

# Maternal and Neonatal Tetanus Elimination Initiative



High school girls showing their vaccination cards after receiving the first dose of the tetanus-toxoid (TT) vaccine – Portsudan - Red Sea state, February 2018

## Kiwanis International and the Kiwanis Children's Fund 2018 Report

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## List of Acronyms

ANC	Antenatal Care
CAR	Central African Republic
DRC	Democratic Republic of Congo
EPI	Expanded Program on Immunization
GAVI	Global Alliance for Vaccines and Immunization
HQ	Headquarters
HRAs	High Risk Areas
HRDs	High Risk Districts
KI	Kiwanis International
KCF	Kiwanis Children's Fund
MH	Maternal Health
MNT	Maternal and Neonatal Tetanus
MNTE	Maternal and Neonatal Tetanus Elimination
NT	Neonatal Tetanus
PBA	Programme Budget Allotments
PFP	Private Fund Raising and Partnerships (a division of UNICEF)
PoA	Plan of Action
P&G	Procter and Gamble
SAGE	Strategic Advisory Group of Experts
SDGs	Sustainable Development Goals
SIAs	Supplementary Immunization Activities
TT	Tetanus Toxoid
TTCV	Tetanus Toxoid Containing Vaccine
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization
WRA	Women of Reproductive Age

## Executive Summary

The Maternal and Neonatal Tetanus Elimination (MNTE) Initiative supported by The Eliminate Project made tremendous progress in 2018 and celebrated the achievements of MNT elimination status of Kenya and Southern Mali. At the global level, 45 countries out of 59 (76%) achieved MNTE by the end of 2018. In addition, Southern Mali, the Punjab province of Pakistan and the South East Zone of Nigeria have also achieved elimination status.

Making progress are Chad and the Democratic Republic of Congo (DRC), which have both completed the pre-validation assessment phase and are scheduled to conduct validation surveys in 2019, putting them closer to attaining MNTE. In addition, out of the 14 countries still at risk, four countries (Nigeria, DRC, Sudan and Yemen) conducted tetanus toxoid supplementary immunization activities (TT SIAs) in 2018, reaching approximately 8.6 million women of reproductive age (WRA).

Neonatal tetanus (NT) is a deadly disease that kills one newborn every 17 minutes and predominantly affects countries in the developing world. And even within these countries, the disease disproportionately affects populations that are extremely poor and deprived of quality health care. Women and newborns bear the full brunt of the impact in these communities.

In 2018, to accelerate the efforts to achieve MNTE, UNICEF Headquarters (HQ) and regional offices (RO) provided technical support to nine countries (Chad, Central African Republic (CAR), DRC, Guinea, Kenya, Mali, Nigeria, Pakistan and Sudan). Support activities included planning and revising plans of action (POA); TT SIAs monitoring; assessments; and validation surveys amid challenges of inaccessibility, insecurity, and natural disasters in some countries. Validation surveys were successfully conducted in Kenya and Southern Mali. The Sindh Province of Pakistan was pre-validated for MNT elimination with the recommendations of limited scale corrective rounds in three new districts. The program is aiming for MNT elimination in Chad, DRC and the South West Zone of Nigeria by the end of 2019.

At the global level, UNICEF is also continuously advocating to secure regular and sustainable funding for MNTE and to achieve full MNT elimination by 2020. The technical review organized with global partners in November 2018 in New York explored various options to advance the MNTE agenda in the remaining countries amid challenges of access, conflict and insecurity. A successful donors' conference for dissemination of the MNTE investment case was another milestone of the year. The guidelines for sustaining MNTE has been finalized jointly by UNICEF, the World Health Organization (WHO) and the United Nations Population Fund (UNFPA). Continuing to follow-up on the Strategic Advisory Group of Experts (SAGE)'s guidance and keen interest of donors and partners, the work on the investment case for MNTE sustainability had been started, coupled with the development of MNTE advocacy guidelines for country engagement and resource mobilization.

Kiwanis International (KI) has demonstrated long-term and generous engagement to help eliminate MNT globally. KI has been mobilizing its 600,000 members in over 80 countries to support MNTE through The Eliminate Project.

The commitment of the partnership enabled the MNTE programme to intensify efforts to achieve MNTE during the reporting year (2018). A total of almost USD 3.7 million was received from The Eliminate Project in 2018. Since the inception of this partnership to the end of 2018, The Eliminate Project – which is the sum of fundraising from Kiwanis International, UNICEF USA, and UNICEF Canada – has contributed approximately USD 61.5 million to UNICEF towards the global MNTE programme.

Despite the major successes scored in 2018, 14 countries remain to achieve MNTE. There are limited human and financial resources to run this global initiative that is spearheaded by UNICEF in collaboration with WHO and UNFPA. As of December 2018, the programme has an existing funding gap of approximately USD 119 million, needed to reach more than 53 million women of reproductive age with 3 doses of Tetanus Toxoid Containing Vaccine (TTCV). This funding gap includes USD 33 million to secure an innovative device - TT Uniject - for reaching the hardest to reach through community health workers and volunteers in parts of nine out of 14 remaining countries.

# Background

## THE IMPORTANCE OF ELIMINATING MNT

Maternal and Neonatal Tetanus (MNT) is a marker of inequities, as the most vulnerable populations are affected by the disease. Almost all cases occur among the poorer segment of the population in low income countries. Due to the bacterial nature of the disease, tetanus cannot be eradicated. In 1989, the World Health Assembly first called for the elimination of neonatal tetanus (NT). In 1999, the initiative was re-launched as Maternal and Neonatal Tetanus Elimination (MNTE) by UNICEF, WHO and UNFPA, adding the elimination of maternal tetanus to the goal. The Initiative has focused on 59 priority countries that were assessed to have more than one case of NT per 1,000 live births in 1999. The MNT elimination initiative recommends the following four strategies: 1) immunizing women during pregnancy with TTCV; 2) immunizing WRA with TTCV through three properly spaced rounds of supplemental immunization campaigns in high risk areas; 3) promotion of clean delivery and cord care practices; and 4) surveillance for NT.

However, given the weakness of the health systems in many countries, the major focus of the MNTE initiative has been on boosting maternal protection through supplemental immunization activities by vaccination of WRA in high risk district/areas (HRD/A) in the target countries. Three properly spaced doses provide protection from tetanus for five years.

Tetanus is one of the major causes of neonatal deaths and is estimated to account for 1 percent of all causes of neonatal deaths<sup>1</sup>. The disease is highly infectious and is caused by bacteria (*clostridium tetani*) that live in soil, which leaves newborns vulnerable to infection when unhygienic birth practices are used. Known as the 'silent killer', MNT occurs mostly in underserved areas with limited or no health infrastructure, among populations with poor socio-economic status and low education levels. Once NT has been contracted there is no real cure. Even today, 19 years into the 21st century, nearly 100 percent of the babies that suffer from neonatal tetanus without access to treatment facilities will die<sup>2</sup>.

Even though MNT is easily preventable by a simple vaccine, clean delivery and cord care, one baby is estimated to perish needlessly of tetanus every 17 minutes. The MNTE strategy is a four-pronged approach with vaccination of WRA as the primary response in high risk areas (see Text Box 2). Through the power of the Kiwanis and UNICEF partnership – “The Eliminate Project” – more women and mothers will have access to this life-saving vaccine to help them survive and thrive. Despite ongoing efforts, more needs to be done.

### TEXT BOX 1

#### Global Commitment:

#### Maternal and Neonatal Tetanus Elimination Initiative

- Launched as 'Neonatal Tetanus Elimination Initiative' in 1989 through a World Health Assembly (WHA) resolution
- Re-launched as 'Maternal and Neonatal Tetanus Elimination Initiative' in 1999 by UNICEF, WHO and UNFPA
- Focus of re-launch was on 57 countries that had not eliminated MNT by 1999
- Country 'elimination' of neonatal tetanus as a public health problem defined as <1 neonatal tetanus death per 1000 live births in every district of a country. Elimination of neonatal tetanus is a proxy for maternal tetanus elimination

### TEXT BOX 2

#### WHO/UNICEF recommended strategies to achieve the elimination of MNT

- Promote clean delivery and cord care practices to prevent infection during and after delivery
- Immunize women during pregnancy with Tetanus Toxoid containing vaccine (TTCV)
- Immunize women of reproductive age with TTCV, through three properly spaced rounds of supplemental immunization activities (TT-SIAs) in high-risk areas
- Conduct surveillance of NT to detect and investigate cases and provide appropriate case response

<sup>1</sup> [https://www.who.int/healthinfo/global\\_burden\\_disease/childcod\\_estimates\\_2000\\_2017.xls](https://www.who.int/healthinfo/global_burden_disease/childcod_estimates_2000_2017.xls)

<sup>2</sup> Tetanus vaccines: WHO position paper – Weekly epidemiological record, February 2017

## PROGRESS TOWARDS MATERNAL AND NEONATAL TETANUS (MNT) ELIMINATION

The revised global target of 2020 to eliminate MNT was set by the 'SAGE MNTE working Group and Broader Tetanus Prevention' in 2017 to align with the Global Vaccine Action Plan. UNICEF and WHO are closely working with the national governments of the countries where MNT is a public health challenge to accelerate activities aimed at meeting the 2020 goal. With limited access to the target population in a significant number of countries, it is critical to heighten global advocacy for resource mobilization and secure country commitment to implement activities within needed time frames. However, future success is dependent on the accessibility and timely availability of funds to reach the remaining target population with three doses of TTCV that will protect mothers and their future newborns from the risk of tetanus.

In 2018, UNICEF and partners worked with target countries, focusing on the following five areas of support:

### 1. Development of National Plans of Action for MNT Elimination

UNICEF HQ and ROs assisted eight countries<sup>3</sup> in developing and sharpening MNTE plans of action (see Text Box 3). Technical support from HQ and ROs was provided to CAR and Pakistan by conducting risk analysis and data review, and both countries started developing national MNTE plans of action despite prevailing issues of insecurity and competing priorities.

### 2. Implementation of TT-SIAs

Since its re-launch in 1999, the MNTE program has targeted 59 countries at risk of MNT. As of December 2018, 45 countries globally have achieved MNT elimination, including the Punjab province of Pakistan, the North East zone of Nigeria and Southern Mali. Fourteen countries have yet to achieve elimination.

In 2018, four countries (DRC, Nigeria, Sudan and Yemen) implemented TT-SIAs reaching more than 8 million WRA in high-risk districts. These are the districts characterized by poor infrastructure and inaccessibility, hosting the most marginalized populations. The priority countries are faced with challenges of insecurity and inaccessibility, are prone to natural disasters, and have episodes of disease outbreaks such as polio, meningitis and measles, that warrants emergency response. Despite these challenges, UNICEF was not deterred in its quest to reach the marginalized populations.

Implementation of activities involved training of the supervisors and frontline workers before the start of campaigns, micro-planning, logistics and vaccine management and transportation at all levels, social mobilization, monitoring and supervision. Awareness raising activities were conducted by displaying routine immunization posters at prominent places, holding meetings with influential community persons and partners, local broadcasting through radio, megaphone announcements, advocacy meetings with key stakeholders, and engaging with civil society organizations (CSOs) and other non-governmental organizations (NGOs) to increase community awareness and participation.

Transportation of vaccines requires strict cold chain maintenance, and this was ensured through adequately trained human resources and supportive supervision. No stock-outs of tetanus vaccines were reported from the high-risk districts implementing SIAs, and the vaccines reached the health facilities at least two weeks prior to the campaign, which guaranteed smooth implementation of the vaccination campaigns.

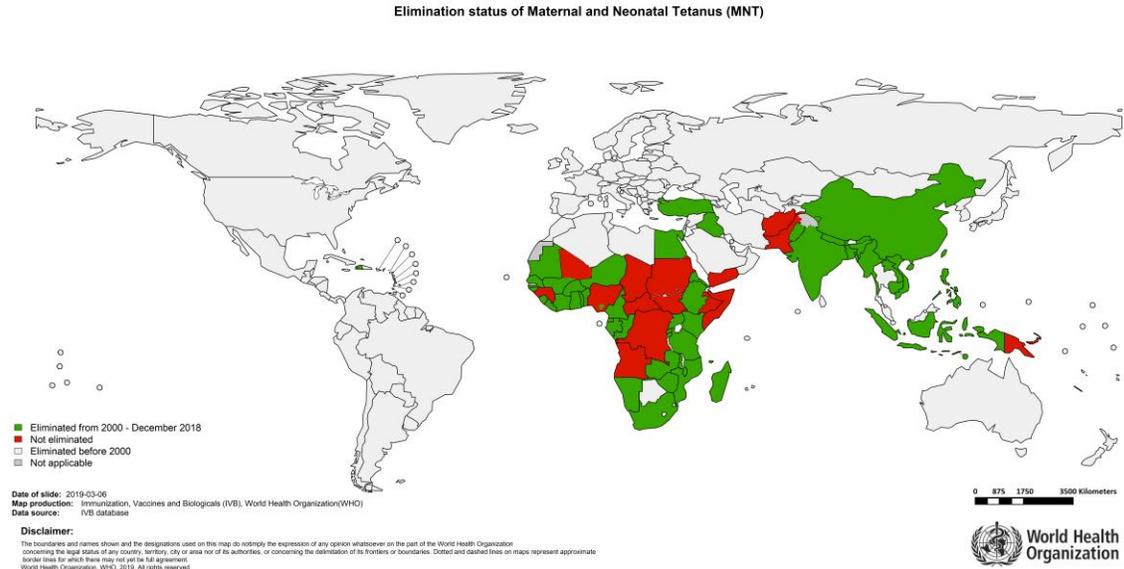
The generous contributions from KCF enabled the validations of Kenya and Southern Mali, and the pre-validation assessments of DRC and Sindh province of Pakistan in 2018.

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<sup>3</sup> Chad, CAR, DRC, Guinea, Mali, Nigeria, Pakistan and Sudan.

### 3. Elimination Status

Kenya and Southern Mali were validated in 2018, while pre-validation assessments and data reviews were conducted in DRC and Sindh province of Pakistan. WHO and UNICEF jointly monitor MNTE activities at the global and national levels; WHO is mandated to lead the processes for the validation/certification of country elimination claims.



### 4. Sustaining MNTE and re-validation

Joint collaboration between WHO and UNICEF has concluded a two years-long consultation on the development of MNTE sustainability guidelines that are now available on the WHO website. UNICEF has developed an investment case for sustaining elimination in all 59 countries.

One of the programmatic milestones of 2018 was the re-validation of four countries for sustaining MNTE: Algeria, Djibouti and Cameroon at the request of national governments, and Timor Leste by piloting the sustainability guidelines.

### 5. Continued advocacy to keep the MNTE Initiative in immunization and child survival agendas

To ensure visibility of MNTE at the global level, UNICEF – under the guidance of the SAGE MNTE Working Group – convened an annual face-to-face MNTE Technical Review meeting with technical partners on November 27, 2018. The purpose of the meeting was to review progress towards the future goal of MNT elimination in the context of strengthening maternal health care and MNT elimination's contribution towards achieving the Sustainable Development Goals (SDGs). The technical group focuses on accelerated activities to achieve MNTE in the remaining 14 countries and sustainability of elimination through advocacy for increased resource mobilization and innovative approaches.

The MNTE program finalized an MNTE investment case for the remaining 14 countries and convened a Donors' Conference at UNICEF's New York Headquarters on November 28, 2018. The donors reiterated their sustained commitment to eliminate MNT in the remaining most challenging countries. The passion and commitment of the Kiwanis team was very inspirational for the forum. UNICEF showcased its MNTE investment case, which encompasses costing of all four pillars of the MNTE strategy rather than TT SIAs alone. A total of \$199 million is needed for TT campaigns, routine tetanus vaccination of pregnant women, clean delivery and cord care and NT surveillance. This includes an estimated cost of \$63 million for an innovative device – Uniject – to vaccinate the hardest to reach population in 9 out of 14 countries. TT Uniject is a device that can be used by even untrained health workers, without rigorous cold chain requirements in the most remote areas.

Following the WHO recommendation (1998) and repeated endorsement by the Strategic Advisory Group of Experts (SAGE) on Immunization (2002 and 2016), UNICEF and WHO finalized the guidance for the replacement of the TT vaccine with the Td vaccine by the deadline of January 2020 – the cutoff point after which UNICEF Supply Division will no longer procure TT vaccine for countries. These documents are accessible on the WHO and UNICEF websites.

### TEXT BOX 3

#### Role of UNICEF Headquarters in MNTE

Along with Regional and Country Offices, UNICEF Headquarters in New York plays a key role in MNTE through the following:

- Providing overall leadership and coordination to the global efforts to achieve elimination of maternal and neonatal tetanus and providing support to regions and countries to effectively plan and implement elimination strategies.
- Negotiating and advocating for achievement of MNTE programme goals and strategies through identification of strategic alliances, resource mobilization, and influencing policy development at a global level.
- Ensuring country commitment towards MNT elimination, developing technically and financially sound MNTE plans, conducting regular situation analyses, advising and conducting strategy reviews and identification of corrective actions and on assessing feasibility and validation of elimination and sustainability.
- Providing day-to-day support to the country offices in implementation of the MNT elimination activities. HQ is responsible for the review and evaluation of the technical, institutional and financial feasibility and constraints of the maternal and neonatal tetanus elimination programmes in coordination and collaboration with UNICEF regional and country offices and other partners at the country level, including national governments and WHO.
- Regularly updating the work plan for the global MNT elimination, including personnel, financial and operational needs in addition to monitoring compliance, to ensure objectives and targets are met and achieved at global, regional, and country levels.
- Coordinating with UNICEF Supply Division (SD) for MNTE related supply and non-supply assistance, e.g. forecasting, procurement and delivery of vaccine and injection devices to the countries.
- Approving disbursement of funds related to maternal and neonatal tetanus, ensuring proper liquidity and accountability.
- Undertaking field visits to plan, monitor, and evaluate project implementation, identify problems and propose remedial action on MNT elimination and routine immunization services in countries.
- Providing regular reporting, updates, human interest stories, and funding needs to partners/donors through UNICEF USA and other National Committees.

### 2018 TT-SIA CAMPAIGNS

- **Kenya** completed all planned activities and pre-validated in September 2017. The Lot Quality Assurance Cluster Sampling Survey (LQA-CS) for validation was conducted in Narok County during February 2018. The survey was conducted in 10,366 households, interviewing 1,007 eligible mothers. The results were found compatible with the MNT elimination threshold of less than 1 per 1000 livebirths in the county and therefore the WHO notified MNTE status of Kenya on April 12<sup>th</sup>, 2018, when it became the 45<sup>th</sup> MNTE validated country.
- **Mali** completed corrective vaccination activities in 33 districts out of 65 identified in the pre-validation assessment. A documentary review and field visits, carried out in May 2018, concluded that there is probability of elimination of MNT in the southern regions of Mali, which include the regions of Kayes, Koulikoro, Sikasso, Segou, Mopti and Bamako. In November 2018, the LQA validation survey was carried out in Kita district, which presented the highest risk for MNT in the southern regions of the country after the pre-validation stage. A total of 1,844 households were surveyed and



MNTE Validation team; Kenya February 2018

1,396 live births examined. The coverage of mothers with tetanus toxoid (TT) 2 was 71%; the proportion of deliveries attended by a trained health worker was 59%; and the proportion of mothers applying substances to the umbilical cord was 85%. As no cases of tetanus were identified among the 33 neonatal deaths recorded with a good-quality survey, NT was considered eliminated in the southern Mali, and thus MNT was considered eliminated in the southern regions of Mali. The Ministry of Health is planning a TT mop-up round in sparsely populated northern districts with the measles campaign in April, followed by in-depth review to MNT risk status, that is required to complete national validation.

- **DRC and the Sindh Province of Pakistan conducted pre-validation assessments** during 2018. A pre-validation assessment is conducted when countries that have not attained MNTE have completed the implementation of recommended elimination activities, especially tetanus toxoid-containing vaccine campaigns in high-risk areas. The assessment is a joint exercise led by the national governments and supported by WHO, UNICEF, UNFPA and other partners. The objective of the exercise is to confirm that all districts are at low risk for MNT, and the country is therefore ready for the lot quality assurance-cluster sampling validation survey.
- In **DRC**, the pre-validation assessment was conducted in four health zones considered after review as the least performing: Boma Bungu (Central Kongo Province), Kilela Balanda (Province of Upper Katanga), Kabondo Dianda (Upper Lomani Province) and Kimbanseke (City Kinshasa). A total of 161 women were surveyed. Structured questionnaires were used to conduct the evaluation in health facilities and communities. The reported incidence rate of NT in the four Health Zones visited was less than 1/1000 live births over 3 years. The community survey data revealed that the level of tetanus toxoid prevention by Td2+ was  $\geq 80\%$  with low rates of assisted delivery. Surveillance was proved reliable with  $\geq 80\%$  completeness of monitoring site reports, adequate distribution of notification sites throughout the territory,  $\geq 80\%$  rate of completion of active surveillance visits in health facilities and effective "zero" notification. Therefore, the four areas visited were considered to have a status compatible with MNT elimination.
- In **Pakistan** the pre-validation assessment of Sindh province was conducted in three low and intermediate performing districts; Larkana, Thatta and Shikarpur. Due to detection of NT cases belonging to adjoining districts of Kamber and Sajawal, the survey was expanded to these districts. The surveyed districts were found compatible with low risk of MNT and hence the province was declared pre-validated for MNTE with the recommendation to conduct limited scale, quality corrective rounds in 3 newly created districts of Kamber, Sajawal and Kashmir, before submitting request to WHO for a validation survey.

The Government of Pakistan and MNTE partners agreed for a 'province by province approach' in a 2013 risk analysis, to accommodate intensified polio eradication activities and high financial needs for MNTE SIAs. Therefore, the risk categorization of the remaining six provinces and regions was imperative. The risk analysis of Islamabad, Gilgit Baltistan (GB), Khyber Pakhtunkhwa (KP), tribal districts of KP (KPTD), Pakistan Administered Kashmir (PAK) and Balochistan provinces was carried out in December 2018. In the risk analysis, Islamabad and PAK ranked as low risk, while the provinces of GB and KP have 30-50% districts as low risk and the whole of Balochistan and KPTD were classified as high risk. The provinces are in process of finalizing costed action plans and the Federal EPI Cell, Ministry of Health will submit a consolidated action plans for 2019-20.



UNICEF monitoring a temporary vaccination site during a TT vaccination campaign in West Darfur State in February 2018.

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- **Sudan** made tremendous efforts to resolve 2017 challenges and conducted campaigns between February to September 2018, vaccinating 3.4 million (89% of target) women of reproductive age in 94 localities with support from Kiwanis International.

- **Nigeria** sustained implementation momentum and with the financial assistance received from Kiwanis International, the South-West Zone completed implementation of the recommended three rounds in seven Local Government Areas (LGAs) of Oyo and Itapa community in Ogun states during 2017-18, and is ready for validation survey of the Zone. The South-South zone also vaccinated 5 million women of reproductive age (93% of target) in 101 LGAs in 2018 and will be scheduled for pre-validation assessment in 2019.



A team immunizing in Edo state during the second round of MNTE campaign in the South-South Zone of Nigeria.

© OBI EMELIFE, NPHCDA

- **Yemen** conducted its second round of TTCV vaccinations in five districts of two governorates from October through November 2018, vaccinating 23,067 WRA. The implementation was limited to 5 out of 46 planned districts due to a cholera and diphtheria outbreak response.
- **CAR** and **South Sudan** completed their risk analysis and have national action plans for the implementation of three rounds of vaccination in 2019-2020. **CAR** will be targeting 1,313,266 WRA from August through September 2019 and March 2020, while **South Sudan** will target 1,158,295 WRA during May and June 2019 and January 2020.
- **Afghanistan, Somalia** and **Yemen** had to reschedule MNTE activities as implementation faced challenges, including deteriorating security situations and disease outbreaks.

As MNT cannot be eradicated, activities will need to continue even after MNT elimination has been achieved. The supplemental immunization activities that are being implemented in the high-risk areas to achieve MNT elimination will have an impact of several years and will provide a window of opportunity to improve access to routine services. Indeed, many countries have started to improve routine immunization services through improved planning, monitoring and training using the 'Reaching Every District' approach and strengthening linkages with antenatal care (ANC) platforms.

## ***Human Interest Story:***

### **Preventing neonatal and maternal tetanus in Mali through sensitization and vaccination**

By Nadia Ben Mohamed

Maternal and neonatal tetanus (MNT) is a disease that can easily be prevented and treated. But for women and infants who are not protected and have no access to hospital treatment, the disease is almost always fatal. Mali is one of the few countries that have not eliminated MNT, but it has made good progress thanks to its partners.

Ms. Oura Diallo is the head doctor of the district health center in Mopti. About the necessity to vaccinate women against tetanus and the progress made in Mali to eradicate it, she says: *"It's an important question. We know that in the past, most of the children and women deaths were caused by preventable diseases, (...) If a woman had tetanus she would need intensive care, but this service is not available at the community level, so she would not receive treatment and would die. Thus, it is better to prevent than try to treat the disease. Since we began vaccinating women, the prevalence of tetanus has decreased considerably. The effectiveness of vaccination has been tested. Since I am here, since 2008, there has been only two cases of tetanus. This year, we have recorded only one case of neonatal tetanus, otherwise it has become rare."* Dr Diallo also explains that they reach out to women through national vaccination campaigns, community mediators, and when women come to the health center for their consultations with the doctor.



Dr Oura Diallo, head doctor of Mopti Health center - ©UNICEF Mali/2016/Ben-Mohamed

On March 15, 2016, the community health center of Komoguel in Mopti, held its daily vaccination session for the local population. As usual, an educative talk session for women on (MNT) was organized by the center before the vaccination session. Bintou, one of the midwives, stressed the importance of sensitizing and informing women because most of the infected cases are induced by bad practices: *"Women are often infected when giving birth to their child in an unhealthy environment. They get infected if the umbilical cord is cut with an unsterilized knife or because of Malian cultural practices such as putting cowpat or stock cube on the cord, or any other local products,"* she explains.



Mariam, a beneficiary, is receiving her fifth dose of vaccine against tetanus ©UNICEF Mali/2016/Ben-Mohamed

*"I am completely vaccinated against tetanus now, I received my five doses according to my vaccination calendar, because Bintou (the midwife) explained to me what the calendar is and the importance of it"* says Mariam, one of the patient who attended the talk. She is seven months pregnant and she came for her fifth dose of vaccine this day. She is married with two children and lives in Sevare, 12 km from Komoguel health center. Since her pregnancy, Mariam has been coming regularly to the center for her prenatal consultations. Although she is now following her vaccination calendar carefully, it was not always the case: *"The first time I got vaccinated it was with my first pregnancy. I remember I was followed at Sevare by another midwife who told me about tetanus and the importance of vaccination, but at that time I didn't follow the vaccination calendar, it was only at my second pregnancy that I strictly followed it (...) I also informed people around me about tetanus, I told for instance to my little sister who is also married to get vaccinated."* Mariam says.

These past years, UNICEF and its partners have scaled up their efforts to limit the transmission of the deadly disease with the organization of successive tetanus vaccination and sensitization campaigns, ensuring that the majority of Malian have access to the vaccine and are informed about MNT and other preventable diseases. Dr Diallo confirms: *"There is not a single village of the district out of the 262 villages where I haven't been (...) And even when you go to the most remote village in Mali people can tell what are the diseases that can be prevented by vaccination, including tetanus."*

## Future Plans

The MNT Elimination Initiative still has committed support from partners to reach the goal of elimination by 2020. Partners including KI renewed their support at the MNTE Donors' Conference held in New York in November 28, 2018. More than \$307 million was secured for the Initiative between 2000 and 2018, which enabled the elimination of MNT in 45 countries, and 53 countries conducting TT SIAs. Of the remaining 14 countries, three (Chad, DRC and South West Zone of Nigeria) are expected to undergo the validation process in 2019. Pre-validation assessments are scheduled for the South-South Zone of Nigeria and Angola in the last quarter of 2019.

Sudan and the South-South Zone of Nigeria are scheduled to complete vaccination activities in 2019. South Sudan, CAR, Northern Nigeria and remaining provinces of Pakistan are continuing to plan vaccinations amid challenges of insecurity, inaccessibility and competing priorities. Resource mobilization efforts will continue for securing TT Unjject.

The MNTE program is continuing advocacy efforts to ensure countries take steps to sustain elimination. Piloting implementation of MNTE sustainability guidelines and the development of an investment case for MNTE sustainability focusing all 59 priority countries will be among the program's priority for 2019. The guidelines encompass various strategic options to help countries maintain elimination status by strengthening antenatal care (ANC) services, conducting school-based TT vaccinations, and boosting routine TT vaccination services through the expanded program on immunization (EPI), with a special focus on the hard to reach populations.

The MNTE programme includes a sustained advocacy strategy with UNICEF USA to raise funds for introduction of TT Unjject. This device is seen as an innovative intervention to reach the unreached women of reproductive age in the hardest-to-reach areas. Efforts will continue to complete process of TT to Td replacement in the remaining countries.

## Fund Specific Utilization

A total of USD \$3,695,846.08 was received in 2018 to support the MNTE programme from The Eliminate Project. This amount included USD 1.5 million raised and leveraged by KI/KIF along with an additional USD 2.1 million raised and leveraged by UNICEF USA (See Annex 4).

USD 1.09 million was used to provide technical assistance and assessments/validations in MNTE countries by UNICEF Headquarters and Regional Offices in collaboration with WHO, plus procurement of vaccine for Sudan. Technical assistance was provided to Chad, CAR, DRC, Guinea, Kenya, Mali, Nigeria, Pakistan and Sudan in revising their MNTE action plans, data review/pre-validation assessments, and monitoring TT SIAs. Costs involved payment of salaries, hiring of consultants, travel to some countries for monitoring to ensure high quality implementation of TT SIAs, pre-validation assessments, and validation surveys.

USD 2.22 million was allocated to four countries (Guinea, Nigeria, Sudan and Yemen) for operational costs involving: communication activities; development of information, education and communication materials; organization of advocacy meetings for the administrative, religious and traditional leaders and civil society leaders; training of health workers and volunteers; distribution of vaccines; cold chain assessments; supervision and monitoring; and promotional activities for clean delivery and cord care practice.

***UNICEF thanks Kiwanis International and the Kiwanis Children's Fund for their tremendous support and commitment to eliminate maternal and neonatal tetanus in every remaining country.***

# Annex 1

## Calendar of TT-SIA Implementation (as of end of 2018)

Country	Target WRA	Target Districts	Round 1	Round 2	Round 3
DR Congo	407,960		January 2018	March 2018	
Guinea Conakry	3,099,423	38	January 29 - February 3, 2019		
	1,722,951	23		June 11-16, 2019	
	96,315	3			December 17-22, 2019
Nigeria	473	Itapa community, Remo North, Ogun State	June 21-25, 2018	July 26-30, 2018	January 24-28, 2019
	5,158,063	94 LGAs in South-South Zone	September 2018	March 27-31, 2019	September 2019
	7,964,899		May 2019	June 2019	January 2020
Sudan	1,241,694	33	February 25 - March 2, 2018	July and September 2018	Q1 of 2019
South Sudan	1,158,295	33	May 2019 -4 counties in Unity -7 counties in Upper Nile -6 counties in Jonglei -1 county in NBEG -1 county in WBEG -3 counties in Warrap -2 counties in CES -2 counties in EES -5 counties in WES -1 county in Lakes	June 2019 -4 counties in Unity -6 counties in Upper Nile -4 counties in Jonglei -1 county in WBEG -3 counties in Warrap -2 counties in CES -2 counties in EES -4 counties in WES -1 county in Lakes	January 2020 -4 counties in Unity -6 counties in Upper Nile -4 counties in Jonglei -1 county in WBEG -3 counties in Warrap -2 counties in CES -2 counties in EES -4 counties in WES -1 county in Lakes
Yemen	538,705	46	April 29 - May 5, 2017	October - November 2018	TBD

\*Green shading highlights the campaigns that were implemented during 2018

## Annex 2

### TT SIAs results – 2018

Country	Target WRA	Coverage (#)	Coverage (%)	Months of Activity (2018)	Geographic Area
Sudan	1,647,052	1,416,649	86%	February 2018	39 localities in 9 states
	871,658	764,660	88%	February 2018	21 localities in 2 states (Red Sea, South Darfur)
	902,886	856,843	95%	July 2018	22 localities in 3 states (Kassala, Red Sea, South Darfur)
	411,172	370,864	90%	February 2018 (Blue Nile) September 2018 (Central Darfur)	12 localities in 2 states (Blue Nile, Central Darfur)
DR Congo	546,926	32,031	6%	January-March 2018	11 districts (R-1)
	548,926	49,842	9%	June-August 2018	11 districts (R-2)
Yemen	38,503	23,067	60%	October-November 2018	5 districts in 2 governorates
Nigeria	5,446,762	5,045,812	93%	November 2018	101 LGAs of 7 states in South-South region
<b>TOTAL</b>	<b>10,413,885</b>	<b>8,559,768</b>	<b>82%</b>		

## Annex 3: Fund Allocation Report of the Program Budget Allotments<sup>4</sup>

### Allocation of total Eliminate Project Funds Received in 2018

Country	Funds Allocated (US\$)
	<b>2018</b>
West & Central African Region	\$169,289
Programme and Supply Division HQ	\$1,095,465
Guinea	\$1,674,573
Nigeria	\$79,538
Sudan	\$239,802
Yemen	\$224,568
<b>TOTAL AMOUNT</b>	<b>\$3,483,235</b>

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<sup>4</sup> This is an uncertified financial report. Please note the allocation presented here reflect pooled funds received via the KI/KCF partnership with UNICEF and its national committees.

## Annex 4: Sources of Contributions to UNICEF<sup>5</sup>

2011 Contributions (October through December)	Amount (US\$)
Kiwanis International Foundation (through U.S. Fund for UNICEF)	\$750,000.00
Kiwanis-raised Funds (through UNICEF Belgium)	\$24,000.00
<b>TOTAL AMOUNT</b>	<b>\$774,000.00</b>

2012 Contributions	Amount (US\$)
Kiwanis International Foundation (through grants made to U.S. Fund for UNICEF)	\$2,700,000.00
Kiwanis-raised Funds (through Trick-or-Treat for UNICEF through U.S. Fund for UNICEF) <sup>6</sup>	\$124,548.59
Kiwanis-raised Funds (through UNICEF Australia National Committee)	\$42,895.75
Kiwanis-raised Funds (through UNICEF Belgium National Committee)	\$46,273.98
Kiwanis-raised Funds (through UNICEF Canada National Committee)	\$330,377.71
Kiwanis-raised Funds (through UNICEF New Zealand National Committee)	\$48,561.44
Kiwanis-raised Funds (through UNICEF Switzerland National Committee)	\$366,629.45
<b>Sub-Total of Kiwanis-raised Funds</b>	<b>\$3,659,286.92</b>
U.S. Fund for UNICEF (separate from funds raised by Kiwanis International)	\$991,168.41
UNICEF Canada (separate from funds raised by Kiwanis International)	\$4,706.29
<b>Sub-Total UNICEF National Committee Funds</b>	<b>\$995,874.70</b>
<b>TOTAL AMOUNT</b>	<b>\$4,655,161.62</b>

2013 Contributions	Amount (US\$)
Kiwanis International Foundation (through grants made to U.S. Fund for UNICEF)	\$4,750,000.00
Kiwanis-raised Funds (through Trick-or-Treat for UNICEF through U.S. Fund for UNICEF)	\$77,620.27
Kiwanis-raised Funds (through UNICEF Australia National Committee) <sup>7</sup>	\$37,391.12
Kiwanis-raised Funds (through UNICEF Belgium National Committee)	\$21,094.97
Kiwanis-raised Funds (through UNICEF Canada National Committee)	\$645,365.31
Kiwanis-raised Funds (through UNICEF New Zealand National Committee)	\$32,198.16
Kiwanis-raised Funds (through UNICEF Switzerland National Committee) <sup>8</sup>	\$0.00
<b>Sub-Total of Kiwanis-raised Funds</b>	<b>\$5,563,669.83</b>
U.S. Fund for UNICEF (separate from funds raised by Kiwanis International)	\$2,126,877.39
UNICEF Canada (separate from funds raised by Kiwanis International)	\$19,379.84
<b>Sub-Total UNICEF National Committee Funds</b>	<b>\$2,146,257.23</b>
<b>TOTAL AMOUNT</b>	<b>\$7,709,927.06</b>

<sup>5</sup> Prepared in consultation with the U.S. Fund for UNICEF

<sup>6</sup> Trick-or-Treat for UNICEF funds includes gifts received by U.S. Fund for UNICEF in late-2011. Those funds were transferred to UNICEF in the beginning of the 2012 calendar year.

<sup>7</sup> Includes AUD 14,896 received in late 2012.

<sup>8</sup> CHF 436,000 raised by Kiwanis in Switzerland in 2013 was transferred by UNICEF Switzerland to UNICEF in early 2014 and is included in the 2014 Contributions list.

<b>2014 Contributions</b>	<b>Amount (US\$)</b>
Kiwanis International Foundation (through grants made to U.S. Fund for UNICEF)	\$8,800,000.00
Kiwanis-raised Funds (through UNICEF Australia National Committee)	\$10,334.59
Kiwanis-raised Funds (through UNICEF Belgium National Committee)	\$8,754.09
Kiwanis-raised Funds (through UNICEF Canada National Committee)	\$982,210.36
Kiwanis-raised Funds (through UNICEF Iceland National Committee)	\$6,647.08
Kiwanis-raised Funds (through UNICEF Malaysia Country Office)	\$6,349.21
Kiwanis-raised Funds (through UNICEF New Zealand National Committee)	\$38,983.60
Kiwanis-raised Funds (through UNICEF Switzerland National Committee) <sup>9</sup>	\$993,972.40
Kiwanis-raised Funds (through Trick-or-Treat for UNICEF)	\$61,668.15
<b>Sub-Total of Kiwanis-raised Funds</b>	<b>\$10,908,919.48</b>
U.S. Fund for UNICEF (separate from funds raised by Kiwanis International)	\$1,800,789.24
UNICEF Canada (separate from funds raised by Kiwanis International)	\$18,059.49
<b>Sub-Total UNICEF National Committee Funds</b>	<b>\$1,818,848.73</b>
<b>TOTAL AMOUNT</b>	<b>\$12,727,768.21</b>

<b>2015 Contributions</b>	<b>Amount (US\$)</b>
Kiwanis International Foundation (through grants made to U.S. Fund for UNICEF)	\$8,000,000.00
Kiwanis-raised Funds (through Trick-or-Treat for UNICEF through U.S. Fund for UNICEF)	\$30,293.03
Kiwanis-raised Funds (through UNICEF Australia National Committee)	\$4,499.22
Kiwanis-raised Funds (through UNICEF Belgium National Committee)	\$15,527.47
Kiwanis-raised Funds (through UNICEF Canada National Committee)	\$476,411.37
Kiwanis-leveraged funds through Government of Canada (Global Affairs Canada)	\$476,411.37
Kiwanis-raised Funds (through UNICEF New Zealand National Committee)	\$16,066.65
Kiwanis-raised Funds (through UNICEF France)	\$30,036.84
Kiwanis-raised Funds (through UNICEF Norway)	\$80,340.19
<b>Sub-Total of Kiwanis-raised Funds</b>	<b>\$9,129,586.14</b>
U.S. Fund for UNICEF (separate from funds raised by Kiwanis International)	\$3,246,139.77
UNICEF Canada (separate from funds raised by Kiwanis International) <sup>10</sup>	\$301,147.86
UNICEF Canada-leveraged funds through Government of Canada (Global Affairs Canada)	\$301,147.86
<b>Sub-Total UNICEF National Committee Funds</b>	<b>\$3,848,435.49</b>
<b>TOTAL AMOUNT</b>	<b>\$12,978,021.63</b>

<sup>9</sup> CHF 436,000 raised by Kiwanis in Switzerland in 2013 was transferred by UNICEF Switzerland to UNICEF in early 2014 and is included in the 2014 Contributions list.

<sup>10</sup> CAD 119,782 (US\$89,724.34) raised by UNICEF Canada in 2015 was transferred to UNICEF in 2016 but is included in the 2015 Contributions list.

<b>2016 Contributions</b>	<b>Amount (US\$)</b>
Kiwanis International Foundation (through grants made to U.S. Fund for UNICEF)	\$5,500,000.00
Kiwanis-raised Funds (through Trick-or-Treat for UNICEF through U.S. Fund for UNICEF)	\$22,663.87
Kiwanis-raised Funds (through UNICEF Australia National Committee)	\$9,565.86
Kiwanis-raised Funds (through UNICEF Belgium National Committee)	\$19,475.58
Kiwanis-raised Funds (through UNICEF Canada National Committee) <sup>11</sup>	\$354,207.33
Kiwanis-leveraged funds through Government of Canada (Global Affairs Canada)	\$354,207.33
Kiwanis-raised Funds (through UNICEF France National Committee)	\$46,331.84
Kiwanis-raised Funds (through UNICEF Norway National Committee)	\$9,900.25
Kiwanis-raised Funds (through UNICEF Switzerland National Committee)	\$1,327,885.60
<b>Sub-Total of Kiwanis-raised Funds</b>	<b>\$7,644,237.66</b>
U.S. Fund for UNICEF (separate from funds raised by Kiwanis International)	\$2,490,135.16
UNICEF Canada (separate from funds raised by Kiwanis International) <sup>12</sup>	\$588,701.87
UNICEF Canada-leveraged funds through Government of Canada (Global Affairs Canada)	\$588,701.87
<b>Sub-Total UNICEF National Committee Funds</b>	<b>\$3,667,538.90</b>
<b>TOTAL AMOUNT</b>	<b>\$11,311,776.56</b>

<b>2017 Contributions</b>	<b>Amount (US\$)</b>
Kiwanis International Foundation (through grants made to U.S. Fund for UNICEF)	\$4,000,000.00
Kiwanis-raised Funds (through Trick-or-Treat for UNICEF through U.S. Fund for UNICEF)	\$38,386.84
Kiwanis-raised Funds (through UNICEF Australia National Committee)	\$1,724.06
Kiwanis-raised Funds (through UNICEF Canada National Committee) <sup>13</sup>	\$43,812.45
Kiwanis-leveraged funds through Government of Canada (Global Affairs Canada)	\$43,812.45
Kiwanis-raised Funds (through UNICEF France National Committee)	\$48,479.28
Kiwanis-raised Funds (through UNICEF Norway National Committee)	\$11,735.93
<b>Sub-Total of Kiwanis-raised Funds</b>	<b>\$4,187,951.01</b>
U.S. Fund for UNICEF (separate from funds raised by Kiwanis International)	\$3,069,104.00
UNICEF Canada (separate from funds raised by Kiwanis International) <sup>14</sup>	\$5,655.65
UNICEF Canada-leveraged funds through Government of Canada (Global Affairs Canada)	\$82,697.08
<b>Sub-Total UNICEF National Committee Funds</b>	<b>\$3,157,456.73</b>
<b>TOTAL AMOUNT</b>	<b>\$7,345,407.74</b>

<sup>11</sup> CAD 220,575 (US\$168,121.19) raised by Kiwanis in Canada in 2016 was transferred by UNICEF Canada to UNICEF in early 2017 but is included in the 2016 Contributions list.

<sup>12</sup> CAD 759,477 (US\$578,869.66) raised by UNICEF Canada in 2016 was transferred to UNICEF in 2017 but is included in the 2016 Contributions list.

<sup>13</sup> CAD 57,000 (US\$43,812.45) raised by Kiwanis in Canada in 2017 was transferred by UNICEF Canada to UNICEF in early 2018 but is included in the 2017 Contributions list.

<sup>14</sup> CAD 7,358 (US\$5,655.65) raised by UNICEF Canada in 2017 was transferred to UNICEF in 2018 but is included in the 2017 Contributions list.

<b>2018 Contributions</b>	<b>Amount (US\$)</b>
Kiwanis International Foundation (through grants made to U.S. Fund for UNICEF)	\$1,500,000.00
Kiwanis-raised Funds (through Trick-or-Treat for UNICEF through U.S. Fund for UNICEF)	\$24,063.44
Kiwanis-raised Funds (through UNICEF Australia National Committee)	\$3,444.44
Kiwanis-raised Funds (through UNICEF Canada National Committee)	\$480.40
Kiwanis-raised Funds (through UNICEF France National Committee)	\$38,235.80
Kiwanis-raised Funds (through UNICEF Belgium National Committee)	\$2,166.10
<b>Sub-Total of Kiwanis-raised Funds</b>	<b>\$1,566,224.08</b>
U.S. Fund for UNICEF (separate from funds raised by Kiwanis International)	\$2,129,622.00
<b>Sub-Total UNICEF National Committee Funds</b>	<b>\$2,129,622.00</b>
<b>TOTAL AMOUNT</b>	<b>\$3,695,846.08</b>

<b>Cumulative 2011-2018 Contributions to UNICEF</b>	<b>Amount (US\$)</b>
<b>The Eliminate Project</b>	<b>\$61,197,908.90</b>