the NEP SC in 2017.

The current NEP structure is slightly different from what it was at the start of the implementation in 2017. Among them, CREDOS assumes a leadership role. It hosts TWG meetings and in-country workshops. The SC, the TWG and the HI are the main entities of the NEP but the advisory committee of HI directors and the activities coordination team based at CREDOS also play important roles. All of these entities work in collaboration towards the implementation of the NEP in Mali.

To improve maternal, newborn, and child health and nutrition based on evidence, countries must invest in interventions that are proven to work. The National Evaluation Platform (NEP) is a rigorous new approach to compiling and analyzing data from diverse sources so that countries can get strategic answers to their most pressing program and policy questions. NEP is country-led and country-owned, and it is designed to build sustainable national capacity to analyze health, nutrition, and contextual data in order to inform data-driven decision making.

The NEP implementation is carried out using a cycle approach. Each of the three years of funding is considered as a cycle and each cycle addresses particular evaluation questions using specific data and methods. For each cycle, there are a number of capacity building workshops attended by TWG members. Figures 1 and 2 show the capacity building workshops carried out in cycle 1 and cycle 2-3, respectively.

These three workshops were necessary to allow TWG members to address the Cycle 1 evaluation questions, which were:

1. How many lives would be saved if Mali were to reach the targets in its strategies and plans?
2. Which MNCH&N indicators were significantly higher (or lower) in the districts of Mopti region, relative to other regions, in the 2012-13 DHS?
3. What would be the reduction in the neonatal mortality rate?
4. What would be the impact in the infant and child mortality rate?
5. What would be the impact on nutrition in Mali?
6. What coverage levels should be targeted to allow Mali to reach PDG/PRODESSE mortality targets by 2023 in the areas of:
   - Neonatal mortality
   - Infant mortality
   - Under-five mortality
   - Maternal mortality

To address cycle 2-3 evaluation questions listed above, several capacity building workshops have been needed.

1. Which MNCH&N indicators were significantly higher (or lower) in Mopti region, relative to other regions in the 2012-13 DHS?
2. Which MNCH&N indicators were significantly higher (or lower) in the districts of Mopti region, relative to other districts in Mali, in the 2012-13 DHS?
3. How have MNCH&N indicator levels changed from 2001 to 2013 in the regions and districts of Mali, based on routine and survey data (triangulation between survey and routine data)?
4. How have MNCH&N indicator levels changed from 2001 to 2013 in the regions and districts of Mali, based on routine and survey data (triangulation between survey and routine data)?
5. Are the time trends for MNCH&N indicators from 2001 to 2013 consistent for all the districts of Mali, based on routine and survey data (triangulation between survey and routine data)?
6. For 1-2 indicators that are different, what are some factors that might explain these differences? Could these factors be the cause of the different results?