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United Nations Population Fund

Country programme document for Mali

Proposed indicative UNFPA assistance:	$38.4 million: $19.4 million from regular resources and $19 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2015-2019)
Cycle of assistance:	Seventh
Category per decision 2013/31:	Red

Proposed indicative assistance

(in millions of $)

Strategic plan outcome area		*Regular resources*	*Other*	*Total*
Outcome 1	Sexual and reproductive health	10.7	7.0	17.7
Outcome 2	Adolescents and youth	1.5	4.0	5.5
Outcome 3	Gender equality and women's empowerment	2.1	3.0	5.1
Outcome 4	Population dynamics	3.8	5.0	8.8
Programme coordination and assistance		1.3	–	1.3
Total		**19.4**	**19.0**	**38.4**

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I. Situation analysis

1. Mali experienced a multifaceted, complex crisis in 2012 (food crisis, political turmoil, military coup and war), affecting the entire region. This led the United Nations to establish in July 2013 an integrated mission comprising 12,000 military, police and civilian personnel to help to stabilize the country. The crisis had major implications on the lives of people, particularly those in the three northern regions (Gao, Timbuktu, Kidal), and Mopti. In May 2014, the United Nations High Commissioner for Refugees estimated that there were some 137,000 Malians refugees in Burkina Faso, Niger and Mauritania and an equal number of internally displaced people, the majority of whom were women. Social and health services delivery were disrupted in the northern regions following looting of basic health facilities and the departure of health personnel, leaving nearly all health structures (94 per cent) no longer functional.

2. The population of Mali is estimated at 14,528,662, with 50.4 per cent women and 30.7 per cent young people aged 10-24 years (population and housing census of 2009). The high growth rate (3.6 per cent per year), could result in a doubling of population by 2030, affecting efforts to achieve sustainable development. In 2012, some 43.6 per cent of the population was living under the poverty line, with 51 per cent of the poor living in rural areas. The fertility rate declined but remains high, at 6.1 children per woman (demographic and health survey 2012-2013).

3. Though the maternal mortality ratio declined, it remains high, at 368 per 100,000 live births (demographic and health survey 2012-2013). This is mainly due to the low proportion of births attended by skilled health personnel, especially in rural settings, despite an increase from 49 per cent (2006) to 59 per cent (2012-2013). The main reasons are (a) inexistence or unsufficient number of midwives in rural health facilities, exacerbated by the crisis; and (b) poor means of communication from communities to referral centres. In addition, access to basic emergency obstetric and neonatal care services is low, with only 7 per cent offering basic obstetric and neonatal care services. There is an increasing demand for obstetric fistula services (102 cases in 2008 and 645 in 2012). Early and frequent pregnancies as well as lack of access to antenatal and emergency obstetric and neonatal care are major factors leading to obstetric fistula. With persisting strong sociocultural barriers, the contraceptive prevalence rate remains low, despite an increase from 6 per cent in 2006 to 10 per cent in 2013. Though the unmet need for family planning is high, at 26 per cent (2012), the contraceptive prevalence rate is notably increasing in urban areas (22 per cent of currently married women against only 7 per cent in rural areas).

4. Adolescents aged 15-19 years account for 14 per cent of the total fertility rate. Beliefs and traditional harmful practices, such as early marriage (50 per cent before age 18 for girls), lack of sex education and low levels of education account for this high fertility (among teenagers who have no level of education the fertility rate is 49 per cent against 22 per cent for those in secondary or higher levels).

5. HIV prevalence declined from 1.3 per cent in 2006 to 1.2 per cent in 2013; the prevalence among adolescents and young people is low at 0.8 per cent. However, the 2009 integrated HIV and sexually transmitted infections surveillance and behavioural survey indicated a high prevalence of 24.2 per cent among sex workers.

6. Gender inequality is still widespread, with legal barriers leading to high prevalence of early marriage (set at 16 years in the family code, and lower with parents' consent). Some 91 per cent of women aged 15-49 suffered female genital mutilation (demographic and health survey 2012-2013). At the height of the crisis (2012-2013), some 5,814 cases of gender-based violence were reported (gender-based violence cluster report 8 — 2013).

7. Despite improvement over the years, availability of qualified human and sufficient financial resources for quality disaggregated data remains a challenge to programme development and policy formulation. This has hampered the integration of gender and sexual and reproductive health and rights into local development policies and plans.

II. Past cooperation and lessons learned

8. Following the crisis in 2012, the sixth country programme (2008-2012) was extended to 2014. The bridging framework was revised to address the emerging humanitarian needs while maintaining development objectives in regions not directly affected by insecurity. Despite these challenges, the programme achieved significant results in a number of focus areas.

9. In reproductive health and family planning, 100 per cent of district and community health centres supported by UNFPA were supplied with equipment or reproductive health drugs; 12 supply sites were renovated and equipped; and at least five contraceptive methods were available in 98 per cent of surveyed health facilities (UNFPA-Ministry of health survey, 2014). Between 2008 and 2011, over 85 per cent of reported cases of fistula were healed and the women reintegrated into communities. Eleven youth centres were functional, with seven equipped with radios; peer educators served 62,112 people. Capacity building on minimum initial service package for reproductive health in crisis was provided to 25,864 humanitarian actors.

10. The programme was instrumental in the formulation and adoption of the national gender policy and action plan. Many communities (1,042) formally abandoned the practice of female genital mutilation. Progress was made on gender-based violence; more cases were openly reported and received psychosocial, medical or judicial assistance; national and regional support mechanisms were put in place.

11. The sixth programme supported the realization of the 2009 population and housing census and contributed to the production of the general and the thematic reports, vital for the formulation of the growth and poverty reduction framework for 2013-2017.

12. The programme has been responding to the humanitarian crisis since 2012. The shift in orientation enabled rapid pre-positioning and distribution of reproductive health and dignity kits to over 200,000 internally displaced people, with attention on gender-based violence.

13. Despite progress, challenges remain in a number of areas: (a) design of innovative and high-impact strategies to address the high fertility rate; (b) reduction of maternal mortality; (c) integration of population and gender issues in policies and

programmes; (d) preparedness and response to crises and post-crisis recovery; (e) individual and community resilience through comprehensive package of services.

14. A number of key lessons were learned: (a) there is a need for continuous education and sensitization of political and religious leaders, given their critical role in advancing population and reproductive health agenda; (b) decentralization of interventions and community initiatives are key to lasting results; (c) functioning programme coordination mechanisms enhance the synergy between actors and allows a rapid shift in programme direction in the event of a crisis; (d) high uptake of family planning methods provide an opportunity to accelerate the demographic transition.

III. Proposed programme

15. The seventh country programme was developed through a consultative process in conjunction with all national partners. It is aligned to (a) the United Nations Development Assistance Framework (UNDAF) plus (combining the integrated strategic framework of the mission and the UNDAF); (b) the Strategic Framework for Growth and Poverty Reduction, 2012-2017; (c) the Government Action Programme, 2014-2018; (d) national programme for sustainable economic recovery; (e) the United Nations joint programme on youth and resilience; (f) strategic policy and regional frameworks, such as the United Nations integrated strategy for the Sahel; and the Sahel women empowerment demographic dividend project, in collaboration with the World Bank and other partners. The programme is aligned to the UNFPA strategic plan, 2014-2017, its business model and the second generation humanitarian strategy.

16. The programme aims to contribute to poverty reduction. It will focus on marginalized groups, such as women, youth and adolescents, particularly in areas affected by the crisis. It will seek to capitalize on (a) the demographic dividend at national level while taking advantage of regional initiatives (Sahel strategy, World Bank-UNFPA regional project); (b) reduction of maternal and neonatal mortality; and (c) promotion of sexual reproductive rights, including in humanitarian settings.

A. Outcome 1: Sexual and reproductive health

17. Output 1: Increased access to information and integrated sexual reproductive health and HIV services for adolescents and youth, particularly in crisis-affected areas. This will be achieved through (a) advocacy for the integration of sexual of adolescents and youth in development plan and strategies, addressed particularly to political and religious leaders and communities; (b) technical support to sex workers organizations engaged in implementation of HIV prevention programmes for adolescent girls; (c) strengthening existing youth-friendly services; (d) integration of sexual reproductive health services for adolescents and young people into health facilities.

18. Output 2: Strengthened national capacity for better access to high-quality family planning services. This will be achieved by (a) strengthening social and behaviour change communication and advocacy for the use of reproductive health and family planning services, especially for adolescent girls; (b) supporting

implementation of the new national reproductive health commodity security plan; and (c) promoting all family planning methods, with an emphasis on long lasting ones, while respecting individual choice.

19. Output 3: Increased access to quality maternal and neonatal health services, particularly in areas affected by the crisis. This will be achieved through (a) supply of reproductive health commodities; (b) promotion of results-oriented approaches, such as task shifting, rural midwifery, outreach services and a strengthened referral system; (c) capacity building of social and health workers in provision of high-quality obstetric and neonatal services, addressing gender-based violence and HIV prevention; (d) provision of technical assistance to address obstetric fistula prevention, treatment and reintegration; (e) support for rehabilitation and equipment of destroyed educational and health facilities.

20. Output 4: Increased national capacity to provide sexual reproductive health services in humanitarian settings. This will be achieved through (a) integration of sexual reproductive health, including clinical management of gender-based violence in plans for disaster risk reduction, emergency preparedness and response and resilience building; (b) supply of emergency reproductive health kits to people in humanitarian settings; (c) evidence generation from humanitarian response and preparedness, for knowledge sharing; (d) capacity building of humanitarian actors.

B. Outcome 2: Adolescents and youth

21. Output 1: Increased capacity of young people and youth organizations to design and implement resilience programmes. This will be achieved by (a) scaling up the ongoing comprehensive joint programme on youth and resilience; (b) providing technical support for implementation of comprehensive sexuality education programmes for youth, including out-of-school youth; (c) promotion of mass media and new technologies, including mobile and social media for outreach to young people; (d) promotion of economic empowerment opportunities to adolescent girls, including in food security, in collaboration with United Nations agencies, civil society organizations and other partners.

C. Outcome 3: Gender equality and women's empowerment

22. Output 1: Strengthened national capacity to address gender inequalities, harmful traditional practices and gender-based violence, especially in humanitarian settings. This will be achieved through (a) involvement of opinion leaders in changing all discriminatory social norms; (b) advocacy for legal reform regarding age of marriage and elimination of harmful practices existing in laws and policies, in accordance with international agreements; (c) strengthening institutional and technical capacity to implement the national gender policy and action plan; (d) assessment of gender and rights dimensions in humanitarian settings, including mapping of required expertise; (e) support to knowledge production and management.

D. Outcome 4: Population dynamics

23. Output 1: Strengthened national capacity to produce and disseminate quality data in support of development and humanitarian programming. This will be achieved by providing (a) technical support to the national statistical system, including training programmes for middle-level statisticians in the production and analysis of quality data, including humanitarian data; (b) support on the 2019 census; and (c) advocacy for establishment of a national statistics fund.

24. Output 2: Strengthened national capacity for harnessing demographic dividend and integrating population, sexual reproductive health, and gender dimensions, especially in crisis and post-crisis recovery settings. This will be achieved by (a) providing technical support on use of population disaggregated data for planning purposes; (b) enhancing coordination, monitoring and evaluation of population programmes; and (c) positioning the demographic dividend as an opportunity for sustained development.

IV. Programme management, monitoring and evaluation

25. The seventh programme will be largely implemented through national partners, in accordance with UNFPA policies. The ministries of health, humanitarian affairs, youth and civic education, women and children affairs, planning and population and civil society will be the key implementing partners. The Ministry of Foreign Affairs and International Cooperation will oversee coordination of the programme. Programme outputs will be coordinated by implementing partners, based on their comparative advantage and mandate.

26. A robust monitoring and evaluation plan will be developed and implemented in accordance with principles of managing for development results. Funding for the programme will be partly secured from UNFPA regular resources. Partnership will be reinforced with a number of partners: the World Bank, United States Agency for International Development, European Union, France and Canada, among others. A resource mobilization and partnership plan will be developed to secure additional funds.

27. The crisis situation has stretched the human resources of Mali country office beyond capacity despite the adaptation of existing staff. In order to adequately meet the requirements of the minimum preparedness actions, the office will strengthen the gender unit with one professional and one programme associate. In line with the decision of the United Nations country team to have a physical presence in the northern regions, UNFPA will consider having a small team managed by a national professional staff in the premises of the joint United Nations house in Timbuktu. Other staff will include a programme associate, with some administrative and financial support staff.

28. The UNFPA regional office in Dakar as well as the technical and programme divisions at headquarters will provide assistance as needed. Technical assistance will also be sought in South-South and triangular cooperation.

Results and resources framework for Mali (2015-2019)

National development priority or goal: Strategic pillar 2: Strengthening the foundations for long-term development and equitable access to quality social services. Strategic Objective 2: improve the social well-being of the population

UNDAF outcome: People, especially the most vulnerable and those affected by the crisis, have increased and equitable access to and use of basic social services quality

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health (Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access) Outcome indicator: • Contraceptive prevalence rate Baseline: 10%; Target: 15% • Percentage skilled births attendance Baseline: 56%; Target: 65% • Percentage of unmet family planning needs Baseline: 26%; Target: 21%	Output 1: Increased access to information and integrated sexual reproductive health and HIV services for adolescents and youth, particularly in crisis-affected areas	Output indicators: • Number of targeted health centres that have integrated sexual reproductive health and HIV services tailored to youth Baseline: 20; Target: 60 • Number of sex workers organizations engaged in implementation of HIV prevention programmes for adolescent girls Baseline: 0; Target: 2	Ministries of health, youth, gender affairs; humanitarian affairs United Nations system, civil society, development partners	$17.7 million ($10.7 million from regular resources and $7.0 million from other resources)
	Output 2: Strengthened national capacity for better access to high-quality family planning services	Output indicators: • Number of strong advocates in favour of use of reproductive health and family planning services for adolescent girls Baseline: 20; Target: 100 • Percentage of targeted service delivery points without stock-outs in the last six months Baseline: 83%; Target: 90% • Percentage of health facilities providing at least five modern contraceptive methods Baseline: 98%; Target: 100%		

	<u>Output 3</u>: Increased access to quality maternal and neonatal health services, particularly in areas affected by the crisis.	<u>Output indicators:</u> • Number of health facilities offering emergency obstetric and neonatal care services Baseline: 81; Target: 120 • Number of referral health facilities equipped with reproductive health kits Baseline: 20; Target: 30 • Number of obstetric fistula cases reported, treated and cured Baseline: 645; Target: 1,600		
	<u>Output 4</u>: Increased national capacity to provide sexual reproductive health services in humanitarian settings.	<u>Output indicators:</u> • Number of humanitarian actors with capacity on minimum initial service package Baseline: 25,864; Target: 30,000 • Number of humanitarian response and preparedness plans that have elements for addressing sexual and reproductive health needs of women, adolescents and youth, including services for survivors of sexual violence in crises Baseline: 10; Target: 15		

Outcome 2: Adolescents and youth (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health) Outcome indicator: • Prevalence of HIV/AIDS among young people aged 15-24 years Baseline: 0.8%; Target: 0.6% • Percentage of young people (male and female) having utilized sexual reproductive health services Baseline: 8%; Target: 15%	Output 1: Increased capacity of young people and youth organizations to design and implement resilience programmes	Output indicators: • Number of youth and civil society organizations supported to empower youth and adolescent girls Baseline: 5; Target: 20 Number of young people having benefited from comprehensive sexuality education for youth in school and out of school Baseline: 30,000; Target: 100,000 • Existence of participatory platforms that advocate for increased investment in marginalized adolescents and youths, within development and health policies and programmes Baseline: 0; Target: 2	Ministries of health, youth, gender affairs; humanitarian affairs United Nations system, civil society, development partners	$5.5 million ($1.5 million from regular resources and $4.0 million from other resources)

Outcome 3: Gender equality and women's empowerment (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth) Outcome indicator: • Female genital mutilation prevalence among women aged 15-49 years Baseline: 91%; Target: 65% • Early marriage prevalence Baseline: 50%; Target: 48%	Output 1: Strengthened national capacity to address gender inequalities, harmful traditional practices and gender-based violence, especially in humanitarian settings	Output indicators: • Number of national laws related to gender-based violence harmonized with international texts and instruments Baseline: 0; Target: 2 • Number of communities reporting the permanent abandonment of female genital mutilation Baseline: 1,042; Target: 5,000 • Number of gender-based violence survivors accessing full-service support Baseline: 5,000; Target: 25,000 • Existence of comprehensive report on all aspects of gender and rights in humanitarian settings Baseline: 0; Target: 1	Ministries of health, justice, gender affairs; interior, communication, humanitarian affairs, United Nations system, civil society, development partners	$5.1 million ($2.1 million from regular resources and $3.0 million from other resources)
Outcome 4: Population dynamics (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality)	Output 1: Strengthened national capacity to produce and disseminate quality data in support of development and humanitarian programming	Output indicators: • Number of institutions of the national statistical system that received support from UNFPA for the production or dissemination of disaggregated data Baseline: 5; Target: 12 • Number of reports of preparatory phases of 2019 population and houses census Baseline: 2; Target: 8 • Number of study and, or analysis of statistical data on population dynamics, reproductive health, HIV and gender, humanitarian issues produced and	Ministries of planning and population, economy and finance, Sweden, Canada, South Africa, Brazil, European Union, World Bank	$8.8million ($3.8 million from regular resources and $5.0 million from other resources)

Outcome indicator: • Number of policies and programmes informed by results of nationwide population surveys and studies Baseline: 2; Target: 7 • Percentage of local development plans incorporating population dynamics Baseline: 0; Target: 70%		disseminated with the support of UNFPA Baseline: 0; Target: 25		
	Output 2: Strengthened national capacity for harnessing demographic dividend and integrating population, sexual reproductive health and gender dimensions, especially in crisis and post-crisis recovery settings	Output indicators: • Percentage of municipalities that have benefited from the support from UNFPA to integrate population issues into development planning Baseline: 25%; Target: 80% • Existence of functioning observatory on demographic dividend Baseline: 0; Target: 1	Ministries of planning and population, economy and finance, Ouagadougou Partnership, West African Health Organization, Permanent Interstate Committee for Drought Control in the Sahel, World Bank	$8.8 million ($3.8 million from regular resources and $5.0 million from other resources) Total for programme coordination and assistance: $1.3 million from regular resources