

Mali

Country programme document 2008-2012

The draft country programme document for Mali (E/ICEF/2007/P/L.8) was presented to the Executive Board for discussion and comments at its 2007 annual session (4-8 June 2007).

The document was subsequently revised, and this final version was approved at the 2007 second regular session of the Executive Board on 7 September 2007.

Basic data[†]
(2005, unless otherwise stated)

Child population (millions, under 18 years)	7.4
U5MR (per 1,000 live births)	218
Underweight (% , moderate and severe) (2001)	33
Maternal mortality ratio (per 100,000 live births) (1995-2001)	580
Primary school enrolment (% , male/female, 2004)	50/43
Primary schoolchildren reaching grade 5 (%) (2003)	79
Use of improved drinking water sources (%) (2004)	50
HIV prevalence among adults (%)	1.7
Child work (% , children 5-17 years old) (2001)	35
GNI per capita (US\$)	380
One-year-olds immunized against DPT3 (%)	85
One-year-olds immunized against measles (%)	86

[†] Additional data about this country and on women and children can be found at www.unicef.org.

The situation of children and women

1. A Sahelian country with more than 13.5 million inhabitants, Mali is often subject to the vagaries of its climate which affect the economy, of which agriculture and livestock farming are the main pillars. The situation of the country is characterized by poverty, illiteracy, isolation and limited human resources. The region in which it is situated continues to be beset by conflicts in several neighbouring countries which could adversely affect the situation in Mali.

2. In recent years, the country has experienced exceptional political stability, the strengthening of its democratic process and the beginning of decentralization. There is genuine political will to improve the situation of children and women, as the Government has demonstrated by its decision to provide certain health-care services (delivery by caesarean sections and treatment of malaria for children under the age of 5 and pregnant women) and basic education free of charge. One of the major challenges is to ensure proper management of the substantial inflow of development assistance and to increase the share of the national budget allocated to the social sectors with a view to improving the country's performance in the areas of concern. Although significant progress has made, the results have fallen short of expectations and achieving the Millennium Development Goals will not be easy.

3. Concerning Goal 1, the situation is characterized by the failure to control population growth, insufficient economic growth, unequal distribution of the benefits of growth and limited access to basic services in rural areas. Nevertheless, the implementation of the 2002-2006 Poverty Reduction Strategy Framework (PRSF) has helped to reduce the level of income poverty from 68 per cent in 2001 to 59 per cent in 2005. The reduction was particularly noticeable in urban areas (from 26 per cent in 2001 to 20 per cent in 2005), while the poverty indicator in rural areas remained virtually unchanged (74 per cent in 2001 versus 73 per cent in 2005).

4. With respect to Millennium Development Goals 2 and 3, a review of the situation in the education sector shows limited educational opportunities and a

school system marked by low quality, high costs and poor performance. The combined net enrolment rate (NER) for boys and girls rose from 51 per cent in 2002-2003 to 57 per cent in 2005-2006. Despite the priority given to the education of girls, the gap between the net enrolment rate for boys (64 per cent in 2005-2006) and that for girls (49 per cent in 2005-2006) is still very wide (nearly 15 percentage points). It should be noted that only 41 per cent of pupils are enrolled in school by age 6 and 35 per cent by age 7. Although the total number of students has greatly increased, the student:teacher ratio has slightly improved (57 students per teacher in 2002 compared with 53 in 2005-2006). In 2004, the primary school (first six years of school) completion rate¹ was 75 per cent and 85 per cent for the first five years (no data is available for previous years).

5. Under Millennium Development Goals 4, 5 and 7, the infant mortality (113 per 1,000 live births), under-five mortality (229 per 1,000 live births) and maternal mortality (582 per 100,000 live births) rates remain very high, as the third population and health survey (2001) shows. However, these trends can be confirmed only with the results of the fourth population and health survey, which are expected to be available by the end of the first quarter of 2007. The main immediate causes of infant and child mortality are malaria, acute respiratory infections and diarrhoea, with malnutrition accounting for more than 50 per cent of mortality rates. According to the third population and health survey, 33 per cent of children under the age of five years are underweight, while 38 per cent suffer from stunted growth and 11 per cent from wasting. The limited access to safe drinking water (62 per cent) and sanitation facilities (46 per cent) is a major contributing factor to these mortality rates. Maternal mortality is directly related to the lack of access to decent health services and obstetric care.

6. The low prevalence of HIV/AIDS (1.7 per cent among the adult population, 2 per cent among women and 1.5 per cent among men, according to the third population and health survey) should not detract attention from the risk of the spread of the epidemic. Indeed, 50 per cent of women (55 per cent of them adolescents) and 22 per cent of men (30 per cent adolescents) are unaware of any means of preventing the disease. Among the estimated 75,000 children made vulnerable by HIV/AIDS, only 5,060 children infected and/or affected by the disease receive proper treatment. Despite the availability of funding (the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank's Multi-Country HIV/AIDS Program for Africa) and the existence of a strategic plan to combat HIV/AIDS, little concrete action has been taken.

7. With regard to the protection of children, there is little information on child labour, on the exploitation and abuse of children and on violence against them. The national child labour survey carried out in 2005 by the National Statistical and Information Office, in collaboration with the International Labour Organization (ILO) and the United Nations Children's Fund (UNICEF) shows that child labour is a troubling reality, particularly for girls from rural areas working as domestic servants. About two out of every three children aged 5 to 17 years are economically active, which amounts to more than 3 million girls and boys throughout the country. Other surveys² show a low level of awareness among children (approximately

¹ Rate of completion means the percentage of students enrolled in the first year who complete their fifth or sixth year of school.

² Knowledge, attitude and practices (KAP) study by the National Social Welfare Office, 2001, on

50 per cent) and their parents (approximately 40 per cent) of the rights of the child and of the relevant international conventions. According to the third population and health survey, 92 per cent of adult women are victims of excision.³ The national survey⁴ of birth registration conducted in 2004 showed that only 48 per cent of children under the age of 5 are entered in the civil registry (50 per cent of boys and 46 per cent of girls). There are wide disparities between urban (84 per cent) and rural (34 per cent) areas and depending on the mothers' level of education (90 per cent of educated mothers register their children compared with 46 per cent of those who are not). The main factors contributing to this situation are the cost of registration, limited access by the population to civil registry services and the unfamiliarity of parents with the procedures.

8. Mali has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women as legal instruments for the promotion of rights. The periodic report of Mali submitted to the Committee on the Rights of the Child in January 2007 shows that, despite some progress, the poverty and exclusion suffered by women remain serious obstacles to the realization of their rights. The Committee has strongly recommended the preparation of a rights-based national action plan covering all areas of the Convention and taking into account the Millennium Development Goals and the Declaration and Plan of Action adopted at the special session of the General Assembly on children, entitled "A world fit for children". The Committee also recommended the adoption and implementation of legislation to prohibit early marriage and female genital mutilation (FGM). It also expressed concern at the inadequate budget resources allocated to the well-being of children and at the widespread phenomenon of child beggars and the abuse, violence and exploitation to which children are subjected.

Key results and lessons learned from previous cooperation, 2003-2007

Key results achieved

9. With respect to child survival, significant progress was made between 2003 and 2006. At the national level, with the support of UNICEF and all partners, the DPT3 coverage rate increased from 40 to 80 per cent and the rate of vaccination against measles from 49 to 77 per cent. As a result of various campaigns and of the improvement in vaccination coverage, no cases of poliomyelitis have been reported since 2005 and the number of declared cases of measles dropped from 4,464 in 2001 to 242 in 2006. The number of cases of dracunculiasis (Guinea worm disease) declined from 829 in 2003 to 329 in 2006. The mortality rate from obstetric complications in health centres decreased from 5 per cent to 2.8 per cent. In the programme intervention areas, the rate of coverage of attended births and of vitamin A increased from 31 to 46 per cent and from 76 to 82 per cent, respectively. This

the perception of the rights of the child in urban (Bamako) and rural (Mopti region) areas.

³ According to the third population and health survey, in 2001, 92 per cent of adult women had been victims of excision, 41.3 per cent of them before the age of 4 years. Furthermore, 80.3 per cent of Malians supported this practice.

⁴ National study on birth registration, Ministry for the Advancement of Women, Children and Families (Ministère de la Promotion de la Femme, de l'Enfant et de la Famille), December 2004.

improvement was due mainly to the adoption and implementation of the child survival strategy by the Government and its principal partners. In the four regions supported by UNICEF, 16 of the 32 districts (or more than 70 per cent of the population of the four regions) are covered by three comprehensive service packages (the Expanded Programme on Immunization (EPI), or Immunization “Plus”, Antenatal Care “Plus” and community Integrated Management of Childhood Illness “Plus”). The child-friendly households approach has been validated and is now the basis for household interventions. Some 10,140 community centres now assist 364,641 households in promoting family practices that are essential for the survival and development of young children, or 70 per cent of households in the 16 health districts.

1. 10. The main areas of intervention of the Education for Life Programme were concerned with the decentralized management of education, access to primary education, the quality of education, HIV/AIDS prevention in schools, and non-formal education. Every commune in the four programme areas and the Bamako district (50 per cent of all communes in Mali) has a communal education development plan as a result of training of elected officials and community workers in education planning and key education issues, the rights of the child and the “child-friendly, girl-friendly school” approach. This model is being extended to other regions of the country with funding from technical and financial partners. The elaboration of the second phase of the Education Sector Investment Programme (PISE II) and of Mali’s Education for All Fast Track Initiative, for which UNICEF was the coordinating agency, have helped to mainstream appropriate strategies (free education, adapting schools to the lifestyles of semi-nomadic populations, effective transfer of school construction management to the communes). A national school enrolment policy for girls is currently being adopted and the “child-friendly, girl-friendly” approach has been adopted and student governments established in 2,860 schools in seven of the nine regions of the country with the aim of improving the quality of education. A national policy on informal education and a statistical information system were adopted and publicized. Some 12,250 individuals, 70 per cent of them adolescents and women, were taught how to read and write. An external evaluation recently undertaken shows that through the strategies developed, the programme contributed to the realization of children’s right to quality education, increase in access and improvement of school retention, strengthening of life skills of pupils, enhanced ownership of school planning and management by decentralized authorities, communities and pupils. Conversely, the impact on the reduction of disparities between girls and boys is limited.

11. In the campaign to combat HIV/AIDS, the 2006-2010 multisectoral plan for children affected or infected by HIV/AIDS was implemented with technical and financial assistance from UNICEF, which launched 55 centres offering comprehensive services for the prevention of mother-to-child transmission (PMTCT). Adaptation of the World Health Organization (WHO) standard PMTCT training modules is currently under way. With regard to paediatric care, the staff of the paediatric ward of the Gabriel Touré Hospital has been trained to provide psychosocial support and educational therapy. A prevention programme in school and non-school settings has been launched in 20 schools.

12. Initiatives for the protection of children have included capacity-building, establishment of an information and data management system, and improved community response. Particular emphasis was put on birth registration, combating

excision, early marriage and trafficking in children, and the national priorities set out in the poverty reduction strategy paper. Based on the results of the 2004 national study on birth registration, *Le Guide du citoyen* (The Citizen's Guide), a unique awareness-raising tool, has made available information on the civil registration process to all segments of the population in a very instructional and accessible manner. Advocacy activities for legislation against the practice of excision are continuing and, as part of its efforts to combat trafficking in children, Mali has signed multilateral regional cooperation agreements in West and Central Africa and bilateral cooperation agreements with Burkina Faso, Côte d'Ivoire, Guinea and Senegal.

13. In the areas of planning, monitoring and evaluation, Mali's social and economic database, referred to as the "Malikunnafofi", which uses DevInfo technology, is operational and will very soon be accessible to Internet users. It will allow for monitoring and assessment of national country programmes. The statistical bulletin on the situation of women and children was compiled in 2006 using Malikunnafofi. The results of the fourth population and health survey, carried out in 2006, will be used to update the indicators on women and children. A human rights training manual and a guide for the training of trainers in results-based management are being used to strengthen the capacity of those responsible for the implementation of national policies and programmes.

14. Globally, programme interventions have contributed to the improvement of the situation of children in Mali, as demonstrated by the preliminary results of the 2006 DHS. These results show that infant and child mortality rates have decreased from 113/1000 in 2001 to 96/1000 in 2006 (15% reduction) and from 229/1000 to 191/1000 in 2006 respectively (reduction of more than 16%). These results are even more significant than the results obtained from the same surveys between 1996 and 2001 (9% for infant mortality and only 4% for child mortality). The same survey has shown that significant improvements have been achieved, notably in assisted deliveries (increasing from 41% to 49% in 2006, representing an increase of 20%) and in exclusive breastfeeding which increased from 25% in 2001 to 38% in 2006 (representing an increase of more than 50%). HIV prevalence has decreased from 1,7% to 1,2% in the same period.

Lessons learned

15. The implementation of the child survival strategy has shown that it is possible to significantly reduce the under-five mortality rate within a reasonable period (a reduction of nearly 20 per cent in pilot areas). Millennium Development Goals 4, 5 and 6 are being pursued through this strategy at the national level. Now that the Government has adopted this strategy, it is necessary to establish a strong and broad partnership that includes all actors and donors such as communities, the World Bank, World Health Organization, the United States Agency for International Development (USAID) and bilateral and multilateral cooperation agencies to ensure

16.. Child malnutrition, a silent emergency in Mali, was not adequately addressed in the previous programme, despite its high prevalence and the fact that it accounts for a high proportion of deaths among children. The midterm review of the programme recommended that effective reduction of child malnutrition should be made a national priority in the current programme.

17.. Two approaches were followed in the fight against HIV/AIDS during the previous cooperation programme: an integrated approach under which sectoral programmes addressed the various aspects of the campaign and a vertical approach in which an entirely separate programme was established. Analysis showed that the vertical approach allowed for greater visibility and better coordination, but was more costly. It was decided for the next programme to return to the integrated approach, which is considered more efficient, less costly and consistent with the Government's vision, even as it seeks to improve the coordination mechanisms and to enhance the profile of initiatives for the prevention of HIV/AIDS.

Programme of work for 2008-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival	22 000	39 655	61 655
Basic education and equity	21 250	19 327	40 577
Child protection	6 650	4 332	10 982
Promotion of rights and partnership	5 190	3 333	8 523
Cross-sectoral costs	4 750	—	4 750
Total	59 840	66 647	126 487

Preparation process

18.. Government officials and representatives of civil society and of Mali's principal partners all participated in the preparation of this document. Its preparation followed the elaboration of a new strategic framework for growth and poverty reduction (2007-2011) and of the United Nations Development Assistance Framework (UNDAF) for 2008-2012, which reflects the coordinated and concerted contribution of the United Nations system to the achievement of the Millennium Development Goals and of the national priorities set out in the strategic framework. The present document specifies the contribution of the UNICEF country programme to the achievement of the objectives of UNDAF.

18. The programming process has been coordinated by the Office of International Cooperation of the Ministry of Foreign Affairs and International Cooperation. The Office has established a steering committee composed of UNICEF and representatives of the ministries responsible for overseeing the components of the current programme. The steering committee has delegated the preparation of the programme components of the new cooperation programme to sectoral technical committees, comprised of representatives of technical agencies, national and international partners and non-governmental organizations involved in the implementation of the programme.

Objectives, key results and strategies

19. The programme is aimed at ensuring that children and women, particularly the most vulnerable, exercise their rights fully. Its main focus is the achievement of

Millennium Development Goals 1, 2, 3, 4, 5 and 6 (and other related MDGs) and three of the five intended outcomes of UNDAF.

20. As a contribution to the achievement of UNDAF Outcome 1: “Greater awareness of and respect for human rights in Mali for the promotion of democratic governance and the rule of law”, the programme seeks to achieve the following outcomes: (a) documentation, updating and analysis of the situation of children and women; and (b) implementation of national policies in favour of children and women and national legislation in conformity with international conventions.

21. In support of UNDAF Outcome 3: “Greater access by the most vulnerable groups to adequate basic social services” the programme will aim at the following outcomes: (a) adequate health care for children up to the age of 5 and pregnant women in the areas covered by the programme; (b) treatment for children under the age of 5 suffering from malnutrition in the most affected regions; (c) wider coverage of drinking water supply and sanitation facilities in schools, health centres and areas in which dracunculiasis is endemic; (d) a 95 per cent enrolment rate for girls in the first year of school in the programme intervention area and an 80 per cent primary cycle completion rate; and (e) access by the most vulnerable groups of children (*talibés* (Koranic students), girls working as domestics, street children and children with disabilities) to special basic education.

22. In support of UNDAF Outcome 5: “Universal access to care in the fight against HIV/AIDS”, the programme is seeking the following outcomes: (a) reduction in the HIV infection rate among children and young people and in the marginalization of children affected or infected by HIV/AIDS; and (b) treatment of HIV-positive pregnant women and their children in health facilities in the programme intervention area.

23. The programme approach provides for intervention at two levels: (a) at the national level, the interventions will help to strengthen national capacity, especially in the areas of planning and monitoring, through technical support to the Government, and also to ensure that children are taken into account in national policies through advocacy work; and (b) at the local level, the interventions will allow for the delivery of decent services to recipients, especially the most vulnerable, while ensuring their participation in the planning, implementation, monitoring and assessment of interventions. The synergy among the various components of the programme will be strengthened in order to improve its impact and efficiency.

24. In terms of strategies, the programme will develop a strategic partnership and a political dialogue at the national level through existing coordination and cooperation mechanisms with the aim of influencing national policies and strategies. This partnership also aims at the mobilization and use of funding for children (to reduce gender disparities and take into account vulnerable and marginalized populations). The geographical coverage approach will allow for the coverage of six of the nine regions of the country by strengthening and expanding the interventions through the introduction of a comprehensive package of services in the four regions already covered during the previous programme (Mopti, Segou, Kayes and Koulikoro) and by gradually introducing the package in the regions of Sikasso and Goa. National initiatives, such as the Expanded Programme on Immunization or vitamin A initiatives, thematic initiatives, such as the fight against HIV/AIDS or the protection of children, will be extended to the three other regions (Tombouctou,

Kidal and Bamako). The criteria of vulnerability (such as poverty and exclusion) and the search for complementarity and/or synergy with other actors will determine the choice of programme areas.

25. The existence of a national vision reflected in the poverty reduction strategy papers and sectoral programmes endorsed by all of Mali's technical and financial partners and of a coherent United Nations system framework in the form of UNDAF provides an opportunity for effective partnership. Moreover, in accordance with its mandate, UNICEF will continue to engage in advocacy with decision makers and partners to ensure that the rights of children are promoted and respected.

Link with national priorities and UNDAF

26. With UNDAF 2008-2012, the United Nations system has defined its contribution to achieving the national priorities laid out in the strategic framework for growth and poverty reduction. In paragraphs 19, 20, 21 and 22 of the present document, the links between the programme outcomes and those of UNDAF are clearly established. Moreover, the expected outcomes of the programmatic components draw on strategic sectoral documents such as the programme for health and social development, the ten-year programme for the development of education, the national strategic framework to combat AIDS, 2006-2010, and the water and sanitation sector programme.

Links with international priorities

27. The programme interventions have been guided by the Convention on the Rights of the Child and the goals of "A world fit for children" and are in complete conformity with the five priority areas of the UNICEF medium-term strategic plan (MTSP) for 2006-2009. In effect, each programmatic component corresponds almost completely to a priority area of the MTSP, except for the fight against HIV/AIDS, which is integrated into the various programmatic components based on the specific aspects of each part. Given the country context, notably the high mortality rates and poor enrolment rates it is clear that survival and education are the primary programme components. The programme will contribute mainly to achieving Millennium Development Goals 2, 3, 4, 5, 6 and 7, where the added value of UNICEF has been proven.

Programme components

28. The child survival programme will contribute to the reduction of infant and maternal mortality and to achieving MDGs 1, 4, 5, 6 and 7 through strategies based on the integration of effective interventions and sustained services to mothers, newborns and infants at both the community and social/health agency levels. This approach will help to speed up the nationwide application of these strategies adopted in the social and health development programme, whose component will strengthen planning, implementation, follow-up and assessment mechanisms. Furthermore, it will be supported by advocacy and strategic planning as well as by communication for behavioural change, particularly at the household and community levels. The programme will provide inputs, training for participants and technical and logistical support. It will cover six of the country's nine regions, or 82 per cent of the total population, and will comprise three sub-components: (a) integrated and sustained care at the community level; (b) treatment for

malnutrition, emergency obstetric and neonatal care, as well as HIV/AIDS care; and (c) water, hygiene and sanitation.

29. Sub-component 1 provides coverage through a comprehensive, high-impact package (EPI, insecticide-treated mosquito nets, vitamin A “plus”, “prenatal plus” consultations, and malnutrition and AIDS prevention) through the child-friendly households approach. Sub-component 2, which targets health-care referral centres, aims to achieve the following specific outcomes: (a) effective care in cases of severe acute malnutrition; (b) reduction to 1 per cent in mortality rates for pregnant women due to obstetric complications, through the provision of emergency obstetric and neonatal care, establishment of a referral and medical evacuation system, and additional vaccination activities; and (c) PMTCT and training for health-care workers in how to care for seropositive pregnant women and their children. Sub-component 3 aims to achieve the following outcomes in the programme areas: (a) 73 per cent coverage of drinking water needs in the poorest communities; (b) 90 per cent of drinking water supply systems operational; (c) use of hygiene and sanitation facilities by 65 per cent of the population in the poorest areas; (d) reduction in the number of cases of dracunculiasis from 329 (2006) to 0 (2012); and (e) access to a source of clean drinking water for 80 per cent of primary schools and health centres.

30. We note that this programme is being implemented in a context marked by the review of the health sector medium-term expenditure framework, the transfer of skills from the State to local communities in the health and water supply sectors as part of the decentralization policy, the introduction of sectoral budgetary support, strengthening of the partnership between the State, civil society and the private sector, and implementation of the national child survival strategy. The appropriate Government agencies have assumed responsibility for all of these programme components. The main partners of the programme are the Ministry of Public Health, civil society, decentralized communities, the World Bank, the African Development Bank, the World Health Organization, the World Food Programme (WFP), the United Nations Population Fund (UNFPA), the European Union, the Governments of Belgium, Canada, the Netherlands and Switzerland and USAID. Collaboration among these partners at both the strategic and operational levels will be strengthened in order to achieve a strong synergy of action, including through existing frameworks for cooperation between technical and financial partners.

31. The **basic education and equity** programme is part of PISE II and the Education for All Fast Track Initiative adopted by the Government and all of its technical and financial partners. Its goal is to improve the availability and quality of basic education at the level of national policies and strategies and in the programme areas by emphasizing gender parity and equality through promotion of school enrolment for girls and the most vulnerable children. It will contribute to the achievement of Millennium Development Goals 2 and 3 and in part Goal 6. Operational strategies will include making free schooling broadly available, introduction of a core educational promotion of links between homes and schools, development of schools that are adapted to a semi-nomadic environment, mobilization of NGOs and associations, behaviour change communication and measures to facilitate the enrolment in schools of children with special educational needs. The programme will also follow the approach that partners child-friendly, girl-friendly schools with children’s governments to promote the rights of the child, the participation of children and gender equality in schools and to strengthen the life

skills of pupils. Teachers' skills will also be strengthened. Lastly, education for the prevention of sexually transmitted diseases and HIV/AIDS provided in primary and secondary schools and the fight against stigmatization and marginalization will be strengthened at all levels of education.

32. The programme has three sub-components: (a) early childhood stimulation and development; (b) primary education; and (c) education of the most vulnerable groups. Sub-component 1 will allow for the following outcomes: better early childhood stimulation will be provided by parents in the family setting and 1,000 early childhood development centres will be operational (some 250,000 children aged 3 to 5 years will ultimately be enrolled). Sub-component 2 aims for the following outcomes: average reduction of the gap between girls and boys to less than 10 points (compared with 20 in 2005); improved access to quality primary education by social groups with the lowest school enrolment rates (girls in rural areas and children in semi-nomadic settings); implementation of the "child-friendly, girl-friendly schools" and children's governments approaches in all primary schools throughout the country, 15 per cent improvement in the performance of primary school pupils and inclusion of HIV/AIDS prevention in teacher training and school curricula. The outcomes of sub-component 3 are the following: 50,000 teenagers and women will acquire life skills and participate in community and post-literacy activities; 7,500 "talibé" children will benefit from primary education or apprenticeship training and will no longer be beggars; girls who work as domestic servants and street children will receive primary education appropriate to their needs.

33. The principal partners of the programme are: the Ministry of Education, the National Assembly, teachers' unions, the National Federation of Parents' Associations; the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO), WFP, the United Nations Development Programme (UNDP), UNDAF, USAID, the Canadian International Development Agency, the French Development Agency and the Swiss Agency for Development and Cooperation. On the ground, the partnership will involve the decentralized services of ministries, local governments, Aideet Action, Plan International, World Education, Intervida, national NGOs, associations of women, young people, parents and mothers of pupils, and children's governments. The national and regional coordinating and consultative bodies will serve to reinforce these partnerships.

34. **The child protection programme** will help achieve MDGs 1 and 8 and will address, at the national level, the following priority problems: child labour and trafficking in children, juvenile justice, birth registration, children in situations of family breakdown and child victims of violence, orphans and vulnerable children, including those infected or affected by HIV/AIDS, FGM, early marriage and other harmful practices. Strategies will be based both on advocacy and institutional support for a protective environment and on interventions aimed at the target groups.

35. The programme consists of three sub-components: (a) support for policies and legislation; (b) response to the needs of child victims; and (c) combating harmful traditional practices. Sub-component 1 provides for the establishment of a database to support the elaboration of national child protection policies and strategies, adoption of the Personal and Family Code and other specific laws. Sub-component 2 covers the implementation of norms and standards for juvenile justice, combating all

forms of trafficking and violence against children and care for children infected or affected by HIV/AIDS. Sub-component 3 will work to reduce harmful practices, in particular FGM, through a holistic approach, and will contribute to the care of girls and women affected by harmful practices.

36. The principal partners are the Ministry for the Advancement of Women, Children and Families, the Ministry of Social Development, the Ministry of Solidarity and the Elderly, and the Ministry of Internal Security and Civil Protection, the Ministry of Justice, the Ministry of Territorial Administration and Local Government, the Ministry of Youth and Sport, the National High Council to Combat AIDS, the agencies of the United Nations, civil society and international NGOs.

37. The **promotion of rights and partnership** programme is national in scope and supports Millennium Development Goals 1 and 8. It also supports other programmes, particularly in the areas of planning, monitoring, evaluation and communication. Its main objective is to promote a culture of rights for children and women and of commitment on the part of decision makers and civil society, and the formulation and implementation of social policies and budgetary measures which take account of the rights of women and children. The establishment of alliances and partnerships to follow through on these commitments will be the best basis for the programme.

38. The programme consists of three sub-components: (a) advocacy and planning strategies; (b) alliances, partnerships and participation of children; and (c) communication in support of the programmes. Sub-component 1 will support the collection of disaggregated data on the situation of women and children, particularly the most disadvantaged, to assist in decision-making that promotes respect for their rights. It will work to integrate a programming approach based on human rights and results-based management into the formulation of national strategy documents. Sub-component 2 will target the participation of children and the strengthening of alliances and partnerships to create an environment that is conducive to respect for the rights of children through an active commitment on the part of decision makers, civil society and communities and through the participation of children. Sub-component 3 will draw heavily on actors who can genuinely influence the situation of children and women, particularly in the regions and in the context of decentralization, with a view to implementing communications strategies to promote respect for human rights. A comprehensive communications plan will be drawn up and directed towards behaviours that promote the well-being of children and women, particularly in the area of HIV/AIDS prevention. Given the national and regional context, a plan for preparing for and responding to emergencies, including avian influenza, will be prepared and regularly updated. The principal partners of the programme are all the ministries, the National Assembly, the Parliament of Children, the media, all agencies of the United Nations system and civil society as a whole.

39. **Cross-cutting costs** will be used to strengthen the logistical and management capacities of the programme as a whole. Emphasis will be placed on improving the management and monitoring capacity of partners in the context of the implementation in 2008 of the new approach to cash payments.

Principal partnerships

40. The list of principal partners can be found in the paragraphs on the programme components. The partnership will be strengthened through existing mechanisms for coordination (under the aegis of the Government) and cooperation with technical and financial partners, as well as mechanisms established by the United Nations system within the framework of UNDAF. The principle of shared programming by all agencies of the United Nations system in the fight against HIV/AIDS and in strengthening national capacities has already been adopted. The same applies to combating malnutrition with the World Food Programme. Other options are possible with UNFPA in the area of reproductive health. In the intervention areas, zones are already being divided up among the actors, thereby allowing for coherence and complementarity.

Monitoring, evaluation and programme management

41. A steering committee chaired by the Division of Communication and Information of the Ministry of Foreign Affairs and International Cooperation and including representatives of the main ministries responsible for implementing sectoral programmes will coordinate the programme. Sectoral technical committees will be responsible for the planning, monitoring and review of sectoral programmes. Within the framework of UNDAF, inter-agency coordination has been established, and UNICEF will coordinate with WHO the working group responsible for the UNDAF social services outcome. A comprehensive five-year monitoring and evaluation plan integrated into the UNDAF plan will provide for the overall monitoring of the programme. Annual reviews will measure performance regularly. A mid-term review to be carried out jointly with the UNDAF review is planned for 2010. The results of the multiple indicator cluster system population and health survey scheduled for 2011 will be used to identify trends in the main indicators during the life of the programme.
