



RESTRUCTURING PAPER  
ON A  
PROPOSED PROJECT RESTRUCTURING  
OF  
MALI - ACCELERATING PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE  
APPROVED ON MARCH 19, 2019  
TO  
REPUBLIC OF MALI

HEALTH, NUTRITION & POPULATION

AFRICA WEST

Regional Vice President:	Ousmane Diagana
Country Director:	Soukeyna Kane
Regional Director:	Dena Ringold
Practice Manager/Manager:	Magnus Lindelow
Task Team Leader(s):	Jean Claude Taptue Fotso, Haidara Ousmane Diadie, Patrick Hoang-Vu Eozenou



## ABBREVIATIONS AND ACRONYMS

ANAM	<i>Agence Nationale d'Assistance Médicale</i> (National Medical Assistance Agency)
CHWs	Community Health Workers
CoD	Cause of Death
CRI	Corporate Results Indicator
CYP	Couple-Year Protections
DHIS2	District Health Information System 2
ECD	<i>Équipes Cadre de District</i> (District Health Services)
FA	Financing Agreement
GFF	Global Financing Facility
HMIS	Health Management Information System
HNP	Health Nutrition and Population
IDA	International Development Association
IP	Implementation Progress
ISR	Implementation Status and Results Report
MDTF	Multi-Donor Trust Fund
MOH	Ministry of Health
PBF	Performance Based Financing
PDO	Project Development Objective
PIU	Project Implementation Unit
RAMED	<i>Régime d'Assistance Médicale</i> (Medical Assistance Plan)
RETF	Recipient Executed Trust Fund
RMS	Results Measurement System



**BASIC DATA**

**Product Information**

Project ID P165534	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 19-Mar-2019	Current Closing Date 31-Dec-2023

**Organizations**

Borrower Republic of Mali	Responsible Agency Ministère de la Santé et du Développement Social
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**Project Development Objective (PDO)**

Original PDO

The objective of the project is to improve the utilization and quality of reproductive, maternal, neonatal, child, adolescent health and nutrition services, especially among the poorest households, in targeted areas.

**Summary Status of Financing (US\$, Millions)**

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IDA-D4420	19-Mar-2019	31-May-2019	27-Dec-2019	31-Dec-2023	50.00	9.82	41.29
TF-B3548	31-May-2019	07-Jan-2021	07-Jan-2021	31-Dec-2023	7.32	.46	6.86
TF-A9738	19-Mar-2019	31-May-2019	27-Dec-2019	31-Dec-2023	10.00	2.00	8.00



### Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No

## I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

### Project status

The Project remains at an early stage of implementation. The political situation in Mali which resulted in triggering an OP 7.30 portfolio review and disbursement suspension between August and November 2020 has resulted in an accumulation of payment delays for performance incentives directed to health facilities, and to a suspension of some implementation activities such as the payment of PBF grants to health facilities. External factors outside the control of the Project resulted in important implementation delays and liquidity constraints faced by the Project Implementation Unit (PIU). As these delays have translated into lower disbursement rates compared to what was expected, and as they negatively affected the likelihood that the Project Development Objective (PDO) would be achieved, the Task Team proposed to downgrade the Progress towards achievement of PDO to Moderately Satisfactory (MS), and to downgrade the Overall Implementation Progress (IP) to Moderately Unsatisfactory (MU) (see latest ISR, seq. #4).

Since November 24, 2020, the Bank has resumed its engagement with Mali, A Level 2 restructuring which was necessary to reflect the Netherland's co-financing contribution was processed and signed on December 18, 2020. The resumption of activities, and the additional resources available to the Project have allowed the PIU to increase the pace of activity implementation,. Now that the World Bank has reengaged with the transitional Government of Mali, the Task Team is working closely with the PIU to catch up on the previous delays in activities and payments. Since December 2020 and the resumption of disbursements after the conclusion of the OP7.30 process, disbursements for IDA (GFF) have increased from 7.4 percent (8.3 percent) to 19.2 percent (14.2 percent), reflecting an increasing maturity of the PBF model.

### Rationale for restructuring

There are two rationales for the proposed Level 2 restructuring:

1. **Adjusting the disbursement ratios between the three sources of Project funding<sup>1</sup>** to reflect the full committed contribution of the co-financing from the Netherlands instead of basing the disbursement ratios on the individual tranches released.
2. **Adjusting some indicator definitions and indicators targets** in the Project's Results Framework to better match the definitions used in the routine health management information system (HMIS).

## II. DESCRIPTION OF PROPOSED CHANGES

<sup>1</sup> IDA, GFF TF, and MDTF with Netherlands contribution.



**(1) Disbursement ratios adjustment**

In the amended Financing Agreement (FA) signed in December 2020, the disbursement ratio for component 1 of the project is based on the first tranche of co-financing from the Netherlands (USD 7.3 million), and not on the total RETF contribution (USD 30.4 million) committed by the Netherlands in the Administrative Agreement signed on November 2019 (Table 1). The disbursement schedule for eligible expenditure follows a pari passu ratio between the IDA Grant, the GFF Grant, and the MDTF. This proposed restructuring will change the disbursement ratio based on committed MDTF amount; the Grant amount in the Grant Agreement remains the same at present as the Bank has only received the first installment of the Donor’s contribution.

**Table 1: Current project disbursement structure for IDA, GFF, and MDTF**

	IDA	GFF	MDTF	TOTAL
Goods and services (except part A, and part D)	14,128,852	6,000,000	-	20,128,852
Part A2	5,980,392	1,000,000	1,059,478	8,039,870
Part A1	29,890,756	3,000,000	6,260,552	39,151,308
CERC (Part D)	-	-	-	-
<b>TOTAL</b>	<b>50,000,000</b>	<b>10,000,000</b>	<b>7,320,030</b>	<b>67,320,030</b>

Amounts are in USD

	IDA	GFF	MDTF	TOTAL
Goods and services (except part A, and part D)				
Part A2	74%	12%	13%	100%
Part A1	76%	8%	16%	100%
Emergency (Part D)	-	-	-	-

Row percentages

The contributing donor has however indicated that the next co-financing installments would be released only after full expenditure commitment of the first co-financing installments. The current disbursement schedule with pari passu ratio established between IDA, GFF and the first tranche of co-financing is thus inconsistent with the disbursement schedule agreed on between the Bank and the Netherlands in their Administrative Agreement.

The team thus proposes to adjust the disbursement ratios between the three sources of funding so as to establish the pari passu mechanism on the full co-financing amount committed by the Netherlands, and not on the first co-financing installment (see Table 2).

**Table 2: Revised project disbursement structure for IDA, GFF, and MDTF**



	IDA	GFF	MDTF	TOTAL
Goods and services (except part A, and part D)	14,128,852	6,000,000	-	20,128,852
Part A2	5,980,392	1,000,000	6,400,000	13,380,392
Part A1	29,890,756	3,000,000	24,000,000	56,890,756
CERC (Part D)	-	-	-	-
<b>TOTAL</b>	<b>50,000,000</b>	<b>10,000,000</b>	<b>30,400,000</b>	<b>90,400,000</b>

Amounts are in USD

	IDA	GFF	MDTF	TOTAL
Goods and services (except part A, and part D)	70%	30%	-	100%
Part A2	45%	7%	48%	100%
Part A1	53%	5%	42%	100%
Emergency (Part D)	-	-	-	-

Row percentages

## (2) Revision of RF's indicators definitions and targets

Following a series of technical working sessions on the Project's Results Framework with the PIU and with the MoH Directorate overseeing the health management information system (HMIS), the team would like to propose the following revisions to the results framework indicator definition and targets (see Table 3).

**Table 3: Revised RF indicator definitions**

Results Framework Indicator current definition	Proposed revision	Note
<p><b>PDO indicator 1-b</b> Nombre d'enfants &lt; 5 ans complètement Immunisés</p> <p><b>[Number of children immunized (CRI, Number)]</b></p>	<p>Nombre d'enfants de moins de 5 ans qui ont reçu tous les antigènes jusqu'au VAR 2.</p> <p><b>[Number of children who received all recommended antigens until the second dose of measles-containing vaccine (CRI, Number)]</b></p> <p>Since the indicator is a CRI, the proposed revision is a complement to the generic CRI definition in the results framework which will not be revised.</p>	<p><b>Rationale :</b> Analog indicator to match the routine HMIS definition.</p>
<p><b>PDO indicator 5 :</b></p>	<p>Nombre de <b>personnes bénéficiaires</b> du RAMED</p>	<p><b>Rationale :</b></p>



Results Framework Indicator current definition	Proposed revision	Note																								
<p>Nombre de ménages bénéficiaires du RAMED recevant des soins gratuits pour des services de santé essentiels.</p> <p><b>[Number of RAMED beneficiary households receiving free care for essential health services. (Number)]</b></p>	<p>recevant des soins gratuits pour des services de santé essentiels.</p> <p><b>[Number of RAMED beneficiary individuals receiving free care for essential health services. (Number)]</b></p> <p>Target schedule revision :            Year 1 (2019): 50k instead of 35k            Year 2 (2020): 75k instead of 40k            Year 3 (2021): 100k instead of 50k            Year 4 (2022): 125k instead of 55k            Endline (2023): 150k instead of 60k</p>	<p>The ANAM indicator is defined at individual level and not at household level.</p> <table border="1"> <thead> <tr> <th></th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td><b>hh</b></td> <td>35</td> <td>40</td> <td>50</td> <td>55</td> <td>60</td> </tr> <tr> <td><b>ind</b></td> <td>50</td> <td>75</td> <td>100</td> <td>125</td> <td>150</td> </tr> <tr> <td><b>ratio</b></td> <td><b>1.43</b></td> <td><b>1.88</b></td> <td><b>2.00</b></td> <td><b>2.27</b></td> <td><b>2.50</b></td> </tr> </tbody> </table>		2019	2020	2021	2022	2023	<b>hh</b>	35	40	50	55	60	<b>ind</b>	50	75	100	125	150	<b>ratio</b>	<b>1.43</b>	<b>1.88</b>	<b>2.00</b>	<b>2.27</b>	<b>2.50</b>
	2019	2020	2021	2022	2023																					
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<b>ratio</b>	<b>1.43</b>	<b>1.88</b>	<b>2.00</b>	<b>2.27</b>	<b>2.50</b>																					
<p><b>Intermediary Indicator C2-11:</b>            Nombre de ménages recevant des visites proactives des ASC.</p> <p><b>[Number of households receiving proactive CHW visits. (Number (Thousand))]</b></p>	<p>Nombre de ménages recevant des visites à domicile de l'Agent de Santé Communautaire (ASC).</p> <p><b>[Number of households receiving CHW home visits. (Number (Thousand))]</b></p>	<p><b>Rationale :</b> The HMIS definition uses the term “visite à domicile” and not “visite proactive”.</p>																								
<p><b>Intermediary Indicator C2-12:</b>            Pourcentage d'enfants de moins de 5 ans atteints de paludisme confirmé qui ont reçu un traitement antipaludique dans les 24 heures suivant</p>	<p>Pourcentage de cas confirmé de paludisme simple chez les enfants de moins de 5 ans ayant reçu un traitement conforme aux normes de prise en charge nationales.</p>	<p><b>Rationale :</b> The measurement of 24h timespan between diagnostic and treatment is not feasible in the current information system.</p>																								



Results Framework Indicator current definition	Proposed revision	Note
<p><b>l'apparition des symptômes.</b></p> <p><b>[Percentage of children under 5 with confirmed malaria who received antimalarial treatment within 24 hours of symptom onset. (Percentage)]</b></p>	<p><b>[Percentage of children under 5 with confirmed malaria who received an appropriate antimalarial treatment. (Percentage)]</b></p>	
<p><b>Intermediary Indicator C2-15:</b> Taux d'achèvement (de complétude) des formations sanitaires Rappports du DHIS2</p> <p><b>[Completion rate of health facilities DHIS2 reports. (Number (Thousand))]</b></p>	<p>Taux de promptitude des Rappports Mensuels d'Activités du premier échelon des formations sanitaires</p> <p><b>[Timely completion rate of monthly primary care health facilities DHIS2 reports. (Number (Thousand))]</b></p>	<p><b>Rationale :</b> Analog indicator to match the routine HMIS definition.</p>
<p><b>Intermediary Indicator C2-16:</b> Pourcentage de <b>décès maternels et infantiles</b> avec cause de décès déterminée</p> <p><b>[Percentage of maternal and child deaths with determined cause of death (CoD). (Percentage)]</b></p>	<p>Taux de réalisation des audits de <b>décès peri et néonataux.</b></p> <p><b>[Percentage of perinatal and neonatal deaths with determined cause of death (CoD). (Percentage)]</b></p>	<p><b>Rationale :</b> Analog indicator to match the routine HMIS definition.</p>





### III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Other Change(s)	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
PBCs		✓
Components and Cost		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Disbursement Estimates		✓
Overall Risk Rating		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

### IV. DETAILED CHANGE(S)



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Mali - Accelerating Progress Towards Universal Health Coverage (P165534)

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**Results framework**

**COUNTRY: Mali**

**Mali - Accelerating Progress Towards Universal Health Coverage**

**Project Development Objectives(s)**

The objective of the project is to improve the utilization and quality of reproductive, maternal, neonatal, child, adolescent health and nutrition services, especially among the poorest households, in targeted areas.

**Project Development Objective Indicators by Objectives/ Outcomes**

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
<b>Increased utilization of maternal, child, neonatal, and adolescent services</b>							
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00	530,000.00	1,330,000.00	2,170,000.00	3,000,000.00	3,300,000.00
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		0.00	120,000.00	300,000.00	480,000.00	670,000.00	710,000.00
Number of children immunized (CRI, Number)		0.00	100,000.00	170,000.00	210,000.00	230,000.00	250,000.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>Number of children who received all recommended antigens until the second dose of measles-containing vaccine (CRI, Number).</b> <b>Analogue indicator to match the routine HMIS definition.</b>						
Number of women and children who have received		0.00	700,000.00	1,000,000.00	1,265,000.00	1,330,000.00	1,400,000.00



Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
basic nutrition services (CRI, Number)							
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00	130,000.00	170,000.00	190,000.00	205,000.00	225,000.00
Percentage of girls, aged 15-19, who are currently using any method of contraception. (Percentage)		5.80	9.00	12.00	15.00	18.00	20.00
<b>Improve the quality of health services in targeted areas.</b>							
Percentage of pregnant women receiving at least 4 antenatal care visits from health provider (Percentage)		13.30	15.00	18.00	21.00	23.00	25.00
Average score of the quality of care checklist (Percentage)		0.00					70.00
<b>Increased utilization of essential health services among the poorest households.</b>							
Number of RAMEd beneficiary individuals receiving free care for essential health services. (Number)		30,000.00	50,000.00	75,000.00	100,000.00	125,000.00	150,000.00
<b>Action: This indicator has been Revised</b>	<b>Rationale: The ANAM indicator is defined at individual level and not at household level.</b>						



**Intermediate Results Indicators by Components**

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
<b>Strengthening Health Service Delivery through Performance Based Financing at Facility Level</b>							
Health facilities receiving PBF grants on time. (Percentage)		0.00	30.00	50.00	65.00	75.00	80.00
Percentage of new curative consultations per capita/year. (Percentage)		0.20	0.22	0.25	0.30	0.35	0.40
Percentage of facilities with 100% tracer drugs available in targeted health facilities on the day of the visit. (Percentage)		0.00	20.00	25.00	30.00	35.00	40.00
Percentage of health facilities benefiting from quarterly technical supervision visits by district health services (ECD). (Percentage)		50.00	55.00	60.00	70.00	75.00	80.00
Number of CHWs benefiting from dedicated supervision. (Number)		0.00	500.00	1,000.00	2,000.00	2,500.00	3,000.00
Percentage of beneficiaries satisfied with quality of services provided in health facilities (Percentage)		0.00	35.00	45.00	55.00	65.00	75.00
<b>Strengthening Community Health Activities</b>							
Number of households receiving CHW home visits. (Number (Thousand))		0.00	150.00	350.00	500.00	650.00	750.00



Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>The HMIS definition uses the term “visite à domicile” and not “visite proactive”.</i>						
Percentage of children under 5 with confirmed malaria who received an appropriate antimalarial treatment. (Percentage)	0.00	20.00	35.00	50.00	60.00	70.00	
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>The measurement of 24h timespan between diagnostic and treatment is not feasible in the current information system.</i>						
Number of Couple-Year Protections (CYP) reached through project interventions. (Number (Thousand))	0.00	200.00	400.00	600.00	800.00	1,000.00	
Percentage of children aged 6-59 months screened by community health workers for acute malnutrition. (Percentage)	50.00	55.00	60.00	75.00	85.00	90.00	
<b>Institutional strengthening for improved stewardship and health system performance</b>							
Timely completion rate of monthly primary care health facilities DHIS2 reports. (Number (Thousand))	50.00	60.00	70.00	80.00	85.00	90.00	
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>Analog indicator to match the routine HMIS definition.</i>						



Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Percentage of perinatal and neonatal deaths with determined cause of death (CoD). (Percentage)		0.00	10.00	20.00	30.00	40.00	50.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>Analog indicator to match the routine HMIS definition.</b>						
Number of private health facilities assessed for accreditation by MoH. (Number)		0.00	30.00	75.00	120.00	180.00	250.00
Percentage of health facilities producing annual micro-plans validated by district health services (ECD). (Percentage)		0.00	25.00	50.00	75.00	85.00	95.00



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