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NATIONAL EVALUATION PLATFORM: Better use of data. Stronger programs. Greater impact.

BETTER EVALUATION MEANS BETTER HEALTH

Accelerating progress in women's and children's health and nutrition requires that countries scale up interventions that are proven to work in local contexts. The National Evaluation Platform (NEP) equips government decision-makers with the tools and skills to critically evaluate the state of maternal, newborn, and child health and nutrition (MNCH&N) in their countries. Empowered with evidence, policy and program leaders can make strategic decisions that lead to maximum health and nutrition impact for women and children.

NEP IS COUNTRY-OWNED AND COUNTRY-LED

From 2014 through 2016, four African countries—**Malawi, Mali, Mozambique,** and **Tanzania**—are building NEPs, with funding support from the Government of Canada and technical guidance from the Johns Hopkins University Institute for International Programs (IIP-JHU). Public institutions, including government ministries, statistics offices and research institutes, are leading actors in every aspect of NEP's development and use.

To implement NEP, countries have access to a **Toolbox** of evaluation methods, an integrated NEP Data System built on existing platforms, and capacity building materials, all of which support the platform's sustainability and adaptability, and allow for its replication in other countries.

THE NATIONAL EVALUATION PLATFORM IS...

A new way to assess the effectiveness and impact of MNCH&N programs

A systematic approach for identifying and compiling health and nutrition data from diverse sources and sectors, and ensuring that they are available for program evaluation

A core set of analytical methods for developing evidence-based answers to countries' pressing program and policy questions

A commitment to building sustainable national capacity



THE NEP PROCESS

A PARTNERSHIP OF GOVERNMENT STAKEHOLDERS LEADS NEP IN COUNTRY

HOME INSTITUTION: NEP's base within a national public-sector institution focused on producing or using data

HIGH-LEVEL ADVISORY/STEERING COMMITTEE (HLAC): senior leaders from public-sector MNCH&N stakeholder institutions

TECHNICAL TASK TEAM: technical staff from public-sector MNCH&N stakeholder institutions who work in monitoring and evaluation, program coordination and statistics

In each country, a locally based **IIP-JHU RESIDENT ADVISOR (RA)** supports NEP government partners by coordinating technical assistance, capacity building, and stakeholder engagement.

NEP HOME INSTITUTIONS

MALAWI National Statistics Office (NSO)

MOZAMBIQUE National Institute of Health (INS)

TANZANIA National Bureau of Statistics (NBS)

MALI Center for Research, Study and Documentation for Child Survival (CREDOS); National Institute for Research on Public Health (INRSP); National Institute of Statistics (INSTAT); MOH National Directorate of Health (DNS); MOH Planning and Statistics Unit (CPS)

THE NEP CYCLE

QUESTION

The NEP evaluation cycle begins with a priority policy question endorsed by HLAC members. The Home Institution and Technical Task Team translate this policy question into a series of answerable evaluation questions.

To allow for longer-term integration with existing country data systems, the NEP Data System is based on the DHIS-2, an online, open-source Health Management Information System software utilized by ministries of health in more than 45 countries.

DATA

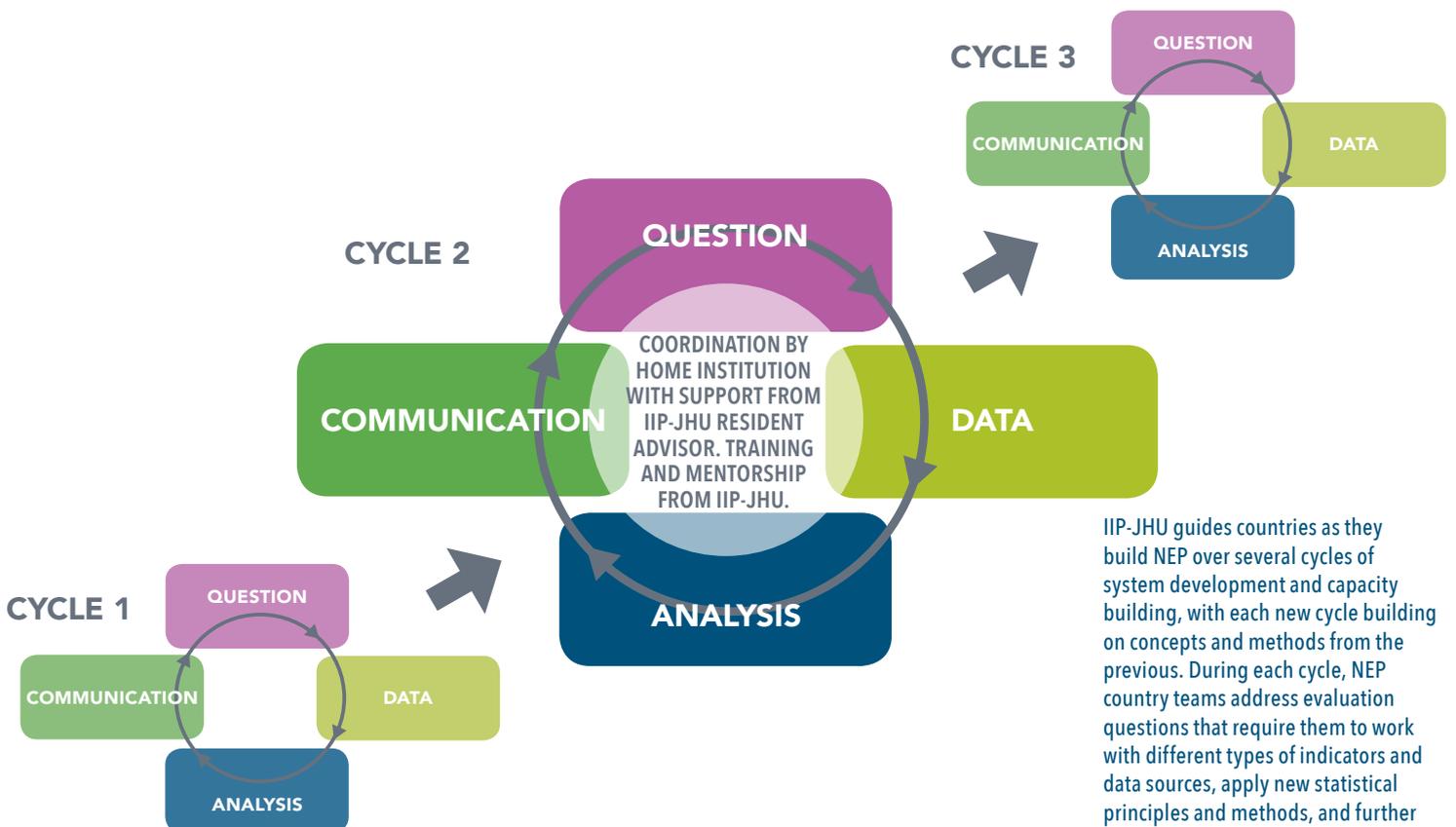
NEP brings together key health, nutrition and contextual data organized by district into a common Data System. Using NEP tools, the Task Team maps and assesses the quality of existing data from a range of sources—including household and health facility surveys, censuses, program reports and routine management information systems—and sectors, such as education and environment. The NEP Data System is updated as new data on MNCH&N and contextual factors become available, creating a longitudinal data set that enables analysis of trends over time.

ANALYSIS

NEP enables use of rigorous analytical methods to assess the impact of programs and strategies. The NEP Statistical Framework supports time trend analyses, dose-response analyses, and Lives Saved Tool (LiST) modeling. Policymakers can commission the NEP country team to conduct comparative analyses of contextual factors affecting program implementation and results, including population dynamics, climate, conflict and social and cultural factors. NEP also facilitates equity analysis to identify populations that are not being reached by key interventions.

COMMUNICATION

NEP strengthens the capacity of the Home Institution and Task Team to clearly communicate findings to HLAC members and other audiences. Using NEP findings, the government can identify and convey the country's MNCH&N needs, its progress in meeting those needs, and the gaps that remain. NEP also fosters accountability, enabling governments to accurately, consistently and comprehensively report—through national and international accountability frameworks—on fulfillment of their MNCH&N commitments.



IIP-JHU guides countries as they build NEP over several cycles of system development and capacity building, with each new cycle building on concepts and methods from the previous. During each cycle, NEP country teams address evaluation questions that require them to work with different types of indicators and data sources, apply new statistical principles and methods, and further develop their interpretation and communications skills.

NEP: THE COUNTRY EXPERIENCE IN 2015, MOZAMBIQUE, MALI, MALAWI AND TANZANIA COMPLETED NEP CYCLE 1

KEY ACCOMPLISHMENTS INCLUDED:

- Identifying MNCH&N stakeholders and establishing core NEP country teams
- Formulating priority Cycle 1 questions
- Identifying, assessing and compiling outcome and impact data from household survey sources
- Completing a first set of NEP analyses using the Lives Saved Tool (LiST)
- Communicating findings to HLAC members and supporting wider dissemination of results, with evidence of impact on MNCH&N planning



Mali Task Team member speaks to local media after Cycle 1 dissemination.

SAMPLE NEP CYCLE 1 RESULTS

MALAWI PLANNING-ORIENTED ANALYSIS

BACKGROUND

In mid-2015, the Government of Malawi was in the process of finalizing the National Nutrition Policy and Strategic Plan 2015-2020. Malawi set an ambitious target of reducing stunting by half over the next 10 years—from 42.4% in 2014 to 22.8% in 2025. The NEP team examined the feasibility of reaching this goal given the intervention coverage targets proposed in the plan.

PRIORITY QUESTION

If Malawi reaches Government targets for coverage of key direct interventions by 2025, will it achieve its stunting goal?

KEY FINDINGS

The NEP team generated two LiST scenarios – one where health sector-led nutrition interventions meet the proposed Government targets, and a second scenario where those same interventions achieve 100% coverage. Results showed that while health sector nutrition interventions are needed, scale-up in one sector alone will not be sufficient for Malawi to reach 22.8% stunting by 2025. Reaching 100% coverage for 10 health system interventions only reduced stunting to 32% in 2025. The results clearly communicate that solving nutrition problems requires substantive contribution from other nutrition-sensitive sectors such as agriculture and food security.

POLICY RESPONSE

Malawi's Nutrition Sector leadership revised the national plan to include additional high-impact nutrition interventions and immediately requested slides to advocate for a multi-sectorial response to Malawi's stunting problem at high-level meetings of nutrition stakeholders and the Parliamentary Committee on Nutrition.

TANZANIA RETROSPECTIVE EVALUATION ANALYSIS

BACKGROUND

Tanzania was on track to achieve Millennium Development Goal (MDG) 4 for child survival but off track to reach MDG 5 for maternal health. Prior analyses had examined the relationship between changes in national intervention coverage and mortality targets but did not address sub-national targets or account for the full MDG period up to 2015.

PRIORITY QUESTIONS

What are the national and sub-national trends in coverage of key MNCH&N interventions?

Which MNCH&N interventions contributed most towards achieving MDG 4?

KEY FINDINGS

Tanzania Mainland saved about 280,000 additional children, ages 0-5 years (including 38,000 newborns), through the scale-up of 38 interventions between 1999 and 2010. Malaria prevention and treatment and neonatal interventions accounted for more than half of the under-5 child lives saved, while reductions of under-nutrition accounted for one-third of child lives saved. Declines or stagnation in coverage of key interventions, such as oral rehydration solution and pneumonia treatment, resulted in "missed opportunities" to save an additional 89,500 under-5 lives (including 2,600 newborns).

POLICY RESPONSE

The NEP team was invited to share findings at several planning meetings supporting the development of the next Health Sector Strategic Plan (HSSP) IV (2015-2020) and the next MCH five-year plan. MNCH&N stakeholders are eagerly awaiting data from the 2015 Demographic and Health Survey so that the NEP team at the National Bureau of Statistics can update the analysis for the full MDG period.



IIP-JHU 2015

Tanzania Task Team members work on data visualization during a Cycle 1 workshop.

NEP ACHIEVEMENTS

From June to October 2015, social impact consulting firm FSG conducted an independent, mid-term evaluation of the NEP project. The evaluation highlighted notable progress in building country capacity, generating demand for NEP evaluations, and using NEP results to influence decision-making on MNCH&N programs and policies. Key achievements include:

- **Technical Task Team members have strengthened their technical skills for evaluating MNCH&N programs**, through workshops and ongoing mentorship by IIP-JHU.
- **Governments view NEP as a resource for national planning and decision-making**, and are using NEP findings to inform targets for specific interventions.
- **Country partners are taking ownership of NEP**, helping to ensure the platform's sustainability.

In 2016, all four countries are embarking on NEP Cycle 2, each answering a new set of priority questions that introduce more complex types of data and use more advanced tools from the NEP Toolbox. IIP-JHU continues to refine and adapt core tools and training materials as they are piloted in the NEP countries.

"Many participants including myself have been transformed [by this] new way of thinking and looking at data."

Technical Task Team member
TANZANIA

"I believe that we are going to have a lot of answers that will open windows for other research questions that we can address and think [about] strategically for the country."

Government colleague
MOZAMBIQUE

WITH NEP, DECISION-MAKERS CAN BUILD THEIR PLANS ON A FOUNDATION OF EVIDENCE

NEP partners anticipate that successful development of the platform in these four countries — and its use by policymakers as a basis for data-driven decision-making on women's and children's health and nutrition — will provide proof of concept and lead to adoption of the approach in additional countries.

FOR MORE INFORMATION: www.bit.ly/NEPlatform