United Nations Children’s Fund
Executive Board
First regular session 2020
11-13 February 2020
Item 5 (a) of the provisional agenda*

Country programme document
Mali

Summary

The country programme document (CPD) for Mali is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $105,070,000 from regular resources, subject to the availability of funds, and $300,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2020 to December 2024.
Programme rationale

1. Mali has made progress in some key child rights areas in the past decade. For example, infant mortality declined slightly from 56 to 54 per 1,000 live births and stunting among children under five decreased from 38 to 27 per cent between 2012 and 2018. Yet, despite a 5 per cent annual economic growth since 2013, Mali remains one of the poorest countries in the world: 44 per cent of the population (55 per cent in rural areas) live below the national poverty line. The country faces a protracted humanitarian crisis and population displacement, with constrained humanitarian access hampering progress towards the Sustainable Development Goals.

2. Since 2012, Mali has faced numerous multidimensional crises, including armed conflicts in the North and Centre, frequent natural disasters, and the effects of climate change. The resulting severe and protracted humanitarian crisis affects 3.9 million people, of whom half are children and 171,437 are internally displaced persons. Ongoing armed conflict continues to curtail children’s rights. During the first half of 2019, 428 grave child rights violations were reported, a sharp increase compared with previous years.

3. Approximately 55 per cent of the country’s estimated 19.8 million inhabitants are children; 17 per cent of the population is under the age of 5 years. With an estimated annual population growth rate of 3.6 percent, the population will reach 26.8 million by 2030, including 4.2 million children aged 13 to 18 years. The Government’s Strategic Framework for Economic Recovery and Sustainable Development, (Cadre Stratégique pour la Relance Économique et le Développement Durable (CREDD)), covering the period 2019–2023, places children and adolescents at the centre of development and peace. In June 2019, the mandate of the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) was renewed with a focus on two priority areas: implementation of the Agreement on Peace and Reconciliation and response to the deteriorating security situation in the Centre.

4. Children in Mali face age-specific, interrelated deprivations across their childhood, from infancy through their formative years and into adolescence, with significant gender, economic and geographic inequities. More than half of children (56 per cent) suffer from at least three deprivations; girls, and children in rural areas, are the most affected. More than 20,000 children live with at least one form of disability.

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

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1 Demographic and Health Survey (DHS), 2012, and DHS, 2018.
2 182 of 189 countries, Human Development Index, 2018.
3 $0.87 per day. Modular and Permanent Household Survey, 2018.
10 DHS, 2018.
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.\textsuperscript{12}

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.\textsuperscript{13} 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.

7. Although birth registration rates for children under the age of 5 years in urban settings rose from 92 to 96 per cent between 2010 and 2018, 16 per cent of children in rural areas are still not registered\textsuperscript{14} due to limited access to civil registry centres, insufficient awareness of the importance of birth registration and the short registration time frame. Female genital mutilation (FGM) affects 89 per cent of women, with two out of three cases occurring before the age of 5 years.\textsuperscript{15}

8. Only 7 per cent of children aged 3 to 5 years were enrolled in preschool in 2018 (up from 5 per cent in 2014).\textsuperscript{16} Main bottlenecks include a lack of early learning services, particularly in rural areas, and insufficient awareness of the importance of early learning among parents and caregivers.\textsuperscript{17}

9. During their formative years (6–12 years), deprivations affect children’s capacity to develop and acquire needed skills and competencies. The multidimensional crisis continues to affect over 800,000 children in this age group, including children on the move.\textsuperscript{18} At the end of the 2018–2019 school year, for example, 920 schools were closed, mostly due to conflict and insecurity, affecting over 250,000 children.

10. Despite an increase in primary-school enrolment (up from 61 to 76 percent between 2014 and 2018), access to quality, inclusive education remains a concern, particularly for girls. In addition, there are limited alternative learning opportunities for the estimated 1.2 million children of primary-school age (53 per cent girls) who are out of school. The primary-school completion rate remains low, at 47 per cent (44 per cent for girls), and one in five children repeats at least one grade over the course of their primary schooling.\textsuperscript{19} Bottlenecks to accessing and completing quality education include the direct and indirect costs of schooling; parents’ concerns regarding the relevance of education for employability; insecurity and displacement; and education programmes that are inadequate for the diverse needs of communities.

11. Other issues include a lack of access to improved drinking water points in schools. Only 35 per cent of primary schools have access to an improved drinking

\textsuperscript{12} World Health Organization (WHO)/UNICEF Joint Monitoring Programme on Water Supply and Sanitation (JMP), 2019 (2017 data).
\textsuperscript{13} DHS, 2018.
\textsuperscript{14} Ibid.
\textsuperscript{15} Ibid.
\textsuperscript{17} Enquête d’Évaluation du Programme de Développement de la Petite Enfance dans la région de Mopti/ Cercle de Bandiagara, June 2017.
\textsuperscript{18} Estimates based on revised Humanitarian Response Plan, June 2019.
\textsuperscript{19} Ministry of Education, 2019 (2018 data).
water point and only 17 per cent have usable and improved latrines separated for girls and boys.\textsuperscript{20} Despite a lack of data, it appears that the primary-school age group most likely suffers from anaemia and its negative impact on health, development and learning. Among children 0 to 5 years of age, the anaemia rate is reported as 82 per cent; for those aged 15 to 19 years, it is 65 per cent.\textsuperscript{21} An estimated 73 per cent of children aged 1 to 14 years have experienced violent discipline.\textsuperscript{22}

12. Once children reach adolescence (13–18 years), limited access to education and alternative learning opportunities; insecurity; violence; and gender norms underpinning child marriage and FGM, affect their well-being, development and participation in social and economic life. The gross enrolment rate for lower secondary school has remained at 49 per cent since 2014 (girls: 46 per cent) and the repetition rate was 28 per cent in 2018.\textsuperscript{23} Less than half of secondary-level schools (47 per cent) have access to an improved drinking water point, and only 20 per cent have usable and improved latrines separated for girls and boys, which negatively impacts access and attendance for adolescent girls in particular.\textsuperscript{24}

13. The high prevalence of child marriage also affects girls’ access to lower secondary and secondary school. Fifty-four per cent of women aged 20 to 24 years were married before reaching the age of 18 and 16 per cent were married before the age of 15 years. One in three girls has had at least one pregnancy before the age of 18 years.

14. Gender norms continue to affect girls’ well-being and the realization of their rights. One out of three girls aged 15 to 19 years reports having been the victim of physical violence and 10 per cent report having experienced sexual violence.\textsuperscript{25} Gender-based violence perpetrated by armed groups increased from 2,882 cases in 2017 to 3,330 in 2018.\textsuperscript{26} Access to social services and case management for girls and boys is limited.

15. The ongoing crisis and increasing insecurity continue to strain the resilience of communities and institutions, limit investments in basic social services and increase poverty, further aggravating child deprivations and vulnerabilities. The national decentralization strategy is aimed at achieving an equitable allocation of human and financial resources to basic social services across the country, but is constrained by insufficient qualified personnel, poor infrastructure, limited funding and decreasing access due to conflict.

16. The inadequate generation and use of evidence and data on children limit effective policymaking. Children are not yet adequately prioritized in policies and strategies, in part because of low financial investment in statistical systems, limited capacity and weak institutional coordination.

17. A series of evaluations and studies have informed the new country programme. The 2018 Multiple Overlapping Deprivation Analysis (MODA) and Situation Analysis of Children and Women and consultations with stakeholders at the national and subnational levels, including young people, highlighted how deprivations affect each age group differently. The summative evaluation of the integrated programming approach in the regions of Mopti and Sikasso has outlined that multisectoral interventions are viable alternatives to vertical programming for accelerated and

\textsuperscript{20} JMP, 2019.
\textsuperscript{21} DHS, 2018.
\textsuperscript{22} Multiple Indicator Cluster Survey, 2015.
\textsuperscript{23} Ministry of Education, 2019.
\textsuperscript{24} JMP, 2018 (2016 data).
\textsuperscript{25} DHS, 2018.
\textsuperscript{26} Data from the Gender-Based Violence Information Management System managed by the United Nations Population Fund.
sustained results. Country-level and global evaluations of humanitarian response have highlighted the need to strengthen the link between humanitarian and development programming. The gender review of the previous country programme concluded that more-robust gender-responsive programming was needed.

Programme priorities and partnerships

18. The vision of the Mali country programme of cooperation is that children and adolescents, both girls and boys, especially the most disadvantaged, deprived and hard-to-reach and those affected by crises, live and participate in resilient communities, enjoying a protective, nurturing and supportive environment that allows them to unlock their full potential throughout their lives.

19. This vision will be achieved if: (a) more children aged 0 to 5 years and their mothers and caregivers have access to and use quality basic social services; (b) communities are child-friendly and engaged and nurture children’s early physical, emotional and cognitive development; (c) more children aged 6 to 12 years are enrolled in schools with adequate water and sanitation and a protective environment that champion high-quality learning and respond to increased social demand for diversified education options; (d) more children aged 6 to 12 years benefit from integrated health, nutrition and protection services allowing them to thrive and succeed in school and beyond; (e) more adolescent girls and boys aged 13 to 18 years have access to high-quality learning to boost their employability and are engaged in communities that promote child-friendly behaviours and protect them from violence; (f) young girls and boys and their communities have increased skills and space to demand their rights and participate in decision-making and have enhanced capacities for civic engagement, peacebuilding and social cohesion; and (g) social services are more gender-responsive, more integrated and better tailored to the needs of girls and boys at different stages of their lives.

20. Consultations with the Government and key stakeholders, along with lessons learned from the previous country programme, have informed major programmatic shifts. A life-cycle approach, which recognizes the intersectoral and mutually reinforcing nature of the key results for children; a more robust approach to early childhood and to the second decade; the empowerment of adolescents and the positioning of girls as key actors of change; and the linking of humanitarian and development programming while building community resilience will bring about innovative strategies for results at scale.

21. These shifts underpin a transformative agenda aimed at accelerating progress towards the Sustainable Development Goals. The emphasis is on increased demand for and delivery of integrated and inclusive services through a focus on three key windows of opportunity, supported by two cross-cutting programme components:

(a) The early years (0–5 years), focusing on health, nutrition, birth registration, water and sanitation, protection and early learning for school readiness;

(b) The formative years (6–12 years), facilitating successful transitions, with an emphasis on safe and inclusive quality education and the prevention of violence and exploitation;

(c) The second decade (13–18 years), focusing on adolescent empowerment, skills development, well-being, the promotion of child-friendly behaviours and the prevention of violence and exploitation;

(d) An enabling environment for community resilience through active participation in social service management, monitoring and social protection;

(e) Programme effectiveness.

23. The country programme will develop and test models for integrated social service delivery at the subnational level and bolster demand and the participation of children and adolescents. At the national level, UNICEF will support the Government to develop standards and policy frameworks to scale up models and accelerate progress towards the Sustainable Development Goals. The programme will contribute to the increased demand, availability and accountability of integrated and equitable services, strengthened social cohesion and child-friendly behaviours. The emphasis will be on four key results for children: immunization, the prevention of stunting, improved learning outcomes and ending child marriage. It will continue to rely on a robust field presence through zone offices in high-priority areas to reach the most disadvantaged children.

24. 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. Guided by a conflict and risk analysis, the programme will link its humanitarian action to development goals, resilience and community dialogue for social cohesion and peacebuilding.

25. Major risks to the success of the country programme include: the escalation of violence and the spread of conflict; reduced humanitarian access; weakened commitment to a child-rights agenda; the limited capacity of partners to manage integrated programme interventions; and the deterioration of global and local funding environments. Those will be mitigated with a risk-management strategy and adaptive programming.

26. UNICEF will contribute to the common chapter of the strategic plans of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women). UNICEF will collaborate with UNDP to strengthen national systems for monitoring the Sustainable Development Goals and to promote civil registration.

The early years

27. By 2024, the programme will have contributed to expanding access to and the use of social services to at least 3.5 million girls and boys aged 0 to 5 years, including in humanitarian situations. The births of at least 80 per cent of children under 1 year of age will be registered and they will receive the third dose of the combined diphtheria/tetanus/pertussis vaccine (DTP3) before their first birthday. Stunting will be reduced by 3 per cent through the promotion of exclusive breastfeeding, nutritional support and improved access to basic water and sanitation services.

28. UNICEF will support the implementation of community approaches tailored to the needs of children aged 0 to 5 years and their families, focusing on building community resilience. Basic services delivery systems will be strengthened to provide gender-responsive, quality health, nutrition, and birth-registration services. The programme will strengthen the skills and coordination of existing multisectoral groups at the community level, which will engage communities and parents around early childhood education, birth registration, immunization and health care for children, the prevention of FGM and access to sustainable WASH services.
29. Key partners are social sector ministries, United Nations agencies, the Global Partnership for Education, Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Financing Facility, civil society organizations (CSOs), training institutions and health professional associations. UNICEF will continue to work closely with the World Food Programme (WFP) and the Food and Agriculture Organization of the United Nations to strengthen nutrition, food security and resilience, and with WHO to accompany the Government in the health system reform.

**The formative years**

30. By 2024, the programme will have contributed to increasing access to gender-responsive and comprehensive quality basic social services in a protective, safe and clean environment, including in humanitarian situations, for at least 1.5 million children aged 6 to 12 years, particularly the most disadvantaged, deprived and hard-to-reach. The programme will support the integration of more than 750,000 primary-school age out-of-school children into formal education and provide alternative education opportunities where relevant. Approximately 1.5 million girls and boys will complete primary education. Every year 500,000 children affected by crisis, including children on the move, will receive psychosocial support and/or access to quality education.

31. Systems will be strengthened at the subnational level to provide safe schools to increase retention, prevent physical and sexual violence and exploitation and protect children on the move. Advocacy will focus on the implementation of the Safe Schools Declaration, endorsed by Mali in 2018. School-based WASH interventions will improve health and hygiene practices, promote equity and enable boys and girls to become agents of positive change for improving family and community hygiene practices. Communities, children and parents will be engaged to increase demand for access to quality education.

32. Key partners include social sector ministries, CSOs, the Global Partnership for Education, WFP, the United Nations Educational, Scientific and Cultural Organization, bilateral partners, communities, international and local non-governmental organizations as well as members of the Education Partner Group that support the implementation of the 2019–2028 sectoral plan.

**The second decade**

33. By 2024, the programme will have contributed to empowering at least 850,000 adolescent girls and boys aged 13 to 18 years to access social services adapted to their needs and effectively participate in socioeconomic life, including in humanitarian situations. The programme will contribute to preventing the marriage of more than 110,000 girls before the age of 18 years. Approximately 850,000 girls and boys will complete lower secondary education.

34. Adequate basic services (health, education, child protection) and the judicial system will have strengthened capacities and coordination mechanisms to prevent and respond to harmful practices and improve learning outcomes and employability. Vocational training and alternative learning opportunities will be reinforced and scaled up for out-of-school adolescents unable to reintegrate into the formal education system. Communities and adolescent boys and girls will have increased skills to protect children and themselves against violence, to engage in child-friendly behaviours and to promote social cohesion. Adolescents will be empowered to develop solutions to problems that affect them and to participate in their implementation.
35. UNICEF will work with key ministries and community-based actors and youth organizations, UNDP and bilateral partners to develop innovative programmes to address the issue of youth employability. Adolescents will be a special focus for collaboration with UNFPA and UN-Women through the joint programmes to address child marriage and FGM. UNICEF will continue to support the protection of children affected by armed conflict through co-leadership of the monitoring and reporting mechanism.

**Enabling environment for community resilience**

36. By 2024, more girls and boys of all ages will live in inclusive and resilient communities, strengthened by an enabling environment and systems that deliver equitable chances in life. The programme will contribute to reaching with an adaptative social protection system at least 650,000 children living in the most-deprived households.

37. In support of decentralization, UNICEF will strengthen policies and local development plans and foster coordinated, participatory, gender-responsive and child-centred planning, budgeting and monitoring of social services. Communities will have increased capacity to demand accountability from duty-bearers at all levels. Basic services at the subnational level will be better equipped for rapid response to and recovery from natural disasters and other crises, including risk-preparedness strategies in local-level policies, plans and structures. The resilience of vulnerable communities will be reinforced, including through gender-responsive water management systems and the transformation of social protection programmes into shock-responsive tools to protect children and women.

38. UNICEF will work closely with sectoral ministries and key partners, including the World Bank, the International Monetary Fund, United Nations agencies and regional financial institutions.

**Programme effectiveness**

39. Programme effectiveness will support the effective and efficient design, planning, management and coordination of the country programme both at the central level and across field offices to meet organizational quality standards to accelerate results for children. It will comprise:

(a) programme coordination;

(b) management for results, including planning, monitoring and evaluation, improved information management and innovation;

(c) communication, partnerships, engagement and advocacy;

(d) the coordination of subnational operations and humanitarian action;

(e) cross-sectoral programmatic issues, such as gender, communication for development and operational support.

40. Member States, international financial institutions and United Nations agencies will remain key strategic partners. South-South and triangular cooperation, partnerships at the national and subnational levels and innovative financing will be explored to take results and modelled approaches to scale, foster sustainability and unlock new resources. Strategic partnerships with the private sector will be expanded, with a focus on businesses with relevance for achieving results for children, including in terms of corporate social responsibility and shared-value partnerships.

41. UNICEF will leverage its role as the global voice for children to position the rights of children and adolescents at the heart of national social, political and
economic agendas; raise the profile of children’s issues; and engage with influential national media. Digital communications and new media will engage adolescent audiences and strengthen public support for children. International media in priority forums will be targeted to support resource mobilization. Child-led advocacy will be amplified by scaling up such activities as child journalism programmes and U-Report.

**Summary budget table**

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Regular resources</th>
<th>Other resourcesa</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The early years (0–5 years)</td>
<td>30 000</td>
<td>100 000</td>
<td>130 000</td>
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<tr>
<td>The formative years (6–12 years)</td>
<td>20 000</td>
<td>75 000</td>
<td>95 000</td>
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<tr>
<td>The second decade (13–18 years)</td>
<td>25 000</td>
<td>75 000</td>
<td>100 000</td>
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<tr>
<td>Enabling environment for community resilience</td>
<td>15 070</td>
<td>30 000</td>
<td>45 070</td>
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<tr>
<td>Programme effectiveness</td>
<td>15 000</td>
<td>20 000</td>
<td>35 000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>105 070</strong></td>
<td><strong>300 000</strong></td>
<td><strong>405 070</strong></td>
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</table>

*a Does not include an estimated $200 million in other resources-emergency funds based on the Humanitarian Action for Children 2020–2022 appeal.

**Programme and risk management**

42. UNICEF will contribute to the implementation of the UNSDCF 2020–2024 as the lead agency for the monitoring and evaluation technical group and as a member of the programme management team, the operations management team, the communication group and all results groups. UNICEF will continue to support the implementation of the United Nations reform and play an important role as the lead and a member of several thematic groups, clusters and inter-agency committees.

43. A risk-management strategy will be developed to mitigate the risks to children and programme results. This will include the close monitoring of the humanitarian and security situation; the strengthening of emergency preparedness and planning; adaptive and risk-informed programming; and the use of innovative approaches and community-based and third-party facilitators. UNICEF will bolster its existing partnerships while diversifying the country programme donor and partner portfolio, reaching out to international financial institutions and the private sector, including through shared-value partnerships. The harmonized approach to cash transfers will continue to be used to promote accountability for results by implementing partners.

44. The country office accountability framework and staff development plan will be closely monitored to promote programme quality and results for children. Multisectoral and risk-informed programming will help to accelerate results for children, improve effectiveness and efficiency, link development and humanitarian interventions and increase gender-responsiveness.

45. This CPD outlines the UNICEF contribution to national results and serves as the principal instrument of accountability to the Executive Board for planned results and resources allocation. The accountability of managers at the country, regional and headquarters levels with respect to the country programme are prescribed in the organization’s programme and operations policies and procedures.
Monitoring and evaluation

46. UNICEF will support national and decentralized monitoring and evaluation systems to strengthen national capacities, with a focus on the availability and use of quality disaggregated data on children for the Sustainable Development Goals and child-rights monitoring. UNICEF will continue to support data collection and analysis (e.g., multiple indicator cluster survey, MODA) and develop national and subnational capacity in sectoral management information systems.

47. The results and resources framework and costed evaluation plan will guide the monitoring and evaluation activities. Midyear and annual reviews, field visits and joint monitoring visits with partners will contribute to assessing progress.

48. Six evaluations are planned, including on the life-cycle approach, gender-responsiveness and humanitarian-development linkages, allowing for informed and adaptive programming. Knowledge management, including documentation and learning, will be strengthened to capture effective approaches for replicability and scalability.
Annex

Results and resources framework

Mali - UNICEF country programme of cooperation, March 2020 – December 2024

**Convention on the Rights of the Child**: articles 1–40
**National priorities**: Strategic Framework for Economic Recovery and Sustainable Development 2019–2023, pillars 1–4

**Key United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF**:

1.1. Malians live under the rule of law and in a peaceful and accountable environment, thanks to solid public institutions and media and civil society that exercise their roles and responsibilities for efficient and inclusive governance.
1.2. Malians are resilient in the face of conflict and live reconciled and in harmony in a peaceful and safe environment that is respectful of human rights and positive cultural norms.
2.1. Malians, especially the most vulnerable, participate in the economy and enjoy the fruits of strong, inclusive and resilient economic growth that generates decent jobs.
2.2. Communities sustainably and equitably manage natural resources and the environment and are more resilient in the face of the negative effects of climate change.
3.1. Vulnerable populations, especially women, children and youth, have more-equitable access to quality basic social services, in accordance with their specific age- and gender-related needs, including in humanitarian situations.
3.2. Vulnerable people have increased access to social protection services, including in humanitarian contexts.

Outcome indicators measuring change that reflect the UNICEF contribution:
- Multidimensional poverty rate
- Number of persons affected by natural disasters
- Number of national and local plans/programmes mainstreaming the environmental and climate-change dimension
- Maternal mortality ratio
- Prevalence of stunting among children under 5 years of age
- Proportion of children: (a) in elementary cycle; (b) in primary school; and (c) at end of lower secondary school achieving at least a minimum proficiency level in core subjects
- Percentage of vulnerable population covered by non-contributory social protection interventions disaggregated by sex and category
- Percentage of households affected by crisis receiving humanitarian relief

**Related UNICEF Strategic Plan, 2018-2021 Goal Areas**: 1–5
<table>
<thead>
<tr>
<th>UNICEF outcomes</th>
<th>Key progress indicators, baselines (B) and targets (T)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
<th>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</th>
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</thead>
<tbody>
<tr>
<td>1. Young girls and boys (0–5 years), particularly the most deprived and hard-to-reach, are immunized, well nourished, healthy, protected, registered at birth and prepared for school, including in humanitarian situations.</td>
<td>Percentage of (a) mothers and (b) newborns receiving postnatal care B: (a) 56%; (b) 54% (DHS 2018) T: 60% (for both)</td>
<td>Multiple indicator cluster survey (MICS)/ Demographic and Health Survey (DHS)</td>
<td>1.1: Priority regions and districts are equipped to deliver quality integrated packages to pregnant and lactating women, newborns and children under the age of 5 years, especially the most disadvantaged.</td>
<td>Ministry of Health; United Nations agencies; Gavi, the Vaccine Alliance; Global Fund to Fight AIDS, Tuberculosis and Malaria; Global Financing Facility; civil society organizations (CSOs); local government authorities</td>
<td>30 000 100 000 130 000</td>
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<td></td>
<td>Percentage of districts with at least 80% of children (0–11 months) vaccinated with three doses of combined diphtheria/tetanus/pertussis-containing/Penta vaccine B: 79% (2018) T: 90%</td>
<td>District Health Information System (DHIS2)</td>
<td>1.2: Communities in priority districts and regions have increased capacity to deliver community-based services, create demand and ensure accountability for integrated early childhood survival and development services.</td>
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<td></td>
<td>Percentage of infants (0–6 months) exclusively fed with breast milk B: 40% (DHS 2018) T: 50%</td>
<td>MICS/ DHS</td>
<td>1.3: Early learning institutions at the national level and in priority districts and regions offer quality and inclusive learning opportunities in a protective and clean environment for the preparation of primary school entry to children aged 3 to 5 years.</td>
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<td>Percentage of children (6–23 months) receiving a minimum number of food groups B: 22% (G: 22%; B: 22%) (DHS 2018) T: 25% (G: 25%; B: 25%)</td>
<td>MICS/DHS</td>
<td>1.4: Communities and families in priority regions,</td>
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<td></td>
<td>Percentage of children whose births are registered B: &lt;5 years: 87%; &lt;1 year: N/A (DHS 2018) T: &lt;5 years: 90%; &lt;1 year: 80%</td>
<td>MICS/DHS/civil registration statistics</td>
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<tr>
<td>UNICEF outcomes</td>
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<td>Percentage of women and men who believe that female genital mutilation should be eliminated B: 24% women; 26% men (DHS 2018) T: 27% women; 29% men</td>
<td>MICS/DHS</td>
<td>especially the most disadvantaged women and children, have increased goods and services for sustainable access to clean water and basic sanitation and adopt appropriate hygiene and environmental practices.</td>
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<td>Proportion of the population using basic water services B: 78% (WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) 2017) T: 84%</td>
<td>JMP/MICS/DHS</td>
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<td>Proportion of the population practising open defecation B: 7% (JMP 2017) T: 1.5%</td>
<td>JMP/MICS/DHS</td>
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<td>Percentage of children (36–59 months) attending an early childhood education programme B: 6% (G: 6.1%; B: 6%) (Education Management Information System (EMIS) 2017–2018) T: 15% (for both)</td>
<td>EMIS/MICS</td>
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<td>2. The most-deprived and hard-to-reach children aged 6 to 12 years have increased</td>
<td>Rate of out-of-school children of primary and lower-secondary school age B: 50% (MICS 2015) T: 35%</td>
<td>EMIS/MICS</td>
<td>2.1: Educational structures in priority regions offer quality, protective, clean and inclusive learning opportunities to girls and</td>
<td>Ministries of Education; Territorial Administration; Health;</td>
<td>RR: 20 000 OR: 75 000 Total: 95 000</td>
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<td>access to gender-responsive and integrated quality basic social services in a protective, safe and clean environment, including in humanitarian situations.</td>
<td>Number of children in humanitarian situations targeted by UNICEF and partners accessing formal or non-formal basic education (primary) B: 38,690 (Situation Report June 2019) T: 357,000</td>
<td>Humanitarian Action for Children/Humanitarian Response Plan boys aged 6 to 12 years, including for those out-of-school and the most disadvantaged.</td>
<td>2.2: Educational structures in priority regions have the tools and skills to implement quality education and monitor progress in learning outcomes for girls and boys aged 6 to 12 years.</td>
<td>Women, Children and Family; Social Development; and External Relations, CSOs, local education partners, United Nations agencies, bilateral cooperation agencies, European Civil Protection and Humanitarian Aid Operations (ECHO), European Union, World Bank Group, private sector</td>
<td>RR OR Total</td>
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<td>Primary education completion rate B: 47% (EMIS 2017–2018) T: 56.5%</td>
<td>EMIS/ MICS</td>
<td>2.3: Health-care providers, child protection services and other community service providers in priority regions have the skills and capacities to deliver preventive and responsive quality services for reducing anaemia, illness, and violence against girls and boys.</td>
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<td>Gender parity index for primary education completion rate B: 0.9 (EMIS 2018–2019) T: 1</td>
<td>EMIS/ MICS</td>
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<td>Country shows improvement in learning outcomes B: Yes T: Yes</td>
<td>Programme d’analyse des systèmes éducatifs de la Conférence des ministres de l’Éducation des États et gouvernements de la Francophonie (Programme for the analysis of educational systems of the Conference of education ministers of States and Governments of French-</td>
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<td>3. 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.</td>
<td>Number of girls and boys (6–12 years) who have experienced violence reached by health, social work or justice/law enforcement services <strong>B:</strong> N/A <strong>T:</strong> 6,000</td>
<td>Social Services Routine Information System</td>
<td>3.1: The social service workforce in priority regions has increased gender awareness and capacity to prevent and respond to violence and exploitation.</td>
<td>United Nations agencies, youth organizations, ministries of Education; Youth and Sports; Women, Children and Family, CSOs implementing partners, private sector</td>
<td>RR 25 000 OR 75 000 Total 100 000</td>
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<td>Number of girls and boys (13–18 years) who have experienced violence reached by health, social work or justice/law enforcement services <strong>B:</strong> N/A <strong>T:</strong> 8,000</td>
<td>Social Services Routine Information System</td>
<td>3.2: Communities, adolescents, youth, girls and boys in priority regions have strengthened capacities and skills to protect themselves from all forms of violence and harmful practices and participate in a political, legal and social environment conducive to gender equality.</td>
<td>United Nations agencies, youth organizations, ministries of Education; Youth and Sports; Women, Children and Family, CSOs implementing partners, private sector</td>
<td>RR 25 000 OR 75 000 Total 100 000</td>
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<td>Women (20–24 years) married before the age of 18 years <strong>B:</strong> 54% (DHS 2018) <strong>T:</strong> 50%</td>
<td>MICS/DHS</td>
<td>3.3 Secondary schools and catalytic vocational training centres in priority regions,</td>
<td></td>
<td>RR 25 000 OR 75 000 Total 100 000</td>
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<td>Lower-secondary education completion rate</td>
<td>EMIS/ MICS</td>
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<td></td>
<td>RR 25 000 OR 75 000 Total 100 000</td>
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| B: 32% (G: 29%; B: 35%) (EMIS 2017–2018)  
T: 40% (for both) | Number of adolescent girls and boys participating in or leading civic engagement initiatives through UNICEF-supported programmes  
B: G: 13,497; B: 14,248  
T: G: 40,000; B: 40,000 | Programme Information System | have improved learning outcomes in a protective and clean environment to retain more girls and boys, including those with disabilities, and boost their employability.  
3.4 Health-care providers in priority regions have the skills and capacities to provide youth-friendly health, hygiene, protection and nutrition services. | | |
| 4. Girls and boys live in more-inclusive and resilient communities strengthened by an enabling environment and systems that create equitable chances in life. | Percentage of children living in poverty according to national multidimensional poverty lines  
B: 56% (Multiple Overlapping Deprivation Analysis (MODA) 2015)  
T: 53% | MODA/ living standards measurement study | 4.1: Institutions and authorities at the national and subnational levels, particularly in priority regions, execute gender-responsive, inclusive social policies and strategies and develop child-friendly plans and budgets to support integrated and multisectoral social systems to address monetary and multidimensional poverty and account for results for children in deprived communities. | Ministries of Health and Social Affairs; Social Development and Poverty Relief; and Economics and Finance National Institute of Statistics, World Bank Group, ECHO, United Nations agencies | 15 070 30 000 45 070 |
| Number of children covered by social protection systems  
B: 393,629 (National cash transfer programme 2018)  
T: 650,000 | National social protection system is ready to respond to a crisis  
B: Not ready  
T: Ready | Programme Information System | 4.2: Communities in priority regions, including CSOs, women and youth advocate | | |
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<td>RR</td>
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<td>4.3: Communities, households and national and subnational institutions are better prepared to respond to crises and shocks, including those caused by climate change, and to maintain service delivery for affected women and children through systems strengthening.</td>
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<td>4.4: Children from all socioeconomic backgrounds, including those with disabilities, and women are accounted for and monitored at the national and subnational levels, through disaggregated, high-quality and timely data and analysis that is integrated into national and subnational policies, strategies and budgets that benefit children.</td>
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| 5. The country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children. | Office overall performance index **B**: 0.91 (inSight Oct. 2019) **T**: 1 | inSight | 5.1: Effective and efficient results for children are achieved through productive coordination, guidance, tools and resources.  
5.2: Results for children are jointly planned, monitored, reviewed, evaluated and documented in an innovative manner.  
5.3: Child-focused holistic communication and innovative and results-based partnerships for advocacy and fundraising are delivered to improve supply and demand for services.  
5.4: The management and accountability of field operations and humanitarian action coordination are improved.  
5.5: Effective and efficient strategies to address cross-cutting issues (e.g., gender, communication for development) are integrated into programmes. | Ministries of Communication and Information; Youth and Sports; and Foreign Affairs, private sector, youth parliament, United Nations agencies | RR | OR | Total |
<p>| | Number of businesses actively engaged with UNICEF <strong>B</strong>: 1 <strong>T</strong>: 5 | Programme Information System | | | 15 000 | 20 000 | 35 000 |</p>
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<td>Total resources</td>
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<td>RR: 105,070, OR: 300,000, Total: 405,070</td>
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