



Mali



Research objective

To enable data users to identify the best available data source for a set of 17 key nutrition indicators (see Table 1) according to priorities for the specific data use.

The purpose of this data profile is:

- 1 To summarize all available primary data sources and secondary data aggregation platforms¹ for key nutrition indicators representative at the national level in Mali.
- 2 To assess the identified data sources for each indicator across four dimensions (see details in key to Table 2): (i) validity and comparability, (ii) timeliness, (iii) accessibility, and (iv) representativeness.
- 3 To identify data gaps in the national data system to effectively track progress on nutrition and/or inform policy and program decisions for improving nutrition in Mali.

¹ All types of data aggregation platforms were included such as scorecards and data visualization tools that reported on at least one of the target indicators for this assessment in a West African country.

² Global Nutrition Monitoring Framework: Operational Guidance for Tracking Progress in Meeting Targets for 2025, Geneva: WHO, 2017. Licence: CC BY-NC-SA 3.0 IGO.

³ World Health Organization NCD monitoring framework

⁴ Transform Nutrition West Africa inception report. 2018

TABLE 1
17 key nutrition indicators

		WHA target	Nutrition status	Drivers
Children	U5 stunting			
	U5 wasting			
	U5 overweight			
	Low birthweight			
	Exclusive breastfeeding			
	Early initiation of breastfeeding			
	U5 anaemia			
	Minimum acceptable diet			
	Minimum dietary diversity			
Women of reproductive age	Anaemia			
	Wasting			
	Obesity			
	Minimum dietary diversity			
Adult	Sodium intake			
	Hypertension			
	Diabetes			
	Overweight and obesity			

The indicators included in this assessment cover maternal, infant and young child nutrition (MIYCN) status, underlying behaviours that drive nutritional status, and diet-related non-communicable diseases (NCDs). Several of the indicators track Mali's progress on global nutrition targets.^{2,3} In addition, the selected indicators represent important regional nutrition challenges and priority issues.⁴

TABLE 2

Indicators		U5 stunting	U5 wasting	U5 overweight	Low birthweight	Exclusive breastfeeding	Early initiation of breastfeeding	U5 anaemia	Minimum acceptable diet	Minimum dietary diversity	Anaemia	Wasting/thinness	Obesity	Minimum dietary diversity	Sodium intake	Hypertension	Diabetes	Overweight and obesity
Population		Children									Women of reproductive age				Adults			
Primary source ⁵	Quality																	
Demographic and Health Survey (DHS) (2012/2013) *	V	++	++	++	++	++	++	++	++	++	++	++	++	++	-	0	0	0
	T	+	+	+	-	+	+	+	+	+	+	+	+	+	-			
	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
	R	++	++	++	++	++	++	++	++	++	++	++	++	++	++			
Multiple Indicator Cluster Survey (MICS) (2015)	V	++	++	++	++	+	++	0	++	++	0	0	0	0	-	0	0	0
	T	++	++	++	-	++	++		++	++					-			
	A	+	+	+	+	+	+		+	+					+			
	R	++	++	++	++	++	++		++	++					++			
Enquête Nationale Nutritionnelle Anthropométrique et de Mortalité rétrospective suivant la méthodologie SMART (2017)	V	++	++	?	0	+	+	0	+	+	0	-	++	0	-	0	0	0
	T	++	++	++		++	++		++	++		++	++					
	A	-	-	-		-	-		-	-		-	-					
	R	++	++	++		++	++		++	++		++	++					
Malaria Indicator Survey (MIS) (2016)	V	0	0	0	0	0	0	++	0	0	++	0	0	0	0	0	0	0
	T							+			+							
	A							+			+							
	R							++			++							
STEPS Survey (Subnational survey) (2007)	V	0	0	0	0	0	0	0	0	0	0	0	0	0	+	0	+	
	T														-		-	
	A														-		-	
	R														-		-	

* For the last DHS (2012/2013), the survey is only representative for the south regions. The security dimension of this crisis has made the three northern regions (Timbuktu, Gao, Kidal) and three circles in the Mopti region (Douentza, Ténenkou and Youwarou) inaccessible.

KEY TO TABLE 2

Dimension	List of items	Rating
V Validity/ comparability	Does the data source use the specified global measurement method for the indicator or can it be calculated from other indicators in the dataset?	++ Uses the standard measure and specifies the method of measurement/calculation
		+ Uses the standard measure, but no information is given on the method of measurement/calculation
		- Uses a different measure than the standard & the standard measure cannot be calculated from other indicators in the dataset
		? The measure is not specified in any way
T Timeliness	Does the data collection respect the recommended frequency for the indicator?	++ Data collected according to the recommended frequency and last data collection within the window
		+ Data not collected according to the recommended frequency, but last data collection within the window
		- Data not collected according to the recommended frequency and last data collection not in the window
		? No information on the year of collection
A Accessibility	Are the results of the survey published?	++ Report and datasets publicly available
		+ Report publicly available and datasets available after authorization
		- Report publicly available but datasets not available
		? No information on the survey retrieved
R Representativeness	Is the survey representative at national and first-level administrative divisions?	++ Representative at national and first-level administrative divisions
		+ Representative at national level but not at first-level subdivision
		- Subnational survey
		? Representative at national level but no information on representativeness at first-level administrative divisions

⁵ https://westafrica.transformnutrition.org/wp-content/uploads/2019/06/DA_database_primary_sources_Final.xlsx

Search for all primary sources and data platforms completed in November 2018 and data quality validation completed in December 2018. See technical note for further details on search strategy and assessment approach: <https://westafrica.transformnutrition.org/output/data-integration-assessment-technical-note/>

TABLE 3

[illegible]

1 Primary data sources (Table 2) and data platforms (Table 3)

- Five primary data sources were identified, four of which are nationally representative. The Demographic and Health Survey (DHS) covers the greatest number of indicators (14), followed by the Enquête Nationale Nutritionnelle Anthropométrique et de Mortalité rétrospective suivant la méthodologie SMART (NNS/SMART), which covers 10 indicators.
- Nineteen data platforms were identified. Some platforms (11) use data directly from primary data sources, mainly from the DHS and the Multiple Indicator Cluster Survey (MICS), although many use data from other platforms. The Global Nutrition Report covers the most indicators (16) of any platform followed by Countdown to 2030 (10).
- All indicators covering the World Health Assembly (WHA) targets are reported on.
- Minimum dietary diversity among women of reproductive age (WRA) is not covered by any platform.
- Diabetes among the general adult population is not covered by any primary data source. Nonetheless, several platforms report on this indicator using modelled estimates from the Lancet⁵ or data from other platforms.
- Indicators of child nutrition are covered by fewer data sources, but more data platforms compared to indicators of adult nutrition.
- Indicators of nutrition status are covered by more data sources and platforms compared to indicators of nutrition drivers.

2 Assessment of primary data sources

- None of the data sources meet the highest standard across all four data source quality dimensions.
- All primary sources use the specified global measurement method for selected indicators, except for sodium intake in all sources that report it, and for wasting/thinness among WRA and under five (U5) overweight in the NNS/SMART.
- There is only one data source (STEPS) reporting on hypertension, and overweight/obesity among the general adult population, which is not nationally representative, publicly accessible, or timely.
- One data source is out of date and not within the recommended frequency window for reported indicators (STEPS). Two data sources (MICS and NNS/SMART) are up-to-date and within the recommended frequency except for low birthweight and sodium intake. The remaining two (DHS and the Malaria Indicator Survey (MIS)) are up-to-date but not within the recommended frequency except for low birthweight and sodium intake.
- A publicly accessible report is available for all data sources, however, only three datasets (DHS, MICS, MIS) are accessible after receiving authorization, and two (STEPS and NNS/SMART) do not grant access to the datasets.
- All data sources⁶ are representative at national and at first-level administrative division except for the STEPS Survey, which is only representative at subnational level in the district of Bamako, the communes of Kati Central and Ouélèsébougou.

3 Identification of data gaps

- No platforms report on minimum dietary diversity among WRA as a measure of diet quality for this population.
- No data are available on diabetes among the general adult population.
- Data are lacking on key indicators of diet-related NCDs in Mali to report on NCD targets informatively.
- Most data sources are not timely. To optimally inform policy and program processes and track progress, data should be collected within the recommended frequency for each given indicator.

⁵ NCD Risk Factor Collaboration (NCD-RisC) (2016). Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4·4 million participants. The Lancet, 387(10027), 1513-1530.

⁶ The DHS is generally representative at the national and a first-level administrative division, however, during the last round, the survey was only representative for the South regions. The security dimension of the crisis has made the northern regions (Timbuktu, Gao, Kidal) and the circles in the Mopti region (Douentza, Ténenkou and Youwarou) not accessible.

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