

Global and regional developments on nutrition data and surveillance: UNICEF perspectives

Workshop on experience sharing of Nutrition Surveillance in ASEAN

6-8 March 2019, Bangkok, Thailand

Christiane Rudert, Regional Adviser Nutrition, UNICEF



NUTRITION SURVEILLANCE

Nutrition surveillance -

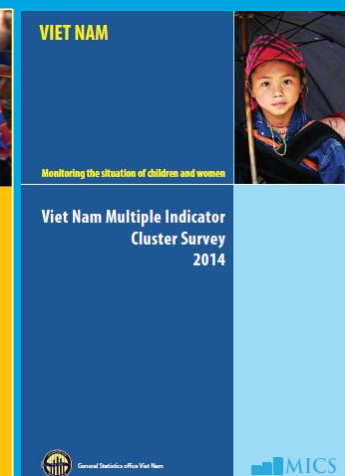
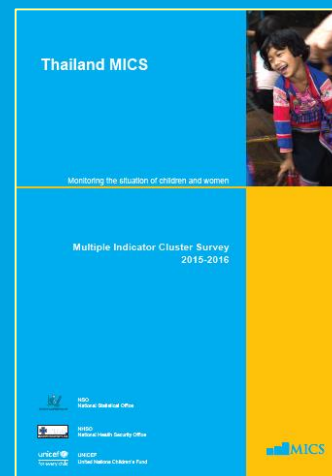
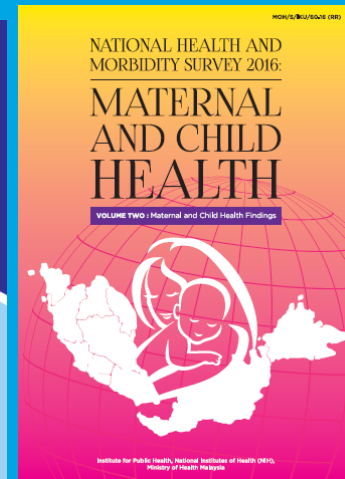
“to watch over nutrition, in order to make decisions that lead to improvements in nutrition in populations”.

Sources/types of data:

1. Household surveys
2. Administrative/routine and process data
3. Monitoring of policies and legislation



1. Household Surveys



STRENGTHENING SURVEY AND ROUTINE DATA FOR NUTRITION TO MONITOR NUTRITION TARGETS



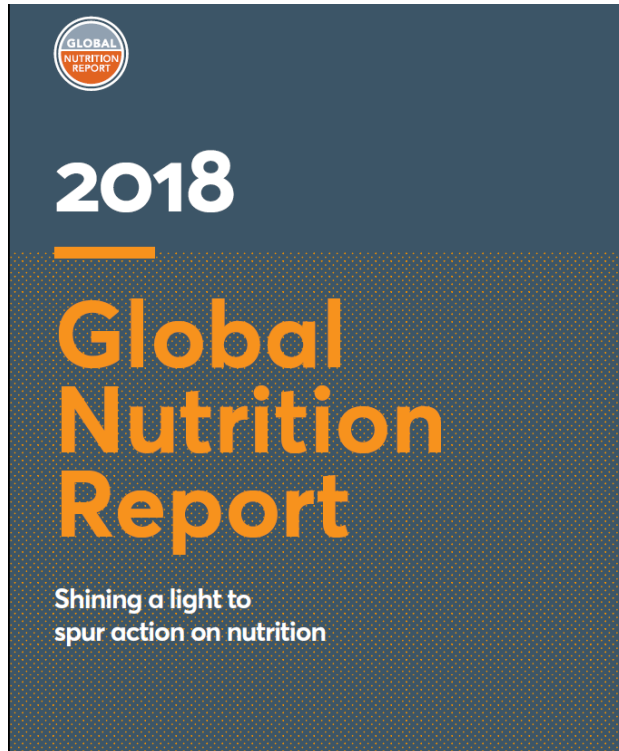
- Many countries in EAPR are not on track to meet set SDG and WHA targets – *Global Nutrition Report 2018*
- Several countries either do not have data on key targets or do not use standardized data methodology for global reporting requirements. Exclusive breastfeeding is missing the most data points

“We need to prioritise and invest in the data needed and capacity to use it. Without good data, we’re just guessing. We need to scale up the collection and use of more data and through this learn about what is driving change”

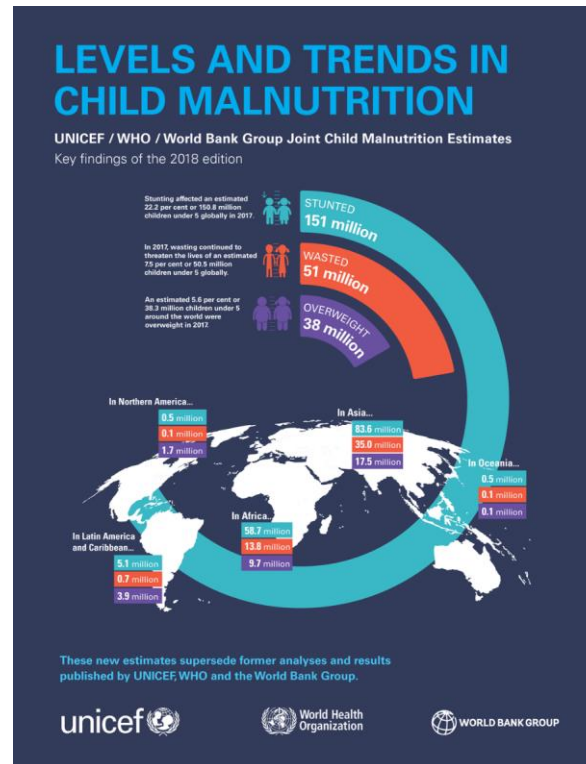
GNR 2018

In Country	SDG and WHA Nutrition Targets			WHA Nutrition Targets	
	Stunting	Overweight	Wasting	Exclusive breastfeeding	Anaemia among WRA
Cambodia	Some progress	On course	Off course	Off course	Off course
<i>China</i>	On course		On course	Off course	Off course
Indonesia	Some progress	On course	Off course		Off course
Lao PDR					Off course
Malaysia	Off course	On course	Off course		Off course
<i>Mongolia</i>	On course	Off course	On course	Off course	Off course
Myanmar	Some progress	On course	Off course		Off course
Philippines	Off course	Off course	Off course		Some progress
Thailand	On course	On course	Some progress	Some progress	Off course
<i>Timor Leste</i>	Some progress	On course	Some progress	On course	Off course
Viet Nam	Some progress	Off course	Some progress	Some progress	Off course

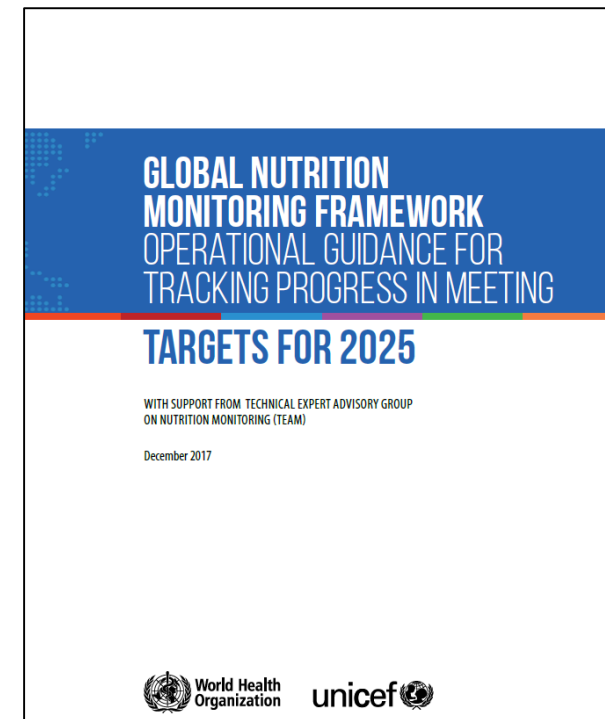
A REMINDER: ALL DATA IN THE GLOBAL NUTRITION REPORT COMES FROM THE JOINT MALNUTRITION ESTIMATES



<https://globalnutritionreport.org/reports/global-nutrition-report-2018/>



<https://www.who.int/nutgrowthdb/estimates2017/en/>



<https://www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/>

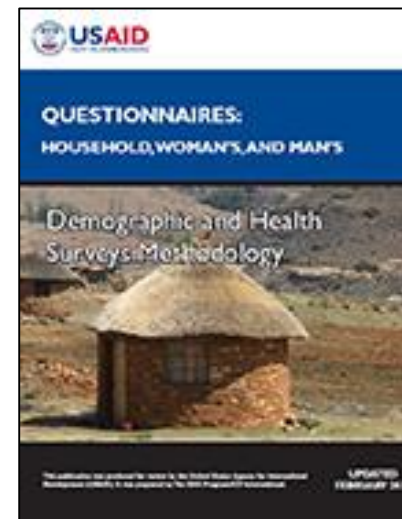
WHO-UNICEF TECHNICAL ADVISORY GROUP ON NUTRITION MONITORING (TEAM)

TEAM meeting agenda August 2018

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DATA QUALITY IS KEY TO TRACK SDG AND WHA TARGETS

- **For global comparison and accountability, all countries should use standardized indicators, methodology and analysis for nutrition data**
 - Survey standard is the MICS/DHS
 - Where other national surveys are implemented, UNICEF strongly encourages use of MICS/DHS questionnaires for nutrition indicators.
- **External validation of survey questionnaires and data is important to ensure high data quality and inclusion in global database.**



https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm#CP_JUMP_16175



<http://mics.unicef.org/tools#survey-design>

- Data quality for anthropometry can be measured using the Plausibility Analysis from ENA-SMART.
- A series of 10 statistical tests to measure the robustness of the anthro data.
 - Flagged Data
 - Sex Ratio
 - Age Ratio, Age Distribution
 - Digit preference in weight measure
 - Digit preference for height measurement
 - Standard Deviation
 - Skewness
 - Kurtosis (=“body” of the curve (the bulk of the data) compared to the “tails” (the relatively very high or very low data values))
 - Poisson distribution and Index of Dispersion
 - Missing Data
- **Timor Leste:** Using the PA, serious data quality concerns were found in Timor Leste where all DHS 2017 anthropometry data was found to be of such poor quality it was recommended to not use for further analysis or representation. 30% of all responses fell outside of the range of plausibility (i.e. a 58 month old child who weighs 2kg).
- **Lao PDR:** plausibility analysis can be used to improve quality of data before publication. PA for the LSIS 2 showed that while nationally data quality was good, there were two provinces with poor quality anthro data. Targeted review initiated to review paper forms from these two provinces to understand if the poor collection was due to enumerator error or data entry error and corrected as applicable.

SOME EXAMPLES OF IDENTIFIED SURVEY ERRORS IN THE REGION

- Wrong syntax used to calculate MDD and other IYCF indicators which underestimated the prevalence. While the correct question was asked in the questionnaire, the syntax in analysis was incorrect.
- Components of breastfeeding and complementary feeding questions skipped.
- EBF is frequently collected improperly, with only the global standardized indicator representative and comparable.
 - Two examples of countries with the question: “*did you exclusively breastfeed*”?
- In two surveys in urban areas, poor sampling and data collection:
 - Anthropometry data was collected from only 50% of children in the survey and quality was very poor, i.e. a 2 month old child had a height of 134cm and a 45 month of child had a height of 52cm.
 - In the other large scale urban survey, while the sample was robust, anthropometry was collected in only a subset of children due to poor response by caregivers leaving a large amount of bias in the data sample.

INDICATORS IMPORTANT TO COLLECT (BUT OFTEN NOT COLLECTED)

- **Nutrition of school-age children (5-18 years)**
 - As measured by BMI for age and sex
- **Maternal nutrition indicators:**
 - Nutrition status (BMI in categories underweight, normal, overweight, obese)
 - MUAC in pregnant women
 - Short stature categories (<145cm, 145-149cm, 150-159cm, and >160cm)
 - Women's Minimum Dietary Diversity
- **HFIAS: Household Food Insecurity Access Scale** measures household food insecurity and should be included along with women's and children's nutrition status.
 - Food insecurity of households with young children is an important variable to targeted of social protection programmes and IYCF counseling
 - Are poor feeding practices attributed to poor knowledge and practices, availability, and/or affordability?

MODIFIED IYCF INDICATORS AND ADDITIONAL INDICATORS

- **MDD has been modified using a total of 8 food groups with 5 out of 8 food groups indicating MDD (inclusion of breastmilk as a food group)**
- **Consumption of unhealthy foods increasingly measured through IYCF and W-MDD modules:**
 - Consumption of sugar sweetened beverages
 - Consumption of fried snack foods
 - Consumption of sugary foods (cakes, candies, cookies)
- **Consumption of healthy foods:**
 - Animal source foods (ASF)
 - Iron rich foods and Vitamin A rich foods (used as a component of MDD but now represented as an individual indicator)
 - Consumption of fortified complementary foods
 - Use of MNPs, vitamin and mineral syrups or supplements
- **Receipt of counseling**
 - Questions being tested by JHU/IFPRI/BMGF, to be validated by TEAM

2. Surveillance using administrative/ routine data

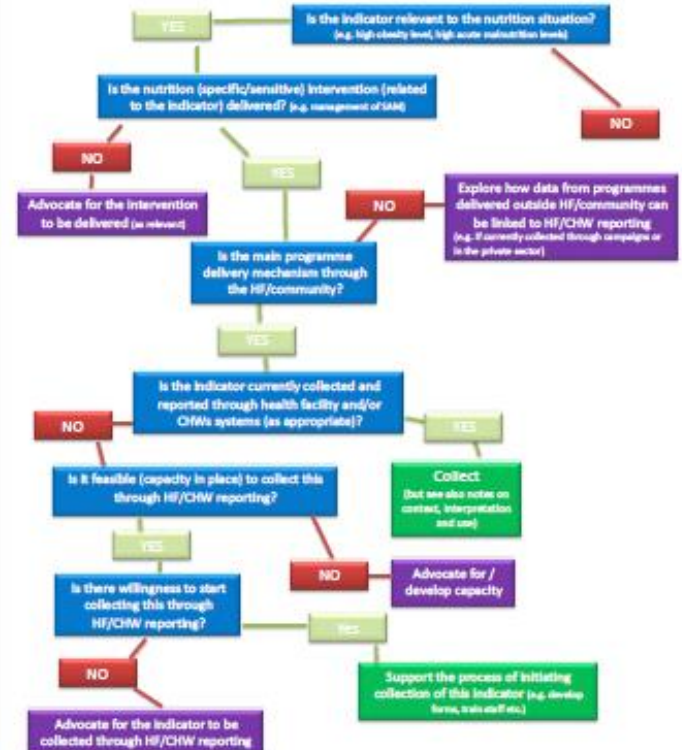


ROUTINE NUTRITION INFORMATION

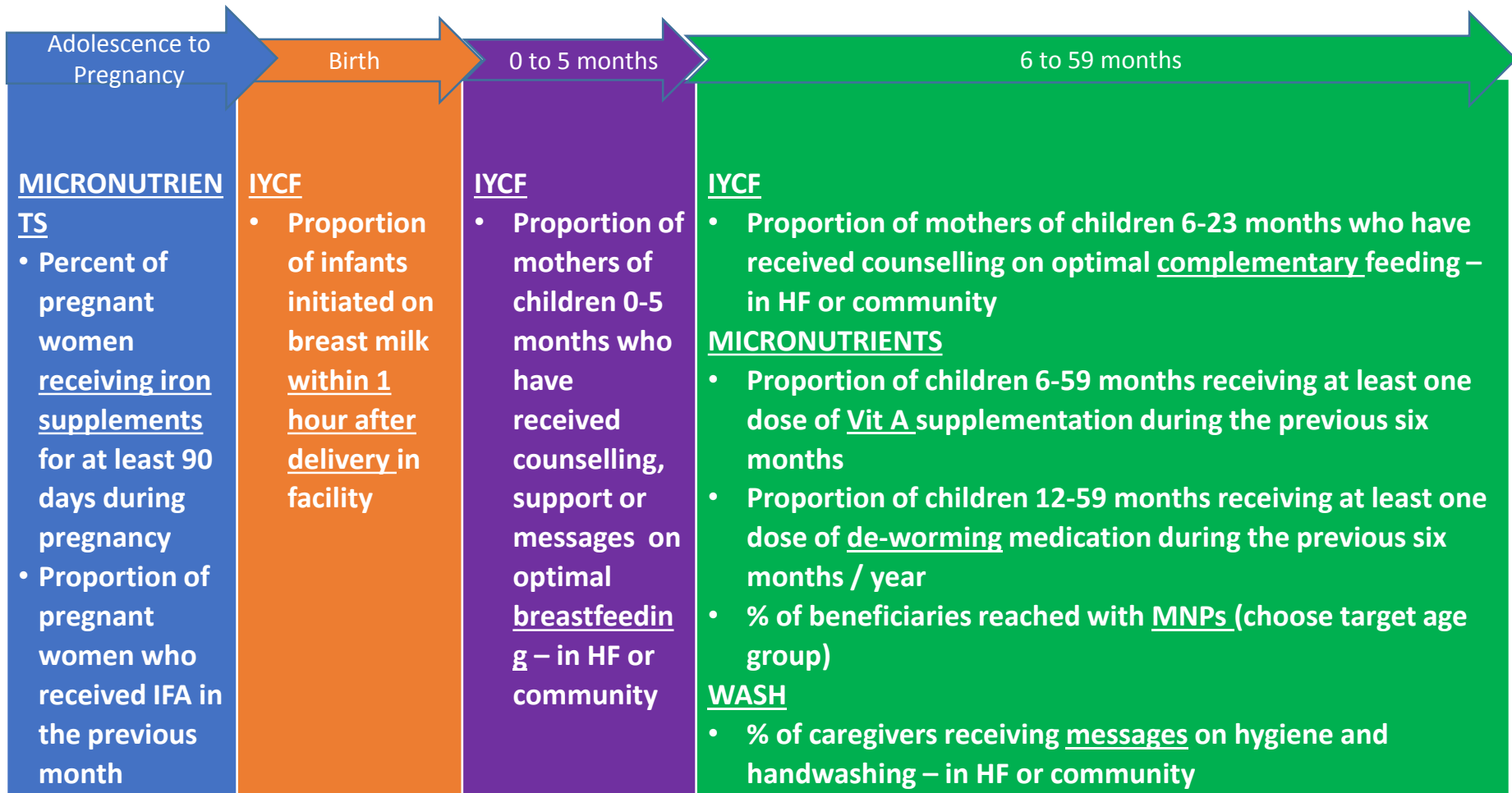
- Routine data sources can include HMIS, Nutrition Information Systems, DHIS-II
- Currently no standard list of indicators
 - UNICEF provisional list, decision tree and guidance (2015)
 - UNICEF working on including routine indicators in DHIS-II nutrition module
- Indicators must be useful to inform decisions on **services and programmes**

Diagnostic tool – to support mapping of what is being collected and what needs to be collected
This tool assumes there is a strong theory of change and understanding of the different delivery mechanisms through which nutrition specific or sensitive interventions are delivered in the country.

This below diagramme will help with identifying whether a particular intervention is monitored or not and guiding what to do if the intervention is not monitored.



PROPOSED PREVENTION INDICATORS



PROPOSED TREATMENT INDICATORS

SAM TREATMENT

Proportion of children 6-59 months screened with MUAC or W/H for acute malnutrition identified as SAM or MAM

Number of children 6-59 months with severe acute malnutrition receiving treatment

Proportion of children 6-59 months with severe acute malnutrition discharged as: a) Cured, b) Died, c) Default

Number of stock outs of RUTF as defined by national norms over the past [x] weeks

COMMON CHALLENGES

- Timeliness of reporting
- Analysis and use of data
- Reliability of data
- Too many /too few indicators
- Some indicators not useful for making decisions to improve services and programmes
- Lack of integration of nutrition information in HMIS/vertical systems
- Sustainability
- Interpretation of findings
- Efficient action management

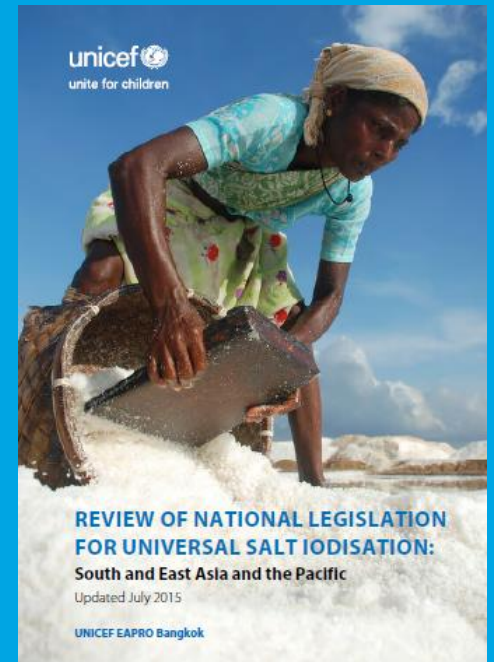
REMINDER: SURVEY DATA AND CLINIC DATA ARE NOT COMPARABLE!



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3. Monitoring of implementation of legislation and policies



INITIAL FINDINGS FROM BMS CODE MONITORING BOTTLENECK ANALYSIS

- BMS Code law monitoring bottleneck analysis carried out Nov. 2018-Feb. 2019 in 4 countries
 - Vietnam
 - Cambodia
 - Indonesia
 - Philippines
- Out of 4 countries evaluated, only 1 of them – Vietnam – has a functional monitoring system
 - Even in Vietnam, BMS Code law monitoring takes place infrequently, has funding challenges – UNICEF-funded - and only occurs in major urban centers
- Takeaway: significant work remains to be done to improve Code law monitoring systems in the region

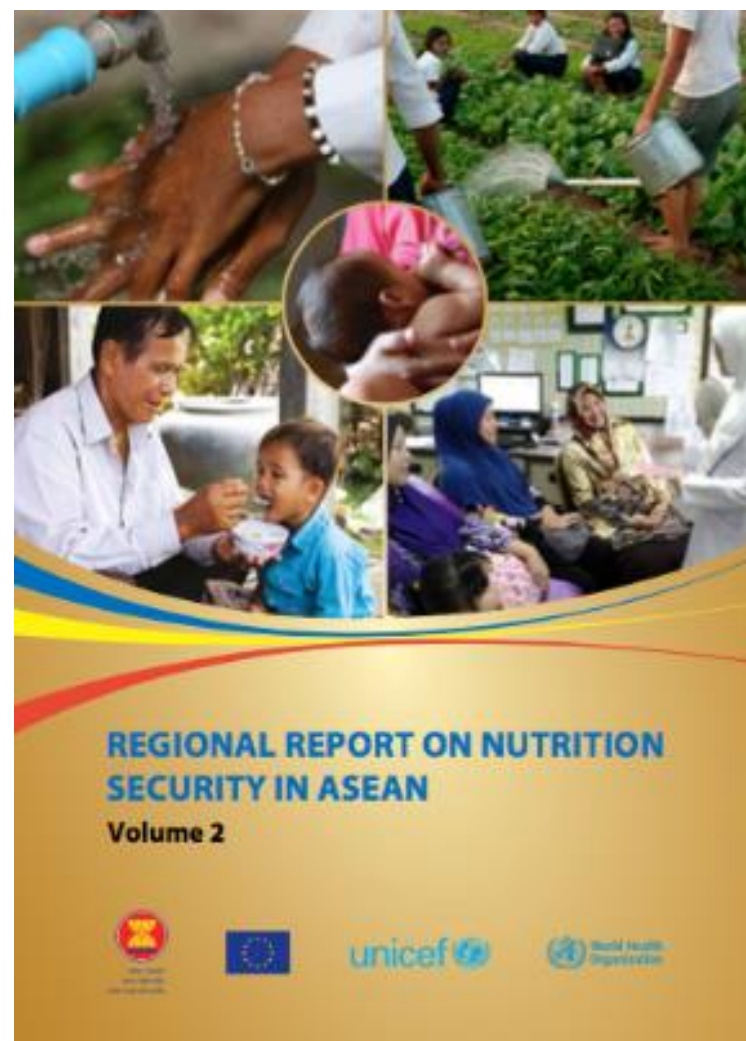
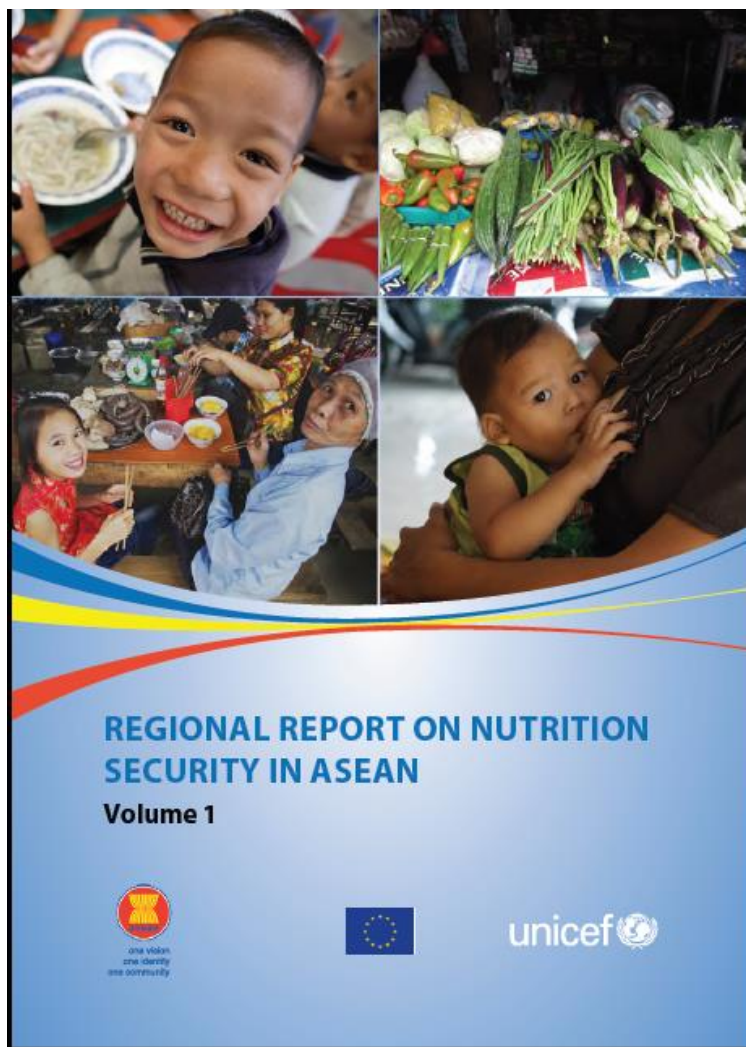
KEY BOTTLENECKS AFFECTING IMPLEMENTATION OF MONITORING SYSTEMS

- Philippines, Indonesia, Cambodia
 - Major bottlenecks
 - Leadership, political will and governance; legislation and policies; and human resources
 - Not a bottleneck: Availability of standard monitoring tools (still an issue for Indonesia) and Industry Influence – likely because regular Milk Code monitoring is not taking place.
- Vietnam
 - Major bottlenecks
 - Budget and finance and competing priorities within the health system
 - Not a bottleneck: Legislation and policies
- **Next steps: Recommendations to address the bottlenecks will be developed, discussed and tested**

POSSIBLE NUTRITION SCORECARD

Progress in ASEAN Against Global Nutrition Targets										
	Brunei	Cambodia	Indonesia	Laos PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Children Under 5 Years										
Under 5 stunting	NA	Some progress	Some progress	NA	NA	Some progress	Some progress	NA	NA	Some progress
Under 5 wasting	NA	Off course	Off course	NA	NA	Off course	Off course	NA	NA	Some progress
Under 5 overweight	NA	On course	On course	NA	NA	On course	Off course	NA	NA	Off course
Exclusive breastfeeding	NA	Off course	NA	NA	NA	NA	NA	NA	NA	On course
Low birth-weight										
Adults										
Anemia in Women of Reproductive Age	Off course	Off course	Off course	Off course	Off course	Off course	Some progress	Off course	Off course	Off course
Adult female obesity	Off course	Off course	Off course	Off course	Off course	Off course	Off course	Off course	Off course	Off course
Adult male obesity	Off course	Off course	Off course	Off course	Off course	Off course	Off course	Off course	Off course	Off course
Adult female diabetes	On course	Off course	Off course	Off course	Off course	Off course	Off course	On course	Off course	On course
Adult male diabetes	Off course	Off course	Off course	Off course	Off course	Off course	Off course	On course	Off course	Off course
Agriculture and food security										
Household food insecurity	NA	47%	NA	NA	NA	16	NA	NA	NA	17
Prevalence of undernourishment	<5%	14%	8	19	<5%	14	14	NA	7	11
Diet quality Indicators										
Minimum dietary diversity	NA	48	58	NA	NA	NA	NA	NA	75	77
Inequality measure between wealthiest and poorest										
Availability of fruit and vegetables (grams)	457	174	270	802	317	331	464	NA	424	591
Proportion of total calories from non-staples	55%	28%	31%	27	54	49	41	NA	51	41

ASEAN NUTRITION REPORT 2020



**Thank
you!**

