



**Executive Board of the  
United Nations Development  
Programme and of the  
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**UNITED NATIONS POPULATION FUND**

**Country programme document for Mali**

Proposed UNFPA assistance: \$20.5 million: \$13.5 million from regular resources and \$7 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Sixth

Category per decision 2005/13: A

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

	Regular resources	Other	Total
Reproductive health	7.0	4.00	11.00
Population and development	3.5	1.75	5.25
Gender	2.5	1.25	3.75
Programme coordination and assistance	0.5	-	0.50
Total	13.5	7.00	20.50

## I. Situation analysis

1. The population of Mali was approximately 11.7 million in 2005. Sixty-five per cent of the population is under 25 years of age, and 73 per cent of the population lives in rural areas. Life expectancy at birth is 62.2 years for women and 58.8 years for men. The annual population growth rate is 2.9 per cent, and the population doubles every 24 years. Sixty-three per cent of Malians live below the poverty line, and 22 per cent live in extreme poverty.

2. The 2001 demographic and health survey indicated a total fertility rate of 6.8 children per woman. Forty per cent of young women aged 15-19 are already mothers. The infant mortality rate is 128 deaths per 1,000 live births, and the child mortality rate is 229 deaths per 1,000 live births, with both rates showing little change over the past five years. Maternal mortality remains high, at 582 deaths per 100,000 live births. The primary causes of maternal mortality are: (a) the low rate of assisted births (40 per cent); (b) the low contraceptive prevalence rate for modern methods (6 per cent); and (c) the unmet need for contraception (29 per cent among women of childbearing age).

3. Access to emergency obstetric care is limited and its geographical distribution is unequal. Only 7.7 per cent of health-care facilities offer these services. The low use of health services, the low status of women and the high rate of illiteracy among women exacerbate the situation. The availability of midwives outside the capital is low. Female genital cutting is widespread. The 2001 demographic and health survey reported that 91.6 per cent of women aged 15-49 have undergone the procedure, with 80 per cent of women reportedly favouring the practice for sociocultural reasons. But recent data from the Bougouni area in the southern part of the country, where a pilot project aimed at discouraging the practice has been implemented, suggest that female genital cutting is decreasing steadily in target communities.

4. The early onset of sexual activity, multiple partners, early marriage, low awareness of health risks and limited knowledge of sexually transmitted

diseases are common for young people. The HIV prevalence rate is estimated at 1.7 per cent nationally. The prevalence rate is higher among certain groups, however, including among pregnant women (3.4 per cent); truck drivers (10 per cent); and commercial sex workers (31.9 per cent), suggesting that vulnerable groups should be targeted to curb HIV infection.

5. Despite progress made in basic education and literacy, the level of education remains low. Only 48 per cent of men and 12 per cent of women are literate. Gender disparities persist in primary school enrolment, which is 68 per cent for boys and 46 per cent for girls. There has been little progress in terms of ensuring women's participation in public affairs and in decision-making processes.

6. The Government recently adopted a series of sectoral development policies and programmes focusing on: (a) health and social development; (b) the fight against HIV/AIDS; (c) the development of a road map to reduce maternal and infant mortality, though this has not yet been integrated into the plans of different sectors and civil society; (d) the eradication of female genital cutting; (e) youth empowerment; and (f) communication efforts in the area of reproductive health. The national poverty reduction strategy, which addresses these issues, served as a reference for the development of the United Nations Development Assistance Framework (UNDAF) for 2008-2012.

## II. Past cooperation and lessons learned

7. The fifth country programme (2003-2007) achieved significant results both nationally and in five regions: Gao, Kayes, Kidal, Sikasso and Tombouctou.

8. In the area of population and development, the programme: (a) updated the national population policy; (b) developed the priority investment programme in population and its regional components; (c) created the National Population Directorate and associated divisions to supervise population activities; and (d) developed monitoring indicators and an integrated population database to improve the monitoring of the programme.

9. In the area of reproductive health, UNFPA supported the review of policies, standards and procedures, and contributed to the development of the national strategic plan; the reproductive health communications plan; the 10-year plan for reproductive health commodity security; and a national framework to prevent and treat obstetric fistula. This led to the adoption of a national policy to enable women to have Caesarean sections free of charge and the development of a national road map to reduce maternal and infant mortality. UNFPA helped to develop referral systems for emergency obstetric care, and extended community-based contraceptive distribution services to improve access in rural areas. The programme also introduced activities aimed at preventing mother-to-child transmission of HIV.

10. The programme introduced voluntary and anonymous HIV counselling and testing at youth counselling centres. It also established peer education networks and strengthened communication on reproductive health issues through radio programmes and the Internet.

11. In the areas of human rights and gender equity and equality, the programme supported the adoption and implementation of the national plan of action to eradicate female genital cutting. It supported the field activities of a consortium of non-governmental organizations (NGOs) and community associations, as well as the training of health professionals in curbing female genital cutting. Advocacy efforts focused on mobilizing elected officials and women's associations in order to have the family code and the draft reproductive health act adopted. This has yet to occur.

11. UNFPA support led to a growing interest among development partners and village communities to eliminate female genital cutting and obstetric fistula. The Government provided free access to emergency obstetric care, and showed increased commitment to securing contraceptive and reproductive health commodities. However, UNFPA and the Government should strengthen coordination in order to enhance programme integration and reduce parallel interventions. UNFPA will strengthen engagement in the health sector-wide approach as well as cooperation with

development partners (the Canadian International Development Agency, the Government of the Netherlands, the Swedish International Development Cooperation Agency and the United States Agency for International Development) in all areas, especially in reproductive health and related commodity management.

### III. Proposed programme

13. The proposed programme is aligned with the UNDAF (2008-2012), which was developed on the basis of the priorities set forth in the poverty reduction strategy. The programme is also aligned with the Millennium Development Goals.

14. The programme will contribute to the following UNDAF outcomes: (a) human rights are better known and respected, for the benefit of democratic governance and the rule of law; (b) the capacities of the Government, community groups, civil society organizations and the private sector in planning, developing, implementing and evaluating national development plans and regional and subregional integration projects and programmes are strengthened; (c) access by the most vulnerable groups to high-quality, basic social services is strengthened; and (e) universal access to services for HIV prevention and care is improved.

15. The programme seeks to reduce poverty and improve the quality of life of the population by: (a) increasing access by the most vulnerable groups to high-quality reproductive health services; (b) improving the availability of reliable sociodemographic data in order to better reflect population issues in development policies and programmes and improve the monitoring of the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals; and (c) promoting human rights, gender equity and equality.

16. The country programme is based on three components: (a) reproductive health; (b) population and development; and (c) gender. The programme will support nationwide activities in: (a) advocacy; (b) population and development; and (c) the

promotion of human rights, gender equity and equality. The programme will also support reproductive health activities in five regions: Gao, Kayes, Kidal, Sikasso and Tombouctou.

#### *Reproductive health component*

17. The outcome of the reproductive health component is: improved access to high-quality reproductive health care and HIV/AIDS prevention services, particularly among the most vulnerable populations. There are three outputs in this component.

18. Output 1: Access by the most vulnerable groups to high-quality reproductive health services, including family planning and emergency obstetric care, is increased in programme intervention areas. This will involve: (a) strengthening the availability and quality of essential and emergency obstetric care; (b) supporting the implementation of the free Caesarean section policy; (c) training health-care personnel in emergency obstetric care, both on the job and in midwifery and medical schools; and (d) improving the equipment and supplies in health-care facilities. The programme will emphasize eradicating obstetric fistula through a three-pronged strategy: (a) prevention through family planning and assisted deliveries; (b) surgical repair of diagnosed cases; and (c) reintegration of treated women into their families and communities.

19. The programme will use a sector-wide approach to: (a) improve the contraceptive supply system; (b) enhance provider knowledge and care in health-care institutions; and (c) enhance provider knowledge and care at the community level. The programme will extend the community-based distribution of contraceptives. Advocacy efforts will encourage community and religious leaders to promote family planning, and will urge the establishment of a line item in the national budget to purchase reproductive health commodities, including contraceptives.

20. Output 2: Sexual and reproductive health information and services for young people and adolescents are strengthened in programme intervention areas. The programme will increase the

production and dissemination of information materials, especially for young people. It will offer youth-friendly services on a pilot basis and will expand voluntary HIV/AIDS screening, monitoring and counselling. The programme will strengthen support to the national youth empowerment programme through youth outreach centres, as well as through population and family life education in the formal and non-formal education systems.

21. Output 3: Prevention services for HIV/AIDS and sexually transmitted diseases are improved, particularly among adolescents, young people and women, including through condom programming. Support will be provided within the context of implementing the national strategic framework to fight HIV/AIDS (2006-2010), which the Government adopted. The programme will: (a) support life-skills and negotiation-skills training for youth; (b) support peer education and peer support groups to prevent HIV; (c) provide male and female condoms; (d) support voluntary HIV testing, counselling and support; and (e) extend services to prevent mother-to-child transmission of HIV.

#### *Population and development component*

22. The outcome of the population and development component is: improved availability of sociodemographic data to better address population issues in development policies and programmes, and to better monitor the ICPD Programme of Action and the Millennium Development Goals. There are two outputs.

23. Output 1: The availability and quality of gender-specific data are improved for better development planning and better monitoring of the ICPD Programme of Action and the Millennium Development Goals. The programme will support the population and housing census planned for 2008 as well as the development of a database to monitor population indicators.

24. Output 2: National capacities in analysis, management and coordination are strengthened to improve the integration of population, reproductive health and gender issues into national, regional and local development policies and programmes. This

will be achieved by: (a) implementing the priority population investment programmes at national, regional and district levels; (b) strengthening the coordination, monitoring and evaluation mechanisms of the national population policy; and (c) developing the technical capacities of the National Population Directorate and the line ministries in charge of sectoral development plans.

#### *Gender component*

25. The outcome of the gender component is to strengthen gender equity and equality by: (a) implementing a legal framework that promotes women's and girls' rights; (b) eliminating female genital cutting and violence against women and girls; and (c) strengthening the capacities of organizations that promote women's and girls' rights. There are two outputs.

26. Output 1: The ability of women and girls to mobilize and to defend their rights, particularly their sexual and reproductive health rights, is strengthened in programme intervention areas. This output will be achieved by: (a) advocating the adoption and enactment of the family code; (b) supporting the drafting by Parliament of the implementation framework for the reproductive health act; (c) strengthening the capacity of the Malian Woman Ministers' and Parliamentarians' Network and of community and civil society organizations that promote the rights of women; and (d) supporting information, education and communication activities and the promotion of reproductive health rights.

27. Output 2: Community mobilization to eradicate female genital cutting is strengthened and extended to all programme intervention areas. This output will be achieved by: (a) extending the pilot community project on female genital cutting undertaken in the Bougouni area (Sikasso region) to other programme intervention areas; (b) intensifying advocacy and education activities among families, villages, community and religious leaders, civil society organizations, and local and national elected officials; and (c) developing and disseminating information and awareness tools to the general population and to health-care providers.

#### **IV. Programme management, monitoring, and evaluation**

28. The Ministry of Foreign Affairs and International Cooperation will coordinate the programme. The Ministry of Health; the Ministry of Finance and Planning; the Ministry of Youth and Sports; the Ministry of National Education; and the Ministry for the Promotion of Women, Children and the Family will execute the programme. NGOs and civil society organizations will assist in executing programme activities.

29. UNFPA will use a results-based management approach to implement, monitor and evaluate the programme, in accordance with the monitoring and evaluation framework defined in the UNDAF. UNFPA will initiate joint programme activities with other United Nations agencies, and will establish an integrated population database to monitor programme results and performance.

30. The country office in Mali consists of a UNFPA representative, an operations manager, two national programme officers and several support staff. UNFPA will fill vacant positions for an assistant representative and two support staff. Given the size of the programme, UNFPA will earmark programme funds to recruit additional staff to strengthen the operational capacities of the office, including an international programme officer, a national programme officer for reproductive health, and four national programme staff who will be based in the programme intervention areas. The UNFPA country technical services team based in Dakar, Senegal, will provide technical assistance. National or international consultants may also be recruited, if necessary.

## RESULTS AND RESOURCES FRAMEWORK FOR MALI

<b>National priority:</b> (a) poverty reduction strategy; and (b) improved access to basic social services <b>UNDAF outcome:</b> access by the most vulnerable groups to high-quality, basic social services is strengthened; and (b) universal access to services for HIV prevention and care is improved				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome:</b> Improved access to high-quality reproductive health care and HIV/AIDS prevention services, particularly among the most vulnerable populations</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of services carried out by qualified health-care personnel</li> <li>Contraceptive prevalence rate increased from 6 % to 20 % by 2012</li> <li>Percentage of targeted young people with access to high-quality reproductive health services</li> </ul> <p><b>Baseline:</b> Ten-year health and social development programme; road map to accelerate the reduction of maternal and infant mortality; strategic plan for the fight against AIDS (2006-2010); UNDAF; demographic and health survey</p>	<p><b>Output 1:</b> Access by the most vulnerable groups to high-quality reproductive health services, including family planning and emergency obstetric care, is increased in programme intervention areas</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Proportion of health centres providing maternal health services, emergency obstetric care and obstetric fistula treatment</li> <li>Proportion of women having had four prenatal care visits</li> </ul> <p><b>Baseline:</b> road map for the reduction of maternal mortality; UNDAF; demographic and health survey</p> <p><b>Benchmark:</b> 10 referral centres increased to 20</p> <p><b>Output 2:</b> Sexual and reproductive health information and services for young people and adolescents are strengthened in programme intervention areas</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of service delivery points offering user-friendly services to young people</li> <li>50 % of adolescents and young people aged 15-24 living in the programme coverage area have participated in voluntary screening for HIV/AIDS</li> </ul> <p><b>Baseline:</b> National youth empowerment programme; strategic reproductive health plan for adolescents and young people; UNDAF</p> <p><b>Output 3:</b> Prevention services for HIV/AIDS and sexually transmitted diseases are improved, particularly among adolescents, young people and women, including through condom programming</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of the population aged 15-24 in the programme coverage area correctly identifying one method to prevent the sexual transmission of HIV/AIDS</li> <li>Availability of male and female condoms</li> </ul> <p><b>Targets:</b> to be determined according to the results of the 2006 demographic and health survey</p>	<p>Ministries of: Health; Youth and Sports; and National Education</p> <p>United Nations Children's Fund (UNICEF); WHO; World Bank; United States Agency for International Development; Joint United Nations Programme on HIV/AIDS; National committee to combat HIV/AIDS; Bilateral cooperation with Belgium, Canada, the Netherlands, Spain, Sweden and the European Union</p>	\$11 million (\$7 million from regular resources and \$4 million from other resources)
<b>National priority:</b> (a) consolidation of public administrative reform; (b) strengthening capacities of civil society; (c) strengthening regional and subregional integration initiatives; and (d) integration into the multilateral trade system <b>UNDAF outcome:</b> the capacities of the Government, community groups, civil society organizations and the private sector are strengthened in planning, development, implementation, and monitoring and evaluation of national development programmes and regional and subregional integration programmes				
Population and development	<p><b>Outcome:</b> Improved availability of sociodemographic data to better address population issues in development policies and programmes, and to better monitor the ICPD Programme of Action and the Millennium Development Goals</p>	<p><b>Output 1:</b> The availability and quality of gender-specific data are improved for better development planning and better monitoring of the ICPD Programme of Action and the Millennium Development Goals</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>A demographic database disaggregated by age, sex and socio-economic factors is operational and the data is used in programme monitoring</li> </ul>	<p>Ministry of Finance and Planning; Ministry of Land Management</p> <p>UNDP; UNICEF; World Bank</p>	\$5.25 million (\$3.5 million from regular resources and \$1.75 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development (continued)	<u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>Population and development indicators are available and accessible</li> <li>Management, monitoring and evaluation capacities for population and development projects and programmes are implemented in central and regional structures</li> </ul>	<u>Output 2:</u> National capacities in analysis, management and coordination are strengthened to improve the integration of population, reproductive health and gender issues into national, regional and local development policies and programmes <u>Output indicators:</u> <ul style="list-style-type: none"> <li>Priority investment programmes for national and regional population matters are operational</li> <li>Population, reproductive health and gender issues are integrated into development plans and programmes</li> <li>Implementation of an operational coordination, monitoring and evaluation mechanism</li> <li>Proportion of investment plans implemented in regions supported by UNFPA</li> </ul> <u>Target:</u> increase in the number of regions that currently have investment plans (currently 5 of 9 regions have such plans)		
<p><b>National priority:</b> promotion of governance and public freedom  <b>UNDAF outcome:</b> human rights are better known and respected within the framework of strengthened democratic governance and the rule of law</p>				
Gender	<u>Outcome:</u> To strengthen gender equity and equality by: (a) implementing a legal framework that promotes women's and girls' rights; (b) eliminating female genital cutting and violence against women and girls; and (c) strengthening the capacities of organizations that promote women's and girls' rights <u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>Adoption of the family code</li> <li>Drafting and/or enforcement of laws on reproductive health;</li> <li>Support by community and religious leaders of strategies to eradicate female genital cutting</li> </ul> <u>Baseline:</u> legal texts; family code; and laws to combat discrimination against women	<u>Output 1:</u> The ability of women and girls to mobilize and to defend their rights, particularly their sexual and reproductive health rights, is strengthened in programme intervention areas <u>Output indicator:</u> <ul style="list-style-type: none"> <li>Number of actions undertaken by leaders and communities</li> </ul> <u>Baseline:</u> monitoring reports, surveys, and community questionnaires <u>Output 2:</u> Community mobilization to eradicate female genital cutting is strengthened and extended to all programme intervention areas <u>Output indicator:</u> <ul style="list-style-type: none"> <li>Translation and dissemination in national languages of training documents on the civil and socio-economic rights of women and girls; women participate in the promotion of their civil and socio-economic rights</li> </ul> <u>Target:</u> increased number of communities that have pledged to oppose female genital cutting, from 9 communities in one region to 49 communities in two regions	Ministry for the Promotion of Women, Children and the Family; Ministry of National Education; National Assembly  UNDP; United Nations Educational, Scientific and Cultural Organization; UNICEF; Bilateral organizations	\$3.75 million (\$2.5 million from regular resources and \$1.25 million from other resources)  <hr/> Total for programme coordination and assistance: \$0.5 million from regular resources