Strong commitment by the Government of Malawi to bolster the national routine health management information system and population-based surveys provides a foundation for advancing monitoring & evaluation (M&E) in the Malawi health sector. Although a wealth of data exists, the data are kept in different locations and are not widely accessible for regular analysis. There are many opportunities for using the data to encourage evidence-based Maternal Newborn Child Health and Nutrition (MNCH&N) policy and program decision making. The National Statistical Office (NSO) is dedicated to helping improve skills in collating routine and survey data, analyzing data, and evaluating data quality among stakeholders through the National Evaluation Platform (NEP).

What is the National Evaluation Platform (NEP)?

NEP is a rigorous new approach to compiling and analyzing health and nutrition data from diverse sources, so that the Government can get strategic, evidence-based answers to their most pressing MNCH&N program and policy questions.

NEP includes a collection of tools that help decision makers define priority evaluation questions, map and manage data, assess data quality, analyze data, and communicate findings. Malawi is building NEP between 2014-2017 with funding support from the Government of Canada and technical guidance and capacity building support from the Johns Hopkins University Institute for International Programs (IIP-JHU).
Who leads NEP Malawi?

As NEP’s Home Institution in Malawi, NSO manages NEP implementation, leads NEP analyses, and oversees capacity building for representatives from the Ministry of Health (MOH) and select partner organizations on the Technical Task Team (TTT). NSO has an internal team dedicated to NEP, including a full-time project coordinator and data manager.

Who participates in NEP Malawi?

NEP engages a diverse set of stakeholders invested in advancing data analysis and evidence-based MNCH&N policy and program planning in Malawi. NEP stakeholders are primarily from the public-sector and include representatives from NSO, MOH, and other line ministries such as Economic Planning and Development. NEP is also supported by local and international non-profit organizations that share interest in improving the use of data and data quality in Malawi. A locally based NEP Resident Advisor supports coordination efforts to ensure different MOH departments, partner organizations, and the NSO can achieve the NEP Malawi vision. Stakeholders primarily support NEP through participation in the High-Level Advisory Committee (HLAC) and TTT (see Figure 1).

Figure 1. Malawi NEP organizational structure.
The HLAC—chaired by the Chief of Health Services within MOH—is composed of senior levels from MOH and NSO. HLAC identifies priority MNCH&N evaluation themes. The TTT is composed of representatives form NEP stakeholder institutions who support national MNCH&N program management, M&E, and survey data collection and analysis. The TTT participates in NEP workshops and develop statistical and data collection skills to answer evaluation priorities set by HLAC. NEP has a special collaboration with the Central Monitoring and Evaluation Division (CMED) within the MOH. CMED provides oversight of M&E within Malawi’s health sector and the national District Health Information System 2 (DHIS 2). CMED is active in all NEP analyses and—in collaboration with NEP—is leading the upcoming national routine Data Quality Assessment (DQA).

How are analyses conducted?

![Diagram of NEP cycle approach]

Figure 2. NEP cycle approach.

NEP analyses are structured in cycles that progressively build on skills and findings from previous cycles (see Figure 2). The NEP cycle begins with priority MNCH&N themes determined by HLAC. With the help of IIP-JHU, the TTT identifies potential data sources and gaps in existing data to address identified MNCH&N themes. The TTT develops new skills in analysis, interpretation that are complementary to the NEP cycle MNCH&N themes and their daily job duties. After the TTT generates answers to questions related to the cycle MNCH&N themes, the findings are presented to HLAC and a broad audience of MNCH&N and M&E development partners.

What has been accomplished so far?

In 2015, NEP conducted Cycle 1 analyses in collaboration with the NSO-led Countdown to 2015’s case study. The case study determined factors enabling Malawi’s achievement of Millennium Development Goal 4 and concluded that Malawi rapidly reduced under-5 mortality through early and successful adoption of key child health interventions and policies. Increased coverage of interventions to treat and prevent pneumonia and nutrition-related interventions contributed to a high proportion of under-5 lives saved. The results from the case study generated interest from stakeholders in pursuing follow-up questions and district-level analyses.
During Cycle 1, the TTT used the Lives Saved Tool (www.livesavedtool.org) to model the impact of key reproductive, maternal, newborn, child health, and nutrition and water, sanitation, and hygiene interventions coverage targets on stunting prevalence in Malawi. The team developed two models. Model A suggests that if Malawi achieved the intervention coverage targets in the National Nutrition M&E Framework, Malawi would not reach the Government’s stunting prevalence target of 38% by 2020. Model B suggests that if Malawi reached 100% coverage of key interventions, Malawi would be able to reach the Government’s 2020 target, but would fall short from reaching the World Health Assembly (WHA) 2025 stunting prevalence target of 22% (see Figure 3). In response to the findings, nutrition policymakers in Malawi amended the national plan to include more high-impact nutrition interventions and advocated for multi-sectoral support to reduce national stunting.

![Figure 3. Projections of stunting prevalence based on Model A (interventions scaled up to National Nutrition M&E Framework targets) and Model B (interventions scaled up to 100%).](image)

What’s next for NEP Malawi?

NEP launched Cycle 2 in late 2015, which includes national and sub-national nutrition, pneumonia/acute respiratory infections, quality of routinely collected data, and youth-focused family planning analyses. The TTT is using both survey and routine data sources to complete Cycle 2 analyses. NEP is also collecting new data, which will supplement existing data. NEP—including key partner CMED—and other development partners will be conducting a DQA of routine data July-August 2016. NEP expects to finalize Cycle 2 results at the end of 2016.

For more information

Please direct any inquiries to Mrs. Mercy Kanyuka, Commissioner for Statistics, Malawi (mkanyuka@gmail.com) and Amos Misomali, NEP Malawi Resident Advisor (amos.misomali@yahoo.com).