A thousand copies of the synthesis note and 500 CDs of the database produced as part of the exercise were also distributed. Unfortunately, all planned activities were suspended due to the country’s institutional crisis.

At the same time, unplanned activities have been carried out in response to the emergency. As well, communication activities on HIV/AIDS for populations from the north, in particular young people, as well as host communities, were conducted. Training on HIV/AIDS for 60 peer educators in Mopti and 32 radio broadcasters was also carried out, as was the development of 2,250 radio programmes and 2 awareness-raising campaigns on HIV in areas where the displaced were located in the regions of Mopti and Ségou. In addition, 1,200 youths were tested during the first campaign.

Planned activities in relation to this indicator could not be conducted due to the institutional crisis in Mali.

PC 5 - Couts transversaux

On-track

PCR 2760/A0/03/800 Effective and efficient programme management and operations support

Progress:

Good progress was made during the year as the programme changed focus from development to emergency response. Emergency funding caused a complete reorientation in activities, personnel and stocks. As a consequence, a different set of humanitarian priorities was established and adhered to.

[NOTE]: Indicators for the PCR on Support are the same with those of the Cross-Sectoral Programme Component. Therefore, in order to avoid duplication, the assessment and analysis of progress made for PCR Support and the 03 IRs will serve for the cross-sectoral component.

On-track

IR 2760/A0/03/800/001 Effective and efficient governance and systems

Progress:

The office’s structure changed radically during the year with major staffing shifts, which created new governance dynamics within the office. The adoption of audit recommendations helped the office to be better focused and to manage the programme and operations more effectively and efficiently. Committee meetings took place more frequently and the senior management group was formed to discuss issues and set strategies that the head of the office used to determine the direction of the programme. The Joint Consultative Committee (JCC), the Contract Revision Committee (CRC) and the newly reformed Project Cooperation Agreement (PCA) Review Committee helped the office administer the programme adequately. The introduction of harmonized approach to cash transfers (HACT) and the micro-assessments of most NGO partners provided the office a much better appreciation of the capacities of the partners, reducing the risk and exposure of UNICEF’s funds. The Supply Section completed its inventory counting and inventory control, despite the large influx of materiel for the humanitarian response. During the reporting period, the office made strides in improving the overall management of the office and its governance.
IR 2760/A0/03/800/002 Effective and efficient management and stewardship of financial resources

Progress:
As a consequence of the shift to a primarily humanitarian response programme coupled with a major shift in staffing, some major elements were not completed as quickly or thoroughly as they should have been. JCC and Country Management Team (CMT) meetings were delayed or replaced by emergency meetings; the audit recommendations were delayed; and Minimum Operation Security Standard (MOSS) compliance became a high priority. The PCA record was exemplary, going from no PCAs at the start of the year to 69 by the end of 2012. Due to the numerous changes in government, the NGO community was a more reliable provider of humanitarian services.

IR 2760/A0/03/800/003 Effective and efficient management of human capacity

Progress:
Due to the humanitarian crisis, a large number of new staff were hired to mount a credible response. This influx of staff not only made the response timely and effective, it also made UNICEF a leader in the front line response. Many operations staff were hired to add capacity in the Supply and Logistics, Human Resources, Administration, ICT and Finance Sections. At one point there were two operations officers, one for the emergency and one for the regular programme. Later in the year this duplication changed. While the fixed-term staff numbers remained stable during the year, despite the change of the country to non-family status, 13 local and 18 IP staff were added.
Effective Governance Structure

The CO objectives are well understood and adopted by all parties due to the involvement of the office committees in the planning and execution of the annual work plans. The CMT, the Programme Management Team (PMT), the PCA Review Committee, the CRC, and the Senior Management Group provide oversight through their mandated structures. The CMT and PMT have reintroduced the key performance indicators, which are reviewed at each meeting and are used to guide management decisions. These indicators serve as a guide to performance across the CP and as an entry point to specific areas on which programmes and operations need to focus. The review of the 2011 audit is ongoing and 14 of the 19 recommendations have been closed. The process to address the recommendations has reinforced the CO’s analysis of risks and risk mitigation actions.

The process to put the HACT in place has progressed well with two external organizations having conducted micro-evaluations of 45 of the 80 partners. A contract has been prepared for the micro-evaluation of the remainder. A draft partnerships manual has been developed to provide guidance to partners on UNICEF procedures.

The Business Continuity Plan (BCP) has been greatly strengthened due to the heightened security situation and contingency planning conducted based on the risk likelihood and impact matrix. A secondary operations center has been established and essential staff have had provisions made for their continued work from home in the case of an interruption of services in the primary location. During the Mali+3 contingency planning workshop conducted with New York Headquarters (NYHQ), UNICEF Office of Emergency Programmes (EMOPS), WCARO and the Niger, Burkina Faso and Mauritania COs in December 2013, common business continuity models were discussed, including secondary locations and the use of supply and logistics hubs in Niger to access north Mali.

Strategic Risk Management

In 2012, due to political events, the risk level in Bamako increased greatly, requiring a different set of guidelines to ensure that staff, partners and vendors could work in a continuously secure environment. With the coup d’état in March, further attempted coups in late April and early May and a further change of government in December, as well as the occupation of the north by separatists and Islamist extremists, the UNICEF circle of operations was greatly reduced. With the evacuation of families in early April, the office updated its BCP. As part of efforts to put the BCP actions in place, measures to ensure work from home and from a remote location were undertaken, and critical staff were identified to keep the programme moving even in an emergency. More work needs to be done on the BCP, but the Information and Communication Technology (ICT) Disaster Recovery Plan was updated. Additional ICT and telecommunications equipment was ordered to give staff adequate coverage in the face of a security threat that could occur at any time. A further review of the BCP by the NYHQ global BCP specialist was undertaken in November-December 2012.

To minimize programmatic risks, the Mali CO has prioritized the switch to HACT, as recommended by the audit. HACT conversion is well underway, including through the micro-evaluation of implementing partners, and most steps to get the systems in place should be completed in 2013. For humanitarian programming, a series of risk analyses and mitigating actions were taken, including a programme criticality review conducted with the HCT, a risk analysis conducted for each humanitarian partnership agreement, and the establishment of due diligence procedures. The process for 2013 contingency planning has included a joint Mali+3 risk analysis and analysis of risk of specific partners. Programmatic risks have been balanced against the humanitarian imperative for populations in north Mali, and the potential reputational risk to UNICEF.

Evaluation

The 2011-2012 Mali CO Integrated Monitoring and Evaluation Plan was rolled out with fundamental modifications pertaining to the assessment conducted in 2011, which identified the need to streamline the CO’s agenda on evaluations. In addition to low in-country evaluation expertise, the drastic changes in the
Operating environment in Mali prompted the CO to revise and lower its ambitions in sustaining evaluations.

Of all programme sections, only the WASH Unit has maintained key evaluation activities thanks to a unique operating framework led by a strong Monitoring, Evaluation and Learning (MEL) function under the Dubai Cares Initiative in Mali. Under this arrangement, the UNICEF WASH MEL Unit receives significant support from Emory University, USA, which provides technical assistance to ensure the scientific validity of the impact assessment of the Dubai Cares WinS programmes on attendance and child health in accordance with relevant statistical standards.

Two major evaluations were planned in 2012 with one standing as a 2011 carry-over. The final report of Evaluating the Impact of Community-Led Total Sanitation in Mali-Baseline Analysis (WASH) was finalized. This evaluation used a full randomized control trial design and the final report will soon be shared. The impact assessment of the Dubai Cares WinS programmes on attendance and child health is scheduled to take place in the final year of the programme, 2014. The CO is currently conducting a baseline survey.

Two management responses to evaluation are overdue in the Mali CO. In a response to the internal audit, a draft internal memo was prepared and is under review to build on the office’s commitment to further knowledge management, and to increase the utilization of studies and evaluations. Once validated, the Representative will officially sign and circulate the memo in order to recall the mandatory preparation and follow-up of the “Management Response to the Evaluation (MRE)”. In collaboration with the Programme Monitoring and Evaluation Unit, the head of the programme section commissioning the evaluation/study is responsible for ensuring that a timely MRE is prepared, endorsed and properly followed up.

Due to security reasons, the Mali CO was removed from the list of selected countries for the Real-Time Independent Assessment (RTIA) of UNICEF’s Response to the Sahel Food and Nutrition Crisis. Therefore, the results of the RTIA were less directly relevant to the CO humanitarian response than planned. No further evaluation was planned to assess the strengths and weaknesses of the Mali CO humanitarian action plan. However, the CO is planning a lesson learning exercise to be conducted internally as part of the 2013 strategic planning process. In addition, the CO has been developing tools and guidance to facilitate an in-depth review of the humanitarian response as delivered through major partner NGOs. This review will take the form of a PCA post-implementation review. The lessons drawn from this exercise will inform the planning and management of the Mali CO humanitarian action plan.

**Effective Use of Information and Communication Technology**

During the year, ICT resources were greatly strengthened. A fourth ICT technician was recruited to handle the volume of work required in a growing office. A remote operations center was established at the Representative’s residence. Essential staff were also identified to keep the BCP operative in the event that work could not be performed from the office.

The number of VHF radios was greatly increased due to the increase in personnel. A Thuraya system was put into effect for use when making trips into the interior of the country to ensure good communications at all times despite the equipping of vehicles with VHF radios.

**Fundraising and Donor Relations**

UNICEF Mali made important efforts throughout the year to raise flexible resources through participation in the elaboration of the Humanitarian Action Update (HAU) and the inter-agency CAP, as well as proactive fundraising with the local donor community, WCARO, PARMO and PFP.

UNICEF’s emergency appeal for Mali secured approximately 50 per cent of the revised requirement of USD 58 million. Out of the USD 27 million raised, USD 18.7 million were ORE and USD 8.5 million were ORR renegotiated with donors. In order to respond quickly to the emergency, the CO accessed the Emergency Programme Fund (EPF) of USD 2.1 million and reprogrammed Regular Resources (RR). As of December,
86 per cent of the EPF had been reimbursed. Top emergency donors were: ECHO, UNOCHA through the Central Emergency Response Fund (CERF), Canada, Australia, OFDA, Spain, Sweden, Belgium and Denmark. The CO also acknowledges the important contribution of almost USD 3 million pooled from various donors through the global thematic grant.

Despite the challenges to mobilize ORE against the appeal, UNICEF Mali remains well positioned to raise ORR from the local donor community for the response in the south focusing on building resilience among communities. The credibility and good reputation of UNICEF as well as the reorientation of public aid strategies in Mali enabled the office to raise 135 per cent of the planned ORR and to request an increase of the CPD ORR ceiling from USD 80 million to USD 108 million. A further increase of the ceiling is needed considering that the CO expects additional contributions amounting to USD 54 million in 2013. Despite security constraints, two field visits were organized with the French National Committee and one visit with the Embassy of Sweden. The biggest public donors of ORR were: the EU, Canada, France, Spain, USA, Sweden, Denmark and Belgium. Important contributions were also provided by private donors such as Dubai Cares and the UNICEF National Committee family.

In line with the principles of United Nations Coherence, UNICEF was part of joint programmes with other United Nations agencies, such as UNFPA, UNDP, WFP, FAO and WHO, focusing on FGM/C and nutrition. The CO was also involved in consolidated appeals and joint visits with donors such as the Organisation of Islamic Cooperation.

The office monitored fundraising and contribution management efforts through regular meetings. To improve donor reporting, the office reviewed the workflow and recruited a Reports Officer responsible for quality assurance of donor reports. Out of 17 reports due in 2012, 13 were submitted on time and 4 were sent after the due date.

As a result of very close monitoring of Programme Budget Allotments (PBAs), 100 per cent of PBAs were fully utilized before their expiry dates. Five requests for PBA extension were made in 2012 due to the political instability and increase in the allotments. Of approximately USD 54 million of funds allocated, 90 per cent was spent in 2012, while 99 per cent of grants expiring in 2012 was duly spent.

**Management of Financial and Other Assets**

The year 2012 was challenging for asset management due to the introduction of VISION, with all transactions being slowed down, and several months required for the CO to regain the momentum from previous years.

Nevertheless, considerable work was undertaken on the audit recommendations that remained from 2011 and were not addressed until September 2012. The CMT took rigorous steps to improve contribution management with the introduction of weekly grant status, and monitoring of Direct Cash Transfer (DCT) exposure and budget execution. Because of the emergency conditions, the cost of doing business in the country increased due to the additional allowances required to retain staff and the additional international staff required to respond to the emergency. The evacuation of families also added to the financial burden on the programme.

UNICEF has led the United Nations system for the introduction of HACT. Both UNDP and UNFPA have introduced HACT, however no specific discussion has taken place at the level of the United Nations Country Team or the Operations Management Team (OMT). The introduction of HACT added to the efficiencies because clear profiles of partners were made known for the first time. Of the 80 UNICEF Mali partners, 45 have been micro-evaluated. The revision of the partnership handbook is nearly complete. All NGO partners were assessed as low risk, and as a result no capacity building programme was determined to be necessary. The micro-assessments are available and the office has proceeded in a risk-informed atmosphere with partner relationships. The training of partners and UNICEF staff will take place in the first quarter of 2013. Discussions are planned with the government in early 2013 for the conversion of government partners to HACT.

The CO has established an evaluation committee to conduct evaluations of partners receiving less than
USD 100,000. All partners were assessed using the HACT micro-evaluation forms and the CO is already making risk-informed transfers to partners. When the decision was made to use outside audit firms to conduct the micro-evaluations, all partners were assessed even if they had been previously. The training of all staff and partners will begin in the first quarter of 2013.

UNICEF is using the Funding Authorization and Certificate of Expenditures (FACE) form for all partners and has completed the assurance plan that has been ratified by the CMT and is awaiting approval by the Representative. Until the HACT training has been completed, the requirement for the partners to submit their accounts for inspection by UNICEF will be maintained, even though spot checks take place now.

The DCT exposure has been reduced to FCFA 153 million over six months (USD 305,000 – 10 January 2013), or 2 per cent of the UNICEF Mali CO overall outlays.

**Supply Management**

Supply support continues to be an important CP component. This year was marked by the acceleration of the processes of the global quality supply chain management strategy in response to the emergency. Good procurement planning, long-term agreements with suppliers and service providers, and kit and distribution plan definition have undoubtedly significantly contributed to the CP.

The volume of purchases this year reached USD 34,585,924, of which local purchases accounted for USD 5,966,043, (17 per cent), regional purchases accounted for USD 550,898 (1.6 per cent), offshore purchases accounted for USD 19,266,600 (56 per cent), institutional contracts accounted for USD 2,357,783 and purchases for government assistance accounted for USD 6,444,600 (18.4 per cent).

This year the contributions of the CO were also based on priorities related to the multiple-crisis situation in the country (nutrition, health services, education, etc.). To meet increased humanitarian supply and logistics needs in 2012, UNICEF has taken on four additional warehouses, each measuring 1,000 m².

The 2011 market study, which is ongoing, has allowed for the review of a significant number of goods and service providers. This study provides information on the range of products and services available for programme needs and allows the Mali CO to purchase quality products in sufficient quantities on time, despite the crisis in the country.

Good collaboration of country authorities contributed greatly to the rapid clearance of imports. Nonetheless, the role of the government, as well as its performance in terms of storage, remains weak. As a result, government partner capacity building for storage and management of supplies remains a priority.

Delivery of goods at the decentralized level was facilitated by contracts signed with transporters who could be mobilized quickly. Long-term agreements put in place since 2011 have also allowed for the acceleration of purchases and the avoidance of the repetition of orders.

Collaboration with UN agencies also remains constant, especially with WFP and UNDP. Agencies regularly share information on supply sources as well as their respective provider lists. UNICEF has collaborated with WFP on a country logistical evaluation, which has allowed the CO to optimize its delivery plans. In terms of the emergency, the Mali CO is participating in the logistics cluster at which UN agencies and key NGOs are also represented. An inter-agency mission was conducted with the logistics cluster to assess the potential to establish a warehouse for supply pre-positioning in the Mopti or Ségou regions. UNICEF Mali has also been working on pre-positioning supplies in Niamey, Niger. The Mali CO is also planning to establish an SMS system with partners to make information collection and sharing more effective and efficient, particularly for nutrition programmes.

In terms of third-party monitoring, implemented by the CO, even the regions in the north, plagued by insecurity, are covered by supply monitoring, amongst other monitoring elements.
Professional development opportunities, including certification in supply and logistics and e-learning (in terms of its elements in VISION) are open to all staff.

Human Resources

In January 2012, the Mali CO had a total of 108 staff employed. As of December 2012, the office had 150 staff, including personnel put in place by stand-by partners and surge capacity. In light of the large-scale humanitarian crisis in the Sahel aggravated by the political crisis in Mali, and the resources needed to support the COs, a special emphasis was put on recruitment in 2012. With significant (surge) Human Resources needs, there were two Programme Budget Reviews (PBRs) in 2012, with 10 Emergency Fixed Term positions approved and filled in Mali, in addition to 15 temporary positions.

The Performance Evaluation Review completion rate remains relatively low despite frequent reminders. The mid-year review completion was 44 per cent for international professional (IP) staff and 12 per cent for national staff. Efforts are being made to raise the final phase completion rate.

A consultant has also been recruited on a three-month contract to review the office structure before the next revision of the Country Programme Management Plan (CPMP). A review of the four sub-offices will also be conducted and recommendations drawn regarding the status of out-posted staff members, in light of the current situation.

Mali was declared a non-family posting as of 1 October 2012 following the evacuation of IP staff families in March. During the same period, national staff based in Mopti were relocated to Bamako with their families until July 2012, after which personnel returned to Mopti. Two UN counselors carried out missions in Mali over the period and met with all staff. They have also undertaken private sessions with staff. A staff counselor based in the Human Resources Division contacted all IP staff affected by the departure of family members to offer telephone counseling and support. An eight-week cycle of rest and recuperation (R&R) travel for IP staff in Mali was approved in July, giving IP staff the opportunity to temporarily leave the country on a regular basis to visit their families.

A session on HIV in the workplace was conducted in December for all staff, which has provided the internal facilitators with an opportunity to remind staff of UN rules regarding HIV and allowed them to brainstorm on HIV case studies. A proposal was made to conduct a session for adolescent children of staff members in 2013.

The 2011 Global Staff Survey identified three main issues of concern for the Mali CO, including work/life balance, career planning and staff confidence in the Staff Association’s actions. These were presented by the Chairperson of the local Staff Association and were identified as topics for the staff retreat. However, due to a change in office management and year-end activities, the retreat was postponed to 2013.

Efficiency Gains and Cost Savings

In Mali, the number of OMT initiatives has been limited due to the infrequency of meetings of the OMT and the limited participation by the UN agencies in Bamako. The OMT was revived during the latter part of the year and promises to be more active in 2013 with joint efforts to recruit new travel agents, banks, security companies and joint facilities savings in the regional offices, namely Mopti.

During 2012, steps were taken to reduce vehicle maintenance costs by selling those vehicles that were out of compliance with UNICEF replacement standards. For the first time, the vehicle fuel consumption was calculated and certified on a monthly basis to show actual consumption figures.

Travel in the country by UN Humanitarian Air Service (UNHAS) flights rather than by road were favored due to the lower costs. A UNHAS flight to Kayes, for example, is USD 202, while a land trip is a minimum of USD 250. This does not include daily subsistence allowance.
In the renting of two new warehouses, UNICEF Mali has included a UN logistics cluster-agreed set rate for laborers as a part of the rent for the loading and unloading of trucks. This has resulted in significant savings.

### Changes in AMP & CPMP

The Annual Management Plan changed considerably due to the introduction of VISION, which changed many work processes, and required the production of a new Table of Authority, completed in October 2012, and study into new operational work. Additional training in VISION has also been identified to increase efficiency, and a central transaction center will be established in 2013 to reduce transaction time and the inefficiencies caused by the decentralization of the budget to the various sections.

The CPMP was modified greatly during the year to accommodate the additional staff hired for the emergency response. During the year, 2 PBR mail polls took place, adding 11 new fixed-term posts in the first mail poll, mainly for the emergency nutrition response, and 4 new posts in the second, of which 3 are in ICT and 1 in Communications. These additions were necessary to keep the office running during the present situation.

The CO also started a work process review and an organizational review to prepare for a new CPMP in 2013 and a different structure of the zonal offices. This will position the office for the new Country Programme in 2015, as an additional year of extension will be approved in 2014.

The Annual Management Plan for 2013 will see a centralized transactions center where all financial transactions will be carried out by a dedicated trained team. This arrangement is thought to be more efficient and will shorten transaction time. The final design of the central transaction center has not yet been decided.

### Acronyms

- BCP - Business Continuity Plan
- C4D - Communication for Development
- CAP - Consolidated Appeal Process
- CCCs - Core Commitments for Children
- CERF - Central Emergency Response Fund
- CHW - Community Health Worker
- CLC - Local Crisis Committees
- CLTS - Community Led Total Sanitation
- CMT - Country Management Team
- CO - Country Office
- CP - Country Programme
- CPD - Country Programme Document
- CPMP - Country Programme Management Plan
- DCT - Direct Cash Transfer
- DHSS - District Health System Strengthening
- DRC - Democratic Republic of the Congo
- ECHO - Humanitarian Aid and Civil Protection department of the European Commission
- ECOWAS - Economic Community of West African States
- EFP - Essential Family Practices
- EMOPS - UNICEF Office of Emergency Programmes
- EPF - Emergency Programme Fund
- ERW - Explosive Remnants of War
- EU - European Union
- FACE - Funding Authorization and Certificate of Expenditures
- FAO - Food and Agriculture Organization
- FCFA - CFA Franc
- GAM - Global Acute Malnutrition
- GBV - Gender-Based Violence
GDP - Growth Domestic Product
HACT - Harmonised Approach to Cash Transfers
HAU - Humanitarian Action Update
HCT - Humanitarian Country Team
HIV - Human immunodeficiency virus
HRBA - Human Rights Based Approach
ICT - Information and Communication Technology
IDP - Internally Displaced Persons
IP - International Professional (staff)
LQAS - Lot Quality Assurance Sampling Surveys
M&E - Monitoring and Evaluation
MCHIP - Maternal and Child Health Integrated Programme
MDG - Millennium Development Goal
MDM - Médecins du Monde (Doctors of the World)
MEL - Monitoring, Evaluation and Learning
MNLA - National Movement for the Liberation of Azawad
MRE - Mine Risk Education
NFI - Non-food Item
NGO - Non-Governmental Organization
NYHQ - UNICEF New York Headquarters
OFDA - Office of U.S. Foreign Disaster Assistance (USAID)
OMT - Operations Management Team
ORE - Other Resource Emergency
PARMO - Public-Sector Alliances and Resource Mobilization Office
PCA - Project Cooperation Agreement
PBA - Programme Budget Allotment
PBR - Programme Budget Review
PCR - Programme Component Result
PFP - Private Fundraising and Partnerships
PMT - Programme Management Team
REACH - Renewed Efforts Against Child Hunger and Undernutrition
RTIA - Real-Time Independent Assessment
SAM - Severe Acute Malnutrition
SMART - Standardized Monitoring and Assessment of Relief Transitions
SMG - Senior Management Group
SUN - Scaling Up Nutrition
ToT - Training of Trainers
USD - United States Dollars
UNDP - United Nations Development Programme
UNFPA - United Nations Population Fund
UNHAS - United Nations Humanitarian Air Service
UNHCR - Office of the United Nations High Commissioner for Refugees
UNICEF - United Nations Children’s Fund
UNOCHA - United Nations Office for the Coordination of Humanitarian Affairs
URTEL - Union of Independent Radio and Television in Mali
USAID - United States Agency for International Development
UXO - Unexploded Ordnance
VHF - Very High Frequency
WASH - Water, Sanitation and Hygiene
WCARO - West and Central Africa Regional Office
WFP - World Food Programme
WHO - World Health Organization
WinS - WASH in Schools
Lessons Learned

1 Remote Programming in North Mali

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Abstract

The adoption of remote programming by the Mali CO was necessitated by the rapid change from development to programming for a complex humanitarian situation and the removal of the Government from the north. Before the 2012 crisis UNICEF did not have field offices in the north of Mali, but the Government remained functional in the north and United Nations staff could conduct field missions. Since April 2012 all actions in north Mali have been conducted through NGOs or the private sector.

This lesson learned is shared to document how the CO has used Remote Programming given the potentially prolonged
nature of the emergency, and the relatively new aspects of remote programming in WCARO such as discussions on shared risk with donors, programme criticality, and remote field monitoring. The CO has drawn from the draft ‘Remote Programming in Humanitarian Action’ guidance document shared by Headquarters.

**Innovation or Lesson Learned**

The Mali CO application of Remote Programming in Mali has highlighted some key lessons:

**Programme Criticality**

While the programme criticality review conducted by the HCT was not fully put into practice by the other United Nations agencies, the review has de facto lead to the prioritisation of programmes by UNICEF in the north, with lifesaving actions paramount, as well as actions undertaken through international NGOs with established humanitarian experience.

**Partnerships and Coordination**

The rapid scale-up of remote programming has required scaling up partnership cooperation agreements with NGOs, many of which were either new to Mali or who have had to significantly revise their programming structure and modalities. UNICEF is the major partner for most of the main NGOs in the WASH, Nutrition and Health sectors in the north of Mali – barring the Red Cross and MSF (although MSF did have an initial agreement with UNICEF for supplies) – requiring the agency to have a consistent approach to sector development that reaches the most vulnerable populations where feasible.

The operations frameworks of some other United Nations agencies do not allow them to freely work with NGOs, and this has therefore required UNICEF to step in to lead health service delivery in the north in partnership with MDM and ALIMA – while the ICRC and MSF also have health interventions in the north. Without these NGOs there would be almost no health services in north Mali.

**Cooperation Agreements**

Given the reputational risk to UNICEF if humanitarian programmes in the north of Mali could not be scaled up quickly in the early stages of the emergency in 2012, the CO chose to use a pre-agreement form which fed into a more complete partnership cooperation agreement. This pre-agreement for a minimum level of NGO response capacity, as the Government was no longer present on the ground, allowed for the rapid scale up in humanitarian capacity. The CO decided that given the humanitarian imperative and the reputational risk, that there was less of a short-term risk in the use of this pre-agreement format as compared to the significant unmet need in north Mali. To further reduce this risk the CO also adopted a partnership strategy to work with international NGOs with an existing reputation to mount effective humanitarian programmes. From these international NGOs, UNICEF expects humanitarian capacity, M&E capacity including capacity for (contingency) rapid assessments, adoption and diffusion of the humanitarian principles, and a commitment to reinforce capacities of local NGOs and/or local institutions. For national NGOs, UNICEF has given preference to short-term interventions while they build up their humanitarian experience. However of the end of 2012 the CO is looking into working with national NGOs in the north, especially on revitalisation of health centres closed since the rebel takeover, and specific risk mitigation actions are being planned to build national NGO humanitarian capacities. These mitigation actions include partnerships with international humanitarian NGOs, gradual scale-up, and more regular disbursements of funds.

**Cross-Border Cooperation**

The Mali CO also hosted a Mali+3 inter-CO contingency planning session in Bamako at the beginning of December, at the time of the visit of the Executive Director and Head of EMOPS. The workshop conducted cemented the cross-border ties in humanitarian preparedness and response, including for Business Continuity Planning, Supply and Logistics, and coordination with common NGO partners. Key issues discussed included negotiations to be held with donors on shared risk and creating a West African network of UNICEF security specialists given the common risks across the Mali+3 countries. Regional level planning was also highlighted as crucial given the needs for coordination with common NGO partners who mount humanitarian actions across the affected countries and who already have programmes in north Mali supported by operations (including supply and training in Niger). The new child protection environment in the region will also require a paradigm shift in the way data is collected and reported from 2013.

Remote Programming has also required UNICEF to work across borders with partners including with the other UNICEF COs and with NGO partners to get access to some hard to reach areas of the north. This has placed UNICEF in a strategic position with the Government, donors and NGOs, as a coordinating body.

**Humanitarian Principles**

What worked in Remote Programming in 2012 was that rapid scale up of NGOs programmes under the common framework of the HCT ‘Operational Code of Conduct’ has ensured access of humanitarian programmes across north Mali. The application of the humanitarian principles has promoted common safety and security for NGOs in the north with no major security incidents linked to the humanitarian programme. It is important to note that there is no use of armed escorts by UNICEF supported NGOs. Under this Remote Programming framework, NGOs have continued to work well under cluster coordination, and the application of the WCARO Sword and Shield strategy to block cholera transmission saw the outbreak
Remote Programming in a complex operating environment also poses threats to the reputation of UNICEF with possible perceptions of the humanitarian programme being diverted. This risk was palpably demonstrated by the publication of newspaper articles criticising the UNICEF humanitarian response. An important lesson learned has been that while UNICEF has decided to keep a low profile in the early stages of the humanitarian response this has led to an incorrect media perception that UNICEF had scaled down. Therefore an improved engagement with local media will be adopted in 2013 with renewed explanation of how UNICEF applies the humanitarian principles in line with other humanitarian actors. This will involve inter-sectoral communication, and a focus on radios which have a wider coverage than newspapers in Mali.

**Due Diligence**

Due diligence has been central to putting strong partnerships in place and justifying the continuation of remote humanitarian programming to donors. Due diligence includes analysis of risk and mitigating factors to reduce risks and promotes best practice in NGOs and with NGO coordination.

Strengthening internal and external monitoring and evaluation capacity/systems is essential, particularly given the increased frequency of reporting for humanitarian performance monitoring. These additional monitoring actions have been important to get information to improve programme management, and have also been a key question of donors regarding the UNICEF oversight of humanitarian programmes in the north. All NGOs are now required to report monthly against the set of standard Humanitarian Performance Monitoring (HPM) indicators, allowing regular monitoring and providing information for management decisions. The CO has ensured that all NGO partners have included dedicated M&E capacity in their PCAs, paid for by UNICEF where required. All NGO partners are members of the one or more UNICEF led cluster, and the coordination and information management capacity of the clusters has been reinforced to collect data on partners’ results/activities. Field monitoring through Third Party Monitoring organisations has allowed UNICEF to have eyes on the ground to monitor NGO programme implementation in north Mali - Mali is the only country in the region using Third Party Monitoring. The CO has recruited two Third Party Monitoring organisations each covering two regions in the north of Mali.

UNICEF has also worked with a network of community leaders to gather information on social conditions and human rights in the north – many of these community leaders now undertake some functions previously managed by local government in their areas. UNICEF has provided these leaders with training on child protection issues and simple monitoring procedures. The Child Protection section has been in regular contact with this network of leaders principally to collect information on child rights issues such as mine accidents, separated children and GBV. However, as these leaders are volunteers and do not belong to formal institutions, UNICEF has no formal agreement with them. This has made data quality verification complex and has also lead to some lack of motivation on the part of the local partners.

**Critical Challenges**

Remote Programming partners have not yet been found for all areas of the UNICEF programme with Education and Child Protection particularly lacking partners in the north

**Potential Application**

As the Mali+3 humanitarian preparedness and response process is enriched in 2013, the experiences from 2012 must be built upon. Remote Programming is not new to UNICEF, but its application is new in Mali, and has consequences on how neighbouring countries will plan their programmes in 2013. The principles – Humanitarian Code of Conduct, international NGOs supporting national NGO humanitarian capacity, regional supply routes, and Third Party Monitoring – upon which Remote Programming in Mali are based upon must be understood to serve as a common base for UNICEF and NGOs in 2013. This is essential as Mali has not been a country requiring humanitarian action from UNICEF prior to 2012. Therefore there is a need to: i) Build up humanitarian partnerships in Mali (UN, NGOs, donors) to meet the response gap; and ii) Document lessons learned from Remote Programming in Mali for its possible application in other areas of West Africa if such instability eventually affects other countries in the sub-region.

**Issue**

For years northern Mali has been insecure. However, since the takeover of north Mali in 2012, United Nations personnel are no longer able to physically work in the region and the Government is no longer present. NGOs can no longer safely send international personnel, particularly non-Africans, to the north. Therefore UNICEF has adopted Remote Programming in north Mali, working through NGOs and third party organisations for delivery and monitoring of programmes. Given the breakdown in services and the catastrophic impact on people’s lives, the humanitarian imperative compels the United Nations and NGOs to respond despite the complex operating environment.

**Strategy and Implementation**

The choice to apply remote programming was taken in consultation with the HCT, building upon an initial risk and programme criticality review. UNICEF rolled out Remote Programming with initial focus on building partnerships with international NGOs where they were
on the ground, and national NGOs where they were not (but with more rigorous risk analyses and mitigation measures). To accelerate early implementation, short-term pre-accords were signed with NGOs which were then built into full partnership agreements. NGOs work in the north under the Humanitarian Code of Conduct, maintaining a low profile and often working through local partners. Several major international NGOs have newly established humanitarian capacity in north Mali. UNICEF works with international NGOs to support national NGOs humanitarian capacity development to expand services and reinforce contingency capacities. Decentralised logistics capacity has been put in place through the private sector and NGO partners, including through NGO liaison with local crisis committees to promote supply security.

To monitor programme implementation UNICEF has worked through NGOs’ internal capacities, established Third Party Monitoring in each of the insecure regions, worked through community based networks and conducted targeted surveys. UNICEF hopes to promote cluster coordination across the north through NGOs from 2013.

**Progress and Results**

Following the takeover of the north by rebels the Government no longer supported social services. All of the UNICEF humanitarian results in north Mali, from March 2012, were therefore due to the application of remote programming through NGOs, as neither UNICEF nor the Government have had access to the north. The application of the WCARO Sword and Shield strategy for cholera response and containment in Gao region was entirely put in place through NGOs and all nutrition response in north Mali was implemented through NGOs. Since the crisis, many humanitarian NGO partners have either opened or scaled up programmes in Mali.

A few of important lessons were: i) With immediate needs particularly for cholera response, pre-agreements were used which allowed the rapid disbursement of initial funding and supplies to partners; ii) To minimise risk the Logistics section sent trucks to the north one-by-one and all distribution has been announced to local crisis committees in advance, with no military escorts used; and iii) Remote Programming scale-up was limited by availability of humanitarian partners with capacity and experience, with needs larger than the response capacity. For example, an estimated 50 per cent of health centres were closed after the rebel takeover.

**Next Steps**

The CO will require support from Headquarters and the West and Central Africa Regional Office to:

- Advocate with NGOs to scale up their humanitarian capacity in Mali;
- Advocate with donors to continue humanitarian financing despite the instability, and to share risks in Remote Programming (with the application of risk analysis and due diligence); and
- Provide surge support, including supporting the conduct of a light lessons learned exercise based upon the application of lessons learned in 2012.