



## ACCELERATING CHILD WELL-BEING: Rolling Out Integrated Package of Essential Accelerating Services to Support Mali's Development Priorities

### The Future at Stake: Alarming Concerns on the Situation of the Children in Mali

Mali has experienced steady economic growth over the past decade, with its Gross Domestic Product (GDP) reaching USD 20.9 billion in 2023.<sup>1</sup> Yet, this economic expansion has not translated into improved living conditions for all, as poverty has deepened.<sup>2 3 4</sup> Economic and social development continue to be stifled by the cumulative effects of the climate crisis, ongoing

security challenges, and the residual impacts of the COVID-19 pandemic.<sup>5</sup>

Mali's ten million children remain the most vulnerable victims of those overlapping crises. The remarkable strides made in reducing child mortality have stagnated, now standing at 87, 52, and 29 children under five, infant, and neonatal deaths per 1,000 live births, respectively. Immunisation rates have recovered, rising to 52 per cent in 2023–2024. However, half of all children still lack full coverage of basic antigens and children

<sup>1</sup> GDP (current USD). Retrieved from <https://data.worldbank.org/country/mali?view=chart>

<sup>2</sup> Poverty headcount ratio at USD 2.15 a day (2017 PPP) (% of population). Retrieved from <https://data.worldbank.org/country/mali?view=chart>. Alarming, 44.4% live below the national poverty line. See Poverty headcount ratio at national poverty lines (% of population) Retrieved from [https://databank.worldbank.org/views/reports/reportwidget.aspx?Report\\_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=MLI](https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=MLI)

<sup>3</sup> Children living in monetary poor households in 2022 (percentage, based on USD 2.15). See Salmeron-Gomez, D., Engilbertsdottir, S., Cuesta Leiva, J. A., Newhouse, D., & Stewart, D. (2023). *Global trends in child monetary poverty according to international poverty lines* (Policy Research Working Paper No. 10525). World Bank. Retrieved from <https://documents1.worldbank.org/curated/en/099835007242399476/pdf/IDU0965118d1098b8048870ac0e0cb5aeb049f98.pdf>

<sup>4</sup> 44 per cent based on poverty headcount ratio at national poverty lines (% of population) Retrieved from [https://databank.worldbank.org/views/reports/reportwidget.aspx?Report\\_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=MLI](https://databank.worldbank.org/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=MLI)

<sup>5</sup> Yan, X.; Kakpo, E.; Sanoh, A.; Jourdan, C.; Shaikh, K. (2024). *Mali Economic Update: Resilience in Uncertain Times - Renewing the Social Contract (English)*. Washington, D.C.: World Bank Group.



who have never received any vaccination remains at 13 per cent, comparable to the rate in 2016.<sup>6</sup>

**While efforts to reduce chronic and acute malnutrition have yielded some improvements, the prevalence of stunting remains a medium public health concern.** In 2023-24, one in four children under five suffered from stunting.<sup>7</sup> Public health interventions to address these issues have been fragmented and insufficient in coverage.

**The education sector in Mali is facing a critical situation, marked by low attendance rates and increasing barriers to accessing quality learning.** In 2018, only half (51 per cent) of primary school-aged children were attending school, and the figure dropped sharply for secondary education.<sup>8</sup> This bleak scenario has been further exacerbated by insecurity and targeted attacks on schools and educational staff.<sup>9</sup>

**Gender-based violence and harmful practices, including Female Genital Mutilation (FGM), remain grave concerns for Malian girls.** One in three girls and women aged 15–19 years (33 per cent) has experienced some form of violence from their partners, with one in nine (11 per cent) subjected to sexual violence.<sup>10</sup> The prevalence of FGM is alarmingly high, affecting nearly three in four girls (73 per cent) below the age of 14.<sup>11</sup> Additionally, child marriage remains a pervasive issue, affecting more than half of all girls in Mali, further curtailing their rights and opportunities.<sup>12</sup>

**Beyond the attacks on educational facilities, children have become primary casualties of the ongoing armed conflicts.** More than three million children are currently displaced, facing heightened risks and instability. In 2024 alone, there were 2,091 grave violations against 1,782 children—primarily in the conflict-affected regions of Timbuktu, Gao, Menaka, and Kidal.<sup>13</sup> The majority of these violations were related to sexual violence against girls, reflecting the disproportionate impact of conflict on the most vulnerable.



**Mental health problems are relatively common in Malian adolescents who are still in education.** The study in Bamako found that half (49 per cent) of the respondents had scores indicating moderate to severe depression, one in five (20 per cent) showed moderate to severe anxiety.<sup>14</sup>

**A closer examination of the data reveals profound gender inequalities that negatively impact the well-being and opportunities of adolescent girls in Mali.** Net attendance ratios were lower for girls at both primary (49 per cent) and secondary levels (26 per cent) compared to boys (52 per cent and 33 per cent, respectively).<sup>15</sup> Harmful social norms, such as girls' engagement in unpaid domestic work, poverty, and security concerns, place girls at a greater risk of dropping out of school. Mental health data also underscore gender disparities,

<sup>6</sup> Institut National de la Statistique (INSTAT), Cellule de Planification et de Statistique du Secteur Santé, Développement Social et Promotion de la Famille (CPS/SS-DS-PF), et ICF. (2024). *Septième Enquête Démographique et de Santé au Mali 2023–2024. Indicateurs Clés*. Bamako, Mali, et Rockville, Maryland, USA : INSTAT, CPS/SS-DS-PF, et ICF.

<sup>7</sup> INSTAT, CPS/SS-DS-PF, ICF. (2024)

<sup>8</sup> INSTAT, CPS/SS-DS-PF, ICF. (2019)

<sup>9</sup> UNICEF Mali. (2023, September 7). *Mali: More than Half of the 7.1 Million People Requiring Humanitarian Assistance in 2024 are Children*. UNICEF Press Release. Retrieved from <https://www.unicef.org/mali/en/press-releases/mali-more-half-71-million-people-requiring-humanitarian-assistance-2024-are-children>.

<sup>10</sup> INSTAT, CPS/SS-DS-PF, ICF. (2019)

<sup>11</sup> INSTAT, CPS/SS-DS-PF, ICF. (2019)

<sup>12</sup> INSTAT, CPS/SS-DS-PF, ICF. (2019)

<sup>13</sup> United Nations. (2025). *Children and armed conflict: Report of the Secretary-General (S/2024/883)*

<sup>14</sup> Yedong, Wu, Souleymane Papa Coulibaly, Aissata Mahamadou Sidibe, and Thérèse Hesketh. (2022). Self-Harm, Suicidal Ideation and Attempts among School-Attending Adolescents in Bamako, Mali. *Children* 9, no. 4: 542. <https://doi.org/10.3390/children9040542>

<sup>15</sup> INSTAT, CPS/SS-DS-PF, ICF. (2019)



Neonatal mortality 29  
 Infant mortality 52  
 Under 5 mortality 87



Immunisation (all antigens) 52%  
 Not vaccinated 13%



Stunting 25%  
 Wasting 5%  
 Underweight 15%



Iron supplement 21%  
 Vitamin A supplement 68%  
 Deworming 41%



Net attendance rate primary school 51 %  
 Net attendance rate secondary school 30%



Child marriage before the age of 15 16%  
 Child marriage before the age of 18 54%



Birth registration 87%



Intimate partner violence against adolescent girls 33%  
 Sexual violence against adolescent girls by intimate partners 11%



Grave violation against children 2,091 cases (2024)  
 More than 3.5 million children affected by armed conflicts

female adolescent students reported higher rates of depression (53 per cent) and anxiety (23 per cent) than their male counterparts (45 per cent and 18 per cent, respectively).<sup>16</sup>

**Inequalities extend across geographic, economic, and educational lines.** Rural areas experience significantly higher child mortality rates, stunting, wasting, and zero-dose prevalence than urban areas. Similarly, stunting, wasting, and zero-dose rates are higher among children from the poorest wealth quintile and those whose mothers lack formal education. In contrast, children in urban areas, from wealthier households, or with more educated mothers are more likely to be fully immunised and attend primary and secondary school.

**Regional disparities exacerbate these inequalities.** Regions such as Timbuktu and Gao lag far behind Bamako and Koulikoro. For example, nearly half (48.4 per cent) of children in Timbuktu have never been vaccinated, compared to just 2.8 per cent in Bamako, where nearly all children have received at least one vaccination.

**The interlinked challenges faced by Malian children underscore the urgency and potential**

**for impactful intervention by focusing on strengthening coordinated, cross-sectoral interventions,** to accelerate progress towards a more inclusive and prosperous future for all Malian children. With girls facing more challenges than boys in various aspect, the interventions should also consider prioritising girls.

## Opportunities for Progress: Foundations for Enhancing Child Well-Being in Mali

**Mali's long-term development vision, set forth in 2005, aspires to transform the nation into a prosperous and successful country by 2025.** This vision is reflected in the prioritisation of child rights fulfilment and protection. Despite a reduction in the total State Budget, the actual amount and proportion dedicated to children rose from 3.86 billion CFA francs (0.14 per cent of the total budget) to 4.40 billion CFA francs (0.2 per cent) over the same period.<sup>17</sup>

**In addition to laws such as the Child Protection Code and the Personal and Family Code, the government has implemented various policies**

<sup>16</sup> Yedong, Wu, Souleymane Papa Coulibaly, Aissata Mahamadou Sidibe, and Thérèse Hesketh. (2022). Self-Harm, Suicidal Ideation and Attempts among School-Attending Adolescents in Bamako, Mali. *Children* 9, no. 4: 542. <https://doi.org/10.3390/children9040542>

<sup>17</sup> See Committee on the Rights of the Child. Replies of Mali to the list of issues in relation to its combined third to fifth periodic reports. CRC/C/MLI/RQ/3-5. Distribution 12 March 2024.





#### and strategies to address child well-being.<sup>18</sup>

Those include the National Policy for Child Promotion and Protection (2014) alongside a five-year Action Plan for 2015–2019, the National Policy for the Promotion of the Family, the Reproductive Health Strategy for Adolescents and Young Persons, the National Nutrition Policy and the Multisectoral Nutrition Action Plan (PAMN) 2021–2025, and the Policy on Mental Health with a strategic plan for 2024–2028, the National Multisectoral Strategy to End Child Marriage (2019), the National Programme to Combat Gender-Based Violence (2019), and circulars prohibiting corporal punishment in the education system (2010 and 2023).<sup>19 20 21</sup>

**Several programmes are in place to address child well-being concerns.** *Programme de Filets Sociaux (Jigisemejiri)* is being implemented in every region in Mali for poor households. This programme has led to significant improvements

in schooling outcomes for girls, reduced the time younger girls spend on agricultural labour and the time older girls spend on domestic work and self-employment, and increased household spending on education for older girls, covering school fees, educational materials, and transportation costs.<sup>22</sup>

**In order to increase school enrolment, the government implement the second Decennial Education Programme (PRODEC 2), the Education Decentralisation Programme and its community-level equivalent (PRADDE-PC).** To support school enrolment and attendance through nutritious school meals, the government funds the School Meals Programme.<sup>23</sup> At the community-level, community nutrition groups (*Groupes de Soutien aux Activités de Nutrition*, GSAN) are widespread and play a pivotal role in enhancing child nutrition at the community level.

<sup>18</sup> While certain provisions are positive, the 2011 Family Code lowered the minimum age of marriage from 18 to 16 repealing the existing legal provisions of the 1962 Marriage Code that banned marriage before age 18. Batyra, E. and Pesando, L. (2024) Increases in child marriage among the poorest in Mali: 'Reverse policies' or data quality issues?, *Population Studies*, 78:1, 93–111, DOI: 10.1080/00324728.2023.2181383

<sup>19</sup> <https://documents.un.org/doc/undoc/gen/g24/041/20/pdf/g2404120.pdf>

<sup>20</sup> See Committee on the Rights of the Child. Replies of Mali to the list of issues in relation to its combined third to fifth periodic reports. CRC/C/MLI/RQ/3-5. Distribution 12 March 2024.

<sup>21</sup> Article 26 of Order No. 10-0688/MEALN-SG of 12 March 2010 and Circular Letter No. 2024-000101/MEN-SG of 24 January 2024. See in See Committee on the Rights of the Child. Replies of Mali to the list of issues in relation to its combined third to fifth periodic reports. CRC/C/MLI/RQ/3-5. Distribution 12 March 2024.

<sup>22</sup> Sessou, F. E., Hidrobo, M., Roy, S., & Huybregts, L. (2024). *Educational impacts of an unconditional cash transfer program in Mali*. *Economics of Education Review*, 101, Article 102547 [https://doi.org/10.1016/j.econedurev.2024.102547#8203::contentReference\[oaicite:0\]{index=0}](https://doi.org/10.1016/j.econedurev.2024.102547#8203::contentReference[oaicite:0]{index=0}).

<sup>23</sup> In March 2024, the child helpline was in preparation. See Committee on the Rights of the Child. Replies of Mali to the list of issues in relation to its combined third to fifth periodic reports. CRC/C/MLI/RQ/3-5. Distribution 12 March 2024.

The Ministry of Education has also developed a comprehensive resource package on mental health, psychosocial support, and capacity-building for school staff, addressing reproductive health, sexually transmitted infections, HIV/AIDS, and gender-based violence. To address child protection concern, a child helpline has been established to report gender-based violence, ensuring accessible support for affected children.<sup>24</sup>

**With the existence of various policies and programme, Mali need not start from scratch.** Mali can build upon and expand its current interventions to create a robust, integrated interventions that address multiple child well-being concerns. The multi-sector interventions will be anchored to key accelerators or interventions that, based on emerging evidence, will yield effective results.



## Catalysts for Change: Essential Service Packages for Mali's Most Vulnerable Children

**Growing evidence from research by the Accelerate Hub**, a research consortium based at the University of Oxford, **have confirmed about accelerators or provisions that lead to progress across multiple SDGs.**<sup>25</sup> Cash transfer serve as a key accelerator that relevant across various life cycles. Other accelerators include **food security, school meal, parenting, safe schools, and living in a safe community.**<sup>26 27 28</sup> Further, a combination of robust interventions can accelerate gains across multiple Sustainable Development Goals (SDGs) for children and adolescents.<sup>29</sup> Evidence also shows that combined interventions also increase cost efficiency.<sup>30</sup> A combination of interventions helps create a platform for dialogue across ministries. By financing integrated, cross-sectoral strategies, efficiency can be improved, and progress towards achieving the SDGs can also be accelerated.<sup>31</sup>

**Mali can build upon and expand its current interventions to create a robust, integrated interventions that address multiple child well-being concerns.** A combination of social protection interventions, such as cash transfers and food security support, together with initiatives to enhance community safety, have the potential to effectively address the pressing challenges of education, stunting, and mental health faced by girls in Mali.

**It is proposed to focus on adolescent girl from poor family, particularly in rural areas and in conflict-affected and underserved regions.** The essential package of service that serves as accelerators include

<sup>24</sup> In March 2024, the child helpline was in preparation. See Committee on the Rights of the Child. Replies of Mali to the list of issues in relation to its combined third to fifth periodic reports. CRC/C/MLI/RQ/3-5. Distribution 12 March 2024.

<sup>25</sup> Information about Accelerate Hub can be accessed here <https://www.acceleratehub.org/about-the-accelerate-hub/>

<sup>26</sup> Cluver, L. D., Orkin, F. M., Campeau, L., Toska, E., Webb, D., Carlqvist, A., & Sherr, L. (2019). Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: A prospective cohort study. *The Lancet Child & Adolescent Health*, 3(4), 245–254.

<sup>27</sup> Mebrahtu, H., Skeen, S., Rudgard, W. E., Du Toit, S., Haag, K., Roberts, K. J., Gordon, S. L., Orkin, M., Cluver, L., Tomlinson, M., & Sherr, L. (2022). Can a combination of interventions accelerate outcomes to deliver on the Sustainable Development Goals for young children? Evidence from a longitudinal study in South Africa and Malawi. *Child: care, health and development*, 48(3), 474–485. <https://doi.org/10.1111/cch.12948>

<sup>28</sup> School Meals Coalition. (2024). *The School Meals Impact Accelerator: A partnership to tackle hunger, climate change, and the learning crisis*. <https://schoolmealscoalition.org/sites/default/files/2024-10/The%20School%20Meals%20Impact%20Accelerator.pdf>

<sup>29</sup> Cluver, L. D., Orkin, F. M., Campeau, L., Toska, E., Webb, D., Carlqvist, A., & Sherr, L. (2019). Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: A prospective cohort study. *The Lancet Child & Adolescent Health*, 3(4), 245–254.

<sup>30</sup> Rudgard, W. E., Desmond, C., Grueso-Hurtado, H., Yates, R., Obiesie, S., Bandyopadhyay, R., Watt, K. G., Eltigani, B., Asuma, B. S., Toska, E., Cluver, L., Leite, L., Graham-Goulder, R., & Camilletti, E. (2024). *Right on the money: Making the case for rights-based investments in adolescent girls* [Policy Brief]. Accelerating Achievement for Africa's Adolescents Hub. Retrieved from <https://www.acceleratehub.org/wp-content/uploads/2024/04/Adolescent-Girls-Investment-Case-Policy-Brief.pdf>

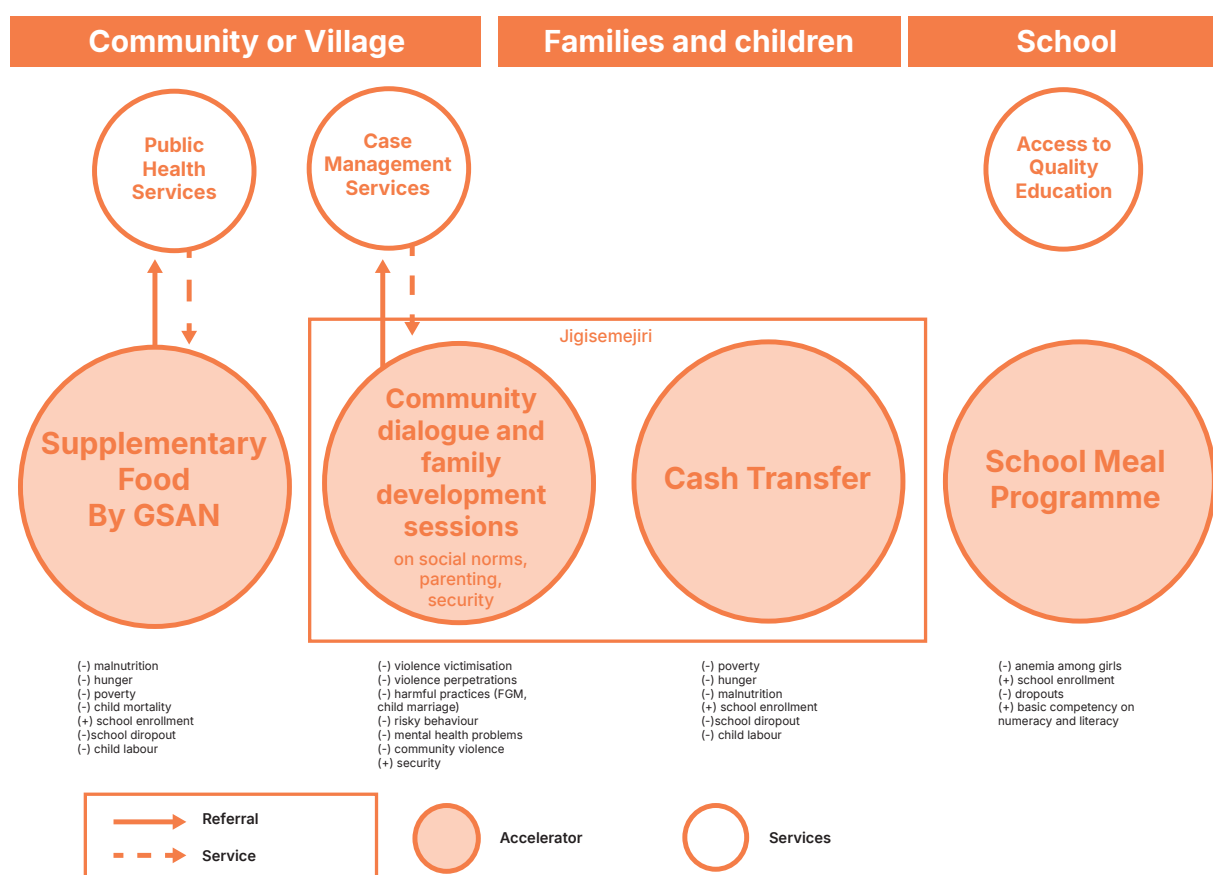
<sup>31</sup> Desmond, C., Watt, K., Rudgard, W. E., Sherr, L., & Cluver, L. (2024). Whole of government approaches to accelerate adolescent success: efficiency and financing considerations. *Health Policy and Planning*, 39, 168–177

- **Cash transfers** through *Jigisemejiri*
- **Family development sessions**, which include parenting, health, and nutrition awareness as well as community security, conflict resolution, and safety sessions.
- **Life-skill sessions for adolescents**
- **Food grants** and/or supplementary food assistance through Community-level Support Groups (GSAN)
- **School Meal Programme.**

Family Development Sessions are delivered to the community but as conditionality to caregivers who receive *Jigisemejiri*. Similarly, life-skill sessions for adolescent girls are delivered to all adolescent in the area but a conditionality to adolescent girls from the households that receive *Jigisemejiri*. Supplementary food assistance through GSAN is delivered to vulnerable families in the village/ community, including those who benefit from

*Jigisemejiri*. School Meal Programme is delivered to all schools, attracting out-of-school adolescent girls and retaining those who are already in schools.

Furthermore, expanding and strengthening other essential services—such as public health facilities,<sup>32</sup> quality education (with a special focus on girls, refugees, internally displaced persons, and nomadic children),<sup>33 34</sup> and child protection case management services—will be vital. Community groups should be equipped to refer cases of malnutrition, non-immunised children, violence against children, and out-of-school children to these services, wherever they are available. By enhancing referral systems and service coordination, the integrated accelerating services model has the potential to significantly improve efficiency and effectiveness, thereby delivering faster and more sustainable outcomes in addressing the multi-faceted challenges faced by children in Mali.



Graphic 1: Proposed package of essential services as integrated accelerating services for children in Mali

<sup>32</sup> See Accelerating Progress Toward Health Coverage Project (PACSU) supported by World Bank <https://www.worldbank.org/en/news/feature/2024/07/11/between-poverty-and-fragility-affordable-and-accessible-health-centers-in-mali>

<sup>33</sup> A joint Sahel-Alliance flagship initiative that aim to expand access to quality education for young people with a focus on girls, refugees, IDPs and nomad children; increase the number of trained educators and professionals in science, technology, engineering, and mathematics (STEM); as well as strengthen Sahelian education system. See World Bank and Germany Joint Statement on Strengthening Education and Skills Development in the Sahel. (2024, July 15).

<sup>34</sup> World Bank. (2021). *The Wealth of Today and Tomorrow : Sahel Education White Paper (English)*. Washington, D.C.: World Bank Group



## Pathways for Action: Recommendations for Rolling Out the Integrated Accelerating Services

The path forward requires a concerted effort to transform Mali's commitment to children's rights into tangible outcomes. By investing in integrated, accelerating services that address the multi-dimensional nature of child well-being, the Government of Mali, together with development and humanitarian partners can make significant strides towards a healthier, safer, and more prosperous future for its children.

### To the Government of Mali

- 1. Enhance the delivery and targeting of existing programmes** such as *Jigisemejiri*, Community Nutrition Support Groups, and the School Meal Programme to maximise their impact.
- 2. Broaden and enhance the *Jigisemejiri* programme**, prioritising the most vulnerable children, particularly those in conflict-prone and underserved regions such as Timbuktu and Kidal.
- 3. Expand the scope of "Additional Measures" under *Jigisemejiri* to include:**
  - **Community Dialogues** to address harmful social norms, safety, security concerns, and build community resilience.
  - **Family Development Sessions** to promote positive parenting and strengthen family support systems.
  - **Adolescent-Focused Activities** by implementing community-based initiatives targeting adolescents, especially girls, with a focus on health, life skills, savings, and business skills.
- 4. Integrate food grants into the *Jigisemejiri* programme** or establish them as a separate initiative to support households with vulnerable or at-risk girls.
- 5. Expand and enhance Community Nutrition Support Groups (GSAN) activities while**

linking them to the *Jigisemejiri* programme for comprehensive coverage and support.

- **Build the capacity of community cadres** to deliver basic health and nutrition services, including growth monitoring and nutritional supplementation.
- **Support community-led initiatives** to promote hygiene, sanitation, breastfeeding, and the prevention of childhood illnesses.

- 6. Improve the access and quality of community health services, child protection case management, and informal education services.**

- 7. Strengthen the capacity of community facilitators and para-social workers** to ensure effective referrals across various services.

### To donors, development and humanitarian partners:

- 1. Provide financial support to the Government of Mali to scale up its social protection programme**, including the *Jigisemejiri* unconditional cash transfer, while improving access to quality health services and non-formal education.
- 2. Advocate for, support, or model integrated accelerating services** centred on the *Jigisemejiri* programme to streamline delivery and maximise impact.
- 3. Build the capacity of relevant ministries or departments** to effectively oversee and coordinate integrated accelerating services.
- 4. Support the Government of Mali in implementing independent monitoring and evaluation** to ensure transparency and effectiveness.
- 5. Continue advocacy with armed groups to guarantee safe access** to education and health services and to protect public facilities and civilians, especially children.