Executive Summary

Mali is in the midst of a transition toward stability and reconciliation. Democratic elections led to the inauguration of a new Government and La Mision multidimensionnelle intégrée des Nation Unies pour la stabilisation au Mali (MINUSMA) was established pursuant to United Nations Security Council Resolution (UNSCR) 2100. However, the situation remains highly volatile, with the continued presence of armed groups, insecurity and lack of functioning basic social services in the North. The effects of a pre-existing food and nutrition crisis are looming in the rest of the country.

Mali Country Office (MCO) has strived to find a balance between the humanitarian response in conflict-affected areas and development-oriented work to support the Government and sustain peace dividends in the long-term. This was achieved by reinforcing MCO presence both at national and sub-national levels. The Back-to-School initiative for the 2013-14 academic year was a major achievement. It targeted 800,000 children, of which MCO supported 500,000 directly affected by the crisis with a package that included student and teacher manuals on core subjects, teachers training and social mobilization. Some 800,000 crisis-affected people were supplied with temporary access to chlorinated water. The cholera outbreak in May was quickly brought under control with MCO helping the Government to mobilise resources, providing water purification tablets, hygiene kits and hygiene promotion to stop the outbreak within weeks. MCO advocated for the signature of a protocol for the release and transfer of children associated with armed groups and forces and an inter-ministerial circular outlining Government commitment to the prevention of child recruitment.

The volatility of the security situation in the North was a constant challenge that hampered quality and timely delivery of life-saving supplies but also pushed MCO to engage in a series of innovative partnerships with national and international non-governmental organizations (NGOs) and community based organizations (CBOs) for the implementation and monitoring of activities. Ongoing military operations in support of the Malian military by the French Opération Serval and MINUSMA increased challenges to access humanitarian space for MCO. Maintaining neutrality was a paramount objective, along with the security of staff and partners. Lack of adequate funding prevented the scaling-up of an integrated response to the nutrition crisis— an estimated 660,000 children under-five were affected by severe malnutrition in 2013.

The establishment of MINUSMA offered MCO opportunities to strengthen UNICEF’s comparative advantage in Mali. MCO advocated for the establishment of the Country Level Task Force for the Monitoring and Reporting Mechanism for UNSCR 1612, which is jointly chaired by the DRSG/RC/HC and the UNICEF Representative. Local Memorandums of Understanding (MoUs) were signed with the World Food Programme (WFP) and the World Health Organization (WHO) to ensure complementarities of agency response plans and to reach a common understanding on crucial issues such as programme criticality, Do No Harm approach, and humanitarian space. Renewed Efforts Against Child Hunger and Under-Nutrition (REACH) was the major framework for nutrition interventions, with MCO providing technical support to a costing exercise undertaken by the REACH initiative and providing technical support to a costing exercise for the Multisectoral Plan on Nutrition.

Country Situation as Affecting Children & Women

In 2013, women and children in Mali continued to bear the brunt of a complex crisis brought on by overlapping political, security and social challenges. French and African military operations against armed groups and forces continued for most of 2013 in northern Mali, with the French military launching a targeted offensive operation in the three northern regions starting in January. In July a UN peacekeeping mission was established through UNSCR 2100, creating the United Nations Multidimensional Integrated Stabilization Mission (MINUSMA). In tandem with these military efforts to help Mali regain its territorial integrity and move toward peace and reconciliation, Presidential and legislative elections were held. Mr Ibrahim Boubacar Keita was elected as the new President, Mr Oumar Tatam Ly as Prime Minister and a new 34-member Government was put in place.

Mali continued to show accelerated urbanization, migration, resurgent conflict, fragile democracy, climate change (flooding, drought and desertification) and vigorous demographic transition, all of which significantly
increased strain and vulnerability of the population overall and for children in particular.

In 2013 Mali ranked 182 out of 187 countries and territories in the UNDP Human Development Index, making it among the least developed countries in the world. Mali has a high population growth rate of 3.6 per cent per year, which is sustained by a high fertility rate of 6.6 children per woman (Mali DHS 2006). Estimates point to an increase in the number of poor Malians from 43.6 per cent in 2010 to 46.1 per cent of the population by end 2012, or a population increase of 7.2 million poor (46.3 per cent in the south, 44.3 per cent in the north, Mali PRED, 2013). More than one third (35 per cent) of children ages 5-17 are deprived in at least three dimensions of child wellbeing: sanitation, nutrition and education (Mali MODA 2013; not published). Efforts to reduce poverty and child deprivations have made limited headway due to poor economic performance (5 per cent GDP growth expected in 2013 against minus 1.2 per cent in 2012) as compared to population growth (3.6 per cent) (Mali Population Census, 2009).

Data from the Mali DHS 2012 revealed that the under-5 mortality rate dropped sharply from 176/1,000 to 128/1,000 (2013 IGME estimate), while negative trends were recorded for key determinants, namely immunization, malnutrition, and skilled birth delivery (with only 55 per cent of women having a skilled professional at childbirth). Only 39 per cent of children ages 12-23 months were fully immunized (compared to 48 per cent from the 2006 DHS and 58 per cent from the MICS 2010). Stunting among children under-5 (38 per cent) is not regressing, with 4 out of 6 regions having a stunting prevalence higher than 40 per cent. While the percentage of under-5 children sleeping under insecticide treated bed nets increased from 36 per cent to 73 per cent (DHS 2012), the prevalence of malaria (one of the primary cause of morbidity and mortality for children under 5 and pregnant women) remained as high as 52 per cent. These discrepancies in data demonstrate weaknesses in sector-wide statistical systems.

There have been improvements in education, but many gaps remain. The net enrollment ratio in primary school has increased by more than 15 percentage points from 2006 to 2010 (MICS 2010). The conflict affected an estimated 200,000 out of 560,461 school-aged children who remained in the north, and who lost the 2011/2012 academic year. (Education Cluster, 2013). The coverage of early childhood education is only 10 per cent. UNICEF’s out-of-school study showed that half of children never enter school and only 30 per cent complete the full primary cycle (Mali Country Profile: Maternal, Newborn & Child Survival, 2012). Fifty per cent of new entrants in primary school are over the age of ten, while the official age to begin attendance is seven. Mali also has one of the lowest parity indexes of the region (0.8). Some one million school-age children from the poorest households, urban slums and nomadic areas still almost completely excluded from any formal education (UNESCO UIS, 2012).

In many social sectors, disparities remain high, with greater inequalities between urban and rural communities. Of the 20 per cent poorest proportion of the population, one in three still practice open defecation. Child mortality is nearly three times higher in the least effective region (Ségou) compared to the capital city Bamako. The ratio of skilled attendance at birth is 2.5 times higher for the richest quintile as opposed to the poorest (Mali Country Profile: Maternal, Newborn & Child Survival, 2012).

Child protection remains a serious concern. Grave violations committed against children continued to be reported, particularly in the northern regions, where some children remain associated with armed groups and forces, including “self-defence” militias. According to partner organizations, children formerly associated with armed groups and forces continued to return spontaneously to their homes and communities in 2013. Armed groups allegedly perpetrated rape and other incidents of grave sexual violence against children and women.

Lack of access to basic social services continued to be of concern nationally, but especially in the North. A Government effort to facilitate the return of local administration to Gao, Timbuktu, Mopti and Kidal is still in its early stages. UNICEF continued to provide both routine and life-saving supplies across the country, contributing to several major immunization efforts (polio, malaria, and measles) and supplement campaigns across the country, and to support a national Back to School campaign. To address bottlenecks at policy level, UNICEF contributed to the development of new ten-year sectoral plans in the sectors of education, health, and nutrition and Water, Sanitation and Hygiene (WASH) and to a national policy for the promotion and protection of children.
Country Programmeme Analytical Overview

In 2012 (the final year of the 2008-2012 Country Programmeme), there was a dramatic shift from a development-oriented programme, led by sector strategies, to a programme with a more distinct humanitarian focus. The complex emergency situation faced by Mali prompted a thorough shift in the MCO programmematic focus, objectives, strategies, staffing and resources. Within that context, and to respond to the needs of a Level 2 situation, MCO submitted an amendment of its Country Programmeme Management Plan (CPMP) to cover a two year extension of the Country Programmeme (CP) from 2013-2014. This amendment was needed to streamline the humanitarian response in the CP and to reinforce UNICEF’s presence at the subnational level to ensure the delivery of sustainable results for the most vulnerable children and women.

In 2013, paramount attention was given to three priorities areas: nutrition, child protection and education. Those priority areas stood out as both urgent in the short term (to fulfil the Core Commitments for Children [CCC] in Emergencies) and essential to the progressive and full realisation of children’s rights in the long term. MCO committed to scaling up nutrition and filling the gaps in child protection and education where progress was stagnating and where new concerns were emerging as a direct result of the crisis.

A Social Policy unit was created to support the policy agenda (including the integration with MINUSMA, peace-building and post-conflict recovery) and system-building for social protection. An External Communication unit was created to support MCO’s focus on strategic partnerships with Government, donors, the private sector and CSOs.

MCO programmeme’s approach in 2013 focused on a combination of three integrated strategies: immediate and rapid response to humanitarian needs; building people and communities’ resilience and reinforcing service delivery systems; and commitments for peace-building to ensure post-transition recovery.

MCO renewed its field presence through the creation of new field offices in areas with low outreach and major child deprivations: Sikasso, where levels of stunting are among the highest in the world; and Gao and Timbuktu, to cover the three northern regions affected by the crisis. The zonal office of Mopti was reinforced to serve as a backbone in case operations became difficult in the North. MCO phased out offices in the regions of Ségou and Koulikoro, which now receive direct support from Mopti and Bamako, respectively.

Humanitarian Assistance

Humanitarian action in 2013 focused on building capacity of the Government and partners to restore basic social services, including health, nutrition, WASH, education and child protection, in conflict-affected areas. To effectively address the structural causes of the nutrition crisis countrywide, MCO strategically integrated a multi-sectoral approach. MCO also supported the Government in responding to natural disasters and epidemics, including the cholera outbreak in the Gao region and floods in Bamako and other regions that affected more than 25,000 people (Humanitarian Needs Overview, 2014). As cluster lead agency, UNICEF ensured effective coordination in nutrition, WASH, education and the sub-cluster on child protection at national and sub-national levels. UNICEF-led clusters were guided by common programme objectives defined by the 2013 Consolidated Appeal Process (CAP). Through country level MoUs, MCO strengthened partnerships with WFP and WHO to create better synergies in humanitarian action. In coordination with MINUSMA and other partners, a monitoring and reporting mechanism (MRM) on the six grave child rights violations was established, as stipulated by UNSC Resolution 1612.

Effective Advocacy

Partially met benchmarks

MCO has advocated that care for vulnerable children and women are at the core of Government policy. MCO continued to advocate for the protection of vulnerable children throughout the crisis, including for the protection and reintegration of children associated with armed groups. MCO is working with the Government of Mali, MINUSMA, the International Committee of the Red Cross (ICRC), and implementing partners for the protection and release of children formerly associated with the armed groups.
On 7 February 2013 an inter-ministerial circular was signed by several Government ministries that outlined their commitment to the protection and reintegration into the family of children released from Forces and Armed Groups, and noted that military, political, administrative authorities and community leaders were committed to the protection of those children. On 1 July 2013, the Government of Mali and the United Nations signed the Protocol on the Release and Transfer of Children Associated with Armed Groups and Armed Forces, which highlights the responsibility of the Government of Mali to transfer children associated with armed groups to either the Social Services Department or to UNICEF within 48 hours.

The MCO Nutrition programme increased advocacy efforts in support of the Infant and Young Child Feeding (IYCF) programme through its partnership with the Ministry of Health. Advocacy at the representation level was also used in meetings with Technical and Financial Partners (PTF) and at the high-level international conference in Brussels to support the development of Mali, which was attended by key Government officials and representatives from MCO. As a result, IYCF was scaled-up at the national level through the National Strategy for Food Security and Nutrition.

An informational breakfast on the Back to School initiative and the launch of the Back to School campaign in Timbuktu were organised to reinforce and maintain the partnership between MCO and the Ministry of Education and education was reinforced as a priority for the Government agenda. This was emphasised to key partners in the follow-up meeting to the Brussels Donor Conference.

**Capacity Development**

*Partially met benchmarks*

In 2012 MCO focused capacity development efforts on ensuring that key partners developed skills to respond to the needs of children affected by armed conflict and other vulnerable children. MCO supported capacity development through a combination of approaches, linking the response to emergency needs to the establishment of systems and processes to sustain resilience and form the basis for a well-structured response to the needs of vulnerable children (boys and girls) beyond the emergency.

The following trainings were conducted to build a foundation for the response to emergencies: results-based management, M&E (20 participants), Community Led Total Sanitation (CLTS) and WASH in Schools project implementation (486 people, including NGO staff and Government technical services staff), training of teachers in Koulikoro and Sikasso on hygiene promotion in the classroom (30 national trainers, 126 regional trainers, and 1,295 school teachers in 251 schools).

A total of 525 people, including social workers, teachers, civil servants, CBOs and NGOs, were trained in the prevention of and response to risks associated with mines and explosive remnants of war (ERWs). More than 1,000 health staff, social workers, civil servants, community leaders and CBO members were trained in the fundamentals of awareness-raising and gender based violence (GBV), the referral pathway, case management and service delivery for survivors.

A Training of Trainers (ToT) on interpersonal communication and promotion of key family practices (KFP) in the sectors of health, nutrition, WASH, education, child protection, intercommunity tolerance and advocacy was organized for NGOs and Government partners who subsequently conducted awareness raising at the community level for a group of 3,737 community workers.

**Communication for Development**

*Mostly met benchmarks*

Communication for Development (C4D) interventions were hampered due to access limitations in the North, which exacerbated existing challenges associated with social norms that are not always favourable to child rights. This was evidenced in all sectors by the surge in the number of children without birth registration, out
of school, enrolled in armoured groups, separated or abandoned, or who were denied their right to play, to be vaccinated, and to be supplied with anti-retroviral medicine for those with AIDS.

To overcome the bottleneck caused by a lack of baseline data, two small scale studies were conducted in Bankass (in Mopti) and Yoroso (in Sikasso) districts. A quantitative Knowledge, Attitudes and Practices (KAP) study on IYCF was completed. Data collection for a qualitative study on determinants of malnutrition at year’s end. A KAP survey was also conducted among urban populations to assist with the development of communication strategies for the introduction in early 2014 of the vaccine against the Rotavirus, the leading pathogen implicated in moderate and severe diarrhoea in children 0-5 years in the district of Bamako (as per recent hospital monitoring data).

Achievements can be summarized in three main areas. First, the capacities of 3,737 frontline workers and 47 members of regional socio-health teams were reinforced on participatory approaches of KFP in the areas of health, nutrition, hygiene and sanitation, education and child protection. Second, MCO supported key communication structures severely affected by the crises through the provision of transport. Four regional rural radio stations and the Directorate of Rural Radio received a vehicle to support their public outreach strategies, and local social development services in 60 districts received motorcycles for C4D activities monitoring purposes. Third, local partnerships and local communication were strengthened to promote KFP. A joint formal engagement was signed by the three major religious congregations and local groups. As a result, 264 imams and preachers agreed to focus sermons on essential family practices (EFP), 90 Catholic priests and nuns gave weekly homilies and group talks on the same subjects, and 600 key community leaders were mobilized in support of EFP, further supporting efforts to enable behaviour change in this regard.

**Service Delivery**

*Mostly met benchmarks*

MCO focused on addressing key bottlenecks for service delivery for deprived communities, with an emphasis on those affected by the conflict. MCO also continued to provide routine and life-saving services to children and women across the country.

In northern regions, the establishment of a UNICEF presence in Gao and Timbuktu (a zonal office and satellite office respectively) improved coordination among partners in service delivery. More than 800,000 people (mostly in conflict-affected areas) benefitted from access to chlorinated water, which was facilitated through UNICEF zonal offices. With support from MCO presence in the North, technical and financial support was provided for the rehabilitation of health centres, which has resulted in 65 health centres out of 92 in Gao (70 per cent) and 55 out of 81 in Timbuktu now functioning and providing quality, basic health services to women and children. The Back to School campaign allowed 500,000 school-age children affected by the complex crises to return to school. In the area of child protection, victims of sexual violence received a holistic package of services, and children formerly associated with armed groups and forces were provided with family tracing, reunification and reintegration into their families and communities of origin.

Across the country, MCO supplied vaccines to strengthen routine immunisation efforts and prevent vaccine shortages, helping to avoid outbreaks of preventable diseases. Immunisation efforts also helped ensure Mali maintained its “polio free” status. The capacity of Mali’s central cold room was reinforced with a monitoring system to ensure the quality of vaccines and the cold chain was reinforced through the provision of 120 solar refrigerators, 25 electric refrigerators and 25 electric freezers, mainly in the northern regions where most health centres had been looted. Some 330 motorbikes were provided to boost immunization initiatives in remote areas. MCO also continued scaling up the ICCM strategy and CLTS approach to reach the most deprived children. At least 20 per cent of malaria, pneumonia and diarrhoea cases were effectively managed by 2,215 community health workers (CHWs). Some 769 villages reached the “FéDAL” status, which indicates an end to open defecation in those villages. More than 92,000 malnourished children were treated (43 per cent of the annual target), as compared to 30 per cent in 2012, with no in-country shortage of RUTF, although there were operational ruptures at some health centres.
**Strategic Partnerships**

*Mostly met benchmarks*

A Partnerships Strategy for Resource Mobilization and Leveraging was developed for MCO to mobilize and leverage resources and sustain and expand positive partnerships, with a focus on reaching the most vulnerable children. Funding for the development programme was strongly supported by Canada, France, and United Arab Emirates, and by various National Committees (NatComs) before the crisis. MCO benefited from new partnerships with the European Commission and Netherlands – and a significant expansion of the partnership with Canada. New donors for emergency projects were overwhelmingly public sector partners: ECHO, Japan, Spain, CIDA, Australia and DfID all contributed substantially during the crisis phase.

The temporary suspension of official development assistance (ODA) to Mali by all development partners in 2013 inspired several prominent development partners to implement through UN Agencies, including UNICEF, resulting in a significant jump in development-oriented resources during the crisis period. That funding will no longer be available in 2014 and a more aggressive resource mobilization campaign by MCO is planned.

MCO started to reinforce partnerships with key actors to ensure project implementation. For child survival, MCO worked with the Ministry of Health, WFP, ACF and ECHO to strengthen monitoring of malnutrition and the availability of reliable data in high-risk regions in Mali. MCO also collaborated with the Ministry of Health and WHO for a joint implementation of the cold chain and logistics system, which is crucial to improve immunization coverage. MCO established partnerships with NGOs, including Handicap International, OXFAM, and ACF for WASH efforts, particularly among the marginalized groups in high-risk regions.

MCO actively contributed to the revitalization of the education sector through its joint initiative with the Ministry of Education for the Back to School campaign, ensuring the return of children to school in a safe environment. The campaign provided an opportunity for MCO to reinforce its partnership with the authorities and expand partnerships with the NGOs Save the Children, IRC, and Plan International.

**Knowledge Management**

*Initiating action to meet benchmarks*

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

In line with the strategic orientations of the current country programme document (CPD) and rolling work plans, a human rights based approach to programming and the UNICEF core commitments for children (CCCs) remained vital frameworks of reference to uphold the rights of crisis-affected children and women. In 2013 MCO continued to work with governmental, NGO and CBO partners to increase their understanding of children’s and women’s rights and the international legal instruments to protect them.

To provide better results for children and women, MCO worked to strengthen the capacities of duty bearers and rights holders, including institutions, communities and individuals. In 2013, MCO increased its community based programming through initiatives with C4D that worked with community and religious organizations, community radios and the mayor’s association regarding KFP and inter-community tolerance. MCO, along with UNOCHA participated in a training of key media journalists on humanitarian principles, including children’s rights.

Successful health and WASH community based programmes such as community based healthcare and CLTS allowed communities to understand their rights, claim them and act on them with positive dividends to
decrease morbidity and mortality. MCO re-launched its partnership with the Government in support of the Children’s Parliament, which participated in advocacy activities linked with the Presidential elections. MCO contributed to trainings for MINUSMA peacekeepers and Malian military personnel, conducting sessions on children’s rights.

In support of Human Rights mechanisms, including the Additional Protocol on the Involvement of Children in Armed Conflict and UNSCRs 1612, 1882 and 1998, MCO and partners launched a national campaign on prevention of child recruitment. As a lead agency in responding to and preventing GBV, UNICEF is committed to the implementation of the monitoring, analysis and reporting arrangements (MARA) (UNSCR, 1960), which strengthens accountability regarding crimes of sexual violence.

To ensure that communities were receiving appropriate life-saving assistance in areas where access was limited due to security constraints, MCO partnered with two local NGOs and trained them on third-party monitoring in the North. Throughout 2013 MCO was able to obtain information consistently through third-party monitoring and through monitoring from zonal offices and partners. This approach allowed communities to provide feedback on the appropriateness, timeliness and quality of services or good provided with MCO funding.

Gender Equality

*Partially met benchmarks*

Gender inequity, stemming from gender adverse social norms and unequal power relations, remains a primary challenge in Mali. Despite the Government’s adoption of a National Gender Policy in 2010, [1] women and girls continue to face violations of fundamental rights and remain under-represented in most spheres of influence. The country ranks 86 out of 86 in the Social Institutions and Gender Index (2012) and 143 out of 146 in the Gender Inequality Index (2011).

The crisis in Mali affected women, girls, boys and men differently, placing strains on their ability to cope and exacerbating pre-crisis gender inequalities such as early marriage (MICS 2010). There is limited gender sensitive data available, but MCO has obtained information that women and girls faced a higher risk of forced marriage and sexual violence, while boys were more at risk of recruitment and use by armed groups.

To address these issues, MCO is working with Government and civil society to influence legislative reform, on risk reduction through mobilisation of community members. This effort includes influential people at the local and national level to challenge gender-adverse social norms and support response mechanisms to mitigate the consequences of gender inequity.

Throughout all stages of the programme cycle, MCO has taken into account the specific needs and capacities of women, girls, boys and men. In areas where it is only socially acceptable for men to speak in public forums, MCO and partners held separate discussions with women to hear their views and ensure their participation in the design and implementation of activities.

MCO made efforts to improve gender sensitivity in programmeing through evidence based studies. For example, a girl’s lack of attendance in school during her menstrual cycle has an impact on her school performance. To better understand this issue, MCO is supporting Save the Children and Emory University to conduct a study[2] on menstrual hygiene management in schools, which will better inform both the education and WASH sectors on how to meet the needs of girls to encourage regular attendance in school.


[2] Results of the study will be available in early 2014.
Initiating action to meet benchmarks

An Environmental Management Plan for a WASH programme devised in 2013 as part of a CIDA grant identified a series of possible environmental impacts as well as their corresponding mitigation actions. Overall, deterioration of water quality and quantity, inappropriate/unsustainable technological options, inappropriate disposal of waste as well as open defecation were identified as among the major environmental and climatic issues that prevent vulnerable communities in fragile environments such as Mali from realizing their rights to access social services. As such, environmental sustainability is a key underlying principle for implementation of programmes in the WASH and Health sectors.

Within this context, MCO supported the Government to scale up implementation of the CLTS approach to reduce surface water and ground water contamination through the reduction of indiscriminate open defecation. An ongoing CLTS impact study is assessing the environmental impact of behaviour change related to excreta and solid waste management in villages. This study is likely to provide an additional evidence base for the positive environmental impact of CLTS. A pilot programme on manual drilling is also being implemented which, if successful, will introduce a low-cost and environmentally friendly technical solutions for water supply.

MCO has also supported the use of renewable energy technologies, such as solar refrigerators, in the national vaccine cold chain system. These solar refrigerators are efficient, low maintenance and environmentally friendly as compared to kerosene or electrical refrigerators. Measures also were taken to ensure proper disposal of medical waste during vaccination campaigns at the national level as well as to support the proper management of biomedical waste at the health centre level.

Mali is extremely vulnerable to climate change. MCO supports the Government to strengthen climate change management in Mali, including through capacity building of senior representatives from the Ministry of Water and Sanitation to promote the commitment of national stakeholders to adopt appropriate policies and strategies. MCO funded the participation of a Government of Mali representative to the Warsaw Climate Change Conference in November 2013.

South-South and Triangular Cooperation

MCO initiated a learning trip to Chad to better understand manual drilling practices implemented there. Manual drilling is an innovative water supply technology that is currently being piloted in several countries of the Global South, including Chad, which has successfully adopted and disseminated it. MCO, in collaboration with the Practica Foundation and UNICEF Chad, supported three members of the Mali Water Directorate, as well as an MCO staff member, to visit Chad from 30 November to 9 December 2013. The trip fostered knowledge exchange between water governmental technicians from four countries of the region and helped to promote the appropriateness of manual drilling by examining Chad’s successful example. This initiative inspired other WCARO offices, including Guinea (3 members of the Water Directorate and 1 member of UNICEF) and Central African Republic (1 member of the Water Directorate) to join the trip.
### Narrative Analysis by Programmeme Component Results and Intermediate Results

#### Mali - 2760

**PC 1 – Child Survival**

**On-track**

**PCR 2760/A0/03/009 IIR 4.3** Children have continued access to basic quality education throughout the country.

**Progress:** During 2013, the Health and HIV programme of the Child Survival Section was focused on contributing to the scale up of high impact interventions, backed up by support to sound policy planning. Available data from January to October 2013 indicate that:

- In the Essential Community Health Programmeme, a total of 160,548 cases of childhood infections (malaria, diarrhoea and pneumonia) were treated by CHWs.
- More than 200,000 children (> 95 per cent) were administered treatment under the Seasonal Malaria Chemoprevention, an innovative malaria control strategy in four new districts, with preliminary anecdotal reports already suggesting a very significant fall in malaria cases.
- Routine immunization coverage was strengthened in underperforming districts, leading to a current national estimate of 91 per cent for Penta 3, and 91 per cent for measles. The TT coverage stands at 94 per cent.
- Support for maternal and neonatal health services was strengthened with supplies and capacity building, contributing to 39 per cent coverage of ANC3 and skilled delivery at 46 per cent.
- There were still 309 PMTCT sites functional, despite the setback of the conflict, resulting in the testing of 48.7 per cent of pregnant women. UNICEF supplied more than 100,000 testing kits in 2013. An estimated 93 per cent of children born to seropositive mothers were placed on ARV treatment.
- As part of the emergency response in the north, a total of 53 health facilities supported by UNICEF carried out more than 130,000 general consultations in seven months and more than 1,300 skilled deliveries.

Despite these contributions, the utilization of health services still remains poor in Mali (less than 0.5 new consultations per inhabitant), and there are persistent significant access and quality gaps in service delivery. The DHS 2012 and the UN 2013 estimates indicate a significant drop in under-five mortality, with the country descending to the eighth position from the third in under five (US) mortality ranking. According to the DHS 2006, the estimate of maternal mortality is still high, at 464 per 100,000. More efforts are needed at this point to control the HIV epidemic, with a prevalence of 1.3 per cent in the general population and 2 per cent among pregnant women. The need is even more crucial due to the additional risk factors associated with the conflict and displacement of populations in the north. There is still much to be done by the Government and partners in Mali if the country is to stand any real chance of achieving the MDGs in health.

**On-track**

**IR 2760/A0/03/009/001** By the end of 2012, 300,000 children from 0 to 5 years, from the most vulnerable areas, are receiving an essential care package at the community level.

**Progress:** This IR was mainly achieved through the scale up of the "Essential Community Health" programme in the five southern regions of Mali. These essential health services are a package of proven preventive and curative health services that are directly implemented within communities by Community Health Agents (CHAs).

The implementation of this programme in 2013 by 1,847 CHAs directly resulted in the provision of treatment against 95,209 cases of malaria, 33,899 cases of diarrhoea and 31,440 cases of pneumonia. More than 200,000 children between the ages of 3 months and 59 months were administered a preventive dose of antimalarials during the peak transmission rainy season in four pioneer districts. This was part of UNICEF’s contribution to the implementation of the innovative malaria prevention strategy, Seasonal Malaria Chemoprevention (SMC).

Advocacy for the strengthening of local government collectives led to the successful conclusion of a collaboration pact between the FENASCOM and the AMM to work toward promoting the sustainability of the ECH programme.

The preliminary feedback from an external evaluation of the ECH programme conducted in 2013 concluded that:

- The supervision of the CHAs by their first level supervisors remains a major challenge, corroborating the Lot Quality Assurance Sampling (LQAS) survey conducted with UNICEF assistance in early 2013.

- There were no major stock outs of essential medicines in 2013, except for the artificial scarcity of ACTs observed in some districts where medical stores had sufficient medicines. The evaluation recommended that the capacities of more staff at the health facility level be strengthened to boost the pool of available supervisory staff, and the consolidation of ongoing efforts to enhance the sustainability of the programme.

**On-track**

**IR 2760/A0/03/009/002** By the end of 2012, at least 80 per cent of children under five and particularly vulnerable pregnant women, are protected against the target diseases of ENP and benefit from IMCI, including in emergency situations.

**Progress:** In 2013 MCO engaged more actively with Government to reinforce the performance of vaccination programmes. The
following key results were achieved:

- Assistance was provided for the annual analysis of district performances and the underlying bottlenecks to improve the focus of the RED Approach. This support contributed to coverage for Penta 3 and Measles in children under the age of one of 91 per cent and 88 per cent, respectively, between January and October, and a 94 per cent coverage for TT in pregnant women.

- A catch up campaign against measles was implemented in the six communes of Bamako, reaching 1,033,335 children under 14 years, to prevent the risk of a generalized epidemic in 2014.

- Some 1,369,920 women of child bearing age were vaccinated with the TT vaccine in 22 high risk districts under the maternal and neonatal tetanus elimination programme.

- Three rounds of National Immunization Days against poliomyelitis were organized, reaching 6,821,742 children under five.

- Vaccination catch up campaigns were conducted in the three northern regions, in which 340,657 under-five children received various EPI antigens, and 245,815 women were vaccinated against tetanus.

- The quality and capacity of the national cold chain was reinforced at all levels. At year's end, a total of 140 solar, electric refrigerators and freezers are being installed across the country, in addition to two 30 m3 Cold rooms at the central level.

These results do not mask the fact that the overall situation in the country with regard to the control of vaccine preventable disease still remains worrying, with an aging cold chain and the need to virtually reconstruct the vaccination programme in the north. This means that the potential risks of outbreaks of polio and measles, among others, will still continue to hang over the country in 2014.

**Constrained**

**IR 2760/A0/03/009/003 SURV-IR1.3** By the end of 2012, at least 80 per cent of pregnant women and 80 per cent of exposed children are able to access PMTCT services and paediatric care including in emergency situations.

**Progress:** In 2013, emphasis was placed on the delivery of the minimum package of maternal and neonatal health services, in order to contribute to mortality reduction in these two vulnerable groups.

At the Upstream level, the reproductive health situation analysis was completed by the Ministry of Health (MOH) with the support of UNICEF and other partners, leading to the preparation of a new strategic plan for reproductive health 2014 – 2018, which specified the needs for the expansion of Emergency Obstetric and New born Care (EmONC) services across the country for the next five years. Reports from the Regional Health Directorates indicate that the number of functional EmONC in the country has stagnated at 161 (54 Comprehensive and 107 basic sites). UNICEF is contributing to the improvement of the quality of service delivery in those EmONC sites by delivering medical equipment worth more than US$800,000 to 41 sites.

Partial data available from the HMIS for the first half of 2013 (five southern regions and Bamako) indicate an ANC3 and skilled delivery performance of 39 per cent and 46 per cent, respectively, with a caesarean section rate of 2.5 per cent, just below the expected benchmarks for the year. For those same regions, significant maternal and child mortality incidents were reported (187 maternal deaths, 617 newborn deaths before the end of the first week of life, and 4,472 still births) due to the underperforming referral systems for the management of complications.

The regions of Sikasso and Segou continue to record the majority of those deaths. Further work is being planned with local partners in those two regions to better understand the bottlenecks and existing challenges in order to implement appropriate measures. UNICEF will also work to build the capacity of implementing partners in the conduct of maternal mortality audits and to build the capacity on availability of quality equipment.

**Constrained**

**IR 2760/A0/03/009/004 SURV-IR1.4** By the end of 2012, at least 80 per cent of pregnant women and 80 per cent of exposed children are able to access PMTCT services and paediatric care including in emergency situations.

**Progress:** The support provided to the Government by UNICEF during the course of the year contributed to improvements in the utilization of services, as follows

143,398 pregnant women received PMTCT counselling services during ANC visits, and 84,072 underwent testing. A total of 1,481 of those women tested positive (1.76 per cent), within the range of current national estimates. Out of the positive cases, 1,256 were placed on ARVs to prevent transmission.

Those results are being recorded against a background of low availability of PMTCT services, which stood at 30 per cent in 2012, and further diminished in 2013 with the loss of 59 sites in the north due to conflict. As of 30 September 2013, the country had a total of 309 functional sites, out of a potential of more than 1,000.

In order to reverse this downward trend, UNICEF is supporting the revitalization of 14 previously functional sites in the north, scheduled for completion by April 2014. Support will also be provided for the creation of at least 50 new sites in the remaining regions of the country.

During the year, the health programme also supported the Government to ensure a continuous availability of essential supplies, with the delivery of 100,000 testing kits to overcome stock outs.

Performance in the area of early infant diagnosis and paediatric treatment of HIV was inadequate in 2013. This is mainly due to the weak capacity of PCR testing unit of the national reference laboratory in the capital. UNICEF will be delivering new equipment to boost
capacity in the first trimester of 2014. The persistent problem of stigma attached to the illness has also affected uptake of paediatric treatment for needy children. The programme will also be supporting the capacity building of paediatric treatment service providers in 9 out of the existing 53 sites.

Constrained

**PCR 2760/A0/03/010 Outcome 4**: By the end of 2014, the nutritional status of children 0-59 months, pregnant and lactating women is improved particularly in areas with a high prevalence of malnutrition

**Progress**: In 2013, UNICEF supported a number of evidence-based, high-impact nutrition activities in line with national strategies aimed at reducing malnutrition among the most vulnerable groups, including children under the age of 5 and pregnant and lactating women.

Nutrition surveys conducted in 2012 and 2013 indicated an improving trend in terms of many key anthropometric indicators in the southern part of the country. Although global acute malnutrition rates deteriorated slightly (7 per cent to 8.6 per cent), improvements were noted for chronic malnutrition among children 6-59 months of age (27.5 per cent compared to 29.1 per cent in 2012), underweight (16.9 per cent compared to 20.0 per cent), and anaemia (65 per cent compared to 82 per cent). Due to security conditions, no surveys were conducted in Timbuktu and Kidal in 2013, but a survey will be planned for 2014.

Although the overall nutrition situation in the southern part of the country remains precarious, with rates approaching the WHO "serious" threshold, the overall positive trend can be partially attributed to the significant scale-up of malnutrition prevention and treatment activities in the past two years.

In line with Government priorities, UNICEF global strategies, and the national context, UNICEF implemented activities aimed at preventing chronic malnutrition in four key areas, including improving the institutional framework, supporting the implementation of prevention activities for vulnerable groups, and scale-up and quality improvement of treatment activities for acute malnutrition.

In terms of the institutional framework for effective governance for nutrition, UNICEF supported the elaboration and diffusion of a new National Nutrition Policy, a Multi-sectoral Action Plan for Nutrition, and worked closely with the Scaling Up Nutrition (SUN) and REACH initiatives. Prevention activities focused on the most vulnerable groups during the “window of opportunity,” providing support to operationalising innovative community-based strategies, including the finalization of the National Strategy for Community-Based Infant and Young Child Feeding and preparations for testing new home fortification techniques. In terms of treatment, an accent was placed on improving the coverage and quality of treatment for severe acute malnutrition and building the capacity of the Government to integrate these critical services into the health system, while directly supporting the Government to treat a record 92,000 children with severe acute malnutrition (SAM).

Despite constraints on security, access and capacity, UNICEF will aim to increase the number of children assisted with malnutrition prevention and treatment activities in 2014, with a focus on increased support to the Government and implementation of innovative approaches such as Rapid SMS technology for monitoring and survey approaches to better target assistance for increased efficiency.

Constrained

**IR 2760/A0/03/010/001 IR 2**: By 2014, feeding, hygiene and dietary practices for infant and young children, including those sick with, or infected by HIV / AIDS, in the most disadvantaged areas in emergency situations, are improved through communication for behaviour change at the level of communities and health facilities.

**Progress**: In 2013, the UNICEF Nutrition Programme provided technical support to the revision of the National Strategy for Infant and Young Child Feeding document, based on international evidence and best practices. In November 2013, the document was validated and the dissemination plan was elaborated.

In order to assist the Government in the roll-out of this innovative new strategy at the community level, UNICEF provided both technical and financial support to a series of trainings throughout the country during the last months of 2013. By year’s end 40 national trainers and 50 regional trainers were trained in community-based infant and young children feeding (IYCF). Trainings will continue in 2014.

In order to operationalise the new strategy and ensure a scale-up of critical IYCF activities, UNICEF undertook a number of actions with the Nutrition Division of the MoH, including putting in place IYCF support groups and providing 200 community nutrition kits at the community level. As a critical component of IYCF, a focus is being put on testing innovative home fortification techniques at the community level to identify the most effective model to scale up. Work is ongoing to prepare for distribution of micronutrient powders and other home fortifiers, including lipid-based nutrient supplements.

In order to ensure more effective malnutrition prevention activities, this component will be scaled up in 2014 in line with the strategy.

On-track

**IR 2760/A0/03/010/002 IR 3**: By the end of 2014, the status of micronutrients in children aged 0 to 59 months and pregnant and lactating women, including in emergency situations, is improved through micronutrient supplementation, large scale food fortification in the home environment, control of intestinal Helminthiases and the promotion of a balanced and varied diet.

**Progress**: In support of the Government’s efforts to reduce high-prevalence micronutrient deficiencies, UNICEF provided continued support to activities linked to supplementation in Vitamin A and prevention of Iodine deficiency disorders in 2013.

The Programme provided technical and financial support for the planning, implementation and monitoring of a national campaign for the intensification of nutrition activities (SIAN), with a focus on providing vitamin A supplementation and deworming. In the six regions
of the southern part of the country, this campaign was integrated with the bi-annual National Vaccination campaign. In the north of the country, it was integrated with the routine vaccinations. In the first and second rounds in the South, a total of 5,630,394 and 5,774,353 children 6-59 months of age received a dose of Vitamin A, respectively, and 5,039,405 and 5,163,181 children 12-59 months of age were dewormed. Some 158,810 post-partum women received Vitamin A and Albendazole. In the North, a total of 210,341 children 6-59 months of age received a dose of Vitamin A and 186,111 children 12-59 months of age were dewormed with Albendazole.

The Programme continued to support the Government to accelerate its progress towards universal salt iodisation. This support was provided through the following activities:

- The revitalisation of the National Programme against Iodine deficiency disorders, through the revision of the salt quality control guide for Mali;
- The revision of the inter-ministerial decree on the regulation of production, importation, transport, stocking, sale and utilization of salt in Mali; and
- The training of salt quality control agents on the control guidelines and the “WYD Iodine Checker” tool to be used at the border control posts. WYD tools were provided to the MoH and a training session on the tool was organized for border control agents.

**On-track**

**IR 2760/A0/03/010/003 IR2.4** By 2014, children 0-59 months and pregnant and lactating women with acute malnutrition (severe or moderate) including those sick or infected by HIV/AIDS and those in emergency situations, benefit from improved quality of treatment. **Progress:** In 2013, the Nutrition Cluster agreed to a realistic estimated caseload for the treatment of severe acute malnutrition of 125,000 children, representing 60 per cent of the estimated burden in the country. The UNICEF Programme targeted the full caseload and contributed to the treatment of 92,022 children with SAM identified in the country in 2013. This figure represents a significant scale up from previous years, confirming the trend of improved coverage for acute malnutrition treatment. These results represent a significant achievement in terms of scaling up, considering the limited capacity and barriers to providing full coverage for treatment. However, significant work is needed to ensure full coverage and access to treatment for children with SAM, as the achieved caseload constitutes only 43.8 per cent of the estimated burden.

In terms of quality, performance indicators for the integrated treatment programme for acute malnutrition are positive, within the Sphere thresholds:

- **URENI:** recovery 84.2 per cent, death 10.0 per cent, defaulter 5.7 per cent
- **URENAS:** recovery 84.6 per cent, death 0.8 per cent, defaulter 14.6 per cent

These indicators highlight the need for improvements in the quality of treatment in the coming year, including in the death rate for in-patient care and the default rate for out-patient care. UNICEF will support the Government in focusing on improving treatment quality to lower those rates in 2014.

Constraints limiting scaling up of the programme include:

- High cost and weak capacity limiting coverage,
- Difficulties in ensuring a consistently high quality of treatment,
- Reference and evacuation for complications,
- Geographic and financial barriers, including the lack of free access to critical health care,
- Insufficient appropriation of the activity, and
- Limited availability of authorities for monitoring.

UNICEF hosted the Nutrition Cluster. To support coordination throughout the country, the Programme contributed to the creation of sub-regional groups as the primary forum for the coordination of nutrition activities at the regional level.

**On-track**

**IR 2760/A0/03/010/004 IR2.1** : At the end of 2014, institutional and strategic repositioning for nutrition is effective and the policy documents for nutrition are in line with the latest developments in public health and nutrition. **Progress:** During 2013, UNICEF continued to support efforts to raise the profile of nutrition in the Government of Mali’s political agenda. Specifically, UNICEF provided financial and technical support to the elaboration and diffusion of a National Nutrition Policy and a Multi-sectoral Action Plan for Nutrition (through the REACH initiative), one of the first in the region. Those key strategic documents provide critical guidance to unite efforts from all sectors towards a reduction in chronic malnutrition. UNICEF also provided technical support to a costing exercise being undertaken by the REACH initiative to provide the Government and donors with an estimated budget for the Multi-sectoral Plan. This costing will facilitate the inclusion of key nutrition activities in the future Government budgets and thus ensure their sustainability. In support of the Government’s efforts to reinforce information management systems, the Programme contributed to the creation and refining of data collection systems to track admissions at nutrition centres.

The Programme also supported nutrition data and learning through a series of surveys and studies. Activities included the implementation of baseline surveys in Yorosso and Bankass to evaluate nutrition programmes in those two districts in the coming years, and the implementation of a study on the determinants of malnutrition. In collaboration with Government and UN partners, UNICEF implemented a SMART Nutrition and Mortality Survey in the six regions of the South and another for the districts of Gao. The results
provided updated prevalence estimates for acute malnutrition to be used for trend analysis, activity prioritization and estimation of needs for 2014.

UNICEF worked with Cornell University to provide technical assistance to build institutional capacity at the national and district levels and also supported the participation of the managing team of the Nutrition Division in a training on co-leadership to reinforce their leadership skills.

On-track

PCR 2760/A0/03/011 Outcome: At the end of 2014, communities living in rural and urban disadvantaged areas, affected by nutritional, health, conflict, epidemic etc. crises, have access to drinking water, basic sanitation and hygiene education in a sustainable manner

Progress: The WASH Programme is embedded within the Government National Water and Sanitation Programme. In this framework, priorities of the WASH programme are centred on integrated WASH interventions in schools and in surrounding communities to improve health and education outcomes for vulnerable persons. Key activities included: delivering the full WASH Packages in schools, CLTS/WASH marketing in surrounding villages, and the promotion of hand-washing with soap. In 2013, implementation of WASH in Schools (WinS) activities were substantially accelerated, and approximately 310 schools received the full WASH package, benefitting 106,497 students. Some 169 villages were declared open defecation free through CLTS interventions in 2013, benefitting 149,000 people and bringing the total to more than 600,000 people since 2008. The CLTS approach is at the centre of WASH equity programming as it targets the population that still resorts to open defecation (OD). According to the MICS 2011, there is a clear correlation between open defecation and household wealth, as OD rates are an outstanding 37, 20, 10, 1.5 and 0 per cent across quintiles.

In terms of capacity building, the WASH Programme consistently contributed to strengthening national methodologies, norms and standards and regulatory frameworks. Key contributions included: the design of a three-year national plan for the prevention/treatment of cholera, and the integration of hygiene education in the teacher’s training curriculum. Several other initiatives begun in 2013 are expected to bear fruit in 2014, including: the setup of national WASH sector coordination platform as part of the WASH cluster transition strategy, the creation of a national sanitation database, the incorporation of WinS indicators in the Ministry of Education statistical yearbook, and the participation of the Government of Mali in the next Sanitation and Water for All High-level Meeting.

The WASH programme continued to play a crucial role in 2013 in the coordination of WASH partners. The WASH cluster was activated in March 2012 and is still operational.

The evidence-based component of the programme is still strong, with the completion of the PEP Network CLTS impact study and a WASH in Schools programme evaluation. The ongoing WASH in Schools impact study and School Menstrual Hygiene Management study are expected to be completed in 2014.

On-track

IR 2760/A0/03/011 SURV-IR3: The national strategies for potable water are reinforced and 377,000 people, among the most vulnerable, have access to safe water for consumption.

Progress:

For several years UNICEF has supported the Government of Mali to eradicate Guinea worm through water supply programmes in the Northern endemic regions. The programme continued in 2013 despite the prevailing security situation in the North. Construction activities were conducted by the private sector and monitoring/quality assurance was done by private engineering consultancy firms as well as the UNICEF third-party monitoring system.

As a direct result of UNICEF’s interventions, 36,800 people gained access to potable water through the construction/rehabilitation of water points or through household water treatment, for a total of 239,800 people served since 2008. One hundred eighteen communes were supported for management of water and sanitation under the National Water and Sanitation Programme (PROSEA) decentralisation framework. The WASH Programme also introduced new technology for monitoring the management of 22 potable piped water systems. The water component of the programme is being expanded to non-endemic areas (Regions of Koulikouro, Sikasso, and Mopti) to complement the ongoing WASH in Schools/CLTS interventions in those areas. It is estimated that 46,800 people in those areas will benefit in 2014 from water interventions that were started in late 2013.

UNICEF also continued to support the decentralization process of the PROSEA in collaboration with the National Water Directorate. This support falls in line with the overall decentralization policy of the Government of Mali, which aims to gradually delegate the management of social services to the communes.

In terms of innovations, UNICEF launched a pilot programme on manual drilling which, if successful, will likely reduce drilling costs substantially, thus allowing UNICEF to reach more people with the same amount of funds.

On-track

IR 2760/A0/03/011/002 SURV-IR3.2 National strategies for the promotion of hygiene and sanitation are strengthened and more than 600,000 of the poorest people acquire hygiene and sanitation practices and best knowledge

Progress: UNICEF supported the national strategies for hygiene promotion and improved sanitation access through:

-- 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);
-- Development of monitoring and evaluation tools for CLTS in Mali, including CLTS villages database, seven modules of training, guides for field monitoring missions, and inventory of all CLTS actors;  
-- CLTS interventions resulting in 169 villages declared open defecation free, benefitting 149,000 people (a total of 644,000 people since 2008);  
-- Capacity building of 12 NGOs through the organization of 15 training workshops in Koulikoro, Sikasso and Mopti regions;  
-- Capacity building of the National and Regional Sanitation Directorates through their participation in 15 training workshops.

In 2013 UNICEF also launched a WASH marketing component, which will accompany all future CLTS interventions. WASH Marketing will aim to increase the demand and availability of WASH related products such as household water treatment products, latrines, constituents, soap and hand-washing stations.

**Progress:** Despite the political, military and humanitarian crises that Mali has been confronted with since 2012, the National Strategic Plan for the Promotion of Hygiene Education in Schools (NSPPHES) has been implemented at a fast pace. Since early 2013, 310 schools have been upgraded to the WHO/UNICEF WASH in Schools standard, which allowed 106,497 schoolchildren and 2,125 teachers to benefit from a healthier and improved learning environment. A total of 310,497 school children have been reached since 2008, representing approximately 14 per cent of nation-wide primary school enrolment. In support of the Ministry of Education, UNICEF contributed to strengthening the capacity of teachers in intervention schools through trainings on school hygiene.

The WASH in Schools package and intervention strategy are periodically updated and improved, taking into account the lessons learned from previous years. One of the improvements scaled up in all intervention schools in 2013 was the integration of the WASH in schools programme within the Community-Led Total Sanitation programme. This ensures a greater and longer-term impact in both schools and surrounding communities.

The lack of political stability affected the planned activities regarding the institutional framework for WASH in Schools. The setting up of the steering committee of the National Strategic plan for hygiene promotion in schools is the key to ensure coordination with Government counterparts, learning, scaling up and sustainability of the WASH in Schools programme. Initially planned for 2012, the steering committee is now hoped to be effective by 2014, thanks to the recent stabilization of the political situation.

In 2013, UNICEF supported the integration of hygiene education in the National teacher’s training curriculum, which will render hygiene education an obligatory module in all Mali schools.

**Constraints**

**IR 2760/A0/03/011/003 SURV-IR3.3:** National strategies for education, hygiene and sanitation in schools are strengthened and more than 1000 schools among the most of vulnerable are reaching the recommended standard (at the level of equipment, the promotion of hygiene and local governance) allowing more than 290,000 children a better school environment.

**Progress:** In support of the Government of Mali, UNICEF humanitarian response in the area of water and sanitation helped maintain temporary access to chlorinated water for more than 800,000 people in 2013, mostly in areas affected by the conflict in Gao, Kidal, Timbuktu, Mopti and Segou Regions.

Collaborative work and integration with nutrition partners occurred, resulting in water and sanitation responses to the nutritional crisis. The commitment of the Government and non-government partners allowed the implementation of the programme “Wash in Nut” in 110 community health centres where nutritional care programmes exist. This initiative supported 13,497 severely malnourished children and their caretakers. It also permitted the establishment of a working group called “Wash in Community Health Centres (CSCOM)” under the lead of the National Department of Health (DNS) through its Public Health and Hygiene Division (DHPS).

Severe bottlenecks were encountered in the implementation of the WASH in Nut Strategy, the most prominent being lack of funding and lack of interest in implementing partners. The Partnership between UNICEF and the Government of Mali has enabled support of the Directorate General of Civil Protection for a coordinated response to the flood management. It also helped to harmonize national assessment tools and improved the capacity of civil protection agents. This was clearly demonstrated during the August Bamako floods, when the Civil Protection Directorate was able to respond with a non-food item (NFI) distribution within hours of the floods.

The cluster coordination mechanism that was setup in 2012 is still operational, with UNICEF’s lead. Plans are underway to transition this coordination role to a WASH Sector Platform under the lead of the Government.

**PC 2 Basic Education and Equity**

**Constraints**

**PCR 2760/A0/03/006** By end 2012, 7 per cent of children 3 to 6 years (girls and boys) in particular those disadvantaged rural areas benefit from quality preschool education
Progress:
Advocacy with the Ministry of National Education and Literacy (MENA) led to the adoption of the Early Childhood Development (ECD) policy and the creation of the Directorate National for Early Childhood and Special Education (DNEPS). However, the lack of publication of annual statistics since 2010 (which estimated a gross preschool enrolment of 5 per cent) hinders an appraisal of progress and makes planning imprecise.

Following the crises, policy dialogue and advocacy were realigned to focus on:
-- capacity development of the new directorate, fashioning their vision and strategies,
-- strengthening of 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 centres,
-- strengthening partnerships with local partners plus reinforcing inter-sectoral coordination through monthly meetings at the national level. The inter-sectoral ECD group comprised of more than 25 local partners, including the World Bank, Agha Khan Foundation, Plan Mali, Save the Children, BØRNEfonden, UNICEF and others, and the dissemination of the ECD policy in five regions, was re-engaged.

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 internally displaced persons (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 centres in 2013.

The ECD sub-sector suffers from poor budget allocation and investment among the Local Education Group. As a result, this is a major bottleneck to improved access to primary education. Transition from ECD centres to primary school is further compounded by lack of key supply side elements, including lack of schools within geographic distance, lack of qualified teachers, and a high student textbook ratio.

In 2014, 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.

On-track

IR 2760/A0/03/006/001 By end 2012, capacity of at least 80 per cent of Central agents have devolved, decentralized services and civil society has a strengthened design, implementation and monitoring of multisectoral early childhood development policy for young children.

Progress:
All Ministry officials responsible for ECD at the central level and in eight selected Teaching Academies have improved knowledge and skills in a multisectoral 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, that led to a consensual commitment on local investment in ECD in four regions. More than 30 NGO trainers as well as the technical services of Nutrition, Education and Health have the knowledge and skills to conduct stimulation and psycho-cognitive approaches with children suffering from malnutrition in health centres, community based ECD centres and communities.

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

In 2014, priority will be placed on capacity development of the Ministry of Education 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.

On-track

IR 2760/A0/03/006/002 By the end 2012, at least 50 per cent of children (girls and boys) aged from 0 to 8 years from 300 disadvantaged communities are supported in a coaching structure allowing their awareness, their preparation for school, their transition and keeping them in the first two years of basic education.

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

Through community sensitization and mobilization in more than 350 rural communities, 12,538 stakeholders (local councillors,
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 ages 0-3.

In an effort to complement the integrated response to the nutritional crises, UNICEF supported the Ministry of Education to develop a module on Care for Child Development and adapted the strategy to support the psycho-cognitive development of children suffering from severe and acute malnutrition in health and nutritional centres. 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 Séguo, Mopti and Kati, benefiting approximately 1,000 children 3-6 years old, the majority of which are IDPs. This approach provides another dimension of early childhood stimulation and development at the community level, based on the parental education programme being developed.

**Constrained**

**PCR 2760/A0/03/007.** By end 2012, 90 per cent of children school (6-11 years) including the underprivileged majority of girls have access to quality basic education, have mastered basic instrumental knowledge; 80 per cent complete the six first years of basic education while gaining life skills.

**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 (goal: 82 per cent), completion rates (58.3 per cent) or gender parity (0.8 per cent) 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. Though alternative methods of donor financing were pursued with organizations like UNICEF, international NGOS and re-orienting Global Partnership for Education financing of 41.7 million towards emergency response; this strategy was implemented in the last quarter of the year.

The Department of Planning in the Ministry of Education was unable to produce the 2011/2012 Annual Statistics, making it difficult for the sector to measure the overall impact of the crisis to the Education System.

UNICEF support to the Ministry of Education helped realize a Policy on Girls Education, the establishment of a Girls Education Division, the appointment of a Technical Advisor on Girls Education, and 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 begs for the need to focus on access for over one million children out of school and to improve on learning achievement. 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.** By end 2012 capacity of at least 80 per cent of Central, devolved, decentralized services and agents of civil society in support of basic education are strengthened for design, implementation and follow up of the policy of school enrolment of girls and the EAEF approach and to use the tools.

**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 approximately 80 per cent of stakeholders at national and regional levels were reinforced in implementing strategies for improving girls’ education and a Child Friendly School 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. UNGEI Regional Committees conducted advocacy and awareness campaigns while regional consultations based on regional communication strategies developed with the support of C4D led to the broadcast of messages through the 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.

UNICEF supported the Ministry of Education to develop the Strategy and Action Plan 2012-2015 for the prevention of HIV and AIDS in schools as well as developing the capacities of 605 School Management Committee members involved maintaining transparent and school based management in 402 schools to render this plan operational.
2760/A0/03/007/002 End by 2012, at least 80 per cent of 6-year-old girls, in particular those from disadvantaged communities, have access to school and that 80 per cent of girls are regularly attending school and complete the first 6 years of basic education.

**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 have had the opportunity to attend primary school. In addition, the four regional consultations conducted led to the development and implementation of respective regional action plans that address barriers to the 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 were 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 and remain in school. The mothers’ associations and women’s groups serve as pressure groups that sensitizes parents especially mothers on the importance of girls’ education. The proceeds generated from the income generating activities of women’s associations are reverted back to the family to support the Mother’s Scholarships and a part is transferred to the School Management Committees for the functioning of school.

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

2760/A0/03/007/003 By end 2012 at least 200,000 children (girls/boys) in 420 schools benefit from educational services meet the norms and standards EAE

**Progress:**

In an effort to promote the Child Friendly Schools (CFS) approach, UNICEF conducted a study for the development of alternative models for the construction of classrooms. The hope is that modelling and advocacy for the harmonization of norms and standards for construction as well as integrating a strategy for improving teaching and learning in schools towards a sector wide approach to improve the quality of education are further developed.

Unfortunately, the model for norms and standards for construction 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 separated latrines and seven offices in seven schools along the CFS standards.

Alternatively, accent was placed on improving the quality of teaching through improving the capacity of 2,400 teachers in pedagogical approaches such as child-centred learning, inclusive education, integrating gender and HIV and AIDS concepts into teaching for the benefit of 561,000 children. Children participation was also enhanced through 320 active school governments in 420 schools that were involved in aspects 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 practices for the improvement of educational quality by different partners 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.

2760/A0/03/008 By end 2012, at least 50 per cent of vulnerable children (girls and boys) identified in 2011 (disabled, talibés, deprived of a family environment, in conflict with the law, refugees)-school or school have access to appropriate basic education, have mastered basic instrumental knowledge and life skills

**Progress:**

Over one million children aged 7-15 years, constituting about 20 per cent of primary school children are out of school in Mali. To begin addressing this problem, the Ministry of Education developed a policy for non-formal education that incorporated the strategies of livelihood skills development in Centres of Education for Development (CED) targeting children 9-15 years old who have never been to school, and the Accelerated Learning Strategy (SSA/P) to reintegrate children 7-12 years of age who have dropped out of school.

UNICEF supported the Ministry strategies through the construction of CEDs and leveraged partnership 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 to measure effectiveness. Although there are estimates on the total number of children who are out of the education system in Mali, a comprehensive data on children by regions and communes is absent making it difficult to locate regional pockets of vulnerabilities.

This number of out of school children was exacerbated by the occurrence of the complex crisis and the ill preparation of the Education sector to provide a coordinated response to the situation. To fill this gap, UNICEF, in partnership with SAVE the Children, supported the
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 that were beyond the jurisdiction of education sector. Hence, focus on children who have never been to school and those who have been to school and dropped out at some point was maintained.

As a result, 94 personnel responsible for Non-Formal Education at the Teaching Academies and Centres 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. 100 per cent of the officials trained were involved in the planning, monitoring and tracking progress of the children in participating CED 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 they have access to a quality basic education.

**On-track**

**IR 2760/A0/03/008/001** By end 2012 the capacity of at least 80 per cent of Central, devolved, decentralized services and civil society agents in charge of 1st education of vulnerable groups are strengthened to design, implement and monitor education policy in emergencies, and of the integrated multisectoral strategy of educational support for vulnerable children and to use the tools.

**Progress:** In 2010, when this result was formulated, the target was on developing 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 that were beyond the jurisdiction of education sector. Hence, focus on children who have never been to school and those who have been to school and dropped out at some point was maintained.

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**On-track**

**IR 2760/A0/03/008/002** By end 2012, at least 80 per cent of the children from 9-15 years (in the majority of teenage girls) out of school, from disadvantaged backgrounds attend school and have mastered basic instrumental knowledge suitable and comply with quality standards.

**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 centres in the Regions of Ségou and Kayes. A learning achievement test conducted at the end of the Programme revealed that only 625 children had grade 2, 3 and 4 level competencies in reading, writing, mathematics and notions of hygiene and sanitation. Hence, of 1,642 children only 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 Centres 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 7-15 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 participate and are reintegrated into the schools system.

**Constrained**

**IR 2760/A0/03/008/003.** By end 2012, all humanitarian actors in education in emergencies have mastered skills and apply the principles of preparing responses to appropriate educational support for children in situations of crisis and emergency.

**Progress:** [New] Over one million children aged 7-15 years old, constituting about 20 per cent of primary school children are out of school. To begin addressing this problem, the Ministry 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 years who have never been to school, and the Accelerated Learning Strategy (SSA/P) to reintegrate children 7-12 years of age who have dropped out of school.

This number of out of school children was exacerbated by the occurrence of the complex crisis and the ill preparation of the Education Sector to provide a coordinated response to situation. To fill this gap, UNICEF in partnership with SAVE the Children supported the Ministry to co-Lead the Education Cluster at national level including the regions of 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 85 per cent of teachers from the North who also moved to the South.

Following the creation of an Education Cluster, UNICEF provided technical support to improve knowledge and skills of relevant Ministry Officials and about 60 humanitarian actors in Education in Emergencies response needs assessment, planning, monitoring and evaluation of interventions. In accordance with the targets of beneficiaries set by the Cluster, UNICEF provided support to 60 per cent of the beneficiaries and facilitated dialogue with the neighbouring countries of Niger, Mauritania and Burkina Faso to assist Malian
refugee children

**Outcome 5**: Through to the end of 2014, the most vulnerable children and those affected by the crisis have access to formal and non-formal, good quality education in a safe and protective environment.

**Progress:**

The complex crisis combining armed conflict, floods, malnutrition and food crisis has heavily impacted on the education system in Mali. The Government, including the Ministry of Education (MoE) was poorly equipped to respond to basic education needs for crisis-affected children. The National Strategic Plan of the Education Sector (2010-2012) reached the end of cycle and bilateral partners suspended their support to the Government. Current curricula appeared to be too rigid to adapt to a crisis situation; strategies for catch-up classes were not appropriately in place, lack of learning and teaching materials was another key issue. In response to these specific challenges, UNICEF provided technical support to the Ministry of Education to develop an Emergency Action Plan (2013-2014) focusing on educational activities resumption in conflict-affected areas;

In order to sustain children back to school UNICEF in collaboration with its partners has supported the Ministry of Education to improve quality education for crisis-affected children and the return of regional education authorities in 2 northern conflict-affected regions (Gao and Timbuktu) and Douentza in the Mopti region. UNICEF jointly with the Ministry of Education has supported the return to school of about 463,000 children, representing 2/3 of the 800,000 children that have been affected by the crisis.

UNICEF and other partners have supported the MoE to establish the foundation for a healthy and protective environment in ECD centres and primary schools through teacher training in psychosocial support, the inclusion of the module on care for child development in the teacher training package planned for BTS and parental education.

Education needs assessments conducted by the Education Cluster have allowed a better identification of the most affected children and communities. This resulted in a more effective prioritization of the interventions targeting educational authorities, students (3-15 years), parents, teachers and school management committees. These assessments have permitted to identify and target through the Back To School Campaign the most vulnerable schools in the country. Thus reflecting the equity approach that is central to UNICEF interventions.

**IR 2760/A0/03/018/001** Through to the end of 2014, the coordination and planning capabilities of the educational system at central and decentralised level are strengthened

**Progress:**

The MoE succeeded to draw a road map facilitating schools reopening in the conflict-affected regions. Through technical support UNICEF strengthened MoE officials’ capacity for strategic planning. Also, capacity at central level were reinforced in Education in Emergency that allowed the MoE officials to better analyse and respond to specific bottlenecks caused by the complex crisis.

Coordinating among education actors has been reinforced through the establishment of an “Education Cluster”, co-led by UNICEF and Save the Children and spearheaded by MoE. The Education Cluster allowed 30 education partners to implement an Education Management Information System to share and reinforce capacity for strategic planning. The Cluster also successfully elaborated a response plan able to harmonize approaches, set minimum standards, and share areas and sectors of interventions among the stakeholders.

The dialogue and coordination were strengthened between the Malian MoE and neighbouring countries hosting conflict related refugee children. Consequently, Malian Education authorities validated the school year of children schooling out of Mali (Burkina Faso, Niger, and Mauritania). Also, the Malian MoE set up a special exam session for Malian refugees in Mauritania.

Coordinating capacity strengthening at regional level, resulted in the establishment of regional coordination mechanisms with several stakeholders able to produce a joint strategic plan and implement an information management system in Segou, Mopti, Gao and Timbuktu regions. These mechanisms ensured a balanced response to specific emergency contexts. For security reasons the above coordination and planning mechanism is not working in Kidal. This situation impeded the implementation of “Back to School” intervention in this area; consequently, only 3 schools open at the end of 2013. Under the technical guidance of UNICEF, LEAs succeeded to draw a regional action plan representing the backbone of the Back to School campaign. Such process led Local education actors to better plan, monitor and evaluate their interventions.

**Output 5.2**: Through to the end of 2014, the communities of the areas affected by the crises develop local initiatives to ensure continuity in the education of their children.

**Progress:**

In 2013, 600 communities affected by displacement, conflict, floods and food/nutrition crisis provided continuity of education to 430,000 school age children and 33,229 young children through the implementation of the community based approaches and the development of inter-sectorial activities (protection, nutrition and communication for development). UNICEF and its partners (Plan Mali, Save the Children, AKF, DRC, CRAD and GARDL) have worked to support crisis-affected communities in their initiatives.
School readiness of under-five malnourished kids has been improved thanks to the implementation of a holistic approach to child development. This includes cognitive and social development activities for malnourished children, parental education and the support of existing ECD centres and the creation of new ones. Also, UNICEF provided technical support to IRC and Save the children to set up stimulation centres, to train staffs and to provide counselling to parents of malnourished children attending nutritional rehabilitation centres.

More than 130 most marginalized mothers have been able to support their children schoolings through demand side incentive. An NGO – DRC, UNICEF implementing partner, succeeded to ensure the most vulnerable children to carry on their studies. Thanks to support received from UNICEF and its implementing partners, community leaders, women and youth associations in the Timbuktu region are able to hold sensitization and awareness raising sessions on getting children back to schools and maintaining them in the schools.

Due to the need to focus on the post conflict issues, the cash transfer interventions for the most vulnerable mothers and mothers associations have not been scaled up giving place to the Back to School campaign.

**IR 2760/A0/03/018/003 Output 5.3: By the end of 2014, School-Age children, and especially those affected by the crisis have a continuous access to a basic education of quality on the whole of the territory**

**Progress:**

During 2013, 463,000 school age and preschool children benefited to continuous access to education in the northern regions (Gao, Timbuktu) as well as in the southern regions (Mopti, Segou, Kayes, Koulikoro, Sikasso and Bamako). Indeed, in response to the complex crisis which has interrupted children's access to schooling, UNICEF and its partners provided the Ministry of Education (MoE) with technical and financial support to ensure that the children affected by the crisis could come back to school. To facilitate children access to education, UNICEF's implementing partners (Save the Children, DRC, Plan, IRC, GARDL, ACAS, APADL, APROMORS, CRADL and ARDIL) provided school kits, textbooks, recreation kits and ECD kits to 660 schools. Also, community mobilization implemented by all education stakeholders has allowed the back to school campaign to increase its impacts.

To improve classroom management and promote a safe and secure learning environment in these 660 schools, the Ministry of Education supported by UNICEF improved teachers' capacities through trainings in psychosocial support, peace education, large group pedagogy and multigrade teaching. Moreover, Save the Children put in place in Gao, Sikasso, Kayes and Mopti a community mechanism to prevent and respond to school violence, through school management committees, teachers and students' training on children rights, peace education and school violence prevention.

However, fifteen education local administrations (Gao, Timbuktu, and Douentza in the Mopti region) have not been re-established, due to the lack of funding. Also, human resource constraints (lack of school engineers) did not allow UNICEF to implement a plan for school reconstruction.

**IR 2760/A0/03/018/004 Outputs 5.4: By the end of 2014, the mechanisms for monitoring and evaluation of the sector are reinforced**

**Progress:**

A better evaluation of the impact of the complex crisis in the north has been possible thanks to the production of several rapid assessments done by the Education Cluster. UNICEF has provided its technical expertise and accompanied education stakeholders on the field in the Timbuktu and Gao regions in order to improve the data collection process. These rapid assessments have been used to inform sectoral strategic planning, advocacy and resource mobilization. However, the information collected via rapid assessment has not enabled an in-depth sectoral analysis to be completed that could have appropriately contributed to long term strategic planning. Specifically for the Kidal region, security reasons have impeded UNICEF and its partners to implement a direct and regular data collection process.

Also for security reasons that have limited the work in the northern regions, no annual statistical report has been produced in 2013 causing a fragmented planning and response process. Such a lack of data and information obliges UNICEF to invest more resources to support technically and financially the Education Statistical Unit within the MoE.

**PC 3 – Child Protection**

**Constrained**

**PCR 2760/A0/03/012 By the end of 2012, (F/G) children and women are better protected against violence, abuse, exploitation and neglect and any other forms of vulnerability ELMS**

**Progress:** In 2012 there was little progress in the development of the legal and political frameworks for child protection in Mali, and
considerable effort remains for 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) was not reviewed or adopted, and is therefore obsolete. Besides this 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 CEDAW, CRC and the African Charter on the Rights of the Child in 2006, 2007 and 2009 there remains no legislation against 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 15-49 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 which 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 of emergency response, have resulted in weak progress of the Child Progress programme in 2012.

**No Progress**

**IR 2760/A0/03/012/003** By the end of 2012, children (girls/boys) enjoy a legal and justice framework in accordance with international standards (category 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 and 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** By 2012, the capacities of actors are reinforced on the collection, analysis and utilization of reliable data on child protection (category 2)

**Progress:**

Capacities of 487 actors were strengthened on the collection and analysis of data. Also, data on 15 child protection indicators was collected at each health district and commune in the region of Ségou (data validated under the leadership of the Governor of the region) and incorporated into the national database DevInfo database - Mali kunna fonni. These indicators should be used for planning of policies and programmes to promote child 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/A0/03/01 Operational Costs**

**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 centres 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-lead 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
• development of play activities contributing to psychosocial support following provision of 90 recreational kits

The integration of child protection in the Cadre Strategique Pour La Croissance et La Reduction de la Pauvreté or regional child protection initiatives (child protection systems, talibé children, family support for child protection) represent opportunities. However the crisis in Mali aggravated by the food and nutrition crisis, also has consequences on the situation of children, with the number of vulnerable children (street and separated/unaccompanied children) identified significantly increased 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** By 2012, the abilities of the players, parents, communities, decentralized communities and children, Kayes, Koulikoro, Sikasso, Ségou, Mopti and Bamako district are reinforced on the protection of children and a better coordination of interventions is ensured. (category 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. Capacity of 400 actors was strengthened on the topics of 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](assessment 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 south of Mali (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 labour, 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. Mine Risk Education activities started in April 2012, with prevention campaigns including 10,000 children and adults in communities in conflict zones better able to identify and respond to risk of mines and unexploded ordinance in at risk areas. Between March and December 2012, 30 accidents were recorded, resulting in 52 victims including 31 children.

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[2] Sur les aspects de Protection, Violences Basées sur le Genre, Education et WASH

Constrained

**IR 2760/A0/03/013/002** By 2012, 100 per cent of vulnerable children (F/G) identified including those infected or affected by HIV have access to operational guidance and support in the regions of Kayes, Koulikoro, Sikasso, Ségou, Mopti and Bamako ledistrict (category 2)

**Progress:**

With respect to Orphans and Vulnerable Children (OVC), 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 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 counselling, 57 family mediations, 80 follow up visits, and 521 session of sensitization by the Samu Social team. Moreover, through the Accelerated Schooling Strategy, the programme has enabled school reintegration for vulnerable children aged 9-12 years old 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 on this issue and the limited knowledge of parents on child rights constitute obstacles to the implementation of these 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, and UNICEF has observer status on the Commission.

On-track

**IR 2760/A0/03/013/003** By the end of 2012, 80 per cent of children (girls/boys) are registered at birth in the regions of Ségou and Sikasso (category 3)

**Progress:**

Birth registration remains a programme flagship activity. Partnership with the Mission for the Consolidation of Civil Status (MACEC)
On-track

**PCR 2760/A0/03/014** By the end of 2012, the rate of prevalence of female genital mutilation and early marriage of females decreased respectively by 85 per cent to 80 per cent and 66 per cent to 60 per cent.

**Progress:** In terms of the fight against harmful traditional practices (female genital mutilation/cutting (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 protect communities from the practice of excision. In these areas 41 village communities are directly funded by UNICEF, 59 are funded by NGO Française Equilibres & Populations and 32 are funded by UNFPA (target 451 by 2013).

Following community discussions on FGM/C in Commune I of Bamako district, 33,667 people who were sensitized have decided to abandon the practice of female. 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. 350 health workers were trained to provide medical and psychosocial care for victims of FGM/C 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 of FGM/C was proven successful in 98 per cent of cases in Kayes and Bamako. 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 and consider the crucial factors including values, perceptions, stereotypes, myths, and beliefs. All of which are important underlying factors for the local populations that support the continuation of FGM/C.

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

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**IR 2760/A0/03/014/001** By the end of 2012, the capacity of 30 per cent of social actors and decision makers (F/H) of Kayes, Koulikoro, Sikasso are reinforced on early marriage (category 3) and request the abolishment of the practice of female genital mutilation.

**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 Koulikoro and Sini Sanuman (four poorest districts of Commune I of the district of Bamako) continued in 2012. This 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 (Kayes, Koulikoro, Bamako). This included 1,405 educational discussions, 1,349 counselling 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 four 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.

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**IR 2760/A0/03/014/002** By the end of 2012, 50 per cent of decision-makers at national, regional and local levels (Kayes, Koulikoro, Sikasso) are involved in the abolishment of the practice of female circumcision (category 3).

**Progress:** In 2012 132 village communities publicly declared that they have abandoned the practice of excision 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. 33,667 people [1] (elected, administrative and local authorities, women's and school governments, neighborhood chiefs and counsellors, and community groups composed of men, women, aged women and youth) were sensitized about the dangers of FGM and child marriage in Commune I of the district of Bamako and have decided to abandon the practice of female circumcision. This has led to public statements on the abandonment of excision by those habitually performing excisions including well-known figures such as Siba Fané from Bamako and Gory Gopela and Bougouttin (in Kayes region).

Significant involvement of the press for the abandonment of FGM/C took place, a scale up in media engagement from 2011. There were 3,594 various forms of communication conducted on the harmful effects of FGM/C: i) A radio campaign was conducted from 1 – 30 August in the regions of Kayes, Koulikoro, Ségou, Sikasso, and Mopti and the district of Bamako, with 3,264 radio spots transmitted, 150 series [2] (by 50 partner radio stations from the Union of Independent Radio and Television (URTEL) and 180 transmissions on the consequences of the practice of excision and child marriage; and ii) 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 excision 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,
Supported by the C4D section 120 communication agents (40 per region: Kayes, Koulikoro and Bamako) were supported on 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.

[1] Elected officials, administrative & local authorities, women’s groups, school heads of districts and consultants, groups of men, mothers, grandmothers, young people.

[2] By 50 radio partners of the Union of the radio free television (URTEL).

**On-track**

**IR 2760/A0/03/014/003** : By 2012, 80 per cent of female victims of complications related to early marriage and female circumcision have been identified for psycho social and legal support prevention. (category e 3)

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

799 girls/women with complications from FGM/C received treatment in Kayes and Bamako. 98 per cent of victims received appropriate care while the remaining 2 per cent continue to receive treatment. These victims have become allies of the project in the prevention of 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 harmful traditional practices: FGM/C, 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). Standards Operational Procedures (SOPs) for coordination and multi-sectoral response to support survivors of gender-based violence have been adopted by all stakeholders.

**On-track**

**PCR 2760/A0/03/020 Outcome 6** : By the end of 2014, the needs of the most vulnerable children affected by the crisis are supported and child protection is strengthened in the VAEN systems.

**Progress**: UNICEF has closely collaborated with government entities and civil society organizations to respond to challenges generated by the crisis. Through targeted interventions in the war affected areas more than 40,000 vulnerable and war affected children were able to benefit from referral services in child friendly spaces established in communities in the intervention areas.

The verification of Unaccompanied and Separated Children is still in going-on under the leadership of IRC-data base Manager for Unaccompanied and Separated Children. The establishment of two interim care centres for children formerly associated with armed forces and groups has provided services to 28 children and has enabled the reunification of 15 of them with their families.

Furthermore, the enhancement of referral mechanisms has resulted in the provision of services to 519 children victims of sexual violence and 33 victims (children) of Explosives Remnant of War (ERW). Both categories of children were able to access services (psycho-social, medical and legal-where necessary). Efforts were made to strengthen child protection systems. Hence, through high level advocacy and negotiations, it was possible for the GOM and UN to sign the Protocol on the Release of Children Formerly Associated with Armed Conflict, an Interministerial Instruction on non-reprisals and human handling and to review/update the Child Protection Policy Document.

All three documents constitute important landmarks in the strengthening of the protection environment for children in Mali. The creation and strengthening of community-based child protection mechanisms has enhanced the communities’ ability to understand the harm associated with female genital mutilations. As a complement to this effort, the improvement in the quality of services provided to promote the protection of children: training of key actors, dissemination of tools such as SOPs have immensely contributed to the improvement of the quality of services delivered.

In 2014, UNICEF will expand its collaboration to other strategic partners including the UN, private sector, CSOs, and community groups in order to capitalize on achievements made in 2013 so as to strengthen its interventions in the North–which is currently difficult to access.

**On-track**

**IR 2760/A0/03/020/001 IR 5.1** : The national system for the protection of the child through the development of policies, the adoption of a national strategy, training and institutional support, especially at the decentralized level, is strengthened

**Progress**: Through on-going support to the Ministry of Family and the Promotion of Children and Women, and advocacy with its partners, UNICEF was able to make advances in the promotion of a legal and normative policy environment. The signature of the Protocol on the Transfer and Release of Children from Armed Forces and Groups and the Interministerial Circular (Justice, Family and Promotion of Children and Women, Internal Security and Civilian Protection, Home Affairs and Defence) on restraint from reprisals against children formerly associated with armed forces/groups and the facilitation of their reintegration in communities clearly translate the commitment of the GOM to strengthen the policy and legal framework in protecting children affected by armed conflict.
It is planned that those documents will be widely disseminated to ensure all stakeholders are trained and empowered to provide high quality protection services to children. Furthermore, the completion of the Child Protection Policy Document in 2014 by the Ministry of Family and Promotion of Children and Women in collaboration with its partners: CSOs, Protection NGOs, UN Agencies and MINUSMA will provide additional safeguards in the policy environment.

Finally, capacity building activities carried out to strengthen the performance of key child protection actors both at the central and decentralized levels have substantially improved the quality of services provided to protect children victims of violence, abuse, exploitation and neglect in all areas affected by conflict except in Kidal - which has been inaccessible due to insecurity.

**Constrained**

**IR 2760/A0/03/020/002 IR 5.2:** Through widespread activity of training actors and partners, vulnerable children and those directly affected by the crisis are identified through enhanced capacity for needs assessment and benefit measures of support to access social services and basic reintegration.

**Progress:**

UNICEF and its partners both government and CSOs have tremendously contributed to the reduction of the vulnerability of child victims or children affected by armed conflict by preventing risks associated with economic sexual abuse and exploitation. A cash transfer scheme set up to support the coping mechanisms of girls at risk of sexual violence and economic sexual exploitation has empowered 500 displaced adolescent girls to prevent risks associated with sexual abuse, violence and exploitation.

Capacity development for communities, CSOs and government entities both in Bamako and in the regions has contributed to the improvement of the competencies of operational partners to prevent and respond to child protection concerns including in a situation of armed conflict. UNICEF has also contributed to the development of community mobilization activities and the establishment of spaces for play and recreation. It has also facilitated the opening of Interim Care Centers. All these facilities have provided services to child victims referred by technical services and to approximately 40,000 vulnerable children from communities in Bamako, Segou, Mopti, Kayes, Sikasso and Gao.

In a joint effort with UNFPA, UNICEF supported the establishment of and the operationalization of a referral system for children victims of gender-based violence in Bamako and Mopti. Furthermore, in collaboration with the National Directorate for Birth Registration, UNICEF supported the improvement of the quality of service delivery in birth registration which resulted in several thousands of children recovering their right to be registered at birth.

**On-track**

**IR 2760/A0/03/020/003 IR 5.3** : Prevention of vulnerabilities and risk is reinforced at the national and community level and social change activities are undertaken at national, regional and local including the abandonment of excision and stop early marriage gender-based violence is strengthened.

**Progress:** UNICEF’s support to government decentralized services and to other child protection partners has resulted in the reduction of risks associated with Female Genital Mutilations (FGM) and mine risk/ERW accidents. Prevention education activities on FGM have been carried out in Mopti, Bamako, Kayes, and Koulikoro while ERW education and awareness related activities were conducted in Segou, Mopti, Timbuktu, Gao and Bamako. UNICEF’s support to government decentralized entities and to other child protection partners has resulted in the reduction of risks associated with Female Genital Mutilations (FGM) and mine risk/ERW accidents. Combined efforts have resulted in the reduction of risks of accidents and sexual exploitation for children and the improvement of their safety in these regions.

Through its Child Protection programme, UNICEF and partners were able to reach out to 110,000 persons in high FGM prevalence areas and to climax in a collective community commitment/resolution to stop the practice. This effort will continue in 2014 and will be expanded to include a component on experience sharing and cross fertilization so that new communities can learn from the experiences of communities reached in 2013.

Furthermore, various partners continued their awareness raising programmes targeting communities in mine risk/ERW polluted areas, IDPs and returning IDPs in order to mitigate risks of accidents. Community awareness education has improved community knowledge on the risks which facilitated UNMAS’ engagement with communities in the identification, demarcation and depollution of a considerable number of areas. A total number of 220,358 were reached through awareness programmes. These efforts will continue in 2014 to enhance results achieved in 2013 and to expand the operational area to polluted zones not covered so far.

**On-track**

**IR 2760/A0/03/020/004 IR 5.4** : The mechanisms for coordination, monitoring and evaluation, including the mechanism for monitoring and reporting Monitoring (Reporting Mechanism - MRM), are reinforced and made operational at the national level and in areas affected by the crises indicators:

**Progress:** UNICEF supported the operationalization of child protection coordination mechanisms at the national level through the creation of the Child Protection Sub-Cluster and the Child Protection Technical Working Group. Both mechanisms contributed to the development of a mapping of field interventions, the collaboration of actors around joint efforts such as rapid assessments, setting up of data collection system, management and information sharing, which further strengthened child protection programming. The expansion of those mechanisms to the field is progressively taking place (Segou, Mopti, Gao and Timbuktu).
Thematic working groups - such as Family Tracing and Reunification, Mine Action, Mental Health and Psycho-social Support - have been set up to enhance the capacity of child protection actors and to ensure the synchronization and harmonization of tools and standards in response to child protection challenges in the Malian emergency. UNICEF and UNMAS have formalized the existence of a working group combining Mine Risk Education and Mine Action to strengthen data collection, data processing, data exchange and utilization on pollution, depollution and education for the prevention of mine risk and ERW accidents.

As of January 2013, a GBV database and an ERW information management tool are in place and allow the collection and processing of data in a database called “Activity Info”. This is an important tool in monitoring information on children victims of GBV and ERWs. Furthermore, UNICEF and MINUSMA are co-leads of the Monitoring and Reporting Mechanism (MRM) under Security Council Resolution 1612. UNICEF has played a prominent role in its establishment since August 2013. The Country Level Task Force and the Technical Working Group on MRM are both operational since November 2013. They include representation from UNCT, MINUSMA and NGOs.


### PC 4 - Politiques, Plaidoyer et Communication

**On-track**

**PCR 2760/A0/03/016 Outcome 08 (03 & 07) :** Through to the end of 2014, the members of the communities, in particular those of the 38 priority districts and enveloped ‘emergency, behaviours key favourable to the survival, protection and development of children and promote intercommunity tolerance and social change with equity.

**Progress:** The programme continued to support sectors’ efforts to scale up humanitarian response in Nutrition, Education, Protection, Health and WASH areas, by reinforcing the IPC and Community dialogue facilitation skills of services providers and community based institutions in 40 accessible districts.

The programme initiated a major strategic partnership with the three main religious organizations including the High Islamic Council (HIC) which vetoed key articles of Family code in 2011, in a country where 85 per cent of the population is Muslim. This was critical in two regards. Indeed, the socio-political crisis exacerbated challenges associated to existing social norms not always favourable to child rights, as evidenced by the surge in the number of children without birth registration, of out of school ones, of those enrolled in armoured groups, and those separated/ abandoned, and those who are denied their right to play, to be vaccinated, and to be supplied with anti-retrovirus medicines for those with AIDS, among others. In addition, it has been found that the conflict also exacerbated inter-community conflicts and retaliations involving even civil servants or CBOs’ members who implement the response plan. The role of religion in dealing with these two areas –Social norms and Reconciliation- being vital, the public commitment of the three umbrella organizations to actively back Mali-UNICEF programmes in Nutrition, Education, and Child Protection and Intercommunity tolerance is a key achievement.

In 2013, the ongoing campaign for key family practices (KFP) promotion was intensified in term of coverage (40 districts, 27 in the South and 13 in the North, against a total of 22 in 2012). Although the evaluation of its impact is only expected next year, positive behaviour and social changes may be inferred from the decrease in under five children’s morbidity associated to malaria and diarrhoea at Community level (cf. RAM Health). Moreover, for the first time the promotion of inter-ethnic tolerance and good local governance were introduced during the last term in the package of themes.

Finally, a key moment of the year was the countrywide coordination and lessons sharing meeting of all C4D programme partners held in Sikasso end of May, including the Third Party Monitoring team. This has help to take corrective actions and redefine activities for the second half of the year.

**On-track**

**IR 2760/A0/03/016/001 Output 8.1:** By the end of 2014, key partners and non-governmental C4D programme are capable of conceiving, implementing and following C4D interventions in support to national programmes and plans for responding to emergencies.

**Progress:** Capacity reinforcement of 139 public sector and civil society actors as well as 1,886 community health workers and agents of CSCOMs 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 Communication for Development, including through: integrating C4D in the Strategic Framework for Growth and Poverty Reduction 2013-2017 as the 42nd priority area as a result of the strategic advocacy, the creation of the National Agency for Communication for Development to ensure coordination of the PNCD, and, finally, the organization of three regional forums and one national forum bringing together 300 multi-sectoral representatives of nine regions.

An unplanned result is worth mentioning here. UNICEF met for two days in San (Ségou region) some forty major players 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 have shown that even at the level of participants, there were and inter-ethnic and community suspicions and sensitivities which were born as a result of the conflict which affects their mutual cooperation. Regional group work to identify ways to make C4D interventions possible in the occupied areas has contributed greatly to overcome some of the psychological barriers as reflected in the action plans and commitments made.

**On-track**

**IR 2760/A0/03/016/002 Output 8.2:** By the end of 2014, the partnership for the implementation of the programme “Communication for development” is reinforced at the local and national level for increased promotion of IEPs and to take account of inter community
tolerance and good local governance

Progress:

In 2013, UNICEF with the support of government structures, built new partnerships with religious congregations and Local communities organizations for the promotion of children's rights and well-being. These umbrella networks which signed an 8 points’ commitment to back the objectives and the implementation of MALI-UNICEF programme of cooperation have a national coverage and many branches and specialized working groups across the country, reaching villages and fractions. Through this agreement, these congregations and local community organizations developed action plans with the technical support of UNICEF and the coordination of the ministries. The action plans took advantage from the routine activities of these organizations’ stakeholders (preaches or sermons in mosques, churches and public places for religious congregations, speech acts on behalf of the government for local elected leaders). UNICEF funded four action plans out of six developed.

These resource persons - preachers, priests, nuns, imams, local elected leaders - have benefited from capacity-building on interpersonal communication, participatory approaches and key messages dissemination on EFP, schooling (with a focus on girls schooling) and IYCF. The government in its part supported these activities by ensuring their coordination, their regulation and their monitoring through its decentralized structures in Segou, Mopti, Gao and Timbuktu regions. As a result, 264 imams and preachers performed Friday Sermons in mosques and preaching in public places in order to promote EFP and IYCF. Likewise, 90 Catholic priests and nuns performed weekly homilies, 48 collective talks with community members, and local elected leaders mobilize 600 of their pairs to back the campaigns. Because of the lack of time, the intercommunity tolerance and good local governance themes could not be covered during the implementing period.

Constrained

IR 2760/A0/03/016/003 Output 8.3 : By the end of 2014, 60 per cent of the population aged 10 to 64 years show in two municipalities at least in each of the priority 38districts a positive attitude vis à vis IEPs, inter-communal tolerance and good local governance

Progress: Positive behaviours and social changes are the result of a large scale set of motivating and supportive actions must be preceded by a broad awareness for taking appropriate conscience. Thus 2013 C4D interventions focused on community awareness raising along with advocacy sessions targeting decisions makers. The themes covered by these activities were: EFP, good nutritional practices, intercommunity tolerance, good local governance, separated and unaccompanied children, mine risk education, FGM, early marriage, and back to school.

Interpersonal communication (IPC) activities implemented through VAD 36,293 home visits and 12,600 group discussions involved 406,758 personnel in Sikasso, Koulikoro and Mopti regions. Similarly, mass communication campaign on the "back to school", schooling and IYCF started in eight regions and in the capital city of Bamako. In addition, 205 community dialogues sessions were organized to foster the search for local solutions to the bottlenecks on the way toward behaviour and social changes. Finally, to enable the effectiveness of frontline health and social workers, a set of counselling cards on EFP were designed and will be printed for wide distribution in early 2014.

To support positive attitudes and reduce the influence of negative social norms, commitment of 1,520 leaders have been ensured through 31 advocacy sessions in Sikasso, Gao and Bamako. All the above actions funded by UNICEF were carried out in conjunction with governmental structures and CSOs.

On-track

IR 2760/A0/03/016/005 IR 6.1: By the end of 2014, key partners and non-governmental programme C4D are capable of conceiving, implementing and following C4D interventions in support of national programmes and plans to response to emergencies.

Progress:

Capacity development of 47 government counterparts and NGO partners in C4D technics allowed them to develop 11 regional action plans for Gao, Sikasso, Koulikoro, Mopti, Segou, Bamako and Kayes regions, and for the networks of religious congregations and local communities (High Islamic Council, Episcopal Conference of Mali, Association of Protestant Churches and Missions in Mali, Association of Municipalities of Mali, the Coordination of Chefs de quartier). Nine of these plans were funded in 2013 by UNICEF, and their implementation has started for Gao, Mopti, Koulikoro and Sikasso regions, and for the three religious congregations and the two local communities as well.

The implementation of these plans has strengthened the capacity of 3737 government and NGOs’ actors in C4D participatory approaches in 40 districts in the mentioned regions. Moreover, activities carried out through these action plans (home visits, educational group discussions, advocacy, community dialogues) have facilitated and promoted community mobilization and sensitization in 466 health areas for the promotion of IYCF and IEPs among others.

However, constraints remain regarding the capabilities in the outreach strategies and the monitoring of C4D interventions by the programme partners in the field. Indeed, the five vehicles for the regional rural radio stations of Gao, Kidal, Timbuktu, Mopti and the National Directorate of Rural Radio could not be delivered to them, as were not motorcycles to the 60 Social Development Local Centers for their monitoring activities purpose at Community level. Consequently, only 10 monitoring missions out of the 76 planned were carried out in Kayes and Mopti by the central level, and by Sikasso region.
On-track

**PCR 2760/A0/03/019**: By the end of 2014, decision-makers and stakeholders involved in humanitarian operations, advocacy, planning and the management of the programmes and policies have access and use statistical data disaggregated (by gender, geography and equity) and the knowledge gained from studies, evaluations and monitoring of field activities.

**Progress**: Mali’s statistical development is structured around the *Schéma Directeur de la Statistique* (SDS) Other essential statistical functions are performed through the sector wide *Cellule de Planification et de Statistiques* (CPS) and *Systemes d’Informations Statistiques Sectorielles* (SISS). Amongst constraints facing the SDS and CPS, is the absence of tools, the paucity of capacity to provide timely, quality data and knowledge to inform the development planning and humanitarian operations. In addition, few capacities and mechanisms are in place to identify and monitor inequities and bridge research, evaluation to policies.

As part of the CP extension, the CPMP was amended through a strategic planning exercise, which led to the development of the Country Strategy Notes 2013-2014, that provides orientations for UNICEF’s cooperation and field offices. The MCO programme’s approach was reinforced through: rapid response to the humanitarian needs; building people and Community’s resilience; and commitments for peace-building.

In the implementation of MoRES, and within the iCCM’s approach, UNICEF and partners conducted a series of district level LQAS surveys to identify, analyse and respond to major bottlenecks and barriers affecting the adoption of effective care practice for children and newborn. The results of LQAS were used for advocacy at district and municipal level for increased local resources in support of the health sector. A child deprivation and vulnerability status analysis was carried out to inform the revision of UNICEF field presence. Furthermore, PME led the mapping of basic social services to pinpoint geographic disparities across regions. Finally, the results from the Mali CC-MODA are progressively used for advocacy and programme planning.

In an effort to reduce the knowledge gap, and to reinforce the utilization of findings from research, evaluations in programme planning and delivery, the revised 2013-2014 IMEP included six evaluations. Three evaluations were completed: the Real Time Independent Evaluation (RTIE) of UNICEF response to Mali’s crisis, the external Evaluation of UNICEF WASH in School Programmeme, and the Impact Assessment of Community Led Total Sanitation in Mali-End Line Analysis. Key capacity to perform quality evaluations remains weak and as a result, the effectiveness and efficiency of UNICEF programmes, Government policies and strategies is still largely un-documented.

Continuous progress was made to support Nutrition Information System with nutrition SMART surveys conducted in 7 out of 9 regions, and with results used to improve the scaling up of nutrition programme. However, other Sector information systems, CPS and routine data collection have not received adequate attention.

On-track

**IR 2760/A0/03/019/001 IR 7.1**: The vulnerable or affected by crises, including children and women, are better identified in a disaggregated manner at national, regional and community levels, and that regular monitoring is effective.

**Progress**: Through the PME programme component, Mali Country Office has maintained its previous effort in M&E capacity building and programme performance monitoring through the continuation of the Third Party Monitoring systems which basically tracks and captures data to inform about, and respond to the situation of vulnerable people affected by the conflict across areas of limited access in the North. In addition, the overall Humanitarian Monitoring Performance mechanisms supported by an online data capturing facility (Activity Info), programme reviews and other tracking systems (Post Distribution Monitoring surveys, mobile data collection tools) provided timely data and information (though not always complete) for monthly Sitreps. The utilization of Activity Info has extended well beyond UNICEF partners and interventions, and is being used WASH and Nutrition Clusters.

As a response to the weaknesses in the national statistical capacity, UNICEF has been supporting the Malikunnafoni (DevInfo) which has reached a maturity point with existing regional databases and technical capacity in place. With the continuous revision of sector data, Malikunnafoni provides the opportunity to carry out disparity analysis to inform about the most vulnerable people of underserved constituencies. Efforts to introduce a humanitarian component to Malikunnafoni are ongoing.

In an effort to improve equity sensitive planning, a mapping of basic social services was carried out and led to pinpoint geographic disparities across regions. Data from the most recent surveys including the Nutrition SMART Survey 2012-2013, MICS 2010, DHS 2012, WFP/EFSA 2012-2013 have helped to identify priority 38 districts for UNICEF intervention on the basis of child vulnerability index. Results from the completed Mali Cross Country-Multiple Overlapping Deprivation Analysis will further help to identify the critical areas and groups, and influence the programming.

On-track

**IR 2760/A0/03/019/002 IR 7.2**: The mechanisms of planning, assurance of quality, control risks, and monitoring the performance of the cooperation programme are implemented and operate efficiently.

**Progress**: In support of MCO programme planning, two strategic planning exercises were conducted to adjust UNICEF’s programme’s approach and delivery in a rapidly changing context. As a result of major shifts in the CP focus, strategy, human resource profile and funding, the CPD 2008-2012 needed some improvements. Under the leadership of PME, the MCO prepared a Country Strategy Notes 2013-2014, which articulates three strategies: continued support and rapid response to humanitarian needs, focus on strengthening community resilience and service delivery systems, commitment to peacebuilding. In addition, the CPMP was amended in order to accommodate to: the new staffing structure and funding basis, and most importantly, to a reshaping of zonal offices based on child deprivation and vulnerability profile that was either prepared. The development and the implementation of Workplans faced delays and constraints, as a direct consequence of this adjustment.

Ahead of the future Country Programmeme (CPD 2015-2019), a Strategic Moment of Reflection exercise was organized in the last
quarter. The SMR aimed at assisting the MCO in the identification of strategic niches for programmes and operations, and at repositioning UNICEF in a context of an Integrated UN Peacekeeping mission (MINUSMA) and emerging issues (decentralization, equity focused programming, resilience and peacebuilding).

The implementation rate of the revised IMEP 2013-2014 is above 50 per cent (for planned evaluations and surveys); a particular attention is being given to building capacity and understanding of evaluation policies including the design and implementation of the Management Response to the RTIE. End of year Programme reviews yielded opportunities to rebuild trust with the Government. Progress on the implementation of HACT is fair (75 NGOs micro assessed and more than Implementing partners trained), but has not got to the full scale implementation of the Quality Assurance Plan. Both field mission monitoring and internal section M&E systems needs improvements.

**On-track**

**PCR** 2760/A0/03/021 By the end of 2014, the situation of children including the most vulnerable is better known and a commitment in favour of children is acquired through advocacy, communication and strategic partnerships.

**Progress:**

The programmes has made numerous efforts and actions to help reach its’ overall objective to improve our communication, advocacy and partnership efforts for children. A Resource and Partnerships Strategy was developed and adopted by CMT. The Strategy will allow the Mali Country Office to mobilize the financial resources needed, leverage strategic partnerships; more work is required to ensure the full implementation of the action plan for the programme which includes mobilizing new high-quality, flexible resources, leverage of resources and strengthening the capacity of the CO to engage more effectively with partners. Measures to reach these goals have been taken this year which include hiring a consultant to revitalize our efforts to engage with the private sector in Mali which resulted in initiating a partnership with Orange, Local Colgate, and a mapping and analysis on the mining industry. In addition, the programme developed a Resource Mobilisation portal on the CO’s share drive in collaboration with the Budget officers and the Reports Officer to assemble all grant information, donor briefing, templates, guidelines and reporting details. Major steps shifts took place in terms of Communication, with the development of a Communication Bi-Annual work plan in partnership with Min of Communication and in line with Management Priorities and the Humanitarian Response. In 2013, the Programme brought together the necessary financial and human resources needed to raise visibility for the situation of children in Mali through, media relations and advocacy for children’s rights.

**On-track**

**IR** 2760/A0/03/021/001 Through to the end of 2014, the visibility of actions to promote the rights of children is increased and ensured through approaches and opportunities for information, communication and appropriate advocacy involving their participation.

**Progress:** One major achievement is the development of the External Relations Bi-Annual Work Plan in line with the extension of the CO Work plan 2013-2014, and its full implementation, although constraints in terms of planning were visible, this task was done under the leadership of the Ministry of Communication and sector priorities. The Work Plan helped reach our IR objectives through the creation, distribution and promotion of content, collaborations with partners and activities to nurture the CO social media community.

In terms of results, the programme was able to advance in the implementation of its target goals; in particularly the efforts to produce visibility materials for media relations, resource mobilization and advocacy purposes. The Programme conducted 6 visits on the field, to showcase the Mali Country Office (MCO) efforts in favour of women and children. A number of visibility materials, including video, photos, and beneficiary stories were produced and distributed to key partners both nationally and internationally.

Despite the security issues, the MCO was able to conduct a NatCom visit and 2 visits with ECHO and the Swedish Cooperation to showcase the nutrition, WASH and Child Protection programmes. As a result of these field visits, the French NatCom increased its advocacy efforts to raise funds for Child Protection in Mali, and the Swedish Cooperation confirmed its commitment to fund WASH activities in 2014-2015.

The Programme advocated on children’s issues related to nutrition (through the breast feeding week), education (for the back to school campaign), and protection (child protection issues related to GVB, DDR, and others). In addition, UNICEF Mali’s presence in social media platforms increased with Facebook and Twitter. They are the most followed pages in the Region, making it the number 1 country office with Social Media impact.

**On-track**

**IR** 2760/A0/03/021/002 The commitment and mobilization of resources for the priority issues of children are strengthened through had with the private sector, donors, national committees for UNICEF and the ambassadors of goodwill.

**Progress:** The crisis in 2012 led a shift in strategies, results structure and programme delivery modes. Hence, a larger partnership strategy was adapted in 2013, to ensure that CO’s collaborations and partnerships continue to compliment the CO objectives.

In 2013, the Programme developed and adopted a Partnerships and Resource Mobilisation strategy, and the CO mobilized approximately 112,139,963 USD for development and humanitarian interventions in Mali. 26 proposals were submitted to key donors and partners raising 24,977,060 USD. The increase in funds received compared to previous years is partly due to the suspension of ODA and will likely impact the funds we get in 2014. For this reason, the Programme supported programmes by organising meetings, preparing briefings and ensured quality control of proposals that helped secure funding for 2013 and 2014 from donors including: ECHO, Sweden, USAID, Canada and Denmark.

The work on private sector, stopped in December 2012, was re-initiated in August 2013. Discussions with private sector took place,
notably with the mining sector. A partnership with Orange Foundation to support free SMS and disaster hotline is in the pipeline for 2014. With the Ministry of Education, the CO and Orange collaborated to create and disseminate 20 million key messages about the return and retention of children in school via SMS in October and November.

In collaboration with the consultancy firm Centro de Alianzas para el Desarrollo (CAD), the CO finalized the Report on Gold Mining and Children Rights in Mali to show the Malian gold mining context and the perception of mining companies of their level of engagement and performance in the Children Rights and Business Principles (CRBP). This helped identify possible partnership. The CO created guidelines for engaging with the mining sector and the government on children’s right through advocacy initiatives and leveraging resources.
Effective Governance Structure

All established office committees continue to function, while two new committees have been established in 2013: editing and audit. Currently Programmes and Operations have monthly indicators that guide performance for the office, a practice that helps measure key indicators. MCO has also established specific SOPs on Supply and Logistics, which will strengthen procedures associated with those two areas within Operations.

MCO Operations has introduced specific indicators to monitor monthly travel, to forecast cash against expenditures, supply orders, release orders, supplies in warehouse, E-PAS and PAS, recruitment and VSAT connectivity through CMT.

Memos have been issued in all aspects of Operations to improve business and mitigate risks, including in Finance, Supply and Logistics. A Table of Authority (ToA) has been raised according to new internal control rules and an individual delegation memo has been established. While the five remaining recommendations of the 2011 audit were closed in 2013, the big challenge this year has been to close the recommendations of our internal audit linked to HACT. The Operations Management Team and PMT submitted the plan for the launch of HACT to the UNCT in November. Next steps include the organisation of macro and micro assessments (including for vetting partners) and harmonized insurance activities in 2014. To reinforce capacity of MCO staff and NGO and governmental partners on HACT, MCO has provided training and support to 53 governmental structures, 31 national NGOs and 33 international NGOs and 47 staff members this year.

After the assessment on Business Continuity Plan (BCP) conducted in February 2013, MCO has enhanced its BCP in Bamako, Mopti and Kayes. The office is also in the process of enhancing the BPC in the newly opened office in Sikasso and satellite office in Timbuktu. In Bamako, in addition to USB internet keys delivered to essential staff, four secondary centres have been created and equipped in the case of an interruption of services in the primary location: the residences of the Representative, Deputy Representative, Chief of Operations and at a shadow office. Similar efforts are also ongoing at the residences of the new Heads of Office of Kayes, Sikasso and Gao zonal offices.

Strategic Risk Management

A review of BCP was undertaken by the Regional Specialist in February 2013 in Bamako, Kayes, Segou, Koulikoro and Mopti. The BCP was also tested in one of MCO’s secondary operation centres, the Representative’s residence in Bamako. In response, office furniture and equipment, ICT and communication equipment were ordered and dispatched according to the plan. An emergency risk assessment has been conducted with NYHQ and WCARO and mitigation measures undertaken. A new building with a security check point was established in Bamako. The safety of the office has been then increased through the establishment of security checks on the road and at the reception and electronic cards are now required to access the office doors (entry and exit). All staff are required to wear their badge at all times while on MCO premises. In preparation for presidential and legislatives elections MCO updated its BCP in the second quarter of 2013.

An audit committee has been created to guide MCO on best practices. A temporary NOC post of Audit Specialist has been created to enhance operating procedures and a checklist for payment and DCT liquidation has been developed. A Finance Specialist has joined MCO to improve the monitoring of financial transactions and ensure transactions are more transparent.

Evaluation

Based on the two year extension of the CPD 2008-2014, MCO has developed a two-year IMEP which includes six evaluations, of which three are complete. They are the RTIE of the Humanitarian Response, the external evaluation of MCO WinS and the impact assessment of CLTS in Mali (end line analysis).

In 2013 a renewed effort has been placed in sharing evaluations’ findings and in increasing the utilization of previous evaluations. The findings from the impact assessment of the CLTS were disseminated to a variety of
audiences including government, academics, communities and key partners.

Particular emphasis was given to understanding the new policy on evaluation and the need for management response to this policy. The RTIE of MCO’s response to the humanitarian crisis has provided a unique opportunity to disseminate the policies and guidelines governing evaluation. As a result, programme staff were able to gain better understanding and contribute to the design and implementation of the management response to the evaluation. The most critical and urgent recommendations from the RTIE have been included in the 2013-2014 rolling work plans.

Over the design of the 2013-2014 IMEP, there had been concern about the number, the quality and the use of evaluations. Critical programmes and sectors (such as child protection and education) still face major evaluation gaps as compared to other sections. The lack of evaluation for these sections contributes to limited programme effectiveness and efficiency. For example, the education flagship Bourse Maman project, which is a cash transfer scheme, has gone for years with no evaluation. In Mali, capacities in evaluation remain extremely limited. As such, few local, independent consultants/firms are able to conduct high quality project evaluations complying with OECD/DAC standards. International consultants are most often used to conduct quality evaluations. The support to reinforce national capacity for development programme evaluation and the dissemination of best practices in evaluation merits greater attention over the coming years.

Effective Use of Information and Communication Technology

The ICT unit provided innovative, reliable and secure information technology services to staff throughout 2013. The quality and efficiency of the ICT system was improved thanks to Network Monitoring System for ICT and ISP performance to meet the expected needs for the ERP Vision System. The most significant challenge in 2013 was the connectivity of the newly created zonal offices. A full size 2.5 m VSAT was installed in Sikasso and another ordered for Gao. In the meantime, a bandwidth upgrade from 512 kbs to 1MB has been performed on the existing VSAT there. Four BCP sites have been created for the Representative, Deputy Representative, Chief of Operation’s homes and a shadow office in Bamako linked to the main office via Radio Bridges system or service provider Orange system. ICT implicated in the BCP was developed implemented, tested and audited.

Measures to improve the quality of services and strengthen office efficiency included the provision of Blackberry services to key staff to allow work during commutes, the installation of a Blackberry server in Bamako, enabling access to email over Smartphone devices, the provision of mobile internet access to staff working from home (through USB internet keys), the integration of telephone services and the VOIP system has been established. Furthermore, 36 vehicles have been equipped with mobile radio, a vehicles tracking system via HF and Thuraya phone system has been put in place. Video conferencing has been enhanced. In line with the Cluster approach to coordination in humanitarian response, ICT actively participated in the ETC cluster and contributed to the management of the VHF security communication network.

ICT closely supported the Cluster and MCO Programme sections in the utilization of Information Technology, such as BGAN and Thuraya. Some 11 programme MCO staff and 15 Operations MCO staff were trained on the use Radio HF and Satellite phone system.

Fund-raising and Donor Relations

The temporary suspension of ODA by all development partners in 2013 led to a significant increase in development-oriented resources during the crisis period. MCO has enjoyed relatively stable levels of development funding from 2008-2012. Although there were small-scale emergencies (related to food insecurity, flooding) emergency funding did not comprise the office’s income. With the conflict and nutrition crisis however, emergency funding levels rose but did not exceed regular funds. Instead, regular allocations increased more than twofold, due in part to the suspension of ODA and the shift to partnering with the UN and NGOs.

In 2013, MCO developed a partnerships and resource mobilisation strategy to expand on and sustain positive
partnerships, mobilise and leverage additional resources and protect income in 2013 and 2014 leading up to the new country programme in 2015. The strategy provides an assessment of the donor environment in Mali and what measures to take in order to fundraise effectively. Within this context and through carefully managed donor relations during crisis, UNICEF Mali mobilised approximately USD $102 million to sustain and expand key interventions for children across all sectors. Locally present public sector development partners accounted for the majority of financial assistance to the development programme in Mali. Major donors to regular programming were the European Commission, Netherlands and Canada. In humanitarian efforts, key donors include ECHO, Japan, Spain, CIDA, and DfID all contributed substantially. In regular funding, all sectors apart from education (which was 23 per cent underfunded) were fully funded in 2013. In emergency funding, however, all sectors were heavily underfunded with a 66 per cent gap.

Quality and timely donor reporting is a key component of donor relation management. In the context of increased funding, MCO had an increased load of donor reports. In 2013, MCO had 64 reports due, 30 of which were submitted in time. MCO has done an internal assessment to see the reasons for late reports and assess that the capacity of programmes for reporting. It is planned for 2014 to strengthen reports and proposal writing by programmes through the recruitment of staff to train and guide them on reporting procedures and requirements.

Management of Financial and Other Assets

MCO made 95 per cent of payments by bank transfer in 2013. This facilitated bank reconciliation, monitoring of transactions and minimized the risk of manipulation linked to check issuance. It also served as a time saving innovation when making payments.

A new bank account has been opened with ECObank, which offers more security for managing transactions and facilities for electronic banking in real time, which allowed the office to perform bank reconciliation twice monthly to help mitigate risk. MCO is in the process of closing the former bank account with BIM.

Manual management of fuel by coupons has been replaced by electronic management with the use of prepaid fuel cards, which is a strategy that reduces risk linked to the manipulation of petrol coupons. MCO key indicators for 2013 are: RR spent: 98 per cent, ORR Spent: 96 per cent, ORE spent: 96 per cent, Grants used within the original duration of grant duration: 99.73 per cent. ORE funds used within the original duration of Grant life: of 99.16 per cent. DCT 6-9 months: 10 per cent and DCT more than 9 months: 1 per cent.

Supply Management

Supply remains an important part of programme delivery, with almost US$49 million spent on the procurement of goods and services for programme activities for 2013.

The volume of purchases this year reached US$48,844,342[1], which represents a 41 per cent increase compared to 2012, with a growth most noted in the institutional contracts (increased by 59 per cent) and offshore procurement up by 68 per cent. The increase in offshore procurement can be attributed in part to the limited capacity of the local market, both in quality and quantity. This is partly due to the economy having been affected by the crisis. In 2014, a new market survey is planned to fully explore the potential of the local market from a recovering economy.

The increased procurement, coupled with the low capacity of partners to transport and store MCO supplies, has resulted in an end of the year stock level of US$7,076,561, which represents a significant risk for MCO. Currently, most UNICEF partners cannot absorb the quantities of products procured. As a result, partner's capacity building for storage and good management of supplies remains a priority, to increase the level of direct deliveries and decrease MCO storage liabilities.

Over 600 different references of articles were procured by MCO in 2013. As such, one of the priorities for 2014 will be for programme components to re-focus on essential commodities as defined by MCO and delegate partners to procure items of low value and low risk for the organisation.
During the second semester of 2013, the Supply Unit supported a consultant to work directly with the Ministry of Health to procure equipment for the Cold Chain. This has allowed MCO to facilitate the identification of gaps and deficiencies and a more rapid response.

To encourage local economic recovery, UNICEF procured 20 per cent of school furniture (student’s school benches, teacher desks and chairs) locally in Bamako, Timbuktu and Gao. The remaining 80 per cent was imported from South Africa. An estimated 460,000 kits were assembled and distributed by UNICEF in less than 3 months: this required very careful planning considering the limited capacity of the local market.

Delivery of goods in-country was facilitated by contracts signed with transporters, while Long-Term Agreements established since 2011 allowed for a faster distribution of items.

The increase of the procurement level has resulted in an increase of warehouse costs and in-country transport: logistics costs have amounted to US$1,578,252. In 2013, UNICEF issued over US$10 million worth of goods that transited through the warehouse.

The issuance of SOPs has facilitated the way Supply and Programme components work jointly to improve programme delivery: further significant improvements in planning, procurement and distribution are expected in 2014.

Collaboration with other UN agencies remains limited in supply and logistics. Whilst MCO participated in meetings with the Logistics Cluster led by WFP, the impact and concrete results of this collaboration have not clearly been identified, with agencies sharing information on supply sources. A joint field mission with the Logistics Cluster took place in September to explore the possibility to open a common warehouse in Mopti, which would be run by the Logistics Cluster. This project is currently on stand-by.

Technical support was received from Burundi Country Office and training in VISION provided to all Programmemes Assistants to improve supply-related transactions. A National Staff (NOA) participated in a training workshop in Supply Division to improve Warehouse Management skills.

[1] Source : VISION

**Human Resources**

In January 2013 MCO had a total of 135 staff employed. As of 31 December 2013 the office has 199 staff, (44 IP, 51 NO, 61 GS, including 43 Temporary staff), 3 stand-by partners, 7 Consultants and 1 UNICEF Staff on mission. This increase was due to the implementation of the new CPMP, specifically tailored to allow MCO to respond to the continued humanitarian and political crisis, and the war in the northern part of the country.

In March 2013, the PBR approved the creation of 25 new positions: 10 IP positions, 07 GS positions, 08 NO positions and the abolishment of 04 vacant positions (2 UN Volunteers positions, 1 ICT Officer P2, 1 Health Officer NOB in the Kayes Field Office). 55 positions were affected by either changes in reporting lines, or change of titles or transfer to other duty stations. Most of the changes were linked to the creation of 2 new field offices (Gao and Sikasso) in addition to existing ones in Kayes and Mopti and the closing of 2 field offices (Koulikoro and Segou). All new positions IP, NO and GS have been filled, except for a GS6 Administrative Assistant position in the Gao field office, which could not be filled despite being advertised externally three times.

Measures have been taken by management at the end 2013 to ensure a higher completion rate of 2013 PERs and completion of outstanding 2012 PERs. After discussions at CMT level and instructions by the Representative to send individual emails to SM and their supervisors who had not completed their PERs, completion rates had increased from 74.77 per cent to 90 per cent and from 63.91 per cent to 80 per cent respectively for 2012 PER and 2013 planning phase and mid-year.

MCO has two Peer Support Volunteers who were trained in 2012 to be the first line of support in the office. A local Staff Counsellor was contracted for six months, from May through October 2013, to provide support and
counselling to staff members and their families. The HIV Focal point shared the UN booklet on HIV with all staff in December, as a reminder of HIV in the workplace standards.

Issues of concern identified by the 2011 Global Staff Survey for the Mali Country Office, such as work/life balance, career planning and Staff Association actions were discussed and addressed by JCC meetings in 2013. The Staff Association initiated several actions to provide assistance to colleagues whose families were directly affected by the conflict in North (money, clothing and food were collected on a voluntary basis and distributed to the colleagues concerned).

MCO has a learning committee and a learning plan for 2013 for which 3 group trainings were organized: PPP (42 staff trained); Competency Based Interview (42 staff trained), and English language training (33 staff enrolled). Some 14 staff members underwent individual trainings and 17 staff members took the English language course online.

### Efficiency Gains and Cost Savings

A new bank account was opened with ECOBANK, which offers more security for managing transactions and facilitates online banking in real time, which allowed MCO to perform bank reconciliation twice monthly since adoption in 2013. Manual management of fuel by coupons has been replaced by electronic management with the use of prepaid fuel cards. This reduces the risk of loss linked to the manipulation of petrol coupons.

In 2013 MCO began using Internal software for monitoring and tracking vehicles in the field, which allows MCO to track the movement of UNICEF vehicles with exact GPS position details. Regular monitoring of vehicles and tracking of their routes has allowed MCO to cancel missions when situations arose that could jeopardize vehicles and staff safety, thus reducing risk. With the tracking system, vehicles’ speed, distance, bearing and estimated time of arrival to a destination can be displayed with the position icon on a display map, with each vehicle is represented by an icon. This permits MCO not only to follow the route taken but also increases accountability of drivers and staff. MCO recorded all safety and emergency events as well as all travel activity, which provides critical information for incident investigation and reporting.

A computerized system (which tracks and reports automatically) is in place to manage fuel kept at MCO for emergency purposes and for generators.

Measures to improve the quality of services and to strengthen overall office efficiency included the provision of Blackberry services to key staff to allow work during commutes, the installation of a Blackberry server in Bamako, the access to email over Smartphone devices, the provision of mobile internet access to staff working from home, integrating telephone services and the VOIP system, Thuraya phone system, enhancing use of video conferencing, and equipping 36 vehicles with mobile radio.

### Changes in AMP & CPMP

No major changes are envisioned for the 2014 Annual Management Plan. Nevertheless, MCO is cognizant of the evolution in the social and political environment due to the crisis and subsequent transition and reconciliation phases. Within this context, therefore, the MCO will be engaged throughout 2014 into thorough preparations for a new CPD, CPAP and CPMP. In this regard, the office carried out a Strategic Moment of Reflexion (SMR) to launch discussions for the new CPD in October 2013. Based on these, MCO will focus on a two-pronged approach. Firstly, an understanding of how the crisis has affected the children and women of Mali: within this context, a SitAn, a partners’ mapping and a triangulation of routine data with MODA and decentralized-level data will support the office in the development of an equity-focused programme that will truly benefit the most deprived children. Secondly, a new business model based on a taking stock of lessons learned coming from the four current zonal offices of Kayes, Sikasso, Mopti and Gao. This work will be supported by a robust management review scheduled for the first quarter of next year and by a thorough analysis of funding trends for Mali for the next years.
### Summary Notes and Acronyms

- BCP Business Continuity Plan
- C4D Communication for Development
- CAP Consolidated Appeal Process
- CBO Community Based Organization
- 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
- CSCOM Community Health Centre
- DCT Direct Cash Transfer
- DHSS District Health System Strengthening
- DPC Direction for Civil Protection
- ECOWAS Economic Community of West African States
- EFP Essential Family Practices
- EMOPS UNICEF Office of Emergency Programmes
- EPF Emergency Programme Funds
- ERW Explosive Remnants of War
- EU European Union
- FACE Funding Authorization and Certificate of Expenditures
- FCFA CFA Franc
- GAM Global Acute Malnutrition
- GBV Gender Based Violence
- GDP Growth Domestic Product
- GHN Global Horizontal Notes
- HACT Harmonised Approach to Cash Transfers
- HAU Humanitarian Action Update
- HCT Humanitarian Country Team
- HIV Human immunodeficiency virus
- HNO Humanitarian Needs Overview
- HPM Humanitarian Performance Monitoring
- HRBA Human Rights Based Approach
- IASC Inter-Agency Standing Committee
- ICT Information and Communication Technology
- ICRC International Committee of the Red Cross
- IYCF Infant and Young Child Feeding
- IDP Internally Displaced Persons
- IHME Seattle Institute of Health Metrics
- IMEP Integrated Monitoring and Evaluation Plan
- INSTAT National Institute of Statistics
- IP International Professional (staff)
- KAP Knowledge, Attitudes and Practices
- KFP Key Family Practices
- LTAs Long-term Agreements
- LQAS Lot Quality Assurance Sampling Surveys
- M&E Monitoring and Evaluation
- MARA Monitoring, Analysis and Reporting Arrangements
## Document Centre

### Evaluation

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### Lessons Learned

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