

Annex B: Initiative profiles

This annex provides further details on a number of the initiatives noted in the main report. Many of these initiatives are either new or evolving, and the information in this annex should therefore be considered a reference tool, rather than a definitive source.

Initiatives profiled in this annex

- 1) Demographic Health Surveys (DHS)
- 2) Multiple Indicator Cluster Surveys (MICS)
- 3) Standard Monitoring and Assessment of Relief and Transitions (SMART) Survey
- 4) Global Nutrition Report (GNR)
- 5) Global Hunger Index (GHI)
- 6) Access to Nutrition Index (ATNI)
- 7) International Dietary Data Expansion Project (INDDEX)
- 8) GAIN Fortified Assessment Coverage Tool (FACT)
- 9) National Evaluation Platforms (NEP)
- 10) National Information Platforms for Nutrition (NIPN)
- 11) Integrated Food Security Phase Classification (IPC)
- 12) Global Open Data for Agriculture and Nutrition (GODAN)
- 13) Global Partnership for Sustainable Development Data (GPSDD)
- 14) Global Pulse
- 15) UN nutrition landscape of data and accountability
 - Normative functions and initiatives
 - Primary data collection tools
 - Global databases
 - Tracking and reporting tools
 - Initiatives to improve data collection and accessibility
- 16) Accountability Framework for the Global Strategy on Women's, Children's and Adolescents' Health
 - Global Strategy Indicator and Monitoring Framework
 - Independent Accountability Framework (IAP)
 - Countdown to 2030

1) DEMOGRAPHIC AND HEALTH SURVEYS (DHS)

<http://dhsprogram.com/>

Background, mandate and objectives

Demographic and Health Surveys (DHS) are nationally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health and nutrition.

DHS began as a project in 1984, funded primarily by USAID, and evolved from World Fertility Surveys and Contraceptive Prevalence Surveys implemented in the 1970s and 1980s. In their earliest iterations, DHS originally collected population-based data primarily on fertility, contraception, maternal and child health and nutrition in developing countries. Today DHS surveys collect information on:

- Anemia: prevalence of anemia, iron supplementation
- Child Health: vaccinations, childhood illness, newborn care
- Domestic Violence: prevalence of domestic violence and consequences of violence (optional module)
- Education: literacy, school attendance, highest level achieved
- Environmental Health: water, sanitation, cooking fuel
- Family Planning: knowledge and use of contraceptives
- Female Genital Cutting: prevalence of and attitudes about female genital cutting
- Fertility and Fertility Preferences: total fertility rate, desired family size, marriage and sexual activity
- Gender: decision making, ownership of house or land, justification of domestic violence, use of mobile phone, use of bank account, internet use
- HIV/AIDS Knowledge, Attitudes and Behavior: knowledge of HIV prevention, misconceptions, stigma, higher-risk sexual behavior, previous HIV testing
- HIV Prevalence: Prevalence of HIV by demographic and behavioral characteristics (optional)
- Household and Respondent Characteristics: electricity, housing quality, possessions, education and school attendance, age, sex, employment, migration
- Infant and Child Mortality: infant and child mortality rates
- Malaria: ownership and use of mosquito nets, prevalence and treatment of fever, indoor residual spraying for mosquitoes
- Maternal Health: antenatal, delivery and postnatal care
- Maternal Mortality: maternal mortality ratio (optional module)
- **Nutrition**: child feeding practices, vitamin supplementation, anthropometry, anemia, salt iodization
- Tobacco Use and Exposure to Second-hand Smoke
- Unmet Need for Family Planning
- Wealth: division of households into 5 wealth quintiles to show relationship between wealth, population and health indicators
- Women's Empowerment: gender attitudes, women's decision making power, education and employment of men vs. women

- Other modules: fistula, health expenditures, newborn care, male child circumcision, non-communicable diseases, accidents and injuries, disability

DHS surveys have been carried out in over 90 countries. In most cases, surveys are repeated on a cycle of every 3-5 years. DHS data typically are available at the national and sub-national level, but usually not at lower administrative (e.g. district) levels (in recent rounds, India and Kenya have collected data at the district level). A list of countries where the DHS has carried out work can be found at <http://dhsprogram.com/Where-We-Work/Country-List.cfm>.

Today, data collected through DHS are widely used by researchers, planners and technical partners.

Partners, operational set-up and governance model

Each DHS survey is conducted by an in-country institution, typically the national statistics office. The process is initiated based on country demand, and the request for a survey typically comes through the USAID Mission, based on discussions between the mission and the national stakeholders (e.g., MoH, national statistics office).

The DHS Program provides technical assistance to ensure data quality and international comparability. USAID oversees the DHS Program through a DHS Management Team. ICF International is under contract with USAID as the implementing partner for The DHS Program. ICF leads a consortium of organizations, including Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, PATH, Avenir Health, Vysnova, Blue Raster, Kimetrica and EnCompass to:

- Collect, analyze and present population, health and nutrition data
- Facilitate the use of these data for planning, policymaking and program management
- Build capacity among in-country institutions and individuals to respond to national and sub-national data needs.

Although The DHS Program is USAID-funded, DHS also carries out activities specifically requested by other organizations, such as the World Bank or UN agencies. In such cases, the ICF-led consortium collaborates with the organization requesting the work (which typically also pays for the activities). In some cases, a country may initiate the process of carrying out a DHS survey with their own capacity and resources, but request help with specific aspects of the survey, e.g. data processing or sampling.

DHS collaborates with MICS (Multiple Indicator Cluster Survey, managed by UNICEF) and the World Bank Living Standards Measurement Study, in order to help ensure comparability and compatibility between systems, tools and data collection.

Key outputs

The primary outputs of DHS are the data collected from surveys, which are intended to be used for policy formation, program planning and monitoring and

information. The DHS Program is also designed to foster and reinforce host country ownership of data collection, analysis, presentation and use, and to increase the capacity of host-country partners to collect and use data for program and policy purposes.

The DHS Program also incorporates a number of other activities that support and complement its survey work, including:

- It has developed standard procedures, methodologies and manuals to guide the survey process.
- DHS also routinely collects geographic information in all survey countries, so that researchers can link DHS data with routine health data, health facility locations, local infrastructure and environmental conditions.
- Each DHS survey incorporates a mix of dissemination products and activities, such as participatory seminars, web-based tools, and other technologies to translate data into information that is accessible to a wide range of audiences.
- In order to provide more in-depth understanding of health issues within a country, DHS staff and collaborating researchers and institutions carry out research and further analysis to synthesize information as an input into policy and programs.
- DHS incorporates a number of capacity-strengthening activities, to increase country accountability and ownership of survey data, processes and use. The DHS Capacity Strengthening Strategy¹ guides DHS work in this area, and includes a Capacity Assessment Tool and a DHS Fellows Program

Accessibility of data/tools

DHS operates under the principle of open data, and its data is made available openly, including through unrestricted survey data files for legitimate academic research at no cost. DHS manages a number of online databases that facilitate access to DHS data, including STATcompiler, STATmapper, HIV/AIDS Survey Indicators Database, HIV Spatial Data Repository, HIVmapper and Country QuickStats. Registration is required to download DHS datasets.

DHS also produces publications that provide country specific and comparative data on population, health and nutrition in developing countries. The publications are available online for download on the DHS website.²

Funding

USAID provides the majority of external funding for DHS activities. ICF International is currently under contract to manage the current program (DHS-7), with a contract value of up to \$189 million over a period of five years.³

DHS activities can also be funded by other parties, where there is country- and partner demand for activities that may sit outside of standard DHS activities, or outside of USAID priorities.

¹ <http://dhsprogram.com/publications/publication-csm2-capacity-strengthening-materials.cfm>

² <http://dhsprogram.com/data/>

³ <http://dhsprogram.com/Who-We-Are/News-Room/ICF-International-wins-DHS-7-Contract-with-US-Agency-for-International-Development.cfm>

Disaggregation of data

DHS data are disaggregated by a variety of background characteristics, including gender, age, education, region, and wealth.

2) MULTIPLE INDICATOR CLUSTER SURVEYS (MICS)

<http://mics.unicef.org/>

Background, mandate and objectives

Multiple Indicator Cluster Surveys (MICS) are surveys implemented by countries under the program developed by UNICEF to provide internationally comparable, statistically rigorous data on the situation of children and women. The first round of surveys (MICS1) was carried out in over 60 countries, mainly in 1995 and 1996, in response to the World Summit for Children to measure progress towards an internationally agreed upon set of mid-decade goals. MICS surveys are conducted with trained fieldwork teams conducting face-to-face interviews with household members on a variety of topics, focusing mainly on those issues that directly affect the lives of children and women. The surveys cover topics ranging from maternal and child health, education and child mortality to child protection, HIV/AIDS and water and sanitation. They are used to inform sound decision-making and advocacy, as well as to report on progress towards international goals, such as the MDGs in recent past. The current round (MICS5) was launched in 2012. Moving forward, the next round of MICS surveys (MICS6) will provide the baselines for a number of the SDGs.

MICS questionnaires are customized by implementing agencies (usually national statistics offices), based on an assessment of a country's data gaps and needs. The starting point is the standard MICS questionnaires designed by UNICEF, in close collaboration with partners and other international survey programs. Countries choose from the MICS modules in the standard MICS questionnaires. UNICEF's MICS experts support implementing agencies to customize the questionnaires, as required, to the national setting. All survey activities, from fieldwork to report writing are carried out by the implementing agencies, with continuous technical support from UNICEF.

MICS surveys are designed to be representative. The average sample size in the current (5th) round is approximately 12,000 households. The number of topics has increased in response to growing demand for the data. MICS5 is providing data on more than 130 internationally agreed-upon indicators. In addition to collecting information on intervention coverage, MICS also explores knowledge of and attitudes to certain topics, and specific behaviors of women, men and children, enabling analysts to gain insights into behaviors that may affect women's and children's lives.

Government institutions (e.g. national statistics bureaus) typically carry out the surveys with technical assistance from UNICEF and its partners. The decision to carry out a MICS survey is made by national governments, based on discussions with the UNICEF country office and MICS experts.

UNICEF provides technical support for MICS surveys. This includes capacity strengthening efforts through a series of three regional workshops on i) survey design; ii) data processing; and iii) data interpretation, further analysis and dissemination. On-site support is provided by country MICS coordinators and UNICEF focal points, backed up by technical assistance at the regional and global

levels. High-quality data are obtained thanks to thorough and tested field procedures combined with rigorous data verification.

Over the years, MICS has pioneered the development of new measurement tools in areas including early childhood development, child discipline, hand washing, post-natal health care and low birthweight. Many of these tools have been adopted by other international survey programs.

Partners, operational set-up and governance model

The MICS global team is based at UNICEF headquarters, which collaborates with experts in the areas of household survey design and implementation, data processing and sampling for the development of standards and new methodologies, and to support countries during MICS implementation.

Seven regional MICS coordinators are located in UNICEF regional offices. These regional coordinators act as the primary liaison point with country offices. UNICEF furthermore employs consultants, working primarily from regional offices, to support countries in the planning and execution of MICS surveys.

UNICEF works closely with others, such as the DHS program, to harmonize methodologies and indicators used between the two survey programs. Given the significant overlap between the two programs, the MICS and DHS teams also coordinate to avoid duplication of efforts. On occasion, household surveys may be carried out in a country using the tools of both programs, for example the standard MICS survey together with discrete survey modules from DHS for topics not covered by MICS (e.g. domestic violence or malaria).

Key outputs

Key outputs from MICS are the data from the country surveys, which are made available as datasets, as well as in the form of reports, of which there are two types: 1) Key Findings Reports; and 2) Final Reports (which include detailed findings and results, including tables by background variables).

To date, 109 countries have carried out MICS surveys, with a total of 283 surveys completed to date (an additional 20 surveys are currently either on-going or planned). This does not count cases in which countries have carried out surveys using MICS tools but not received technical support from the MICS team.

The UNICEF MICS team also produces a comprehensive set of tools for each round, which guide survey teams through every step of the MICS process – from overall planning, design and data collection in the field, to data processing, analysis, interpretation, documentation and dissemination.⁴

The latest round of surveys is from MICS5 (2012-2015). The MICS6 round will be launched in 2016, beginning with a pilot study using a near-final version of the MICS6 survey and tools, followed by a launch in late 2016, with workshops to introduce the survey, tools, etc.

⁴ <http://mics.unicef.org/tools>

The final workshop in the MICS program (data interpretation, further analysis and dissemination) provides an opportunity for the MICS team to work with countries, review survey results and discuss topics for further analysis. Further follow-up is carried out by UNICEF country offices or global focal points, who may use the data to identify major issues requiring policy changes and programmatic response.

Accessibility of data/tools

Available MICS results and datasets can be accessed on mics.unicef.org. The results from the most recent MICS5 surveys, carried out in 2012-2015, are being made progressively available. Access to MICS datasets is provided for completed surveys to registered MICS data users. Dataset access is granted for legitimate research purposes, free of charge. The full list of official MICS surveys is listed on their Surveys page.⁵

In principle, all MICS datasets, for which UNICEF has provided technical support and quality assurance, are made publically available. However, some earlier datasets are not available.⁶ There are furthermore some rare cases, in which surveys have been completed as part of the MICS program, but the countries do not agree to release the data. These are listed on the MICS Survey list as “restricted,” which means that sharing of the datasets is not allowed by the survey implementing agency or governance body. In such cases, UNICEF may have access to the data by visiting the statistical office, but it is not permitted to take the data from the physical site, nor to share it electronically.

Finally, there are instances of surveys that utilize the MICS tools and are essentially in line with the process and content of the MICS program, but which did not receive the technical support and quality assurance of the MICS team. The datasets from these surveys, which UNICEF refers to as “MICS-type” or “MICS-style,” are not available from the MICS website. Although UNICEF does not keep a record of these surveys under the MICS pages, they nevertheless make efforts to compile them for internal use, including as part of the data collected for UNICEF global databases (assuming they are of acceptable quality).

Funding

UNICEF and national governments are typically the largest funders of MICS surveys. UNICEF and other international organizations provide funding support (in the form of top-up funding) to MICS surveys in most cases, but there are increasingly more surveys where all survey costs are covered by national governments.

Funds for global and regional MICS operations has historically come largely from UNICEF’s core budget, with some funds also coming from bilateral donors such as Germany and the Republic of Korea (in the form of funding to UNICEF earmarked for data collection) and private foundations such as the Bill &

⁵ <http://mics.unicef.org/surveys>

⁶ No datasets from MICS1 are available, nor are many of the datasets from MICS2; and a few datasets are missing from MICS3.

Melinda Gates Foundation (earmarked for MICS). The budget for MICS operations can fluctuate significantly from year to year.

Disaggregation of data

MICS routinely disaggregates data so that disparities associated with age, gender, education, wealth, location of residence, ethnicity and other characteristics are revealed.

3) STANDARDIZED MONITORING AND ASSESSMENT OF RELIEF AND TRANSITIONS (SMART)

<http://smartmethodology.org/>

Background, mandate and objectives

SMART is a standardized, simplified household-level survey methodology that provides representative and accurate nutrition and mortality data for effective decision-making and resource allocation. It is an inter-agency initiative launched in 2002 by a network of organizations and humanitarian practitioners. SMART advocates a multi-partner, systematized approach to provide critical, reliable information for decision-making, and to establish shared systems and resources for host government partners and humanitarian organizations.

The SMART Methodology is designed to collect reliable and accurate nutrition and mortality data (nutritional status of children under-five, and mortality rate of the population), as two key indicators for understanding health status and the effectiveness of relief programs. Valid estimates of the malnutrition burden and related mortality generated from surveys using SMART are essential to demonstrate and communicate the scale of the problem for effective prevention of malnutrition. SMART offers a practical tool that can be used by humanitarian and development staff for technical support including planning, training, analysis and dissemination of data, and establishes a comprehensive capacity building- and support system that is accessible to all partners. This is intended to help expand the use of the standardized method among national and international governments and agencies, improve data quality and enable decision-making based on accurate data.

SMART survey results are now used in early warning systems, including the Famine Early Warning Systems Network (FEWSnet),⁷ Integrated Food Security Phase Classification (IPC)⁸ and Nutrition Information in Crisis Situations (NICS).⁹ The methodology was initially developed primarily for emergency settings. SMART surveys continue to be carried out in such environments today (e.g. South Sudan, Syria), but also in non-emergency settings, for example where there is a lack of reliable nutrition information (e.g. Papua New Guinea or Latin America and the Caribbean).

SMART supports key nutrition stakeholders by enhancing response capacity in emergencies, development settings and displaced populations, and in high-risk contexts with an absence of reliable data. SMART also provides support by ensuring coordination and dissemination of information around the methodology and advancing technical capacity to conduct SMART surveys.

Additionally, SMART also provides *Emergency Survey Support (ESS)*, which is a means to provide remote or on-the-ground technical expertise for the coordination and implementation of nutrition surveys. ESS enables the production of standardized and high quality nutrition data during humanitarian

⁷ <http://www.fews.net/>

⁸ <http://www.ipcinfo.org/>

⁹ [http://www.unscn.org/en/publications/nics/%20`](http://www.unscn.org/en/publications/nics/%20)

crises or high-risk nutrition situations with an absence of data. It also helps to build local capacity to conduct SMART surveys and strengthen national nutrition information systems.

Partners, operational set-up and governance model

The *Technical Advisory Group* (TAG) is a group of eminent experts in epidemiology, emergency nutrition, nutritional security, early warning systems, and demography who developed the SMART methodology in collaboration with partners from the CDC, universities, UN agencies and NGOs. The TAG is responsible for the continuous enhancement of SMART-based field experiences and technical data quality assurance.

Action Against Hunger Canada (ACF Canada) is the *global project convener* for SMART. In this role, ACF Canada provides institutional leadership for SMART and ensures a link between the TAG, users and experts. A small SMART Project Staff team at ACF (based primarily in Toronto, with a regional presence in Nairobi)¹⁰ lead global coordination and advancements on the methodology, conduct SMART trainings and provide support on the methodology to other partner agencies around the world. Although SMART is housed at ACF Canada, its support and methodologies are available to any organization, agency or government that wishes to use it.

A *SMART Assessment Working Group* (AWG)¹¹ meets annually to provide feedback and discuss technical advances and possible improvements to the methodology.

As a member of the Strategic Advisory Group of the Global Nutrition Cluster (GNC),¹² SMART actively coordinates with humanitarian organizations at global, regional and national levels. SMART has a memorandum of understanding with the GNC on the SMART ESS function, which outlines the criteria and activation process for deployment of the ESS for GNC partner agencies.

The decision to implement a SMART survey will typically come from a government or partners, but the SMART team is increasingly working to provide more proactive input into regions, environments and situations where their support for surveys or surveillance systems and the methodology might be useful. These are partly based on needs analyses carried out by the SMART project team, with input from partners.

Key outputs

SMART offers a set of survey planning tools to equip survey managers and field teams to carry out SMART surveys, and to build capacity of SMART trainers (Master Trainers). The three components of the Survey Planning Tools are:

- 1) The SMART Methodology Manual – describes survey procedures, provides information on how to collect data, and offers step-by-step instructions for analyzing survey data using ENA software¹³

¹⁰ A regional coordinator will also be put in place in Amman, Jordan.

¹¹ Members include GOAL, Save the Children, UNICEF, ACF, IRC and national governments

¹² <http://nutritioncluster.net/>

¹³ <http://smartmethodology.org/survey-planning-tools/smart-methodology/smart-methodology-manual/>

- 2) Capacity Building Toolbox – a formal set of training materials for SMART trainings, consisting of training manuals, trainer’s notes, new and updated presentations, and complementary tools and resources¹⁴
- 3) Emergency Nutrition Assessment (ENA) software – a user-friendly analytical program developed for SMART with automatic functions for sample size calculations, sample selection, robust quality checks for anthropometry and mortality data, standardization for anthropometry measurements and enumerator training, and report generation with automatic analyses. ENA software is the sole existing software that provides critical, standardized quality checks for nutrition and mortality data.¹⁵

Accessibility of data/tools

The components for the Survey Planning Tools are publicly available on their website.

The implementation of SMART surveys is relatively decentralized, with tools, technical support and coordination provided by the SMART project team, but with the surveys carried out by other organizations, agencies or governments. As such, SMART does not currently compile the data generated from the surveys for public access, nor does it compile a publicly accessible list of the surveys that have been carried out.

Funding

DFID was the initial provider of seed funding for SMART, and ECHO has also been a funder of the initiative. Currently USAID is the sole source of project funding for SMART.

SMART has recently moved towards a “cost recovery” model for all training, which has enabled SMART to shift more resources towards its work on technical coordination, scoping, information management and surge support.

¹⁴ <http://smartmethodology.org/survey-planning-tools/smart-capacity-building-toolbox/>

¹⁵ <http://smartmethodology.org/survey-planning-tools/smart-emergency-nutrition-assessment/>

4) GLOBAL NUTRITION REPORT (GNR)

<http://globalnutritionreport.org/>

Background, mandate and objectives

The Global Nutrition Report is a report card on the world's nutrition — globally, regionally, and country by country — and on efforts to improve it. It assesses countries' progress in meeting global nutrition targets established by the World Health Assembly. It furthermore documents how well countries, donors, NGOs, businesses, and others are meeting the commitments they made at the major Nutrition for Growth summit in 2013. And it makes recommendations for actions to accelerate progress in combating malnutrition.

The report brings together data on over 80 indicators covering economics and demography, child anthropometry, adolescent and adult child nutrition status, intervention coverage, child-feeding practices, underlying determinants (food, education, gender, water, sanitation and government expenditure), as well as financial resources and policy, legislation and institutional arrangements for all 193 UN member states.

With a wealth of data and analysis, the report aims to improve accountability among the governments, institutions, businesses, and others whose actions affect people's nutrition. It is accompanied by extensive supplementary online data, including nutritional profiles for 193 countries, 6 regions, and 22 sub-regions.

The inaugural GNR was launched in 2014, and to date the reports have been released on an annual basis, with the timing of the each report's launch linked to key global events: the 2014 report with the Second International Conference on Nutrition (November 2014); the 2015 report with the SDG summit (September 2015); and the 2016 report will be released ahead of the 2016 Nutrition for Growth Summit in Rio (August 2016).

It is currently expected that the GNR will continue to be published on an annual basis, with each edition reporting on the same core indicators (tracking progress against the WHA targets) and including a section on data gaps. Each report will furthermore continue to focus on a special theme – the 2015 edition for example, which was launched ahead of the SDG summit, focused on sustainable development, highlighting the critical relationship between climate change and nutrition, as well as the pivotal role business can play in advancing nutrition.

A process is currently underway to set a new strategy for the GNR, covering the period until 2020, and is expected to be complete in autumn 2016.

Partners, operational set-up and governance model

A high-level *Stakeholder Group*¹⁶ provides guidance to the commissioning and development of the GNR, comprising members of government, donor organizations, civil society, multilateral organizations and the business sector.

¹⁶ <http://globalnutritionreport.org/governance/stakeholder-group/>

The Stakeholder Group provides strategic leadership in building support for the Report and an Executive Committee is responsible for liaising between the Stakeholder Group and the Independent Expert Group. The Stakeholder Group also reviews the report and selects the chairs of the Independent Expert Group.

The *Independent Expert Group* (IEG)¹⁷ is responsible for the GNR's data, analysis and conclusions, and is accountable for the quality and independence of its content. Members of the IEG are proposed by the IEG chairs, with final approval by the Stakeholder Group.

The *International Food Policy Research Institute* (IFPRI) oversees the production and dissemination of the Report.

A small Secretariat, based at the *Institute of Development Studies* (but operating primarily virtually), provides support to the Independent Expert Group in developing the report through research, data analysis, communications and coordination functions.

Outputs and expected outcomes

The primary output is the Global Nutrition Report itself, which has been released on an annual basis. This is complemented by fact sheets and an interactive online version of the report, which enables viewers to review details on countries, trends and methodology.

Accessibility of data/tools

The report is published in hard copy form, as well as digitally on the GNR website. The data and visualization platform are available on the GNR website,¹⁸ and the dataset and metadata are available for download from the IFPRI data repository.¹⁹

Funding

Funding for the 2015 Report was provided by the BMGF, CGIAR, CIIF, EC, Canada, Germany, Netherlands, Irish Aid, DFID, USAID and 1,000 days. Most donors have made multi-year commitments (or implicit commitments) to support the GNR. The annual budget for the GNR is approximately GBP 1 million per year.

Disaggregation of data

The GNR will increasingly work to report against disaggregated indicators, e.g. by wealth group, sex, administrative region, mother's education, mother's age at marriage, and rural vs. urban. However, because much of the underlying data is not routinely disaggregated, disaggregation will significantly depend on modeling for the foreseeable future.

¹⁷ <http://globalnutritionreport.org/governance/ieg/>

¹⁸ <http://globalnutritionreport.org/the-data/>

¹⁹ <http://globalnutritionreport.org/the-data/dataset-and-metadata/>

5) GLOBAL HUNGER INDEX (GHI)

<https://www.ifpri.org/topic/global-hunger-index>

Background, mandate and objectives

The Global Hunger Index (GHI) is designed to comprehensively measure and track hunger globally and by country and region. Calculated each year by the International Food Policy Research Institute (IFPRI), the GHI highlights successes and failures in hunger reduction and provides insights into the drivers of hunger. By raising awareness and understanding of regional and country differences in hunger, the GHI aims to trigger actions to reduce hunger.

The GHI's aim is to draw attention and stimulate political discussion on the challenge of hunger in the world. Towards that end, it strives to present published data in a simple, easily digestible format that can be readily used for advocacy, as opposed to a more detailed academic publication.

To reflect the multidimensional nature of hunger, the GHI combines the following four component indicators into one index:

1. Undernourishment: the proportion of undernourished people as a percentage of the population (reflecting the share of the population whose caloric intake is insufficient);
2. Child wasting: the proportion of children under the age of five who suffer from wasting (that is, low weight for their height, reflecting acute undernutrition);
3. Child stunting: the proportion of children under the age of five who suffer from stunting (that is, low height for their age, reflecting chronic undernutrition); and
4. Child mortality: the mortality rate of children under the age of five (partially reflecting the fatal synergy of inadequate nutrition and unhealthy environments).

The report focuses on countries (117 countries in 2015) for which data on the four component indicators are available and where measuring hunger is considered most relevant. GHI scores are not calculated for some higher-income countries where the prevalence of hunger is very low.

Besides the above indicators, the report focuses each year on a different topic to highlight a featured article and analysis. For example:

- The 2015 report included a focus on hunger and armed conflict
- The 2014 report included a focus on the challenge of hidden hunger (micronutrient deficiency)
- The 2013 report included a focus on building resilience to achieve food and nutrition security
- The 2012 report included a on how to ensure sustainable food security under conditions of water, land and energy stress
- The 2011 report included a focus on price spikes and excessive food price volatility.

These are complemented by case studies that showcase successful examples of what NGOs are achieving on these topics.²⁰

The index was adopted and developed by the IFPRI, and the report was first published in 2006 with Welthungerhilfe. Since 2007 it has been published together with Welthungerhilfe and Concern Worldwide.

The index uses the most recent available country-level data and projections available, primarily from UN sources. For example:

- Undernourishment: from FAO
- Child wasting and stunting: the joint database of UNICEF, WHO and the World Bank; plus additional data from WHO's Global Database on Child Growth and Malnutrition; DHS and MICS reports; statistical tables from UNICEF
- Child mortality: data from the UN Inter-agency Group for Child Mortality Estimation

The GHI intends to keep its primary focus on the national, regional, and global levels. However, subnational hunger indexes based on the GHI have been calculated in the past, and the GHI partner organizations intend to pursue additional subnational disaggregation in the future on an ad hoc basis.

Partners, operational set-up and governance model

IFPRI continues to have the lead role in developing the report content, whereas Welthungerhilfe and Concern Worldwide lead much of the work in leveraging the report as an advocacy tool, in collaboration with a number of other NGOs.

The three organizations (IFPRI, Welthungerhilfe and Concern Worldwide) co-lead the work, and make all major decisions together. Occasionally, experts are brought in to help advise, e.g. in 2015 as the GHI was revising its methodology and indicators.

The IFPRI publications review committee reviews the GHI each year.

Key outputs and accessibility of data

The primary output is the Global Hunger Index report itself, which is released every year, approximately one week before World Food Day (16 October). This is complemented by fact sheets and an interactive online version of the report. The interactive version of the report enables viewers to review details on countries, trends and methodology.

Funding

The development and launch/dissemination of GHI reports is co-financed by the three partnering organizations: IFPRI, Welthungerhilfe and Concern Worldwide.

²⁰ Since 2016 the NGO case studies are an add-on product and no longer included in the main body of the report.

6) ACCESS TO NUTRITION INDEX (ATNI)

<https://www.accesstonutrition.org/>

Background, mandate and objectives

The Access to Nutrition Index (ATNI), launched in 2013, was founded on the premise that Food & Beverage manufacturers can make a strong contribution to addressing poor nutrition and related diseases. By assessing and ranking the world's largest manufacturers on their nutrition-related commitments, practices and performance globally, ATNI aims to encourage companies to:

- Increase consumer access to nutritious and affordable foods and beverages through actions related to product formulation, pricing and distribution; and
- Responsibly exercise their influence on consumer choice and behavior through actions in areas such as marketing, labeling and promoting healthy diets and active lifestyles.

ATNI seeks to stimulate dialogue about ways in which companies can improve their nutrition practices by serving as a means for companies to benchmark their approach to nutrition against their peers and identify areas for improvement. It also stands as an independent source of information for stakeholders interested in monitoring and/or engaging with the food and beverage industry on nutrition issues.

The Index methodology is developed by the Access to Nutrition Foundation, with input from a wide range of global stakeholders including WHO, academia, civil society organizations, industry and leaders. Scores and rankings are based on assessments on a number of topics, including governance, products, accessibility, marketing, lifestyles, labeling and engagement. Since the launch in 2013, more than 40 investment firms have become signatories to the ATNI Investor Statement.²¹

ATNI publishes its ranking every two years and seeks to constructively engage with companies to augment the impact of its rankings. It furthermore recently introduced pilot "Spotlight Indexes"²² in countries to facilitate dialogue and action on national level. ATNI also works to contribution to the nutrition "knowledge agenda" by convening key stakeholders on the role of the private sector in tackling undernutrition and obesity, and organizing workshops and developing publications on key nutrition topics.

The ultimate goal is to facilitate improved diets and a reduction in the serious global problems of both obesity and undernutrition.

Partners, operational set-up and governance model

ATNI was originally developed at the Global Alliance for Improved Nutrition (GAIN), but was later transitioned to the *Access to Nutrition* Foundation (ATNF), which was set up in 2013 to manage the ATNI. ATNF is an independent non-

²¹

https://www.accesstonutrition.org/sites/www.accesstonutrition.org/files/atni_investor_statement_20130310.pdf

²² <https://www.accesstonutrition.org/spotlight-countries-0>

profit organization based in the Netherlands dedicated to objectively assessing and improving the contribution the private sector makes to addressing global nutrition challenges. The ATNF consists of a small team based in Utrecht, the Netherlands.

An *ATNI Independent Advisory Panel*²³ provides strategic, institutional and governance advice on the design and development of ATNI, including issues such as communications, stakeholder engagement and financial sustainability. Members serve in their personal capacities and in an advisory role.

The *ATNI Expert Group*²⁴ provides input into the development of the company assessment methodology. This group consists of members with expertise in various aspects of nutrition (including both undernutrition, obesity and diet-related chronic diseases) and in the role that the food and beverage industry plays in the nutrition sector.

ATNI is governed by a *Board of Directors*,²⁵ currently consisting of 8 members, none of whom are current employees of a food and beverage manufacturer.

Key outputs and accessibility

ATNI rates food and beverage manufacturers on their nutrition-related policies, practices and performance through the publication of the *Global Access to Nutrition Index* every two years.

It also intends to publish individual country Indexes or “Spotlight Indexes” on a regular basis.

ATNI's index and rankings are available through its website,²⁶ as are its methodology for the rankings.²⁷

Funding

ATNI is funded by the Bill & Melinda Gates Foundation, the Wellcome Trust and the Children's Investment Fund Foundation.

²³ <https://www.accesstonutrition.org/independent-advisory-panel>

²⁴ <https://www.accesstonutrition.org/expert-group-0>

²⁵ <https://www.accesstonutrition.org/board-directors>

²⁶ <https://www.accesstonutrition.org/index/2016>

²⁷ <https://www.accesstonutrition.org/methodology-0>

7) INTERNATIONAL DIETARY DATA EXPANSION PROJECT (INDDEX)

<http://inddex.nutrition.tufts.edu/>

Background, mandate and objectives

The International Dietary Data Expansion (INDDEX) Project has been designed to tackle the critical issues of dietary data scarcity, high cost, inaccessibility, low quality, and lack of effective use that have long impaired effective food, nutrition and agricultural policy and programming. The INDDEX team will facilitate low-income countries' increased acquisition and use of high quality, timely, food and nutrient consumption data to improve agriculture, sustainable food security and nutrition impacts. The project aims to standardize and streamline the collection and analysis of food consumption data through the four following integrated objectives:

- 1) Development of technologies to standardize and streamline the collection and analysis of individual-level dietary data: The INDDEX team is working to develop a unified research infrastructure that includes a dietary assessment and analysis software application, for use in low-income settings, that is intended to significantly reduce the time and cost for low income countries to obtain actionable dietary information. To improve the global accessibility of dietary data, the project will also fund (together with other funders) the initial phase of the FAO/WHO GIFT tool (Global Individual Food Consumption), which is a centralized, publically available warehouse of individual food consumption data that will be housed on an FAO hosted web-platform. Additionally, the INDDEX Project will support the International Network of Food Data Systems (INFOODS) at FAO to upgrade regional food composition data and to better integrate food composition into dietary data processing applications.
- 2) Improve the design and use of the food data collected in household consumption and expenditure surveys: The INDDEX team will analyze existing HCES datasets to identify design decisions that will increase the validity and usefulness of household food consumption modules for food security and nutrition. This research agenda has been defined collectively with the Technical Working Group on Improving the Measurement of Food Consumption in Household Consumption and Expenditure Surveys, under the UN Inter-Agency Working Group on Agricultural and Rural Statistics.
- 3) Demonstrate how to appropriately use 'fit-for-purpose' indicators and analyses from dietary intake data, household consumption and expenditures surveys (HCES) and food balance data: Activities under this third objective will build on the first two in order to generate products that support the increased appropriate use of food and nutrient consumption data. A guiding framework will be developed that links key indicators and data needs to valid and relevant data sources. The INDDEX team will also conduct novel "demonstration analyses" of HCES, food balance sheets (FBS) and individual dietary intake data to illustrate potential analytical applications. Though these analyses will be tailored to the needs of INDDEX's target countries the supporting guidance developed by the INDDEX team under this objective is intended to enable a broader audience to apply generalizable methodological protocols for their own purposes.

- 4) Develop capacity and provide guidance that will effectively communicate these scientific advancements and technological achievements to international stakeholders: The INDDEX team will work in close collaboration with two target countries, who will participate as partners over the duration of the project, to adapt and test the new dietary assessment application and other tools and guidance for meeting national needs. Training and other support activities will ensure that these countries are well positioned to collect and analyze high-quality dietary data and make data-driven decisions about food, nutrition, and agriculture programs and policies. By educating and empowering national champions in these target countries, the project also aims to catalyze the expansion of its impact to a broader constituency. The infrastructural guidance, tools and databases that the project generates will be housed within international organizations and in national networks, in order to be widely accessible after the project ends and to evolve with changing demands.

Through these objectives, the work is intended to enable the design and implementation of more effective food, nutrition and agricultural policies and programs that will improve the health, well-being and livelihoods of people worldwide.

The INDDEX Project will work with two target countries – provisionally expected to be Burkina and Bangladesh – to test the new assessment platform and tools and tailor them to meet the countries’ specific needs. The project will also provide training and other support activities to ensure that the target countries are well positioned to implement and benefit from the work.

INDDEX was initiated in January 2015 and has a current project timeline and budget through 2018.

Partners, operational set-up and governance model

The INDDEX project is based at Tufts University’s Gerald J and Dorothy R Friedman School of Nutrition Science and Policy, which leads the overall work. Specific elements of the project are the primary responsibility of two key partners for the INDDEX project, FAO and IFPRI. Specifically, FAO is collaborating through the following initiatives:

- The FAO/WHO Global Individual Food consumption data Tool (FAO/WHO GIFT) is a pilot tool under development to collect, harmonize and disseminate data available at national and subnational levels globally through an FAO-hosted web platform.
- International Network of Food Data Systems (INFOODS, housed at FAO) promotes international participation and cooperation in the generation, compilation and dissemination of adequate and reliable data on the composition of foods, beverages and their ingredients, in forms appropriate to meet the needs of various users (government agencies, nutrition scientists and educators, health and agriculture professionals, policy makers and planners, food producers/processors/retailers and consumers). INFOODS is working with INDDEX to develop a more comprehensive Food Composition Table for the West Africa region.

- ADePT Food Security Module is a software, developed by the FAO Statistics Division and the World Bank's Computational Tools Team, to facilitate the analysis of data on food consumption through national household budget and expenditure surveys to derive poverty and food security statistics. Among other things, ADePT allows the user to estimate parameters needed to compute the prevalence of undernourishment according to the FAO methodology and to disaggregate it at subnational levels. Part of FAO's role through INDDEX is to extend the relevance of ADePT to include statistics on diet and nutritional intake inadequacy.

The vision is to eventually house the tools and technical center of expertise to an institution/agency outside of Tufts University (e.g. FAO) that could serve as the long-term home for INDDEX at the end of the current project cycle (end 2018). Discussions are underway to assess the implications and feasibility for this handover.

IFPRI's primary area of engagement in the INDDEX project is to analyze existing household consumption and expenditure survey (HCES) data to identify better practices for key survey design, implementation and analytic issues, with the aim of improving the reliability and precision in measuring food acquisition and consumption.

The INDDEX project is guided by a Technical Advisory Group²⁸, composed of experts in the areas of dietary assessment and analysis; design and analysis of household consumption and expenditure surveys; data use for decision-making at the nexus of nutrition, food and agriculture; and technology for automating and standardizing the collection and processing of dietary assessment data.

At country level, the project plans to form advisory/coordination groups with relevant stakeholders from each of the initial INDDEX countries.

At regional level, the project will also develop mechanisms to facilitate networking and information sharing.

Key outputs

The primary outputs for INDDEX will be the tools and guidance developed. These will be complemented by scientific outputs, including academic papers, for example on the methodologies developed, and on findings related to the accuracy of dietary assessments.

Other key outputs of the exercise will include the capacity built at country level with the target countries, as well as regional networks to foster networking and information sharing.

Accessibility of data/tools

The FAO/WHO Global Individual Food consumption data Tool (GIFT) (described in more detail in Profile 15: *UN nutrition landscape of data and accountability*), is

²⁸ <http://inddex.nutrition.tufts.edu/technical-advisory-group>

planned to be the longer-term repository for the data that is collected through the new tools and methodologies developed in the INDDEX project.

The project also intends to encourage its partner countries and networks to share their data openly at regional and national levels, in addition to making the data available through FAO/WHO GIFT. INDDEX is a member of GODAN and its Nutrition Working Group, and it aspires to free and open data access, as well as to open source software for tools developed through the project.

Funding

The INDDEX project is currently funded by the Bill & Melinda Gates Foundation, with a budget of approximately \$4.9 million covering the 2015-2018 period. It is currently in discussions to seek complementary funding from other sources.

8) GAIN FORTIFICATION ASSESSMENT COVERAGE TOOL (FACT)

Updated information on FACT will be available on GAIN's website (www.gainhealth.org) in the coming months as new content is finalized.

Background, mandate and objectives

Program coverage is critical for achieving impact from nutrition interventions, yet limited data exist on the coverage of fortification programs in many countries around the world. In 2013, the Global Alliance for Improved Nutrition (GAIN) developed and operationalized a fortification assessment coverage tool (FACT) for carrying out coverage assessments in both population-based (i.e., staple food) and targeted (e.g., point-of-use fortificants or supplements) fortification programs. The tool was specifically designed to address the gaps in evidence related to assessing program coverage and utilization of fortified foods, and to provide timely and meaningful information for decision making related to program improvement. GAIN placed a major emphasis on developing a tool that is rapid to implement, analyze and report, while maintaining rigor and low-cost. All survey modules (i.e. question and indicator sets) are adapted from validated guidelines where possible.

The FACT method focuses on three key areas:

1) Assessing coverage and consumption (utilization) of fortifiable/fortified food vehicles:

In the case of large-scale food fortification, the FACT instrument assesses the frequency and usual amount consumed for all fortifiable foods made from the vehicle over a given time period using household and individual level assessment methods.

Coverage measures are defined as:

- The proportion of the target population that consumes a food vehicle (whether fortified or not);
- The proportion of the target population that consumes a fortifiable vehicle (i.e. industrially produced);
- The proportion of the target population that consumes a fortified vehicle; and
- The proportion of the target population that consumes enough of a fortified vehicle to achieve a measurable contribution toward daily-recommended nutrient intakes for the given micronutrient.

The coverage and consumption module can be adapted for use with other targeted intervention types such as point-of-use fortificants or supplements.

2) Identifying and classifying at-risk population subgroups:

The FACT instrument uses diverse measures of vulnerability that are associated with poor nutrition and health outcomes in low-resource settings to determine if the fortification program is reaching those who need it most. The main indicators of risk and need used are:

- Acute poverty (defined by the multi-dimensional poverty index);
- Rural residence;

- Poor women's dietary diversity; and
- Poor infant and young child feeding practices.

3) Assessing adequacy of fortification:

The FACT methodology ascertains vehicle brands used at the household level and collects samples from market and/or household levels in communities that are included in the survey. Micronutrient levels are measured to determine adequacy of fortification levels compared to national standards.

Quality assessment for targeted intervention types (e.g. point-of-use fortificant and/or supplements) need to be developed on a case-by-case basis depending on the procurement and distribution systems.

Partners

Individual surveys have been implemented in partnership with reputed national- and international technical partners.

Operational set-up and governance model

The initiative has been led and managed by GAIN, with inputs and guidance from the Bill and Melinda Gates Foundation.

Outputs and expected outcomes

To date, in-depth data on the coverage of fortified food vehicles in large-scale food and targeted infant and child nutrition fortification programs have been collected using the FACT tool in over ten countries, including in Senegal, Nigeria, Tanzania, and Uganda. New planned surveys will explore the use of the FACT instrument to not only assess coverage of currently mandated vehicles in the fortification program but also identify potential new food vehicles for fortification.

The methodologies behind the tool continue to be refined. This involves exploring alternatives to better estimating consumption patterns of fortified foods consumed outside the home and assessing the dietary intake of key micronutrients from all sources in diet. Such information will be critical to interpret the nutrient contribution from fortified foods and assess the extent to which it meets or exceeds requirements.

Over the coming year, GAIN is planning an extensive dissemination including a supplement in the Journal of Nutrition demonstrating the application of FACT across different countries and contexts, and providing insights into how this information has and can be used to improve program decision making. Furthermore, a collection in PLOS ONE will be published that will highlight individual country surveys results and a final FACT toolkit and manual will be made publicly available for other programmers to use.

How data is shared or made available, and to whom

All data collected will be made available by request to GAIN.

Funding

The initial development and implementation of the FACT tool was funded by the Bill & Melinda Gates Foundation. Recently, GAIN has received further funding from USAID to implement FACT surveys in countries with USAID-supported fortification programs.

Disaggregation of data, e.g. by gender/age (where relevant)

By design, the FACT tool collects data on both household and individual levels, with a focus on subgroups of the population that are considered at risk or of particular interest, e.g. women of reproductive age and young children.

9) NATIONAL EVALUATION PLATFORMS (NEP)

<http://www.jhsph.edu/research/centers-and-institutes/institute-for-international-programs/current-projects/national-evaluation-platform/>

Background, mandate and objectives

The National Evaluation Platform equips national decision-makers with tools, skills, and information to evaluate health and nutrition programs by identifying, systematically compiling, and rigorously analyzing data from diverse sources. Empowered with evidence, countries can make strategic decisions that will achieve maximum health and nutrition impact. It is a:

- New way to assess the effectiveness and impact of maternal, newborn, and child health and nutrition (MNCH&N) programs;
- Systematic approach for identifying and compiling health and nutrition data from diverse sources, and ensuring that they are available for program evaluation;
- Core set of analytical methods for developing evidence-based answers to countries' pressing program and policy questions; and
- Commitment to building sustainable national capacity.

Funding for NEP was initially approved in 2013, and – following a period of scoping missions and developing an inception report – the substantive work on NEPs began mid-2014 in Malawi, Mozambique, Tanzania and Mali.

In each country, the NEP – including data, tools and technical capacity – are being built over a series of development cycles. In each cycle, work begins with a priority policy question endorsed by HLAC members (e.g. on MDG progress, target setting, or process or impact evaluation for a particular policy or program). The home institution and technical task team then translate this policy question into a series of answerable evaluation questions. The work follows a cycle consisting of three stages:

- **Data:** NEP brings together key health, nutrition and contextual data organized by district into a common Data System, built on the DHIS-2 platform. 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 the fulfillment of their MNCH&N commitments.

The current project timeline covers the period of 2014-2016. However, it is likely that the work will extend via a no-cost extension into 2017, with the NEP country-level work completing in mid-2017, and a few additional months of work to complete the packaging of tools and materials that can be used in new contexts. IIP-JHU is assisting the four current countries in pursuing follow-up funding to support more intensive capacity building and institutionalization work as well as some global funding to support technical advances in the overall NEP approach.

NEP is guided by the Common Evaluation Framework, a conceptual model that defines the causal pathway(s) through which a given program or intervention is expected to impact health status. The NEP data system includes information on inputs (e.g., financing, supplies, policies, human resources) and processes (e.g., training, delivery) required for a program or intervention as well as expected results, including short-to-medium term outputs (e.g. improved quality of care), longer-term outcomes (e.g. changes in coverage or behavior) and finally health impact (e.g., changes in mortality or nutritional status). The framework also identifies contextual factors and their potential influence on the various components of the pathway.

NEP is a national platform built from district-level data. NEP requires a centralized, consistently organized, and accessible repository for key health, nutrition, and other contextual data from a range of sources, which grows and evolves as additional data become available. The NEP project is using the DHIS-2, an open source online HMIS platform used by more than 40 country governments (including 3 NEP countries), as the core database. NEP has supported development of special applications for the DHIS-2 that allow for import and weighting and use of survey data and other program data alongside the HMIS data already in the system.

Core district-level data come from population-based household surveys including Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), facility surveys censuses, and surveillance. These are supplemented by routine health management information systems (HMIS) data, program monitoring data, and results of special studies. The NEP database also includes relevant demographic and environmental data, to support analysis of contextual factors. All data are assessed for quality and consistency, ensuring analysis based on the best available information.

NEP will only support collection of new data in specific instances when they are needed to fill gaps in information on inputs, process or context related to a

priority evaluation question. NEP does not conduct new large-scale household surveys to fill gaps in intervention coverage or impact data.

Partners, operational set-up and governance model

The primary stakeholders for NEP are government institutions in each of the four partnership countries, in collaboration with Johns Hopkins University (Bloomberg School of Public Health, Institute for International Programs), and funding from the Government of Canada. On specific topics, there is collaboration with other partners, including Health Alliance International (affiliated with the University of Washington Department of Global Health) and the broader DHIS-2 developer community.

NEP is a project initiated by the Johns Hopkins Bloomberg School of Public Health, Institute for International Programs (IIP), with financial support from the Government of Canada. Globally, it is managed by IIP, with a number of multi-disciplinary faculty members based in Baltimore devoting a portion of their time to the operational and technical oversight of the project. In each country, a locally-based full-time IIP-JHU Resident Advisor supports NEP government partners by coordinating technical assistance, capacity building and stakeholder engagement.

At country level, the NEP is based at a “home institution” within a national public-sector institution that is independent from implementation and focused on producing or using data. These include:

- Malawi: National Statistics Office
- Mozambique: National Institute of Health
- Tanzania: National Bureau of Statistics
- Mali: MOU between 5 institutions: Center for Research, Study and Documentation for Child Survival; National Institute for Research on Public Health; National Institute of Statistics; MoH National Director of Health; MoH Planning and Statistics Unit

The work is carried out in each country by several entities coordinated by the Home Institution:

- A “high-level advisory/steering committee (HLAC), which includes senior leaders from public-sector MNCH & nutrition stakeholder institutions. These individuals are at director-level and above (up to ministers) from ministries of health, public health institutes, bureaus of statistics, ministries of planning, among others. Some countries also include several non-government representatives from donors including Canada and/or technical partners. In the future, they may seek to include individuals who are influential in resource prioritization, e.g. parliamentary committee members.
- Technical task team, including technical staff from public-sector MNCH & nutrition stakeholder institutions on the HLAC as well as additional technical or data partners (e.g. public universities), who work in M&E, program coordination and statistics

To allow for longer-term integration with existing country data systems, the NEP Data System is based on the DHIS-2, with applications developed around DHIS-2.

Key outputs and expected outcomes

The high-level impact of NEP (as articulated in their theory of change) will be more effective, equitable and evidence-based decision-making processes for MNCH&N issues; and improved MNCH&N outcomes for mothers and children.

Towards that end, the short-term outcomes will include:

- Improved communication among key MNCH stakeholders
- Improved access to data
- Increased capacity of TTG members, including knowledge of MNCH&N issues, ability to map data sources, ability to assess data quality, ability to analyze data using NEP methods, and ability to identify and communicate findings
- Increased capacity of HLAC members, e.g. knowledge of MNCH&N issues, ability to form questions, ability to determine policy implications
- Ownership of the NEP among HLAC members
- Fully functional and populated NEP data system
- Final protocols for data mapping and data quality assessment
- Final statistical framework
- Improved understanding of “what works”
- Strategic refinements to the NEP model/approach
- Increased awareness of the NEP among key MNCH&N stakeholders

Accessibility of data/tools

Because NEP is hosted and owned by each country, it will be the government partners who determine accessibility. The IIP-JHU team intends to initiate formal conversations about accessibility with HLACs in countries, once there is a critical mass of data in the system to have a meaningful discussion. There are some countries that have bought into open data as a principle, but this has not yet been fully operationalized for routine data systems.

Funding

Currently the Government of Canada is the sole provider of financial support for NEP. They may seek further funding in the future to add additional depth to the technical work in the four countries, e.g. on geo-spatial data and costing.

10) NATIONAL INFORMATION PLATFORMS FOR NUTRITION INITIATIVE (NIPN)

www.nipn-nutrition-platforms.org (to be launched later in 2016)

Background, mandate and objectives

National Information Platforms for Nutrition (NIPN) is an initiative of the European Commission (EC), designed to support countries in the SUN Movement to strengthen their capacity to bring together existing information on nutritional status with information on factors that influence nutritional outcomes, including policies, programs and investments that are nutrition-specific or nutrition-sensitive. In doing so, it aims to help countries to track progress towards global targets, to analyze data to better understand how malnutrition can be prevented, to inform national policies, and to improve programs and nutritional outcomes.

In each country there will be a landscape analysis of what data are available in all sectors including health, social protection, climate, population, WASH, agriculture, food, etc. The intent is to create an analysis platform with a primary focus on nutrition information, but which examines the effect of inputs and exposures from all sectors and makes it easier to share findings between ministries.

The NIPN initiative is working initially in Bangladesh, Ethiopia, Kenya, Laos, Niger and Zambia, with other countries potentially joining at a later time. These countries have shown interest in building capacity in this area, they are members of the SUN movement and the national EU mission provides support for nutrition in each country.

Operational set-up, governance model and partners

NIPN is an EU initiative. The EC has entrusted the Agrinatura EEIG (a consortium of major European universities and research centers involved in agricultural higher education and resources for development) to run the *Global Support Facility* (GSF) in charge of fostering the implementation of each NIPN in the selected countries. Their work includes the coordination of the initiative within and between countries; support to design and establish each NIPN; design of the analytical platform; identifying needs for capacity building and technical assistance; and links with the SUN Movement and other initiatives to ensure coherence. Agropolis International²⁹ has been assigned by the Agrinatura EEIG to host the GSF on its premises and to ensure its technical and financial management.

In each country, the NIPN analysis unit will be hosted by a national institution or organization. Examples of possible national-level host institutions could be a national bureau of statistics, a parastatal research institution or a university. Ideally the host institution should have a multi-sectoral mandate, in order to help ensure the multi-sectoral dimension of the platform. Ultimately, each country will decide on the institutional arrangements to be made for the platform. The analytical work at country level will be guided by an *Advisory*

²⁹ <http://www.agropolis.org/>

Committee consisting of representatives from ministries, national institutions and the SUN network.

Structures to assist with NIPN global coordination include:

- A *Stakeholder Group*, to help bring coherence to the process and achieve harmonization with other initiatives. It will include representatives from donor institutions, target countries and from major nutrition initiatives and organizations.
- An *Expert Advisory Group*, to provide technical guidance and advice throughout the project, which will include experts from universities, scientific and international organizations. Besides advice on the establishment of NIPNs, this group will also provide linkages with networks of other experts, including for critical review and technical consultants.

Key outputs and expected outcomes

An NIPN will aggregate cleaned data into data sets in each country to be subjected to spatial and temporal analysis of nutrition outcomes and their relationship to projects and programs that may influence these outcomes. It might also create an interface for the presentation of summary statistics that would allow users to generate graphs or tables of descriptive data.

The NIPN advisory committee in each country will ensure coherence with National Multi-sectoral Plans of Actions in nutrition, and set the priorities for NIPN analysis. The primary expected outcome is an increased ability to understand the quality of data, pose questions or hypotheses for analysis, and translate the results and findings of the analysis into conclusions for policy-makers and program planners, etc. It is also expected that the above outcomes will contribute to informing national plans and supporting policy makers in countries.

Accessibility of data/tools

The ultimate decision regarding access to the data or the outputs will be made by the government in each NIPN country. The project does not require countries to share the information widely, and it may be the case that they do not make the data available. However, at the least, the project is intended to help enable and encourage sharing/compiling data or analysis amongst different stakeholders within the country, e.g. between ministries, or levels of government. Common resources prepared for programs will be made available on the GSF web site, due to be launched in the last quarter of 2016.

Funding

The EC DEVCO is the primary donor with additional support from DFID and the Bill and Melinda Gates Foundation.

11) INTEGRATED FOOD SECURITY PHASE CLASSIFICATION (IPC)

<http://www.ipcinfo.org/>

Background, mandate, model and objectives

The IPC was developed in 2004 to guide responses to the food security crisis in Somalia, and has since evolved to be applicable in different country contexts, focusing not only on acute food insecurity, but also on chronic food insecurity and nutrition analysis. As of 2015, the IPC is regularly used in 26 countries in Africa, Asia and Latin America to help decision-makers better address the food insecurity challenge.

The IPC uses a set of standardized tools that aim to provide a “common currency” for classifying the severity and magnitude of food insecurity. This evidence-based approach uses international standards which allow comparability of situations across countries and across over time. It is based on consensus-building processes to provide decision makers with a rigorous analysis of food insecurity along with objectives for response in both emergency and development contexts.

The IPC approach consists on four mutually agreed-upon functions, including specific tools and procedures:

- 1) Building technical consensus
- 2) Classifying severity and causes
- 3) Communicating for action
- 4) Quality assurance

The IPC seeks to provide stronger links between information and action, through:

- Simplifying complex information and analysis into actionable knowledge and identifying response objectives
- Presenting core outputs of the analysis in a consistent, accessible and timely manner, so that senior planners and decision-makers can have the key conclusions.

The IPC scale was initially designed to be used in crisis contexts, and has since been expanded to also measure chronic food insecurity in non-crisis contexts. The **IPC Chronic Food Insecurity Classification** was launched in July 2014 and rolled out in 8 countries, from September 2014 to January 2015. The use, and IPC support for the use, of IPC tools, is based on demand from countries.

Until recently, the IPC’s efforts had been focused on food insecurity analysis which integrated nutrition elements, but not a full nutrition situation overview in terms of considering malnutrition caused by other factors than food insecurity. In response to demand from countries and governments, the IPC Global Partnership has committed to developing **IPC Nutrition Classification** tools and procedures, which will be compatible with whatever nutrition data collection systems, methodological approaches and institutional arrangements exist in-country, allowing comparison of findings over time and across countries.

The fully integrated **IPC Food and Nutrition Security Phase Classification** will include both the analysis of malnutrition caused by non-food related factors, such as inadequate caring practices and disease-related causal factors, as well as food related factors. Inclusion of a separate but complementary classification for nutrition situations will equip decision-makers with a full understanding of the underlying factors that affect nutritional vulnerability, which will facilitate:

- Better targeting of interventions;
- Increasing coordination between humanitarian and development response; and
- Integrated response for achieving food and nutrition security.

The IPC Food and Nutrition Security Phase Classification has the potential to bring together different global groups of stakeholders, including the food security community and the public health community, and the humanitarian and development actors. It will seek to contribute to meeting the global challenge of addressing malnutrition and achieving nutrition security by informing comprehensive programming, including investments in nutrition and food security.

The development process for the IPC Nutrition Phase Classification began in February 2014 with the establishment of an IPC Nutrition Working Group (IPC NWG), to lead technical development and piloting of the prototype of the IPC Nutrition Classification. The first prototype was developed in June 2014 and has been going through piloting and revision. Beginning in 2014, five country pilots were initiated in Kenya, South Sudan, Bangladesh, Central African Republic. Based on these lessons and feedback from the pilots, as well as technical development workshops and consultative meetings, an improved IPC Acute Malnutrition Classification prototype was developed. An initial 2-3 pilots have since been initiated using the revised prototype. The final version of the prototype will be sent for approval by the IPC Steering Committee this year.

The current 2014-2018 IPC Action Plan³⁰ has the aim of supporting implementation of the IPC in 51 targeted countries, and lays out action areas in the areas of

- Institutionalization and governance
- Technical capacity building and support
- Technical development, quality and compliance
- Access for use in decision-making

Partners, operational set-up and governance model³¹

The work of the IPC is overseen by a *Global Steering Committee*, composed of CARE international, International, Action Against Hunger (ACF), the Comité permanent Inter-Etats de Lutte contre la Sécheresse dans le Sahel (CILSS), the Famine Early Warning Systems Network (FEWS NET), the Food and Agriculture Organization of the United Nations (FAO), the Food Security Cluster (FSC), the

³⁰ <http://www.ipcinfo.org/ipcinfo-about/ipc-action-plan-2014-2016/en/>

³¹ A full description of the governance and partnership structure: http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Global_Partnership_Governance_Structure_March_2015.pdf

Joint Research Centre of the European Commission (JRC-EC), Oxfam, Save the Children, the Central American Integration System (SICA) and the United Nations World Food Programme (WFP).

A *Global Support Unit (GSU)* guides the technical development of IPC's work, provides support and training to countries and regions, and promotes the IPC within global decision-making structures and as it links to related initiatives. The IPC was originally an FAO project, and has grown from that to a broader multi-stakeholder partnership. The GSU currently continues to be hosted administratively within FAO, although its substantive oversight mechanism is the Global Steering Committee.

A *Technical Advisory Group (TAG)* is composed of a pool of experts convened on an ad-hoc basis to provide expert advice on normative development aspects of the IPC. The TAG is responsible for reviewing and clearing technical reports, materials, and new tools that require the endorsement of the IPC Steering Committee. The TAG is comprised of a group of senior technical experts from the Steering Committee member agencies, and is chaired by the IPC Global Programme Manager. Members of the TAG include ACF, CARE, CILSS, FAO, FEWES NET, EC-JRC, Oxfam, Save the Children, SICA-PRESANCA, USAID-FANTA and WFP.

The TAG is supported by two working groups, both chaired by the IPC GSU:

- *The IPC Chronic Working Group (IPC CWG)*, established in 2012, comprised of technical representatives of the Steering Committee member agencies, as well as other technical agencies working on food security, such as the World Bank, FANTA and ICFI.
- *The IPC Nutrition Working Group (IPC NWG)*, established in 2013, comprised of technical representatives of the Steering Committee member agencies, as well as other global nutrition agencies and institutions, such as UNICEF, WHO, INCAP, Global Nutrition Cluster, Institute of Child Health (Univ. of London), FANTA, World Bank, and the Standing Committee on Nutrition.

The above global structures are complemented by *Regional Support Units*, composed of GSU technical focal experts, technical agencies and food security advisors, and linked with existing regional food security networks or entities. *National IPC Technical working groups* bring together national authorities, the UN, NGOs and key food security stakeholders that are supporting the IPC and conduct the IPC analysis with the support of the regional and global IPC bodies and partners.

Outputs and expected outcomes

Some of the primary outputs of the IPC are their tools for analyzing and decision-making in food security and malnutrition. In its efforts to develop and refine those tools, the IPC also seeks to push for technical consensus and a common language for classifying the severity and causes of food insecurity and malnutrition.

As it facilitates assistance around the implementation and use of the tools, the IPC also aims to achieve the following objectives:

- Supporting evidence-based analysis in countries
- Promoting effective and accessible communication to decision-makers, based on timely and meaningful analysis, as an input into planning, resource prioritization, etc.
- Enabling current- and early warning projections
- Quality assurance, based on protocols and technical support

More broadly, the IPC model is intended to support the following outcomes:

- Increased country capacity for using data towards evidence-based, programmatic- and policy implications – this includes current efforts to carry out certification trainings on the use of the tools, and trainings of trainers.
- Partner alignment and consensus around the severity of food insecurity and malnutrition in countries, as well as a richer diagnosis on the nature of the problems and the appropriate response.

Accessibility of data/tools

The IPC works under a principle of transparency, but the data and analyses generated with the IPC's tools and support belong to each country, which retains the right to share or not.

Funding

The IPC is currently supported by: EU-DEVCO, UK DFID and USAID. Funding for the current 3-year funding period (2014-2020) is approximately \$20 million.

Previous donors include Australian AID, CIDA, EU-ECHO, the German BMZ, Government of the Netherlands, Spanish Agency for International Development Cooperation (AECID) and SIDA.

Disaggregation of data

The work of the IPC is not primarily focused on the act of disaggregating data, but it does work with disaggregated data where available, as part of the exercise to classify and response to food insecurity- or malnutrition situations in countries.

12) GLOBAL OPEN DATA FOR AGRICULTURE AND NUTRITION (GODAN)

<http://www.godan.info/>

Background, mandate and objectives

The Global Open Data for Agriculture and Nutrition (GODAN) initiative was announced at the Open Government Partnership Conference in October 2013, following 2012 G8 discussions.

GODAN supports the proactive sharing of open data to make information about agriculture and nutrition available, accessible and usable to deal with the urgent challenge of ensuring world food security through participative, cross-sectoral innovation building. The initiative focuses on building high-level policy and public and private institutional support for open data. The initiative encourages collaboration and cooperation among existing agriculture and open data activities, without duplication, and brings together all stakeholders to solve long-standing global problems.

In line with global movements for open data and open access, the initiative seeks to:

- Advocate for open data and open access policies by default, in both public and private sectors, whilst respecting and working to balance openness with legitimate concerns in relation to privacy, security, community rights and commercial interests;
- Advocate for the release and re-usability of data in support of innovation and economic growth, improved service delivery and effective governance, and improved environmental and social outcomes.
- Advocate for data interoperability and the use of common technical and etymological protocols to facilitate this.

With a focus on open data for agriculture and nutrition, the initiative seeks to:

- Advocate for new and existing open data initiatives to set a core focus on agriculture and nutrition data;
- Encourage the agreement on and release of a common set of agricultural and nutrition data;
- By increasing widespread awareness of ongoing activities, innovations, and good practices;
- Advocate for collaborative efforts on future agriculture and nutrition open data endeavors; and
- Advocate programs, good practices, and lessons learned that enable the use of open data particularly by and for the rural and urban poor.
- Build up awareness of existing open data and data gaps in Agriculture and Nutrition, as well as in building up the capacity to extract data and translate it in innovative policy and/or technical proposals.

GODAN facilitates and convenes partners to tackle the various dimensions of the obstacles facing open data, including issues of terminology (compiling the same information differently or calling it differently), technical difficulties (e.g. collection and databases), and political challenges (e.g. competition, commercial or territorial issues).

GODAN is not an implementing institution, but rather a network of partners that share the goal principle of open data for agriculture and nutrition. Through its *working groups*, GODAN provides platforms for partners to collaborate, share ideas and experiences, and to find ways forward on how open data can be used to solve key issues and challenges in the agriculture and nutrition sectors. In doing so, it is working to foster a community, facilitate partnerships and cultivate greater awareness on the topic. Current GODAN working groups include:

- Nutrition Data Gap Working Group³² – focuses on data gaps, and works to identify areas where GODAN partners can help improve the availability, quality and application of global nutrition open data to advance global nutrition.
- Agriculture Sector Package Working Group³³ – a policy resource that will provide a roadmap for International Open Data Charter³⁴ supporters that are considering how to respond to agriculture sector challenges with open data.
- Data Infrastructure Working Group³⁵ – a collaboration of partners to help respond to the data infrastructure needs for the global agritech sector.
- Data Rights and Responsible Data Working Group³⁶ – exploring issues of open data, data ownership and data governance in the context of agriculture and nutrition.
- Kenya Data Integration Working Group³⁷ – an initiative to develop and implement a comprehensive data integration approach in Kenya, which could for the first time link up data from various sources such as satellite, drone, FAO, and the Ministry of Agriculture in a comprehensive and ‘living’ picture of the agriculture sector in the country.
- SDG2 Accountability Framework Working Group³⁸ – this group is working to create a tool that can be used by any decision maker, organization or citizen to track the progress of global, regional and (potentially) national commitments from different stakeholders; the current state of agriculture, food security and nutrition; and what data, policy and financing gaps must be filled to eventually achieve SDG2 in 2030.

The GODAN Summit 2016 will be an opportunity for the working groups and their members to share progress, announce commitments and bring greater attention amongst high-level attendees to the needs and opportunities for open data in agriculture and nutrition.

At a recent Donor Steering Committee meeting (January 2016), a Governance Paper³⁹ and Inception Report⁴⁰ were approved. The latter reviews the progress to date, which included the establishment of the Secretariat, setup of the Nutrition Working Group, and side events and presentations at events. The

³² <http://www.godan.info/working-groups/nutrition-data-gap-working-group>

³³ <http://www.godan.info/working-groups/agriculture-sector-package-working-group>

³⁴ <http://opendatacharter.net/>

³⁵ <http://www.godan.info/working-groups/data-infrastructure-working-group>

³⁶ <http://www.godan.info/working-groups/data-rights-and-responsible-data-working-group>

³⁷ <http://www.godan.info/working-groups/kenya-data-integration-working-group>

³⁸ <http://www.godan.info/working-groups/sdg2-accountability-framework-working-group>

³⁹ <http://www.godan.info/godan-releases-governance-paper/>

⁴⁰ <http://www.godan.info/godan-releases-approved-inception-report/>

Inception Report also includes a 5-year work plan covering the period 2016-2020.

Partners, operational set-up and governance model

As of May 2016, there are over 282 partners from national governments, non-governmental, international and private sector organizations that have committed to a joint Statement of Purpose.⁴¹

GODAN partners commit to:

- Host regular conversations with peer multilateral and local organizations to identify and share best practices and determine how to more effectively share data and provide useable analysis for local application; and
- Recruit new partners to GODAN.

The current list of partners is available at <http://www.godan.info/partners/current-partners/>.

GODAN is supported by a small *Secretariat* hosted by CABI⁴² in Wallingford, UK. The Secretariat is made up of 6-7 individuals (including those working on an in-kind contribution basis from donors). The GODAN Secretariat's mission is to assist the GODAN network/partners in the implementation of the dispositions of its Statement of Purpose. Following a competitive process, in 2014 CABI was selected to host the said Secretariat and assist both in its setup as well as in its subsequent day-to-day operations, providing administrative, logistical and technical support, performance monitoring and financial management. The Secretariat became operational in 2015, completing its initial staff complement in the third quarter.

Led by its Executive Director, the Secretariat aims at supporting GODAN in:

- Reporting on the Secretariat's activities including but not limited to the implementation of agreed work plan and milestones, and of the use of its financial and other resources;
- Coordinating logistics and communications between SC members and between partners;
- Facilitating the participation of GODAN partners in various fora in fields consistent with its Statement of Purpose;
- Managing GODAN resources towards optimal implementation of the priorities set by the SC;
- Contributing to the dissemination of GODAN goals through various means of communication such as public events, the use of social media, GODAN website and direct participation in various fora;
- Assisting Partners in the creation and functioning of GODAN working groups and other initiatives; and
- Stimulating membership.

⁴¹ <http://www.godan.info/about/statement-of-purpose/>

⁴² <http://www.cabi.org/>

The Steering Committee (SC) is a convening forum to provide strategic oversight and guidance to GODAN's development. The Steering Committee will act as the GODAN Board, in:

- Overseeing the implementation by the Secretariat of the policies, financial and programmatic priorities approved by the SC, in compliance with the conditions stipulated in the agreements between the Secretariat and individual Resource Partners (Donors); and
- Seeking to achieve coordination of activities and interventions that are not funded through the GODAN Secretariat, but are of significant relevance to the implementation of its approved strategy. Interventions of this nature include all relevant interventions that are funded through bilateral arrangements, self-funding modalities, or any other activities outside the GODAN mechanisms.

The SC will meet at least twice a year to monitor progress in implementation of the approved GODAN strategy, evaluate its impact, and make decisions on the strategic allocation of resources based on the contributions committed by all Resource Partners (Donors)

The Steering Committee will comprise up to 10 members, including:

- 4 largest Resource Partner contributors /Donors (financially or in-kind) to GODAN
- 4 partners respectively from Governments, Academic institutions, Research institution and Private Sector
- One representative of the host organization (CABI)
- The GODAN Secretariat Executive Director as a non-voting member

Key outputs

Much of the work is carried out by GODAN partners, with the assistance/facilitation of the Secretariat, for example through the GODAN Nutrition Working Group⁴³ – one among an increasing number of collaborative efforts triggered within the GODAN network on issues of interest to its members.

A key focus for GODAN in 2016 will be its global summit, which will be held in September, in New York, linked to the UN General Assembly. This will be used as an opportunity to share progress of the working groups, innovations/initiatives from its partners, announce commitments and raise political awareness and support among high-profile attendees for open data in agriculture and nutrition.

Accessibility of data/tools

Open data is an aim and an operating principle for GODAN, and as such the work carried out under GODAN will be widely available. GODAN will itself not seek to act as a central depository of data. However, they envision their website (to be updated shortly) to eventually act as a portal of portals, where users come to find the work carried out through GODAN or by its partners, which may be hosted on other sites.

⁴³ As approved by the working group September 25 2015

Another aim of GODAN is to share information about its initiatives and those about its partners – including success stories, best practices and innovations – to demonstrate the advantages of open data.

Funding

The GODAN Secretariat has an estimated five-year budget of \$8.5 million, plus in-kind time, expertise and services provided by various members of the network.

GODAN activities and its Secretariat are financially supported by the US Government, DFID, the Government of the Netherlands, FAO, Technical Centre for Agricultural and Rural Cooperation (CTA), Global Forum on Agricultural Research (GFAR), the Open Data Institute (ODI), CGIAR and CABI. Support includes:

- The UK government, through DFID, offers a financial contribution of up to a maximum of GBP 2.5 million over five years.
- US Government has pledged a financial contribution to the Secretariat matching the contribution from DFID. It may also provide staff support, as requested, in the planning for major GODAN events. The US Government will act as the lead donor and main relationship manager with the Secretariat host.
- The Government of the Netherlands offers one (non-director) expert as a staff member to the Secretariat.
- FAO pledges to provide a secondment of the equivalent of 50% of a senior professional officer in direct support of the delivery of the Strategic Partnerships and Research functions for two years.
- GFAR pledges a secondment of the equivalent of up to 50% of a full time staff time in direct support of the delivery of the Strategic Partnerships and Research functions for the inception phase.
- CABI has offered a contribution equivalent to 60% of one of its senior staff members, office facilities and administrative services.
- The CGIAR Consortium reserved \$50,000 in 2015 to help in the organization of an annual GODAN meeting/event with the broader partner base.
- CTA can support travel funds and organization of events in its member countries or on a larger scale, up to an in-kind support level of EUR 50,000 per year.
- ODI offers a permanent “hotdesk” at their office in London for the duration of the program, with two further commitments for 2015. ODI will provide support with the development and dissemination of the case studies the Secretariat wishes to produce to the value of US\$20,000 of ODI’s research team’s time. They will also work with the GODAN Secretariat and partners on a specific workshop or project bringing together agricultural/nutritional specialists, government officials and Partnership for Open Data (POD)/ Open Data communities around a particular issue to a value up to US\$30,000 with the aim of creating one such GODAN led case study or publication.

13) GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT DATA

<http://www.data4sdgs.org/>

Note: As of the time of drafting this annex, the Partnership is in an interim start-up year, with the UN Foundation selected as host institution in November 2015. It is currently working with an interim team and developing its permanent ways of working, including on governance, coordination and membership categories. Much of the information included in the profiles on other initiatives is therefore not yet available for the Global Partnership, or not in any comprehensive form, but will be made available in the coming months.

Background, mandate and objectives

The Global Partnership was established partly in response to the UNSG's Independent Expert Advisory Group on a Data Revolution for Sustainable Development (IEAG), which proposed a UN-led "Global Partnership for Sustainable Development Data," to mobilize and coordinate the actions and institutions required to make the data revolution serve sustainable development."⁴⁴

The goals of the partnership in its first year include:⁴⁵

- 1) Ensure the prioritization of data on global, regional and national political agendas and help build a mass constituency on data for sustainable development
- 2) Support multi-stakeholder collaboration by connecting demand and supply for sustainable development data and optimize resources
- 3) Advance data access and strengthen interoperability mechanisms and standards

The Global Partnership for Sustainable Data is a global network of governments, NGOs and businesses working together to support data-driven decision-making by making data more open, accessible and usable and filling data gaps to help end extreme poverty, combat climate change and ensure a healthy life for all. It will aim to do this by:⁴⁶

- Supporting multi-stakeholder data initiatives to generate, share and use data at the country and local levels. Early work in this area will include supporting countries and cities as they develop and implement cross-government and multi-stakeholder data roadmaps that will identify their data needs and challenges and articulate a path to address them in support of global goal achievement.
- Contributing to fill data gaps, including the production of new data and dynamic visualizations of the best available data, to achieve the global goals.
- Helping to expand, develop and build support for international principles, including sharing privately held data. This will build on existing principles and norms and focus particularly on gaps and ways to bring in new stakeholders and connect a range of perspectives on the principles.
- Connecting stakeholders across data communities and existing data initiatives to foster collaboration and innovation for global goal achievement

⁴⁴ <http://www.undatarevolution.org/wp-content/uploads/2014/11/A-World-That-Counts.pdf>

⁴⁵ <http://www.data4sdgs.org/who-we-are/>

⁴⁶ Based on working documents not yet available publicly.

and monitoring.

Partners, operational set-up and governance model

As of May 2016, the Partnership has 150 “champions” from around the world and across sectors, including governments, companies, civil society organizations, international organizations, academic institutions, philanthropy, and statistics and data communities.⁴⁷ At present, the expectations of the partnership’s champions revolve around making commitments to “harness the data revolution for sustainable development” via the partnership, and participation and engagement in working groups. These roles and expectations may evolve over time. “Anchor partners” make up another category of partners – these partners currently have a more intensive engagement with the partnership, including in its governance. As the Partnership transitions to longer term governance arrangements in 2016, these roles may change.

The partnership intends to bring together the full range of data producers and users who are critical to harnessing the data revolution for sustainable development.

In November 2015, it was announced that the *UN Foundation* had been selected as the institutional host of the Partnership for a three-year start-up phase. The Partnership is currently governed by an interim governance arrangement that is intended to navigate the period until longer-term governance arrangements are developed. This includes an *Interim Steering Group of Anchor Partners* (ISG) and the *Coordinating Team*, which provides more regular guidance and support for the Partnership’s day-to-day leadership and management. These interim governance arrangements facilitate Partnership decision-making and actions, whilst longer-term governance arrangements are established by the end of 2016. They hope to have an Executive Director for the partnership in place by early September 2016.

Key outputs

Working groups are currently the vehicles for much of the partnerships outputs. The topics they currently plan to focus on include:

- Data roadmaps: supporting countries at national, subnational and city level to develop and implement country-wide, multi-stakeholder maps that identify data needs and priorities around the SDGs, with action plans for filling gaps and addressing needs.
- Filling data gaps: mobilize collective action through a range of mechanisms including Global Data Collaboratives, innovation challenges and other mechanisms. They will likely first support/strengthen existing collaboratives (e.g. GODAN, DATA2X, Data for Climate Action, Global Health Data Collaborative, etc.), and then seek to pursue other initiatives to fill key information gaps and increase data use towards monitoring the SDGs, with a particular focus on dynamic and disaggregated data, combinations of data, analysis of data, visualizations of data, etc.

⁴⁷ A list of champions is available at <http://www.data4sdgs.org/become-a-champion/>

- Data principles and protocols: assess the landscape of global data principles and protocols, identify gaps and bottlenecks to implementation and determine whether the Partnership can contribute to addressing these.
- Outreach and Engagement: organize the Partnership to be engaged in a range of events on statistics, data, the SDGs and sustainable development more broadly.
- Resource alignment and mobilization: define a clear agenda and action plan for Data Revolution resource alignment and mobilization to help produce greater coherence in the various funding instruments for statistics and data that exist, and to identify resource needs and advocate for those to be addressed.
- Data architectures, products and platforms: address technical issues with respect to data architectures and interoperability. They will focus on exploring whether new approaches could help improve interoperability of the expanding number of technology platforms for assembling, accessing and using data.

Related to but also outside of working groups, the Partnership will seek to act as a kind of “meeting place” for opportunistic collaborations between members of the partnership on data for the SDGs.

Accessibility of data/tools

Accessibility will depend on the initiative. Details to come.

Funding

Estimates are that approximately \$15 million will be needed over the initial 3-year period of the partnership’s work. Currently, approximately \$5.8 million has been committed from the US State Department, CIFF, the William and Flora Hewlett Foundation, Ford Foundation, and IDRC. Significant support will also come in the form of in-kind contributions of time, technology and data.

14) UN GLOBAL PULSE

<http://www.unglobalpulse.org/>

Background, mandate, objectives and model

Global Pulse is an innovation initiative of the UNSG on big data. Its vision is a future in which big data is harnessed safely and responsibly as a public good. Its mission is to accelerate discovery, development and scaled adoption of big data innovation for sustainable development and humanitarian action.

The creation of Global Pulse was informed by the global economic crisis of 2008, with its impact on unemployment and supply chains, and the lack of real-time information on these areas. It was recognized that the UN required better capacity and access to real-time information. In response to this identified need, Global Pulse has worked over the past several years to facilitate the identification of real-time information streams, including those generated by the people (e.g. through mobile phone technology), and their use towards development challenges. Global Pulse has acted as an “innovation lab” of the UN system to identify and initiate projects using these information streams.

Global Pulse is working to promote awareness of the opportunities Big Data presents for relief and development, forge public-private data sharing partnerships, generate high-impact analytical tools and approaches through its network of Pulse Labs, and drive broad adoption of useful innovations across the UN System.

Global Pulse functions as a network of innovation labs where research on Big Data for Development is conceived and coordinated. Global Pulse partners with experts from UN agencies, governments, academia, and the private sector to research, develop, and mainstream approaches for applying real-time digital data to 21st century development challenges. Objectives include:

- Achieve a critical mass of implemented innovations
- Lower systemic barriers to adoption and scaling
- Strengthen the big data innovation ecosystem

Global Pulse works on two tracks:

- Track 1: Innovation Driver
 - Implement data innovation programmes through Pulse Labs to provide UN and development partners with access to the data, tools and expertise required to discover new uses of big data for development.
 - Develop toolkits, applications and platforms to improve data-driven decision-making and support evaluation of promising solutions.
- Track 2: Ecosystem Catalyst
 - Contribute to the development of regulatory frameworks and technical standards to address data sharing and privacy protection challenges.
 - Engage key stakeholders on a priority innovation agenda

- Provide public sector organizations with policy guidance and technical assistance to strengthen their capacity for integrating real-time insights into operations.

The genesis of any new initiative can come from any variety of sources. The Global Pulse team works with UN agencies, the private sector, governments, civil society organizations and foundations to identify opportunities for real-time data to be harnessed towards addressing development challenges.

UN Global Pulse was launched in 2009, and is expected to continue beyond the current SG's tenure, although its exact "location" (e.g. whether or not it remains in the SG's office) will be determined by the next SG.

Partners, operational set-up and governance model

Global Pulse works with partners across all stakeholder groups, at global and country-levels. Partners collaborate with Global Pulse and its network of Pulse Labs in the following ways:

- Data philanthropy: Sharing data sets or providing access to streamlining data to support Pulse Labs' public research
- Technology: Sharing tools for data mining, real-time analytics and data visualization, or sharing storage and computing capabilities
- Expertise: Making engineers, data scientists or researchers available to collaborate on specific projects or events that support the UN, public sector, and international development organizations
- Sponsorship: Providing funding to support Global Pulse's on-going efforts to transform Big Data into a public good

Global Pulse is set up as an initiative of the UN Secretary-General, reporting to the Special Advisor to the Secretary General on 2030 Agenda for Sustainable Development (David Nabarro). There are three offices (labs), based in New York, Jakarta and Kampala, with approximately 10 staff in each, with expertise in partnership and communications, data science, data engineering and privacy and legal issues.

The Pulse Labs design, scope and co-create projects with UN Agencies and public sector institutions who provide sectoral expertise, and with private sector or academic partners who often provide access to data or analytical and engineering tools.

To guide the work of each Pulse Lab, an annual research agenda is set, with strategic priorities agreed with stakeholders. Current applied research projects address wide-ranging topics including: food security, humanitarian logistics, economic well-being, gender discrimination and health.

The Kampala and Jakarta labs are based within the UN Resident Coordinator's offices in each of those countries, and are overseen by a steering committee with the national government.

Key outputs

The outputs of Global Pulse are specific to each project (see <http://www.unglobalpulse.org/projects> for a list of past and current projects). Current projects (which includes a number of projects on food, including on data on food price and food consumption) are based on a strategic review carried out in 2014, which identified high priority and high potential project areas. Other projects can be initiated, based on interest, opportunity and partners.

Accessibility of data/tools

The data that is collected or used for analysis is not typically made available openly, although many of the findings are made publically available. It works on the basis of finding ways to harness Big Data sets for public benefit, whilst respecting the principle of protecting individuals' privacy. Through its Data Privacy Advisory Group,⁴⁸ which is comprised of experts from the public and private sectors, academia and civil society, it facilitates a continuous dialogue on matters related to data protection and privacy, with the objective of unearthing precedents, good practices and strengthening the overall understanding of how privacy protected analysis of big data can contribute to sustainable development and humanitarian action.

Funding

Funding for Global Pulse comes from voluntary contributions. Major contributors include the governments of Denmark, Sweden, Australia and the Netherlands. Project support also comes from private foundations, including the Gates-, Rockefeller-, Hewlett- and Packard Foundations.

⁴⁸ <http://www.unglobalpulse.org/data-privacy-advisory-group>

15) UN nutrition data landscape of data and accountability

Normative functions

Indicators for the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition: In May 2012, the 65th World Health Assembly (WHA) endorsed the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (MIYCN), with a set of six global nutrition targets for 2025 (the “WHA targets”).⁴⁹ Among other things, the MIYCN Plan called for a well-defined framework that would enable a harmonized and internationally accepted approach to monitoring progress towards nutrition targets at both the national and global levels, as well as on the actions taken to put the Comprehensive Implementation Plan into practice. The global monitoring framework will comprise two sets of indicators: a “core” set, to be reported on by all countries; and an “extended” set, from which countries will select those indicators that suit their specific epidemiological patterns and the actions implemented in response to their priority nutrition challenges.

The core set, which was approved by the 67th and 68th WHAs, includes 21 indicators at different stages of the results chain: 1) *primary outcome indicators* that measure the progress towards the six targets; 2) *intermediate outcome indicators* that monitor how specific diseases and conditions on the causal pathways affect countries’ trends towards the six targets; 3) *process indicators* that monitor programmatic and situation-specific progress; and 4) *policy environment and capacity indicators* that measure the political economy and capacity within a country.⁵⁰ At its 68th Meeting,⁵¹ the WHA requested further details to be provided vis-à-vis the proposed extended set of indicators, specifically related to the definitions, availability of data and criteria for their applicability to different country contexts. This, as well as the monitoring and reporting guidelines for the core indicators, is part of the work currently being undertaken by the WHO/UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM), which is described below.

UNICEF: Together with its inter-agency partners, UNICEF plays a key role in developing new methodologies, indicators and monitoring tools, building statistical capacity at country level, and harmonizing monitoring work across partners. UNICEF has also been involved in the development of indicators and methodologies for gathering relevant data on a number of priority issues, including on low birth weight, iodine deficiency disorder, vitamin A deficiency and infant and young child feeding.

WHO/UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM): WHO and UNICEF convened an independent Technical Expert Advisory

⁴⁹ 1) Stunting: 40% reduction in the number of children under-5 who are stunted; 2) Anaemia: 50% reduction of anaemia in women of reproductive age; 3) Low birth weight: 30% reduction in low birth weight; 4) Childhood overweight: no increase in childhood overweight; 5) Breastfeeding: increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%; 6) Wasting: reduce and maintain childhood wasting to less than 5%.

⁵⁰ http://www.who.int/nutrition/topics/indicators_monitoringframework_miygn_background.pdf?ua=1;
http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_9-en.pdf

⁵¹ http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_DIV3-en.pdf

Group on Nutrition Monitoring (TEAM) to provide advice on how to enhance nutrition monitoring efforts at all levels. The TEAM is also expected to identify emerging research questions and needs related to nutrition monitoring and to recommend actions to be taken to develop indicators and methods. A more specific and immediate focus of the TEAM is to complete the development of monitoring and reporting guidelines for the core indicators of the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition as related to the 2025 WHA global nutrition targets. The TEAM will seek to help improve the quality of nutrition monitoring through facilitation of shared learning and the development of harmonized standards, tools and approaches in several relevant sectors.

The TEAM is jointly convened by WHO and UNICEF and brings together technical experts, including key and influential thinkers in the global nutrition arena with a specific focus on monitoring. WHO and UNICEF serve as the joint Secretariat of the TEAM. To date, the TEAM has held two in-person meetings (July 2015 and February 2016) to develop a work plan and seek input from partners on the TEAM's priorities as its modalities for partner engagement. Outputs of the TEAM to date include (i) draft operational guidance on 20 GNMFI indicators; (ii) a concept note on controversial indicators (IFA supplementation, trained nutrition professional indicators, minimum acceptable diet, breastfeeding counselling); (iii) rules to declare countries on-track and off-track for WHA global nutrition targets; (iv) prevalence levels for public health significance of stunting, wasting and overweight. The terms of reference for the TEAM is available online.⁵²

The Compendium of Indicators for Nutrition-Sensitive Agriculture: This document, planned for publication in 2016, will describe a range of indicators, which can be used to monitor and evaluate the nutrition-related impacts of investments in agriculture and rural development. It is structured around major impact pathways that link agriculture investments to nutrition outcomes including: on farm food production and availability; food environment in markets; income; women's empowerment; and natural resource management practices. It provides guidance on what each indicator measures and key features of data collection, as well as references to relevant manuals.

Primary data collection tools

MICS: UNICEF's flagship data collection initiative including for nutrition is the Multiple Indicator Cluster Surveys (MICS) program, which is described in greater detail in Profile 2.

Food balance sheets: Food balance sheets provide estimates of quantities of food available for human consumption in a country during a specific period (usually a calendar year). For each food item (i.e. each primary commodity and a number of processed commodities potentially available for human consumption), the sources of supply and its utilization are presented. Data on per capita food supplies are expressed in terms of quantity and also in terms of caloric value, protein and fat content. They are prepared by FAO using official statistics

⁵² http://www.who.int/nutrition/events/2015_onlineconsultation_team_july/en/

provided by the countries, and are updated annually and available for nearly all countries. Annual food balance sheets tabulated regularly over a period of years show trends in the overall national food supply, including changes in the types of food consumed, and the extent to which the food supply of the country as a whole is adequate in relation to nutritional requirements. The data can be accessed on the FAOSTAT webpage,⁵³ and information on history, methodology, concepts, definitions and commodities covered can be found in the Food Balance Sheets Handbook.⁵⁴

Voices of the Hungry:⁵⁵ Voices of the Hunger is an FAO initiative launched in 2013 with the objective of measuring food insecurity worldwide using an experience-based tool that can be validly applied in different contexts. This tool, called the *Food Insecurity Experience Scale* (FIES)⁵⁶ seeks to consistently measure food insecurity worldwide, and includes a global standard of reference to compare the measures obtained in different parts of the world and in different contexts. In addition, it enables comparison of food insecurity severity measures across countries, as well as an assessment of how food insecurity affects differently men vs. women, those living in urban vs rural areas, and those who are better or worse off economically. FAO contracted the Gallup World Poll, which has been conducting nationally representative surveys in more than 150 countries annually since 2005, to collect FIES data. As of 2014, the FIES has been added, as a client module, to the GWP questionnaire. The FIES has been identified as the basis for SDG indicator 2.1.2 (prevalence of moderate and severe food insecurity) to be used for global monitoring. In the meantime, FAO will begin reporting on the results obtained through the Voices of the hungry project in 2014 and 2015, at global and regional levels, for the first UNSG monitoring on the SDGs in 2016. Over time, the plan is for national statistics offices to take over the responsibility to collect FIES data to inform the indicator, while FAO maintains the function of collating, validating and disseminating the results for global monitoring. This initiative is funded by FAO with financial support from the governments of the UK and Belgium.

Agricultural and Rural Integrated Survey (AGRIS): *Note: with its focus on agricultural data, AGRIS is arguably of lesser relevance to this exercise, but it is nevertheless briefly referenced, due to its role in informing several of the SDG2 indicators.* AGRIS is a farm-based modular multi-year survey program, designed as a cost-effective way for national statistical agencies to accelerate the production of quality disaggregated data on the technical, economic, environmental and social dimensions of agricultural holdings. AGRIS is being developed in the context of the Global Strategy to improve Agricultural and Rural Statistics (hosted within FAO's Statistics Division in Rome),⁵⁷ and complements other relevant initiatives such as the World Bank Living Standards Measurement Study Integrated Surveys on Agriculture (LSMS-ISA). AGRIS has been identified as one of the primary means for collecting data to inform three of the SDG2

⁵³ <http://faostat3.fao.org/home/E>

⁵⁴ <http://www.fao.org/docrep/003/x9892e/x9892e00.htm>

⁵⁵ <http://www.fao.org/economic/ess/ess-fs/voices/en/>

⁵⁶ <http://www.fao.org/3/a-as583e.pdf>

⁵⁷ <http://gsars.org/en/>

indicators: 2.3.1 on smallholder farm productivity, 2.3.2 on smallholder incomes, and 2.4.1 on sustainable agricultural practices.⁵⁸

Global databases

Global Database on Child Growth and Malnutrition:⁵⁹ WHO's Global Database is a standardized compilation of child growth and malnutrition data from nutritional surveys conducted around the world since 1960. It includes population-based surveys that fulfill a set of criteria. Data are checked for validity and consistency, and raw data sets are analyzed following a standard procedure to obtain comparable results. New surveys are included on a continuous basis, and updates are published quarterly. WHO makes available child malnutrition data and reference tables for each country, based on the global database. These profiles provide analysis results based on the WHO child growth standards with the prevalences below- and above defined cut-off points for weight-for-age, height-for-age, weight-for-height and BMI-for-age, and estimates stratified by age and sex, rural/urban residence and regions. Once a year, the national data for the overall age group, sexes combined are exported and form the basis for the global and regional joint child malnutrition estimates produced together with UNICEF and the World Bank Group. The child growth data can be downloaded from NLiS⁶⁰ and from WHO's Global Health Observatory.⁶¹ The database also contributes to other databases, and to IFPRI's GHI calculations.

Nutrition Landscape Information System (NLiS): NLiS is one of three components of WHO's *Landscape Analysis Country Assessments*.⁶² The Landscape Analysis examines stakeholders' commitment and capacity to scale up evidence-informed interventions, in order to assess a country's readiness to accelerate action in nutrition, and how to invest towards maximum impact. The three components of the Landscape Analysis include 1) Development of country typologies for "readiness"; 2) In-depth country assessments; and 3) the Nutrition Landscape Information System (NLiS).

NLiS compiles information generated through the country assessments, as part of the Landscape Analysis, but also serves as a repository for a broader set of information on countries. NLiS brings together all existing WHO Global Nutrition Databases dynamically (including the WHO Global Data Bank on Infant and Young Child Feeding; the Global Database on Body Mass Index;⁶³ the Global Database on Child Growth and Malnutrition;⁶⁴ and the Vitamin and Mineral Nutrition Information System⁶⁵), as well as other existing food and nutrition-related data from partner agencies into a web-based tool, which provides nutrition and nutrition-related health and development data in the form of

⁵⁸ Currently none of these three indicators (2.3.1, 2.3.2, 2.4.1) are ready for monitoring, as further discussions and refinements are still required to reach operational definitions that would make them implementable at the global level.

⁵⁹ <http://www.who.int/nutgrowthdb/about/en/>

⁶⁰ <http://www.who.int/entity/nutrition/nlis/en/index.html>

⁶¹ <http://apps.who.int/gho/data/node.main.1095?lang=en>

⁶² http://www.who.int/nutrition/landscape_analysis/en/

⁶³ <http://apps.who.int/bmi/index.jsp>

⁶⁴ <http://www.who.int/nutgrowthdb/estimates2014/en/>

⁶⁵ <http://www.who.int/vmnis/en/>

automated country profiles and user-defined downloadable data. Data presented in the country profiles are structured by the UNICEF conceptual framework for causes of malnutrition and aim to provide an overview snapshot of a country's nutrition, health and development at the national level. NLIS draws upon data for the country profiles from available databases, including those from WHO, UNICEF, UN Statistics Division, UNDP, FAO, DHS, the World Bank, IFPRI and ILO. NLIS country profiles are available from the WHO NLIS website,⁶⁶ and the Integrated WHO Nutrition Global Databases are accessible and searchable.⁶⁷ The NLIS will host the data of the indicators of the Global Nutrition Monitoring Framework.

Global database on the Implementation of Nutrition Action (GINA):⁶⁸ GINA is a WHO initiative featuring an interactive platform for sharing standardized information on nutrition policies and actions, including commitments made, actions taken, and lessons learned. The GINA policy section acts as a repository of policy and legislative documents – both for nutrition-specific documents (e.g. national nutrition policies, or codes of marketing of breast-milk substitutes), as well as those with a broader scope (e.g. health or agriculture sector strategies). The GINA action section tracks actions taken to improve nutrition as implemented through programs and interventions. Actions range from behavior-change related actions (e.g. feeding of low-birth-weight infants) to non-health actions (e.g. maternity protection), and covers all age groups.

Users can apply this tool to map nutrition policies and action; link policies and action to nutrition status indicators; monitor implementation of key nutrition actions; identify overlaps and gaps; and share experience on implementation practices. GINA action data can be uploaded by those involved in nutrition interventions (e.g. program planners, government officials, NGO staff, etc.) through a wiki approach. Registered users are able to enter new data and/or edit existing entries, with each submission triggering a verification process. GINA was set up during the period of 2010-2012, with funding from the Bill and Melinda Gates Foundation, and the engagement of a number of key partners, including the Micronutrient Initiative, CDC, GAIN, REACH, FAO, UNSCN, Cornell University, UC Davis and Emory University.

Global Database on Body Mass Index:⁶⁹ The WHO Global Database on Body Mass Index (BMI) was developed as part of WHO's commitment to implementing the recommendations of the WHO Expert Consultation on Obesity: Preventing and Managing the Global Epidemic (June 1997), which identified the lack of nationally representative cross-sectional data as an obstacle for facilitating international comparisons of adulthood obesity rates, monitoring the magnitude of the current and future obesity problems, and evaluating the effectiveness of intervention strategies. The database has evolved in collaboration with FAO as a global interactive surveillance tool to monitor nutrition transition covering and reporting on the entire spectrum of adult nutritional status. The Database

⁶⁶ <http://apps.who.int/nutrition/landscape/report.aspx>

⁶⁷ <http://apps.who.int/nutrition/landscape/search.aspx>

⁶⁸ <http://www.who.int/nutrition/gina>

⁶⁹ <http://www.who.int/bmi>

provides both national and sub-national adult underweight, overweight and obesity prevalence rates by country, year of survey and gender. The information is presented interactively as maps, tables, graphs and downloadable documents. Data is accessible through the Database website,⁷⁰ and is also included in the NLiS, as well as on the Global Health Observatory data repository.⁷¹

Vitamin and Mineral Nutrition Information System (VMNIS): VMNIS was established in 1991 following a request by the WHA to strengthen surveillance of micronutrient deficiencies at the global level. It is designed to systematically retrieve and summarize data on vitamin and mineral status of populations; provide up-to-date national, regional and global assessments of the magnitude of vitamin and mineral deficiencies; track progress towards the goal of eliminating major vitamin and mineral deficiencies; and to provide tools and resources to support efforts for assessing vitamin and mineral nutritional status in populations. The information is available via the VMNIS database (under construction during the time of this writing), as well as via NLiS.

WHO Global Data Bank on Infant and Young Child Feeding:⁷² WHO began the Global Data Bank on Breastfeeding in 1991 as part of its monitoring and surveillance activities. Since then the Data Bank has evolved to accommodate new sets of definitions and indicators, and to integrate all operational targets of the Global Strategy for Infant and Young Child Feeding (2003),⁷³ changing as a result the name to “WHO Global Data Bank on Infant and Young Child Feeding.” The Data Bank is maintained and managed in keeping with internationally accepted definitions and indicators. It pools information mainly from national and regional surveys, and studies dealing specifically with the prevalence and duration of breastfeeding and complementary feeding. Data for inclusion are based on indicators from household surveys and for some countries from facility-based surveys. The data can be accessed through NLiS.⁷⁴ *Note: For the past two years, WHO is primarily using survey data provided by UNICEF for this database. WHO may phase out this database, with UNICEF retaining the lead role in maintaining data on Infant and Young Child Feeding, amongst other nutrition coverage- and practice indicators. There are also plans for WHO to adjust estimates on exclusive breastfeeding to match the standard indicator definition for developed countries not covered by UNICEF’s present database.*

UNICEF Global Databases: UNICEF maintains a series of global databases for tracking the situation of children and women globally. These databases are based on statistically sound and nationally representative data from household surveys and other sources, and are updated annually through a process that draws on the data made available by UNICEF’s network of 140 country offices. On the topic of nutrition, UNICEF offers access to recent global datasets for

- Malnutrition⁷⁵ (stunting disparities by residence and wealth quintile)

⁷⁰ <http://apps.who.int/bmi/>

⁷¹ <http://apps.who.int/gho/data/node.main.A896?lang=en>

⁷² <http://www.who.int/nutrition/databases/infantfeeding/en/>

⁷³ <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>

⁷⁴ <http://apps.who.int/nutrition/landscape/search.aspx>

⁷⁵ <http://data.unicef.org/nutrition/malnutrition.html>

- Infant and Young Child Feeding⁷⁶
- Iodized Salt Consumption⁷⁷
- Low Birthweight⁷⁸
- Vitamin A supplementation⁷⁹

NutriDash: In 2013, UNICEF's Nutrition Section launched its Nutrition Dashboard (*Nutridash*). NutriDash was developed partly out of the recognition that, although there has been a growing body of information on the nutritional status of populations, there has been a relative lack of quality data on the reach and progress of programs, and how these efforts are affecting nutritional status.

NutriDash is a web-based database that builds on and expands previous efforts to strengthen nutrition information systems and collate country-level program output data. NutriDash aims to support program management, advocacy and resource mobilization. Through its internal supply forecasting module, NutriDash is designed to support countries with supply projections to ensure timely delivery of globally-ordered supplies and products. The system also aims to support the selection of key nutrition-related indicators to include in route information systems at country level, and to foster government ownership and sustainability of the collection and use of this information.

Currently NutriDash data are available to UNICEF staff through the NutriDash online database, and through detailed global, regional and country reports. A Global Report from the 2013 pilot year is publicly available,⁸⁰ which outlines the objectives, methodology and key aggregated findings on management of severe acute malnutrition, infant and young child feeding, home fortification with micronutrient powders, and salt iodization.

FAO/WHO Global Individual Food consumption data Tool (FAO/WHO GIFT):⁸¹ FAO and WHO are working together to develop a Global Individual Food consumption data Tool (FAO/WHO GIFT). This global database will contain individual quantitative food consumption data from any country, made freely accessible online through an interactive web platform. The goal is to collect, harmonize and disseminate data available at national and subnational levels across the world. FAO/WHO GIFT aims to be a multipurpose tool, providing information on specific indicators in the field of nutrition, food safety and environment, in addition to data on food consumption. This platform, intended for use by both experts and a broader audience, seeks to facilitate access to the microdata and to compute food-based indicators, such as average leafy vegetable consumption, main food sources of vitamin A or high levels of fish consumption, so that the data can be comparable between different population groups and

⁷⁶ <http://data.unicef.org/nutrition/iycf.html>

⁷⁷ <http://data.unicef.org/nutrition/iodine.html>

⁷⁸ This data has not been updated since November 2014, due to on-going methodological work.

<http://data.unicef.org/nutrition/iodine.html>

⁷⁹ <http://data.unicef.org/nutrition/vitamin-a.html>

⁸⁰

http://www.sightandlife.org/fileadmin/data/News/2015/2_Feb/UNICEF_Global_NutriDash_report_2013.pdf

⁸¹ <http://www.fao.org/food/nutrition-assessment/foodconsumptiondatabase/en/>

geographical areas. The tool aims to complement data currently collected at national household level, providing individual food consumption data, taking into account age and gender dimensions.

The final product will include the following features:

- Browsing of available data on individual food consumption representative at either national or sub-national level;
- Access to data using filtering criteria such as age, sex, countries, sub-regions, time period, etc.;
- Generation of dynamic graphics, maps and tables related to indicators of interest chosen through a flexible process, with the possibility to download all outputs directly from the platform to the user's computer; and
- Access to dynamic infographics of pre-selected indicators related to food consumption, food safety and nutrition, disaggregated for different types of population (e.g. age, gender, physiological status, etc.).

FAO/WHO GIFT was initiated as a pilot in 2014. As of end 2015, datasets on individual food consumption from Burkina Faso, Uganda, Philippines and Bangladesh (provided by HarvestPlus⁸²) had been formatted and uploaded to the FAO/WHO GIFT platform; and a prototype for the FAO/WHO GIFT web dissemination platform was developed. The current plan is for the FAO/WHO GIFT dissemination platform to be available as a global tool by 2018, with data available from a significant number of countries in each FAO region.⁸³

Tracking and reporting tools

UNICEF-WHO-The World Bank Joint Child Malnutrition Estimates: A UNICEF, WHO and the World Bank inter-agency team regularly updates joint global and regional estimates of child malnutrition. The team provides joint estimates on prevalence and numbers for child stunting, underweight, overweight, wasting and severe wasting. The 2015 edition is based on a dataset drawn from 778 national survey data, which were standardized for analysis purpose. This dataset is available for download, as is a summary of key findings of the joint malnutrition estimates.⁸⁴ An interactive dashboard, accessible via on the websites of UNICEF, WHO and the World Bank, generates graphs and charts using the latest joint estimates, and can be presented according to a variety of country groupings (UN, MDG, UNICEF, WHO, World Bank income groups and World Bank regions). The group is also working on an expanded country level joint dataset, which will comprise disaggregated data for available surveys, for the entire time series, to be released later in 2016. The joint estimates feed into the GNR and the SDG monitoring process, as well as into various products produced by UNICEF, WHO and the World Bank.

Tracking tool for WHA targets:⁸⁵ To assist countries in setting their targets and monitoring progress against the MIYCN Plan, WHO has collaborated with a

⁸² <http://www.harvestplus.org/>

⁸³ http://www.fao.org/fileadmin/user_upload/nutrition/docs/assessment/FAO-WHO_GIFT_Project_Brief_March2016.pdf

⁸⁴ <http://www.who.int/nutgrowthdb/estimates2014/en/>

⁸⁵ <http://www.who.int/nutrition/trackingtool/en/>

number of partners including UNICEF and the EC to develop a web-based tracking tool for the WHA targets. The tool allows users to explore scenarios taking into account different rates of progress for the six targets and the time remaining to 2025. It includes three modules: 1) country indicator profiles; 2) indicator mapping; and 3) global and regional overviews. The most recent version of the tool (version 2.1) was released in December 2015, and includes country indicator profiles and indicator mapping for child stunting, overweight, wasting, exclusive breastfeeding and anaemia in women of reproductive age. Country estimates for low birth weight are still in preparation and will be added in a future version of the tool. Indicator estimates used in the tool will be updated regularly (at least once per year). The tracking tool is based on existing data and analysis, including the UNICEF-WHO-World Bank joint malnutrition estimates for stunting, wasting and overweight.

State of Food Insecurity in the World (SOFI):⁸⁶ SOFI is an annual report that presents updated estimates of undernourishment in the world, and progress towards MDG 1 and the 1996 World Food Summit hunger targets. SOFI is a joint collaboration between FAO, IFAD and WFP. The publication targets a wide audience, and aims to raise awareness about global hunger issues, and discusses the underlying causes of hunger. The reports have included case studies to highlight lessons on how countries address hunger, and the factors that influence their ability to do so. A key indicator for SOFI is the prevalence of undernourishment (PoU). This indicator – which has undergone refinements over the years – is used to measure the proportion of the national population that is undernourished. Since 2012, SOFI and the associated food security domain in FAOSTAT report on additional indicators on countries' dietary energy supply, food production, food prices, food expenditures and volatility of the food system. Discussions are currently underway to consider broadening the scope of SOFI, together with UNICEF and WHO, to cover both food security and nutrition, and thus also reporting and commenting on the indicators selected for global monitoring of Target 2.2.⁸⁷ This expansion of the SOFI would potentially be implemented as of the 2017 report.

Initiatives to improve data collection and accessibility

Accelerating Nutrition Improvements in Sub-Saharan Africa (ANI):⁸⁸ ANI is a project implemented by WHO with the financial support of the Canadian Department of Foreign Affairs, Trade and Development (DFATD). ANI supports selected sub-Saharan African countries to improve nutrition surveillance activities through strengthening health information systems, in order to measure progress and inform decision-making. Activities are taking place in 11 countries (Burkina Faso, Ethiopia, Mali, Mozambique, Rwanda, Senegal, Sierra Leone, Uganda, Tanzania, Zambia and Zimbabwe). Of these, eight countries are supported for routine surveillance only, while three (Ethiopia, Uganda and Tanzania) receive additional support for scaling up. Surveillance activities are

⁸⁶ <http://www.fao.org/hunger/en/>

⁸⁷ SDG Target 2.2: By 2030, end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

⁸⁸ http://www.who.int/nutrition/ANI_project/en/

implemented through country-led programs and strategies and within existing systems to avoid duplication and ensure sustainability.

WHO is working closely with UN REACH (all ANI project countries except Zambia and Zimbabwe are REACH countries), with REACH facilitators part of the technical partnership in countries involved in ANI implementation. Through its focus on strengthening surveillance systems, one of the aims of the ANI project is to provide alternative sources for data that are complementary to survey results, but which provide more frequent and routine data points on a long-term basis. Towards that end, several thousand operators have been trained through the project to collect data and provided with equipment to transmit data. ANI was initiated in 2012. Its original project end date was December 2015, but it is continuing through 2016 a no-cost extension. There is appetite within the project to continue the work and scale out to further countries, but the funding for this has not yet been secured.

16) Accountability framework for the Global Strategy for Women's, Children's and Adolescents' Health

In September 2015, the UN Secretary General launched the updated ***Global Strategy for Women's, Children's and Adolescents' Health*** (2016-2030)⁸⁹ ("the Global Strategy") of the Every Woman Every Child movement, which builds on progress under the MDGs. The Global Strategy presented a Unified Accountability Framework, which seeks to establish a clear structure and system to strengthen accountability at the country, regional and global levels and between different sectors.

The ***Global Strategy Indicator and Monitoring Framework***⁹⁰ was launched in May 2016, which was developed by WHO, together with the multilateral health agencies (H6). The framework consists of 60 indicators based on the priority areas in the Global Strategy, 34 of which are aligned with SDG indicators, with an additional 26 indicators drawn from established global initiatives for reproductive, maternal, newborn, child and adolescent health. The framework remains a work in progress, with additional indicators (e.g. for human rights) under development.

The Indicator and Monitoring Framework includes all of the WHA nutrition targets (although some indicators are noted as still under development), as well as additional nutrition indicators (e.g. initiation of breastfeeding within 1 hour of birth, and child's minimum acceptable diet).

WHO and H6 partners will annually review and update data on the Global Strategy monitoring framework. They will produce a report in September 2016 presenting initial data and discussing requirements to support robust monitoring of progress towards the Global Strategy Objectives; and from 2017, the data will be updated by April every year, in advance of the World Health Assembly, accompanied by an annual report.

Related to this, an ***Independent Accountability Panel (IAP)*** will produce an annual comprehensive synthesis report on the state of women's, children's and adolescents' health, in an effort to harmonize global reporting, minimize the reporting burden on countries and support cost effectiveness. This report will provide an independent assessment of progress and challenges to help strengthen the response from the international health community and countries. The IAP's report will be based on information routinely provided from UN agencies and independent monitoring groups, including the annual reporting against the Global Strategy monitoring framework.

The initial report of the IAP will be submitted to the UN Secretary General around the time of the UN General Assembly in September 2016, with subsequent reports planned to coincide with the relevant SDG follow-up and

⁸⁹ <http://www.everywomaneverychild.org/global-strategy-2>

⁹⁰

http://www.everywomaneverychild.org/images/content/files/EWEC_INDICATOR_MONITORING_FRAMEWORK_2016.pdf

review processes, such as the High-Level Political Forum on Sustainable Development.⁹¹ The IAP's nine members were appointed by the UN Secretary General in February 2016.⁹² They are supported by a small secretariat hosted by the Partnership for Maternal, Newborn and Child Health (PMNCH).⁹³

The **Countdown to 2015** initiative was established in 2005 to track progress on maternal, newborn and child survival in the 75 countries where more than 95% of all maternal and child deaths occur. Its aim was to promote accountability from governments and development partners, and to identify knowledge gaps and promote new actions to reduce child mortality and improve maternal health. A major focus of Countdown was on coverage – the proportion of individuals needing a health service or intervention who actually receive it – and on the equitable distribution of coverage across socioeconomic, gender and other population groups within countries. Countdown to 2015 was multi-institutional and included academics, governments, international agencies, professional associations, donors, civil society representatives, with *The Lancet* as a key partner. The Countdown to 2015 Secretariat was hosted within PMNCH.

Moving forward, Countdown will continue as **Countdown to 2030**, and will retain its multi-institutional partnership. It will include a small set of core staff, most of whom will be based at the Johns Hopkins Bloomberg School of Public Health (JHSPH). It will act as a global mechanism for tracking progress against key coverage and equity indicators, and retain a strong focus on the determinants of maternal, newborn and child health. To complement the global-level work, Countdown will also develop regional hubs that will build the capacity of country teams to undertake rigorous analyses of progress..

Nutrition had already been a key component of Countdown to 2015, but Countdown to 2030 will likely deepen its focus on nutrition, with more focus on nutrition-specific indicators. These are expected to be finalized in 2016 as part of a broader inception period, which will involve a review of all existing- and proposed additional indicators, and the evidence base for them. The process will be informed by the Global Strategy and its monitoring framework, the SDG Framework, as well as the needs of the IAP. Countdown aims to serve as an important source for much of the data that the IAP uses in reporting on coverage and country progress.

Countdown will draw upon a network of partners. A steering committee will set strategic direction, and a technical review group will review reports, methodology and analyses.

⁹¹ <https://sustainabledevelopment.un.org/hlpf>

⁹² <http://www.everywomaneverychild.org/accountability/independent-accountability-panel>

⁹³ <http://www.who.int/pmnch/en/>