



Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
30 October 2019

Original: English

First regular session 2020

3-6 February 2020, New York

Item 7 of the provisional agenda

UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Mali

Proposed indicative UNFPA assistance: \$46.1 million: \$12.1 million from regular resources and \$34.0 million through co-financing modalities or other resources

Programme period: Five years (2020-2024)

Cycle of assistance: Eight

Category per decision 2017/23: Red

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	5.5	13.5	19.0
Outcome 2	Adolescents and youth	1.0	6.0	7.0
Outcome 3	Gender equality and women's empowerment	2.1	10.0	12.1
Outcome 4	Population dynamics	2.0	4.5	6.5
Programme coordination and assistance		1.5	-	1.5
Total		12.1	34.0	46.1

I. Programme rationale

1. The population of Mali, estimated at 19.8 million, is currently characterized by a rapid annual growth rate of 3.6 per cent and a very youthful population (45.9 percent less than 15 years old): women account for 50.5 per cent; 22 per cent are of reproductive age; and 74 per cent live in rural areas. Life expectancy at birth is 57.9 years, the gross domestic product per capita is \$828.

2. Mali experienced in 2012 a multidimensional crisis that still affects the main areas of socio-political, economic and security life, particularly in the northern and central regions. The United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) was established in 2013, in part responding to the upsurge of attacks by armed groups and violence related to inter-community conflicts, which have resulted in serious human rights violations. According to the 2018 humanitarian needs analysis report, the humanitarian crisis affects 7.2 million people, half of whom are women. In June 2019, 138,391 refugees and 120,067 internally displaced people were recorded. Nearly 3.2 million people lack basic social services.

3. The total fertility rate is high, with 6.3 children per woman in 2018, and has been consistently high [6.6 in 2006 and 6.1 in 2012] in the last three rounds of demographic and health surveys (DHS). There is a disparity in fertility between urban areas (4.9) and rural areas (6.8). Almost two out of five adolescents (39 per cent) are already sexually active; 30 per cent have had at least one child.

4. According to the latest survey, the neonatal mortality rate stands at 33 deaths per 1,000 live births, while maternal mortality had decreased since 2012, down from 368 deaths to 325 per 100,000 live births. Despite efforts to improve access, there is low-quality and low utilization of reproductive health services and low availability of emergency obstetric and newborn care: 43 per cent of women have access to at least four prenatal consultations, 67 per cent of deliveries are assisted by skilled health personnel and 28 per cent of the deliveries were performed in such emergency facilities (DHS 2018).

5. Regarding family planning, the weak supply-chain management hinders the distribution of commodities and access to services, partly due to insufficient human resource capacity and weak logistic management information systems. The modern contraceptive prevalence rate stands at 16 per cent and unmet needs for family planning is 24 per cent among women in a union (DHS 2018).

6. According to DHS 2012-2013, the HIV prevalence rate is estimated at 1.1 per cent, with variations between women (1.3 per cent), men (0.8 per cent), young people (0.8 per cent), and sex workers (24 per cent). Only 12 per cent of women aged 15-49 years giving birth have received results of HIV testing during antenatal care services. A sub-cluster assessment in 2017 revealed that the Gao region alone had 12 brothels, with 196 registered sex workers.

7. People living with a disability, representing 15 per cent of the population, are often victims of violence, both physical and sexual, and because of their disability, most have missed or are forced to leave school early, due to financial constraints or stigma.

8. Gender-based violence, including harmful practices, are generally high in Mali under normal circumstances but have been aggravated by the multidimensional crisis. Some 53 per cent of women are married by the age of 18, with 18 per cent married by the age of 15 (DHS 2018), while 73 per cent of girls under age 15 years have undergone female genital mutilation. From January 2012 to April 2019, 17,225 incidents, including 15,225 cases of gender-based violence were reported by the gender-based violence information management system. Out of 3,330 cases of gender-based violence reported in 2018, 59 per cent were sexual violence, 14 per cent physical assaults, 12 per cent denial of resources, and 9 per cent psychological violence.

9. The generation and use of quality data are challenges for monitoring national development plans, the Sustainable Development Goals and to capture the efforts to reap the demographic dividend.

10. Key achievements of the previous programme include: development or revision of the national population policy, including a road map on the demographic dividend and a ten-year plan on the advancement of women, children and the family; upgrading of health facilities to provide emergency obstetric and newborn care, with 55 centres supported; support to management of 1,080 cases of obstetric fistula; implementation of innovative approaches for the introduction of new contraceptive methods; and combatting gender-based violence through holistic case management in a one-stop

centre. These efforts helped prevent the occurrence of 97,509 unintended pregnancies, 35,056 unsafe abortions, 2,827 child deaths and 376 maternal deaths.

11. The challenges include insufficient resources for humanitarian response, the absence of a law against gender-based violence, child marriage and other harmful practices, and the difficulty to make the family planning accessible in crisis-affected areas.

12. Lessons learned from the programme evaluation include: (a) using outreach mobile teams help to provide integrated services for underserved and hard-to-reach populations; (b) upgrading health facilities to provide emergency obstetric and newborn care combined with continuous monitoring increase the availability of emergency obstetric care facilities; (c) strengthening national capacity on data during the current census programme is vital for the establishment of a robust national statistical system and the demographic dividend observatory.

II. Programme priorities and partnerships

13. The proposed programme, developed through a participatory process, is aligned with the national development plan, in particular the health development plan, the gender-based violence strategy, the budgeted family planning plan, the reproductive health commodity security plan, 2018-2023, the adolescent and youth health action plan, 2017-2021, and the strategic framework for economic recovery and sustainable development, 2019-2023. It is also aligned with the United Nations sustainable development cooperation framework (UNSDCF) for 2020-2024. The programme is also aligned to the strategic framework of the common chapter, the humanitarian response plan and the integrated strategic framework of MINUSMA. The country office will focus on implementing the humanitarian-development-peace nexus through joint analysis of needs, vulnerabilities and risks, and by strengthening coordination. The programme is built on the gains of ongoing initiatives, including the Muskoka Initiative, Spotlight, the Global Programme on Female Genital Mutilation and the Sahel Women Empowerment and Demographic Dividend (SWEDD).

14. The proposed programme will focus on the central, northern and southern regions (Segou, Mopti, Timbuktu, Sikasso, Koulikoro, Gao, Bamako), which constitute the densely populated areas and have the lowest socio-demographic indicators. It addresses the four outcomes of UNFPA Strategic plan, 2018-2021, to achieve the three transformative results and Sustainable Development Goals 3, 5, 10, 16 and 17. It will strategically support policy and strategy development; gender equality and women's empowerment; provision of health services; and production and use of reliable and high-quality data, especially in humanitarian crises. Interventions on maternal health, gender, adolescents and youth will be implemented in an integrated manner, and intensified in areas with low coverage of assisted deliveries, low contraceptive prevalence, and high prevalence of gender-based violence and harmful practices.

15. The programme will use a rights-based, culturally-sensitive approach and the principle of 'leaving no one behind', targeting people with disabilities, internally displaced persons, refugees, adolescents and young people, particularly those affected by intercommunity conflicts and insecurity.

16. UNFPA will work with the Government and its partners to ensure value for money in programme delivery, with the goal of improving quality of care and promoting equity. UNFPA will work with civil society organizations, youth networks, religious and traditional leaders, technical and financial partners to optimize programme implementation.

17. The programme will be implemented using the 'delivering as one' approach. To promote an integrated programme delivery, partnerships will be sought with United Nations agencies in order to increase external and domestic resources to fill the financing gaps and improve financial delivery. Joint programmes will be developed on maternal health, adolescent and youth, gender-based violence, and humanitarian response. The programme will use South-South cooperation initiatives and a knowledge management strategy to share lessons and build national capacities.

A. Outcome 1: Sexual and reproductive health

18. *Output 1: Strengthened national capacities to ensure a continuum of high-quality essential and emergency obstetric and newborn care for women, adolescents and youth and other vulnerable groups, including those in the humanitarian settings.* The strategies are focused on integrated approaches and extension of emergency obstetrical care facilities, and will be performed by: (a) strengthening midwifery practice through basic and in-service training and task shifting, (b) upgrading facilities to provide emergency obstetric and newborn care underpinned by a

restructured networking; (c) strengthening partnerships for provision of reproductive health services in a humanitarian context; (d) strengthening the quality of maternal care, including prevention of mother-to-child transmission of HIV and other sexually transmitted infections; and (e) supporting fistula repair and maternal death review and response.

19. *Output 2: Strengthened national capacities to improve supply-chain management and demand for family planning services for women, youth and adolescents, including in humanitarian settings.* This will be achieved by: (a) strengthening logistics information system capabilities through new technologies; (b) strengthening national capacity on quantification, procurement and distribution of reproductive health commodities up to the last mile, including in humanitarian settings; (c) supporting demand creation through behavioural change communication; and (d) strengthening high-quality service delivery, including training and mobile outreach, and setting up social franchises for the supply of services, particularly for rural populations.

B. Outcome 2: Adolescents and young people

20. *Output 1: Young people and adolescents, particularly adolescent girls, have improved life skills for informed decision-making, especially in sexual and reproductive health, leadership, commitment and participation in peacebuilding, including in humanitarian contexts.* For better youth resilience particularly in a humanitarian settings, these results will be achieved by: (a) building institutional capacities, including youth associations, for updating and implementing the youth national strategy on reproductive health and life skills for in-school and out-of-school adolescents and young people; (b) supporting the empowerment of young people to have skills and capabilities to make informed choices in relation to HIV prevention and their sexual and reproductive health and rights and to build youth resilience; (c) strengthening youth leadership and participation in programme implementation, particularly in peacebuilding and countering violent extremism; and (d) strengthening user-friendly services for young people, including those with disabilities.

C. Outcome 3: Gender and empowerment of women and girls

21. *Output 1: Strengthened national capacities, communities and civil society organizations in promoting gender equality, women's empowerment, prevention and care of gender-based violence and other harmful practices, including in humanitarian settings.* This will be achieved by: (a) supporting the development and implementation of legal and policy frameworks for the empowerment and protection of women and girls, including those with disabilities; (b) strengthening the capacity of national institutions and civil society to prevent gender-based violence and harmful practices such as female genital mutilation and child marriage, and unfavourable social norms, while supporting positive coping strategies for women and sex workers in humanitarian settings; (c) supporting multisectoral prevention and response to gender-based violence, including the provision of services with referral mechanisms centred on survivors (health, psycho-social, justice, socio-economic); and (d) engaging influential community leaders on preventing gender-based violence, focusing especially on men and boys.

D. Outcome 4: Population dynamics

22. *Output 1: The capacities of national statistical systems are strengthened for the production and use of high-quality disaggregated data for policy formulation and monitoring of the Sustainable Development Goals to harness the demographic dividend, including in humanitarian contexts.* This will be achieved by: (a) strengthening technical capacity in the production and dissemination of statistical data; (b) consolidation of partnerships for mobilization of resources for the financing of statistical activities; (c) advocating for the use of statistical data by national actors and the need to take into account population growth in national plans; (d) strengthening technical assistance for the implementation of the SWEDD initiative and the road map on the demographic dividend, (e) providing technical capacity to conduct the population and housing census; and (f) enhancing coordination, knowledge management and documentation of good practices related to data on all programme areas by strengthening the national coordination and monitoring mechanisms.

III. Programme and risk management

23. The programme will be implemented mainly under the national execution modality, and direct execution may be used only if necessary to safeguard the responsibility for effective programme

delivery. Implementation will be coordinated by the Ministry of Foreign Affairs and International Cooperation in order to improve ownership, transparency and risk reduction. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

24. Partners will be selected for the implementation of the programme based on their ability to carry out high-quality activities in the intervention areas. The transfer of funds will be in accordance with the harmonized approach to cash transfers to minimize risks. The country office will also conduct spot checks, follow-up missions and, in collaboration with the Ministry of Foreign Affairs and International Cooperation, hold follow-up meetings of the steering committee to improve programme management and strengthen partners' skills. The office will seek technical support from the regional office, headquarters and other institutions, as needed.

25. The country office has developed a human resource plan based on an assessment of the specific needs. A gender intelligence mechanism will be established to help women equip themselves for leadership roles, and put in place a succession management plan for critical posts incorporating talent reviews and identification of internal staff to fill key positions.

26. The programme will be implemented through the UNFPA main office in Bamako, supported by a sub-office, to be opened in Mopti, to serve the central and northern regions affected by the humanitarian crisis and prioritized in the Humanitarian Response Plan and by the Government for conflict resolution, peace and development. Programme criticality assessments will be carried out periodically and appropriate programming modalities aimed at managing risk will allow UNFPA to deliver while protecting staff. The main approach will be the continuation of humanitarian assistance in response to acute humanitarian needs while scaling up assistance to address the root causes of the crisis.

27. UNFPA will regularly assess the security, operational, socio-political and fraud risks associated with the programme and implement a risk reduction plan. Resource mobilization and communication strategies will be updated periodically to ensure funding and visibility of the programme.

IV. Monitoring and evaluation

28. A robust monitoring and evaluation system will be put in place by the country office and linked to national systems and the United Nations Sustainable Development Cooperation Framework. The monitoring and evaluation mechanism will be operationalized through a monitoring and evaluation plan, the design of databases and collection tools, joint field visits, consultation frameworks (steering committee, thematic groups) as well as the production of evidence.

29. The capacities of implementing partners will be strengthened in terms of reporting and results-based management to enhance the effectiveness and impact of the programme at all levels and to facilitate monitoring of indicators related to the results and resources framework. Since the previous programme was the subject of a final independent evaluation, the programme will benefit from a midterm review and a final internal evaluation at the end of the programme.

RESULTS AND RESOURCES FRAMEWORK FOR MALI (2020-2024)

<p>National priorities: Human capital development</p> <p>UNSDCF Outcome: By 2024, women, children, youth adolescents have more equitable access to quality basic social services.</p> <p>Indicator: Maternal mortality ratio. Baseline: 325 deaths per 100,000 live births; Target: 295 deaths per 100,000 live births</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 1: Sexual and reproductive health Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p> <p><u>Indicator (s):</u></p> <ul style="list-style-type: none"> • Proportion of deliveries assisted by qualified health personnel <i>Baseline staff: 67%; Target: 75%</i> • Contraceptive prevalence rate <i>Baseline: 16%; Target: 30%</i> • Unmet need for family planning <i>Baseline: 24% Target: 19%</i> 	<p><u>Output 1:</u> Strengthened national capacities to ensure a continuum of high-quality essential and emergency obstetric and newborn care for women, adolescents and youth and other vulnerable groups, including those in the humanitarian settings</p> <p><u>Output 2:</u> Strengthened national capacities to improve supply-chain management and demand for family planning services for women, youth and adolescents including in humanitarian settings</p>	<ul style="list-style-type: none"> • Number of midwives newly deployed to health facilities to provide SRH services including in humanitarian settings. <i>Baseline: 0; Target: 200</i> • Number of obstetric fistula cases repaired with UNFPA support <i>Baseline: 1,300; Target: 1,800</i> • Existence of a functional mechanism for institutionalizing the audit of maternal deaths <i>Baseline: No; Target: Yes</i> <ul style="list-style-type: none"> • Percentage of service delivery points in programme areas that have not experienced a stock-out of family planning methods in the last 3 months <i>Baseline: 77%; Target: 90%</i> • Number of new users of modern contraceptive methods in programme areas <i>Baseline: 0; Target: 250,000</i> 	Government ministries; WHO, UNICEF, UN-Women; nongovernmental organizations (NGOs)	\$10 million (3 million from regular resources and 7 million from other resources)
<p>Outcome 2: Adolescents and youth Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts</p> <ul style="list-style-type: none"> • Percentage of adolescents (15-19 years) with a livebirth by the age of 19 years <i>Baseline: 30%; Target: 22.5%</i> • Percentage of 15-24 year olds who correctly identify ways of preventing HIV transmission and reject misconceptions about transmission • <i>Baseline: 16%; Target: 23.5%</i> 	<p><u>Output 1:</u> Young people and adolescents, particularly adolescent girls, have improved life skills for informed decision-making, especially in sexual and reproductive health (HIV prevention and STIs, GBV etc.), leadership, commitment and participation in peacebuilding, including in a humanitarian context</p>	<ul style="list-style-type: none"> • Number of young people benefiting from age-appropriate information, including on HIV/AIDS, with support from UNFPA <i>Baseline: 0; Target: 300,000</i> • Number of institutional mechanisms for the participation of young people in policy dialogue and programming, including in peacebuilding processes <i>Baseline: 0; Target: 1</i> • Number of young people attending facilities offering a package of user-friendly SRH services <i>Baseline: boys: 0; girls: 0; Target: boys: 65,000, girls 40,000</i> 	Government ministries; WHO, UNICEF, UN-Women; UNESCO; NGOs; youth associations	\$7 million (1 million from regular resources and 6 million from other resources)
<p>Outcome 3: Gender equality and women's empowerment Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p> <ul style="list-style-type: none"> • Percentage of married women aged 15-49 who have experienced some form of emotional or physical or sexual violence in the last 12 months prior to the 	<p><u>Output 1:</u> Strengthened national capacities, communities and civil society organizations in promoting gender equality, women's empowerment, prevention and care of gender-based violence and other harmful practices,</p>	<ul style="list-style-type: none"> • Number of laws and approved policies with action plans to promote gender equality and reproductive rights <i>Baseline: 1; Target: 3</i> • Number of survivors of gender-based violence who have benefited from a holistic package of services, particularly women and girls with disabilities, including in humanitarian settings. <i>Baseline: 3,330; Target: 9,900</i> 	Government ministries; WHO, UNICEF, UN-Women; NGOs, Women's and youth associations	\$12 million (2 million from regular resources and 10 million from other resources)

<p>National priorities: Human capital development</p> <p>UNSDCF Outcome: By 2024, women, children, youth adolescents have more equitable access to quality basic social services.</p> <p>Indicator: Maternal mortality ratio. Baseline: 325 deaths per 100,000 live births; Target: 295 deaths per 100,000 live births</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>survey <i>Baseline (DHS 2018): 34%; Target: 25%</i></p> <ul style="list-style-type: none"> Prevalence of female genital mutilation among girls aged 0-14 years <i>Baseline (DHS 2018): 73%; Target: 60%</i> <p>Outcome 4: Population dynamics Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</p> <ul style="list-style-type: none"> Proportion of population expected to be counted as per 2020 census round schedule (2015-2024), that is actually counted <i>Baseline: 0; target: 95%</i> Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics <i>Baseline: 0; Target: 90%</i> 	including in humanitarian settings	<ul style="list-style-type: none"> Number of communities that have genuinely abandoned harmful practices through targeted actions on socio-cultural determinants <i>Baseline: 250 ; Target: 650</i> <u>Output 1:</u> The capacities of national statistical systems are strengthened for the production and use of high-quality disaggregated data, for policy formulation and monitoring of the SDGs to harness the demographic dividend, including in humanitarian contexts 	Government ministries; UNICEF, UNDP, UN-Women, WHO	\$6.5 million (2 million from regular resources and 4.5 million from other resources) <hr/> Programme coordination and assistance: 1.5 million