National Evaluation Platform in Mali

ANEC VIII
National Information Platforms to strengthen Nutrition Policy & Programs decisions

Authors
Youssouf Keita, Melinda Munos, Rebecca Heidkamp, Johns Hopkins University

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How is the NEP-Mali set up?

Steering Committee
Ministry of health and public hygiene (MSHP)
National MNCH&N or data institutions (Agence Nationale de Télémedicine et d’Informatique Médicale (ANTIM), Agence Nationale d’Évaluation des Hôpitaux (ANEH), Faculté de Médecine de d’Odonto-Stomatologie (FMOS), Centre de Recherche, d’Études, et de Documentation pour la Survie de l’enfant (CREDOS), Institut National de Recherche en Santé Publique (INRSP), Direction Nationale de la Santé (DNS), Cellule de Planification et de Statistique/Secteur Santé – Développement Social – Promotion de la Famille (CPS/SS-DS-PF), Institut National de la Statistique (INSTAT), Focal Point -SUN government and Civil society) and partners (WHO, UNICEF, UNFPA, USAID, GAC)

Technical Working Group (TWG)

CREDOS, INRSP, INSTAT, DNS, CPS/SS-DS-PF, ANTIM

Home Institutions (HI) – Advisory Committee of HI Directors supports the NEP

IIP-JHU Resident Advisor (RA) and NEP activities' coordination Team at CREDOS
How does it work?

**NEP-Mali Steering Committee:**
- Validates question and findings
- Supports the Technical Working Group
- Ensures that team has access to all data and materials needed for its activities
- Makes sure that findings are disseminated and used for decision-making

**NEP-Mali Technical Working Group:**
- Refines the question if needed
- Assesses the need of data, tool and capacity building
- Analyses data, write report and others materials for decision making

**Home Institution Advisory Committee:**
- Pre-validates questions as well as findings
- Guides TWG members between two SC meeting
- Allocates rooms for TWG meetings

Demand/questions from decision-makers
1st question addressed by NEP-Mali (2014-15)

How many lives would be saved if Mali were to reach the targets in its strategies and plans?

- Which interventions will have the most impact?
- What would be the reduction in the maternal mortality ratio?
- What would be the reduction in the neonatal mortality rate?
- What would be the reduction in the infant and child mortality rates?
- What would be the impact on nutrition in Mali?

This question came largely from JHU/TWG and was then validated by the SC - but this was in part because the SC didn't propose many specific questions when we went to them.
Needs of data, tool and capacity building

• Data: All MNCH&N ongoing plans and strategies
  • Household surveys reports and data base (MICS, DHS, SMART, etc.)
  • WHO/UNICEF vaccine data
  • IGME estimates of child mortality

• Tool
  • Lives Saved Tool

• Capacity building
  • Data mapping and quality assessment training
  • LiST training
  • Findings presentation, interpretation, and communication training
Key findings

Change in newborn, infant and U5 mortality rates in Mali between 2014 and 2023

Many lives (273,000) would be saved: 4,229 mother, 39,534 newborn and 229,565 children under five years lives based on LiST projections. However, Mali would not reach its mortality targets even if the coverage targets in its plans are reached.
MoHPH recommendations based on Cycle 1 NEP findings:

• DNS and CPS should use NEP findings in order to improve their MNCH&N plans and use the NEP in their day-to-day activities

• NEP team should train regional health directorate teams in the use of LiST to improve planning in Mali

• NEP Home Institutions should develop a technical note for NEP institutionalization (April 2016)
What lessons can be shared?

• Questions from decision-makers may need substantial refinement and assessment for feasibility/relevance before they can be answered

• Allocating sufficient time and resources for technical support are important in answering decision-maker questions

• Many factors may come into play in translating NEP results into changes in policies/programs (political changes, funding, etc.)

• The involvement of different home institutions with specific areas of expertise facilitated the work and increased the NEP influence

• Steering Committee members do not always have the necessary background information (frequent turnover)

• Given the success of the multi-institutional implementation of the NEP in Mali, this model should be considered for other sectors in Mali and for countries with similar characteristics as Mali (e.g., health system, MOH structure.)
This is a team effort... 

...thank you for the opportunity
Why does the NEP-Mali work?

**Strong and ongoing commitment of high-level stakeholders**
*(despite frequent leadership changes in HIs and MoH)*

**Involvement and effective engagement of...**

- Experienced institution focused on maternal and child survival  
  🏢 CREDOS
- Public health, MNCH & nutrition research institution  
  🏢 INRSP
- Institution with strong statistical expertise responsible for survey data  
  🏢 INSTAT
- Planning, monitoring and evaluation institution  
  🏢 CPS/SS-DS-PF
- Institution responsible for routine data, reproductive health and nutrition data management  
  🏢 DNS

- Access to planning tools
- Access to survey and routine data
- Availability of experts with various profiles
- NEP Home Institutions are also the ones who use its findings
- Consistent advocacy for the use of NEP findings in decision making

**Strong commitment of TWG members**

- TWG members receive partial salary support and ongoing technical training

**Continued, adapted technical and financial support from IIP-JHU**