Delegations are kindly invited to use this template to share their comments on any of the draft CPDs being presented during the forthcoming Board session.

In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline will be made public on the Executive Board website, and considered by the respective regional office, in close consultation with the country office and the concerned Government.

<table>
<thead>
<tr>
<th>General comments</th>
<th>The CPD rational depict the situation of the country. The document also promotes equity in assistance to those in need.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>As reference to national policies the CREDD is the only national policy document referenced by the CPD. UNICEF could also take into account other national policies such PRODESS and national relevant health sector policy and strategy documents.</td>
</tr>
<tr>
<td>2.</td>
<td>The document mentioned escalation of violence and the spread of conflict; reduced humanitarian access as major risks to the success of the country Programme. It will be interesting to talk about how the agency will handle in this non-permissive environment.</td>
</tr>
<tr>
<td>3.</td>
<td>“Results and geographical areas of intervention will be prioritized based on the MODA, the situation analysis, national and regional consultations and the evolution of the humanitarian and security situations”. Geographic areas of intervention could be prioritized and refined later; however the expected results should be prioritized and defined now as UNICEF already has a clear idea of the funding needed for the Programme implementation.</td>
</tr>
<tr>
<td>4.</td>
<td>USAID is missing among the partners to work with. At mission and headquarter level USAID contributes in funding UNICEF’s activities, we would appreciate having SAID listed among key partners to work with for this CPD. In addition, please add USAID as a partner for UNICEF Outcomes 1, 2 and 3 in the column listing “Major partners” in Pages 12, 14 and 16.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments on specific aspects of the country programme document</th>
<th>(Delegations providing comments may wish to include details, such as the page number X, paragraph number X, or annex (results and resources framework).</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Para 5: “Deprivations during the early years (0–5 years), including malnutrition and diseases stemming from a lack of immunization and access to basic water and sanitation, cause cognitive, physical and social/emotional developmental delays. Despite progress in reducing infant mortality, the under-five mortality rate increased from 95 to 101 per 1,000 live births between 2012 and 2018. In 2018, 29 per cent of children under the age of 1 year had not received their third dose of combined diphtheria/tetanus/pertussis (DTP3) vaccine, compared with 26 per cent in 2012. Access to basic water services increased from 70 to 78 per cent and access to sanitation from 32 to 39 per cent between 2012 and 2017.”</td>
<td></td>
</tr>
</tbody>
</table>
Comment: Draft CPD, Program Rational, paragraph 5: Would be good to add in rural areas the lack or poor infrastructures (community health centers, storages etc.), equipment, and children’s access to adequate food.

6. Para 6: Though the prevalence of severe acute malnutrition decreased from 5 to 2.5 per cent between 2012 and 2018, it remains above the World Health Organization (WHO) emergency threshold, with related high rates of stunting. In 2018, only 40 per cent of infants were exclusively breastfed during their first six months and only 22 per cent of children aged 6 to 23 months received the minimally required age-appropriate diversified diet. Bottlenecks include limited access to and poor quality of health services; inadequate child feeding practices; a lack of water, sanitation and hygiene (WASH) infrastructure in communities and health facilities; and limited demand for services. These are compounded by gender inequalities affecting women’s access to information, resources and services for themselves and their children.

Comment: Indicators: Breastfeeding is an issue in CPD Paragraph 6, but it is not mentioned in the priorities. Suggest adding an indicator on Exclusive Breastfeeding in the first 6 months.

General:

7. Indicators: would request that the education indicators are disaggregated by sex as well as conflict/crisis-affected populations

8. Indicator: Percentage of children (36–59 months) attending an early childhood education programme - the increase from baseline to target is small enough (2%) that it’s not likely going to be useful for management purposes. A 2% increase could be real or a data artifact. UNICEF could consider reframing this indicator to focus on equity for early childhood education in line with the rest of the country plan (e.g. reduction in disparities in access to early childhood program between rural/urban populations or populations affected by crisis and conflict vs those less affected)

9. Indicator: pg 14, the baseline and target for ‘country shows improvement in learning outcomes’ are both ‘yes’. This will not be useful for tracking progress to have both the baseline and the target be identical. GAML recently validated proficiency descriptors for grades 2-6, and UNICEF could consider reframing the baseline and target as percentages of the population moving between proficiency levels.

10. Monitoring and evaluation pg 10: given the focus on resilience, one monitoring approach that may be useful to consider using is the Recurrent Monitoring Survey, which are triggered in response to shocks and stresses, and produce data that help understand how other critical outputs/outcomes are reacting to shocks/stresses. Technical guidance available here.

11. Costed evaluation plan: pg 2, very pleased to see a planned evaluation of humanitarian-development coherence that applies to all sectors.

12. Evaluation Plan: Diarrhoea and pneumonia represent major causes of morbidity and mortality in children and are also linked to immunization programme; it will be interesting to have those two diseases also integrated within the evaluation plan. As the country challenges to produce quality data about the two diseases, this evaluation could be an opportunity to have
comprehensive information about the highest burden diseases in childhood including pneumonia and diarrhoea.

It was said that this CPD will be focused on four key results for children: immunization, the prevention of stunting, improved learning outcomes and ending child marriage. By including diarrhea and pneumonia vaccines in EPI, the country program has already started the process. This CPD could be an opportunity to reach an advanced level in this integration; UNICEF could consider integration of pneumonia and diarrhea with immunization in their evaluation plan.

13. The nutrition approach seems centered on exclusive breastfeeding and food diversification. Micro nutrients deficiencies and behaviors as key driver of malnutrition when addressed could help to improve nutritional outcomes. UNICEF should consider integration of micronutrient deficiency prevention and behavior change in their global approach to advance nutrition in Mali.

14. For education services overall, it is important to assure that all learners across the targeted age groups are receiving access to quality education, and not simply access to any formal education. To support the aims of paragraph 30, consider using the Accelerated Education Working Group 10 principles for effective practice.

15. As much as possible, it would be helpful to identify geographic implementation areas for the technical interventions in health and education. Paragraph 30 indicates a focus on “the most disadvantaged, deprived and hard-to-reach.” This may imply substantial work in the north of Mali. If this assumption is accurate, fine. If the assumption is NOT accurate, it should be clarified within the document.

16. On page 14, please consider adding USAID as a major partner for all of UNICEF outcome 2.

Response from the UNICEF Regional/Country Office

UNICEF appreciates the comments made by the Government of the USA on the draft country programme of cooperation between UNICEF and the Government of Mali and the opportunity to offer additional information not captured in detail in the 6,000-word country programme document (CPD).

Point 1. As part of the UNSDCF, UNICEF will contribute along with other partners to several national sectoral policies such as the Health and Social Development Programme (PRODESS), the 10-year Education Programme (PRODEC II), and the Water and Sanitation Programme 2016–2030 (PROSEA 2). These policies are also embedded in the Strategic Framework for Economic Recovery and Sustainable Development (CREDD). UNICEF contribution will include continued support to the national authorities for their implementation, revision and development of related strategies and plans, as well as strengthening of national systems for monitoring of their implementation at national and local levels. In the Country Programme Document (para. 22), a reference to relevant national sectoral policies has now been added.

Point 2. The draft CPD 2020-2024 focuses on building community and system resilience and strengthening the links between humanitarian response and development as core approaches to improve results for children, including those displaced. In particular, UNICEF will prioritize 1) strengthening government systems’ resilience and their preparedness mechanisms; 2) strong field presence through its zone offices in order to have more direct access to affected population and strengthen community engagement; 3) partnership with local NGOs, local municipalities,
and third-party monitors in hard-to-reach areas; 4) risk-informed programming and 5) intensifying community acceptance and local support through increased work with local authorities and communities.

Point 3. As stated in the draft CPD (para 23), ‘The emphasis will be on four key results for children: i) immunization, ii) the prevention of stunting, iii) improved learning outcomes and iv) ending child marriage’. For these key results as well as other priorities, expected targets have been set and quantified under each outcome (para. 27, 30, 33, and 36). The result framework indicates key progress targets at outcome level. Output-level indicators, targets and budget by component will be developed as part of the operational planning, together with government and partners.

Point 4. See below response under 16 on reference to bilateral partners.

Point 5. On page 3 the CPD (para 6) covers the issues of children’s lack of adequate diet and the main bottlenecks for the early years, and limited access to and poor quality of health services; inadequate child feeding practices’ covers rural areas and their lack of or poor infrastructures (community health centres, storages), equipment, and children’s access to adequate food.

Point 6. The Results and Resources Framework includes an indicator on exclusive breastfeeding (p. 12) and formulated as ‘Percentage of infants (0–6 months) exclusively fed with breast milk’.

Point 7. Indicators have been disaggregated whenever possible. Sex-disaggregation could not be included for indicators which relate to overall system improvement or when there is no reliable sex-disaggregated baseline available (e.g. for children out of school, and children in humanitarian situation accessing primary education). The same applies to disaggregation by populations in humanitarian situations. Disaggregated targets will be set and progress monitored by sex and by humanitarian situation, in line with UNICEF standard indicators, to the maximum extent feasible. Sex-disaggregation was added for the indicator on children attending early childhood education programme (page 13).

Point 8. UNICEF takes note of the remark on the risk of data artifact. In the country programme document, the target has been revised, disaggregated by sex, and aligned with the indicator and targets of the 10-year Education Programme (PRODEC2). Baseline on equitable access is currently not available in Mali. In the course of the country programme, UNICEF will support the Ministry of Education to strengthen its information system and reporting accordingly.

Point 9. The baseline for ‘country shows improvement in learning outcomes’ refers to changes during the period 2015-2019, whereas the target captures changes that will take place between 2020 and 2024. The Ministry of Education is currently developing tools for competencies assessment (similar to the Global Alliance to Monitor Learning), which may enable the country to generate more in-depth reporting on learning outcomes.

Point 10. Thank you for sharing the technical guidance on Recurrent Monitoring Survey. UNICEF will consider piloting a real-time monitoring mechanism using Recurrent Monitoring Survey coupled with available tools such as U-Report to track progress of resilience interventions at household and community level in intervention areas.

Point 11. UNICEF appreciates the comments made by the Government of the USA on the planned evaluation of humanitarian-development coherence.

Point 12. Mali has introduced new vaccines on Diarrhea and Pneumonia into the national immunization programme. The evaluation of child immunization strategies planned in 2020 in the Costed Evaluation Plan will assess the effectiveness of these new vaccines on childhood pneumonia and diarrhoea.

Point 13. Treating and preventing micronutrient deficiencies will be an integral part of UNICEF’s approach to improving nutritional outcomes in support to Government’s efforts. For the 0-5 years, besides breastfeeding promotion, UNICEF will contribute to preventing micronutrient deficiencies. Strategies will include: promotion of diet diversity, fortification of staple foods (e.g. salt iodization), home fortification of complementary food with multiple micronutrient powders, supplementation (e.g. vitamin A) and disease prevention and treatment (e.g. malaria).
For the 6-12 years, the focus will be on evidence generation, notably on micronutrient deficiencies, to fill data gaps on the nutritional status of this age group. New interventions such as iron supplementation among school-age children will also be piloted. Prevention of anemia and other forms of micronutrition deficiencies will be an integral component of UNICEF strategy for the 13-18 years group.

Point 14. UNICEF concurs that access to quality education is paramount (e.g. para. 21, 30, 31, 34). UNICEF will continue to support the PRODEC2, which includes strategies for the reintegration of out-of-school children through accelerated education following several of the 10 principles for effective practice.

Point 15. As stipulated, UNICEF will continue to focus on the most disadvantaged, deprived and hard-to-reach children, including in areas affected by humanitarian crisis. UNICEF will prioritize a strong field presence through its zone offices (including in Gao, Timbuktu and Mopti).

Point 16. Due to the statutory word count limit, we have referred to all bilateral partners as “bilateral partners”. We acknowledge the importance of the US contribution and we would like to express our gratitude for the continuous support and the positive feedback on the draft country programme.