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Country programme outline for Mali*

Proposed UNFPA assistance: \$10.75 million, \$9.75 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2003-2007)

Cycle of assistance: Fifth

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.50	1.0	7.50
Population and development strategies	2.75	-	2.75
Programme coordination and assistance	0.50	-	0.50
Total	9.75	1.0	10.75

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. After several years of growth, the economy of Mali is experiencing a recession, due mainly to the crisis in the cotton production sector. This situation is expected to increase the incidence of poverty, particularly among women.

2. The population of Mali is estimated at 9.8 million. There was a decline in the natural growth rate from 3.7 per cent to 2.9 per cent between 1987 and 1998, even as the total fertility rate of 6.8 children per woman remained steady. The infant mortality rate is estimated at 111 per 1,000 births and the maternal mortality ratio is 577 per 100,000 live births. Two adolescents out of three become pregnant before the age of 19. In 2001, over 57 per cent of births took place without the assistance of a trained attendant.

3. Only 30 per cent of community health centres offer a minimum package of reproductive health services. The contraceptive prevalence rate of 5.9 per cent for modern methods has barely risen over the past six years. The HIV/AIDS prevalence rate is estimated at 1.7 per cent, but could increase rapidly since two young people out of three do not believe in the existence of AIDS.

4. Opportunities for women are curtailed in all areas of society. Only 12 per cent of parliamentarians and less than 2 per cent of mayors are women; roughly 46 per cent of girls are enrolled in school compared to 68 per cent for boys; and only 12 per cent of women are literate as opposed to 48 per cent of men. Female circumcision is widely practiced and affects 94 per cent of women.

5. The Government has formulated a poverty reduction strategy paper (PRSP) for the period 2002-2006, which aims to reduce the incidence of poverty from 64 per cent to 47 per cent. Among the key measures foreseen are the

development of a population investment programme and the establishment of a multisectoral database on population. The common country assessment highlighted the following issues: (a) high poverty levels; (b) rapid population growth; (c) high fertility levels; (d) high maternal and infant mortality; (e) high risk of the spread of HIV/AIDS; and (f) a lack of data and analysis on gender, population and development issues.

II. Past cooperation and lessons learned

6. The fourth country programme aided the collection of sociodemographic data by providing support to various data collection operations, including the 1998 population census, two demographic and health surveys and the civil registration. A management framework for population was developed that included updating the 1991 national population policy and formulating an action plan for the promotion of women and gender equality and equity. A revision of the 1962 family code is under way. Training national counterparts in reproductive health, programme management, gender issues, and in formulating, monitoring and evaluating population policies helped to strengthen national technical capacity.

7. Quality-of-care norms and procedures in reproductive health were revised and disseminated. Access to high-quality reproductive health services was improved by constructing 15 community health centres, by strengthening the minimum package of reproductive health services provided and by supporting emergency obstetric care and community-based distribution of contraceptives. More than 400 peer educators were trained in adolescent reproductive health; a national youth council was created; and family-life and population education was integrated into the formal educational system. Advocacy interventions helped to establish and strengthen the national committee on harmful practices against women and children, as well as various parliamentary support networks.

8. The previous country programme effectively mobilized national counterpart funds. However, the high turnover of staff and weak coordination mechanisms hindered the implementation of the programme. In addition, not all national and international executing agencies were effective in providing technical support. One of the lessons learned was that concentrating interventions in certain geographical areas permitted greater synergy among them, especially in reproductive health and in the campaign against female circumcision.

III. Proposed programme

9. The proposed programme is closely linked to the United Nations Development Assistance Framework (UNDAF). The UNDAF goal is to contribute to sustainable human development through poverty reduction and through the protection, respect and fulfilment of human rights. National efforts will focus on improving governance; improving access to basic social services; and on food security and the environment. The proposed country programme will help to achieve the UNDAF objective that relates to developing basic social services and policies, and to designing and implementing the national population policy.

10. There are three programme outcomes: (a) developing capacity for the planning and management of sustainable human development; (b) reducing social, economic and political inequalities between men and women; and (c) increasing the use of reproductive health services and improving HIV/AIDS prevention in programme intervention areas.

11. The programme will contribute to integrating population into development programmes, narrowing gender inequalities, and reducing maternal and neonatal mortality and HIV/AIDS prevalence. The strategic orientation of the programme is to: (a) strengthen institutional and technical capacities; (b) match supply with demand in reproductive

health services; (c) improve data for programme monitoring and evaluation; (d) promote women's rights, including reproductive rights; (e) advocate against female circumcision; (f) promote behaviour change communication; and (g) strengthen partnerships with stakeholders.

12. Countrywide initiatives will include all outputs under the population and development strategies subprogramme; the supply of contraceptive commodities; training related to reproductive health issues; behaviour change communication; HIV/AIDS prevention; and advocacy for reproductive rights. The promotion of reproductive health services, however, will be implemented in four regions only – Kayes, Sikasso, Timbuktu and Gao – and will concentrate on four districts per region. The population of these regions represents a quarter of the total population of the country.

Population and development strategies subprogramme

13. In connection with the first programme outcome – developing national capacities for the planning and management of sustainable human development – two outputs are expected. The first output will be the strengthened institutional and technical capacity of organizations charged with monitoring, coordinating and evaluating the national population policy. Strategies to achieve this output include: (a) developing the priority population investment programme for 2003-2007; (b) mobilizing resources; (c) sensitizing decision makers and target groups about the content of the national population policy; and (d) strengthening the institutional framework for coordinating, monitoring and evaluating the national population policy.

14. The second output will be the availability of information for the monitoring and evaluation of population and development programmes. Five strategies will contribute to achieving this output: (a) setting up a multisectoral database; (b) strengthening data

processing and analysis capacities; (c) expanding the database; (d) providing support to the 2006 demographic and health survey; and (e) conducting knowledge, attitudes and practices surveys at the beginning and end of the programme.

15. In connection with the second programme outcome – the reduction of social, economic and political inequalities between men and women – the expected output will be the strengthened institutional and technical capacity of organizations involved with the promotion of gender equality and equity. Strategies to achieve this output include training staff of the relevant organizations; developing an advocacy programme to sensitize policy makers and target groups to promote gender equality and equity; disseminating the revised family code; and integrating gender factors into development policies and programmes.

Reproductive health subprogramme

16. In connection with the third outcome of the programme – the increased use of reproductive health services and HIV/AIDS prevention services – two outputs are expected. The first will be the increased availability of high-quality reproductive health services in programme intervention areas. Five strategies will contribute to achieving this output: (a) strengthening the provision of a minimum package of reproductive health services in community health centres for family planning, antenatal and post-natal consultations, assisted child deliveries, and the prevention and treatment of sexually transmitted infections and HIV/AIDS; (b) developing emergency obstetric care in six districts; (c) strengthening community-based services; (d) securing contraceptive logistics and reproductive health commodities; and (e) strengthening the provision of a minimum package of reproductive health services in five youth centres in programme intervention areas.

17. The second output will be the increased availability of information on reproductive health in programme intervention areas. Seven strategies will contribute to achieving this output: (a) carrying out qualitative research on the sociocultural and economic determinants of HIV/AIDS; (b) developing communication strategies to target groups in reproductive health and HIV/AIDS prevention; (c) advocating a greater involvement of men and community leaders in reproductive health promotion and HIV/AIDS prevention; (d) strengthening peer educators' approaches in promoting adolescent reproductive health and HIV/AIDS prevention; (e) promoting reproductive rights; (f) establishing an experimental radio station for information on adolescent and young people's reproductive health, including HIV/AIDS prevention; and (g) integrating family-life and population education in the formal educational system.

18. In implementing the proposed programme, UNFPA will collaborate with various multilateral and bilateral agencies such as UNDP, the Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the World Bank, the United States Agency for International Development, *Deutsche Gesellschaft für Technische Zusammenarbeit* (GTZ), the International Planned Parenthood Federation and other non-governmental organizations (NGOs).

19. Working in the context of UNDAF, United Nations agencies and organizations will cooperate in the following areas: (a) *in implementing population policies*, UNFPA will collaborate with UNICEF, UNDP, the World Bank and WHO; (b) *in gender and development*, UNFPA, UNICEF, UNDP and the United Nations Educational, Scientific and Cultural Organization (UNESCO) will work to define and implement a women's promotion policy and a less discriminatory family code; and (c) *in reproductive health*, UNFPA, UNICEF, WHO and the World Bank will

provide assistance in emergency obstetric care and in quality-of-care issues in community health centres. All United Nations agencies will be involved in HIV/AIDS prevention.

IV. Programme management, monitoring and evaluation

20. UNFPA, the Government, and national and international NGOs will execute the programme. Priority will be given to national execution. Concerned ministries, including the Ministries of Health; Economy and Finance; Youth and Sports; and Women's Promotion, as well as national NGOs, will implement the programme. The UNFPA Country Technical Services Team in Dakar, Senegal, will provide technical support, along with national experts, international experts and United Nations volunteers. South-South cooperation will also play a role in the programme.

21. The Ministry of Foreign Affairs will be responsible for programme coordination. The Ministry of Health will ensure technical coordination of the subprogrammes. Programme management will be carried out according to the principles of results-based management, using the logical framework and the indicators in the attached results and resources framework. The programme, subprogrammes and component projects will be monitored and evaluated according to established UNFPA guidelines.

22. The UNFPA office in Mali consists of a Representative, an Assistant Representative, two national programme officers, a junior professional officer and support staff. National project personnel will be recruited to assist in programme coordination, implementation and monitoring.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR MALI

UNDAF Objective: To contribute to the development of basic social services and policies related to these services, as well as to the design and implementation of the national population policy				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
<p>[Population and development strategies]</p> <p>To contribute to integrating population into development programmes and reducing gender inequalities</p>	<p>1. To have contributed to the development of national capacities for the planning and management of sustainable human development</p>	<ul style="list-style-type: none"> Existence of a regular flow of trained staff assigned to tasks related to the planning and management of development strategies at the local, central and regional levels by 2007 Existence of actions and programmes promoting the effective participation of the population in the formulation and implementation of development policies 	<p>Output 1(a): Strengthening institutional and technical capacities of organizations in charge of monitoring, coordinating and evaluating the national population policy</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Senior officials able to design, implement, monitor and evaluate the population policy at regional and national levels Decision makers and religious leaders demonstrate support for population policy implementation Implementation of the second priority population investment programme (PIIP) 	\$1.2 million
			<p>Output 1(b): Availability of information for monitoring and evaluating the national population policy and sectoral development programme</p> <p>Output indicators:</p> <ul style="list-style-type: none"> A multisectoral database will provide disaggregated data by region, age and gender to monitor the programme Database will be regularly updated 	\$0.8 million
	<p>2. To have contributed to the reduction of social, economic and political inequalities between men and women</p>	<ul style="list-style-type: none"> Gap in boys' and girls' school enrolment reduced by 25% by 2007 	<p>Output 2: Strengthening of institutional and technical capacities of organizations involved in the promotion of gender equality and equity</p>	\$0.7 million

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
<p>[Reproductive health]</p> <p>To contribute to reducing maternal and neonatal mortality and HIV/AIDS prevalence</p>	<p>3. To have contributed to increased use of reproductive health services and HIV/AIDS prevention in programme intervention areas</p>	<ul style="list-style-type: none"> • Existence of decrees providing for enforcement of laws promoting gender equality and equity by 2007 • Incidence of female circumcision reduced by 20% by 2007 • Contraceptive prevalence rate for modern methods increases from 5.9% to 8% by 2007 • Rate of assisted deliveries by qualified personnel increases from 42% in 2001 to 80% by 2007 	<p>Output indicators:</p> <ul style="list-style-type: none"> • Gender concerns are integrated into policies, programmes and development strategies at all levels • A multisectoral plan for the promotion of gender equity and equality is adopted • The revised family code is disseminated to target groups <p>Output 3(a): Increased availability of high-quality reproductive health services in programme intervention areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • All community health centres and five youth centres will provide a minimum package of reproductive health services • Six health subdistricts will provide complete emergency obstetric care <p>Output 3(b): Increased availability of information on reproductive health</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • 60% of the population will have been exposed to some reproductive health information by 2007 • Family-life and population education integrated into primary education 	<p>\$4 million</p> <p>\$3.6 million</p> <p>Programme coordination and assistance: \$0.5 million</p>

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