

Mali Data Dashboard

Access the online data dashboard and download the full report: <https://zdlh.gavi.org/semiannual-update>



Background

The Mali Learning Hub – known in French as *Centre d'Apprentissage pour l'Équité en Vaccination* (CAPEV) – (November 2022–December 2025) is led by GaneshAID with the Center for Vaccine Development–Mali (CDV–Mali) with the University of Bamako.

The Learning Hub focuses on four districts:

District	Context	CSCOM*
Ségou	Urban/peri-urban	Pelengana Nord, Cinzana Gare
Yorosso	Conflict	Boura, Karangana
Bougouni	Other populations (internally displaced persons, refugees, islanders, migrants, nomads, gold miners)	Bougouni Est, Kologo
Niono	Rural/remote	Niono Central, Ndebougou

*Definition: Community health centers/Centres de Sante Communautaire

Grants in Mali

- **Equity Accelerator Funding (EAF):** 2024–2027. Funding being dispersed by government as of September 2024.
- **Health System Strengthening (HSS-3):** 2024–2029.



National Strategies to Reduce Zero-Dose Children in Mali

The political and institutional will to reach zero-dose (ZD) children is reflected in the national vaccination strategy (under development) and the full portfolio planning (FPP), which includes 79 interventions across 44 districts and began implementation in mid-2024:

- Interventions include extending times for immunization sessions, micro-planning, “rolling” logistics for island districts, leveraging community platforms to address gender barriers, such as the strategy to work with women’s groups to address gender related barriers and identify and reach ZD children in urban areas ([Case Study – Collaborating with Women’s Groups: A Promising Approach to Identify and Reach Zero-Dose Children in Urban Mali](#)).
- Interventions for conflict zones, including paying community health workers to vaccinate, integrating vaccination into a community care program, and establishing partnerships with NGOs and humanitarian agencies.
- Quarterly mobile clinics for districts with internally displaced populations.

Rapid Assessment

Factors associated with zero-dose, by type of geography*

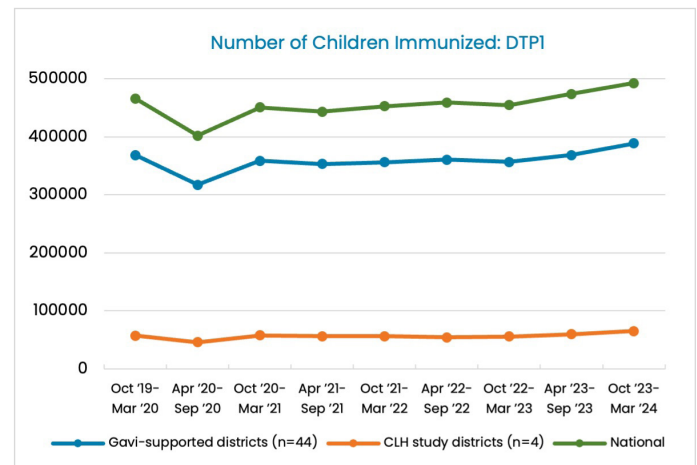
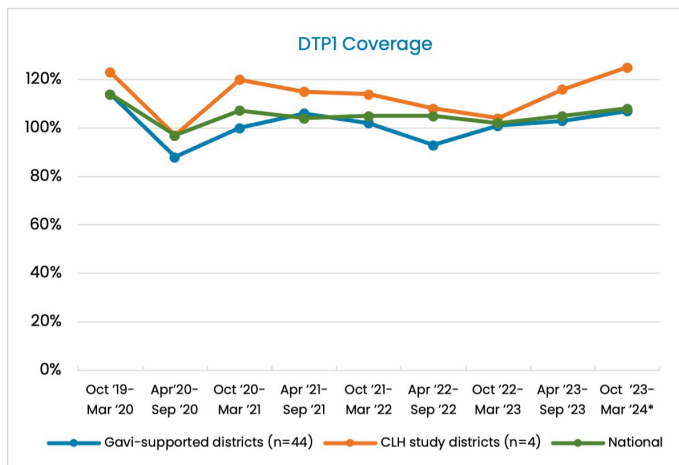
- **Urban/Peri-Urban District – Commune VI of Bamako:** Lack of information and communication, low community engagement, harmful rumors, economic hardship, and persistent gender issues.
- **Remote Rural District – Ségou:** Geographic distance, lack of vaccination centers, stigmatization of home births leading to lack of mothers’ motivation to use vaccination services, and schedule conflicts with agricultural and domestic work.
- **Conflict-Affected District – Tominian:** Insecurity, insufficient partner support, inadequate strategies, weak coordination, and lack of knowledge of the benefits of vaccination, exacerbated by internal displacement and fears of side effects.
- **Special Populations – Kayes:** Cultural beliefs, lack of knowledge and interest, and a preference for traditional medicine.

Learn more in the Mali Learning Hub’s rapid assessment of the ZD situation in Mali: [Identification des enfants zéro dose et sous-vaccinés au Mali en 2023](#).

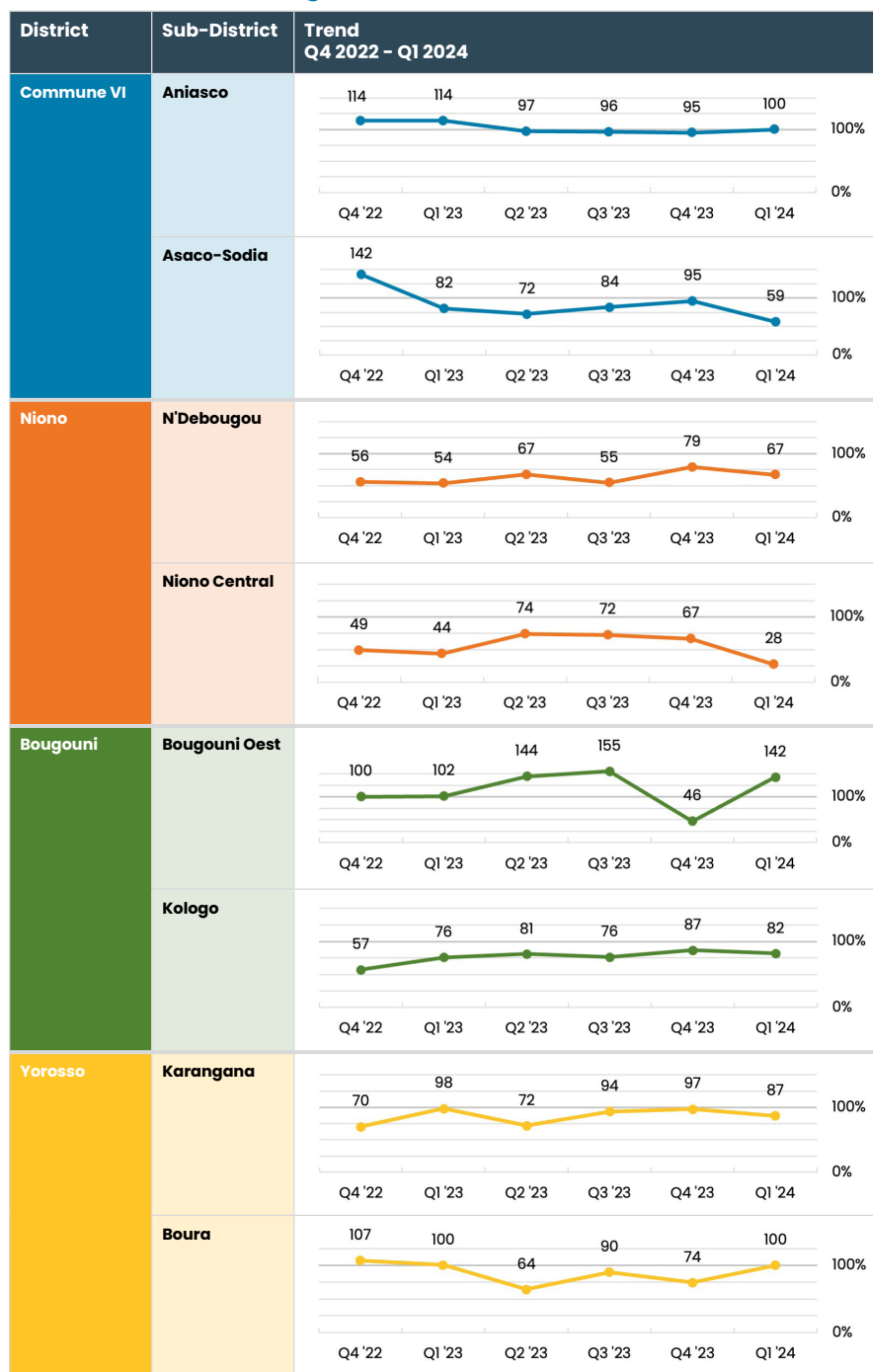
*The districts originally selected for the rapid assessment were later changed for the implementation research to ensure that the selected interventions would be implemented in the chosen districts.

Trends in National DTPI Numbers and Coverage (October 2019–March 2024)

The figures below display trends in DTPI based on DHIS2 data. DTPI numbers and coverage appear to be increasing at all levels since mid-2022 (national, 44 Gavi-supported districts, and Learning Hub districts); however, coverage data are above 100% which indicate likely data quality issues and affect the reliability of these estimates. Increases in DTPI numbers in LH districts are less evident due to the scale of the figure.



Study Sub-Districts in Mali: Trends in DTPI Coverage from Q4 2022 to Q1 2024



(Source: Mali DHIS2 reported in Mali CLH Quarterly Progress Report)

This figure presents sub-national data on DTPI coverage from Mali's DHIS2 system over 18 months (Q4 2022 to Q1 2024). Trends across the four study districts and eight sub-districts targeted by the Learning Hub study reveal significant fluctuations in coverage over time, with notable variations between sub-districts. Sub-districts such as N'Debougou, Niono Central, and Kologo exhibit substantial variability, with coverage rates starting in the 40–50% range in Q4 2022 and fluctuating by as much as 39 percentage points each quarter. Despite these shifts, no clear upward or downward trend emerges over the observed period. In contrast, Aniasco and Bougouni Oest generally maintain high coverage rates of around 100%, except for a sharp drop in Bougouni Oest to 48% in Q4 2023, which rebounds to 142% in the following quarter. Notably, coverage rates in these sub-districts often exceed 100%, reaching as high as 155%, indicating potential data quality issues or underestimating target populations. The most dramatic fluctuations are observed in Asaco-Sodia and Boura. In Q4 2022, Asaco-Sodia reports a high coverage of 142%, while Boura starts at 107%. Both sub-districts experience steady declines, reaching their lowest points in Q2 2023 at 74% and 62%, respectively. Following this period, Asaco-Sodia continues to fluctuate, hitting a low of 59% in Q1 2024, whereas Boura gradually recovers to 100% coverage.

Learning Agenda

In May 2023, CAPEV facilitated the development of a learning agenda with Centre National d'immunisation (National Immunization Center) and partners who developed learning priorities that are aligned with the FPP – HSS and EAF. The learning agenda defines the use case, learning activities, resources, and dissemination plan.

- To what extent have Gavi's investments in (1) expanding immunization services, and (2) continuing partnerships with civil society organizations to deliver immunization services contributed to reaching ZD children and underimmunized children and missed communities in Mali?
- To what extent the Urban Strategy – in the 10 major cities including Bamako – could reach the ZD children and missed communities?
- To what extent the *Strategy for Strengthening Immunization Activities in Conflict Zones* enables reducing the number of ZD?
- How has the digitization of community birth registers increase identification of ZD?
- How to strengthen the capacity of governance/technical bodies in planning, coordination and monitoring progress in particular to reach ZD children and missed communities?
- To what extent has Mali (1) designed and implemented social and behavior change interventions, and (2) strengthened advocacy for social and political engagement and increased accountability for equitable immunization at all levels?
- Is Gavi innovation support helping Mali put in place systems to reduce stock-outs? (eLMIS – known as Medexis).
- How can the introduction of performance management systems (*Coach2PEV*) build staff capacity in reaching ZD children and missed communities?

Implementation Research

The Learning Hub is implementing a process evaluation of the two supply-side interventions being implemented in Mali with Gavi support, e-LMIS (Medexis), and Coach2PEV.

- How does the introduction of Coach2PEV as a performance management system help strengthen staff capabilities in achieving ZD children and missed communities? Coach2PEV is a digital formative supervision system based on performance coaching.
- Does Gavi's support for innovation help Mali put in place logistics management information systems (Medexis) to reduce stock-outs which constitute one of the main causes of ZD and UI children? Facilities are using the eLMIS approach already for other health products in 26 districts in Mali, the majority of which are part of the 44 priority districts.