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United Nations Population Fund
Country programme document for Mali

Proposed indicative UNFPA assistance:	\$42.9 million: \$15.7 million from regular resources and \$27.2 million through co-financing modalities or other resources
Programme period:	5 years (2027-2031)
Cycle of assistance:	Ninth programme
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2027-2031

I. Programme rationale

1. In 2025, Mali had an estimated population of 24 million, 69.7 per cent of whom live in rural areas and 30.3 per cent in urban areas; 49.8 per cent are women and 0.8 per cent are persons with disabilities. The country is experiencing rapid annual population growth of 3.3 per cent, resulting in a projected doubling of the population approximately every 23 years. This growth is largely driven by a high total fertility rate, averaging 6.0 children per woman. Census data further indicates that the population is exceptionally youthful, with nearly 70 per cent under the age of 25. Nearly half (49 per cent) of women aged 20-24 years were married before the age of 18, reflecting limited educational opportunities.

2. Despite its potential, the youth bulge presents significant challenges, including limited access to health, education, youth employment and exposure to migration and other risks. The unemployment rate is 22 per cent among youth aged 15-24 years, while 31.3 per cent of young people are not in education, employment or training (42 per cent among women and 18 per cent among men).

3. The United Nations global Sustainable Development Goals (SDG) Report 2025 indicates that Mali ranks 141 with an index of 56.3, slightly above the average of countries in sub-Saharan Africa, at 53.9. The country's economy is increasingly vulnerable to climate-related shocks affecting agriculture and livestock. Economic growth has been projected to be above 5 per cent since 2025, boosted by dynamic agropastoral and mining sectors. However, the economic dividend is unevenly distributed and hampered by an exponential population growth. Recurrent events such as floods and droughts, driven by climate change, severely impact access to services for women and girls, hindering protective mechanisms within communities. It should be noted that Mali is a relatively poor country, as just under half the population (43.9 per cent) lives below the poverty line (51 per cent in rural areas and 23 per cent in urban areas). While gender inequality remains a significant concern, with a gender inequality index of 0.612 in 2023, the Gini coefficient is estimated at 0.32.

4. Mali has been facing a multidimensional crisis since 2012, which led to the establishment of a transitional government until 2025. The Mali Kura (Mali's Future Plan 2025) is based on the principles of sovereignty, institutional reform and the use of national resources. This vision is being implemented through the National Strategy for Emergence and Sustainable Development, 2024-2033.

5. In 2025, 34 per cent of the population required humanitarian assistance, including 54 per cent of children, 22 per cent of women, and 23 per cent of men. In January 2026, there were 414,524 internally displaced persons, the majority of whom are women and children (58 per cent). Persistent security threats related to difficulties in the supply chain and fuel supply continue to affect the movement of people and goods and reduce access to basic social services. Young people, particularly adolescent girls and young women, are disproportionately affected by displacement, facing increased risks of gender-based violence, recruitment into armed groups, and disruptions to education and livelihoods.

6. Though declining, maternal mortality remains high at 325 deaths per 100,000 live births, with acute regional disparities in conflict-affected areas such as Timbuktu and Gao (325 and 350 per 100,000, respectively), largely due to substandard care and a shortage of qualified personnel. The persistently high maternal mortality rate is closely linked to elevated adolescent birth rates, with nearly three in ten women aged 15-19 years (28 per cent) having already experienced pregnancy, including 22 per cent who have given birth. Within the broader context of a protracted security crisis and widespread population displacement, access to quality maternal health services remains a significant challenge for women and girls. Despite some progress in recent years, one-third of births still occur without the assistance of a qualified provider, with significant regional disparities. In the Tombouctou region, for example, only 52 per cent of deliveries are attended by skilled personnel. Infrastructure limitations further exacerbate these challenges, as just 5 per cent of basic emergency obstetric and newborn care facilities fully meet operational standards.

7. Notwithstanding the modest upward trajectory recorded in recent years, contraceptive prevalence in Mali persists at relatively low levels (rural areas face greater service gaps). Indeed, unmet need remains high – around 22 per cent among women of reproductive age and 20 to 22 per cent among adolescents (15 to 24 years old) – constrained by entrenched social norms that favour large families and reinforce male dominance in reproductive choices. Recognizing this challenge, Mali has committed under Family Planning 2030 (raising the modern contraceptive prevalence rate to 40 per cent by 2030) to significantly reduce the unmet needs of adolescents and women and to expand contraceptive coverage nationwide. Additional reproductive health

challenges requiring urgent attention include obstetric fistula, sexually transmitted infections, and the high burden of adolescent pregnancy.

8. In terms of gender and human rights, data show that gender-based violence remains a systemic issue, with nearly half of the female population affected; 49 per cent of women of reproductive age report violence, and figures remain high in regions such as Mopti, Gao and Menaka, exacerbated by ongoing conflict and climate-related displacement. In terms of support, UNFPA and its partners provided support to 82,188 survivors of gender-based violence during the previous programme, through established support mechanisms. According to the Gender-based Violence Information Management System reporting system, a 35 per cent increase in gender-based violence incidents was reported from 2023 to 2024. Within this context, adolescent girls (10–19 years old) face deepened vulnerabilities that require targeted investments. Data related to child marriage have not shown any significant decline since 2018. Forty-nine per cent of women aged 20–24 years were married before age 18, and a staggering 89 per cent of women 15 to 49 years old have undergone female genital mutilation (FGM). Urgent action is needed to protect the current cohort of adolescent girls from these harmful practices. Despite numerous initiatives to prevent and respond to gender-based violence and harmful practices – including the deployment of specialized care mechanisms, strategic revisions to the penal code, and the initiation of strategic collaborations with high-level religious leaders – progress remains slow. While the transformation of social norms is a long-term process, the Government is deepening its strategic collaboration with religious and traditional leaders to align social practices with the national objectives of health and protection for women and girls.

9. In recent years, the generation and use of statistical data have markedly improved, with a particular focus on strengthening development planning at all levels. Mali has already achieved significant advances in the systematic collection of data, notably through the conduct of the first digital population and housing census in 2022 and population projections at national and regional levels in 2025.

10. This progress aims to enhance evidence-based decision-making and thereby promote the well-being of populations benefiting from public policy. Central to this effort is the consolidation of the national planning and development frameworks, alongside the monitoring and strategic harnessing of the demographic dividend through targeted investment in young people. The judicious use of this data could therefore influence development, including the achievement of the four interconnected strategic plan outcomes. Disaggregated data on adolescents and youth, by age, sex, disability and displacement status, is essential for targeting interventions to the most marginalized, including adolescent girls and out-of-school youth.

11. In line with the principle of domestic resource mobilization, the Government is actively exploring innovative financing mechanisms and private-sector partnerships to expand the fiscal space for health and protection sectors, backed by sustainable domestic resources. As the resource mobilization landscape is shrinking, reliance on innovative financing mechanisms and leveraging domestic resources is to be considered, with increasing humanitarian needs and the decline of official development assistance.

12. The achievements of the previous programme provide a strong foundation for the 2027–2031 programme. Some of the major milestones include: (a) the revision of the penal code to ensure that perpetrators of gender-based violence face more severe penalties; (b) the establishment of 21 one-stop centres for gender-based violence survivors, covering 80 per cent of the regions; (c) the 5 per cent increase in contraceptive prevalence, rising from 16 per cent in 2018 to 21 per cent in 2023, suggesting a positive shift towards the reduction of unmet need; (d) declining maternal mortality as a result of a successful midwifery deployment strategy and a better targeting of adolescents, people with disabilities, and internally displaced persons alongside enhanced emergency obstetric and newborn care monitoring and maternal mortality surveillance; (e) 1,925 obstetric fistula cases treated; (f) the first digital census in 2022 widely disseminated and used to inform the formulation of national policies (the data being used to design Mali Kura 2063) through a participatory consultation process; and (g) progress for young people marked by institutional mechanisms for youth participation in political dialogue and planning, including peacebuilding processes.

13. The previous programme provided major learning opportunities, especially for people with disabilities as actors and beneficiaries, and the deployment of qualified midwives at the community level (including in crisis-affected areas) as a high-impact intervention with sustainable support from community health associations. The localization approach involving communities and empowering women-led organizations proved to be effective. The strategy of extending the network of one-stop centres throughout the country has been progressively supported by government financing, where possible, while close collaboration with religious leaders has begun addressing core issues such as FGM and child marriage. These lessons relate to

enhancing approaches for strengthening human resources, addressing gaps in vocational training, and resolving bottlenecks in contraceptive availability at the community level. Lessons learned regarding the effective use of data for planning (leveraging disaggregated data to target young people and adolescents) and community-level barriers to reducing maternal mortality will enable the UNFPA country office to better anticipate developments and tailor interventions for expected results.

14. Within the United Nations system, UNFPA is recognized as the lead agency for sexual and reproductive health and rights in Mali and as a strong development and humanitarian actor building on the relevance of its mandate vis-à-vis national priorities, including its expertise in sexual and reproductive health, gender, gender-based violence, population dynamics and data for development. The extensive network of one-stop centres across the country enables UNFPA to provide support services for survivors of gender-based violence. Another comparative advantage arises from the reconfiguration of partner roles in Mali, which has positioned UNFPA as the principal provider of contraceptives nationwide. Furthermore, highly dynamic UNFPA partnership with the Ministry of Youth, and initiatives developed by UNFPA under the Adolescent and Youth Sexual and Reproductive Health and youth-led peacebuilding projects, make UNFPA a key player in matters relating to young people in Mali. This shift has created an opportunity for UNFPA to reinforce its leadership in reproductive health and to expand the scope of its support for women and adolescents. UNFPA leverages deep-rooted institutional trust and a proven track record of partnership with national authorities, with a robust collaborative history, both technically and financially. Additionally, UNFPA has fostered a large network of government partners, civil society organizations, including religious, women and youth associations. In addition, the country has seen the establishment of a dedicated office for reproductive health, the openness of the Government to the ‘COMPACT’¹ concept, and the revision of both the health and fistula policies for advancing the four interconnected UNFPA Strategic Plan outcomes in Mali. This is further reinforced by the objectives and indicators of the new United Nations Sustainable Development Cooperation Framework (UNSDCF), relating to the health and protection of women and girls, that align with the UNFPA Strategic Plan 2026-2029 and the four interconnected outcomes.

II. Programme priorities and partnerships

15. The programme vision for Mali, where the full potential of women, adolescents and youth is realized through their active leadership and meaningful participation, while fostering a more inclusive environment that protects rights and builds resilience through the accelerated achievement of the transformative results, is directly aligned with the national priorities and the UNFPA Strategic Plan, 2026–2029. This vision is operationalized through the pursuit of three of the four interconnected outcomes. The programme relies on the necessity of adopting a new way of working by stabilizing the actual gains and strengthening the foundations needed to achieve the four interconnected strategic plan outcomes. To achieve results, the programme adopts ‘game changer’ approaches – including more upstream work, localization and geographical focus, innovative financing, and enhanced accountability, a framework further reinforced by the objectives of the new UNSDCF. This approach invests deeply in local leadership and systemic shifts within specific regions to turn stable gains into sustainable transformation.

16. In terms of intervention areas, the ninth country programme will pursue a focused strategy aligned with the spirit of the new Strategic Plan. An integrated analysis of the indicators monitored by UNFPA, combined with national priority areas and the organization’s operational capacity, has guided the selection of specific regions. These include Mopti, Gao, and Timbuktu – where UNFPA maintains a physical presence – as well as Koulikoro, Sikasso, and Ségou, which have been identified for direct interventions. The targeted regions of the ninth country programme encompass the primary threat of conflict in Mali since 2012, where deteriorating access to social services and rising indicators of gender-based violence coincide with access constraints. In addition, standardized interventions at the national level will be implemented, ensuring coverage across all other regions of Mali.

17. The ninth country programme represents a collaborative milestone, developed through an inclusive process involving the Government, the United Nations, international financial institutions, civil society organisations, communities, youth and women-led organizations, religious leaders and organizations representing people with disabilities. The formulation was grounded in technical consultations and feedback from government and implementing partners, ensuring that the programme is not only evidence-based but also

¹.Mali’s economic recovery and institutional strategy

culturally and operationally grounded in the Malian context. Strategic alignment is at the core of this programme. It is aligned with national priorities (National Strategy for Sustainable Development and the Mali Kura vision), UNFPA Strategic Plan, 2026–2029, UNSDCF 2027–2031, African Union Agenda 2063 and the International Conference on Population and Development (ICPD) Programme of Action and the national voluntary commitments. The programme contributes to SDGs 1, 3, 5, 10, 13, 16 and 17.

18. Formulated through a consultative bottom-up approach, the new programme embraces a strategic shift from pre-defined solutions to localized needs-oriented approaches involving stakeholders and factoring in the context change. This proactive approach embeds emergency preparedness within long-term health and protection systems. It ensures continuity of sexual and reproductive health and gender-based violence services, even in crisis-affected zones. The first dimension of this shift is to safeguard the programme to be resilient to crises and shocks, while simultaneously guaranteeing an effective humanitarian response that begins with a strong preparedness plan. By doing so, UNFPA strengthens its role as a humanitarian partner and advances the humanitarian-development-peace continuum – particularly in the critical areas of health and protection.

19. The second shift will support increased localization and sustainable programming while further strengthening national commitment to domestic resource allocation by enhancing advocacy around the four interconnected strategic plan outcomes. By increasing legislators’ awareness of the value of multilateral cooperation and the high social and economic returns on these investments – where every dollar spent on family planning and maternal health can yield over eight dollars in benefits – this approach will be critical to sustaining progress and preventing the rollback of gains. Inter-agency collaboration within the United Nations system, aligned with the UNSDCF, is intended to streamline the programme’s financial, material and human resources based on comparative advantages. Accordingly, areas of expertise, operational and logistical aspects, and other elements will be examined in the spirit of ‘One United Nations’ to ensure rights-based results are delivered at scale in the spirit of leaving no one behind.

20. The programme will foster national ownership by moving accountability, decision-making and investment toward national and local networks with a focus on women and girls and young people. This national ownership will be based on local, sustainable and participatory solutions and approaches, and above all, on solutions that are affordable for the local population. The third shift will focus on youth-led innovation. Moving youth from simple beneficiaries to partners and agents of change. The programme will support youth-led movements to develop data-driven innovative solutions to address medium and long-term challenges, while harnessing lessons learned from the Sahel Women’s Empowerment and Demographic Dividend.

21. The final shift is national ownership to transform social norms and traditions so that they are based on inclusion, human rights and gender equality, and prevent gender-based violence and harmful practices. This shift targets the root causes of gender-based violence and harmful practices by engaging communities in dialogues to develop or revive more protective practices for girls and women. Interventions will prioritize regions with the weakest maternal health and family planning indicators, as well as areas at the epicentre of the humanitarian crisis. UNFPA is the gender-based violence provider of last resort and has been securing provision of gender-based violence lifesaving services both in development and humanitarian settings in Mali in the last decade.

22. The programme will leverage advocacy, policy dialogue and capacity-building as strategies for partnership strengthening. Emphasis is placed on South-South and triangular cooperation, particularly fostering partnerships with members of the confederation of Sahel States to integrate mutual defence and sovereignty, develop homegrown solutions and focus on shared challenges related to cross-border infrastructure. In a landscape of shrinking traditional aid, UNFPA will transition to an integrated resource mobilization strategy and leverage the United Nations country team to establish a formal joint resource mobilization and accountability framework with key United Nations partners – including the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme – as well as government stakeholders, while privileging multistakeholder joint programming for more collective results. This programme will target non-traditional donors, decentralized authorities and the private sector. Advocacy will centre on influencing the government budget cycle as well as the design of concessional finance packages provided by international financial institutions to increase public investment in sexual and reproductive health services. It will also leverage community networks and individual donations, including the diaspora, to build a resilient financial foundation for the four interconnected strategic plan outcomes.

A. Output 1. By 2031, strengthened national and community health systems will deliver integrated, high-quality, rights-based and evidence-based sexual, reproductive, maternal and newborn health and wellbeing services to women, adolescents and young people, ensuring inclusive access for youth and persons with disabilities, including in humanitarian settings

23. The programme promotes a one-stop shop model that integrates maternal and newborn health, family planning, sexually transmitted infections/HIV prevention, and menstrual health and hygiene. In addition, a multisectoral, whole-of-society approach will be an important strategic approach. This reduces barriers to access for the most vulnerable, including persons with disabilities, displaced populations and those living in underserved areas. The output will build on and protect the country's strong, decentralized primary health care system, ensuring programme design reinforces community-based service delivery. It will ensure that a greater share of the health system will provide and be equipped to deliver integrated and respectful sexual and reproductive health care through increased demand from active communities, faith-based organizations, civil society, youth groups and women's networks, complemented by technological innovations in digital health.

24. The provision of sexual and reproductive health care will be operationalized through the following strategic interventions: (a) reinforcing an effective integrated quality service delivery network updated with the recently recommended emergency obstetric and newborn care functionalities, particularly basic care, the use of geographical information systems technology to optimize facility networks and strengthen referral linkages, the upskilling of qualified human resources with recently upgraded protocols, supporting medical capacity with innovative equipment and infrastructure and improving quality of care and accountability through maternal and perinatal death surveillance and response systems; (b) establishing and strengthening youth-friendly health services that meet WHO standards, including increased access to family planning services and supporting school health clubs and youth peer education networks; (c) strengthening health governance through strong community engagement and improved accountability mechanisms of local authorities and community health associations; (d) promoting midwifery models of care through the deployment and retention of qualified midwives at the decentralized level, including in crisis-affected areas, alongside strengthening their pre-service and in-service education, and promoting supportive enabling environments, including fair employment conditions; (e) generating evidence and advocating for increased public and private investment in sexual and reproductive services (commodity procurement and human resource deployment) through strategic partnerships and sustained collaboration with the Ministry of Finance, including using financial tools to measure the cost of inaction, return on investment and feasible financing options (such as rapid assessments of fiscal space and innovative financing instruments); (f) expanding targeted, rights-based outreach interventions to ensure continuous access to integrated youth-friendly sexual and reproductive health and gender-based violence services for vulnerable populations, including internal displaced women, adolescents and persons with disabilities, particularly those affected by climate-related shocks in remote and crisis-affected locations; and (g) building supply chain resilience to ensure continuous availability of commodities at the "last mile" by strengthening electronic logistics management information systems, good storage and distribution practices, and supporting the updating of national essential medicines list and clinical protocols.

B. Output 2. By 2031, strengthened national and community systems will provide integrated, high-quality and rights-based prevention and response services for gender-based violence, including female genital mutilation and child marriage, while ensuring the socioeconomic empowerment and resilience of women, girls and young people, including persons with disabilities, in development and humanitarian settings

25. By strengthening national legal frameworks and community mechanisms, the programme addresses the root causes of gender-based violence, FGM and child marriage. Implementation leverages intergenerational dialogue, positive masculinity and the empowerment of youth-led organizations to transform deep-rooted social norms. Work with youth and women's organizations will be redefined in terms of dynamic partnerships, tailored content and approaches, so that they can act as a genuine catalyst for the change sought by the

programme. Thus, in line with the ‘greater localization’ approach advocated by the programme, youth and women’s organizations will be given greater responsibility for achieving the programme’s objectives. Special emphasis is placed on the socioeconomic reintegration of women and the safety of adolescent girls and persons with disabilities in both development and humanitarian settings.

26. This output will be achieved through the following strategies: (a) strengthening the capacities of institutional and community mechanisms through digital platforms to improve referral services and timely reporting, including capacity-building for frontline workers to prevent, report and respond to gender-based violence and harmful practices; (b) increasing access to protection services through provision of multisectoral and holistic gender-based violence continuous quality services, including through one-stop centres, community health centres and mobile clinics; (c) supporting national efforts to strengthen the legal and operational frameworks for protection against gender-based violence, with a focus on improving access to justice; (d) enhancing and promoting social and gender norm change, addressing the root causes and drivers of behaviours leading to gender-based violence, FGM and child marriage by strengthening women and youth-led organizations and promoting community and intergenerational dialogues with religious leaders, civil society organizations and communities. Intergenerational dialogue will specifically engage adolescent girls and young women as active participants, with follow-up action plans co-developed with youth; (e) supporting initiatives that foster socioeconomic reintegration and empowerment of women and girls; (f) engaging adolescent boys and young men as allies in preventing gender-based violence and harmful practices and in fostering gender equality through programmes promoting positive masculinity; and (g) supporting meaningful youth participation in peacebuilding and social cohesion in line with United Nations Security Council resolution 2250; (h) developing, in partnership with other programme components and United Nations organizations, a robust mechanism for analysis and targeting. This initiative will focus on identifying and reaching the most vulnerable groups, specifically women, girls and young people, across all project activities and on implementing partners’ workplans. By ensuring these mechanisms are firmly set in place, the programme remains strictly aligned with leaving no one behind principles.

C. Output 3. By 2031, a strengthened national and regional statistical system will generate and utilize high-quality disaggregated demographic intelligence, including in-depth foresight analysis and disaggregated projections, to inform rights-based decision-making, sectoral planning and policy evaluation across the development-humanitarian-peace-climate continuum

27. By focusing on the centrality of the population and continuous foresight analysis, the programme ensures that sectoral policies and humanitarian responses are informed by real-time data and future-oriented projections. Implementation will leverage innovative data collection and youth-led documentation to monitor the demographic dividend and enhance overall programme effectiveness.

28. This output will be achieved through the following strategies: (a) strengthening evidence-based programming by increasing the capacity of national and regional actors to produce up-to-date, high quality data, including from administrative sources and civil registration records, systematically disaggregated by sex, disability and displacement status, to ensure population centrality in all sectoral planning; (b) contributing to continuous foresight analysis by institutionalizing the production of demographic projections to enable proactive decision-making and the evaluation of current and future policies across the development-humanitarian-peace nexus; (c) encouraging storytelling, innovative knowledge-capture initiatives and participatory research to document programme impact and lessons learned, ensuring continuous learning and technical adaptation throughout the programme cycle; (d) partnering for resource mobilization and collaborating with key stakeholders, including youth-led organizations, civil society and the private sector, with a particular attention to monitoring and capturing the demographic dividend to increase investments in human capital; (e) supporting citizen-generated data initiatives led by youth organizations to monitor sexual and reproductive health and rights, gender-based violence and youth empowerment indicators at the community level, including youth-led monitoring of service quality and youth data literacy for advocacy; and (f) tailoring demographic information/data more closely to the needs of humanitarian actors, to provide better guidance in identifying and targeting populations in need.

III. Programme and risk management

29. UNFPA and its partners will be engaged through a participatory and inclusive programme management mechanism. The Ministry of Foreign Affairs will ensure the overall coordination and oversight of the programme, working in close collaboration with sectoral ministries as well as national and international non-governmental organizations, serving as implementing partners. These partners will be selected based on their comparative advantage in relation to the four interconnected UNFPA Strategic Plan outcomes and national priorities, with particular attention to the participation of youth, women and marginalized groups, including meaningful youth participation in partner selection processes and programme design consultations. The selection and strengthening of partnerships will be based on lessons learnt from findings made during quality assurance activities over the last five years – such as partners’ experience in financial management in accordance with the harmonized approach to cash transfers modality, other findings from audits and spot checks. Youth-led organizations will be represented in all partner coordination mechanisms. The ministries responsible for health, women and youth will carry out sectoral coordination, while local authorities will play a key role in implementation at the community level.

30. To ensure strong national ownership, the programme will build on traditional partnerships while also fostering new collaborations, including with the private sector, and communities as agents of their own development, especially youth-led and women-led groups. Coordination will be reinforced through joint initiatives with United Nations organizations under the One United Nations approach, contributing to collective results within the UNSDCF.

31. Based on lessons learned from previous programmes, the new programme will be equipped with management mechanisms with a participatory, inclusive management approach built around accountability and ownership. The UNFPA country office in Mali will put in place the necessary framework for rigorous results-focused programme management. This mechanism will include the various management bodies, including technical committees, steering committees, evaluation reference groups, partnerships responsible for outputs, and youth and women's organizations.

32. The programme will adopt the national implementation modality emphasizing an adaptive management rooted in results-based and sound resource management, ensuring proactivity and rapid adjustment to the country context. The programme will promote this approach among all actors, particularly in humanitarian settings, including the climate crisis, by developing the means, tools and methods needed to support implementation through organizations, human resources and partners selected for their added value. A special mechanism for allocating resources will be promoted among different types of implementing partners, based on their role, the programme’s objectives, and the volume of resources to be directed towards each category of beneficiary – the most vulnerable, young people, women, non-governmental organizations, government bodies and humanitarian regions.

33. Human resources in the country office will be aligned with the technical requirements of the programme to ensure the necessary expertise for effective delivery. The programme will also draw on national expertise from academic institutions, training and research centres, scientific societies and socio-professional associations, while benefiting from technical, operational and programmatic support from the regional office and UNFPA headquarters in areas such as resource mobilization, innovation and health financing.

34. Due to the fragile operational context, the programme places risk prevention and management at the core of programme delivery. These include operational risks (inability to take appropriate action to implement the programme); risks relating to staff security and safety; political risks (lack of external acceptance of the UNFPA mandate); risks relating to financial management; the risk of shrinking financial resources given the decline of multilateralism and the reduction in development aid, which will be mitigated through rigorous financial management; enhanced security, particularly for staff; and effective planning of interventions and collaboration between stakeholders. Sexual exploitation and abuse also constitute a major risk that will be mitigated by UNFPA rigorously upholding its risk management policy and strengthening protection from sexual exploitation, abuse and harassment measures within its own operations and among its implementing partners to ensure that services are provided in a safe and accessible manner.

35. An integrated risk analysis system built on alliances with ICPD champions in government, parliament and civil society, as well as religious leaders, influencers will work alongside protection from sexual exploitation, abuse and harassment teams, communities and humanitarian actors to anticipate shocks and

mitigate risks. This framework is supported by transparent monitoring and accountability measures designed to close governance gaps and rebuild trust. Furthermore, the partnership between the national statistical system and UNFPA will be strengthened to enhance the humanitarian response of the programme and solidify UNFPA leadership on data-driven issues within the United Nations system in Mali.

36. Robust monitoring and evaluation systems will ensure service continuity by identifying operational disruptions early and guiding timely programmatic adjustments. To reduce fragmentation and secure collective results, the programme will strengthen coordination with United Nations organizations, non-governmental organizations, civil society and the private sector under the One United Nations approach. Financial risks will be managed through rigorous management mechanisms grounded in prudence, ministerial accountability and oversight by the Ministry of Foreign Affairs. To address potential capacity gaps, strategic partnerships will be formed with government structures, grassroots organizations and agencies with high operational capacity, ensuring both resilience and effective programme implementation. Finally, to prevent tokenistic youth engagement, the programme will establish youth advisory mechanisms with genuine decision-making power. These efforts include adopting standards aligned with United Nations Youth 2030, ensuring youth representation in all governance structures, conducting annual participation audits and maintaining safeguarding protocols with confidential feedback loops for all youth participants.

37. Drawing on enterprise risk management analyses from the previous cycle, the programme adopts a proactive and diversified approach to mitigating programmatic and operational risks. These challenges encompass potential funding volatilities, security constraints affecting field-level implementation, and financial management complexities. Furthermore, the programme anticipates and manages reputational risks inherent to the sensitive UNFPA mandate – specifically regarding gender-based violence, harmful practices such as FGM, and reproductive rights, through evidence-based advocacy and community engagement.

38. To ensure operational continuity and results, the programme prioritizes advanced preparedness and the decentralization of risk-management expertise. This includes strengthening the technical capacity of field offices in rigorous risk assessment and financial oversight. Additionally, the programme will institutionalize the systematic formulation and monitoring of mitigation measures while leveraging the United Nations Security Management System (UNSMS) and inter-agency synergies to enhance the safety and security of staff, partners and beneficiaries in volatile environments.

39. UNFPA will work with the Government to implement an integrated resource mobilization strategy for the programme, in response to the country's shrinking and uncertain funding and financing landscape. With an increased commitment to operationalizing the shift from funding to financing targeting domestic resources, the strategy will leverage contributions from both traditional and non-traditional donors, decentralized authorities, United Nations organizations, bilateral and multilateral partners, international financial institutions and the private sector, guided by investment case recommendations.

40. The programme outlines the contributions of UNFPA 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. Accountability of managers at the country, regional and headquarters levels with respect to the country programme, is prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

41. The country programme will implement a robust monitoring, evaluation and learning framework aligned with the UNFPA evaluation policy, results-based management standards and UNSDCF guidance. A joint monitoring plan will be developed with implementing partners to ensure coordinated data collection, reporting and oversight. The system will combine routine monitoring, evaluations and innovative approaches – such as remote monitoring, third-party verification, spot checks and use of geographic information systems – to generate reliable evidence despite operational constraints. An independent final evaluation and UNFPA contribution to the UNSDCF evaluation will complement regular programme reviews and reporting. Youth will be engaged as partners in data collection, validation and use.

42. The framework will prioritize timely, high-quality, disaggregated data to inform adaptive management and decision-making. Through regular coordination meetings, joint monitoring visits and systematic learning processes, evidence will be used to adjust implementation, strengthen accountability and accelerate progress

toward the four interconnected Strategic Plan outcomes, while promoting resilience and regional cooperation in the country's volatile context.

43. The evaluation plan provides the strategic framework for the programme's research component, encompassing thematic studies on sexual and reproductive health, gender equality and humanitarian action. Implementation and monitoring will be conducted in adherence to the evaluation policies of the United Nations Evaluation Group and UNFPA, ensuring that evidence-based learning remains central to the programme's evolution.

INTEGRATED RESULTS AND RESOURCE FRAMEWORK FOR MALI 2027-2031

NATIONAL PRIORITY: National Strategy of Economy and Sustainable Development (SNEDD): Human capital development.				
UNSCDF OUTCOME: 1. By 2031, all populations in Mali – particularly the most vulnerable, including children, young people, women, persons with disabilities and displaced persons – have equitable, continuous and inclusive access to integrated, high-quality social services that are resilient to climate and socio-economic crises, ensuring the effective realization of their rights, particularly in rural and peri-urban areas. 2. By 2031, populations of Mali – particularly women, young people, people with disabilities, displaced persons or people living in rural areas – will have equitable access to modern, resilient and quality public services, and will actively participate in rebuilding the social contract, consolidating peace and reconciliation, and in inclusive and responsible governance.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction in unmet need for family planning has accelerated; 2. By 2029, the reduction in preventable maternal deaths has accelerated; 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.				
UNSDCF outcome indicators, baselines and targets	Country programme output	Output indicators, baselines, and targets	Partner contributions	Indicative resources
<ul style="list-style-type: none"> By 2031, all populations in Mali – particularly the most vulnerable, including children, young people, women, persons with disabilities and displaced persons – have equitable, continuous and inclusive access to integrated, high-quality social services that are resilient to climate and socioeconomic crises, ensuring the effective realization of their rights, particularly in rural and peri-urban areas. <p>UNSDCF outcome indicator(s):</p> <ul style="list-style-type: none"> Essential Health Services Coverage Index (UHC Index) <i>Baseline: 41 (2026); Target: 46 (2031)</i> Number of people with access to basic services, with support from the United Nations <i>Baseline: 4,192,633 (2026); Target: 7,170,633 (2031)</i> 	<p>Output 1. By 2031, strengthened national and community health systems will deliver integrated, high-quality, rights-based and evidence-based sexual, reproductive, maternal and newborn health and wellbeing services to women, adolescents and young people, ensuring inclusive access for youth and persons with disabilities, including in humanitarian settings.</p>	<ul style="list-style-type: none"> Proportion of emergency obstetric and newborn care facilities targeted by UNFPA that are operational and have integrated the recommended additional features, as well as functional and sustainable units for Santé des Adolescents et Jeunes service delivery <i>Baseline: 0% (2026); Target: 60% (2031)</i> Number of national-level initiatives developed to mobilise more domestic resources for the optimal and sustainable implementation of sexual and reproductive health interventions that take climate change issues into account <i>Baseline: 0 (2026); Target: 5 (2031)</i> Number of national programmes/strategies that incorporate disability inclusion <i>Baseline: 2 (2026); Target: 07 (2031)</i> Number of new users of modern family planning methods, broken down by age and sex, including in humanitarian regions <i>Baseline: 0 (2026); Target: 1,000,000 (2031)</i> Percentage of health facilities targeted by UNFPA that have not experienced stock-outs of essential family planning and maternal health supplies <i>Baseline: 77% (2026); Target: 85% (2031)</i> 	<p>Government ministries; WHO, UNICEF, UN-Women, non-governmental organizations (NGOs), various networks (religious, youth, women, traditional communicators, parliamentarians, communities and journalists), bilateral and multilateral partners, United Nations system, Sahel Women's Empowerment and Demographic Dividend (SWEDD).</p>	<p>\$18.2 million dollars (\$7.4 million from regular resources and \$10.8 million from other resources)</p>
NATIONAL PRIORITY: Human capital development/Governance peace and security.				
UNSCDF OUTCOME: 1. By 2031, all populations in Mali – particularly the most vulnerable, including children, young people, women, persons with disabilities and displaced persons – have equitable, continuous and inclusive access to integrated, high-quality social services that are resilient to climate and socioeconomic crises, ensuring the effective realisation of their rights, particularly in rural and peri-urban areas; 2. By 2031, populations of Mali – particularly women, young people, people with disabilities, displaced persons or people living in rural areas – will have equitable access to modern, resilient and quality public services, and will actively participate in rebuilding the social contract, consolidating peace and reconciliation, and in inclusive and responsible governance.				

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines and targets	Country programme output	Output indicators, baselines and targets	Partner contributions	Indicative resources
<ul style="list-style-type: none"> By 2031, all populations in Mali – particularly the most vulnerable, including children, young people, women, persons with disabilities and displaced persons – have equitable, continuous and inclusive access to integrated, high-quality social services that are resilient to climate and socio-economic crises, ensuring the effective realisation of their rights, particularly in rural and peri-urban areas. <p><u>UNDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of women, adolescents and young people, including women and young people with disabilities, who have benefited from services to combat gender-based violence (including mental health and psychosocial support services), with the support of the United Nations. <p><i>Baseline: 120770 (2026); Target: 150 963 (2031)</i></p>	<p>Output 2. By 2031, strengthened national and community systems will provide integrated, high-quality and rights-based prevention and response services for gender-based violence, including female genital mutilation and child marriage, while ensuring the socioeconomic empowerment and resilience of women, girls and young people, including persons with disabilities, in development and humanitarian settings.</p>	<ul style="list-style-type: none"> Number of legal instruments (laws, decrees, etc.) and policies promoting gender equality and reproductive health rights that have been adopted, accompanied by a specific budget allocation and an operational monitoring and evaluation mechanism in accordance with the standards of the Convention on the Elimination of All Forms of Discrimination against Women and the Maputo Protocol <i>Baseline: 2 (2026); Target: 4 (2031)</i> Number of women’s and girls’ functional safe spaces and gender-based violence response centres offering holistic and integrated services aligned with national and international protection standards <i>Baseline: 24 (2026); Target: 30 (2031)</i> Number of communities with official public declarations to end FGM and child marriage, supported by a functional community-led surveillance and reporting system <i>Baseline: 400 (2026); Target: 750 (2031):</i> Percentage of women and girls from vulnerable groups (including young people, people with disabilities and displaced populations) who have gained access to productive resources and report an improvement in their self-reliance and resilience to shocks <i>Baseline: 10 (2026); Target: 70 (2031):</i> Number of young people with increased knowledge of gender-based violence and sexual and reproductive health and rights and the culture of peace following digital and community outreach awareness campaigns disaggregated by sex, age and profile <i>Baseline: 300000 (2026); Target: 900 000 (2031)</i> 	<p>Government ministries; WHO, UNICEF, UN-Women, NGOs, various networks (religious, youth, women, traditional communicators, parliamentarians, communities and journalists), bilateral and multilateral partners, United Nations system, SWEDD.</p>	<p>\$17.0 million (\$4.2 million from regular resources and \$12.8 million from other resources)</p>
NATIONAL PRIORITY: Human capital development/Governance peace and security				
UNSCDF OUTCOME: By 2029, the reduction in gender-based violence and harmful practices has accelerated; 2. By 2029, the reduction in unmet need for family planning has accelerated; 3. By 2029, the reduction in preventable maternal deaths has accelerated; 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.				
UNSDCF outcome indicators, baselines and targets	Country programme output	Output indicators, baselines and targets	Partner contributions	Indicative resources

<ul style="list-style-type: none"> By 2031, populations in Mali – particularly women, young people, persons with disabilities, displaced persons and those living in rural areas – have equitable access to modern, resilient and high-quality public services and actively participate in rebuilding the social contract, consolidating peace and reconciliation, and promoting inclusive and accountable governance. <p><u>UNSDCF performance indicators:</u></p> <ul style="list-style-type: none"> Number of national and/or local multisectoral development policies, plans and strategies that are adopted with a focus on gender equality and women's empowerment, with support from the SDGs <i>Baseline: 2 (2026); Target: 4 (2031)</i> 	<p><u>Output 3.</u> By 2031, a strengthened national statistical system will generate and utilize high-quality demographic intelligence, including in-depth foresight analysis and disaggregated projections, to inform rights-based decision-making, sectoral planning and policy evaluation across the development-humanitarian-peace-climate continuum.</p>	<ul style="list-style-type: none"> Number of reports and analysis produced on population dynamics issues using census data (including thematic reports and regional monographs) <i>Baseline: 20 (2026); Target: 30 (2031)</i> Number of new national or sectoral policies, plans, or strategies that incorporate RGPH5 population data and analysis <i>Baseline: 0 (2026); Target: 5 (2031)</i> Existence of an operational system of vital statistics in Mali <i>Baseline: No (2026); Target: Yes (2031)</i> Number of UNFPA-supported research in population and development, reproductive health and family planning, and gender-based violence GBV that is referenced in new national policies, strategies, or programmes document including in humanitarian and climate change contexts <i>Baseline: 0 (2026); Target: 5 (2031)</i> Number of government institutions using demographic dividend monitoring data for planning, budgeting, or policy review <i>Baseline: 1 (2026); Target: 5 (2031)</i> 	<p>INSTAT (National Statistics Institute); DNP (National Population Directorate), ONDD (Demographic Dividend National Observatory), CT/CSLP (Technical Unit for the Poverty Reduction Strategy)</p>	<p>\$6.3 million (\$2.7 million from regular resources and \$3.6 million from other resources)</p>
Programme coordination and assistance				\$1.4 million