

Mali

Update on the context and situation of children

in 2020, Mali was plunged into a socio-political crisis. The legislative elections initially scheduled to take place in October 2018 were finally held in March 2020; meanwhile the results were contested. On 18 August 2020, a coup d'état led to the resignation of President Ibrahim Boubacar Keita. The international community, particularly ECOWAS, condemned the coup and imposed sanctions. After several rounds of negotiations, a Government of Transition was appointed in early October 2020 for a period of 18 months. Women constitute 16 per cent of the new cabinet compared to 23.6 per cent in the previous cabinet.

The humanitarian situation continued to deteriorate and remained fragile and complex, characterized by the presence of non-state armed entities, recurrent inter-community conflicts, widespread banditry, violations of the rights of individuals, particularly of children who are victims of recruitment by armed groups and forces, gender-based violence and family separation. A series of violent incidents were recorded in Ségou region, where attacks against civilians by community-affiliated armed groups have been reported since October 2020.

The number of people in need of humanitarian assistance was revised from 4.3 to 6.8 million in July, including 3.5 million children. Between 2018-2020, the number of Internally Displaced Persons (IDPs) almost tripled, increasing from nearly 110,000 to over 311,000, with women and children accounting for 55 and 62 per cent respectively. In the north and center of the country, more than 96 per cent of IDPs live in areas with water access rates below the national average of 68.8 per cent. Seasonal flooding impacted 80,760 persons. The circulating vaccine-derived poliovirus type 2 (cVDPV2) epidemic continued with 29 cases confirmed in six regions as of October 2020. 1,344 schools (15 per cent of all schools) were closed due to insecurity, affecting more than 403,000 children and 8,000 teachers.

The humanitarian crisis was further exacerbated by the COVID-19 pandemic, which weakened the economy, degraded livelihoods and exacerbated household vulnerabilities. The first cases were declared on 25 March and there were 7,090 positive cases and 269 deaths as of 31 December. All schools were closed between March-September interrupting the education of four million school children (aged 7-15 years old). Mali faced a second wave of COVID-19 during the last two months of 2021 with a sharp rise in cases impacting already overstretched health structures. A joint UNICEF-UNDP rapid assessment on the socio-economic impact of the pandemic predicts a drop in GDP growth of more than 80 per cent. Additionally, COVID-19 has further undermined the prospects for human capital development. In addition to school closure, the mobilization of the health system for COVID-19 response had negative consequences for the routine services, such as immunization.

Basic social indicators remained low. Under-five mortality is high at 101 per 1,000 live births (DHS 2018) and 75 per cent of the population lacks access to health services. DPT3V coverage dropped by nine points and is below 80 per cent in two-thirds of health districts. Birth registration and pre-primary enrolment remain low. Only 75 per cent of children are in primary education, and 41 per cent in secondary education.

The preliminary results of the 2020 National SMART Survey revealed prevalence rates of wasting above or close to 10 per cent among children living in IDP sites in the regions of Koulikoro (12.3 per cent), Segou (11.7 per cent), Mopti (9.2 per cent), Timbuktu (11.6 per cent), and Bamako (12.2 per cent). In addition, the harmonized assessment (done in Nov. 2020) predicts 4,751,165 people (22.5 per

cent of total population) will need some food assistance during the 2021 lean season (June-August). Considering the COVID-19 pandemic, the Nutrition Cluster revised upward the SAM burden. Additionally, data from the 2020 mobile Vulnerability Assessment and Monitoring revealed reduced access to basic health and nutrition services and a deterioration in dietary diversity.

A long strike by 66,314 teachers in 12,638 schools (59 per cent of schools) deprived 2,171,966 children (63 per cent of children in school) the right to schooling. Even though schools were reopened on 14 September 2020, the situation was dominated by the absence of teachers in the central and northern regions. The start of the new schooling year 2020-2021 was postponed to late January 2021.

Mali is still prone to a high prevalence of child marriage. According to the Mali DHS 2018, 54 per cent of women aged 20 to 24 years are married before reaching the age of 18 and 16 per cent were married before the age of 15. The legal age of marriage is set at 16 for girls. Furthermore, 16 per cent of children in rural areas are still not registered due to limited access to civil registry centers, insufficient awareness and short registration timeframe.

The economic activity has declined, resulting in widening the budget deficit to around 1.4 billion US\$, which exceeds the West African Economic and Monetary Union (WAEMU) convergence standard of 3 per cent, although this has been temporarily eased in the context of the COVID-19 pandemic. The GDP growth rate which was already revised down to 0.9 per cent from 5 per cent could turn negative due to the closure of all land and air borders and the cessation of economic, commercial and financial flows and transactions between ECOWAS countries and Mali. In addition, the country's capacity to procure goods, particularly intermediate goods which are important for the productive sectors has been curtailed. Budgetary expenditures have been allocated to security and defense to the detriment of the social sectors.

To mitigate the socio-economic impact of COVID-19 and the containment measures that deprive vulnerable people of their livelihoods, the Government has taken several measures, including: (i) a special fund of 185 million US\$ for the most vulnerable households in the 703 communes of Mali; and (ii) a three-month reduction in the tax base for basic necessities, particularly rice and milk.

Major contributions and drivers of results

2020 was the first year of implementation of the new Country Program 2020–2024, which uses a life-cycle approach and recognizes the intersectoral reinforcing nature of the key results for children. The program contributes to the CREDD, the SDGs and the African Union Agenda-2063. It is aligned with the UN Sustainable Development Cooperation Framework (UNSDCF) 2020–2024, the United Nations Integrated Strategy for the Sahel, UNICEF Strategic Plan and Gender Action Plan. Despite a challenging context, UNICEF played a critical role in supporting the Government and partners to deliver integrated multi-sectoral services for girls/boys, especially the most vulnerable.

OUTCOME 001: Early years 0–5 years

UNICEF continued to support the Government of Mali to strengthen its health system through the reforms initiated in 2019. Efforts focused on reinforcing capacity to deliver an integrated package of quality services for mothers and under 5 children, especially the most disadvantaged. At national level, a multi-sectoral coordination platform for high impact interventions was established, led by the Ministry of Health and Social Development.

Though, lower than 2019, Mali exceeded the national annual target of 77 per cent of DPT3 coverage,

one of the key results for children, with 87 per cent of children 0-11 months vaccinated in 2020. Furthermore, 5,407,271 (90.5 per cent) under 5-year children were vaccinated against polio during the campaign in the northern regions. To ensure the continuity of essential health services delivery, including immunization, the capacity of service delivery platforms was strengthened. For instance, 100 high profile technical assistants were recruited by UNICEF and more than 860 health structures were equipped with maternal and newborn care materials, benefiting to 400 000 mother-baby pairs. In collaboration with the Government and GAVI, UNICEF facilitated the procurement of 15 million doses of vaccines to improve the routine immunization. Furthermore, UNICEF ensured there is no stock-out of DPT/Pentavalent containing vaccines at district level.

As a result of improved interoperability of health and civil registry systems, 38,114 births were registered by Community Health Workers compared to 15,615 in 2019. A National Strategic Plan for Community level Essential Care (2021-2025) integrating birth registration was developed and is awaiting Government's validation. This strategy will facilitate the full integration of the birth registration process into the mandate of all health actors including immunization agents.

UNICEF supported the vitamin A supplementation campaign and the routine seasonal chemoprevention coupled with SAM screening. As a result, around 3.7 million children aged 6-59 months received 2 doses of Vitamin A supplement. 141,591 children under 5 with severe acute malnutrition were treated, with 92 per cent of health facilities achieving a cure rate above 75 per cent.

In humanitarian settings, UNICEF as the lead of the WASH cluster, continued to provide WASH assistance to affected people and ensured access to both temporary and permanent drinking water services to 181,932 people (45 per cent of the annual target) (97,788 children). In addition, 125,982 people (67,715 children) were provided with short-term emergency kits, including water treatment products.

The drivers for results in this constrained context include the strengthening and linkage of community level service delivery and monitoring platforms such as the longitudinal tracking mechanism of children under 5. In addition, opportunities were leveraged to integrate high impact interventions (integrated campaigns, joint implementing partners).

OUTCOME 002: The formative years- 6 to 12

The education sector was the most affected by the challenges encountered in 2020 and most of the targets were not fully achieved. Nevertheless, 58,175 out-of-school primary school aged children (27,282 girls) including emergency affected 33,133 children were supported to access education (83 per cent of the target). This access was provided through (re) integration into formal schools and the provision of non-formal and alternative education opportunities including through Centres d'Apprentissage Communautaires, Temporary Learning Spaces and integration in the formal system. Furthermore, UNICEF ensured children and their teachers receive required learning tools and skills. 94,996 children (against 90,000 targeted), including 47,166 girls in primary school were supported with individual school materials.

To ensure the continuity of education in the context of COVID-19, UNICEF supported the government to introduce distance education. Consequently, 29,927 children (16,267 girls) benefited from radio education thanks to solar operated radios, recorded lessons on USB drives and the setting up of listening groups. The distance education approach is new to Mali and still needs to be strengthened and complemented with other education programs. In collaboration with the Education cluster and the

Local Education Group, UNICEF supported the MoE to develop and disseminate COVID-19 prevention and control protocols in schools in order to ensure a safe and protective learning environment when schools open. Furthermore, the two clusters worked together to develop COVID-19 WASH kits for schools that were provided to 890 primary schools.

For the purpose of improving a healthy environment in schools, especially improving girl's well-being, UNICEF supported the MoE to implement the national WASH strategy in schools. Through advocacy and technical support, WASH themes, including Menstrual Hygiene Management were integrated in the primary school curriculum. 17,873 pupils of 78 primary schools had access to safe water and gender separated latrines with handwashing facilities.

Outcome 3: second decade- 13 to 18 years

Progress was achieved in laying the foundations for multi-sectoral programming to respond to the needs of adolescent girls and boys. One of the key results achieved was to provide 1,355 adolescent (805 girls) victims of physical, sexual and emotional violence with adequate health, psychosocial support and justice services (135.5 per cent of the annual target) among which, 408 girls and 5 boys were victims of sexual violence. In addition, adolescent-friendly services were strengthened to offer responses to GBV survivors at decentralized level and to protect girls from violence and exploitation. Harmonized case management national guidelines, tools and Standard Operating Procedures for the care and protection of children victims of violence, abuses and exploitation were validated.

UNICEF continued to co-lead the Monitoring and Reporting Mechanism, and 564 incidents of six grave violations were verified with an increase in recruitment and use of children in armed groups compared to 2019 (43 per cent versus 24 per cent). In total, 375 adolescents (41 girls) released from armed groups or at risk of recruitment received reintegration support, including into school or vocational training and income-generating activities.

Major efforts concentrated on building the capacities of adolescents, girls and boys, to protect themselves from gender-based violence, early marriage, early pregnancies, female genital mutilation, violence, exploitation, including in the humanitarian context. The capacity of 65,143 adolescent girls and young women was reinforced to better challenge social norms, prevent and mitigate gender-based violence. Furthermore, the capacity of 42,164 adolescent girls (13-18 years) was reinforced to address child marriage (77 per cent of the target). At least half of the latter are expected to raise awareness on the consequences of child marriage, refer survivors to care services and provide first psychological support in their communities and families

Awareness raising was the key strategy to promote elimination of violence against children, through community and intergenerational dialogues, interactive radio programs, as well as focus group discussions in schools and communities. As a result, 88 girls were saved from female genital mutilation and no child marriage was reported in 429 villages in Kayes, Koulikoro and Bamako.

OUTCOME 004: enabling environment

UNICEF provided technical support to the government in the development of the national response plan to COVID-19 as well as the social protection COVID-19 response plan. This includes strategic orientations based on the preliminary conclusions of the assessment of the social protection policy and

positioning children's rights in targeting and financing mechanisms. UNICEF in collaboration with UNDP contributed to evidence generation on the socio-economic impact of COVID-19 to inform decision making and policy response. Based on the findings, the response plan has been articulated around four strategic axes which are also aligned with the pillars of the national action plan.

In collaboration with other United Nations agencies, UNICEF supported the Poverty Reduction Coordination Unit to hold the review of the Strategic Framework for Economic Recovery and Sustainable Development (CREDD-2019-2023). Associated results and performance measurement framework documents were also finalized. Overall the review concluded that recent progress was under threat and the situation was worsening. For example, in health, a low rate of births assisted by qualified personnel due to the inadequate number of certain categories of staff (midwives and obstetric nurses) in peripheral health structures; a slight increase in the proportion of maternal deaths in hospitals; deprivation of the right to education for children in the center and north due to insecurity. The conclusions of this review are informing the dialogue for the preparation of the 2021 government budget and the 2019-2023 CREDD implementation plan.

UNICEF worked with the Ministry of Health and Social Affairs and the Ministry of Security and Civil Protection, Civil society organizations and United Nations agencies, to strengthen government capacities for coordination, disaster preparedness and response at all levels. Learning from 2019 humanitarian situation, UNICEF doubled the volume of its pre-positioned contingency stocks in 2020 and this strengthened the level of preparedness in the country and enabled the timely response when the COVID-19 pandemic hit Mali. Items positioned at national and regional level were used to meet the urgent and unexpected needs while maintaining the continued delivery of services to women and children. In total, 112,682 people (including 49,935 children) were assisted in different regions of the country. Furthermore, flood management plans were developed available at national and regional levels and a national workshop led by the National Directorate of Social Development on floods management, helped enhance institutional analysis capacities in humanitarian action. The worsened security situation in some parts of the country remained a challenge in the delivering of goods to needy beneficiaries. Measures were put in place to ensure goods are safely delivered, including regular information sharing between the security and supply units, use of alternative transport routes in case of deterioration of the situation (Niger and Cotonou), set up of a warehouse in Gao in partnership with WFP.

UNICEF continued to support evidence generation and information management. Efforts were deployed for the improvement of the Mali socio-economic database known as "Malikunnafo" with its development and operationalization through a new technical platform framed as "Data For All (DFA)". User-friendly tools (data portal, online dashboard and a mobile application) were finalized and are available, creating a more user-friendly database for monitoring of the main national development indicators especially for CREDD, SDGs, Goals 2063 and UNSCDF 2020-2024 frameworks.

COVID-19 response

As part of its support to the government's response for the COVID19 pandemic, UNICEF actively contributed to the development and the revision of the national Preparedness and response plan. The support focused on coordination, infection prevention and control, communication for risk reduction and community involvement; community level epidemiological surveillance; continuity of health care, nutrition, education, as well as the protection of children against COVID-19, psychological distress, exposure to violence and stigmatization. The capacity of 5,361 health professionals was strengthened

to support the response - training on infection prevention and control, epidemiological surveillance and management of confirmed cases and provision of personal protective equipment. Furthermore, 66,000 people were tested for COVID (40 per cent of the total tests), thanks to the nationwide provision of test kits by UNICEF.

To maximize awareness of the COVID-19 pandemic, nearly 12 million people were reached with key prevention messages across the country through youth to youth groups, community radios and other new technology.

UNICEF also ensured the continuity of other sectors despite the pandemic. Support to health structures for the continuity of care and routine health activities such as immunization, nutrition, PMTCT, maternal and neonatal care. This support was carried out through the provision of drugs, materials and equipment (non COVID) to 800 CSCOM, 65 CSRef and 8 hospitals. As a result, 2.5 million mothers and children were reached with essential health, sanitation and nutrition services. In addition, 106,000 students had access to handwashing facilities when the schools reopened. 659 children aged 6-12 affected by COVID-19 were reached with psychosocial support and 21,500 households benefited from cash transfers to cope with COVID effects. The opportunity was also created for the Ministry to initiate discussions on alternative education program such as distance learning.

A total of US\$ 28.7 million was mobilized for the preparedness and the response, including systems capacity strengthening. Significant quantities of supplies and materials were procured and distributed in the country for preventing and treating COVID cases, including oxygen concentrators, PPE, hand washing facilities, risk communication materials.

Cross cutting areas

Duty of care: UNICEF implemented 90 per cent of the key training priorities related to Duty of Care, notably: understanding and dealing with the emotional change, initiatives geared at improving physical and mental health in the context of COVID-19 as well as work life balance. The office ensured medical coverage and availability of adequate care providers especially for the field offices, by adding new providers. A pulse survey was administered to get staff feedback on their experience with teleworking and to act on bottlenecks identified. The results informed several decisions to improve staff living and working conditions. Flexible work arrangements were availed with the opportunity to telework at the duty station or outside the country, which proved useful when telework became the only option. UNICEF facilitated the return to duty station of approximately 45 percent of the staff stranded outside Mali due to travel restrictions, aboard humanitarian flights.

Humanitarian Development Nexus: in fragile and risk-prone areas, particularly in the north and centre of the country, UNICEF continued to build and monitor effective connections between humanitarian and development programming founded on humanitarian principles. The link between humanitarian and development activities was mainstreamed in all sectors and is now part of all contractual project documents. Sustained investments were made using humanitarian action as the entry point to build/strengthen existing national policies, system, capacity including that of local systems and communities, reinforcing resilience and addressing its underlying causes. One example is in Mopti where the emergency education needs of out-of-school children were improved to serve as a framework for the continuity of official educational programs.

Prevention of sexual exploitation and abuse: UNICEF developed internal capacity on PSEA through staff training for 94 per cent of all staff. In addition, 20 focal points were trained through intensive 10 hours training to be able to handle prevention, reporting and response to the SEA cases. With the launch of UNICEF's PSEA policy on implementing partners since February 2020, UNICEF was put as

the first phase country to conduct the PSEA evaluation of Implementing partners. 89% were evaluated with 42 per cent rated as “moderate risk” and 47 per cent as “high risk”. For the partners evaluated as “high risk”, capacity improvement plans were developed and will be implemented until end of March 2021. The Standard Operational Procedure (SOP) developed in 2019 was finally approved by the Humanitarian Country Team. The SOP allows all the related actors to have common procedure on reporting and responding to SEA.

UN Collaboration and Other Partnerships

Resource mobilization was successful though it is becoming increasingly difficult to mobilize resources for humanitarian action, beyond the COVID-19 crisis. Alongside regular resources (US\$ 20 million), UNICEF Mali mobilized more than US\$ 84 million for development interventions against a target of US\$ 71 million/Other Regular Resources (118 per cent), compared to 74 per cent in 2019. In addition, more than US\$ 26 million was mobilized to support humanitarian action, representing 50 per cent of planned requirements in the Mali 2020 Humanitarian Action for Children (HAC) plan.

UNICEF’s engagement and capacity to demonstrate and deliver results for children in response to COVID-19, helped position UNICEF as a key partner with comparative advantages in crisis-affected and post-crisis situations. UNICEF is now placing a stronger emphasis on raising multi-year funding, engaging its top public sector donors (Canada, USA, UK, Sweden and Germany), and deepening partnerships with International Financial Institutions (World Bank Group) and Global Partnerships (GAVI, GPE).

Throughout 2020, UNICEF strengthened its engagement and partnerships with the private sector in Mali through the development of a 2020-2024 private fundraising and partnerships strategy supporting the mobilization of financial and non-financial resources to contribute to results for children in both development and humanitarian contexts. A Business 4 Result workshop was held to reinforce internal capacities and to foster staff willingness to engage with the private sector.

Effective communication kept partners updated on UNICEF’s role in responding to the COVID-19 pandemic and boosted fundraising efforts. As a result of the nurturing of relationships, traditional partners such as SIDA, Denmark, Germany, USAID, ECW, PBF or GAC contributed significantly to COVID-19 response (US\$ 36.7 million), including new sectors in their program, while addressing other critical lifesaving interventions and resilience program. UNICEF also maintained good donor relations through quality and timely reporting. Thanks to standard operating procedures and monitoring mechanisms put in place, all reports were submitted on time in 2020.

Engagement with United Nations collaborative mechanisms:

Following the launch of a joint partnership on integrated approaches to address child wasting in Mali, UNICEF and WFP developed a strategic partnership note and an implementation plan. The two agencies have developed a joint theory of change and are already working together, combining their resources (human, financial and logistics) to maximize results at country level. The two agencies implemented 3 joint projects in 2020 funded by BMZ and the Government of Canada. UNICEF also implemented other projects in collaboration with other UN agencies including the UN joint programme Spotlight Initiative funded by the European Union, and two Peace Building projects with a focus on adolescent in Peace and in the promotion of national reconciliation in collaboration with IOM, UNESCO, FAO.

Lessons Learned and Innovations

The strategic and programmatic decision to use a life cycle approach in the country program 2020-2024 was primarily based on a review of the previous program, which had highlighted vertical, compartmentalized, poorly coordinated and piecemeal interventions that couldn't achieve sustainable outcomes for children. The life-cycle approach places the child at the heart of programming, making it possible to cover the full spectrum of rights and to deploy the organization's comparative advantages, but also to build strategic and operational partnerships for greater collaboration.

Specific pillars and outcomes of the life-cycle approach:

- **Early years 0–5 years:** Young girls and boys, particularly the most disadvantaged/ deprived and hard-to-reach, will be immunized, well nourished, healthy (treated against common illnesses), protected, registered at birth, and prepared for school, including in humanitarian situations
- **The formative years 6-12 years:** The most-deprived and hard-to-reach children aged 6 to 12 years have increased access to gender responsive and integrated quality basic social services in a protective, safe and clean environment, including in humanitarian situations.
- **The second decade:** Adolescent girls and boys aged 13 to 18 years are increasingly empowered and able to access social services adapted to their needs and effectively participate in socioeconomic decision-making, including in humanitarian situations.

These three components of the cycle are backed-up by two additional cross-cutting enabling results so that: (i) Girls and boys live in more inclusive and resilient communities strengthened by an enabling environment and systems that create equitable chances in life and (ii) The country program is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.

The COVID-19 pandemic and the measures imposed to mitigate its impact proved to be major obstacles to a full deployment of the life-cycle approach from the very start of the new country program. However, UNICEF was able to adapt and turn these obstacles into an opportunity for enhanced collaboration both internally and externally. This included the use of technology to conduct virtual meetings for program coordination and monitoring.

Adoption of the life cycle approach has created a dynamic that has facilitated bringing together the different government ministries and partners to collaborate, cooperate and coordinate their actions at central and local level. External factors have also played a role. For example, the government has set up a Ministry of Health and Social Affairs, which will facilitate addressing health issues holistically from a curative, preventive and promotional point of view, and in concert with social protection, child protection, early stimulation and learning issues, including resilience to shocks. The selection of implementing partners, particularly NGOs, and the preparation of program documents underpinning cooperation are increasingly integrated. Traditionally vertical sectors are now coming together to define, in a consensual manner, areas of convergent intervention at both programmatic and geographic levels. This dynamic will eventually result in an integrated monitoring and evaluation of interventions by central and local level departments. This should further strengthen the leadership and ownership of the program by the national counterpart. UNICEF is also bringing the life cycle approach to inter-agency dialogue. This will result in a more holistic country assessment for the future UNSDCF. Intermediate analytical works and household surveys will also be used to produce additional analysis based on the three components of the life cycle. Operational and strategic partnership will then follow to holistically address children rights.

Although there are positive signals, the life-cycle approach still poses significant challenges. For

example, the program entered its operational phase while the national programming framework document was already in force. This framework document does not employ a life-cycle approach, creating challenges for reporting. Agreement on a common set of indicators for each life-cycle pillar managed within a strong information management system will be critical. Internally, some of the funding previously allocated to the program was earmarked for specific thematic areas and was not sufficiently flexible to support full deployment of the life-cycle approach. Going forward, UNICEF will develop more integrated funding proposals that embrace the life-cycle approach.

In 2021 and beyond, the established multi-sectoral coordination mechanisms at national and decentralized levels will not only improve mutualizing efforts and resources, but also reaching more children in need with integrated and complementary interventions and services.