IMPROVING NUTRITION THROUGH ACCOUNTABILITY AND DATA SYSTEMS

SMART Nutrition for Growth (N4G) Data Commitments

CERTIFIED SIDE EVENT

17 November 2021

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215 live participants

Q: In the context of India, was the social and behavior change communication focus only on mass media or beyond?

Response from Divya Nair: No, it was across 21 platforms - ranging from television, radio, street drama, to front line workers.

Q: In the context of India, did your surveys provide information about who the users of nutrition data are and how they use them? If so, what did you learn about data users and how much have you worked with data users to shape what data is presented?

Response from Purnima Menon: We did not conduct a survey on data use specifically, but our experience tells us that official and development partners value data from different sources. The challenges are often that the data use is not necessarily streamlined and uniform across nutrition review meetings that happen across the nutrition system. Ideally, we would want to see data use guidelines across those key meetings, and a lot of early guidelines in India did try to make recommendations about indicators to review in key meetings, etc. The pandemic definitely affected both data systems and review processes so there are some things to perhaps revitalize.

Response from Divya Nair: There's a range of officials who use and do not use data. I'd say that often, once the data is socialized, officials are very interested. Depending on the data, they may or may not want to make it widely available. Another challenge is the format of how data are presented and visualized for this audience. Simplifying the presentation format and highlighting a few key priority indicators alongside focused recommendations really helps to advance data use for decisions and actions.

Follow up question: What have you tried to increase data use within India?

Comment from Divya Nair: The ownership piece is very important to ensure that the data users have a lot of control or say in choosing the indicators, frequency of the reporting of indicators, and where evidence is coming from. When we work with government, there is a sense that they can choose what and when information is made public. This is important for this group of stakeholders specifically, because they are able to socialize the data internally and gain familiarity with it before it is shared with other stakeholder in the nutrition space.

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Q: In the context of India, I hear that data users are more likely to increase in number and depth of use if data is socialized and one way of doing this is to agree on key indicators to review in certain fora. What are your thoughts on this?

Response from Purnima Menon: Yes, agree, that's very helpful. Good if data users select the indicators, potentially from a prioritized list.

Response from Divya Nair: Totally agree. This was a key goal of the monitoring framework development too. We socialize data around those indicators in the various state and district nutrition profiles that are jointly developed with the government.

Q: In the context of Malawi, how does the central government provide feedback to district facilities on a monthly basis?

Response from Isaac Dambula: Local facilities get feedback from the district-level directly on a monthly basis. A collection of districts forms a zone. Zones provide feedback to facilities on a quarterly basis and support a zone-level review process which informs facilities. There is also an annual national-level review where districts receive feedback other districts and the national-level.

Q: In the context of Malawi, can you describe the reductions you've seen, such as changes in overweight, etc., and speak to why those changes may have occurred? Could you also speak to which interventions were used to reduce Vitamin A deficiency?

Response from Isaac Dambula: Under-5 stunting rates decreased from 47% in 2010 to 37% in 2016. Levels of Vitamin A deficiency reduced among preschoolers (6–59 months) from 59.2% in 2003 to 3.6% in 2016, from 38.3% to 0.9% among school-aged children (5–15 years), from 57.4% (2003) to 0.3% (2016) among women of reproductive age (15–49 years), and from 36.9% to 0.1% among men (20–55 years).

Overweight prevalence among women ages 15–49 years increased from 9.8% in 2000 to 15.1% in 2016; obesity more than doubled during that time from 2% to 5.6%.

The country has been conducting biannual Child Health Days in 2003 which had vitamin A supplementation and promoted dietary diversity. As midterm intervention, the sugar for local consumption is fortified with vitamin A since 2012 to date. Bio-fortification of orange flesh sweet potatoes in ongoing as well.

Q: **In the context of Malawi, when you say obesity in children below 59 months is increasing steadily what are the measures being adopted to curb this?**

Response from Isaac Dambula: As part of scaling up nutrition approach the country has developed the Nutrition Education Communication Strategy II which is guiding stakeholders on effective social behavior change communication approaches in the delivery of high impact nutrition practices at the facility, community and household levels. The Strategy provides standardized nutrition key messages addressing all forms of malnutrition including obesity using a life-cycle approach: adolescence, pregnancy, birth, 0-5 months, 6-23 Months and 24-59 months. The messages are being promoted at different levels. In addition, the Eat Well to Live Well Guideline to prevention and management of common diet and lifestyle related NCDs has just been launched. The messages in this guideline are being promoted in various forums from media to counselling.

Q: **In the context of Bangladesh, how are network coverage issues managed in remote areas of the country?**

Response from S M Mustafizur Rahman: Network coverage in Bangladesh is great now. However, in few facilities (<5% of total service providers) may still have some network issues. Initially issues were managed with a physical reporting system, but now that electricity and internet connections are available throughout the country, issues can be managed virtually. A year or two ago, before internet and electricity were broadly available, stakeholders could upload reports of issues on- or offline to a digital portal and the reports would then

automatically upload to the portal once the stakeholder connected to the internet.

Q: **How does the data collected by the NIPN contribute to Strengthening Niger's Country Data Systems under the Comprehensive Africa Agriculture Development Programme (CAADP) Biennial Review Toolkit?**

Response from Saadou Bakoye: Le Plan Cadre d'Analyse (PCA) n'est pas le CAADP. Le PCA est un outils de la PNIN est élaboré tous les deux (2) ans qui permet d'identifier les besoins d'informations auprès des décideurs et acteurs de la nutrition. Il se décline en questions et sous-questions d'analyses. La PNIN identifie les données multisectorielles afin de répondre à ces questions et sous-questions dans une logique de valorisation des données existantes. Cependant des travaux ont été effectués sur la collecte d'indicateurs sur l'agriculture et une note technique sur le développement d'une agriculture et des systèmes alimentaires sensibles à la nutrition.

The Framework Analysis Plan (FAP) is not the CAADP. The FAP is a tool of NIPN, elaborated every two years, that allows to identify the information needs of decision makers and nutrition actors. It is broken down into analysis questions and sub-questions. The NIPN identifies multisectoral data in order to answer these questions and sub-questions in a logic of valorization of existing data. However, work has been done on the collection of indicators on agriculture and a technical note on the development of nutrition sensitive agriculture and food systems.

Q: **Our experience with including key indicators in DHiS/HIMS is that adding more nutrition indicators to the DHiS/HIMS doesn't always mean that these indicators are analyzed since health system needs to analyze indicators beyond those related to nutrition. Are other countries experiencing this and, if so, are they managing this issue?**

Audience Comment: Agreed, it would be good to have a cross-country analysis of how nutrition is being used in the DHIS-2. From my experience, it varies greatly by country and it would be good to summarize the lesson learned.

Response from Purnima Menon: This is a great question. What we have seen for nutrition in India is that a dedicated group has been analyzing the HMIS data on nutrition and feeding it back to the government and other implementers.

Audience Comment: Most countries do not have DHIS-2 nutrition focal persons who are full time focal persons to help with the integration. I would recommend adding focal persons to support integration.

Unanswered Questions

Q: In low-income countries, what key investments that are essential in Nutrition Information systems to perform well?

Q: Excellent presentations from all countries. One important aspect of gathering the data is forecasting the malnutrition including caseload and supplies based on standard program design and the trends analysis of the data gathered. Is there any experience on it?

Q: Countries, particularly low- and middle-income countries, have faced challenges including budget line items and tracking investments for nutrition. Are there examples of how countries are managing this issue or suggestions?

Resources from vignette slides

Data Prioritization & Planning

UNICEF, WHO. National Nutrition Information System: The Fundamentals Series Module 1. https://uni.cf/nnis-guidance

Data Creation & Collection, Curation, & Analysis

Scaling Up Nutrition (SUN). 2021. Case studies on examples of best practice: Information systems for Nutrition: Burkina Faso, Vietnam, Indonesia, Peru. https://bit.ly/N4G_data_Peru

UNICEF. 2021. Strengthening Nutrition Information Systems. https://uni.cf/nnis

Data Translation & Dissemination for use in Decision Making

Departmental Food And Nutrition Safety Information System (SiDESAN). https://bit.ly/N4G_data_Guatemala

Scaling Up Nutrition (SUN). 2021. Case studies on examples of best practice: Information systems for Nutrition: Burkina Faso, Vietnam, Indonesia, Peru. https://bit.ly/N4G_data_Indonesia

Rana Y, Dongo G, Snead C, et al. Developing effective data visualization tools for nutrition: reflections on the design of a Nutrition Scorecard in Nigeria [version 1; peer review: 1 approved]. Gates Open Res 2021, 5:98. https://bit.ly/N4G_data_Nigeria

Additional resources

Bangladesh National Nutrition Dashboard. https://mukto.nnsop.org/dashboard

DataDENT. 2019. How can we better support countries to build and maintain nutrition data and information systems? [Blog]. https://datadent.org/2019/10/07/cost-of-nutrition-data-and-information-systems/

Department of Health, Government of Bangladesh. Management Information System (MIS) [webpage]. www.dghs.gov.bd

Manorat R, Rana Y, Borces K et al. How are countries planning for costs of nutrition data and information systems? [version 1; peer review: 2 approved]. Gates Open Res 2020, 4:60. https://datadent.org/how-are-countries-planning-for-costs-of-nutrition-data-and-information-systems/

Menon P, Avula R, Sarswat E, Mani S, Jangid M, Singh A, Kaur S, Dubey AK, Gupta S, NairD, Agarwal P, and Agrawal N. 2020. Tracking India's progress on addressing malnutrition: What will it take? POSHAN Policy Note 34. New Delhi, India: International Food Policy Research Institute (IFPRI). https://datadent.org/nutrition-indicator-framework-india/

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National Nutrition Services Institute of Public Health Nutrition, Government of Bangladesh. https://nnsop.org/

NITI Aayog. 2018. Transforming Nutrition in India: POSHAN Abhiyaan A Progress Report. https://www.niti.gov.in/documents/poshan-abhiyaan-reports

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NITI Aayog. 2020. Accelerating Progress on Nutrition in India: What will it take? Third Progress Report. https://www.niti.gov.in/documents/poshan-abhiyaan-reports

Nutrition Data Partners Group (NDPG). Shaping commitments to improve nutrition data and accountability in support of food, health and prosperity for all: Recommendations from the Nutrition Data Partners Group. 2021. https://datadent.org/shaping-commitments-to-improve-nutrition-data-and-accountability-in-support-of-food-health-and-prosperity-for-all/

UNCIEF Bangladesh. Emergency Nutrition System Dashboard. https://emergencynutrition.org/