

Mali

Health

Thematic Country Report

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Mrs

Makata Aguisa, with her twin daughters and elder one, waiting for immunization session in the CSCOM of Sankoré, equipped with new solar refrigerator.
(Photo: UNICEF Mali/S. Keita /2017)

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Abbreviations and Acronyms

ARV	Antiretroviral Therapy
ASACOs	Association of Community Health Workers
BEmONC	Basic Emergency Obstetrical and Neonatal Care
C4D	Communication for Development
CHWs	Community Health Workers
CRVS	civil registration and vital statistics
CSCOM	Community health Center (Centre de santé communautaire)
CSOs	Civil society organizations
DBS	Dry Blood Sample
DHIS2	District Health Information System2
DPT	Diphtheria, Tetanus, Pertussis
EmONC	Emergency obstetric and newborn care
FENASCOM	Federation of community health center association
GAVI	Global Alliance for Vaccine and Immunization
HBB	Help Baby Breathe
HIV	Human Immunodeficiency Virus
IDPs	Internally displaced persons
IMCI	Integrated Management of Childhood Illnesses
INFORM	Risk Management Index
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGOs	Non-Governmental organizations
PCR	Polymerase Chain Reaction
PMTCT	Prevention of mother to child Transmission of HIV
PRODESS	Programme de développement des Secteurs Sociaux (Social Sectors Development Program)
SAM	Severe acute malnutrition
SARA	Service availability and responsiveness assessment survey
SDGs	Sustainable Development Goals
TETU	Tri-Evaluation et Traitement d'Urgence
UNAIDS	United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Action Framework
UNICEF	United Nation Children's Funds
WAHO	West African Health Organization
WHO	World Health Organization

Executive Summary

In 2018, UNICEF in Mali pursued efforts in supporting the government's moves towards achieving health related SDGs and in particular those related to improving maternal, newborn, child and adolescent health.. The 2018-2019 biannual workplan was aligned with the national and UNDAF priorities and the health program contributed to child survival and realization of the full potential for a considerable number of children aged from 0 to 59 months, especially in underserved communities.

Positive progress was made on maternal and newborn health. New initiatives were introduced, and promising existing ones expanded to achieve results in this area. An important milestone achieved during the past year is the elimination of maternal and newborn tetanus in 6 regions, home to the highest rate of the total number of pregnant women (92%) in Mali and under-five children population.

At policy level, the year marked a vital shift with the introduction of chlorhexidine gel for the care of newborn umbilical cords by community health workers. A move that will prevent thousands of infection cases that is the leading cause of newborn deaths. Facility-based deliveries stood at 55.8 percent (546,911/979,964) compared respectively to 25 percent according to routine data from the health system while the preliminary findings of the 2018 demographic and health survey indicate that 70 percent of deliveries took place in health facilities and 67 percent are provided by skilled personnel.

HIV testing in pregnant women increased from 7percent in 2017 to more than 10 percent in 2018 and a dual point-of-care early infant HIV-diagnostic and viral load technology (Alère Q) with a high turnover rate was introduced in 10 districts. In a five-month-period, 266 HIV-exposed infants were screened compared to 248 infants tested in one year nationwide in 2017. In addition, urban PMTCT strategy with the screening of mothers and children were conducted in Bamako and regions of Sikasso, Segou and Mopti that resulted in the HIV testing of 18 200 pregnant women and 5128 children under 5 years of age. A total of 419 HIV-positive mothers and 218 HIV-positive children begun ARV treatment.

To improve the survival of mothers and newborns in Sikasso region, BEmONC and newborn care was provided in, 249 health facilities (CSCOM) including transfer of knowledge and skills to 1025 health providers. The region of Sikasso is home to an estimated population of 160,000 pregnant women and newborns.

Significant efforts have been put into immunization as a Key Result for Children and positive results were observed during the reporting year. UNICEF supported the implementation of the immunization microplans of the 11 priority districts having the highest number of unimmunized children for DPT3 in the country. For instance, UNICEF supported outreach services that had not been interrupted for a long while and reinitiated active tracking mechanism of lost to follow up children as well formative supervision, onsite monitoring and data quality review for decision making. Community based enumeration of children and the introduction of village's immunization registers were innovative strategies to increase the demand for immunization services. In addition, UNICEF supported the development of context tailored immunization delivery strategies, particularly urban strategy to reach slums children and other locations not reachable by traditional outreach strategies. Therefore, District equity analysis based microplans were developed and outreach strategy programming reviewed to integrate the social mobilization component. According to administrative data, 94% (549,896) and 93% of infants received respectively measles and three doses of pentavalent vaccine from January to September, compared to 72% (480,568) in 2017. Similarly, 78% (59) and 85% (64) of health districts reached 80% vaccination coverage respectively for Penta3 and measles compared to 28% in 2017. Specifically, the number of children under one who received DTP3 increased from 487, 270 in 2017 to 549,896 in 2018, nearly an additional 62,626 under one children vaccinated. This is representing nearly one quarter of the total number of unimmunized children against DPT3 in the country. However, the drop-out rate between DPT1 and DPT3 remains still high at 16%, requiring additional efforts in 2019 to reduce the high number of missed children.

Strategic Context of 2018

Six years after the armed conflict broke out in northern Mali, and despite the progress made since the signing of the Algiers peace agreement in 2015, the country has seen a rapidly deteriorating security situation and a severe humanitarian crisis in 2018. Protracted conflict (armed and inter community), vulnerability to adverse weather conditions, commodity price fluctuations, food insecurity and nutritional crisis are among the major challenges the country faced and that affected children and women. Poverty analyses generated in 2018 by the National Institute of Statistics with UNICEF's support, showed that more than half (55.8 percent) of children in Mali suffer of at least three deprivations.

As a fragile state, Mali ranked the 18th most insecure country out of 191 in 2018 according to the Risk Management Index (INFORM). In terms of security risk, Mali is above the average of countries with the same income levels. Most of these regions are classified as very high risk (Gao, Timbuktu and Mopti) or high (Kidal, Ségou, Sikasso, Koulikoro). Kayes and Bamako were the only regions considered at medium risk.

Almost a third of the country population lived in conflict-affected areas of the country. The number of internally displaced persons (IDPs) doubled in the period between December 2017 and October 2018, reaching over 80,302, of which 53 percent are children and 23 percent women. Tombouctou, Mopti, Menaka and Segou were the regions most affected by the surge of population movements.

An estimated 4.1 million people needed humanitarian assistance with more than half being children below 18 years of age. Over 1.7 million had no access to health services, 0.9 million were deprived of water, hygiene and sanitation, 0.8 million (out of whom 87 per cent children) were estimated to have had severe acute malnutrition (SAM). Furthermore, over 306, 000 children were unable to access schools, while 950,000 were deprived of any form of protection.

At least 42 per cent of the population lives more than 5 km away from a functional health facility and the primary health care system is not able to provide quality basic services to mothers and children due to several reasons, including most importantly the high health care fees. There are important disparities related to geography, income status and education level of the mothers. Even when these services are available, the quality of care and the rate of curative care utilization (0.33 per capita per year) remain low.

Results in the Outcome area

Health Outcome: By the end of 2019, boys and girls aged 0–59 months, pregnant women and breastfeeding mothers, particularly those living in the most disadvantaged communities, have access to and use an essential package of high-impact preventive, curative and promotional health interventions, including in emergency situations

Key Results achieved, and progress made

UNICEF in Mali contributed to the national outcomes by supporting the country's achievements towards Sustainable Development Goals 2 and 3 (maternal, newborn, child and adolescent health, child malnutrition and universal health coverage) and to global commitments, such as the Global Strategy for Women, Children and Adolescents Health (2016-2030), Every Newborn Action Plan, the Global Action Plan for Pneumonia and Diarrhoea, and the Global Vaccine Action Plan.

Thanks to the combined efforts from several partners, including UNICEF, some achievements were made using thematic funds for the implementation of catalytic activities to influence the national and other partners agenda.

Maternal and Neonatal Tetanus elimination was validated in six southern regions, home to 92 per cent of Mali's population. Mali remained polio free throughout 2018. According to the preliminary findings of Mali's 2018 Demographic and Health Survey, 45% of children below the age of two years are fully vaccinated against 35% in 2012. For instance, the number of children under 1 year of age

who received DPT3 increased from 487,270 in 2017 (72%) to 549,896 (93%) in 2018, an additional 62,626 children vaccinated, representing nearly one quarter of the total number of children unimmunized against DPT3 in the country. Similarly, and according to the routine data, 55.8 percent of deliveries were facility-based (546,911/979,964) and the preliminary findings of the 2018 demographic and health survey indicate that 70 % of deliveries took place in health facilities while 67 % are provided by skilled personnel.

High level policy dialogue has been initiated between the Ministry of Health (MOH) and health sector partners to streamline priority issues, challenges and bottlenecks affecting the performance of the sector and to influence and shape key policy decisions that will improve the lives of vulnerable and hard to reach population groups, particularly mothers, newborns, children and adolescents.

Discussions have been initiated for the health system reform focusing on primary health care and UNICEF has been advocating for more visibility on community health system strengthening. In addition, a harmonized one health platform that combines human, animal and environmental health towards maximizing complementarity, efficiency and most importantly strengthening community resilience is also under discussion. Mali has been included in the third cohort of Global Financing Facility countries and this will help leverage additional resources, including domestic ones for maternal, newborn, children and adolescent health

The newborn care action plan was finalized and adopted with an important policy breakthrough, namely the authorization for the introduction of chlorhexidine gel for community based newborn umbilical care. This is expected to reduce significantly the level of newborn mortality linked to infection.

Having DPT3 coverage and vaccine stock-out rates at decentralized level as key indicators for government disbursement, will allow a full prioritization of immunization at all levels of the health system.

For a stronger health system for Maternal, Newborn and Child Health (MNCH) service delivery, the immunization cold chain system strengthening continued, with support from all partners, particularly the Global Vaccine Alliance Initiative (GAVI) and Canada. GAVI allocated an additional US\$ 3.8 million to Mali for routine immunization improvement and Canada supported the cold chain system through the provision of additional solar drive refrigerators. This has contributed to a significantly improve immunization coverage in 2018.

Furthermore, Mali opted for the introduction of the dual point-of-care early infant HIV-diagnostic and viral load technology (Alere Q) for improving the survival of HIV positive infants through early identification and initiation of antiretroviral (ARV) treatment. The initial phase covered 10 health districts.

To avoid excessive mortality of girls, boys, and women living in humanitarian situation, UNICEF continued to build the national health system capacity to provide life-saving emergency health interventions and services including vaccination services in the northern conflict affected regions of Tombouctou, Taoudenit, Kidal, Menaka, Gao and Mopti (provision of solar kits , Emergency Health Kits, solar refrigerators).

Despite these achievements, the uptake of key high impact interventions such as immunization remains low. Challenges included continuous instability and insecurity in the north and center of Mali which affected the health system capacity. Moreover, the community health service delivery platform is not well coordinated. The current Health System Reform initiated by the Government of Mali lays a solid ground for repositioning community health and achieving key results for children (immunization, prevention of stunting, newborn and maternal care).

In 2019 and beyond UNICEF will continue to provide quality support to fast track the finalization and the implementation of priority actions of the reform agenda, particularly the primary health care reform at community level.

Output 1 – *By the end of 2019, health facilities and Community Health Workers have equipment, inputs and skills to provide maternal and neonatal health care.*

UNICEF's support to implementing partners from both government and civil society organisations has helped to advance some very important issues and build the capacity of partners in the field. These include:

Development of Strategy document: The Every Newborn Action Plan was developed and disseminated. Reproductive, Maternal and Child Health policies, norms and procedures were revised to include WHO recommendations on pregnancy monitoring with the concept of eight contacts, including clinical examinations at health centres.

Communication and awareness raising: sensitization sessions were organised for women's groups (183 women members) and 84 members of the order and regional association of midwives on maternal and neonatal morbidity/mortality. UNICEF initiated a community dialogue approach through an innovative communication strategy called 'mothers' schools'. Recognized by the West African Health Organization (WAHO) as a best practice, the Mothers' Schools has been extended to Bougouni district in addition to Koutiala and Sikasso. In addition, digital mobile cinema sessions were produced and disseminated. Modules on sexual and reproductive health were introduced in 34 schools where teachers and peer educators were trained to reach in-school and out-of-school adolescents and young people. UNICEF worked with NGOs to reach populations in conflict/insecurity areas. In addition, professional orders were contracted to support health district teams in the monitoring / evaluation of programmes and skills improvement of front line workers.

Partnership and skill building- To improve emergency obstetric and newborn care (EmONC) quality services, and to transfer capacity and ownership of the programme, a partnership was established with professional associations (Association Malienne des Sage-Femmes) for onsite coaching, mentoring and skills transfer to frontline providers. This strategy achieved more impact than traditional modular workshops as service providers were not away from their jobs. Building skills through digital movie sessions (32 sessions) in 20 health districts of Sikasso, Koutiala and Bougouni benefited to 38,053 participants.

Remaining challenges include (i) inadequate functioning of the referral / evacuation system including social mobilization (shared costs not paid by Community Health Association (ASACOs) and collectivities); (ii) the number of emergency obstetric and neonatal care (EmONC) sites is insufficient to cover the populations; (iii) the low usage and continuity of EmONC services; (iv) insufficient implementation of policies, norms and procedures for reproductive health in some facilities resulting in poor quality of EmONC services.

From 2019 onwards maternal, newborn and child health programmes will be strengthened through strategic advocacy to strengthen of newborn care at community level; intensify Communication for social norms change, to increase the involvement of community stakeholders in decision-making processes. Improvements will also be made in the organization of services, monitoring of results and analysis of performance indicators. Other areas that will be strengthened include the continuous tutoring and coaching on EmONC according to WHO standards using the 'small doses, high frequency' method at all levels; the integration of neonatal death audits with existing maternal death surveillance and response process; and advocacy for the involvement of local administration in mobilizing additional domestic funds such as the solidarity fund.

Output 2: *By the end of 2019, health facilities and Community Health Workers have equipment, inputs and skills to provide immunization services to children and pregnant women*

Through the thematic fund and other funding, UNICEF supported the development of tailored immunization delivery strategies, particularly the urban strategy to reach children living in slums and other locations not reachable by traditional outreach strategies. District equity analysis based microplans were developed in 11 selected districts. A service availability and responsiveness assessment survey (SARA) was conducted to guide future programming priorities. To support national immunization supply chain system strengthening at decentralized level, 166 solar-drive refrigerators

were procured and installed, providing additional cold chain capacity of 7,029 litres. Logistics capacity was improved with procurement of 200 motorcycles that were distributed in Kayes, Sikasso, Koulikoro and Segou regions in support of outreach activities.

Vaccine stocks, the national cold chain, and logistics at central and regional levels were regularly monitored. As of September, Mali had received 23,951,130 vaccine doses of all antigens and distributed 27,457,487 doses to regions and health districts. Cold chain maintenance skills were improved (1,659 personnel trained), as well as capacities in vaccines management (60 vaccinators and 17 regional focal points) and project management (2 staff members). No stock-outs of DPT, measles and tetanus vaccines were reported at the central stores.

UNICEF pursued its strategic partnership with GAVI towards strengthening the health system for immunization services and in providing technical assistance. UNICEF Mali leveraged US\$ 3.8 million from GAVI for health system strengthening for immunization and other core activities in 2018–2019. A memorandum of understanding between GAVI and UNICEF and a tripartite partnership with civil society organizations (CSOs) and the MOH for improving routine immunization in conflict-affected regions of Tombouctou and Taoudenni were signed. Services utilization improved drastically with the introduction of immunization social mapping that enabled the establishment of community platforms in 12 selected districts.

The number of vaccinated children increased. 549,896 (94 per cent) infants were vaccinated against measles. Similarly, 543,395 (93 per cent) received DPT3 versus 72 per cent (487, 270 children) in 2017, an increase equivalent to one quarter of the total unimmunized children. Over the same period, 59 (79 per cent) and 64 (85 per cent) districts achieved 80 per cent coverage respectively for Penta3 and measles (compared to 28 per cent in 2017), while 42 districts accomplished 90 per cent DPT3 coverage. UNICEF supported measles vaccination in one humanitarian-situation district where 70,746 (100 per cent) children aged 6 months to 15 years were vaccinated. Mali is a medium high-risk country for polio virus. The first nationwide campaign reached 100 per cent of children under five (4 million) plus 3 million older children. The second round reached 95 per cent of under-five children in 41 high risk districts. The coverage was much lower in the remaining six conflict affected districts.

Despite efforts to increase immunization coverage, the quality of vaccination services remains suboptimal. Last mile distribution capacity of supplies and vaccines is weak resulting in frequent stock-outs at service delivery points. Outreach services are poorly organized, as are coaching and mentoring activities. Some health districts and health centres do not have appropriate plans and targets. The drop out rate between vaccine doses remains high. A program bottlenecks analysis showed that root causes consist in a weak leadership and accountability at all levels; a weak supply chain and logistics system, weak coordination and involvement of community actors for improving immunization services; and shortages of qualified human resources, including inequitable geographical distribution.

In 2019, UNICEF will advocate for immunization to be considered as a core pillar of health and a priority monitoring area for the MOH within the context of the ongoing health system reforms and development of PRODESS 4. High-level advocacy and community-based social behaviour change will accompany implementation using the 2019 Immunization investment case findings. UNICEF will lobby for waiving the fees for immunization cards. Developing and scaling-up contextualized immunization delivery strategies will be promoted, including child-friendly community platforms. UNICEF will intensify its support to the 11 priority-one districts; 12 priority-two districts will be identified for fast tracking and urban and community-focused strategies implemented. Outreach services combined with supplementary immunization activities will be implemented.

To further improve immunization coverage, A quarterly monitoring review in decentralized priority areas will identify delays and inform corrective actions. Partnerships with CSOs will be established through a tripartite agreement between the MoH, GAVI and UNICEF to support service delivery and create demand, including for the northern regions and districts.

Output 3: By the end of 2019, health facilities and Community Health Workers have equipment, inputs and skills to provide preventive, promotional and curative care for children (pneumonia, diarrhea, malaria).

In 2018 and with the catalytic contribution of the thematic funds, Unicef supported 265 health facilities (nearly 20 percent of the country community health centers-CSComs) including skill transfer to community health workers (CHWs) to provide preventive, promotional and curative services to children with a focus on common childhood illnesses (pneumonia, diarrhoea and malaria). This included upgrading the skills of 38 trainers in caring for sick children using computerized clinical Integrated Management of Childhood Illnesses (IMNCI) modules and the TETU approach (screening, evaluation and treatment) in 26 districts of Mopti, Sikasso and Segou regions. As major outcome, access improved and for instance 30 per cent (3,281,004 inhabitants) of their catchment population living beyond 5 km from a health facility was covered by CHWs. Administrative data indicated an increase as well of service uptake in 2018 by children, respectively 40 percent, 47 percent and 30 per cent of uncomplicated cases of malaria, ARI and diarrhoea were treated by CHWs compared to 28 percent for malaria, 32 percent of ARI and 21 percent of diarrhea cases in 2017. A total of 537,909 children under five (85 per cent of the targeted 634,715) received malaria chemoprophylaxis in five districts. This has contributed to annually reduce importantly malaria related mortality and morbidity in those high burden and endemic malaria zones. In addition, 80 percent of newborns (38,515) benefited from home visit by CHWs compared to 63 percent (30,015 newborns) in 2017, and 48 percent (20,324) in 2015.

A multi-stakeholder MOU was signed between Ministry of Health (MoH), Ministry of Territorial Administration and CSOs (FENASCOM and AMM) to establish a functional interoperability mechanism on CRVS. CHWs were recognized as village birth declaration agents and their birth declaration data were recorded in the national health information system (DHIS2). This important decision helped to have 33,356 births declared by CHWs in 2018, and immediately delivered their birth certificates. This represented 87 per cent of all registered births in Sikasso, Mopti, Timbuktu and Gao regions, compared with 40 per cent in 2017.

The community health system in Mali faces three main challenges: i) uncoordinated decentralized community health platform; ii) no sustainable source of salaries/incentives for CHWs leading to an unacceptably high level of out-of-pocket costs for poor households and the accountability mechanisms are limited.

In 2019, the newly health system reform, the development of the PRODESS IV, the new UNICEF Country Programme for 2020–2024 are all opportunities to strengthen partnerships towards repositioning the community health system as entry point for the renewed primary health care approach. UNICEF and partners will advocate for the re-engineering of the community health strategy to include a more multisectoral approach and improved sustainable results. More focus will be on the scale up of community-based case management to other geographic locations and improving the quality of care.

OUTPUT 004: *By the end of 2019, health facilities have equipment, inputs and skills for the treatment and care of children living with HIV and for HIV prevention*

Facility coverage has expanded for PMTCT (889) compared to 684 sites in 2017 and for paediatric HIV treatment and care services as well (304 facilities). Skills and knowledge of 320 health workers improved on paediatric HIV treatment and care, including 270 interns of Mopti and Koulikoro regions.

A slight increase was observed in HIV testing in pregnant women in 2018 (366 155 compared to 299 177 screened in 2017) with 1 620 seropositive initiated ARV treatment. The ultra-rapid and smart point-of-care early infant HIV diagnostic technology (AlereQ-devices) was introduced in ten districts. As result 266 HIV-exposed-infants were screened and ART immediately initiated for 30 HIV-infected babies in only five months in 10 districts, compared with 248 infants tested throughout Mali in 2017 using PCR / DBS technologies in twelve months in 75 districts of Mali. Alternative service delivery strategies were used by UNICEF to reach more women and children, particularly in urban settings, including urban poor. For instance, through a catch-up testing campaign conducted in Bamako and regions of Sikasso, Segou and Mopti 18,200 pregnant women and 5,128 children under 5 years of age were screened / tested for HIV and ART was initiated immediately for 419 HIV- positive mothers and 218 Children living with HIV.

To increase awareness and demand for HIV services for mothers and children and to reduce stigma, local media (community radio journalists), comedians and celebrities were engaged in several social mobilization and awareness raising activities that reached about 4 million people in the 10 districts including Bamako. The national plan for the double acceleration of paediatric HIV care and treatment was developed and validated with technical and financial support from UNICEF.

Despite these encouraging results, an estimated 14,000 children in Mali are living with HIV and 8 in 10 are not receiving life-saving ART (UNAIDS 2016). The reason being that the majority has not yet been tested as they do not have access to HIV services, including PMTCT, early infant testing and HIV prevention services.

The implementation of the dual acceleration scenario of paediatric HIV care and treatment to fill the important gap of HIV testing in pregnant/lactating women and children remains suboptimal. This is a result of low PMTCT facility coverage and service uptake as well as the important loss to follow up of HIV exposed children and their mothers. This in turn could be linked to the low performance of the early identification and treatment system in place.

Stigma is still high, and the community health system does not support systemically this challenge, particularly in a context of declining funding for the programme.

A good opportunity is presented with the introduction of the new infant diagnosis technology (AlereQ) which will in turn be linked to the overall family centred approach, including the integration of services for mother-baby pairs.

In order to reach the majority of children living with HIV, future priorities for UNICEF will include a focus on i) facilitating the extension of quality and integrated early HIV diagnosis at different service entry points (nutrition, EPI, inpatient and outpatient services), ii) improving PMTCT quality as the transmission rate seems high in urban settings (2.6 per cent positive in the Bamako catch up campaign); iii) engaging strategically in HIV prevention in adolescents as part of UNICEF Mali's office priorities as the majority of mothers are adolescents and iv) promoting family centred approaches.

Humanitarian response

Access to essential maternal, neonatal, child and adolescent health services remains a challenge in the northern and central regions of the country. To mitigate the negative impact of the crisis on the affected population, UNICEF supported the integrated vaccination activities (Campaign and routine) in emergency affected regions. For instance, outreach vaccination activities were conducted in insecurity areas of Taoudeni through mobile clinics and as results 3,698 under one-year old children received 3 doses of Penta3 (DTC-HepB-Hib-3) and 4,866 vaccinated against measles. To improve the quality of care to mothers and newborns during the period around birth and the immediate post partum, 355 Cscoms' maternity wards, including 265 in emergency affected regions were provided with solar driven power/electricity kits.

UNICEF and partners will continue to respond to humanitarian needs and facilitate access to quality basic social services for crisis-affected populations and other vulnerable groups.

UNICEF will also support integrated vaccination campaigns in the northern regions and health facilities will continue to receive essential drugs and medical equipment to support health care for children under 5 and pregnant women.

Thematic and RR contributed to achieving some core results for children and mothers in 2018 across all outputs. Though this flexible fund and RR were the main sources of financing for addressing activities in Output 3 (IMCI and child health) during the 2018 cycle ORE funds were limited.

For 2019, the overall allocated budget for the Health outcome is above the planned budget. This was due to the leveraged resources for measles vaccination campaign and the introduction of the second dose of measles vaccine in the routine vaccination program. This budget hides significant disparities between health outputs and areas of intervention. While the EPI is well financed to surpass by this year the initial 2019 targets, the Malaria control, PMTCT and EmONC is widely underfinanced.

Despite a strong performance in resource mobilization by the Health section in general (67% of planned OR resources already mobilized as of 22 February 2019). However, all Health outputs are not equally funded. The majority of funding are Immunization related funds (GAVI,) supported vaccination-related activities. Funding gaps exist for maternal and new born health, with Emergency obstetric and newborn care being exclusively funded through the French Muskoka Fund. Currently, IMCI, malaria prevention, PMTCT and HIV pediatric care, are almost exclusively funded through Regular Resources (RR). Consequently, this thematic fund has contributed to achieving major results for children during the reporting period.

Result Assessment Framework

OUTCOME 001: [Health]: By the end of 2019, boys and girls aged 0–59 months, pregnant women and breastfeeding mothers, particularly those living in the most disadvantaged communities, have access to and use an essential package of high-impact preventive, curative and promotional health interventions, including in emergency situations.

No.	Standard Outcome Indicators	Baseline		Target		Status/ Value	As of Date	Primary Source
		Year	Value	Year	Value			
1	Live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)	2014	51%	2019	70	67%	Dec-18	DHS 18
2	Births delivered in a health facility	2014	59%	2019	70	67%	Dec-18	DHS 18
3	Women attended at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy	2014	42%	2019	70	43%	Jun-18	DHS 18
4	Children < 1 year receiving measles-containing vaccine at national level	2014	90%	2019	95	72%	Sep-08	DHS 18
5	Children < 1 year receiving DTP-containing vaccine at national level	2014	99%	2019	99	85%	Sep-18	DHS 18
6	District or equivalent administrative unit with at least 80% coverage of DTP-containing vaccine for children < 1 year	2015	75%	2019	85	78%	Sep-18	DVDMT
7	District or equivalent administrative unit with at least 80% coverage of measles-containing vaccine for children < 1 year receiving	2015	71%	2019	85	85%	Sep-18	DVDMT
8	Children aged 0-59 months with diarrhea receiving ORS	2013	40%	2019	>80	16%	Dec 18	DHS 18
9	Children aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider	2013	29%	2019	>80	DNA		
10	Percentage and number of pregnant women living with HIV with life long access to ART for PMTCT and for their own health	2014	73%	2019	85	DNA		

No.	Additional Outcome Indicators	Baseline		Target		Status/Value	As of Date	Primary Source
		Year	Value	Year	Value			
1	Percentage of children under five with malaria/diarrhoea/acute respiratory infections (ARI) who receive treatment	2014	32%/26%/42%	2019	>80%	Malaria 31%, diarrhoea 39%, ARI DNA	Dec-18	DHS 18
2	Percentage of districts with Penta 3 coverage above 90 %	2014	58%	2019	80%	63%	Sep-18	DVDMT

OUTPUT 001: By the end of 2019, health facilities and Community Health Workers have equipment, inputs and skills to provide maternal and neonatal health care.

No.	Standard Output Indicators	Baseline		Target		Status/Value	As of Date	Primary Source
		Year	Value	Year	Value			
1	Designated BEmONC facilities that are operational on a 24/7 basis	2017	95	2018	166	208	Nov-18	SLIS
				2019	329			
2	Mothers and caregivers with knowledge of at least 5 of the UNICEF essential family practices	2017	Not available	2018	40%	72,4% for Immunization 41% LLINs 60,7%, ANC CPN 70,6% Exclusive breastfeeding 76,8% hand washing	Nov,17, 2018	Enquête CAP de C4D
				2019	50%			
3	Percentage of UNICEF supported health facilities offering delivery services with functional newborn resuscitation equipment (functional bag and mask in neonatal size)	2017	24%	2018	44%	68%	Nov-18	SLIS
				2019	55%			

OUTPUT 002: By the end of 2019, health facilities and Community Health Workers have equipment, inputs and skills to provide immunization services to children and pregnant women

No.	Standard Output Indicators	Baseline		Target		Status/Value	As of Date	Primary Source
		Year	Value	Year	Value			
1	Drop out rate between DPT1 and DPT3 coverage	2017	16%	2018	<=10	11%	Dec-18	DHS 18
				2019	<=10			
2	Months with stockout of DTP containing vaccine at the national level (Target: 0 month)	2017	0	2018	0	0	Sep-18	SMT
				2019	0			
3	Months with stockout of measles vaccine at the national level (Target: 0 month)	2017	0	2018	0	0	Sep-18	SMT
				2019	0			

No.	Additional Outcome Indicators	Baseline		Target		Status/Value	As of Date	Primary Source
		Year	Value	Year	Value			
1	Number of children under 5 reached in each round of the polio campaign in the northern regions	2018	0	2018	557235	509,685	Avr 2018	Polio campaign report, MoH: Synthese resultats des JNV avril 2018
2	Number of children under 5 vaccinated against measles	2018	0	2018	70746	70,746	Sep-18	Gourma Rharous district Measles campaign report

OUTPUT 003: By the end of 2019, health facilities and Community Health Workers have equipment, inputs and skills to provide preventive, promotional and curative care for children (pneumonia, diarrhea, malaria).

No.	Standard Output Indicators	Baseline		Target		Status/Value	As of Date	Primary Source
		Year	Value	Year	Value			
1	Community Health Workers trained to implement integrated community case management (% of actually trained against the planned)	2017	84%	2018	96%	88%	Dec-18	Field mission reports
				2019	100%			
2	DHSS targeted districts in which barriers and bottlenecks related to child survival are monitored	2017	51	2018	72	60	Dec-18	Field mission reports
				2019	75			
3	Primary Health Care facilities providing clinical care to children under five using the IMNCI approach	2017	162	2018	341	130	Sep-18	Routine data
				2019	516			
				2017	90			

OUTPUT 004: By the end of 2019, health facilities have equipment, inputs and skills for the treatment and care of children living with HIV and for HIV prevention

No.	Standard Output Indicators	Baseline		Target		Status/Value	As of Date	Primary Source
		Year	Value	Year	Value			
1	Health facilities that provide paediatric ART	2017	79	2018	257	304	14-Dec-18	SLIS Rapports CSLS
				2019	377			
2	Health facilities providing life long ART for pregnant and breast feeding women within the MNCH setting	2017	636	2018	818	889	31-Dec-18	Rapport PTME CSLS/MSHP
				2019	1018			

Financial Analysis OUTCOME AREA 1: HEALTH

Presented below the financial situation of the Sector and for the thematic funds.

Table 1: 2018 Planned budget by Thematic Sector

Planned and Funded for the Country Programme 2018 (in US Dollar)

Intermediate Results	Funding Type ¹	Planned Budget ²
OUTPUT 1 [MATERNAL AND NEWBORN HEALTH]	RR	655,360
	ORR	2,325,000
OUTPUT 2 [IMMUNIZATION]	RR	655,360
	ORR	4,045,500
OUTPUT 3 [CHILD HEALTH]	RR	737,280
	ORR	769,110
Total Budget		9,187,610

Table 2: Country-level Thematic contributions to thematic pool received in 2018

Donors	Grant Number*	Contribution Amount	Programmable Amount
Slovak Committee for UNICEF	SC1499010018	15,142	14,151
Denmark	SC1499010010	1,325,601	1,325,601
Total		1,340,743	1,339,752

*N.B. According to IATI, grant numbers must be listed in reports. For a complete list of the grant numbers for the Thematic contributions received, look at the accompanying excel document *2018 Non_Humanitarian Thematic Reports due by Business Area and grant number* available online, and verify using ZGMVREPTRACKOVERDUE report in VISION, as explained on page 7.

Table 3: Expenditures in the Thematic Sector

Table 3 for Report: Expenditures in the Thematic Sector:

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	9,360	2,324,679	505,128	2,839,167
21-02 Immunization		3,012,668	563,081	3,575,749
21-03 Child Health		3,198,136	664,785	3,862,921
21-06 Treatment and care of children living with HIV		305,560	323,079	628,639
21-07 HIV prevention		73,844	40,496	114,340
21-09 Adolescent health and nutrition		795,799	-13,902	781,897
Total	9,360	9,710,686	2,082,667	11,802,713

Table 4: Thematic expenses by Results Area

Row Labels	SC149901	SC189901	Total
21-01 Maternal and newborn health		72,748	72,748
21-02 Immunization	180,910	0	180,910
21-03 Child Health	648,823	136,085	784,908
21-06 Treatment and care of children living with HIV	29,680	0	29,680
21-07 HIV prevention	2,882	0	2,882
26-07 Operations support to programme delivery		63,712	63,712
Grand Total	862,295	272,545	1,134,839

Table 5: Expenses by Specific Intervention Codes

Row Labels	Expenses
21-01 Maternal and newborn health	2,839,167
21-02 Immunization	3,575,749
21-03 Child Health	3,862,922
21-06 Treatment and care of children living with HIV	628,639
21-07 HIV prevention	114,340
21-09 Adolescent health and nutrition	781,897
Grand Total	11,802,714

Table 6: Planned and available Budget for 2019

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
OUTPUT 1 [MATERNAL AND NEWBORN HEALTH]	RR	655,360	800,000	-144,640
	ORR	2,325,000	1,252,450	1,072,550
	ORE	600,000	270,920	329,080
OUTPUT 2 [IMMUNIZATION]	RR	655,360	800,000	-144,640
	ORR	4,045,500	2,590,350	1,455,150
	ORE	700,000		700,000
OUTPUT 3 [CHILD HEALTH]	RR	737,280	800,000	-62,720
	ORR	769,110	1,895,000	-1,125,890
	ORE	700,000		700,000
OUTPUT 4 - [HIV]	RR		300,000	-300,000
	ORR		180,645	-180,645
	ORE	500,000		500,000
Sub-total Regular Resources	RR	2,048,000	2,700,000	-652,000
Sub-total Other Resources - Regular	ORR	7,639,610	5,918,445	1,721,165
Sub-total Other Resources - Regular Emergency	ORE	2,500,000	270,920	2,229,080
Total for 2018		12,187,610	8,889,365	3,298,245

¹ Planned and Funded budget for ORR (and ORE, if applicable) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration.

² Other Resources shortfall represents ORR funding required for the achievements of results in 2016.

Future Workplan

The future action plan for the health component will be focus on strengthening the primary health care at community level by providing the opportunity to improve the delivery platform and uptake of high impact interventions such as immunization, iCCM, maternal and newborn care, HIV, nutrition and early stimulation. It will also emphasize the integration of health interventions with other sectors. Specifically:

- Supporting the development of the road map of the community health programme as part of the ongoing health system reform
- Improve the quality of routine immunization and fast tracking the implementation of catch up strategies in the 23 priority districts (the existing 11 and the new 12 districts) having the highest number of unimmunized children
- Scaling up the integrated community-based interventions using nutrition and the iCCM, early stimulation and newborn care to improve access to essential care for the most marginalized populations.
- Sustain the support to the cold chain improvement including the monitoring of the temperature through the extension of the remote temperature monitoring system
- High level advocacy for more visibility on newborn mortality and scale up the community newborn care including providing equipment and skill training of frontline health care providers on essential newborn care and basic emergency obstetrics

Expression of Thanks

UNICEF Mali would like to thank all partners who have contributed to the implementation of the health program interventions for UNICEF in Mali. In particular, our acknowledgements go to:

- The national counterparts at central and decentralized levels who have facilitated and/or developed core strategies, implemented high impact interventions for mothers, newborns and children, particularly for the most vulnerables, hard to reach and most at risks, including those affected by emergency
- The implementing partners in-country and other health sector partners for their collaboration and feedback
- Our UNICEF colleagues at the regional level as well as at Headquarters for their invaluable support

Annex: Report Feedback Form

PBA No: SC189901 and SC149901

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback by filling the online feedback form below.

Please return the completed form back to UNICEF by email to:

Felix Ackebo, Deputy Representative

E-mail: fackebo@unicef.org

Online donor feedback form link:

[English version](#)