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Comments by the Government of MALI on the concluding observations of the Human Rights Committee*

[27 November 2007]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

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Paragraph 7

The Constitution of 25 February 1992 establishes that the State is a secular republic. The preamble endorses the Universal Declaration of Human Rights of 10 December 1948 and the African Charter on Human and Peoples' Rights and the principle of protection of women and children.

Under article 116 of the Constitution, treaties ratified by Mali take precedence over domestic legislation.

Pursuant to this provision, systematic transposition of all international legal instruments is not necessary, since such instruments come into force upon ratification. Consequently, any citizen may invoke the Covenant before the domestic courts.

Nevertheless, there have admittedly been few instances where citizens have directly invoked the Covenant in court, partly due to a lack of awareness of this provision and partly to poor dissemination of the Covenant.

The Government has established and implemented information and training programmes for legal practitioners to facilitate the application of the Covenant and other international human rights instruments.

In that connection, in 2004, the Government set up a training programme for judges, lawyers and court officers on the human rights conventions that had already been ratified. The aim of the programme is to encourage judges to apply the conventions and lawyers and citizens to invoke them before the courts.

Paragraph 8

The National Advisory Commission on Human Rights was established in 1996 but, for various reasons, never really got off the ground.

Accordingly, in 2006, the Government reviewed the founding text of the Commission and set up a new commission, known as the National Commission on Human Rights, in conformity with the Paris Principles. Under its founding text, the main tasks of the new Commission are to help promote and protect human rights and to prevent torture and other cruel, inhuman or degrading treatment or punishment.

The members of the National Commission on Human Rights were designated on 8 June 2006 and the bureau was elected on 17 November 2006.

Paragraph 9

The advent of peace marked by the conclusion of the National Pact led to an upturn in economic and social activity, as the administration and partners that had withdrawn as a result of the conflict (non-governmental organizations, projects and programmes) returned and new actors arrived.

In the light of the signing of the National Pact the political authorities embarked on a comprehensive process of decentralization which led to the creation of territorial units (regions, districts, sectors and municipalities) across the country. Structures were set up to assist the units in their work: regional and local steering committees and municipal council centres.

In view of the special circumstances in northern Mali and in pursuance of the commitments made in the National Pact, the Government of Mali introduced mechanisms specifically designed to stimulate and encourage development in the north. A good example is the Northern Commission, now the Authority for the Integrated Development of the North.

There is unanimous agreement that development in the north was one of the main issues that sparked off the distressing events of 1990 in the sixth, seventh and eighth regions, culminating, eventually, in the signing of the National Pact on 11 April 1992.

In implementation of the Pact, the Northern Commission helped to:

- Organize the “Flame of Peace” ceremony held on 27 March 1996 in Timbuktu
- Integrate 2,900 ex-combatants into the Civil Service
- Return 300,000 displaced persons to their homes
- Bring about the socio-economic reintegration of displaced persons
- Demobilize and disarm all ex-combatants from all armed factions
- Bring about the socio-economic reintegration of 9,000 ex-combatants using funding from the Mali Ex-combatant Rehabilitation programme (PAREM), subsequently the project to Consolidate Reintegration Achievements in Northern Mali (CAR-NORD).

Between 2001 and 2005, the CAR-NORD project raised 6,142,464,786 CFA francs (CFAF) for the rehabilitation of ex-combatants.

In addition, the National Investment Agency for the Territorial Units (ANICT) made an overall investment of CFAF 1,158,773,892 in the Kidal region alone between 2001 and 2005.

The activities of PAREM, CAR-NORD and ANICT, together with those of other actors, have allowed refugees and displaced persons to return home, created jobs and improved the overall standard of living by initiating income-generating activities and ensuring the free flow of cross-border and domestic trade.

Paragraph 10

Currently awaiting adoption, the draft Persons and Family Code will abrogate any provisions of the Marriage and Guardianship Code which discriminate against women.

In 2005, a commission was established under the auspices of the Prime Minister to finalize and review the draft Code in conjunction with the Ministry of Justice, which is responsible for presenting and defending the text before the National Assembly.

The reform focuses on the rights of women and children, including by removing any restrictions on the legal capacity of married women. The reform proposals put forward led to a review of all discriminatory provisions found in the texts and the drafting of new provisions to fill the legal void in matters of inheritance.

Paragraph 11

The Republic of Mali is party to numerous conventions and declarations that promote and protect the health of children and women. Some of these instruments expressly provide for the elimination of female genital mutilation. They include, for example:

- The Convention on the Elimination of All Forms of Discrimination against Women (1979)
- The International Covenant on Economic, Social and Cultural Rights (1966)
- The Convention on the Rights of the Child (1989)
- The Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights (1993)
- The Declaration on the Elimination of Violence against Women (1993)
- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted on 11 July 2003 in Maputo, at the second summit of the African Union
- The African Charter on the Rights and Welfare of the Child (1990)

This all shows that the Government of Mali is aware of the need to pass legislation on female genital mutilation with a view to introducing a ban on the practice; that is, in fact, precisely the aim of its current approach. The question is when is the right moment to do so? Is it better to introduce legislation now, when there is no certainty that it will be implemented effectively, or to try to enlist the support of a majority in society and appropriate the necessary means for effective implementation? The latter approach, based on education, visibility and direct action, is showing signs of working, as evidenced by the year-on-year decline in the incidence of female genital mutilation, which fell from 94 per cent in 1996 to 91 per cent in 2001. This downward trend will be confirmed by the forthcoming demographic and health survey which is due to be published in 2007.

While there is no denying that a law would be beneficial, the value of the educational approach was underscored by the President of the French League for Human Rights, when in 1993 he testified at the trial of a number of Malian nationals accused of practising female

genital mutilation. He stated: “Custom cannot be cast aside in one go; one must proceed one step at a time. For us, the way forward is through education. Studies on female genital mutilation show that the poorer and less educated people are, the more pervasive the practice of female genital mutilation is. With education and awareness-raising, this custom may gradually be eroded.”[1]

The Government of Mali, by holding the Subregional Conference on Female Genital Mutilation in Bamako on 21 and 22 February 2006 and a workshop to draft a plan of action, took a decisive step along the way to adopting legislation. The workshop drew on the experience of neighbouring countries to map out the future steps to be taken in order to enact a law. The workshop brought together all stakeholders - the State, civil society and partners - in a consensual and participatory process. Ultimately, the Government recognizes that, in addition to the educational approach, a legislative instrument is needed to expedite the eradication of the practice of female genital mutilation in Mali, and it is working to develop such an instrument, in consultation with civil society and Parliament.

Paragraph 12

While it is true that there is no specific legislation on domestic violence against women, the Criminal Code does cover and prohibit all forms of violence. Furthermore, the National Action Plan on Violence against Women and Girls 2006-2011 has been in effect in Mali since 2005.

Civil society organizations carry out activities to raise awareness of violence against women among health workers, police officers and legal practitioners, to whom training is given on the Convention on the Elimination of All Forms of Discrimination against Women and other international instruments on women’s rights. Some women’s associations, by opening up counselling, information and legal assistance centres for women, make a great contribution to growing awareness among women of the effective exercise of their rights.

As part of the Ten-Year Justice programme, networks of paralegals have been set up in each region of the country to advise and help women in need of legal assistance.

The programme has also recently been bolstered by the creation of new projects:

- The “Access to Justice for Women” project, funded by the Government of Japan through the World Bank

- A project to appoint paralegals for each of the 703 municipalities which is funded by the Netherlands and executed by a consortium of women’s non-governmental organizations

[1] Martine Lefeuvre-Déotte, *L’excision en procès: un différend culturel?* Paris: Harmattan, 1997, p. 77.

The purpose of these projects is not only to make justice more accessible to users, but also to inform the population in general, and women in particular, of their rights, while focusing specifically on violence against women.

Paragraph 13

With regard to political participation, although no legal quota has been established to ensure equal representation of men and women in public and political life, the institutional reform programme under way does open up the debate on mainstreaming the gender approach in State institutions.

Furthermore, under the Political Parties (Charter) Act No. 05-047 of 18 August 2005, 10 per cent of annual appropriations for funding of political parties are allocated in proportion to the number of female party members elected as deputies and municipal councillors. The aim of this measure is to give political parties an incentive to put forward more women candidates.

With regard to education, current educational policy in Mali focuses on consolidating or reviewing specific measures of the first phase of the Ten-Year Education programme and on measures to be taken in the second phase.

The Government's priorities for the second phase of the Education Sector Investment programme (PISE II) include:

- Reaffirming the priority accorded to basic education, principally primary education, with particular emphasis on: schooling for girls; training of women; initial and continuing training for teachers; infant development; education for children with special needs; and non-formal education

- Developing, as a further priority, effective technical and vocational education and training adapted to the needs of the national economy and realities of the subregional context

- Developing high-quality general secondary and higher education, in particular by managing educational streams more effectively and reforming subject areas

- Promoting scientific and technological research and using it for development

In order to reduce the various disparities and inequalities between girls and boys (particularly in the most depressed rural areas) and to increase the proportion of women training and working as teachers, the programme will create a dynamic process that will get more girls into education more quickly through such strategies as:

- Providing government aid to the school management committee of each State school in order to reduce the financial burden that education places on poor families with a view to improving the school attendance rate among girls

- Extending the catchment area of rural middle schools

- Developing curricula that take account of gender issues

- Providing school stationery and learning materials for individuals (travelling book fairs; a reading corner in one out of every two primary schools and a library in one out of every four middle schools)

- Converting community schools into State or municipal schools

- Establishing a small fund of working capital for the day-to-day running of basic schools

- Transferring State funding, as of 2007, to local authorities (municipalities)

In order to reduce the distance that pupils have to travel to school and to ensure continuity in education, plans have been made to implement strategies such as:

- A municipal school-mapping exercise

- The establishment, under the PISE II infrastructure programme, of schools covering the full six years of primary education and schools within easier reach of pupils

- The construction of an average of 2,350 classrooms a year for primary schools and around 1,000 for middle schools

Since 2000, all new premises have been built with separate toilets for girls and boys.

Despite the availability of education and the measures taken to improve local access to schooling in order to relieve parents of the financial burden of schooling, some parents are still not sending their children to school. Girls in general, and girls in rural areas in particular, are the first to suffer. Several factors explain this lack of enthusiasm among parents, including: the lack of obvious benefit, which serves to undermine confidence among some parents who do not see the use of school; some teachers' disregard for professional ethics, which makes parents reluctant to send their daughters to school; and persistent cultural inertia.

In addition to the above-mentioned strategies, in order to stimulate demand for education and ensure that girls stay in school the following strategies are planned under PISE II:

- Awareness campaigns using themes to which parents can relate on schooling for rural children, in particular girls

- Ethics awareness campaigns by school managers and trade unions and the establishment and dissemination of a teachers' charter

- Revitalization of the Associations of Mothers of Schoolchildren and extension of this strategy throughout the country

- Conversion of the Ba Aminata Diallo Lycée into a girls-only institution, a process begun in 2004

- Conversion of the Sikasso Teacher-Training Institute into a women's-only institution

In order to get girls interested in science, for the last seven years a competition has been run to select candidates for Cheick Modibo Diarra's camps of excellence from among young girls taking science in the eleventh grade (hard sciences, biological sciences, industrial technology and civil engineering).

Paragraph 14

In May 2002, the Government of Mali adopted the Strategic Framework for Poverty Reduction, which provides policy guidance for all development policy. The successor of this instrument, the Strategic Framework for Growth and Poverty Reduction 2007-2011, is currently being approved.

These instruments incorporate the purposes and principles of the Millennium Development Goals which were established in 2000 under the auspices of the United Nations. In that context, the Government of Mali has pledged to make every effort to eradicate poverty and to defend human dignity and equality by realizing a number of the Millennium Development Goals. Accordingly, in the area of health, for example, the following high-impact goals were selected:

- Reduce by two thirds, between 1990 and 2015, the under-five mortality rate
- Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
- Prevent the spread of HIV/AIDS by reversing current trends
- Control malaria and other major diseases by reversing current trends

In order to achieve these goals by 2015, the Department of Health and the Department for Social Development, Solidarity and Older Persons have implemented a set of strategies and activities, as part of the Social and Health Development programme (PRODESS I) 1999-2004, to achieve significant reductions based on the indicators set out in the Millennium Development Goals. These strategies and activities have been designed around four main goals, namely:

- Extending health-care coverage and improving the quality of services
- Eradicating social exclusion
- Alternative funding for health care
- Developing human resources and institutional capacity-building

In 2003, the Medium-Term Expenditure Framework 2003-2007 for the health-care sector was adopted in order to put into effect the health-care component of the Strategic Framework for Poverty Reduction. The second phase of the social and health development plan, PRODESS II 2005-2009, which was also developed through a participatory approach, is now under way.

The tables below show the results obtained between 2002 and 2005 with regard to certain key indicators.

Prenatal consultations

Level of prenatal consultation coverage (%) by region between 2002 and 2005

Regions	2002	2003	2004	2005
Kayes	39	48	71	76
Koulikoro	49	51	65	70
Sikasso	67	64	78	74
Ségou	51	74	96	81
Mopti	45	48	77	75
Timbuktu	28	31	35	46
Gao	33	34	30	50
Kidal	25	29	30	43
Bamako	79	90	88	91
Total Mali	54	59	75	75

Overall, the uptake rate for prenatal consultations has risen in every region; however, the national average (75 per cent) remained unchanged between 2004 and 2005, because of contrasting trends in certain regions.

Assisted childbirth

Deliveries attended by a childbirth attendant (%) by region between 2002 and 2005

Regions	2002	2003	2004	2005
Kayes	23	26	34	40
Koulikoro	40	38	45	53
Sikasso	52	53	66	64
Ségou	32	39	49	50
Mopti	23	29	30	34
Timbuktu	14	15	18	24
Gao	19	15	17	20
Kidal	9	14	14	18
Bamako	90	93	94	97
Total Mali	40	42	49	53

In 2005, the national average (53 per cent) was slightly up on 2004 (49 per cent). This perceptible rise is linked, among other things, to the extension of health-care coverage and the implementation of innovative strategies involving larger numbers of children and pregnant women.

Access to health services

Number of community health centres by region between 2002 and 2005

Regions	Number of community health centres under the sectoral health development plan	2002	2003	2004	2005
Kayes	183	89	94	110	115
Koulikoro	167	82	85	88	103
Sikasso	186	136	141	142	152
Ségou	167	106	123	127	134
Mopti	128	83	94	102	109
Timbuktu	77	25	31	35	41
Gao	93	31	37	39	40
Kidal	13	5	5	6	7
Bamako	56	48	50	50	52
National total	1 070	605	660	699	753

Of the 1,109 new community health centres due to be developed under the sectoral health development plan, 753 had been established by the end of June 2005, an execution rate of 68 per cent. By the end of 2005, the number of community health centres in operation had risen from 699 to 753, an increase of 54.

Proportion (%) of the population with access to the Minimum Care Package (PMA) within a radius of 5 kilometres and 15 kilometres

Access to PMA	Years			
	2002	2003	2004	2005
Within a 5-km radius of a functioning community health centre	44	46	47	50
Within a 15-km radius of a health facility offering the PMA at a fixed location and outreach/mobile activities	68	69	71	75

In spite of bottlenecks, the above results are very encouraging and will be built on during the implementation of PRODESS II. Great efforts have been made to reverse the current trends in rates of maternal, neonatal and child and infant mortality, as well as morbidity and mortality rates for priority diseases. For example, between 1995 and 2000:

- The infant mortality rate fell from 123 to 113 per 1,000 live births
- The child and infant mortality rate fell from 258 to 229 per 1,000
- The neonatal mortality rate fell from 68.4 to 50 per 1,000

The progress made among the poorest quintiles of the population in reducing infant and child and infant mortality rates, providing care for sick children, ensuring that deliveries are assisted by a childbirth attendant and offering prenatal consultations is the result of concerted

efforts targeting these groups and aimed, in particular, at extending health coverage, implementing mobile and outreach strategies and setting up a referral and evacuation system in which the costs are shared between families, communities and the State.

In order to improve the performance of the health-care sector, the following seven elements were incorporated into PRODESS II:

- Geographical accessibility of health-care services in health districts
- Availability of qualified and competent human resources
- Availability of medicines, vaccines and supplies
- Improvement of health-care services quality, increased demand and disease control
- Affordability, support for demand and cost sharing
- Improvement of service quality in hospitals and institutions
- Institutional capacity-building geared towards the creation of a favourable environment for improving health

These programme components include effective measures with a proven impact on child and infant mortality and maternal mortality.

In order to reduce rates of maternal, neonatal, infant and child and infant mortality significantly, there will be a major drive to develop health care for mothers and children, two key target groups. Priority will be given to dealing with the problems which occur between puberty and the menopause; disseminating and implementing revised reproductive-health policies, standards and procedures; and shifting the emphasis away from traditional prenatal consultations to prenatal consultations that focus on complications during pregnancy and identification of at-risk pregnancies.

These new consultations also include preparations for childbirth and prevention of certain major endemic diseases which can lead to complications during pregnancy, including malaria (intermittent presumptive treatment and the use of insecticide-treated mosquito nets); HIV; prevention of post-partum haemorrhaging; adoption of a procedure for dealing with obstetrics emergencies based on the use of treatment protocols; and improving performance in regard to unmet obstetrical needs.

An innovative strategy known as the Accelerated Child Survival and Development Strategy was trialled in three regions and was shown to have greatly contributed to a significant fall in infant and maternal mortality rates. The strategy was extended to the remaining regions in 2004 and is proceeding satisfactorily.

Activities to prevent mother-to-child transmission of HIV and provide integrated care for childhood diseases are due to be incorporated into the Minimum Care Package (PMA).

Regarding family planning, the emphasis will be on:

- Increasing contraceptive use in order to satisfy the unmet family-planning needs of married women, taking into account women's preferences as to contraceptive methods (short- or long-term methods)

- Making family planning services available to adolescents and adults by offering access to appropriate family planning packages

With regard to the eradication of practices harmful to the health of girls and women, in particular female genital mutilation, greater emphasis will be given to the cross-sectoral approach involving civil society institutions and organizations that promote the welfare of women, children and the family. Complications resulting from such practices will either be treated or referred for treatment. Female genital mutilation carried out in health facilities will be duly regulated with the ultimate aim of banning it completely.

In order to keep high-risk behaviour to a minimum, steps will be taken to make young persons and adolescents more aware of reproductive health, by building up the intervention and coordination capacities of youth centres and involving non-governmental organizations and youth and women's associations concerned with the promotion of reproductive health.

Various measures have been taken to eradicate sexually transmitted infections (STIs), HIV/AIDS, malaria and other illnesses which pose a public health risk (malaria, pneumonia or diarrhoea in children under 5 years of age, STIs, HIV/AIDS, tuberculosis, schistosomiasis, onchocerciasis, human African trypanosomiasis, hepatitis B and lymphatic filariasis).

The Sectoral HIV/AIDS Plan 2005-2009, which includes prevention and treatment activities, has been approved. The Plan will receive funding not only from the State budget and traditional partners, but also from various sources such as the Global Fund, the Multi-Country HIV/AIDS Program, the African Development Bank and the Heavily Indebted Poor Countries (HIPC) Debt Initiative.

Efforts to implement the new malaria management policy have been stepped up since 2005.

Activities to achieve significant reductions in rates of morbidity and mortality for various diseases will be developed over the course of the next five years and will focus on:

- Providing training and retraining for health workers, community health workers, members of voluntary organizations and elected officials

- Strengthening the referral and evacuation system by involving traditional practitioners who have the relevant training

- Systematic screening for HIV, particularly of pregnant women, so that they can be given free antiretroviral treatment, and screening for and treatment of tuberculosis and schistosomiasis among at-risk groups

- Conduct, pursuant to community directives, of mass screening and treatment campaigns for onchocerciasis in areas at risk

- Provision of an adequate supply of laboratory materials and reagents

- Intensification of public information activities focusing on behavioural change in order to encourage intensive use of insecticide-treated mosquito nets, particularly among the poorest households

To prevent the sexual transmission of STIs and HIV/AIDS, condoms will be distributed to high-risk groups in particular, and the effectiveness of public information activities focusing on behavioural change will be enhanced with the help of community radio, the traditional media, opinion leaders and peer educators. Steps will be taken to ensure safer blood transfusions and the use of sterile instruments in order to prevent transmission via the bloodstream.

To prevent mother-to-child transmission of HIV, prenatal and post-natal care will be provided as part of the Malian “Access to Antiretrovirals” initiative. Families will also receive treatment. Children born to HIV-positive mothers will be treated with antiretrovirals at birth and monitored until the age of 18 months. Care and treatment will be given to children of HIV-positive mothers, AIDS widows and AIDS orphans.

Efforts to eliminate STIs and HIV/AIDS will also focus on the following areas:

- Staff training in syndromic management

- Provision of laboratory equipment and reagents for testing and retesting

- Targeted medicines for opportunistic infections

- Improved and extended psychosocial and medical care, counselling and home visits for persons living with HIV

- Support for persons living with HIV and at-risk groups, and free triple therapy with antiretrovirals for persons identified as living with HIV

- Systematic screening for all those who request HIV tests at referral health centres and voluntary screening facilities

- Safe blood transfusions

Sentinel surveillance will be enhanced through the training of staff in epidemiological surveillance, the provision of reagents, the equipping of sentinel sites and appropriate supervision and surveys.

Efforts to improve cross-sectoral cooperation on HIV/AIDS will be made based on contracts concluded with the relevant departments, non-governmental organizations, voluntary organizations and the private sector.

HIV/AIDS has caused an upsurge in tuberculosis, increasing the magnitude of this still inadequately addressed social disease. Continuing activities aimed at tackling the disease will focus on:

- Building capacities of the laboratories by providing them with diagnostic equipment and reagents
- Training staff in DOTS (directly observed treatment, short-course) and devolving implementation to community health centres
- Providing public and community health facilities with a regular supply of targeted medicines
- Treating all identified cases using the DOT (directly observed therapy) method
- Regular monitoring and supervision of district staff (referral health centres) and national staff

Malaria control measures will focus on prevention and building the capacities of staff and community health workers. Priority will be given to subsidizing the purchase of insecticide-treated mosquito nets and promotion of their use (particularly among pregnant women and children under 5 years of age), as well as intermittent preventive treatment with sulfadoxine-pyrimethamine during prenatal consultations with women in the fourth and eighth months of pregnancy.

Vector control will be dealt with using a cross-sectoral approach that enlists the support of local authorities and focuses on sanitation (including sewage disposal and treatment of mosquito breeding sites).

Early diagnosis and appropriate home care for simple cases of malaria will be provided to households with the support of community health workers who will be supervised and trained. Basic treatment of simple and complex cases in children with a fever will be improved in all health facilities through the application of revised technical guidelines that take account of the current level of resistance to chloroquine. Performance evaluations will be carried out by means of follow-up and supervision. Active research on drug resistance will be continued in order to verify the effectiveness of new national treatment regimens being finalized. The search for an effective and efficient vaccine will be continued in conjunction with the national World Health Organization centre of excellence, the Faculty of Medicine and Odontostomatology at the Point G Hospital.

The partnership with private-sector stakeholders, non-governmental organizations, associations and other stakeholders will focus more on promoting the use of insecticide-impregnated materials. The Department of Health will develop model contracts for that purpose, which will be assessed on agreed terms.

With regard to public information activities geared towards behavioural change, particular attention will be paid to designing and distributing a pack of essential information for the poorest households. Technical capacity-building will be offered to members of women’s and youth

associations with a view to streamlining community health development. The health-promotion activities of women's organizations will be subsidized, while the implementation of the "One sector, one NGO" initiative will be improved and expedited. Information packs and community services will be developed according to the needs in each area. Lastly, both modern and traditional media, in particular community media, will be involved more fully.

As regards health research, in order to improve services quality, uptake and performance and to control the key determinants of morbidity and mortality linked to priority diseases, staff from health district teams will receive training and retraining and the necessary resources will be made available to health managers, upon request. The results of studies and research will be made available at all levels so that they can be used properly according to local needs.

The implementation of PRODESS II will help to improve performance and results in the health sector. Any effective activities that have a high impact on maternal and infant mortality must be supported in order to make implementation through selected programmes as effective as possible.

In this way, Mali will be able to take a major step towards achieving the Millennium Development Goals.

Paragraph 17

The elimination of child trafficking is a major matter of concern for the Government of Mali. That is the reason why it drew up the National Action Plan on Child Trafficking 2002-2006 in follow-up to the Emergency Action Plan on Cross-Border Child Trafficking drawn up by Mali and Côte d'Ivoire in March 2000.

One of the strategic priorities of the National Action Plan is punishing those responsible for child trafficking.

Mali has ratified the ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (No. 182) and the ILO Convention concerning Minimum Age for Admission to Employment (No. 138).

Child trafficking is defined and proscribed in article 244 of the Malian Criminal Code. Any person found guilty of this offence is liable to receive a sentence of between 5 and 20 years' rigorous imprisonment.

Training and awareness-raising workshops on child trafficking have been held for government and civil society stakeholders and members of the public. At these workshops, attention has been drawn to article 244 of the Criminal Code, with an emphasis on the constituent elements of child trafficking, the perpetrators, the victims and the different stages of prosecutions.

In 2004, a core group was formed of 30 trainers on the protection of children in situations of trafficking. The group consists of security services officers, social workers and representatives of non-governmental organizations. After six training workshops, a total of 144 participants have

been trained. By the end of their training, participants will have improved their skills in areas such as identifying the perpetrators and victims of trafficking, legal instruments and prosecutions.

In order to protect children in danger, the Child Protection Code establishes a “duty to report” which requires every person to inform a child protection officer of any dangerous situation in which a child may be found (art. 73). This duty to report implicitly places the onus on each member of the community to watch over and protect children.

In addition, there are 364 community watch structures in five out of eight regions which participate in efforts to eradicate child trafficking. These structures play an essential role in bringing perpetrators of trafficking and their accomplices to book, in that they produce and disseminate information on the prevention of and protection from child trafficking, as well as breaking the cycle of indifference and impunity, two phenomena conducive to recurring situations of trafficking.

Paragraph 18

The situation of migrant girls is a real concern and a burning issue, and the Government has taken a number of initiatives to improve the situation of these girls.

Hence, a project promoting adolescents’ rights was launched by the Government in partnership with three United Nations agencies: the United Nations Children’s Fund (UNICEF), the United Nations Development Programme and the United Nations Population Fund.

The project aimed, among other things, to:

- Provide training in citizenship, organize lobbying activities and establish domestic and international networks among migrant girls

- Introduce microfinance for literate migrant girls

- Provide migrant girls with information and training on their rights (in particular, family and employment law) so that they can act as community workers in their own neighbourhoods

Achievements of this project include: ongoing literacy classes for 4,000 migrant and marginalized adolescent girls; training of 386 community workers in reproductive health; and information and awareness sessions on reproductive health in literacy centres.

Held in San in the Ségou region, the first National Day for Adolescent Girls brought together more than 800 persons from across the country, including 500 adolescent girls.

These training and awareness-raising efforts have not yielded the expected results, however, raising a number of questions about the exclusive focus of the training on urban areas and professionals, the lack of a follow-up plan for persons who have been trained, the fact that training programmes do not take account of the parties most directly concerned, i.e. parents and children, and, lastly, the relevance of training strategies.

Moreover, this project, which has come to an end, is due for renewal and should take account of the lessons learned from the experience.

Paragraph 19

Malian law allows judges to rule on requests for provisional release, although this does not yet apply to police custody.

Nevertheless, in regard to police custody, a public prosecutor who judges that there is no prima facie evidence to justify detention of an accused person may decide to release him or her after 48 hours. Malian law guarantees the rights and freedom of persons in custody. The presence of a lawyer during the preliminary investigation and the fact that custody can only be extended with the public prosecutor's agreement help to protect citizens' rights.

In addition, the Government of Mali, through the Ministry of Justice and the Ministry of National Security, has launched training in professional ethics and strict observance of the law for judges, law officers, prison staff and police officers.

The goal is to build a culture of respect for human rights into the working practices of all those involved in the justice system, in particular the police.

Instructions have been issued to prosecutors' offices to improve supervision of police officers under their purview in order to prevent human rights violations.

Despite its limited resources, Mali has made significant progress in improving conditions of detention in police and gendarme stations; custody cells have been renovated and women are separated from men and children from adults.

Paragraph 20

Since the 1989 conflict between Mauritania and Senegal, a significant number of refugees have been granted asylum in Mali, in particular in the border region of Kayes. Until August 1998, legal protection and financial assistance were offered by the Office of the United Nations High Commissioner for Refugees (UNHCR) office in Mali, in conjunction with the Centre for International Studies and Cooperation. When the UNHCR office withdrew from Mali, the National Refugee Commission took over.

In 1999, a census of the Mauritanian refugees was carried out jointly by the UNHCR office and the National Refugee Commission. The census identified around 600 refugees across the Kayes region. The secretariat of the National Refugee Commission registered the refugees and filed their details by family group and location.

The refugee population increased with the arrival of refugees fleeing from the failed June 2003 coup d'état in Mauritania: the total number stood at 6,303 on 31 December 2005.

In order to assess the welfare of the refugees in the Kayes region, UNHCR and the National Refugee Commission carried out a joint mission between 13 and 18 October 2003 which was headed by the UNHCR regional representative in Dakar. The purpose was to hold discussions with the administrative authorities and refugees in order to find a solution to address

their concerns (identity papers and delivery of administrative documents). At the end of the mission, UNHCR decided that all Mauritanian asylum-seekers would be accepted prima facie as of 2004. Owing to budgetary constraints, however, that measure has proved impossible to implement.

Nevertheless, all asylum-seekers of Mauritanian nationality who have contacted the secretariat of the National Refugee Commission have received, and continue to receive, legal assistance in the form of administrative documents: a certificate of refugee status and a certificate serving as a birth certificate, which allow them to move around freely.

Mauritanian refugees residing in the Bamako District who hold a refugee card are entitled to medical assistance and benefits for children of school age to go to school.

It should be mentioned that Mali has not signed the Convention of 28 September 1954 relating to the Status of Stateless Persons or the Convention of 30 August 1961 on the Reduction of Statelessness. Therefore, no Mauritanian asylum-seekers or refugees have the status of stateless person.

The Government, through the National Refugee Commission, closely monitors the situation of Mauritanian refugees and asylum-seekers living in Mali.

As regards the human rights of refugees, it should be recalled that Mali has ratified the following international legal instruments:

- The Geneva Convention of 28 July 1951 relating to the Status of Refugees
- The Protocol of 31 January 1967 relating to the Status of Refugees
- The Organization of African Unity Convention of 10 September 1969
- Various human rights and humanitarian-law instruments

Bamako, 31 October 2007
