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 of Mali can get strategic, evidence-based answers to their most pressing Maternal Newborn Child Health and Nutrition (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. Mali is building its NEP between 2014 and 2017 with funding support from the Government of Canada, technical guidance and capacity building support from the Johns Hopkins University Institute for International Programs (IIP-JHU). NEP is built through a cycle-based approach that progressively adds new types of data, analytical tools and communications skills (see Figure 1).
Who participates in NEP Mali?

NEP in Mali has not one but five home institutions (CREDOS, INRSP, INSTAT, DNS, and CPS) who share the leadership of in-country activities, with CREDOS assuming the role of coordinating institution. ANTIM also helps the home institutions with implementing NEP. These institutions, along with civil society and associated partners (WHO, UNICEF, UNFPA, USAID, ANTIM, University of Bamako, Scaling Up Nutrition, Global Affairs Canada and the Ministry of Health and Public Hygiene) form the Steering Committee. The group is responsible for identifying priority themes and is also the primary audience for NEP findings.

Under the guidance of the Steering Committee, the Technical Working Group (Groupe Technique de Travail GTT-NEP Mali) is comprised of staff members from each of the home institutions who are engaged in monitoring and evaluation, research, and program management build the NEP in Mali. This group is responsible for ensuring that their institutions contribute data, develop evaluation expertise and make use of the NEP findings. They run NEP analyses to support evidence-based decision making at policy level (see Figure 2).

Figure 2. NEP Mali Organizational Structure
Why does the NEP work in Mali?

The strength of the collaboration in Mali has been identified as being a key factor in its success. Indeed, the complementary expertise and leverage of the home institutions has been of paramount importance. Each institution contributes crucial knowledge and skills that encourage data sharing and the use of the NEP by decision-makers. The engagement of policy makers in the NEP cycles and the effective decision-making structure where the home institutions meet regularly to move the implementation forward are also important elements for success. The tools and skills of the NEP are integrated into existing MoH systems, making the NEP sustainable and promoting country-ownership (see Figure 3).

Figure 3. Complementary expertise has led to NEP Mali’s success
What has been accomplished so far?

The Government of Mali’s primary strategy for improving maternal and child survival is outlined in the Plan Décennal de Développement Sanitaire et Social (PDDSS), which includes two five year plans, the Programme de Développement Sanitaire et Social (PRODESS). During Cycle 1, the Steering Committee asked the TWG to assess whether intervention coverage targets in the PRODESS/PDDSS would result in Mali achieving MNCH mortality targets. The TWG focused on answering two evaluation questions:

1. How many lives would be saved if Mali were to reach the targets in its strategies and plans?
2. What interventions should be implemented and what coverage levels should be targeted to allow Mali to reach PRODESS/PDDSS mortality targets by 2023 in the area of Neonatal mortality, Infant mortality, Under five mortality, and Maternal mortality ratio?

The TWG used the Lives Saved Tool (LiST—www.livessavedtool.org) to model the effects of different programs and policies on maternal mortality ratio, neonatal, infant and child mortality rates. The team used 2012 Mali Demographic Health Survey (EDSM-2012) and WHO/UNICEF immunization data for baseline coverage estimates. The team created three models using LiST:

- **PRODESS/PDDSS**: Interventions and targets specified in Mali’s PRODESS and PDDSS strategy
- **Nutrition interventions**: More ambitious targets for interventions that reduce stunting and wasting
- **Curative interventions**: More ambitious targets for curative interventions (e.g. oral rehydration solution, antimalarials, and antibiotics for pneumonia and dysentery)

The LiST analysis identified that the current measures would not allow for the targets to be reached by 2023, as well as what modifications could help modify the trajectory.

Projected Newborn Mortality Rate in Mali (2014-2023)
Using the Lives Saved Tool
Projected Under-Five Mortality Rate in Mali (2014-2023)
Using the Lives Saved Tool

Projected Maternal Mortality Rate in Mali (2014-2023)
Using the Lives Saved Tool

Number of Newborn Lives Saved in Mali (2014-2023) Top Five Intervention Groups

Number of Under-Five Lives Saved in Mali (2014-2023) Top Five Intervention Groups
As a result of the LiST analysis, MoH and the Steering Committee recommended that DNS and CPS use NEP findings in order to improve their MNCH&N plans (May/July 2015) and use the NEP in their day-to-day activities. The MoH and Steering Committee also recommended that the NEP team train regional health directorate teams in the use of LiST to improve planning. This training will be held in 2018 with separate funding from the Government of Canada. Trainings on LiST have also been conducted at the University of Bamako’s Faculty of Medicine.

Key Findings from LiST analysis:
- Mali will not reach its targets for newborn, under-five, and maternal mortality based on intervention coverage targets outlined in PRODESS/PDDSS.
- However, if Mali aggressively scaled-up high-impact interventions, Mali would be able to reach its targets for newborn and under-five mortality.

How have findings been used?

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What’s next for NEP Mali?

The 2012-2013 DHS revealed that MNCH&N indicators in the Mopti region were weaker compared to the other regions. The NEP Steering Committee has asked NEP-Mali to identify cause of these weaknesses. The results of these analyses will be available in the first quarter of 2018.

Additionally, a qualitative study on family planning and skilled birth attendance in the region of Mopti was conducted to identify the cultural factors that influence the specific results in this region. Results will be available in first quarter 2018.

Where can I find more information?

To obtain more information about the NEP in Mali please visit http://www.sante.gov.ml/index.php/nep-mali. For more information on the NEP project, please visit http://nationalevaluationplatform.org, or contact IIP-JHU (IIP-Central@jhu.edu).