



SCALING NATIONAL INFORMATION PLATFORMS FOR NUTRITION

Experiences from Ethiopia, Kenya, and Lao PDR



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Frontpage photos: © UNICEF

This publication has been produced with the financial support of the European Union (EU) and the German Federal Government through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH. Its content is the sole responsibility of NIPN and does not necessarily reflect the views of the European Union, the German Federal Government, or other parties.

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1. Introduction

In 2015, the National Information Platforms for Nutrition (NIPN) was launched by the European Union (EU) to support partner countries that are part of the global Scaling Up Nutrition (SUN) movement. These countries have committed to delivering evidence-based programmes and interventions to improve nutrition in their progress towards the 2030 Agenda for Sustainable Development Goal (SDG) 2.

NIPN aims to support countries in strengthening their multisectoral nutrition information systems, data analysis, and communication for nutrition to better inform the strategic decisions with the goal to prevent all forms of malnutrition. NIPN platforms are established in nine countries: Burkina Faso, Côte d'Ivoire, Ethiopia, Guatemala, Kenya, Lao PDR, Niger, Uganda, and Zambia. Typically, NIPN is implemented at the national level of government, involving public institutions such as ministries and health institutes. Guatemala is an exception, as NIPN is implemented at a municipal level in the country.

At the 2023 NIPN Global Gathering, NIPN platform representatives from Ethiopia, Kenya, and Lao PDR identified the shared objective to scale implementation at sub-national level. In this context, the sub-national level refers to decentralised administrative units below the national government – such as provinces in Lao People's Democratic Republic, regional states in Ethiopia, and counties in Kenya – that are responsible for local planning, budgeting, and implementation of nutrition and food security policies.

Recognising common challenges and opportunities, such as selecting appropriate rollout locations, planning key activities, and establishing and strengthening sub-national capacity, the three countries agreed to engage in structured exchanges to share experiences and approaches. This led to the emergence of a tripartite initiative grounded in the recognition that, despite country-specific contexts, mutual learning could strengthen the adoption and implementation of NIPN approaches at the sub-national levels.

To facilitate sustained knowledge exchange, the NIPN Global Coordination team facilitated a series of regular virtual meetings among the participating countries. Building on these exchanges, an in-country exchange visit was proposed to delve deeper into country-specific strategies and lessons learnt. Given its relatively advanced progress in sub-national rollout, Lao PDR offered to host. The exchange aimed to provide participants an opportunity of first-hand insights into Lao PDR's implementation model, best practices, and challenges, while reinforcing the adaptability of NIPN approaches across diverse regional contexts. The visit to Lao PDR took place from 11 to 15 November 2024 and included a field visit to Salavan Province, as well as a two-day workshop in Pakse, Champasak Province.

Exchanges have continued in the time since and with the winding down of NIPN Global Coordination in early 2026, a case study was proposed to document the key learnings and experiences from the three countries implementing NIPN at a sub-national level.

2. Methodology

In July 2025, individual country interviews, following a structured format, were conducted online with practitioners from implementing partners (GIZ and UNICEF) and NIPN coordinators from Ethiopia, Lao PDR, and Kenya. In addition, Ethiopia and Lao PDR were represented by sub-national stakeholders. Representation from Kenyan sub-national authorities was not available during the interview process; consequently, sub-national perspectives presented in this case study are drawn solely from Ethiopia and Lao PDR.

In addition to the interviews, tripartite meeting minutes and mission reports were reviewed to inform the analysis. The interview guide and list of interviewees are provided in the Annex.

3. Country experiences

3.1 Lao PDR

a. Overview of the country and nutrition situation

Lao PDR has a total population of around 7.7 million. The country is administratively divided in 17 provinces, including Vientiane municipality with a population of approximately 1 million, and Vientiane province, with a population of around 775,000 people. Lao PDR is classified as one of the Least Developed Countries (LDC) (United Nations, 2025). Although the country made significant progress in poverty reduction between 2007 and 2018, when the national poverty rate decreased from 27.6% to 18.3%, poverty rates in rural areas remain much higher compared to urban areas (with around 41% and 14.8 % respectively).

Lao PDR is 'on course' to meet the target for stunting, but the prevalence remains high at

33.1% of children under 5 years of age, according to the Global Nutrition Report (GNR) (GNR, 2025c). Moreover, the country has made no progress towards achieving the target for wasting, with 9.0% of children under 5 affected.

b. Timeline and locations of the sub-national rollout

Lao PDR requires urgent, targeted, and multisectoral action to accelerate progress towards the global nutrition targets and prevent further setbacks in child growth and development. High disparities persist across the country, with several provinces recording stunting rates far from the national target. This underscored the importance of strengthening government capacity at national and sub-national levels, particularly to track, analyse, and respond to local nutrition challenges through evidence-informed decision-making.

The NIPN sub-national rollout in Lao PDR started with phase II of NIPN in six provinces (two in northern, two in central, and two in southern Lao PDR). The selection was based on the most recent Lao Social Indicator Survey, which identified the locations with high level of malnutrition prevalence and as well as relevant capacities to conduct NIPN functions. The selection also considered geographic characteristics to ensure both programming efficiency and the potential for future scale-up and collaboration opportunities with neighbouring provinces.

The selection process took around two months and activities officially started in July 2022. Representatives of the six provinces were invited to participate in a Quarterly Review Meeting. Since then, follow-up work continued, including capacity needs assessments that were conducted in all six provinces.

c. Sub-national NIPN design and set-up

To improve nutrition indicators, it was considered important to build capacities at sub-national level to better adapt policy and interventions to local contexts. Existing capacities at the national level were leveraged to support provincial governments to help resolve issues locally. Provincial assemblies set their own priorities and worked with the central government for budget allocation and strategic advice.

In alignment with the national government, the provincial Departments of Planning and Investment (DPI) led the implementation of NIPN operations, establishing NIPN Provincial Advisory Committees. The DPIs coordinated with relevant line agencies to establish NIPN units and to carry out related activities. This approach ensured nutrition data sharing and a point of connection for multisectoral planning to ease monitoring.

Led by the DPIs, the line agencies at provincial level such as education, health, agriculture and other key nutrition players meet in bi-monthly and quarterly meetings, discuss the workplans and propose activities to the central government and UNICEF for funding. Several meetings took place to ensure the effective relevant set up of the coordination structures and to get NIPN established at provincial level, which took approximately four months in total.

Work in the provinces started with the identification and analysis of the nutrition indicators available for each sector to identify the nutrition status and make policy recommendations. Some sectors, such as agriculture and education have limited nutrition data, as well as sub-optimal management information systems. Important capacity gaps were also identified to be strengthened in each province that would be supported through support from national level partners and NIPN.

NIPN partnered with EC-NIS; EC-NIS was an EU financed, WHO and UNICEF implemented project which aimed to strengthen nutrition information systems and differs from NIPN as it also includes health data. Together NIPN and EC-NIS carried out analysis to bridge data gaps in the provinces. Building on the data analyses the DPIs developed implementation plans, however, due to insufficient human resources, they could not establish provincial data and policy analysis units. Therefore, National level NIPN continued to play a supporting role in carrying out activities in the implementation plan.

d. Main challenges

At the provincial level, significant gaps persist in both the availability and accessibility of data. Provinces do not benefit from the same range of surveys, limiting the availability of district level data. Surveys are usually conducted at the national level, which constrains local ownership and leadership in production and analysis of nutrition data and related decision-making processes.

Moreover, beyond the health sector, nutrition is not overtly perceived as a high priority. This creates challenges to engage other sectoral agencies and foster cross-sectoral collaboration. In this context, capacity building and communication are important to advocate for the increased participation of other sectors to contribute to nutrition and to demonstrate the overall relevance of nutrition.

Lastly, merging and restructuring of the Ministry of Finance and the Ministry of Planning and Investment, also affected the implementation of NIPN activities at the provincial level. Following the institutional reorganisation, additional time was required to clarify departmental mandates within the NIPN team, particularly as certain positions were relocated to other sectors. Subnational teams were similarly required to redefine their roles,

with documentation updated to reflect the revised structures and responsibilities.

e. Main achievements

Thanks to the sub-national scaling, several provinces have strengthened their capacity to generate reports on nutrition. Notably, Salavan Province became the first to generate and publish nutrition data monitoring reports. Provinces have also succeeded in disseminating important nutrition data and information with district authorities.

Efforts continue to enable the provinces to develop dashboards and data repositories. An indicator mapping exercise and a review of intersectoral indicators were conducted for standardisation. The exercise has supported indicator harmonisation across sectors, and it has facilitated the integration of various nutrition-related activities into the National Plan of Action for Nutrition.

Data collection for improved planning and decision-making capacities has also been strengthened in the provinces. Improved access to reliable, cross-sectoral information has proven particularly valuable for each province to inform resource allocation decisions and prioritising investments where needs are greatest.

In the short and medium term, the national NIPN team will need to continue to support the provincial technical work to work towards ensuring their independence over time.

f. Lessons learnt

Given the significant diversity across provinces, it was not possible to take a one-size-fits-all approach. Implementation strategies had to be tailored to the specific circumstances, needs and opportunities.

Engagement with the health sector was instrumental due to their solid nutrition expertise, as well as their access to nutrition-specific data. An important lesson learnt was the value of greater involvement of other agencies that have relevance for nutrition, such as the Lao Tropical Institute within the Ministry of Health

In the initial phase of the rollout, stronger direct involvement of NIPN at the national level with the provincial implementing partners would have enhanced ownership, without engaging first at a regional level. The transfer of funds directly to the provincial implementers would have also increased their sense of responsibility and leadership of the activities. Two provinces received direct transfers, with the remaining following later. These two initial provinces have now developed their workplan that can be implemented.

Capacity development activities were highly valued at the provincial level, particularly on data analysis and nutrition situation analysis. This appreciation has generated further demand for trainings on advocacy and evidence dissemination to effectively reach decision makers. However, a lesson learnt is the importance of moving forward using existing capacities and not delaying action while waiting for further trainings.

Salavan province generated and disseminated a capacity development report. The experience showed that moving from a regional approach to a province centred approach made trainings more efficient and better adapted to specific issues and needs in each province. The support provided by the central level of government was also valuable to strengthen capacities and support the establishment of functional sub-national NIPN team.

3.2 Ethiopia

a. Overview of the country and nutrition situation

Ethiopia is the second most populous nation in Africa with an estimated population of 132 million people (World Bank, 2024a). It is administratively divided into 12 regional states and two chartered cities. Between 2004 and 2016 Ethiopia reduced the national poverty rate from 39% to 24%. However, due to the COVID-19 pandemic, the conflict in the northern Tigray region, severe droughts, a slowdown in GDP growth and soaring inflation, poverty increased again to 32% by 20215 (World Bank, 2024a). Poverty is more pronounced in rural areas, where approximately three-quarters of the population resides.

Despite progress, malnutrition remains a major public health challenge. The GNR indicates that the country has made some progress towards achieving the target for stunting. Yet, stunting affects 36.8% children under 5 years of age, which is higher than the average for the Africa region (30.7%) (GNR, 2025a). Ethiopia has also made some progress in the prevalence of wasting, but the wasting rate is 6.8% for children under 5 years of age.

b. Timeline and locations of the sub-national rollout

A sub-national rollout was planned for phase II of the NIPN implementation to enable regions to generate context-specific evidence and to strengthen capacities in data management for local decision making. Implementation was conducted by existing regional public health institutes (RPHI), leveraging their resources and capacities, but also strengthening collaboration with the Ethiopian Public Health Institute (EPHI).

A feasibility study was conducted in early 2023 to identify the regions that had the strongest capacities to implement 'Regional Information Platforms for Nutrition' (RIPN) (NIPN Ethiopia, 2023). Given financial and human resource limitations, the rollout began in two regions, with the option to scale up to other regions later. Based on the recommendations of the feasibility study, the regions of Amhara (approximately 22.5 million population) and Sidama (some 4.5 million population) were selected. Both regions face severe public health issues, including malnutrition (the prevalence of stunting for children < 5 years is estimated at 40% in Amhara and at 35% in Sidama 35%) and have relatively strong availability of secondary data (EPHI, 2023). As of July 2025, other regions, such as Bonga, Afar, Central Ethiopia Region and Northern Region, have started the rollout with more limited support by EPHI.

c. Sub-national NIPN design and set-up

Relevant stakeholders and sectors in the regions were identified, including research institutes, public health institutions, regional bureaus for health, agriculture, water, food security and NGOs. The sub-national rollout started with inception meetings, which were then followed by contractual agreements commencing in July 2024. Regional advisory committees (RAC) with participation of different sectors were established and workplans were developed by the RIPN teams in consultation with the RACs in the second quarter of 2024. They were sent to EPHI and GIZ for comments, feedback, and approval.

The workplans focus on six objectives: reducing malnutrition, mapping available data, identifying priority policy questions, improving data analysis, and generating evidence. Based on the workplans, budgets were allocated for implementation in the regions until October 2025.

Several training activities were carried out, such as a three-day training on effective data management, strengthening sub-national capacity and introducing the NIPN methodologies in the regions and a four-day training on rapid review, quality data analysis, and policy brief preparation. In addition, IT equipment and internet connectivity with relevant software were provided to sub-national stakeholders to enhance data management capacity.

Policy questions were also identified. In Sidama, for example, 30 initial questions were identified, of which the RAC will prioritise the most relevant questions to be addressed.

d. Main challenges

In both Sidama and Amhara regions, delays in budget transfers posed significant challenges, largely due to differing accounting systems and contractual requirements in English. In Sidama, the accounting system used by GIZ is different from the ones used by EPHI and the regional authorities. In addition, the contract and relevant documents were required to be written in English, which contributed to the delays. RAC meetings were sometimes postponed or held virtually due to competing responsibilities, often related to emergencies. Lastly, some policy questions formulated by stakeholders required primary data that was not available. Therefore, some questions needed adjustment so that they could be answered using secondary data. This process was ongoing at the time of writing of this case study. In Amhara, various emergencies, including armed conflict, affected security and further disrupted the implementation of activities.

e. Main achievements

In Amhara, a regional platform website was established, and the regional data management centre within the RPHI developed

a metadata system. It conducted an important prioritisation of the main nutrition problems in the region. In addition, a nutrition specialist has been hired to support the development of relevant evidence, publications and reports in response to the selected policy questions.

In Sidama, sectors involved received tailored evidence based on their identified policy questions, and engagement with relevant stakeholders has become more effective. Important capacities have been built on conducting policy reviews, data analysis and quality assessments. As nutrition research is a priority in Sidama, and it is aligned with government programmes, RIPN activities could potentially continue with limited support from national level NIPN.

However, due to recurring regional security emergencies, RIPN sustainability remains uncertain in both regions without clear additional financial resources. Reduced external funding would limit the ability to convene stakeholders and maintain multisectoral coordination in the future.

f. Lessons learnt

To overcome the delays with the budget transfers, RIPN Amhara was able to temporarily institute other budget lines to enable activities to go ahead. Training on GIZ financial procedures to meet requirements which enabled the team to improve budget management and timeliness.

The continuous collaboration with stakeholders and sectors, and regular communication with EPHI and NIPN was important to enable effective progress. Where RAC members were unavailable due to conflicting agendas, substituting experts were identified to ensure continuity with activities.

In Sidama, multisectoral collaboration proved essential to access data from multiple sources, yet it was sometimes challenging to ensure

sustained engagement from different sectors. The NIPN data repository and advice were important to collectively address malnutrition. Its results were of great value, and the efforts are worth continuing.

With regards to data availability, in some cases, it was not possible to utilise secondary data to respond to important policy questions and primary data was needed.

Whilst, managing seven contracts simultaneously (with two RPHIs and five universities) was complex, however, successful implementation provided motivation to scale up to three additional regions, while five more regions are preparing for implementation later. Some of the new regions may have fewer human resources and budgets available, however training packages from the first experiences can now easily be replicated.

Although initial NIPN and EPHI plans did not foresee sub-national expansion beyond Amhara and Sidama, experience and peer learning from other countries demonstrated that scaled-down models could be implemented in additional regions with smaller budgets. Consequently, further regional expansion is underway at the time of writing this case study.

3.3 Kenya

a. Overview of the country and nutrition situation

Kenya has a total population of approximately 54.6 million and is administratively divided into 47 counties (World Bank, 2024). Its per capita Gross Domestic Product (GDP) is estimated at USD 2.12, which is almost double that of Ethiopia and comparable to Lao PDR.

Nutrition outcomes in Kenya have improved in recent years compared to many countries in the region. According to the GNR, the

prevalence of stunting among children under five years of age stands at 18%, significantly below the African regional average of 30.7% (GNR, 2025b). Kenya is also 'on course' for the target for wasting, with 4.2% of children under 5 years of age affected.

b. Timeline and locations of the sub-national rollout

In Kenya, food and nutrition security are functions devolved to counties, creating strong demand at the sub-national level for timely and reliable food and nutrition data through the National Information Platforms for Food and Nutrition (NIPFN). Several counties, such as Isiolo County, learned of NIPFN's work and formally requested support from the Kenya National Bureau of Statistics (KNBS) to strengthen their food and nutrition information systems. These requests were first submitted in 2021, and implementation of sub-national NIPFN activities began in 2023.

The sub-national rollout targeted nine of Kenya's 47 counties, selected based on the severity of malnutrition, deprivation and geography, to enable potential partnerships with stakeholders and in line with availability of funding. Two counties were supported under phase I and seven under phase II. During phase I of the project, the rollout was extended to Uasin Gishu county, which developed a prototype data portal as part of the initial implementation.

The county selection was guided by a data-driven prioritisation process using ten indicators, including stunting, wasting, and dietary diversity. For each indicator, the 15 counties with the highest prevalence were identified. Subsequently, these counties were further prioritised based on the frequency with which they appeared in the top rankings and their poverty levels. The activities in Isiolo, the first pilot county, started in November 2022.

c. Sub-national NIPN design and set-up

The initial stages of sub-national roll-out in Kenya involved establishing the NIPFN's coordination structures and activities, as well as identifying the institutions involved in food and nutrition security at county level. The county planning departments (the county branches of the State Department for Economic Planning in Nairobi) served as lead implementers, with support from the county nutrition coordinator, health departments and other sector representatives. However, following the end of NIPFN phase I, the establishment and functioning of the coordination structures and committees became challenging due to the lack of continued funding.

Several NIPFN activities implemented at the national level could be replicated across all counties. In the ten focus counties, introductory meetings were organised to orient county teams on the multisectoral NIPFN approach to evidence generation. This was followed by planned capacity building initiatives, particularly in research, policy development and monitoring and evaluation (M&E), as requested by the counties representatives. Additional training and other technical support focused on data collection and analysis, data mapping of relevant sectors), budget planning, economic modelling, and nutrition leadership.

Further support was provided for strategic planning, nutrition financing, tracking and budgeting, development of county nutrition action plans and integration of nutrition priorities into county economic development plans. These plans included strengthening nutrition advocacy, developing education and communication materials, producing policy briefs, and supporting the rollout of the Scaling Up Nutrition (SUN) Movement at the county level.

In addition, websites were developed for two counties, and resources from the NIPFN phase I budget were used to establish data collection and management structures. Nutrition indicators were developed and applied in the production of nutrition briefs for all 47 counties. Funding for many of these activities was provided under phase II and implementation was largely supported by UNICEF.

d. Main challenges

Kenya's counties face a complex mix of technical, institutional, and political challenges in managing food and nutrition data. While some sectors, such as health, have relatively strong data systems, others lack nutrition-sensitive indicators or accessible data repositories, creating a fragmented information landscape. These institutional gaps are further complicated by the unique needs of individual counties, such as concerns over food loss and wastage, which demand tailored support that the current national framework is still developing.

Institutional readiness is another major barrier, with many county governments lacking specialised skills in data management and analytics. This capacity gap is intensified by high staff turnover and a perception of NIPFN as a national rather than local resource, leading to its frequent exclusion from county integrated development plans and formal budgets. Uneven support from development partners leaves some counties disadvantaged in building the necessary digital infrastructure and strategic planning capabilities.

Multisectoral coordination is also weak, often relying on informal networks instead of formal inter-departmental protocols, which undermines the effective use of technical evidence in policymaking. For long-term sustainability, greater political commitment is needed to allocate financial and human

resources and formally embed NIPN functions within county planning and statistics units, as the platform remains vulnerable to political shifts and the withdrawal of external funding. However, implementation might have been too brief to enable long-term continuation and sustainability of activities at the sub-national level without support from KNBS and Kenya Institute for Public Policy Research and Analysis (KIPPRA).

e. Main achievements

NIPN has fundamentally transformed Kenya's capacity to manage and utilise data for strategic policymaking. Important capacities were developed that helped the counties strengthen data analysis and policy plan development. The development of multisectoral frameworks with nutrition-related indicators helped clarify the role of sectors beyond health in addressing malnutrition, fostering greater cross-sector understanding and engagement. County briefs helped increase awareness of cross-sectoral challenges, and particularly of important cultural and traditional elements that affect nutrition. Counties were encouraged to prioritise food and nutrition security within their planning processes and to make systematic use of available data. With support from KNBS, there are early signs that nutrition indicators may increasingly be integrated into regular county statistical reporting.

County web portals developed at the sub-national level were perceived as useful and valuable by authorities for consolidating fragmented information and visualising nutrition-relevant data. The portals might not be able to be maintained at country level in the long-term but could be integrated in NIPN national portal and data repositories.

Although Phase II funding arrangements have limited the direct involvement of KNBS and KIPPRA in supporting the ten counties

established under Phase I, both institutions continue to provide technical assistance within their respective mandates. KIPPRA may expand its engagement should its Nutrition Unit become fully operational, offering potential for sustained institutional support.

f. Lessons learnt

The implementation of NIPFN at county level in Kenya provided valuable lessons on leveraging data for policy while navigating multi-sectoral governance and sustainability challenges. A key insight was the importance of political leadership, as high-level champions were essential for mobilising resources and keeping nutrition on national and county agendas.

The implementation process also revealed the complexities of sectoral integration, as improving food security does not automatically translate into improved nutrition outcomes, and harmonised indicators are required from sectors such as agriculture, water, and education to capture their different contributions. Tapping into the existing multisectoral groups in the counties from the start might have made the sectoral integration at the sub-national level easier and swifter.

Data quality and standardisation were also critical for meaningful analysis, with joint reviews by KNBS and sector leads proving more effective than retrospective cleaning of poor-quality data. Capacity building and awareness emerged as continuous needs, requiring institutionalised training and financial tracking exercises to highlight funding gaps and support advocacy.

Finally, the lack of funding to sustain some activities in the long-term could be covered by relying on existing national structures. Sustainability of NIPFN county web portals ultimately depended on integrating county nutrition data into broader national systems, as standalone sub-national portals struggled without dedicated budgets.

4. Reflections on the in-country exchange and conclusions

The experiences of NIPN Lao PDR, NIPN Ethiopia, and NIPFN Kenya provide different examples of strategies and processes to implement a successful rollout of NIPN platforms at the sub-national level, demonstrating that while institutional contexts and needs may differ significantly, peer exchanges and common principles can be leveraged for efficiency.

Peer learning played a tangible role in shaping implementation strategies. A central lesson emerging from these exchanges is the importance of **local ownership and leadership**. For example, the team in Lao PDR learnt from the experiences shared by NIPN Ethiopia and found them helpful to guide the planning of the country's sub-national rollout. Lao PDR decided to transfer budgets directly to the provinces, enabling them to plan and implement activities independently. This approach strengthened accountability, planning autonomy, and the perception that provinces were leading their own platforms.

Similarly, NIPN Ethiopia and the two regions of Amhara and Sidama found it very useful to learn from the experiences of Lao PDR and Kenya, particularly regarding coordination and collaboration approaches. Across contexts, formal integration into sub-national planning and budgeting processes emerged as a decisive factor for long-term viability.

Another important lesson was the need for a well-structured plan to ensure **evidence generation and use**. During the visit to Lao PDR, the teams observed how data were collected and utilised at the local level, including measures to ensure accuracy and validity. The provinces not only reported data

upward but also **cleaned, analysed, and used it locally**, linking evidence directly to provincial-level policy decisions and fostering ownership among governors.

Kenya underscored the importance of advocacy and **systematic information dissemination**, emphasising that data must be translated into accessible products, such as policy briefs and booklets to influence decision-makers effectively at every administrative level. Ethiopia's 'fast-track' approach to producing quick policy briefs in response to urgent requests was particularly noteworthy, as it increased NIPN's visibility and demonstrated the platform's value.

Additionally, maintaining a **repository of policy questions** for future reference and sharing with other researchers was highlighted as good practice, enabling continuity, knowledge sharing, and alignment with research partners.

Across the three countries, **similar operational challenges** were encountered: budget delays, coordination difficulties across sectors, varying data quality, and capacity constraints at decentralised levels. However, the experiences also show that flexibility in design, phased expansion, and targeted capacity building can mitigate these constraints. Importantly, all three platforms recognised that multisectoral coordination requires continuous facilitation and cannot rely solely on informal networks.

Overall, the exchange among the three NIPN platforms demonstrated significant **progress in scaling NIPN to the sub-national level**. It provided a valuable opportunity for peer learning, allowing teams to share experiences, overcome challenges collectively, and strengthen their strategies. Each platform has developed sustainability plans to guide the continuation of subnational implementation beyond external donor funding and support.

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6. Annex

Interview guide

1. Who is part of the 'NIPN' team in your location?
2. What are the main activities that you are focusing on?
3. Which sectors are involved?
4. What were the main challenges encountered to establish the sub-national NIPNs?
5. What are the lessons learnt or the main takeaways from the challenges?
6. What are the main benefits and achievements?
7. Do you think the work can be sustained in the future?

Interview participants

Ethiopia:

1. Archana Sakar, GIZ Ethiopia
2. Aregash Samuel, EPHI
3. Temesgen Tadele, Sidhama Public Health Institute
4. Fikirte Estifanose, Amhara Public Health Institute

Lao PDR:

1. Vilon Viphongxay, UNICEF Lao PDR
2. Kovalan Kumaran, UNICEF Lao PDR

Kenya:

1. James T. Gatungu, NIPN Coordinator, KNBS
2. Samuel Kipruto, KNBS
3. Isabella Kiplagat, KIPPRA

Interviewers

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