Joint Appraisal (JA) 2019 Report

The texts in italics in this document are provided as guidance and may be deleted during the preparation of the joint assessment report.

Gavi renews its support to a country's vaccination programme(s), subject to an annual performance evaluation. Joint evaluation is an important step in this performance review. This is an annual, national and multi-stakeholder evaluation, conducted by senior management of the Ministry of Health, on the progress of the implementation and performance of Gavi's support in the country and its contribution to improving immunization outcomes.

Joint evaluations require careful preparation. These include, in particular:

- **As at March 31: Presentation of the year-end stock report**
- **As of May 15: Presentation of the** vaccine **renewal request** on the country portal (including presentation of updated targets, wastage rates, change requests, if any, etc.)
- **4 weeks before the joint evaluation:**
  - **Submission on the** country portal of **all required reporting documents for renewal purposes,** including:
    - **Update of the Grant Performance Framework (GPF)**
    - **Financial reports, annual financial statements and audit reports** (for all types of direct financial support);
    - **Reports on all supplementary immunization campaigns/activities conducted** (if applicable);
  - **Submission of the HSS and POECF renewal request** (if a new tranche is required) on the country portal, including the HSS budget for the requested tranche;
  - **Gavi's partners (WHO, UNICEF and others)** submit a progress report on their steps and the functions of the EFP on the partner portal.

Other reporting information to be published on the country portal four weeks in advance of the joint assessment includes:

- Information on immunisation financing and expenditure (required for all countries);
- Data and survey requirements (required for all countries);
- Updating the annual progress report on the plan to improve effective vaccine management (EVMP) (required for all countries);
- Updated inventory of ECFs (required only for countries receiving POECF support);
- The specific report on the human papillomavirus vaccine (if applicable);
- The end-of-grant HSS evaluation (if applicable);
- Post-introduction evaluation reports (if applicable);
- Gavi and/or polio transition plans or asset mapping information (if applicable);
- Expanded Programme on Immunization (EPI)/action plan implementation report (if applicable);
- The report of the post-campaign coverage survey (if applicable);
- Any other information, such as additional commitments made by a third party in the private sector.

Note: If renewal applications and required reports are not submitted on the country portal four weeks before the joint evaluation meeting (with the exception of the vaccine renewal application to be submitted by 15 May), this could have an impact on Gavi's decision to renew its support, including a possible postponement and/or decision not to renew or disburse support.

Country	Mali
Full JA or updated JA[1]	☑ **JA complete** ☐ JA update
Date and venue of the joint evaluation meeting	July 15-19, 2019 in the DGS-HP meeting room
Participants / affiliation[2]	See list in appendix
Frequency of results reporting	Annual
Reporting period[3]	January 1-January-31 December 2018
Duration of the Comprehensive Multi-Year Plan for Immunization (cMYP)	2017-2021
Gavi/Co-financing Transition Group	e. g. initial self-financing or preparatory transition....

1. REQUESTS FOR RENEWAL AND EXTENSION

Renewal requests have been submitted on the country portal

Vaccine Renewal Application (NVS) (By May 15)	Yes x No ☐
Does the vaccine renewal application contain a change request?	Yes x No ☐ N/A ☐
Request for renewal of HSS support	Yes x No ☐ N/A ☐
Application for renewal of support to the POECF	Yes ☐ No ☐ No ☐ N/A x

2. GAVI GRANT PORTFOLIO

Support for existing vaccines (to be pre-filled by the Gavi secretariat)

Introduced / Campaign	Date	Coverage 2017 (WUENIC) per dose	Target 2018		Approx. value USD	Observation
			%	Children		
Insert						
Insert						

Existing financial support (to be pre-filled by the Gavi secretariat)

Subsid y	Canal	Period of time	First payment	Status of cumulative funding as of June 2018				Compliance	
				Engag.	Appr.	Paid up	Use.	End.	Auditing
Insert									
Insert									
Observations									

Indicative interest for the introduction of new vaccines or for the request for HSS support in Gavi in the future[4]

Indicative interest for the introduction of new vaccines or	Program	Planned year of application	Planned year of introduction

[1] Information on the difference between full and updated JA is available in the document *Guidelines on reporting and renewals of Gavi support*, https://www.gavi.org/support/process/apply/report-renew/
[2] If the list of participants is too long, it can be provided in an appendix.
[3] If the frequency of results reporting differs from the fiscal period, please provide a brief explanation.
[4] The fact of providing this information does not constitute an obligation for the country or Gavi; it is mainly provided for information purposes.
Countries are encouraged to highlight in the following sections, including in the Action Plan in Section 7, the main activities and technical assistance potentially required, the preparation of investment applications, vaccine applications and introductions, as appropriate.

for the request for HSS support in Gavi	HPV	2020	2021

Grant Performance Framework - recent reports for 2018 (to be pre-filled by the Gavi Secretariat)

Intermediate Outcome Indicator	Objective	Realized
Insert		
Insert		
Observations		

Targeted assistance by EFP country: Main partners and extended partners as of[insert date] (to be pre-filled by the Gavi secretariat)

	Year	Financing (USD x 1000)			Existing staff	Milestones achieved	Observations
		Appr.	Paid up	Use.			
Insert							
Insert							
Insert							
Insert							

3. RECENT CHANGES IN THE COUNTRY CONTEXT AND POTENTIAL RISKS FOR THE FOLLOWING YEAR

Comment on changes since the last joint assessment, if any, in **key contextual factors** that directly affect the performance of the immunisation programme and Gavi grants (such as natural disasters, political instability, conflicts, displaced populations, inaccessible regions, etc., or macroeconomic trends, industrial actions of health workers, severe and unexpected epidemics or adverse post-immunisation events, etc.).

For **countries facing fragility, affected by emergencies and hosting refugees: :**[5]Please indicate whether some flexibility in grant management is required and specify whether requests for HSS or vaccine renewal have been adjusted.

For countries in transition after benefiting from the **Global Polio Eradication Initiative:** Please briefly describe the impact of immunization and primary health care and indicate whether the country has a polio transition plan in place. If a transition plan exists, please provide a brief description of the plan, with an emphasis on health personnel and surveillance. In the absence of a transition plan, please describe the measures taken to prepare for the transition to polio. Please also indicate whether Gavi's investments are/should be allocated for polio transition purposes.

On the political side, 2018 was marked by the re-election of the President of the Republic and the establishment of a new Government. In the first half of 2019, following a popular protest, the Prime Minister resigned and a new one was appointed to form a new government.

On the security side, the year 2018 and the first half of 2019 were marked by the intensification of armed conflicts in the northern and central regions of the country and more particularly in the Mopti region, which has become the epicentre of inter-community violence, resulting in several deaths and a significant number of internally displaced persons. This has resulted in a reduction in the intervention space for the delivery of population-oriented health services, including immunization. The most affected districts are located in the Koulikoro region: Banamba, Nara; Segou region: Macina, Niono, Tominian; San Mopti region: Douentza, Youwarou, Ténenkou, Badiangara, Djenné; Koro; Bankass and Mopti all the health districts of the regions of: Kidal, Ménaka, Gao, Timbuktu and Taoudenit). The health consequences have included

[5] For more information, please visit http://www.gavi.org/about/programme-policies/fragility-emergencies-and-refugees-policy/

the closure of some health centres, the flight of health workers, the ban on the circulation of motorcycles (commonly used by terrorists), the displacement of populations to major urban centres (Bamako, Segou, Koulikoro.

Another important health event that should be highlighted is the declaration by the President of the Republic in February 2019 of the health reform that aims to save one million lives by 2030 through free primary health care for children under five years of age,childbirth, including caesarean sections and post-natal care, the integration of community health workers into health human resources, the State's commitment to increase the health budget, free emergency care and care for the elderly (over 70 years old).On the economic side, there has been a deterioration in the economic situation: GDP 846.34USD/inhabitants in 2018, the multiplicity of gold panning areas: Kayes (22), Kénièba (11), Kangaba (20), Ouelésseobougou (8), Kadiolo (9), Selingué (10), Bougouni (14) and Yanfolila (21) Districts. These are people from various parts of the country and from neighbouring countries. The vaccination services offered to them are organized by the health centres that house them in collaboration with the people in charge of these sites.

Potential future problems (risks)

Please take a forward-looking approach to other events that may occur in the following year (taking into account the current situation, vulnerabilities, dependencies, trends, expected changes and anticipated needs). E.g. potential security challenges due to upcoming elections, risks of reluctance to vaccinate, stockouts or expiry of vaccines, or risks for a viable withdrawal of Gavi's support.

On the basis of the country's current risk assessments, please list up to five most important risks (i.e. risks with a high probability and/or a significant impact). Consider the need to take proactive measures to prevent these risks from occurring or to detect them early when they occur in order to respond effectively. In addition, clearly indicate whether these risk mitigation measures are prioritized in the action plan (see section 7 below).

1. Extension of collective and individual insecurity, which may lead to insufficient basic health coverage and diverted attention away from basic social services, including health
2. The deterioration of the economic situation with low allocation of resources to the health sector
3. The insufficient funding of the health sector for the implementation of the reform announces with risk of loss of confidence of the uses to political and health officials
4. Risk of resurgence of epidemics due to the weakness of the health system.
5. Climatic hazards.

4. PERFORMANCE OF THE VACCINATION PROGRAM

This section should mainly describe **changes since the last joint evaluation**. It should provide a brief analysis of the performance of the immunization programme, focusing on the evolution/trends observed over the past two or three years, and include an analysis of vaccine coverage and equity and an examination of the main factors contributing to low coverage.

The information contained in this section will be mainly derived from the recommended analysis of coverage and equity and all relevant aspects of the programme/service delivery, which can be found in the guidelines for the analysis of the joint evaluation (http://www.gavi.org/support/process/apply/report-renew/). In addition, the annual quality document review exercise is considered an important source of analysis and can be used to inform the joint evaluation report.

It is recommended that countries present the information in tables, graphs and maps and refer to the data sources.

4.1. Immunization coverage and equity

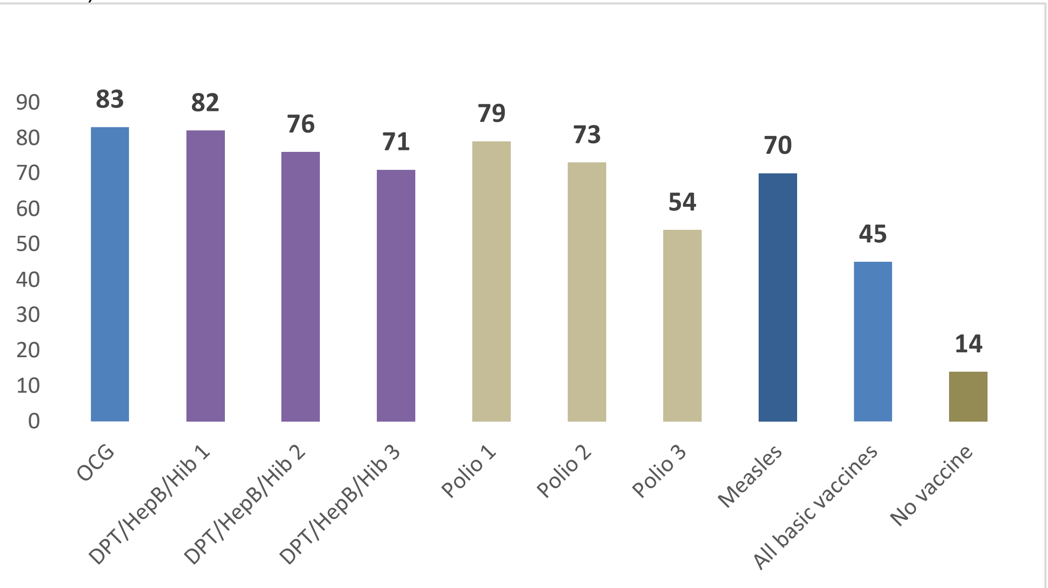
Please provide a **national and subnational analysis of the** situation regarding immunization coverage and equity in the country, **focusing on new data and analyses, trends and changes, including epidemics and responses to epidemics observed since the last joint assessment.**

- Provide an analysis of trends in **coverage and equity** within different geographical areas, socio-economic status, including gender barriers, populations and communities, including **slums, isolated rural populations and conflict areas** (take into account population groups under-served by health systems, such as slum dwellers, nomads, religious or ethnic minorities, refugees, internally displaced persons or other mobile or migrant groups).
- Relevant information includes: an overview of districts/communities with the lowest coverage rates and the highest number of under-vaccinated children, the highest drop-out rates or those affected by the

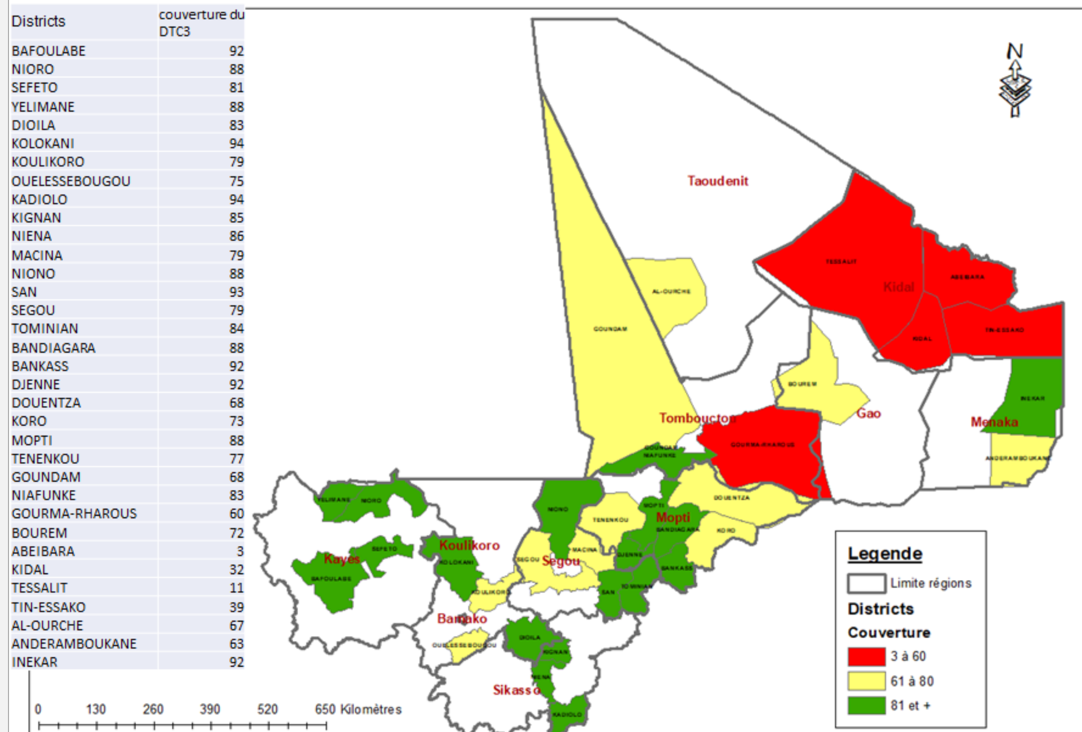
disease burden: number of cases and incidence of vaccine-preventable diseases observed in regional/district surveillance systems, etc.

- **Achievements against the targets agreed in the** National Monitoring and Evaluation (M&E) Framework (and included in the Grant Performance Framework (GPF)) Where applicable, the reasons why the targets were not achieved, identifying areas of underperformance, bottlenecks and risks.

Coverage: DTC3, VAR1, etc.	According to the results of the 6th Demographic and Health Survey conducted in 2018 (EDSMVI), 71% of children aged 12-23 months received three doses of penta in Mali. This coverage has increased by 08 points compared to the previous EDSM of 2012-2013 where 63% was recorded. Also, 45% of children aged 12-23 months had received all vaccines in 2018 compared to 39% in 2012-2013. Fourteen percent of children had not received any doses of any vaccine in 2018 compared to 12% in 2012-2013 according to the same surveys (Figures 1 and 2).



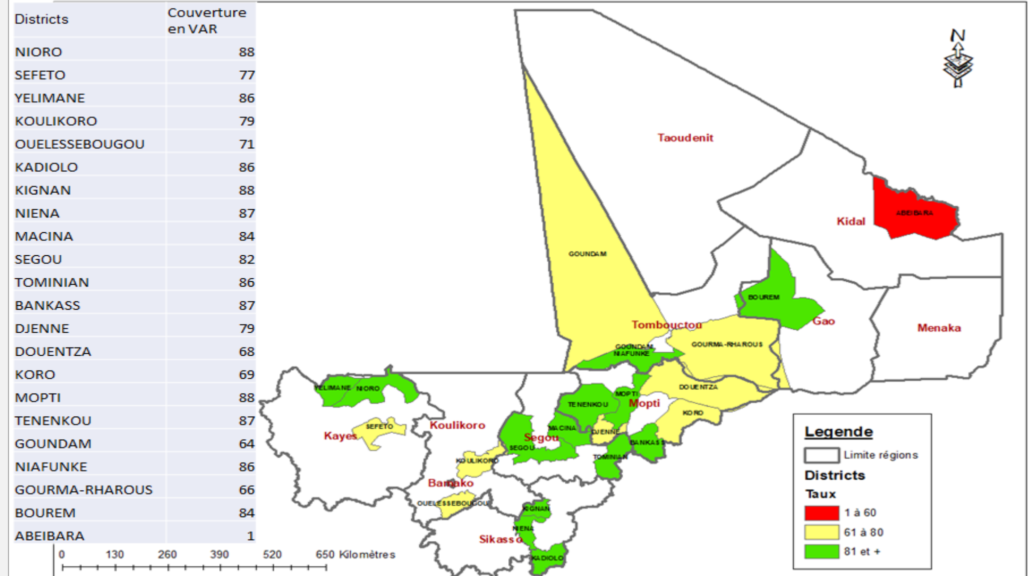
. Figure 1: Antigen vaccination coverage in Mali in 2018 (source EDS VI))



Districts	couverture du DTC3
BAFOULABE	92
NIORO	88
SEFETO	81
YELIMANE	88
DIOILA	83
KOLOKANI	94
KOULIKORO	79
OUELESSEBOUGOU	75
KADIOLO	94
KIGNAN	85
NIENA	86
MACINA	79
NIONO	88
SAN	93
SEGOU	79
TOMINIAN	84
BANDIAGARA	88
BANKASS	92
DJENNE	92
DOUENTZA	68
KORO	73
MOPTI	88
TENENKOU	77
GOUNDAM	68
NIAFUNKE	83
GOURMA-RHAROUS	60
BOUREM	72
ABEIBARA	3
KIDAL	32
TESSALIT	11
TIN-ESSAKO	39
AL-OURCHE	67
ANDERAMBOUKANE	63
INEKAR	92

Figure N°1; Penta coverage districts 3< to 95% (source DVD-MT)

DTP3 coverage was less than 95% in 34 of Mali's 75 districts. The lowest DTP3 coverage rates were recorded in Gourma-Rharous (60%), Abeibara (3%), Kidal (32%), Tessalit (11%) and Tin-Essako (39%) districts.



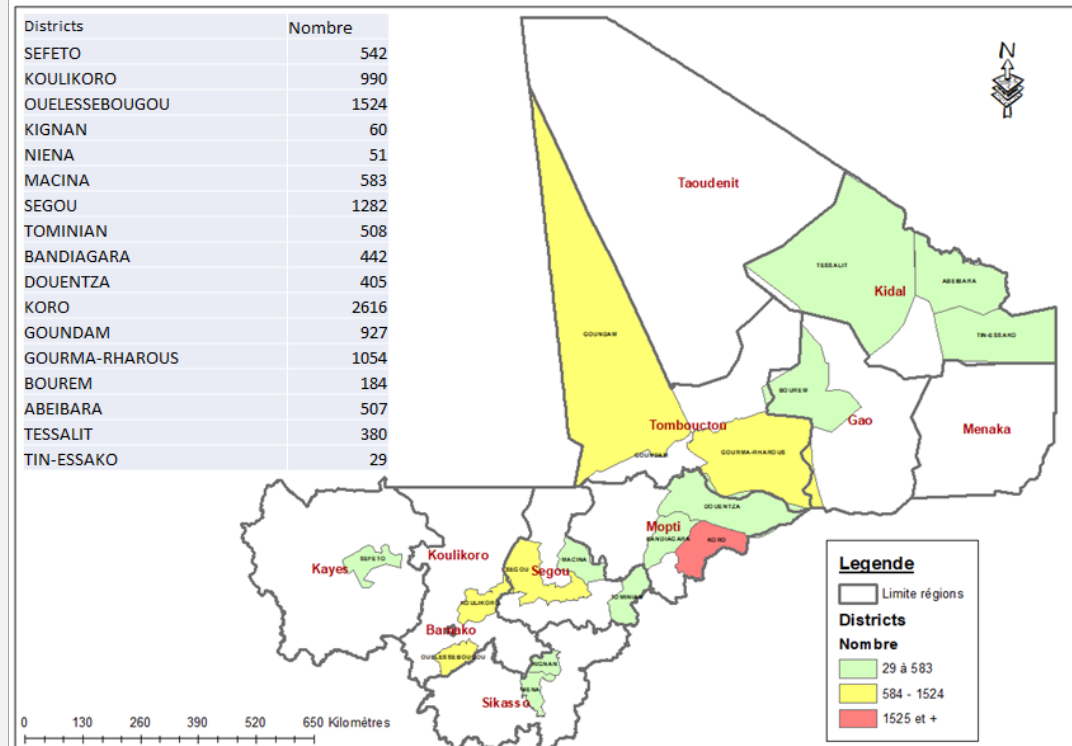
Au niveau infranational: 22 districts sur 75 ont une couverture du VAR inférieure à 90%

Districts	Couverture en VAR
NIORO	88
SEFETO	77
YELIMANE	86
KOULIKORO	79
OUELESSEBOUGOU	71
KADIOLO	86
KIGNAN	88
NIENA	87
MACINA	84
SEGOU	82
TOMINIAN	86
BANKASS	87
DJENNE	79
DOUENTZA	68
KORO	69
MOPTI	88
TENENKOU	87
GOUNDAM	64
NIAFUNKE	86
GOURMA-RHAROUS	66
BOUREM	84
ABEIBARA	1

Figure No. 2; VAR coverage districts less than 90% (source DVD-MT)
The VAR coverage rate was less than 90% in 22 districts out of 75. The lowest VAR coverage rate was recorded in Abeibara district (1%).

Seventeen of the 75 districts had a high number of unvaccinated children; they are shown in Figure 7. Up to 74 of 75 districts had a high number of children under-vaccinated with DTP-Hib-HepB (Penta) 1 to 3 vaccine; they are shown in Figure 8.

Coverage:
Absolute number of children not vaccinated or under vaccinated



Au niveau infranational: Enfants non vaccinées : 17 districts sur 75 ont un nombre élevé d'enfants non vaccinés

Districts	Nombre
SEFETO	542
KOULIKORO	990
OUELESSEBOUGOU	1524
KIGNAN	60
NIENA	51
MACINA	583
SEGOU	1282
TOMINIAN	508
BANDIAGARA	442
DOUENTZA	405
KORO	2616
GOUNDAM	927
GOURMA-RHAROUS	1054
BOUREM	184
ABEIBARA	507
TESSALIT	380
TIN-ESSAKO	29

Figure 3: Number of children not vaccinated (source DVD-MT)

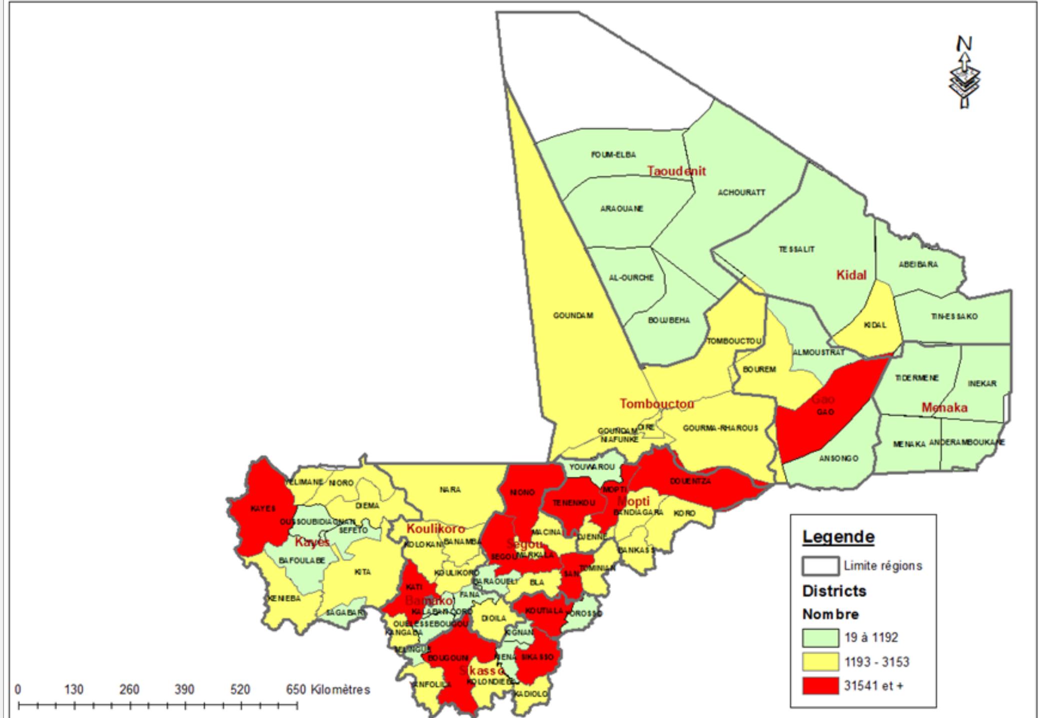
<table>
<tr>
<td></td>
<td>Enfants sous vaccinées Penta1-3 : 74 districts sur 75 ont un nombre élevé d'enfants non vaccinés


Figure 4: Number of children not vaccinated (source DVD-MT)</td>
</tr>
<tr>
<td>Equity:

Wealth (e. g. upper/lower quintiles)
Education (e.g., educated/uneducated)
Men and women
Urban-rural
Culture, other systematically marginalized groups or communities, e. g. ethnic and religious minorities, children or women caregivers with low socio-economic status, etc.
</td>
<td>Analysis of vaccination coverage according to data from the EDSVI survey, 2018.

According to the results of the 6th Demographic and Health Survey conducted in August 2018 (EDSMVI), focused on the cohort of children aged 12 to 23 months, i.e. children born from August 2016 to July 2017. According to this survey, 71% of children aged 12-23 months received three doses of the pentavalent vaccine (DTP-Hib-HepB) in Mali. This coverage has increased by 08 points compared to the previous EDSM of 2012-2013, where 63% was recorded. Similarly, 45% of children aged 12-23 months received all basic vaccines in 2018 compared to 39% in 2012-2013. However, the number of children who have not received any vaccines is on the rise. 14% of children had not received any doses of any vaccine compared to 12% in 2012-2013 according to the same surveys.</td>
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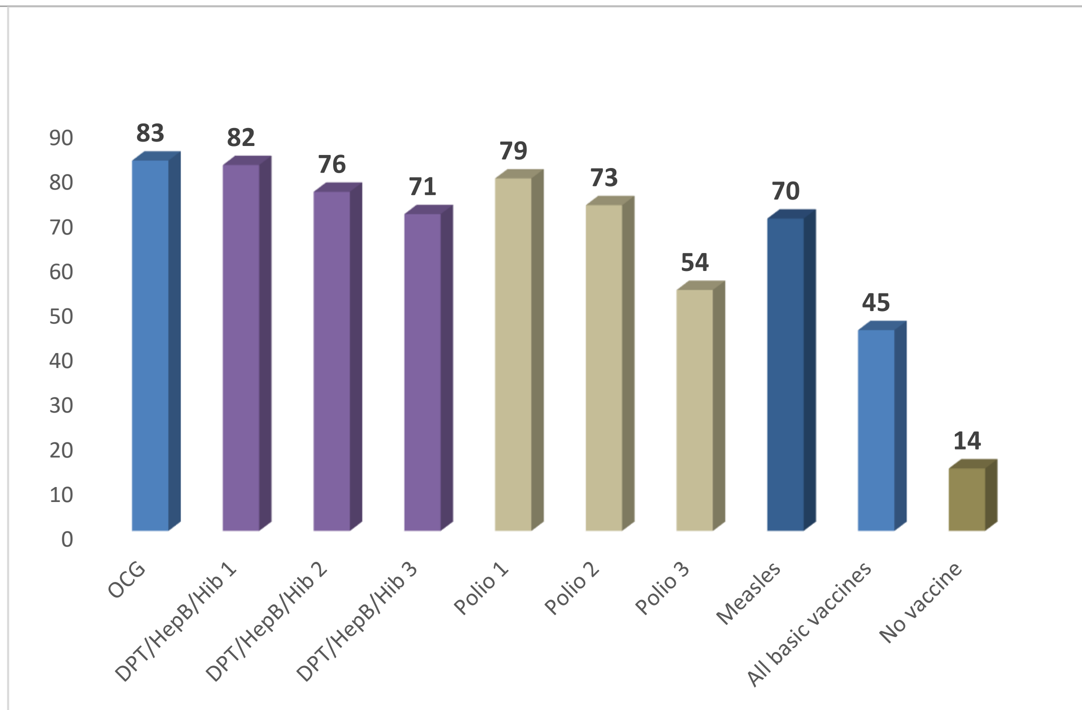


Graph 1: Vaccination coverage (source EDS VI))

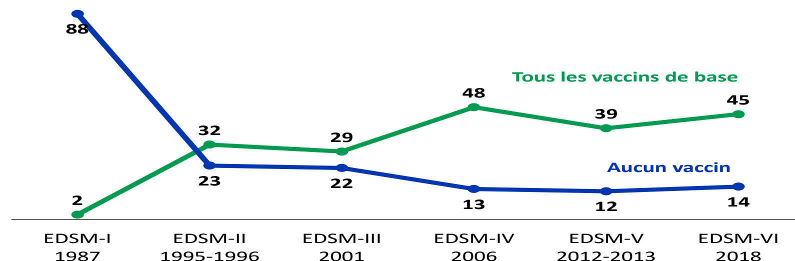


Figure 2: Trends in immunization coverage of children who have received all antigens and those who have not received any vaccine (source EDS VI)

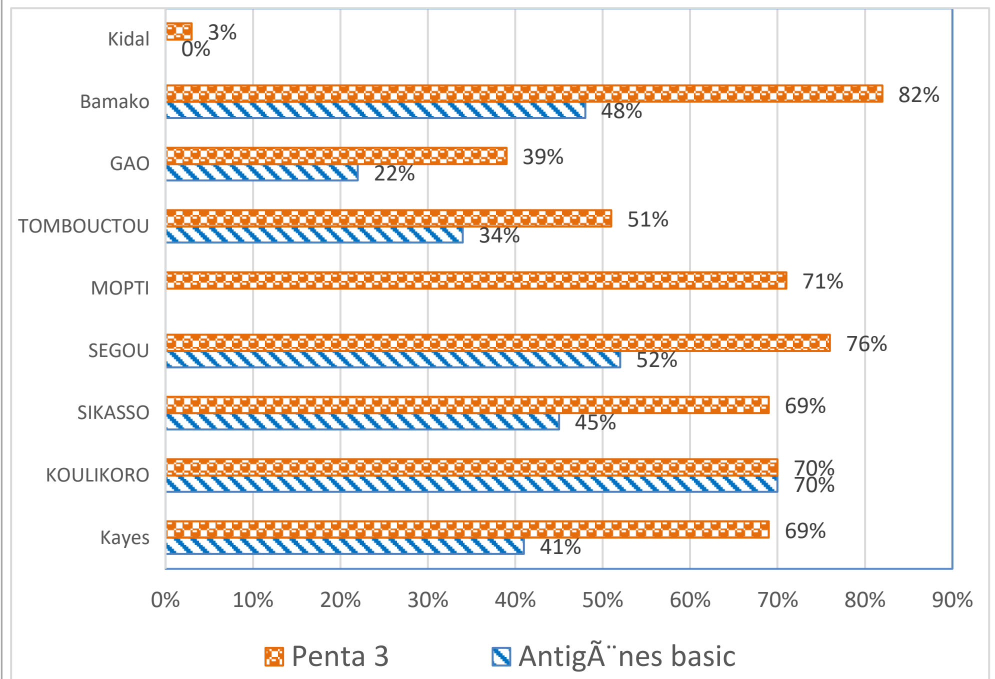
According to data from the EDSVI,2018, analysis of the determinants of vaccine coverage shows that disparities persist according to region, residence environment (rural/urban), mother's or childcare provider's level of education, and socio-economic status. In addition, the last DHS did not note any gender differences, with girls being at the same level of vaccination as boys.

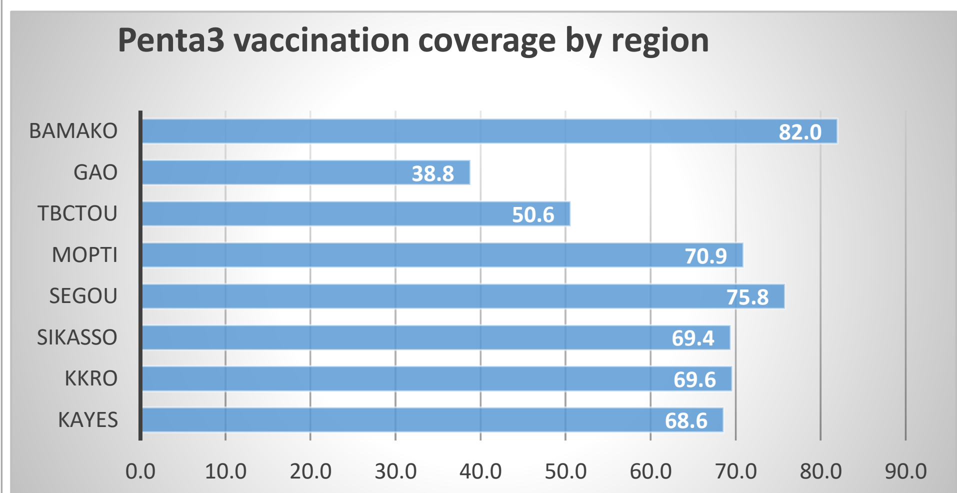
1. **Disparity in vaccination coverage by region**

The coverage rate of different antigens varies considerably between different health regions. Survey data show that the percentage of children who received all basic vaccines was very low in Gao (22%), Timbuktu (34%) and low in Kayes (41%), Sikasso (45%), Bamako (48%) and Koulikoro (48%) regions. Only the Ségou region has reached 1 in 2 children with all basic vaccines (52%).

When it comes to Penta3, Bamako has the best coverage with 82%, followed successively by the regions of Segou (76%), Mopti (71%), Koulikoro (70%), Sikasso (69%) and Kayes (69%). The northern regions reached the lowest rates for Penta3: Timbuktu (51%), Gao

(39%). The t Kidal region could not be surveyed due to insecurity. Similarly, recently created new regions such as the Taoudéni region and the Ménaka region that do not yet have their own enumeration areas were surveyed in the mother regions, particularly the Timbuktu region and the Gao region...





Graph N°3: Penta 3 vaccination coverage by region (source EDS VI)

2. Disparities in coverage by gender

The analysis of vaccination coverage by sex and antigen through the 2018 DHS data does not show significant disparities between boys and girls. For example, the vaccination coverage rate for children who received all the basic vaccines was 44.9% for girls compared to 44.2% for boys. For the pentavalent3, the vaccination coverage rate was 71% for boys compared to 70.4% for girls. The absence of gender-specific barriers to the use of immunisation services in Mali has been evident since the creation of the EPI.

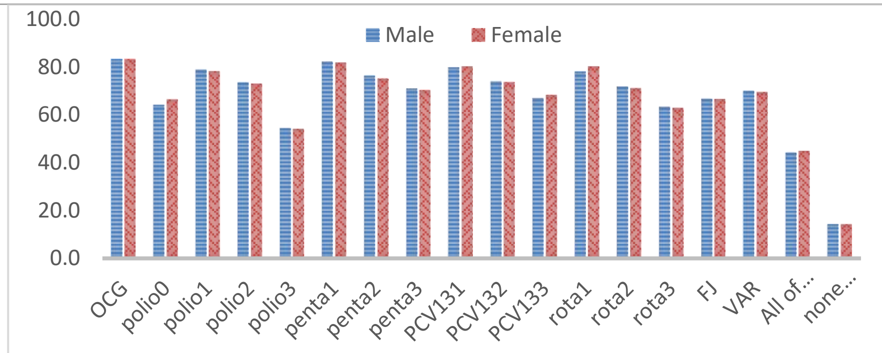


Figure 3: Vaccination coverage by antigen by gender in Mali in 2018 (source DVD-MT)

3. **Disparities in vaccination coverage by residence** (rural or urban)

The gap in immunization coverage between urban and rural areas persists. Indeed, according to the results of EDSM VI, 48% of children living in cities received all basic vaccines compared to 44% of those living in rural areas. In addition, children in other cities (50%) have almost the same chance of being vaccinated with all the basic vaccines as those residing in Bamako (49%).

With regard to vaccination with Penta3, Bamako achieved 82% coverage of children aged 12-23 months compared to 74% for children residing in other cities, 68% of children residing in rural areas... were vaccinated with Penta3 compared to 80% for children residing in urban areas in general.

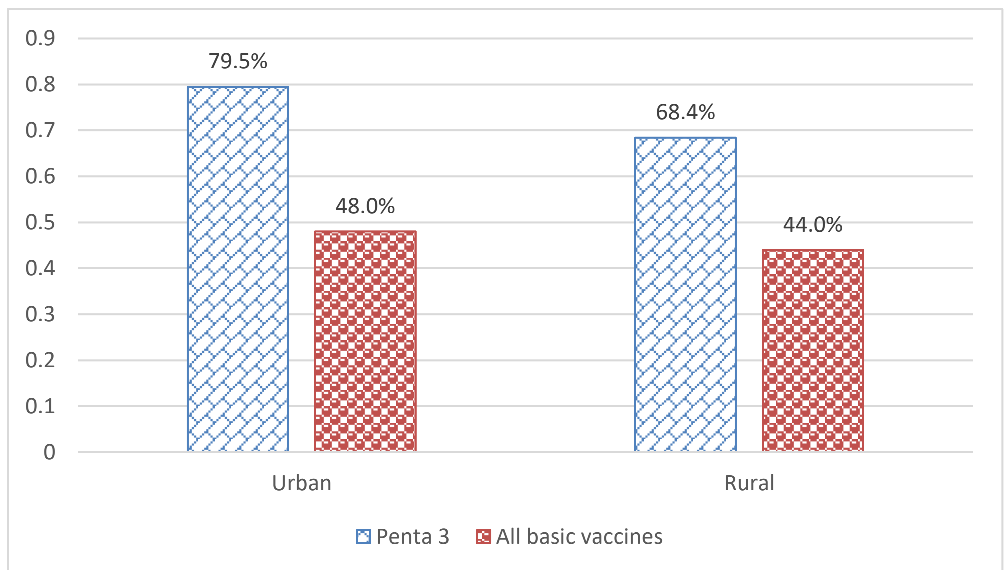
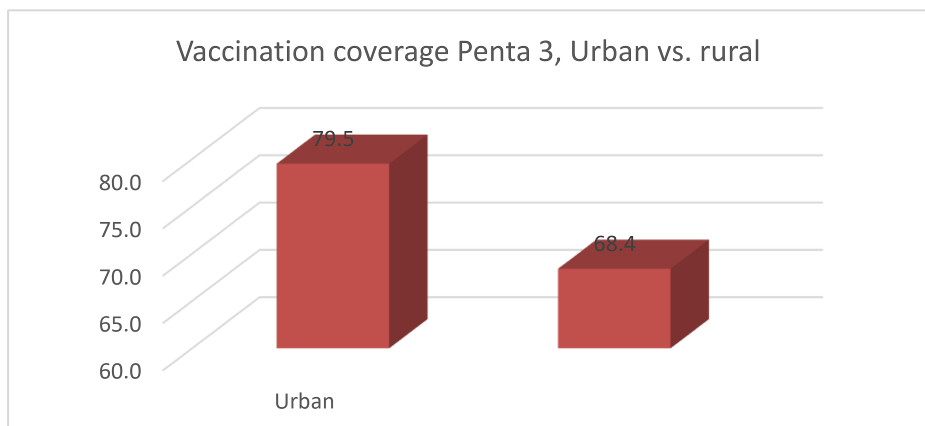


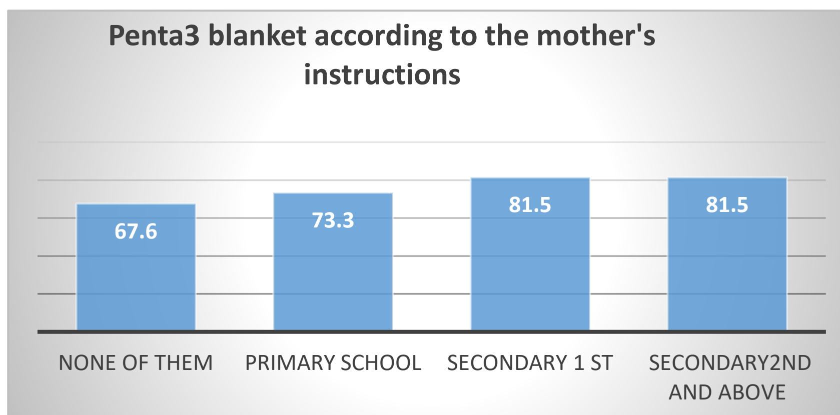
Figure 4: Vaccine coverage (all vaccines and Penta 3) by region (source EDS VI)



Graph N°5: Penta 3 vaccination coverage by place of residence (EDS VI)

4. Disparities in immunization coverage according to the education of the mother or guardian of the child

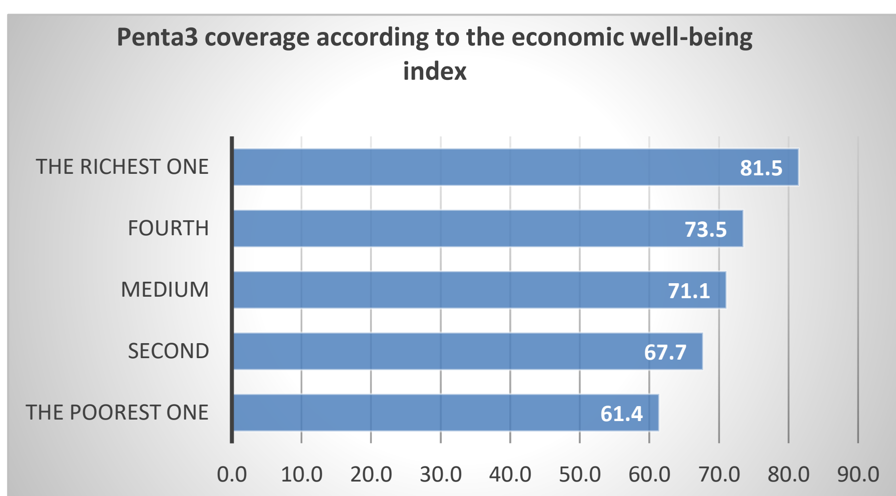
Maternal education, as in the past, remains a key determinant of unequal access to immunization. 49% of children born to mothers with primary or secondary/secondary education received all the basic antigens compared to 43% of children when the mother had never been to school. When it comes to immunization coverage at Penta3, the gap widens further between the proportion (82%) of children born to mothers / guardians of children educated at secondary level and above and those whose mothers have a secondary level of education (73%). The same is true for the proportion of children whose mothers have a primary level of education (73%) and those whose mothers have no education (68%).



Graph N°5 : Vaccination coverage Penta 3 according to the mother's level of education (EDS VI)

5. Disparities in immunization coverage by socio-economic status of parents or guardians

Wealth is a very important factor of inequality in Mali, second only to geographical location (region). According to the EDSVI, nearly 1 in 2 (53%) of the richest households were vaccinated with all basic antigens compared to 1 in 3 (37%) of the poorest households. The same difference can be observed when it comes to Penta 3 coverage: 82% of children from the richest households are vaccinated against 61% when children come from the poorest households. From one quintile level of well-being to the next, the gap in vaccination coverage is widening: vaccination coverage is 74% for the fourth quintile against 71% for the average and 68% for the second.



Graph N°6: Vaccination coverage Penta 3 according to the economic well-being index (EDS VI)

Please briefly indicate whether the objectives of the programme, according to the national multi-year plan (such as the cMYP), were achieved during the year under review. To detail the data provided, countries are strongly

encouraged to include **thermal maps** or equivalent to indicate vaccination coverage trends over time. Examples of such analyses are available in the analysis guidelines for the joint evaluation (available at http://www.gavi.org/support/process/apply/report-renew/)

National coverage targets were achieved by antigens except for ROTA3 and Td2+ in accordance with PPAC 2017-2021 forecasts based on administrative data.

However, as mentioned above, these coverage levels hide the largest number of non-vaccinated children due to the uncontrolled target population (based on the 2009 RGPH) and poor data quality. This is reflected in the EDSVI data, which show a vaccination coverage in Penta3 of 71%, a difference of more than 20% compared to the coverage by administrative data.

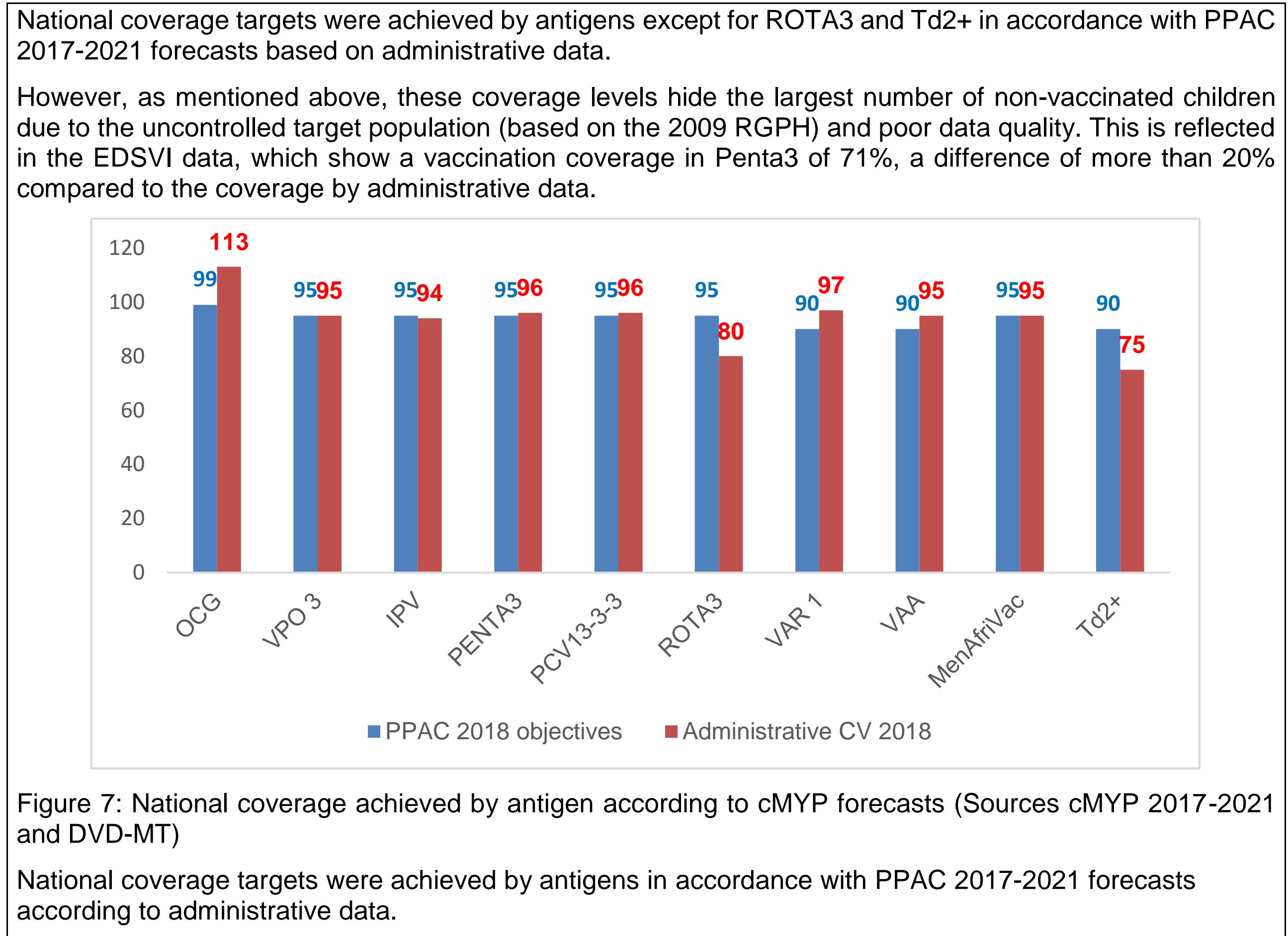


Figure 7: National coverage achieved by antigen according to cMYP forecasts (Sources cMYP 2017-2021 and DVD-MT)

National coverage targets were achieved by antigens in accordance with PPAC 2017-2021 forecasts according to administrative data.

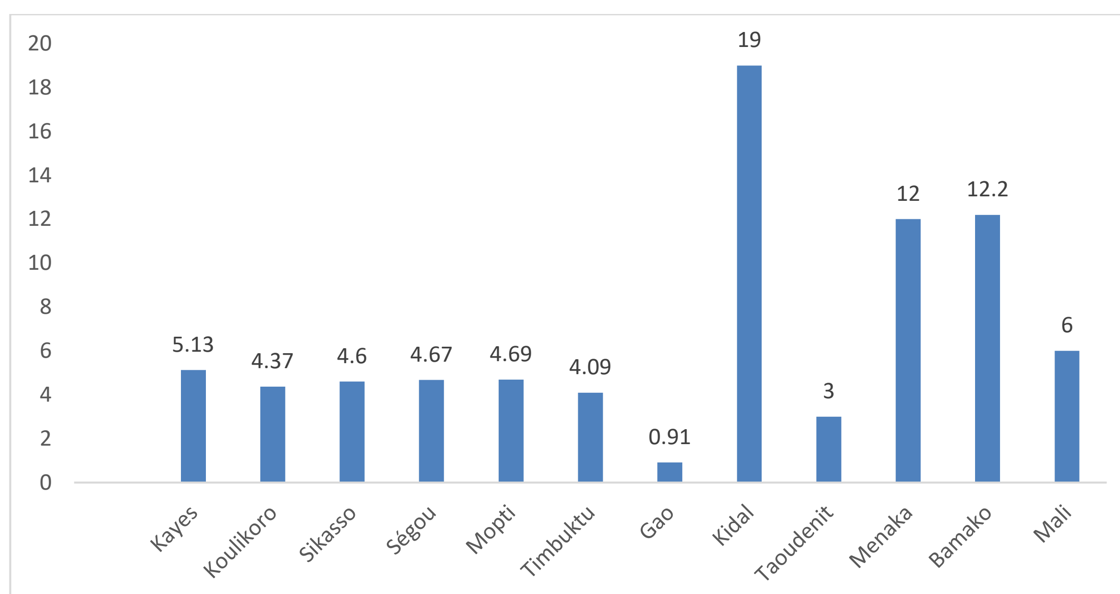
4.2. Main factors for sustainable coverage and equity

Please briefly summarize the health systems and programmes that determine levels of coverage and equity, based on the main areas indicated below, **focusing on developments and changes since the last joint assessment**. For districts/communities identified as having poor performance, explain the evolution of the main barriers to improving coverage and improving programme sustainability[6]. If there are no updates, please indicate the reason.

- **Health personnel:** availability, skills and distribution of health personnel.
    - **Density of health personnel**

Figure 1 presents data on human resources available to the health system, including physicians, nurses, midwives and other skilled health personnel. According to WHO, the standard for the indicator"density of basic medical personnel" per 10,000 inhabitants is 23. In Mali, overall, there are 6 basic health professionals per 10,000 inhabitants. This is considerably below the WHO target.
The Kidal region has the highest value (19 health professionals per 10,000 inhabitants) and the Taoudénit region the lowest (3 health professionals per 10,000 inhabitants).

[6] You can find relevant topics for discussion on specific strategic areas in the Programming Tips, available on the Gavi website at: http://www.gavi.org/support/process/apply/additional-guidance/



Graph N° 8: Personal health status by region (SNIS 2018 annual sources)

- **Staff availability index**

The availability index for health personnel is around 6% at the national level. All regions except Kidal region (29.1%) and Bamako District (12.2%) have an index below the national average. This requires a great deal of effort to raise this index to the desired level.

- **Supply chain: supply chain** integration, planning and forecasting, key results of the latest EVG plan and implementation of the EVG Improvement Plan, as well as progress on the five fundamentals of the supply chain[7]. This section could be documented by the dashboards and tools available, such as the Vaccine Supply Chain Management dashboard, which links the VEM Maturity Scorecard and DISC (Vaccine Supply Chain Dashboard) indicators.

INTEGRATION, PLANNING AND FORECASTING OF SUPPLY

The supply of vaccines and consumables is vertical, not integrated with the supply of other health products except during SIAs coupled with nutrition activities. The current supply system combines push and pull strategies. The push strategy stops at regional and intermediate depots, which are supplied on a quarterly basis by the central depot. The districts in turn come to refuel at their own expense from the regions and intermediate depots, and the CSCom also from the districts. Procurement planning is based on the estimation of requirements through the forecast data generated by the inventory management tool (SMT). A quarterly distribution plan is developed and available for all regional and intermediate depots. This quarterly replenishment plan for the various depots was not respected due to a delay in financing and insufficient rolling logistics (Table I).

Table N° I: Deliveries from June 2018 to December 2018

	Receipts for the period from 1 June to 31 December 2018 in doses of vaccines								
Vaccine	Period of time	June	July	August	Seven	Oct	Nov	Dec.	TOTAL
OCG	Planned	-	-	305,320	-	-	-	-	**305,320**

[7]More information can be found at this address: http://www.gavi.org/support/hss/immunisation-supply-chain/

	Received	-	-	-	305,400	-	-	-	**305,400**
BVPO	Planned	-	-	2,720,000	-	-	-	-	**2,720,000**
	Received	-	-	3,523,360	-	-	-	-	**3,523,360**
IPV	Planned	-	-	-	-	-	-	-	**-**
	Received	202,600	-	-	-	200,000	-	221,100	**623,700**
DTC-Hb-Hib	Planned	-	1,188,250	-	-	-	-	-	**1,188,250**
	Received	-	-	-	-	-	-	-	**-**
PCV-13	Planned	-	1,101,100	-	-	-	-	130,600	**1,231,700**
	Received	-	-	770,400	-	-	-	-	**770,400**
Rotateq	Planned	-	-	-	372,250	-	-	-	**372,250**
	Received	-	150,000	-	-	-	-	185,575	**335,575**
VAR	Planned	-	-	-	-	-	-	-	**-**
	Received	-	-	477,800	734,000	-	-	-	**1,211,800**
VAA	Planned	-	-	-	-	-	-	-	**-**
	Received	164,200	-	-	-	-	-	-	**164,200**
MenA	Planned	481,900	397,000	-	-	-	-	-	**878,900**
	Received	-	-	-	-	-	-	-	**-**
Td	Planned	-	-	550,200	-	-	-	-	**550,200**
	Received	-	-	520,200	-	-	-	-	**520,200**

Table No. II: Deliveries from [1] January to 30 June 2019

Receipts for the period from 1 January to 30 June 2019 in doses of vaccines								
Vaccine	Period of time	Jan	Feb.	March	Apr	May	June	TOTAL
OCG	Planned	-	-	-	-	-	-	**-**
	Received	-	-	-	122,700	-	-	**122,700**
BVPO	Planned	-	178,260	-	868,000	-	-	**1,046,260**
	Received	-	178,260	-	868,000	-	-	**1,046,260**
IPV	Planned	-	-	221,100	-	-	246,900	**468,000**
	Received	-	-	221,100	-	-	246,900	**468,000**
DTC-Hb-Hib	Planned	-	-	612,000	900,000	-	885,000	**2,397,000**
	Received	-	-	612,000	900,000	-	885,000	**2,397,000**
PCV-13	Planned	-	-	1,000,600	130,600	-	-	**1,131,200**
	Received	-	-	1,000,600	130,600	-		**1,131,200**
Rotateq	Planned	-	384,575	78,300	-	420,000	-	**882,875**
	Received	-	384,575	78,300	-	420,000	-	**882,875**
VAR	Planned	-	2,990,500	811,500	688,100	-	-	**4,490,100**

	Received	-	2,990,500	811,500	688,100	-	-	**4,490,100**
VAA	Planned	356,200	139,700	-	-	-	-	**495,900**
	Received	356,200	139,700	-	-	-	-	**495,900**
MenA	Planned	-	397,000	-	-	248,000	-	**645,000**
	Received	-	397,000	-	-	248,000	-	**645,000**
Td	Planned	-	-	-	-	-	-	**-**
	Received	-	-	-	-	-	1,385,000	**1,385,000**

NB: The arrivals of BCG, Td and BVPO vaccines in April are the unplanned emergency orders for the indicated period.

THE MAIN RESULTS OF GEV 2018

Table II: Comparative results by GEV criteria between 2014 and 2018

Level	Year	E1: Vaccine Arrival/Reception	E2: Temperature	E3: Storage capacity	E4: Buildings, equipment, transport	E5: Maintenance	E6: Stock management	E7: Distribution	E8: Vaccine management	E9: GIS, support functions
National (PR)	2014	98%	56%	69%	71%	63%	79%	86%	88%	74%
	2018	63%	81%	88%	85%	87%	79%	70%	93%	83%
	Difference	**-35%**	**25%**	**19%**	**14%**	**24%**	**0%**	**-16%**	**5%**	**9%**
Regional (SN)	2014		59%	76%	67%	73%	81%	57%	96%	83%
	2018		76%	83%	81%	75%	79%	69%	97%	76%
	Difference		**17%**	**7%**	**14%**	**2%**	**-2%**	**12%**	**1%**	**-7%**
District (LD)	2014		81%	75%	69%	69%	74%	64%	94%	65%
	2018		83%	89%	90%	71%	77%	66%	95%	75%
	Difference		**2%**	**14%**	**21%**	**2%**	**3%**	**2%**	**1%**	**10%**
CSCOM (SP)	2014		76%	58%	64%	58%	55%	72%	80%	50%
	2018		84%	90%	95%	74%	73%	52%	90%	86%
	Difference		**8%**	**32%**	**31%**	**16%**	**18%**	**-20%**	**10%**	**36%**

Between 2014 and 2018, there was an overall improvement in the criteria score. At the district level, there was an improvement in all criteria between 2014 and 2018. At the CSCOM level, the same improvement is noted except for criterion E7.
In 2018, the score of the E3, E4 and E8 criteria was above 80% at all levels. Criterion E2 had a score above 80% except at the level of regional depots (76%). Criterion E6 was close to the 80% performance score. Only criteria E1 and E7 had scores below 70%. This situation is explained by the actions carried out with technical and financial partners to strengthen human resources capacity, improve cold chain equipment and improve temperature monitoring of cold chain equipment.

Table N° III: Results by category GEV 2018

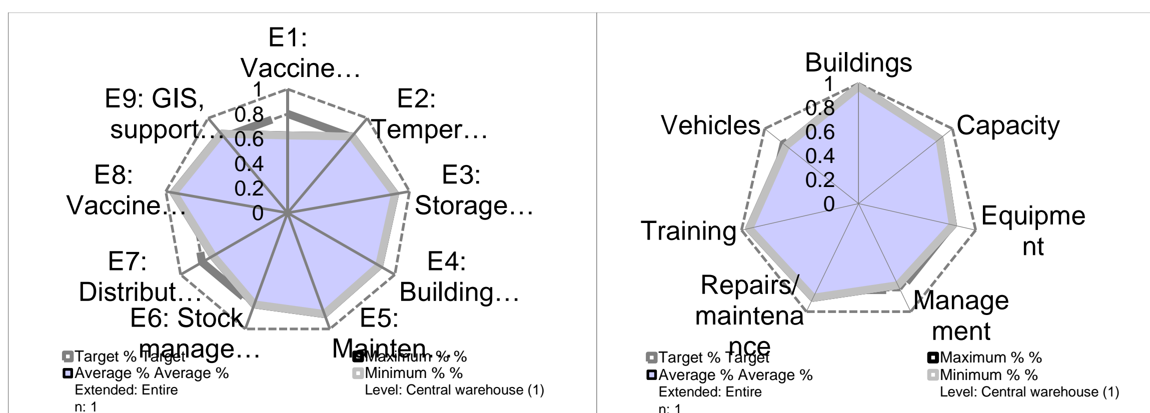
Categories / level	Average country	Central office	Region	District	CSCOM
Buildings	91%	97%	88%	91%	92%
Capacity	89%	86%	81%	88%	94%
Equipment	90%	81%	77%	90%	96%
Management	75%	76%	76%	75%	73%
Repairs/maintenance	73%	87%	75%	71%	74%
Training	98%	93%	99%	97%	99%
Vehicles	41%	77%	81%	64%	

The "buildings", "capacity" and "training" categories reached the average threshold of 80% set at all levels. The management, repair/maintenance and vehicle categories have not reached the 80% threshold at all levels.

Main level : Immunization Section (SI)

At the central level, the criteria score varies from 63% (E1) to 93% (E8). Only criteria E2 (81%), E3 (88%), E4 (85%), E5 (87%), E8 (93%) and E9 (83%) reached the average threshold of 80%.

The categories' scores range from 76% (Management) to 97% (Building). The categories "Building", "Capacity", "Equipment", "Repair/Maintenance" and "Training" achieved an average score of 80%.



Graph N° 8: Results by criteria and category at national level (Source GEV 2018*)*

IMPLEMENTATION STATUS OF THE GEV IMPROVEMENT PLAN IN MALI

⇒ In total, the plan includes 54 activities and each of its activities has been the subject of macro and detailed budgeting in relation to some critical activities.

⇒ Some critical activities have been included in the 2019 OPA to be funded as part of the Health System Strengthening (HSS) being validated;

- **Service delivery and demand generation[8]:** key results related to service quality improvement and community engagement strategies, access, availability and readiness of primary health care/immunization

[8] For advice on how to generate demand, visit https://www.gavi.org/library/gavi-documents/guidelines-and-forms/programming-guidance---demand-generation/

services, integration and cost-effectiveness strategies, demand generation strategies for immunization services, immunization schedules, etc.

- **Provision of services**

The strategy for implementing EPI operations was contextualized by taking into account the context of each region and district.
In the districts with the highest number of unvaccinated children (11 priority districts), the focus was on advanced strategy programming and mobile clinics using the optimized approach.
In urban areas or places of high concentration, appropriate strategies have been implemented, such as vaccination in markets, railway stations, in front of mosques, city slums and on roads leading to the city. Traditionally, urban health facilities did not make advanced outings to provide immunization services. With this new approach, over a 4-month implementation period in the city of Bamako (January-April 2019), 934 newborns were vaccinated against tuberculosis, 826 children under one year of age received their third dose of pentavalent vaccine and 2553 children received measles vaccines.
Vaccination services regularly cover displaced populations, along the river in Macina district and gold panning sites.

Intensification of routine vaccination in areas that have been attacked in the Mopti region.
7 regions carried out quarterly EPI formative supervision from the regions to the health districts and from the districts to the health areas.

In insecure areas such as the central and northern parts of the country, the choice of vaccinators accepted by community groups was highlighted. The use of traditional means of transport such as animal-drawn carts has made it possible to fill the gap created by the restriction of the circulation of motorized vehicles in conflict areas.

All regions and districts of the country benefited from the funding of the HSS2 grant funds for the implementation of these alternative immunization strategies and supervision missions from July to December 2018.

The implementation of the Reaching Every Child (ACE)/Equity in Immunization approach resulted in the updating of action plans in the 11 priority districts between January and March 2019.
This mid-term evaluation (update) carried out in the 11 priority districts focused on key activities, including:

- Strengthening advanced strategies and mobile teams
- Supervision of health areas by health districts;
- The quarterly review of EPI data
- Counting in villages/hamlets in districts
- Strengthening community participation
- The development of the urban vaccination strategy

Strong points
Update of the action plans of the 11 priority districts through a mid-term evaluation
Organisation of quarterly reviews of EPI data and validation of enumeration data
Reduction in the number of children not or incompletely vaccinated.
Pilot study of the urban vaccination strategy in communes I and VI of the District of Bamako.
Existence of some initiatives in urban areas:

- ✓ Reorganization of vaccination services to make them available every working day as was the case in commune VI of the District of Bamako;
- ✓ Installation of vaccination posts at group sites (case of the Yirimadio camp in commune VI)
- ✓ Installation of vaccination posts on the routes of merchant mothers (markets, bus stations, fair days...). This was observed in the Kayes health district

Areas for improvement
Existence of children not covered due to insecurity leading to internal displacement
Insufficient implementation of advanced strategies, mobile team and supervision of health areas related to the application of new partner scale from January 2019.

Generation of demand for vaccination

Demand generation interventions aim to (i) Increase the knowledge of administrative, political, religious and community authorities on routine immunization activities, immunization coverage performance, bottlenecks related to immunization demand, (ii) Engage the various influential actors in promoting and improving immunization performance (iii) mobilize women's and youth groups (from CAFO, CFU, CLJ) to promote the demand for immunization and the search for lost children (iv) set up solid and sustainable accountability platforms to improve the performance of routine EPI immunization coverage.
The main results obtained are:
More than 750 leaders, members of civil society (women and youth), media representatives increased their knowledge on vaccine-preventable diseases, the importance of the vaccination schedule, and the performance of vaccination coverage in their health areas. These leaders decided to make declarations of commitment, accompanied by community action plans, by groups of actors (ASACOs, Neighbourhood leaders, Town halls, DTC, Civil society, Media...), in order to boost the demand for vaccination and the search for lost children in their health district. 13 accountability frameworks in the 13 health districts have been put in place, as evidenced by the prefectoral and/or communal decisions creating committees to monitor these commitments. In addition to this, 290 women and young people from the Health Districts of Bamako 1 and 6 are already in action to search for lost children and promote immunization, through home visits and educational talks, reaching more than 10,000 households to date. These women and young people use the Whatsapp platform (bringing together the CSCOMs, CSRefs, Women and Youth), with the support of the Bamako Regional Directorate of Social Development, to facilitate exchanges, collect testimonies and present difficulties (access to services) and share identified solutions.

control and support to CSOs

CSO support has not been remarkable. None of their activities were carried out in the field to support vaccination. The performance framework is clearly established, but the performance contract remains unsigned by UNICEF.

- **Barriers related to gender inequality faced by carers[9]:** Please indicate the barriers that caregivers face in getting children vaccinated and in planning or implementing interventions (through Gavi or other funds), in facilitating access to vaccination services for women for their children (e.g. flexibility of vaccination services to adapt to women's working hours, women's health education on the importance of vaccination and social mobilization of fathers, the increasing number of women working in the health sector, etc.). NA
- **Data/information system:** Strengths and challenges related to vaccine data (routine data collection and reporting system, integration with the health information system, regular surveys, targeted surveys, data quality, data use, linkages with surveillance systems) at national and subnational levels.

Strong points
The system for collecting and reporting immunization data has undergone many improvements through the implementation of the following actions:

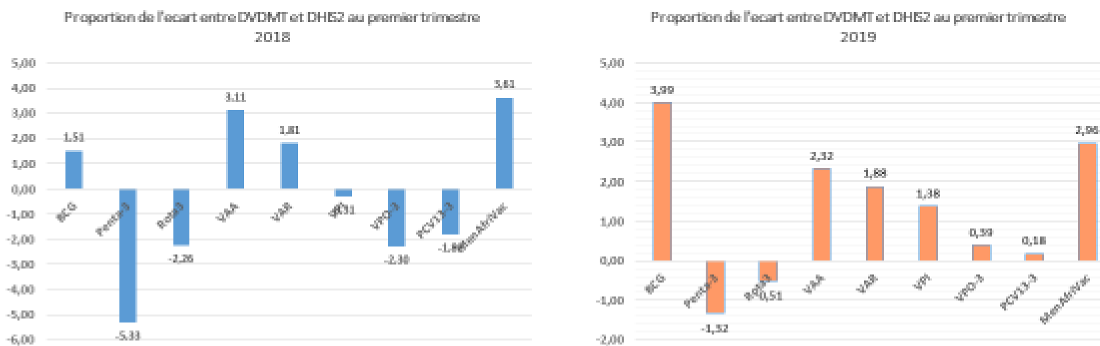
- Review and update of data collection materials by integrating new vaccines
- The configuration of the EPI data elements and indicators in the DHIS2 national health database,
- The entry of vaccination reports by DTPs at the health area level, 98% of which have been trained nowadays and equipped with computers and connection keys,
- Periodic workshops to review immunization data entered in DHIS2 at the district level with DTPs, vaccinators, ASACOs,
- The distribution of regions among DHIS2 administrators formalized by a technical note signed by the National Health Director for data monitoring
- Specific monitoring by data managers at the central level of immunization data with feedback on deficiencies observed (data completeness, outliers)
- The process of migrating the DVD to DHIS2 through the development by WHO of two applications in DHIS2 (WHO Data Quality Tool and Immunisation Analysis) for the analysis of vaccination data and their extraction to the RIM.
- Provision of laptops to all CSCom trained as part of the DHIS2 deployment (98%);
- Provision of laptops to the heads of EPI regional offices

[9] For more program-related tips, visit http://www.gavi.org/support/process/apply/additional-guidance/#gender Barriers related to gender inequality are barriers (to access and use of health services) that arise from social and cultural norms about the roles of men and women. Women often have limited access to health services, and are therefore unable to get their children vaccinated. They may face barriers such as lack of education or decision-making power, low socio-economic status, inability to leave their homes freely, lack of access to medical facilities, negative exchanges with health professionals, lack of involvement of the father in health issues, etc.

- Training of all SIS officers on DHIS2 (at least 4 per health district);
- Allocation of laptops to SIS Chargés of CS Ref;
- Creation of the Data Quality Commission by decision n°913/MSHP/SG of 29/04/2019 of the Ministry of Health and Public Hygiene
- Narrowing of the antigen gap between DVD-MT and DHIS2 data for the first quarters of 2018 and 2019

Réduction des Discordances entre les données de différentes sources 1/3

Evolution des écarts entre données du DVDMT et du DHIS2 aux premiers trimestres 2018 et 2019



Graph N° 9: Proportion of the gap between DVD-MT and DHIS2 in the 1st quarter 2018

Areas for improvement

Despite these remarkable efforts, the collection and reporting of EPI data is experiencing some difficulties, among others:
The existence of multiple multiple collection media (RMA and monthly EPI report) for the same activity, and data compilation source (DVD-MT, DHIS2)
The use of different populations leading to different indicators for the same antigens.

Data discrepancy in the two sources for some health facilities, Non-training of all immunization data managers at central, regional and district level for monitoring and feedback,
Instability of the connection and Internet network coverage of some health facilities,
Lack of power supply for charging computers.

- **Leadership, management and coordination: Drawing** on the results of the programme capacity assessment and/or other evaluations, please describe the main bottlenecks related to the management of the immunization programme. This includes the performance of national/regional/district EPI teams and health teams responsible for managing immunisation (e.g. structural, staff or capacity challenges): use of data for analysis, management and supervision of immunisation services; coordination of planning, forecasting and budgeting, coordination on regulatory aspects, and broader sectoral governance issues.
- **Other critical aspects:** any other identified aspects, for example based on the cMYP, EPI review, coverage and equity assessment, post-introduction evaluation, GEV or any other national plan, or the main results from the available independent evaluation reports[10].

The Technical Coordination of the implementation of the support to the RSSII is ensured by the Planning and Statistics Unit of the Health, Social Development and Family Promotion Sector (CPS/SSDSPF). This coordination is supported by a committee to monitor the implementation of the RSSII Programme set up by decision **N° 2016 - 0035/MSHP-SG of 27 January 2016**. This committee brings together the structures

[10] Where applicable, full country assessments (relevant for Bangladesh, Mozambique, Uganda and Zambia) and technical assistance assessments (conducted for priority countries at EFP Gavi levels 1 and 2).

directly involved in implementation, namely CPS, DGS-HP, DRH, DFM, FENASCOM, Groupe Pivot SP, UNICEF, WHO, USAID.
The monitoring and evaluation of the implementation of the support and in particular the work plan, is carried out through:

- the Monitoring Committee;
- the corresponding performance framework validated with the Gavi technical secretariat;
- the Inter-Agency Coordination Committee;
- joint missions to monitor the implementation of HSS II;
- joint missions and evaluations.

The Programme Management Capacity Assessment (PCM) provides a better assessment of the financial and programmatic management systems of HSS implementing entities.
Pending the strengthening of Mali's technical capacity to properly manage the Gavi grant, UNICEF has been selected to administer RSSII funds.
Faced with the shortcomings noted in the functioning of the ICC, with the technical support of AEDES, a draft regulation of the said committee has been technically validated at Cabinet level.
A meeting of the ICC was held on 21 June 2019 for the political validation of the new ICC format (integration of new members, holding biannual high-level meetings, setting up a permanent secretariat).
With regard to the Advisory Group on Immunization, the members were appointed by decision **No. 2018_001159 MSHP-SG of 08 August 2018.** They were guided by their roles and responsibilities and considered the matter of replacing the Rotateq. A recommendation note was submitted to the firm.

4.3. Financing of immunisation [11]

Please provide a brief overview of the main issues related to the planning, budgeting, allocation, disbursement and implementation of health and immunization funds. Please take into account the following aspects:

- **Availability of timely and accurate information for planning/budgeting (e. g. quantification of vaccine needs** and price data), availability of **annual** and **medium-term immunization operational plans and budgets**, indicating whether they fit into the broader national plan/ budget, their link to micro-planning processes and how they are reflected in national public health financing frameworks.
- **Allocation of sufficient resources in national health budgets for immunization programmes/services**, whether for Gavi or other vaccines, as well as operational and service delivery costs. Explain to what extent the national health plan/budget incorporates these costs, which partners could provide funding for traditional vaccines and any measures taken to increase national resources allocated to immunization. In the event of a co-financing default in the past three years, describe the mitigation measures implemented to avoid any further such default in the future.
- **Timely disbursement and implementation of resources: to** what extent are funds allocated for immunization activities (including immunization and other costs) made available and allocated on time at all levels (e. g. country, provincial, district)?
- **Adequate reporting on** health and immunization financing and reliable information on financing available in a timely manner to improve decision-making.

1. **Availability and accuracy of operational planning and budgeting:**

   - **operational plans and budgets and integration at national level**

- Existence of the operational document POA 2019 (annual operational plan) and strategic document PPAC 2017-2021 (multi-annual plan on 5-year vaccination).
- POA operational planning is part of the multi-year PPAC plan, which in turn is integrated into the strategic axes of PRODESS 3, and the 10-year Health Plan.
- The processes for implementing and monitoring the implementation of the POA are not systematized and coordinated in the absence of a dedicated programmatic monitoring team at this time.

   - **the links between operational plans and micro-planning processes:**

- the national decentralized micro-planning process is not directly linked to the cMYP.

[11] Further information and advice on immunisation financing is available on the Gavi website: https://www.gavi.org/support/process/apply/additional-guidance/#financing

- the processes for implementing microplanning specifically aimed at strengthening coverage and equity in immunization deployed in priority districts since 2017 are linked and integrated with the activities of the annual POA operational plans.

2. Allocation of resources to immunization and new partners:

- The country has always provided funding for traditional vaccines until the end of 2018.
  As of 30/6/19, the country has not yet mobilized its resources, nor has it mobilized the co-financing of new vaccines.

  Reminder of the estimated total cost for 2019 (vaccines and vaccination equipment), with the Gavi share (new vaccines) amounting to $14.6 million, and the government share pending amounting to $3.9 million (integrating traditional and new vaccines).

- As regards the financing of operational costs sent by the State to local authorities (communes) for immunisation, the programme has no visibility on these disbursements.
- As part of its budget support, the World Bank could be a target partner to claim to provide financing for vaccines.

3. Disbursement and timely execution of resources:

- As a reminder, the UNICEF partner is in charge of managing Gavi funds in Mali.
  The disbursement process of these funds is carried out according to 2 levels of operation: at the central level for central immunization activities, UNICEF makes the funds available to the DGS account (General Directorate of Health), these funds will then be disbursed by the DGS to the immunization program.
  At the regional level, the process is carried out directly through the UNICEF area offices, spread throughout the country according to the 5 offices (Gao - Timbuktu - Mopti - Sikasso - and Kayes), which ensure that the funds are made available directly to the entity benefiting from the activity.
- On this disbursement process, the average time transmitted by UNICEF between the receipt of a request and the actual release of funds ranges from 1 week to 10 days on average.
- It appears that the disbursement of funds from the central level from the DGS to the vaccination programme can take up to a week to make these funds available.

4. Adequate reporting

- Annual reports of the PRODESS exist and its financing on the entire health and social development programme, and nevertheless only take into account financing from the central level without producing sufficient visibility of partner countries' financing towards the regional level.
- We are not aware of any reports specifically dedicated to immunization financing.

- **Quantification of needs: Immunization Section ;**
- There is a budgetary chapter in the country's finance law, dedicated to the financing of immunisation. This chapter takes into account the different expenditure lines. These are: staff salaries, equipment/operations, technical supplies, purchase of vaccines, transport costs. These lines are allocated each year according to the evolution of the State budget.

  In 2019, the State budget allocated an amount of **9,292,852,000 CFA francs to** finance immunization, including **3,110,802,000 CFA francs for the** purchase of vaccines. The Malian government has always honoured its commitments to co-finance new vaccines with GAVI. Quotations can often arrive late for payment, to remedy this, it would be preferable to make the quotations available to the Department as early as January of the budget year concerned.
- State budget resources can be mobilized as soon as credits are opened in the first half of the year (January-February) and when the needs of credit administrators are received at all levels of the health pyramid in Mali.

The budget for the health function in 2019 in the Finance Act is 124,489,595,000 CFA francs, including 104,292,148,000 CFA francs for the Ministry of Health. All this financial information is taken from the 2019 Finance Act, which is available on the website of the Ministry of the Economy and Finance.

5. PERFORMANCE OF GAVI SUPPORT

5.1. Performance of Gavi's HSS support (for the countries concerned)

Provide a brief analysis of the performance of Gavi support for HSS during the reporting period.

- **Progress in the implementation of the HSS grant against** objectives, budget and work plan, and significant deviations from plans (e.g. implementation delays, low expenditure rates, etc.), **using the table below**.

Objective 1 Strengthen the supply and demand for quality basic care and vaccination in particular	
Objective of the HSS grant (in accordance with HSS proposals or JSP)	Demand generation interventions aim to (i) Increase the knowledge of administrative, political, religious and community authorities on routine immunization activities, immunization coverage performance, bottlenecks related to immunization demand, (ii) Engage the various influential actors in promoting and improving immunization performance (iii) mobilize women's and youth groups (from CAFO, CFU, CLJ) to promote the demand for immunization and the search for lost children (iv) set up solid and sustainable accountability platforms to improve the performance of routine EPI immunization coverage. The main results obtained are: More than 750 leaders, members of civil society (women and youth), media representatives increased their knowledge on vaccine-preventable diseases, the importance of the vaccination calendar, and the performance of vaccination coverage in their health areas. These leaders decided to make declarations of commitment, accompanied by community action plans, by groups of actors (ASACOs, Neighbourhood leaders, Town halls, DTC, Civil society, Media...), in order to boost the demand for vaccination and the search for lost children in their health district. 13 accountability frameworks in the 13 health districts have been put in place, as evidenced by the prefectoral and/or communal decisions creating committees to monitor these commitments. In addition to this, 290 women and young people from the Health Districts of Bamako 1 and 6 are already in action to search for lost children and promote immunization, through home visits and educational talks, reaching more than 10,000 households to date. These women and young people use the Whatsapp platform (bringing together the CSCOMs, CSReF, Women and Youth), with the support of the Bamako Regional Directorate of Social Development, to facilitate exchanges, collect testimonies and present difficulties (access to services) and share identified solutions. - Supports the advanced strategy in 1,110 CSCOMs and mobile teams in 57 health districts - Supports quarterly formative supervision in 7 out of 11 regions to districts and districts to health areas. - Carrying out vaccination sessions at fixed vaccination posts in markets and peri-urban areas (urban vaccination strategies) - In commune 6 of the District of Bamako, vaccination is effective in the ASCOYIR health area on weekends. From January to June 2019, 354 children were vaccinated in PNTA3 and 241 children in VAR. - Integration of vaccination cards in the expression of EPI support needs at the national level. - Review of CSO contracts with integration of performance indicators. - 11 data reviews conducted in the 11 priority districts in 2018. - Training of 114 relays for the enumeration and active search of the lost to follow-up
Priority geographical/population groups or coverage and equity constraints addressed by the objective	Vaccination in reception centres, gold panning sites.

of activities carried out/ budget usage	Utilization rate is 51% as of June 30, 2019. The rest of the activities are programmed in the reallocation of the HSS2 budget.

Main activities implemented and review of progress in implementation, including key successes and results/ activities not implemented or delayed/ financial absorption	▪ 100% of the 11 priority districts have ACE microplans
	▪ Capacity building for health workers, mayors, and members of ComHAs in planning
	▪ Implementation of the accountability framework in 9 of the priority districts and the 4 other communes of Bamako.
	▪ Capacity building for 750 leaders,
	  ▪ members of civil society (women and youth), for the sensitization and research of non-vaccinated children.
	  ▪ media representatives on communication for immunization
	
	31 health districts were supported by a mobile team in the central and northern regions of Mali
	Implementation of the urban strategy in municipalities 1 and 6 (2/6).
	CSO performance indicators are taken into account in the contracts being finalized.
	
	Continuation of the medicalization of the ComHCs 75 Doctors are at the posts in the regions of : Koulikoro (15), Ségou (7), Mopti (22), Timbuktu (13) and Gao (13).
	
	11 data reviews were conducted in the 11 priority districts.
	There is a failure to carry out supervision in 4 regions towards the health districts and from the districts towards the health areas and from the central level towards the regions.

Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related **changes in technical assistance**)[12]	▪ **CSOS :**
	  ▪ Carrying out vaccination activities in the 55 health areas in the Timbuktu and Taoudénit regions through the diligent signing of CSO contracts.
	▪ **Community involvement in immunization activities**
	  ▪ Implementation of an accountability framework
	▪ **Equity and urban strategies**
	  ▪ Capitalization and documentation of good practices in the 11 priority districts and the urban strategy
	  ▪ Validation of urban strategy and implementation
	Application of the ACE/equity approach in the 12 new priority districts
	The medicalization of the ComHCs has made it possible to reduce evacuations, increase the attendance rate and organize vaccination services.

Objective 2: Ensure accessibility and availability of immunization services in 100% of priority districts	
Objective of the HSS grant (in accordance with HSS proposals or JSP)	
Priority geographical/population groups or coverage and equity constraints addressed by the objective	CSOs did not carry out any activity due to a lack of contract.
of activities carried out/ budget usage	0% for lack of contract signature.
Main activities implemented and review of progress in implementation, including key successes and results/ activities not implemented or delayed/ financial absorption	
Main activities planned for the coming period	Signing of contracts between UNICEF and CSOs**.**

(indicate significant changes/reallocations of the budget and related **changes in technical assistance**)[12]	
Objective 3: Strengthen the monitoring/evaluation system, including the health information system	
Objective of the HSS grant (in accordance with HSS proposals or JSP)	- Signing of the decision to set up the EPI/Monitoring Data Quality Commission; - Elaboration of the roadmap of the data quality commission - Validation of statistical yearbook data in all regions and at national level - Holding of the renunciations (2 ordinary and 1 extraordinary) of the EPI Data Quality Commission/Surveillance; - Improving data collection, analysis and use of results for accuracy - Elaboration of the bulletin for the first quarter of 2019; - Regular monthly analysis of DVDMT and DHIS2 data by the section team reinforced by technical assistants; - Regular feedback to regions, districts and areas on problems identified for correction - Staff skills development: two central level managers (1 from the CPS and 1 from the Immunization Section) benefited from the programme's training on results-based management and performance management. - To strengthen skills in immunization logistics management, 17 EPI managers, including 6 from the central level and 11 from the regions, attended a one-month refresher course at the Institut Régional de sante publique au Benin (LOGIVAC); - Carrying out 07 supervisions of the DRS management teams towards the districts and the districts towards the health areas The process of carrying out the post-campaign measles evaluation is very advanced with the selection of the National Institute of Statistics (INSTAT). The protocol, budget and data collection tools were validated by the technical committee composed of the Immunization Section, UPFIS, WHO, UNICEF and AEDES. As part of the strengthening of the National Health Information System, the CPS/SDSPF, the immunisation section and EPI managers in the health regions have been equipped with computer equipment for data analysis and the use of results for efficient planning of interventions to improve coverage and equity. Indeed, these computer equipment are used to capture data from the national health information system that feeds $DHIS_2$. Districts, regions and the central level have received funds to organize quarterly and annual reviews of EPI data. Minimum activity package (MAP) monitoring has been supported in the northern regions to identify bottlenecks and solutions interventions have been proposed.
Priority geographic/population groups or coverage and equity constraints addressed by the objective	
of activities carried out/ budget usage	52% of the utilization rate the rest of the activities have been programmed in the 2019-2020 reallocation.
Main activities implemented and review of progress in implementation, including key successes and results/ activities	

not implemented or delayed/financial absorption	
Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related **changes in technical assistance**)[12]	- The organization of supervision at all levels (central, regional and district) - Validation of statistical yearbook data in some regions - Evaluation of the EPI and SNIS data quality plan, - The development of the EPI data quality plan and the SNIS - Holding meetings of the EPI Data Quality Commission/monitoring - The realization of the annual DQR - The establishment of data quality groups at regional and district level - The implementation of the post-campaign coverage survey, - The implementation of the routine EPI vaccination coverage survey
Objective 4: Strengthen cold chain capacity and effective vaccine management	
Objective of the HSS grant (in accordance with HSS proposals or JSP)	As part of the strengthening of the cold chain and vaccination logistics, in conjunction with Canada's funding, 10 generators with a capacity of 40 KVA were ordered to compensate for frequent power outages and ensure the continuous operation of cold rooms installed in the regions. In support of mobile vaccination strategies in the vast northern regions, 40 long-acting coolers were purchased. In addition, 600 vaccine carriers were ordered to renew cold chain equipment for advanced and mobile clinical strategies. The following achievements can also be noted: - The installation of 10 cold rooms of 40m3 in the Immunization Section. - The continued installation of refrigerators in the regions - The training of 16 EPI managers from the regions and the central level in LOGIVAC in Benin - The deployment of maintenance technicians in the regions - The provision of spare parts for cold rooms. - The installation of 754 solar refrigerators in the regions and 10 cold rooms of 40m3 at central level - Holding a meeting of the logistics group The following achievements can be noted: - The purchase of fire extinguishers for the benefit of regional cold rooms, intermediate depots and the central level - The reinforcement of storage capacity at central level, in particular the installation of 10 cold rooms of 40m3 each and a 350 KVA emergency generator set acquired with GAVI financing
Priority geographic/population groups or coverage and equity constraints addressed by the objective	Installation of solar refrigerators in all regions

[12] When technical assistance needs are specified, it is not necessary to include elements related to requests in terms of resources. These will be discussed as part of the planning for targeted country assistance (TCA). The planning of the TCA will be documented by the needs identified in the JA. However, technical assistance needs should describe, to the extent then known, the type of assistance required (staff, consultants, training, etc.), the technical assistance provider (main/extended partner), a measure of the assistance required in quantity/duration, its modalities (integrated, subnational, management, etc.) and any relevant deadlines or time frames. JA teams are reminded to adopt a retrospective (technical assistance that has not been provided in full or was ineffective in the past) and prospective (upcoming vaccine introductions, campaigns, major HSS activities, etc.) approach, informing technical assistance priorities for the coming year. The Technical Assistance Support menu is available for reference.

of activities carried out/ budget usage	The utilization rate is 115%. This high rate is due to the underestimation of the costs of generators.
Main activities implemented and review of progress in implementation, including key successes and results/ activities not implemented or delayed/financial absorption	
Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related **changes in technical assistance**)[13]	- The provision of 6 utility trucks for the supply of vaccines and consumables - The functionality of new stores and cold rooms at the central level - The construction of level 2 of the Immunization Section - The continuation of refrigerator and cold room installations
of activities carried out/ budget usage	

Briefly describe, in the box below:

- **Achievements against agreed targets**, as specified in the Grant Performance Framework (GPF), and key results. For example, by comparing the number of supplementary and under-vaccinated children vaccinated in districts receiving support from the SSR grant with other districts not receiving support or national targets. What indicators in the GPF have been achieved/ affected by the activities implemented?
- How can Gavi's support help to mitigate the main factors behind low vaccination rates?
- Does the **selection of activities remain relevant**, realistic and properly prioritized in the light of the analysis of the situation that has been conducted and the financial absorption and implementation rates?
- Planned **budget reallocations** (please attach the revised budget, using the Gavi budget template).
- If applicable, briefly describe how the country's **performance-based funding was** used and its results. What Grant Performance Framework (GPF) indicators will be used to track progress?
- **Complementarity and synergies with the support of other donors** (e.g. Global Fund, Global Finance Facility).
- **Role of public-private partnerships**, including INFUSE initiatives and contributing to the resolution of key factors governing coverage and equity. Please indicate the source (e.g. Gavi RSS, WEP and other donors) and amount of funding.
- **Partnerships with the private sector and INFUSE as** well as key results (e.g. increasing capacity building and demand, improving service delivery and data management) Please provide information on the sources (private sector contribution, Gavi counterpart fund, Gavi main funding - HSS/ WEP) and the amount of funding.
- **Involvement of civil society organizations (CSOs)** in service delivery and funding modality (i.e. whether support is provided by the Gavi HSS or funded by other donors).

The action plan was developed but could not be funded during the period. However, CSOs participated in accountability workshops in the eleven priority districts. They also participated in the coordination of HSS2 activities and microplanning workshops.

5.2. Vaccine support performance

Provide a brief analysis of the performance of Gavi grants, focusing on **recently introduced (last two years**) or expected to be introduced **vaccines**, campaigns, supplementary immunization activities, demonstration programs, MACs and changes in vaccine presentation. This section should include the following information:

[13] When technical assistance needs are specified, it is not necessary to include elements related to requests in terms of resources. These will be discussed as part of the planning for targeted country assistance (TCA). The planning of the TCA will be documented by the needs identified in the JA. However, technical assistance needs should describe, to the extent then known, the type of assistance required (staff, consultants, training, etc.), the technical assistance provider (main/extended partner), a measure of the assistance required in quantity/duration, its modalities (integrated, subnational, management, etc.) and any relevant deadlines or time frames. JA teams are reminded to adopt a retrospective (technical assistance that has not been provided in full or was ineffective in the past) and prospective (upcoming vaccine introductions, campaigns, major HSS activities, etc.) approach, informing technical assistance priorities for the coming year. The Technical Assistance Support menu is available for reference.

- **Vaccine-related issues that may have been identified during vaccine renewals**, such as inventory management issues (overstocking, stock-outs, significant variations in consumption, etc.), wastage rates, target assumptions, annual consumption trend, triangulation of quantification data, etc. and **plans to address them**.
- **Introductions and changes of NVS**: If the country has recently introduced or changed products or the presentation of an existing vaccine, it is requested to highlight the performance (coverage) and lessons to be learned from the introductions/changes, the main implementation problems and the next actions to address them.

Campaigns/ AVS: provide information on recent campaigns (since the last JA) and the main results of the post-campaign survey, including the coverage achieved. If the coverage achieved was low, indicate the reasons. Present other key lessons learned and next actions to address them. If no post-campaign investigation has been conducted, highlight the reasons for the delay and the expected timelines. Are there any important remarks about how the support for operational costs was spent? Explain to what extent the campaign has contributed to strengthening routine immunization, e. g. by identifying children who have not received any doses and lessons learned.

Mali has developed a plan to introduce the 2nd dose of measles vaccine into the routine EPI, in a context of an increase in measles cases in Mali and around the world. This plan was validated by the Inter-Agency Coordination Committee (ICC) at its meeting of 23 February 2018. The main objectives of this plan are: effective measles control and achieving 95% coverage for the first dose of VAR. The Gavi Secretariat accepted this plan after the various responses to the clarifications. The introduction should take place 3 months after the measles monitoring campaign that was conducted from 07 to 13 May 2019. With this in mind, the following activities were carried out: i) Updating of routine EPI materials taking into account the 2nd dose; ii) Expression of needs for the multiplication of EPI materials; iii) Development of a communication plan. Finally, training is planned at all levels in cascade and the introduction is planned for around 15 September 2019.

The Minister of Health and Public Hygiene was informed by the country manager by correspondence on 18 September 2018 of supply constraints concerning the Rotateq vaccine affecting the countries supported by Gavi. In the correspondence it is indicated that Mali will have to change its rotavirus vaccine.
After receiving this information, the country's health authorities instructed the technical committee to review the Rotateq situation at all levels (central, regional, district and benefit point).
The members of the Vaccination Advisory Group worked on the issue of replacing the Rotateq. A recommendation note has been submitted to the cabinet, the choice of country will be notified to the Gavi secretariat no later than 31 July 2019.

Mali successfully organized the national measles vaccination campaign from 7 to 13 May in all regions of Mali. This campaign was prepared by a coordination team composed of five subcommittees: technical, logistics, communication, social mobilization, pharmacovilance and finance. Each sub-commission is composed of the executives of the Ministries of Health, Finance and Social Development, technical and financial partners according to their areas of competence.

Each sub-committee was organised within it with a chairman and a rapporteur. The Main Committee met once a week (Thursday) to review the preparations of each subcommission, which at the end of its meetings provides guidance for the proper conduct of activities. The same subcommittees were set up in all regions and health districts.

Micro-planning workshops were organized in all districts with the support of some regions.

The central level organized a number of activities: training of national and regional trainers, multiplication of campaign materials, implementation of vaccines and consumables, briefing of national supervisors, start-up of supervision teams in the field and coordination of activities with feedback to the regions every day.

At the level of each region, there was training of regional trainers and health districts, coordination meetings chaired by the administrative authorities and supervision of vaccination activities at the district and health area level.

At the level of each health district in the country, there was training for the Technical Directors of the centres (DTCs), vaccinators and volunteers. Provision of vaccines and inputs to health areas, supervision and coordination meetings.

Broadcasting of messages on television, on local radio stations, public criers, volunteers and religious in places of worship (mosques and churches), traditional chiefs, teachers.

Specific supervision of communication activities in the Mopti region.

Strong involvement of the highest authorities of the country witnessed the national launch under the chairmanship of the Prime Minister with the participation of four ministers, the Directors of Central Services of the Ministry of Health and Social Affairs, technical and financial partners (UNICEF, WHO).

Regional launches were chaired by the Governors and district launches by the Circle Prefects.

Preparation of communication materials (printed: posters and banners made of tarpaulin).

Strong community involvement in the activities of the pilot campaign, a local contribution of **CFAF 26,117,100 from** ComHAs, Town Hall, local NGOs and people of good will.

Some shortcomings were reported: (i) the funding of operational costs was not based on the work of microplanning workshops at the district level; (ii) the non-participation of some DRSs in microplanning workshops in the districts; (iii) the application of the new scale, which limited the travel of supervision teams.

Table N°VI: Administrative results: number of children vaccinated by region

Regions	**Target: 9- 59 months**	**Total Children Vaccinated**			**MAPI**	**Doses**
		1 dose and more	**0 dose**	**9-59 months**	**Serious**	**Used**
Kayes	493 844	519 294	10 088	529 382	0	538 609
Koulikoro	605 910	688 307	8 265	696 572	0	710 069
Sikasso	671 449	706 485	9 697	716 182	0	723 183
Ségou	576 579	608 107	6 734	614 841	0	629 668
Mopti	503 820	502 093	14 209	516 302	0	526 267
Timbuktu	167 411	157 074	6 515	163 589	0	167 874
Gao	127 611	130 913	2 566	133 479	0	135 059
Kidal	16 741	13 458	194	13 652	0	14 210
Ménaka	13 927	15 843	610	16 453	0	16 570
Taoudenit	34 167	31 266	2 064	33 330	0	35 460
Bamako	448 385	550 361	3 123	553 484	0	566 606
Mali	**3 659 844**	**3 923 201**	**64 065**	**3 987 266**	**0**	**4 063 575**

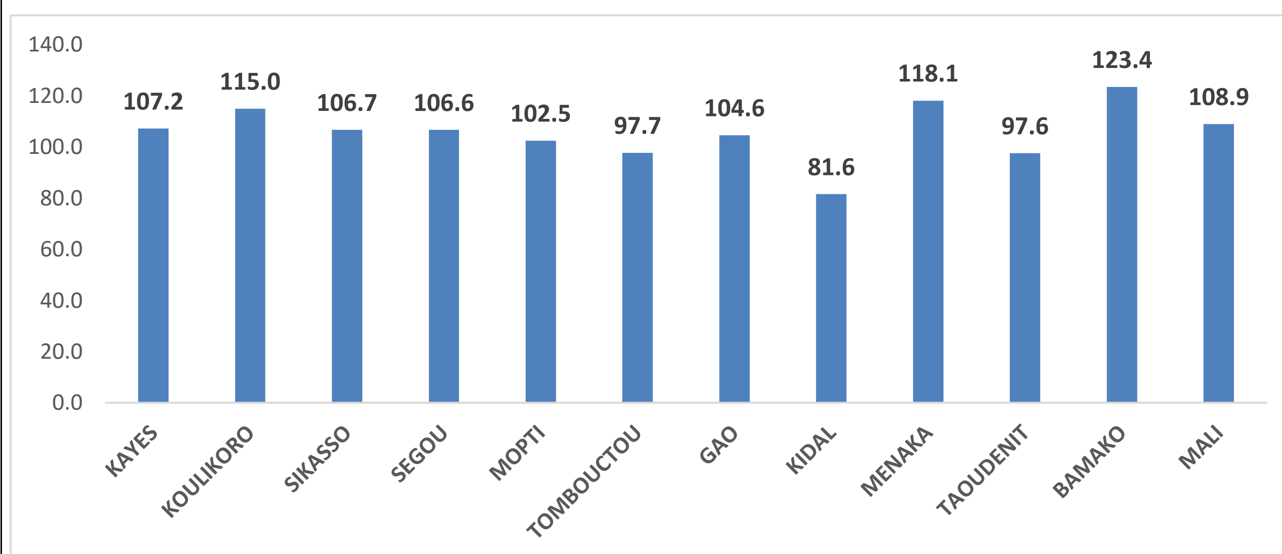
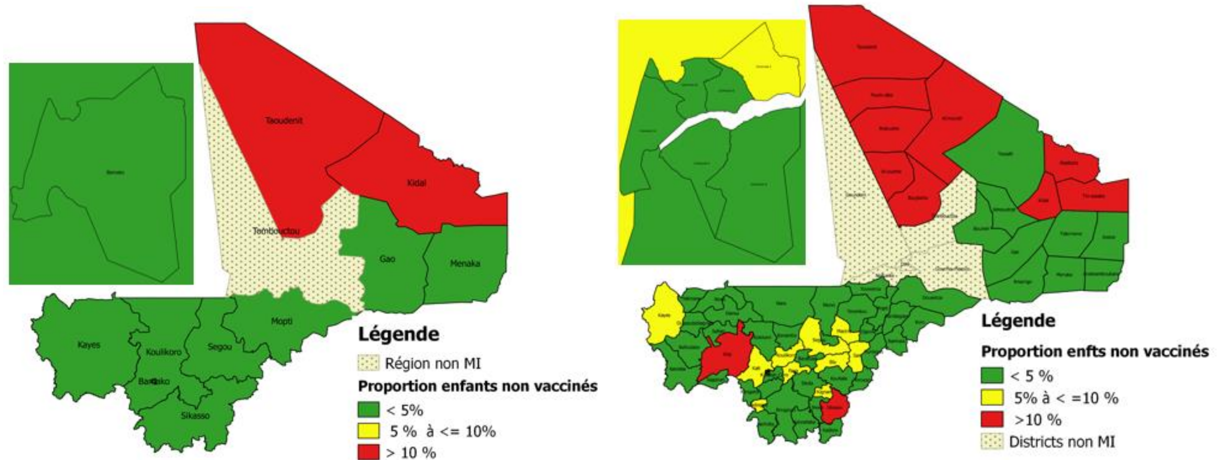


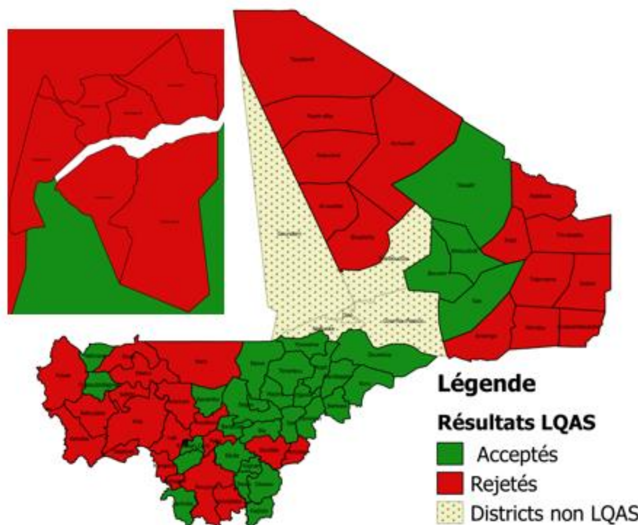
Figure 10: Administrative coverage by region measles vaccination campaign May 2019.

A national vaccination campaign was carried out in April 2018, with 7,904,694 children vaccinated, representing a 106% CV.



Graph N° 11: Results of the independent monitoring of April 2018 NIDs by Health District in MALI.

- Out of 10 regions that carried out the activity, 8 regions, or 80%, have less than 5% of children not vaccinated, 2 regions, or 20% have a proportion of children not vaccinated above 10%.
- Of the 70 health districts monitored, 48 (60.57%) have less than 5% of children not vaccinated; 11 districts (15.72%) have a proportion of children not vaccinated of between 5% and 10%; 11 districts (15.71%) have more than 10% of children not vaccinated.



Out of 70 districts surveyed:

- 31 districts, or 44.29% of which LQAS results accepted
- 39 districts, or 55.71%, have LQAS results rejected

Graph N° 12: Results of the LQAS survey of April 2018 NIDs by Health District in MALI.

- Update the **measles and rubella situation analysis** (using the most recent surveillance and vaccination coverage data for measles, rubella and congenital rubella syndrome at the national and subnational levels[14]) and update the measles and rubella plan over 5 years (e.g. indicating the next dates of introduction of RR and VVR2, follow-up campaigns, etc.).

[14] For more information on the expected measles and rubella analyses, you can consult the JA guidance and analysis document.

Table VII: Monitoring table of the main measles surveillance indicators from January to [1] July 2019 (S 27).

Régions Sanitaires	Population totale 2017	Nbre de districts	Nbre de cas notifiés (cas par cas)	Cas avec éch. Sanguin		Cas avec résultats		Districts ayant investigués		IgM+ Rougeole		Confirmé par lien épid.	Taux d'éruption fébrile non rougeoleuse / 100000 (≥2)	Incidence /10exp6	Nbre Cas Investigués 48heures	% Cas Investigués dans 48heures (>=80%)	IgM+ Rubeole
				Nbre	%	Nbre	% (≥ 80)	Nbre	% (≥80%)	Nbre	%						Nbre
KAYES	2,741,000	10	111	111	100.0%	58	52.3%	10	100.0%	34	58.6%	0	0.9	23.9	111	100%	0
KOULIKORO	3,330,000	10	309	309	100.0%	160	51.8%	10	100.0%	96	60.0%	0	1.9	55.5	309	100%	1
SIKASSO	3,633,000	10	149	149	100.0%	70	47.0%	9	90.0%	34	48.6%	0	1.0	18.0	148	99%	0
SEGOU	3,214,000	8	78	78	100.0%	56	71.8%	8	100.0%	38	67.9%	0	0.6	22.8	78	100%	4
MOPTI	2,799,000	8	59	59	100.0%	17	28.8%	8	100.0%	15	88.2%	0	0.1	10.3	59	100%	0
TOMBOUCTOU	866,582	5	16	16	100.0%	1	6.3%	3	60.0%	0	0.0%	0	0.1	0.0	16	100%	1
TAOUDENIT	51,018	6	0	0	0.0%	0		0	0.0%	0	0.0%	0	0.0	0.0	0	#DIV/0!	0
GAO	487,170	4	45	45	100.0%	24	53.3%	3	75.0%	6	25.0%	0	3.7	24	45	100%	1
MENAKA	76,817	4	9	9	100.0%	1		2	50.0%	1	100.0%	0	0.0	25.1	9	100%	0
KIDAL	93,000	4	16	16	100.0%	16	100.0%	1	25.0%	0	0.0%	0	17.2	0.0	16	100%	0
BAMAKO	2,489,000	6	92	92	100.0%	39	42.4%	5	83.3%	30	76.9%	0	0.4	23.2	92	100%	0
MALI	**19,780,587**	**75**	**884**	**884**	**100.0%**	**442**	**50.0%**	**59**	**78.7%**	**254**	**57.5%**	**0**	**1.0**	**24.7**	**883**	100%	**7**

At week 27, out of 884 reported suspicious cases, all were investigated and collected and 50% of the results are available. Measles IgM was positive for 254 cases (57.5%) and rubella IgM was positive for 7 cases (1.6%). No cases were confirmed by epidemiological link. The rate of non-measles fever eruption is only reached by two regions and not by the national level (1/100,000). Of the 75 districts, 59 (78.7%) reported at least one case with a sample.

- **Describe the main actions in support of Gavi's vaccines in the coming year** (e.g., decisions on vaccine introduction, upcoming applications, planning and implementation of introduction/ campaign measures or decisions to change vaccine product, presentation or programme) **and related changes in technical assistance12.**

Mali proposes to submit the HPV vaccine for introduction into the EPI in 2020 and introduce it in 2021 in accordance with the objective set in its cMYP 2017-2021.

5.3. Performance of support to the POECF in Gavi (for the countries concerned)

If your country receives support for the POECF in Gavi, provide a rapid update of information on the following elements:

- **Performance against** five mandatory POECF indicators and other related intermediate outcomes - achievements against agreed targets, as specified in the Grant Performance Framework (GPF), by analysing successes, problems and solutions to achieve the objectives.
- **Implementation status** (number of equipment/standby facilities installed, user comments on preventive maintenance training, refrigerator efficiency, etc.) including any problems/lessons learned;
- POECF's **contribution** to the performance of the immunization system (e.g., how POECF contributes to improved coverage and equity);
- **Changes in technical assistance during the** implementation of POECF support12.

Note: An inventory of ECFs must accompany the application for renewal of POECF support.

NA

5.4. Financial management performance

Provide a brief review of the financial management performance of Gavi's cash grants (for all cash grants, such as HSS, performance-based funding, vaccine introduction grants, campaign operational cost grants, change grants, transition grants, etc.). Please take into account the following aspects:

- Financial **absorption** and utilization rate of all separately listed Gavi cash support grants[15].
- **Compliance with** financial reporting and audit requirements for each grant (indicating in a separate list the compliance with each cash support grant, as indicated above);
- Status of high priority show stopper actions arising from Grant Management Imperatives and other issues (such as misuse of funds and repayment status) arising from review missions (e.g. audits of Gavi cash programmes, annual external audits, internal audits, etc.)

[15] If, in your country, significant amounts of Gavi grants are managed by partners (e. g. UNICEF and WHO), it is also recommended to review the use of funds by these agencies.

- [16]Financial management **systems**.

Tableau N° VIII: Details of Expenditures by Activity - Office: **Mali**

Outcome / Output / Activity	Incurred Expense		Cash Advances and	Cumulative	
Description	2018	2019	Prepayments	Expenditure	Commitments* Commitments
Outcome 001 OUTCOME[HEALTH]	**95,890.54**	**611,706.28**	**549,051.97**	**1,256,648.79**	**142,911.47**
Output 002 OUPUT 2 - IMMUNIZATION	**95,890.54**	**331,298.13**	**417,837.30**	**845,025.97**	**142,911.47**
Activity 038 2018-19 BKO 2.23. VACCINATION REQUEST	**0.00**	**0.00**	**75,824.24**	**75,824.24**	**0.00**
Transfers and Grants to Counterparts	0.00	0.00	75,824.24	75,824.24	0.00
Activity 039 2018-19 BKO 2.24. C ' ,	**11,520.00**	**37,908.03**	**0.00**	**49,428.03**	**108,441.87**
Supplies and Commodities	0.00	37,906.64	0.00	37,906.64	108,441.87
Transfers and Grants to Counterparts	11,520.00	0.00	0.00	11,520.00	0.00
General Operating + Other Direct Costs	0.00	1.39	0.00	1.39	0.00
Activity 040 2018-19 BKO 2.25. EVIDENCE GENERATION AND POLICY ADVOCACY FOR IMMUNIZATION	**0.00**	**54,773.73**	**5,670.54**	**60,444.27**	**0.00**
Transfers and Grants to Counterparts	0.00	54,773.73	5,670.54	60,444.27	0.00
Activity 041 2018-19 BKO 2.26. VACCINATION OPERATIONS	**0.00**	**7,147.88**	**88,863.46**	**96,011.34**	**0.00**
Transfers and Grants to Counterparts	0.00	7,147.88	88,863.46	96,011.34	0.00
Activity 044 2018-19 BKO 2.29. TECHNICAL	**891.87**	**0.00**	**0.00**	**891.87**	**34,469.60**

[16] If any changes have been made or are planned to the financial management arrangements, please indicate them in this section.

ASSISTANCE - IMMUNIZATION (EXCLUDING ASSISTA						
Contractual Services	0.00	0.00	0.00	0.00		34,469.60
Travel	891.86	0.00	0.00	891.86		0.00
General Operating + Other Direct Costs	0.01	0.00	0.00	0.01		0.00
Activity 045 2018-19 BKO 2.30. OPERATIONAL SUPPORT COSTS (MISSIONS, LOGISTICS,...)	**81,685.79**	**98,521.68**	**0.00**	**180,207.47**		**0.00**
Travel	2,020.61	(1,168.92)	0.00	851.69		0.00
Transfers and Grants to Counterparts	79,665.18	99,690.54	0.00	179,355.72		0.00
General Operating + Other Direct Costs	0.00	0.06	0.00	0.06		0.00
Activity 046 2018-19 SIK 2.31. REQUEST FOR VACCINATION	**0.00**	**0.00**	**14,662.77**	**14,662.77**		**0.00**
Transfers and Grants to Counterparts	0.00	0.00	14,662.77	14,662.77		0.00
Activity 048 2018-19 SIK 2.33. EVIDENCE GENERATION AND POLICY ADVOCACY FOR IMMUNIZATION	**0.00**	**35,466.38**	**20,755.69**	**56,222.07**		**0.00**
Transfers and Grants to Counterparts	0.00	35,466.38	20,755.69	56,222.07		0.00
Activity 049 2018-19 SIK 2.34. VACCINATION OPERATIONS	**0.00**	**0.00**	**12,690.98**	**12,690.98**		**0.00**
Transfers and Grants to Counterparts	0.00	0.00	12,690.98	12,690.98		0.00
Activity 050 2018-19 SIK 2.35. SUPPLEMENTARY MEASLES IMMUNIZATION ACTIVITIES AND	**0.00**	**0.00**	**33,305.65**	**33,305.65**		**0.00**
Transfers and Grants to Counterparts	0.00	0.00	33,305.65	33,305.65		0.00
Activity 053 2018-19 SIK 2.38. OPERATIONAL SUPPORT COSTS (MISSIONS, LOGISTICS,...)	**1,792.88**	**87.77**	**0.00**	**1,880.65**		**0.00**
Travel	1,793.33	87.77	0.00	1,881.10		0.00
General Operating + Other Direct Costs	(0.45)	0.00	0.00	(0.45)		0.00
Activity 060 2018-19 MPTI 2.45. TECHNICAL ASSISTANCE - IMMUNIZATION (EXCLUDING ASSISTANCE	**0.00**	**44,946.70**	**0.00**	**44,946.70**		**0.00**
Transfers and Grants to Counterparts	0.00	44,946.70	0.00	44,946.70		0.00

Activity 063 2018-19 NORTH 2.48. CIATION , INCLUDING THE CHAIN	**0.00**	**0.00**	**19,579.48**	**19,579.48**		**0.00**
Transfers and Grants to Counterparts	0.00	0.00	19,579.48	19,579.48		0.00
Activity 064 2018-19 NORTH 2.49. EVIDENCE GENERATION AND POLICY ADVOCACY FOR IMMUNIZATION	**0.00**	**52,445.96**	**20,774.39**	**73,220.35**		**0.00**
Transfers and Grants to Counterparts	0.00	52,445.96	20,774.39	73,220.35		0.00
Activity 065 2018-19 NORTH 2.50. VACCINATION OPERATIONS	**0.00**	**0.00**	**125,710.10**	**125,710.10**		**0.00**
Transfers and Grants to Counterparts	0.00	0.00	125,710.10	125,710.10		0.00
Output 003 OUTPUT 3 - CHILD HEALTH	**0.00**	**280,408.15**	**131,214.67**	**411,622.82**		**0.00**
Activity 046 2018-19 BKO 3.31. RSS - COMMUNITY HEALTH SYSTEM	**0.00**	**21,327.05**	**0.00**	**21,327.05**		**0.00**
Transfers and Grants to Counterparts	0.00	21,327.05	0.00	21,327.05		0.00
Activity 047 2018-19 BKO 3.32. RSS - POLICY, PLANNING AND GOVERNANCE OF THE	**0.00**	**104,320.96**	**30,926.16**	**135,247.12**		**0.00**
Transfers and Grants to Counterparts	0.00	104,320.96	30,926.16	135,247.12		0.00
Activity 048 2018-19 BKO 3.33. RSS - HEALTH INFORMATION SYSTEMS	**0.00**	**0.00**	**9,886.74**	**9,886.74**		**0.00**
Transfers and Grants to Counterparts	0.00	0.00	9,886.74	9,886.74		0.00
Activity 071 2018-19 MPTI 3.58. RSS - POLICY, PLANNING AND GOVERNANCE OF THE	**0.00**	**72,105.49**	**0.00**	**72,105.49**		**0.00**
Transfers and Grants to Counterparts	0.00	72,105.49	0.00	72,105.49		0.00
Activity 078 2018-19 NORTH 3.71. RSS - POLICY, PLANNING AND GOVERNANCE OF THE	**0.00**	**82,654.65**	**76,935.70**	**159,590.35**		**0.00**
Transfers and Grants to Counterparts	0.00	82,654.65	76,935.70	159,590.35		0.00
Activity 080 2018-19 NORTH 3.73. RSS - REAL-TIME HEALTH MONITORING	**0.00**	**0.00**	**13,466.07**	**13,466.07**		**0.00**
Transfers and Grants to Counterparts	0.00	0.00	13,466.07	13,466.07		0.00
Outcome 880 DEVELOPMENT EFFECTIVENESS AND CROSS SECT	**0.00**	**219,538.27**	**0.00**	**219,538.27**		**0.00**

Output 003 SME	**0.00**	**49,776.28**	**0.00**	**49,776.28**	**0.00**
Activity 039 2018-19 - HACT	**0.00**	**27,457.00**	**0.00**	**27,457.00**	**0.00**
Contractual Services	0.00	13,030.00	0.00	13,030.00	0.00
General Operating + Other Direct Costs	0.00	14,427.00	0.00	14,427.00	0.00
Activity 041 2018-19 - TECHNICAL ASSISTANCE	**0.00**	**22,319.28**	**0.00**	**22,319.28**	**0.00**
Staff and Other Personnel Costs	0.00	20,842.90	0.00	20,842.90	0.00
General Operating + Other Direct Costs	0.00	1,476.38	0.00	1,476.38	0.00
Output 008 OPERATIONS SUPPORT TO THE PROGRAM DELIVERY	**0.00**	**169,761.99**	**0.00**	**169,761.99**	**0.00**
Activity 002[2018-19] BKO POST COST OPERATIONS SUPPORT TO THE DELIVERY PROGRAM	**0.00**	**124,740.58**	**0.00**	**124,740.58**	**0.00**
Staff and Other Personnel Costs	0.00	121,898.77	0.00	121,898.77	0.00
General Operating + Other Direct Costs	0.00	2,841.81	0.00	2,841.81	0.00
Activity 003[2018-19] BZ POST COST - OPERATIONS SUPPORT TO PROGRAMME DELIVERY	**0.00**	**45,021.41**	**0.00**	**45,021.41**	**0.00**
Staff and Other Personnel Costs	0.00	41,272.26	0.00	41,272.26	0.00
General Operating + Other Direct Costs	0.00	3,749.15	0.00	3,749.15	0.00
Total Programmable Cost	**95,890.54**	**831,244.55**	**549,051.97**	**1,476,187.06**	**142,911.47**
Indirect support cost 5%	4,794.53	41,562.23	27,452.60	73,809.35	
Total Total	**100,685.07**	**872,806.78**	**576,504.57**	**1,549,996.41**	

5.5. Monitoring of the transition plan (applies if the country is in an accelerated transition phase)

If your country is in transition to end Gavi's support, please specify whether it has a transition plan in place. In the absence of a transition plan, please describe the plans necessary to develop one or more actions to prepare for the transition.

- If a transition plan has been put in place, please provide a brief overview of the following:
  - Progress in the implementation of planned activities;
  - Implementation bottlenecks and corrective measures;
  - Timeliness: are activities being carried out on time or postponed and, if postponed, please indicate the expected completion date;
  - Transition Grant: Please specify and explain the significant changes proposed for the activities funded by Gavi through the transition grant (e.g., abandoning an activity, adding a new activity or changing the content/budget of an activity);
  - If changes are required, submit a revised consolidated version of the transition plan.

NA

5.6. Technical Assistance (TA) (Progress made in the current targeted country assistance plan)

- Describe the strategic approach to providing technical assistance to improve coverage and equity, with the aim of reaching under- and unvaccinated children (e.g. integrated support, subnational support, support for extended partners, etc.)
- On the basis of reports on the stages and functions of the EFP, provide a summary of partners' progress in providing technical assistance.
- Highlight the progress and challenges related to the implementation of the targeted assistance plan in the country.
- Indicate any amendments/changes to the technical assistance you are currently planning for the remainder of the year.

Needs not covered by vaccination have been increasing in recent years, especially in a context of insecurity in the country. To address this situation, an approach called "Reaching Every Child/Equity in Immunization" was developed in 2018 in 11 priority districts and then in 12 other districts of the country in 2019. Decentralized technical assistance in these 23 priority districts must be provided to reach under- and unvaccinated children.

- In 2018, decentralized technical assistance through UNICEF in 11 priority districts contributed to an 8% increase in the number of children vaccinated between 2017 and 2018
- In the field of cold chain logistics, the EPI received technical assistance from WHO in carrying out the survey on Effective Vaccine Management (EVM).
- As part of improving data quality, WHO support has enabled the establishment of the Data Quality Group
- In the field of programme management, technical assistance from AEDES has made it possible to restructure the ICC
- Technical assistance was provided by WHO for the guidance and establishment of the office of the Technical Advisory Group on Immunization (TAGI).
- In the area of coordination with partners and institutional strengthening of the Immunization Section, the EPI received support from Dalberg
- In the area of communication and social mobilization, accountability workshops are ongoing in priority districts through UNICEF C4D technical assistance.

Shortcomings were noted in the implementation of this targeted assistance plan in the country. These include, among others:

- The low coordination meeting with national TAs on the one hand and the absence of coordination meetings with decentralised TAs on the other hand;
- The absence of a plan for the transfer of competences from decentralised TAs;
- The lack of clarity in the Tdrs of some TAs
- The non-involvement of the EPI in the TA selection process
- Lack of follow-up/supervision of TA

In order to improve vaccination coverage while reducing the number of unvaccinated or under-vaccinated children, the EPI suggests the continuity of certain technical assistance in the following areas

- Coverage and equity: decentralized technical assistance in each of the 23 priority districts
- Improving data quality
- CSOs: an TA to continue capacity building
- NITAG: ad hoc technical assistance is needed to strengthen their capacity
- In the context of the reform of the health system under way, especially with the establishment of the immunization section as a National Immunization Centre, technical assistance must be directed mainly towards institutional strengthening of the CNI, leadership and management.

To ensure the visibility of this support for the EPI, concrete actions must be taken, including
the establishment of a coordination mechanism between the EPI and TAs through monthly meetings for national TAs and quarterly meetings for decentralised TAs
The provision of a competence transfer plan for all TAs
The involvement of the EPI in the TA selection process
Monitoring / supervision of decentralised TA

6. UPDATE OF THE RESULTS OF THE PREVIOUS JOINT EVALUATION

Provide the status of the prioritized strategic actions identified in the previous joint assessment[17] and any other significant recommendations of the Independent Review Committee or High Level Review Panel (if applicable).

Prioritized actions from the previous joint evaluation	**Current status**
1. Implement the ACE/Equity approach in 11 priority districts and scaling up in 12 new districts;	The ACE/Equity approach is underway in the 11 priority districts, the 12 new districts have been selected
2. Reorganize immunization services to make them available every working day.	Vaccination is carried out every working day with all antigens in all the Communes of the District of Bamako with the particularity of the ASACOYIR health area (Commune 6) which vaccinates every day even at weekends.
3. Develop and implement the urban immunization strategy	A document of the urban immunization strategy is available, there remains the validation which is scheduled for the 2nd week of August 2019.
4. Continue the partnership with CSOs and local NGOs to carry out immunization activities.	The indicators have been updated, the contract signing process between CSOs and UNICEF is being completed.
5. Make the DHIS2 transition plan for the EPI operational.	A data quality group is created by decision N°000913 MSHP/SG of 24 April 2019, the request for the training of EPI officers is being processed at UNICEF. A roadmap for the data quality group has been developed. All managers of the EPI regional offices received a laptop computer.
Significant additional IRC/HLRP recommendations (if any)	**Current status**

If the results have not been addressed and/or actions following these results have not been implemented, please provide a brief explanation and clarify whether they will be considered as priorities in the new action plan (see section 7 below).

7. ACTION PLAN: SUMMARY OF RESULTS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT EVALUATION

Briefly summarize the **main activities to be implemented next year with the** Gavi grant, including, where applicable, any **introduction of** vaccines for which the application has already been approved, preparation of **new applications**, preparation of **investment applications for** other vaccines and/or plans for HSS and POECF grants, etc.

As part of these planned activities, and based on the analyses provided in the previous sections, please describe the five **main priority findings and actions to be implemented in order to improve the impact of Gavi's support or to mitigate future risks that may affect the performance of the programme and grants**.

Please indicate if any **changes to** the support of Gavi will be required (indicating the rationale and main changes), such as :

- Changes to the country's targets, as previously established, either as part of the Grant Performance Framework (GPF) or as part of the SVN renewal application submitted on May 15;
- Plans to modify any presentation or type of vaccine;
- Plans to use available opportunities to reallocate budgeted funds to focus on identified priority areas.

[17] Please refer to the section "Prioritization of country needs" in the previous year's Joint Assessment Report

Overview of the main activities planned for next year and changes to Gavi's support required:
Axis 1: Service offer and demand generation, coverage and equity, communication and social mobilization:

- Train officials responsible for effective vaccine management
- Set up a mechanism for reporting activity reports from the operational level to the national level (Dropbox, email, etc.)
- Establish and facilitate immunization support groups at the community level (integrated into the GSAN and birth registration)

Strategy in insecure areas

- Negotiate with influential people in insecure areas for the implementation of vaccination and primary health care activities
- Involve village headmen/tribes/fractions in vaccination activities;
- Strengthen partnership with CSOs and local and international NGOs to carry out immunization activities
- Adapt the exit schedule of vaccination teams to the migratory movements of populations.
- Continuation of in-depth equity analysis in non-priority districts
- Consolidate achievements in terms of performance for districts

Axis 2: Coverage and equity: improving data. Production of all analyses, immunization information system status (including DHIS2 transition), implementation of data improvement plan, implementation status of 11 micro plans. Points on the 12 new priority districts

- Establish data quality committees at all levels
- Hold regular coordination committees and share decisions
- Send meeting reports to different levels
- Develop a reference frame of reference for the enumeration
- Organize the counting of EPI targets in priority districts
- Distribute the bulletin one week after its validation by the Data Quality Committee
- Reinforce the supply of collection media
- Carry out an evaluation of the EPI's strategic plan for data quality improvement.
- Develop a new data quality plan
- Implement the ACE/Equity approach in the 12 new priority districts

Axis 3: Vaccines: Transport, Distribution, Inventory Management, VEM Implementation, Information Management (SIGL)

- High-level advocacy for the fulfilment of State commitments
- Commitment at the highest level to mobilize funds from the supply line
- Supply chain optimization and redesign
- Provide the Immunization Section (2) and 4 regions with utility trucks,
- Take charge of the financing of the 2nd level of the Immunization Section
- Conduct a study on cold chain optimization
- Organize a workshop to develop and validate standard operating procedures covering the 9 GEV criteria
- Set up a supply system for the regions of the nor den vaccine.
- Ensure regular vehicle maintenance
- Involve civil society, communities and administration in monitoring vaccine supply
- Diligence the mobilization of funds for the maintenance of ECDFs
- Review supervision tools
- Train officers on formative supervision
- Develop and implement a training plan for agents
- Ensure regular supervision at all levels
- Select a tool and develop an implementation plan for SIGL
- Formalize the creation of the logistics group at the central level;

Axis 4: Governance Financing:

- Provide the entire package (draft law, decree and implementing decree to the directors at the same time accompanied by a guidance note),
- Strengthening human resources
- Accelerate the process of creating the National Immunization Center at the MSAS level

- Hold monthly coordination meetings with TFPs
- Propose a plan to emerge from the crisis at the new scale
- Hold a quarterly coordination meeting with the DRS in turn with the EPI components
- Reply to Gavi on the recommendation note for the replacement of the Rotateq,
- Remind the Gavi Secretariat of the problems that are on the filling of the cdf
- Sign the contract with CSOs
- Codify the planning tool by activity and by TFP

This table builds on the previous sections of the joint evaluation and summarizes the main conclusions and agreed actions, as well as the necessary resources and support, such as technical assistance needs[18].

Main result/ action 1	Strengthen partnership with CSOs and local and international NGOs to carry out immunization activities
Current reaction	- The indicators have been updated - The contract signing process between CSOs and UNICEF is being completed.
Agreed country actions	- Signing contracts with CSOs - The use of health clusters at the regional level to improve the coordination of vaccination activities.
Expected outputs/ results	57679 people are reached through awareness activities in the 55 health areas concerned. Children aged 0-23 months and pregnant women in the 55 health areas of Timbuktu and Taoudéni regions receive routine EPI antigens
Associated calendar	June 2020
Resources/ support and technical assistance required	UNICEF, GAVI support
Main result/ action 2	- Implement the ACE/Equity approach in the 12 new priority districts
Current reaction	Identification of the 12 priority districts
Agreed country actions	- Capitalization and documentation of good practices in the 11 priority districts - The organization of microplanning workshops - Development of action plans - Implementation of action plans
Expected outputs/ results	- At least 80% of the planned activities of the 12 priority districts are implemented. - Documentation and capitalisation of the vouchers in the 11 priority districts are carried out.
Associated calendar	June 2020
Resources/ support and technical assistance required	Resources from ComHAs, Communities, NGOs, GAVI support, UNICEF

Based on the action plan above, please provide information on any request for a specific innovation or technology that can be met by private sector entities or new innovative entrepreneurs.

[18] The needs identified in the joint evaluation will inform the planning of targeted assistance in Canada. However, when technical assistance needs are specified, it is not necessary to include elements related to requests in terms of resources. These will be discussed as part of the planning for targeted country assistance (TCA). However, technical assistance needs should describe, to the extent then known, the type of assistance required (staff, consultants, training, etc.), the technical assistance provider (main/extended partner), a measure of the assistance required in quantity/duration, its modalities (integrated, subnational, management, etc.) and any relevant deadlines or time frames. The Technical Assistance Support menu is available for reference.

Main result/ action 3	Carry out an evaluation of the EPI's strategic plan for data quality improvement.
Current reaction	Existence of a strategic plan to improve data quality that expires at the end of 2019.
Agreed country actions	Evaluation of the strategic plan to improve data quality 2016-2019 Elaboration of the new 2021-2023 plan.
Expected outputs/ results	- The evaluation report of the strategic plan for improving data quality is available. - The new 2020-2023 is available
Associated calendar	June 2020
Resources/ support and technical assistance required	State, WHO, UNICEF, AEDES, GAVI support

Main result/ action 4	Accelerate the process of creating the National Immunization Center at the MSAS level
Current reaction	Validation of texts at an extended cabinet meeting Transmission of texts to the CDI
Agreed country actions	Adoption of the creative texts by the deputies.
Expected outputs/ results	The creation of the CNI.
Associated calendar	June 2020.
Resources/ support and technical assistance required	State/GAVI

Main result/ action 5	Set up a system to supply the northern regions with vaccines and consumables.
Current reaction	Existence of an informal circuit (third parties proposed by the DRS).
Agreed country actions	Advocate for DRS at the level of humanitarian action coordination clusters for the supply of vaccines and consumables.
Expected outputs/ results	Availability of all antigens and consumables in the northern regions on a full-time basis.
Associated calendar	June 2020
Resources/ support and technical assistance required	State/WHO/UNICEF/Humanitarian

8. JOINT ASSESSMENT PROCESS, APPROVAL BY THE NATIONAL COORDINATION FORUM (CCIA, CCSS OR EQUIVALENT) AND ADDITIONAL COMMENTS

- Does the National Coordination Forum (ICC/CCSS or equivalent body) meet Gavi's requirements (please see http://www.gavi.org/support/coordination/ for requirements)?
- Briefly describe how the joint assessment was reviewed, discussed and approved for the relevant National Coordination Forum (ICC, ICC or equivalent), including the main discussion points, participants, main recommendations and decisions and whether a quorum was reached. Alternatively, attach the minutes of the meeting highlighting these points.
- If applicable, provide any additional comments from the Ministry of Health, Gavi Alliance partners or other stakeholders.

The joint assessment began with the document review, the drafting of the report draff and the development of the mission agenda by the national party. All these elements were sent to all participants one week before the mission's arrival. During the evaluation we carried out by:

- ✓ Courtesy visits to UNICEF as soon as the mission arrives Monday afternoon;
- ✓ The introduction of the mission to the Director General of Health and Public Hygiene
- ✓ Courtesy visit to the WHO Representative

Presentations on the performance review and expectations for this joint evaluation, presentation on the EPI (results/accomplishments, constraints and perspectives, progress on the 11 priority districts), presentation of the cold chain GAPs and implementation of the 2018 GEV improvement plan and relevance CCEOP application brief presentation by CSOs on the non-signature of their contract, status of programmatic and financial implementation (RSSII balances), including an update on the implementation of equity and urban strategy micro plans, presentation of the

various technical assistance programmes (AEDES, Dalberg, WHO and UNICEF), presentation by Gavi of the new TCA format, constitution of group work along the lines mentioned above, holding plenary sessions. During the courtesy visit to the Secretary General of the Ministry of Health and Social Affairs were discussed, namely:

- ✓ Delay Vaccine financing (co-financing and purchase of traditional vaccines)
- ✓ Low level of financial implementation linked to the new scale of the TFP Group
- ✓ Notification of the choice to replace the Rotateq
- ✓ Erection of the IS in the EPI Directorate (CNI)

In response, the Secretary General assured that urgent measures will be taken to accelerate the process of payment of the State's share at the level of the Public Treasury. With regard to the new scale, the Secretary General of the Ministry of Health and Social Affairs requested the personal involvement of the Minister.
The Draft text for the creation of the EPI Directorate was validated by an extended cabinet meeting and then forwarded to the CDI for Visa.
The final steps in this process were the return of the results to the Cabinet under the chairmanship of SEGAL and the finalization of the report.

Table No. IX: TA/Future Needs July 2020 June 2021

Programmatic area requiring support	Activities requiring support in 2020	Partner in charge
Coverage & equity support	C&E support at the decentralized level at the level of priority districts Support for urban strategy Documentation of good practices Support for conflict zone strategy?	UNICEF
Data quality and monitoring	Strengthening data quality at the central level Pharmacovigilance AT requirement	WHO CDC
Support for specific vaccines	Evaluation of the introduction of the 2nd dose of VAR	WHO
Supply Chain / Logistics	Logistics support (SIGL; GEV self-assessment)	UNICEF
Demand generation	Community engagement Support for the governance of the ASACOs	UNICEF WHO
Program Management - General Support	A technical assistant in charge of: Support for the preparation of the external review of the EPI Development of new cMYP Support for the RSS application (JSP)	WHO
Programme management - Financial support	Support for financial management capacity building in the context of the EPI reform	UNICEF _OTHER
Leadership, Management and Coordination	Institutional strengthening in the context of the implementation of the reform Support for the coordination of partners / with the EPI	WHO

9. APPENDIX: Compliance with Gavi's reporting requirements

Please confirm the status of the reports to Gavi, indicating whether the following reports have been uploaded to the Country Portal. **Please note that, in the event that the main reporting requirements (marked with an *) are not met, Gavi support will not be evaluated for renewal.**

	Yes	No	Not applicable
Year-end stock level report (to be submitted by 31 March)*			
Grant Performance Framework (GPF)* Reports on all mandatory indicators			
Financial reports*			
Periodic financial reports			
Annual financial statement			
Annual financial audit report			
Campaign reports*			
Technical report on supplementary immunization activity			
Report on surveys on campaign coverage			
Information on financing and expenditure related to immunisation			
Data quality reports and survey reports			
Annual document review of data quality			
Data Improvement Plan (DIP)			
Progress report on the implementation of data improvement plans			
In-depth data assessment (conducted over the past five years)			
Representative national coverage survey (conducted over the past five years)			
Updating the annual progress report on the plan to improve effective vaccine management (EVM)			
(POECF): updated inventory of ECFs			
Post-introduction evaluation (PPE) (specify vaccines)			
Situation analysis and five-year measles-rubella plan			
Operational plan for the vaccination programme			
HSS End-of-Grant Evaluation Report			
Outcome of the HPV vaccine demonstration program			
Coverage survey			
Cost analysis			
Adolescent Health Assessment Report			
Partner reports on the functions of the CAW and EFP			

However, if any of the requested reports are not available at the time of the joint assessment, please indicate when the missing document/information will be available.