

Mapping Exercise
Global Data and Accountability Initiatives for Nutrition

June 2016

This report is the output of a mapping exercise on global data and accountability initiatives for nutrition. It presents a “map” of the nutrition data and accountability landscape, from data prioritization and collection, to its accessibility and use, noting major global initiatives in each area and how they interact with each other. It also provides a summary of key findings that emerged from the mapping exercise and notes potential opportunities to help make the space more coherent and robust. Finally, the annex includes detailed profiles on a number of representative initiatives, describing their objectives, major activities and mode of operation.

The exercise was commissioned by the SUN Donor Network and carried out by David Kim, an independent consultant, with the financial support of the Bill & Melinda Gates Foundation.

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Index of abbreviations

AGRIS	Agricultural and Rural Integrated Survey
ANI	Accelerating Nutrition Improvements in Sub-Saharan Africa
ATNI	Access to Nutrition Index
CMAM	Community-based management of acute malnutrition
DHS	Demographic Health Surveys
EDGE	Evidence and Data for Gender Equality
eLENA	e-Library of Evidence for Nutrition Actions
FACT	GAIN Fortification Assessment Coverage Tool
FAO	Food and Agriculture Organization
FCES	Food Consumption and Expenditure Surveys
FIES	Food Insecurity Experience Scale
GIFT	FAO/WHO Global Individual Food consumption data Tool
GHI	Global Hunger Index
GINA	Global database on the Implementation of Nutrition Action
GNR	Global Nutrition Report
GODAN	Global Open Data for Agriculture and Nutrition
GPSDD	Global Partnership for Sustainable Development Data
HLG	High-level Group for Partnership, Coordination and Capacity-Building for Statistics for the 2030 Agenda for Sustainable Development
IAP	Independent Accountability Framework (for the Global Strategy on Women's, Children's and Adolescents' Health)
IAEG-SDGs	Interagency and Expert Group on SDG Indicators
INDDEX	International Dietary Data Expansion Project
IPC	Integrated Food Security Phase Classification
JHSPH	Johns Hopkins Bloomberg School of Public Health
LSHTM	London School of Hygiene and Tropical Medicine
LSMS	Living Standards Measurement Study
MERG	Monitoring and Evaluation Reference Group
MICS	Multiple Indicator Cluster Surveys
NEP	National Evaluation Platforms
NIPN	National Information Platforms for Nutrition
NLIS	Nutrition Landscape Information System
PARIS21	Partnership in Statistics for Development in the 21 st Century
PEPFAR	President's Emergency Plan for AIDS Relief
SDGs	Sustainable Development Goals
SDN	SUN Donor Network
SLEAC	Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage
SMART	Standard Monitoring and Assessment of Relief and Transitions
SOFI	State of Food Insecurity in the World
SQUAEC	Semi-Quantitative Evaluation of Access and Coverage
SUN	Scaling up Nutrition Movement
TEAM	Technical Expert Advisory Group on Nutrition Monitoring
VMNIS	Vitamin and Mineral Nutrition Information System
WHA	World Health Assembly
WHO	World Health Organization

I. Introduction

1.1 Background

As part of the Scaling Up Nutrition (SUN) Movement's 2016-2020 Roadmap development process, the SUN Donor Network (SDN) has formed a small working group on data gaps and -priorities in nutrition. In order to help inform the work planning on this topic, the SDN commissioned a mapping exercise of the data landscape for nutrition, specifically focusing on current global nutrition-related data initiatives.

The **objectives** of the exercise are to:

- Present a coherent mapping of the global data and accountability landscape for nutrition, describing major initiatives and their objectives, key stakeholders and activities;
- Contribute to increased awareness amongst the users, providers and funders of nutrition data regarding the relevant data initiatives; and
- Generate insights to contribute towards a more coherent and robust nutrition data landscape.

This report represents the primary output of the mapping exercise. In the following chapters, it will:

- Present a “map” of the nutrition data and accountability landscape, from data prioritization and collection, to its accessibility and use, noting major global initiatives active in each area (*Chapter 2: Mapping the Data and Accountability Landscape*);
- Provide a summary of key findings from the mapping exercise (*Chapter 3: Key findings*); and
- Profile representative initiatives in the landscape of data and accountability for nutrition (*Annexes*).

1.2 Methodology

The work for this mapping exercise has been carried out by an independent consultant during the period of February to June 2016, under the guidance of representatives from the SDN, and with the financial support of the Bill & Melinda Gates Foundation.

Primary sources included publicly available information on data and accountability initiatives, and interviews with representatives from the initiatives. This was supplemented by a light review of related analyses in this space and discussions with key donors about their priorities in funding initiatives on nutrition data and accountability. In some cases (particularly with initiatives that are in the early stages of their conception or implementation), the exercise utilized “working documents” not yet publicly accessible.

Below is a brief discussion of inclusion criteria. This exercise considered initiatives that are:

- Initiated and coordinated at global level. This includes a number of initiatives with presence and activities at country-level, but excludes those that are limited to a specific country.
- Nutrition-specific. The exercise focused primarily on initiatives dealing with nutrition-specific data and accountability (as well as those dealing with *both* nutrition-specific and nutrition-sensitive data and accountability). Only in some limited cases did it focus on initiatives that deal *solely* with nutrition-sensitive data or accountability.

The exercise furthermore reviewed initiatives that deal with publicly available data, but it also included initiatives, from which the data generated may not be publicly available on a systematic basis. In such cases, the exercise sought to examine the reasons for the lack of accessibility.

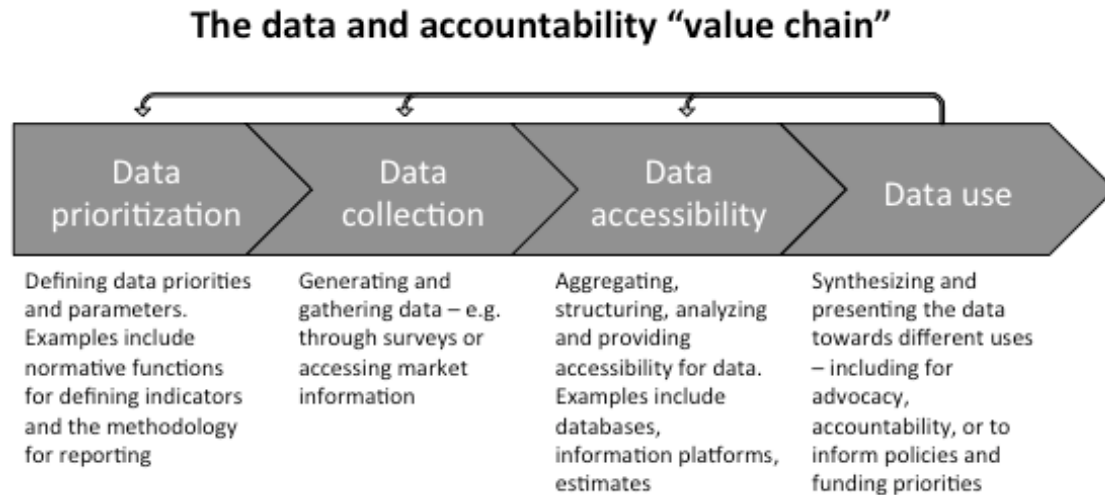
The exercise does *not* seek to:

- Review nutrition financing data. Although this is a critically important area of nutrition data and accountability, other on-going exercises within the SUN Movement are working on this topic, and it was therefore excluded from this exercise.
- Act as a catalogue of the status, availability and guidance for all types of nutrition data and indicators. The primary focus of this exercise is on the *initiatives* dealing with nutrition data and accountability; and although as a consequence that leads to some discussion, for example, on data gaps, this report does attempt to comprehensively catalogue the gaps for all nutrition data and indicators.
- Be exhaustive or comprehensive. There are many initiatives dealing with nutrition data and accountability, and the landscape is constantly evolving – especially at this moment, as the work is still on-going in developing the details for monitoring frameworks on nutrition, as well as for the Sustainable Development Goals (SDGs) and the Global Strategy for Women’s, Children’s and Adolescents’ Health. The mapping exercise is nevertheless intended to lend coherence to a landscape that is in some ways opaque and fragmented. It therefore seeks to be representative in the types of global initiatives it covers, but not comprehensive.

II. Mapping the data and accountability landscape

2.1 The data and accountability value chain

The below graphic proposes a framework for mapping different initiatives along a data and accountability “value chain.”



This value chain begins with defining and prioritizing the types of data that will be needed to monitor progress; to the collection of the data and its accessibility through aggregation and repositories; and its use towards advocacy, accountability and for informing policies and funding priorities. It is presented linearly, since the ability to accurately analyze and draw meaningful conclusions from data is heavily dependent on, for example, the availability and quality of the data, and the alignment across actors in defining the types of data to be collected and the means for doing so.

And yet, initiatives further along the data and accountability value chain also provide valuable feedback on, and help refine, the way that the data needs are defined or collected. The Global Nutrition Report (GNR) for example is primarily an initiative that utilizes available data for accountability and advocacy; but that role also positions the GNR well to comment on critical data gaps or the need for greater clarity around reporting on specific indicators – thus helping to stimulate discussion and improvements in those areas.

In the paragraphs below, key initiatives are mapped along the above data and accountability value chain. *Note: the aim of this chapter is to provide a coherent picture of how the different initiatives fit into a broader data and accountability landscape for nutrition. As such, the initiatives are referred to at a high level, rather than discussed in significant detail, in terms of what each initiative does and how they operate. Annex B (Initiative Profiles) provides more comprehensive information about most of initiatives referenced here.*¹

¹ In cases where an initiative is not profiled in the Annex, this is noted, and where possible a link for further information is provided.

2.2 Normative functions



Several initiatives led by UN agencies are helping to establish and refine the foundations of the data and accountability landscape for nutrition, by defining the metrics and indicators that will be used to understand nutritional status, coverage and outcomes; and establishing and prioritizing the kinds of data that are needed towards that end.

The ***Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition***, endorsed by the World Health Assembly in May 2012, established a set of six global nutrition targets for 2025 (the “***WHA targets***”).² The development of a monitoring framework for the Plan – the ***Global Monitoring Framework on Maternal, Infant and Young Child Nutrition*** – has been a critical area of work for WHO and its technical partners, and a foundational element of the data and accountability landscape for nutrition. The “core indicators” for the monitoring framework were approved at the 67th and 68th WHAs. Further work is on-going on the “extended set” of indicators, specifically on the definitions, availability of data and criteria for their applicability to different country contexts.

The ***WHO/UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM)*** is undertaking the above-referenced work, as well as the monitoring and reporting guidelines for the core indicators. The TEAM was initiated in 2015, and will provide advice on nutrition monitoring efforts, identify emerging research needs related to nutrition monitoring and recommend actions.

UNICEF plays a key role in developing new methodologies, indicators and monitoring tools, particularly for low birthweight, iodine deficiency disorder, vitamin A deficiency and infant- and young child feeding.

On the food and agriculture side, ***FAO*** has an important normative function, through its work in developing the ***Compendium of Indicators for Nutrition-Sensitive Agriculture***.

2.3 Primary data collection tools



A number of initiatives work on the gathering or generation of data, which today is accomplished principally through the use of surveys.

² 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%.

Two household surveys – **Demographic and Health Surveys (DHS)** (a USAID program) and **Multiple Indicator Cluster Surveys (MICS)** (UNICEF) – are perhaps the two most central sources of data on nutrition, as well as on a wide variety of other topics on health, population and social practices. The two programs have some differences in terms of survey methodology, and in their focus (DHS has a greater focus on reproductive health and diseases, whereas MICS is more focused on children under-5). However, the two work closely together to help ensure comparability and compatibility between systems, tools and data collection. Together with another core household survey program from the World Bank – the **Living Standards Measurement Study (LSMS)**³ – DHS and MICS recently formed a formal collaboration (the **DHS-MICS-LSMS Collaborative Group**) to exploit synergies through harmonizing survey tools and models, sharing information on survey schedules, and collaborating on methodological advances in household surveys.

These survey programs are also active in the data accessibility space: they provide access to the dataset results from their surveys, as well as through publishing summary results from the surveys in the form of reports. Finally, because their model relies on country systems and capacity, these survey programs also engage in a number of activities aimed at building country capacity, from the design and execution of surveys, to the analysis and interpretation of the data towards policy implications.

Nutrition data in humanitarian situations are often lacking. One important tool for fulfilling that need is the **Standardized Monitoring and Assessment of Relief and Transitions (SMART survey)**, which provide nutrition and mortality data for humanitarian environments.⁴

GAIN's **Fortified Assessment Coverage Tool (FACT)** is a compilation of population-based survey instruments on purchase and consumption patterns, which also factors in information on the quality of products and market samples to provide better information on dietary intake of micronutrients, and whether they are effectively reaching the target populations.

In the area of food and agriculture, FAO leads a number of initiatives for data collection. These include **Food balance sheets**, which provide estimates of the quantities of food available for human consumption in a country, using data on food supply and their nutritional and caloric content. **Voices of the Hungry** employs the **Food Insecurity Experience Scale (FIES)**, which is an experience-based tool that is incorporated into the Gallup World Poll to help measure food insecurity worldwide. The **Agricultural and Rural Integrated Survey (AGRIS)** is a farm-based modular multi-year survey program designed to provide data on the technical, economic, environmental and social dimensions of agricultural holdings.

³ LSMS is not profiled in detail in this report. For more information refer to the LSMS website: <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTLSMS/0,,contentMDK:21610833~pagePK:64168427~piPK:64168435~theSitePK:3358997,00.html>

⁴ SMART was initially developed for emergency settings, but is now also in use in non-emergency environments, where there is a lack of reliable nutrition information.

Some of the above-mentioned initiatives are operating at a global, or near-global scale to collect data. These include DHS, MICS, food balance sheets, FIES and AGRIS. Others data collection tools such as SMART and FACT are currently being used on a more limited basis.

There are a number of other survey tools that are used to collect important data on nutrition, which are not discussed in detail in this report. These include *micronutrient surveys* and *food consumption and expenditure surveys (FCES)*.

Besides data collection, some of the initiatives mentioned above are also *contributing to clarifying indicators or the means for monitoring against them*. FACT is helping to refine a definition for, and the means for monitoring, effective coverage in fortification programs. FIES has been identified as the basis for reporting against SDG indicator 2.1.2 (prevalence of moderate and severe food insecurity); and AGRIS will be the primary means for collecting data to inform SDG indicators 2.3.1 (on smallholder farm productivity), 2.3.2 (on smallholder incomes) and 2.4.1 (on sustainable agricultural practices).

2.4 Global databases



Global databases aggregate data and other information, and facilitate their accessibility through repositories and user interfaces.

Many of the nutrition-specific databases are managed by either WHO or UNICEF. WHO has a notional lead role in maintaining the databases related to *nutrition status* indicators, whereas UNICEF generally maintains the databases related to *nutrition coverage- and practice* indicators.

WHO's *Global Database on Child Growth and Malnutrition* is a compilation of standardized child growth and malnutrition data from nutritional surveys conducted around the world. Other WHO databases include the *WHO Global Data Bank on Infant and Young Child Feeding*, the *Global Database on Body Mass Index* and the *Vitamin and Mineral Nutrition Information System (VMNIS)*.

Access to the datasets and visual representations of the data are variously available through WHO's *Nutrition Landscape Information System (NLiS)* and the *Global Health Observatory*. Amongst other things, NLiS will host the data of the indicators for the Global Nutrition Monitoring Framework. WHO also manages the *Global database on the Implementation of Nutrition Action (GINA)*, which compiles information on nutrition policies and actions, including commitments made, actions taken and lessons learned. Finally, through its *e-Library of Evidence for Nutrition Actions (eLENA)*, WHO is compiling a library of evidence-informed guidance for nutrition interventions.

UNICEF maintains a series of global databases tracking the situation of children and women globally. Through its webpage on data and analytics, UNICEF offers access to global datasets on **malnutrition, infant and young child feeding, iodized salt consumption, low birthweight and vitamin A supplementation**.

A number of the above-mentioned WHO and UNICEF databases are used for a variety of external initiatives, including for reporting against global targets. For example, UNICEF was the responsible agency for official UN MDG reporting on the nutrition target of underweight, through the Secretary General's annual reports. UNICEF and WHO are jointly leading SDG reporting on the nutrition indicators, utilizing the data from their databases.

In 2013, UNICEF launched **NutriDash**, which is a web-based database that collates country-level program output data, to help improve the availability of information on the reach and progress of programs.

FAO and WHO are currently collaborating to develop the **Global Individual Food consumption data Tool (FAO/WHO GIFT)**, which is a global database that will contain individual quantitative food consumption data from countries, made accessible online through an interactive web platform.

Finally, **FAOSTAT** is FAO's primary repository for much of the food and agriculture data that it compiles, including for example data generated from Food balance sheets (referenced in the previous section).

2.5 Tracking and reporting tools



Several global initiatives analyze existing data to contribute to regular tracking and reporting on progress, using nutrition targets and indicators that have been agreed upon by global normative bodies and processes.

The **UNICEF-WHO-World Bank Joint Child Malnutrition Estimates** provide joint global and regional estimates on child stunting, underweight, overweight, wasting and severe wasting. These estimates are regularly updated by an inter-agency team, and the underlying datasets are available publicly.

Based partly on these estimates, WHO maintains a **Tracking tool for WHA targets**, with country indicator profiles, indicator mapping and global- and regional overviews. WHO also provides regular **reporting on progress against the WHA targets** and on the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition.

The **Scaling Up Nutrition (SUN) Movement's Annual Progress Reports** compile self-reported assessments from SUN countries. This initiative has been tracking countries' progress markers around four areas: 1) bringing people together into a shared space for action; 2) ensuring a coherent policy and legal framework; 3) aligning actions around a Common Results Framework; and 4) financial tracking

and resource mobilization. Under the SUN Movement's 2016-2020 Roadmap, this initiative will continue with some changes as the ***SUN Country Joint Assessment of Progress and Priority Setting Exercise***.⁵

2.6 Global reports, indices and accountability tools



There are a number of global nutrition reporting and indexing initiatives, which – similar to the tracking tools noted in the section above – seek to use existing data to monitor progress and performance, coupled with analysis and commentary; and with the data often presented in a manner that more directly emphasizes advocacy and accountability.

The ***Global Nutrition Report (GNR)*** assesses the progress of the 193 UN member states in meeting global nutrition targets established by the WHA, and documents how well countries, donors, NGOs, businesses and others are meeting the commitments made at the Nutrition for Growth summit in 2013.

The ***Global Hunger Index (GHI)*** is designed to comprehensively measure and track hunger globally, and by country and region. The GHI is an index that tracks progress against four component indicators (undernourishment, child wasting, child stunting and child mortality). Its aim is to draw attention and stimulate political discussion on the challenge of hunger in the world.

The ***State of Food Insecurity in the World (SOFI)*** is an annual report jointly published by FAO, IFAD and WFP, which presents updated estimates of undernourishment in the world, with the aim to raise awareness about global hunger issues and to discuss the underlying causes of hunger. To date, SOFI has focused on indicators of food insecurity, but it is currently in discussions with UNICEF and WHO to potentially expand the scope of the report to cover both food security and nutrition.

The ***Access to Nutrition Index (ATNI)*** seeks to stimulate dialogue about how food and beverage manufacturers can improve their nutrition practices by benchmarking their approach to nutrition against peers, and by identifying areas for improvement. *Note: ATNI is one of several initiatives to rank and/or encourage companies on issues of corporate responsibility, governance and sustainability (albeit perhaps the only initiative with a primary focus on nutrition).* Others (not covered in detail in this report) include the ***UN Global Compact***,⁶ ***FTSE4Good***⁷ and the ***Corporate Responsibility Index***.⁸

⁵ This initiative is not profiled more fully in the Annex. Information on the SUN Movement's monitoring framework to date is available at <http://scalingupnutrition.org/about/global-impact>. However this work is currently under revision, as part of a broader process led by the SUN Movement's Executive Committee to develop the next iteration of the Movement's monitoring system.

⁶ <https://www.unglobalcompact.org/>

⁷ <http://www.ftse.com/products/indices/FTSE4Good>

⁸ <http://www.bitc.org.uk/services/benchmarking/cr-index>

An **SDG2 Accountability Framework Working Group**, convened by GODAN,⁹ is working to develop a tool to track the progress of global, regional and national commitments from different stakeholders, in the areas of agriculture, food security and nutrition. This group will furthermore look at the data, policy and financing gaps required to achieve SDG2 by 2030.

In addition to the initiatives noted above, there are a number of additional reports produced regularly to monitor progress on a variety of issues, for which nutrition is a component or key determinant. These include (which are not profiled in detail in this report) the *State of the World's Children* report (UNICEF);¹⁰ the *World Health Report* (WHO);¹¹ *World Health Statistics* (WHO);¹² *State of the World's Mothers* (Save the Children)¹³ and *The World's Women: Trends and Statistics* (UNStats).¹⁴

2.7 Initiatives to improve data collection and accessibility



Several initiatives are currently underway, which are direct responses to identified gaps or weaknesses in the nutrition data and accountability landscape. Those cited in this section are working to improve aspects of nutrition data collection and accessibility. Currently, these initiatives are largely working with a limited number of countries.

The **International Dietary Data Expansion Project (INDDEX)** is designed to tackle critical issues of dietary data scarcity and quality, high cost and inaccessibility. It is working to develop new technologies and methodologies to standardize and streamline the collection and analysis of individual-level dietary data; improve the design and use of the food data collected in household consumption and expenditure surveys; demonstrate how to appropriately use fit-for-purpose indicators and analyses; and develop guidance and tools to effectively communicate and assist with the adoption of the advancements and new methodologies developed under the INDDEX project.

WHO's **Accelerating Nutrition Improvements in Sub-Saharan Africa (ANI)** project is supporting sub-Saharan African countries to improve nutrition surveillance activities through strengthening health information systems. ANI is seeking to provide alternative sources of data that are complementary to survey results, but which provide more frequent and routine data points, relying on strengthened national systems.

GAIN's **Fortified Assessment Coverage Tool (FACT)** (also mentioned section 2.3: "Primary data collection tools") is working to address a data gap in the area of

⁹ GODAN is discussed under section 2.9

¹⁰ <http://www.unicef.org/sowc/>

¹¹ <http://www.who.int/whr/en/>

¹² http://www.who.int/gho/publications/world_health_statistics/en/

¹³ <https://www.savethechildren.net/state-worlds-mothers-2015>

¹⁴ <http://unstats.un.org/unsd/demographic/products/worldswomen/WWreports.htm>

“effective coverage” for food fortification, through the development of population-based survey instruments on purchase and consumption patterns, together with the compilation of information on the quality and dietary value of specific products.

The above initiatives represent a small set of examples of efforts to improve nutrition data collection and accessibility. Others (not profiled in this report) include on-going work to continuously improve existing tools and systems (e.g. through new versions of household surveys); and refinements to low birth weight estimates through a collaboration between the Johns Hopkins Bloomberg School of Public Health (JHSPH), UNICEF, WHO and the London School of Hygiene and Tropical Medicine (LSHTM).

2.8 Building in-country information platforms and capacity



Many of the initiatives noted in this report are working on global systems and processes. This exercise also looked at a number of initiatives that are more focused on in-country systems for bringing together relevant nutrition data, with the intent of strengthening those systems, as well as the capacity of stakeholders to generate evidence-based policy and programmatic implications.

National Evaluation Platforms (NEP) are working with several countries to systematically compile and rigorously analyze data from diverse sources, and utilize these towards answering critical evaluation questions regarding their nutrition programs and needs. It is developing new approaches to build countries’ capacities for bringing together health and nutrition data, assessing the effectiveness of on-going programs, and using analytical methods to drive towards evidence-based answers to important policy and program questions.

The ***National Information Platforms for Nutrition Initiative (NIPN)*** is initiating support to several 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. In doing so, it aims to help countries to track progress against global targets, analyze data to better understand how malnutrition can be prevented, inform national policies and improve programs and outcomes.

Integrated Food Security Phase Classification (IPC) uses a set of standardized tools to provide a common approach for classifying the severity and magnitude of food insecurity and malnutrition in countries. IPC’s tools are intended to help improve the ability to analyze and make decisions on food security and nutrition, and to promote effective and accessible communication for decision-makers based on the analyses. Important inputs into the process include strengthening the capacity in countries for using data towards evidence-based, programmatic- and policy implications; and building 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.

NEP and NIPN are both working in a limited number of countries. IPC's current plans are to work in 51 countries over the 2014-2018 period.

2.9 Partnership and innovation platforms



This section describes initiatives that act as global-level platforms for partnership and innovation on data. They bring together stakeholders around common agendas to brainstorm on solutions, identify partners for projects and push for the adoption of more innovative or open approaches to data.

The ***Global Open Data for Agriculture and Nutrition (GODAN)*** initiative facilitates and convenes partners to tackle the various dimensions of the obstacles facing open data. It 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.

The ***Global Partnership for Sustainable Development Data (GPSDD)*** is a global network of governments, NGOs and businesses working together to support data-driven decision-making towards the SDGs. Through different working groups (e.g. on data roadmaps, filling data gaps, and data principles and protocols), it is seeking to identify solutions and foster partnerships to improve the ability to leverage data in service of the SDGs. The Global Partnership is working on a range of topics, including but not limited to nutrition.

Global Pulse is an innovation initiative of the UN Secretary General on big data, the mission of which is to accelerate the discovery, development and scaled adoption of big data innovation for sustainable development and humanitarian action. Global Pulse acts as a kind of “innovation and partnership lab” for the UN system to identify and initiate projects using big data, including real-time information systems (e.g. through mobile phone technology). Global Pulse has facilitated work on a wide range of topics, including food security, humanitarian logistics, economic well-being, gender discrimination and health.

2.10 The Accountability Framework for the Global Strategy on 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). Accountability features strongly in the Global Strategy, and the components of the accountability framework (which are described in greater detail in Annex B) include the following:

- The ***Global Strategy Indicator and Monitoring Framework***, developed by WHO together with the multilateral health agencies (H6). The Indicator and Monitoring Framework consists of 60 indicators (including the WHA

nutrition targets), against which WHO and H6 partners will report on progress in an annual report.

- An ***Independent Accountability Panel (IAP)***, appointed by the UN Secretary General, will produce a comprehensive synthesis report on the state of women's, children's and adolescents' health on an annual basis. This report will provide an independent assessment of progress, and will seek to harmonize global reporting, minimize the reporting burden on countries and support cost effectiveness.
- The ***Countdown to 2030*** initiative (which is an evolution of the previous "Countdown to 2015" initiative) will act as a global mechanism for tracking progress against key coverage and equity indicators, and with a strong focus on the determinants of maternal, newborn and child health.

Because of the important linkages between nutrition and women's, children's and adolescents' health, all three accountability initiatives noted above will feature key nutrition elements. These initiatives are currently in development, and have benefited from the close collaboration (and overlap) between the communities developing the accountability frameworks for both nutrition and women's, children's and adolescents' health.

2.11 The Sustainable Development Goals – Indicators and Monitoring Framework

During a special summit in September 2015 at the United Nations, UN Member States adopted Agenda 2030, which included 17 Sustainable Development Goals (*SDGs*). The ***UN Statistical Commission*** (which brings together the Chief Statisticians from member states from around the world) created an ***Interagency and Expert Group on SDG Indicators (IAEG-SDGs)***,¹⁵ composed of Member States and including regional and international agencies as observers. The IAEG-SDGs has been tasked with developing an indicator framework for the goals and targets of the post-2015 development agenda, and supporting its implementation.

At its 47th Session (March 2016), the UN Statistical Commission agreed on the ***Global Indicator Framework for the SDGs*** proposed by the IAEG-SDGs. This set of 230 global indicators is seen as an initial indicator framework, requiring review and refinement over time. A number of the indicators currently lack acceptable country coverage, agreed-upon methodologies or both.

The UN Statistical Commission also created a ***High-level Group for Partnership, Coordination and Capacity-Building for Statistics for the 2030 Agenda for Sustainable Development (HLG)***, composed also of Member States and including regional and international agencies as observers. It has been tasked with providing strategic leadership for the SDG implementation process, as it relates to statistical monitoring and reporting. The HLG will help to shape the interaction between the technical and political aspects of the work on indicators.

¹⁵ <http://unstats.un.org/sdgs/iaeg-sdgs/>

The development of the global monitoring frameworks for both nutrition and women's, children's and adolescents' health have been very closely linked with the Global Indicator Framework for the SDGs. For the Global Strategy Indicator and Monitoring Framework (on women's, children's and adolescents' health), for example, 34 of the 60 indicators are fully aligned with SDG indicators, with an additional 26 indicators drawn from established global initiatives for reproductive, maternal, newborn, child and adolescent health.

The directors of statistics for the various specialized UN agencies work closely with the UN Statistical Commission to ensure that the indicators on each topic are aligned with those that will be used to monitor progress against the SDGs. And in many cases it will be these UN agencies that will lead the work in refining the SDG indicator framework. For nutrition, WHO will lead the refinement of the existing WHA targets for the SDGs, which will include recalculating the targets for the 2030 horizon (since the WHA targets were originally set for the time horizon ending in 2025).

2.12 Broader data and accountability initiatives

A few additional areas of activity that are not specific to nutrition, but – because of their relevance to the broader landscape of data and accountability – are nevertheless worth noting in this report. These initiatives are not profiled in greater detail in the Annex, although links are provided here to enable readers to find further information.

Partnership in Statistics for Development in the 21st Century (PARIS21)¹⁶ promotes the better use and production of statistics throughout the developing world. It helps countries to design, implement and monitor a National Strategy for the Development of Statistics. At the request of countries, it facilitates statistical capacity development, the production of statistical advocacy material, the integration of reliable data in decision-making, and coordinates donor support to statistics. PARIS21 has also developed the ***Advanced Data Planning Tool (ADAPT)***, which helps data producers in the national statistical system to consult, cost and chart their indicators as defined by the national development plan. The PARIS21 Secretariat is hosted by the OECD in Paris.

The ***International Household Survey Network***¹⁷ is an informal network of international agencies, whose mission is to improve the availability, accessibility and quality of survey data within developing countries, and to encourage the analysis and use of this data by national and international development decision makers, the research community and other stakeholders. A virtual Secretariat is comprised of members of the World Bank Development Data Group (WB-DECDG) and the PARIS21 Secretariat.

Several initiatives are working to more effectively incorporate and monitor ***gender*** in the broader data and accountability landscape. These include:

¹⁶ <http://www.paris21.org/>

¹⁷ <http://www.ihsn.org/HOME/>

- The **Global Gender Statistics Program**,¹⁸ implemented by the UN Statistics Division (UNSD), is working to improve coherence among existing initiatives on gender statistics through international coordination. This program is developing and promoting methodological guidelines on gender, and strengthening national statistical capacity for the production, dissemination and use of gender data. It is also facilitating access to gender data and metadata through a newly developed portal.
- **UN Women**¹⁹ is leading efforts on SDG goals, targets and indicators relevant to gender, and is responsible for global monitoring of SDG 5,²⁰ including coordination at national level.
- **Evidence and Data for Gender Equality (EDGE)**²¹ is a partnership that seeks to push existing efforts to have comparable gender indicators on health, education, employment, entrepreneurship and asset ownership. EDGE is jointly executed by UNSD and UN Women, in collaboration with other partners.
- **Gender Data Navigator**²² aims to assess if and how (well) survey programs in developing countries provide the necessary information to produce gender indicators and conduct analysis on gender issues. It features a searchable inventory of gender-related questions found in survey- and census questionnaires from low- and middle-income countries.
- The **OECD Gender Data Portal**²³ includes selected indicators shedding light on gender inequalities in education, employment, entrepreneurship, health and development, to identify where actions are most needed.
- The **World Bank Gender Data Portal**²⁴ is the World Bank Group's comprehensive source for the latest sex-aggregated data and gender statistics covering demography, education, health, access to economic opportunities, public life and decision-making and agency.
- The **Women Stats Project**²⁵ is a free online database with qualitative and quantitative data for 310 indicators covering 174 countries. It collects statistics on women, as well as practices and laws affecting women.
- **World Policy Analysis Center** aims to improve the quantity and quality of comparative data available on laws and policies affecting human health, development, well-being and equity. The Center's Global Maps²⁶ provide detailed information on constitutional rights, laws and public policies in all 193 UN member states on a range of critical topics.
- The **Bill & Melinda Gates Foundation** recently announced a **\$US 80 million commitment to close gender data gaps and accelerate progress for women and girls**.²⁷ The commitment will support efforts that fill critical gender data gaps, improve the accuracy and reliability of data collection,

¹⁸ <http://unstats.un.org/unsd/gender/about.html>

¹⁹ <http://www.unwomen.org/en>

²⁰ SDG 5: Achieve gender equality and empower all women and girls

²¹ <http://unstats.un.org/unsd/gender/EDGE/about.html>

²² <http://www.ihsn.org/home/gender-data-navigator>

²³ <https://www.oecd.org/gender/data/>

²⁴ <http://datatopics.worldbank.org/gender/home>

²⁵ <http://www.womanstats.org/index.htm>

²⁶ <http://worldpolicycenter.org/maps-data/global-maps>

²⁷ <http://www.gatesfoundation.org/Media-Center/Press-Releases/2016/05/Gates-Foundation-Announces-80-Mill-Doll-Comm-Closing-Gender-Data-Gaps-Acc-Progress-for-Women-Girls>

equip decision makers with more timely and clearer evidence about programs and interventions that are working, support civil society in holding leaders to account and amplify and strengthen organizations and platforms.

III. Key findings

This chapter shares some of the findings that emerged through the mapping exercise. As noted earlier, this exercise does not comprehensively catalogue the status of each of the indicators for nutrition, nor the soundness of the methodologies for reporting against them, nor the availability of relevant data. That is not the aim of the exercise, nor is it an area in which the consultant carrying out this exercise has the relevant expertise. Thus, although this chapter notes challenges in the areas of data gaps and accessibility (for example), the approach here is reflect on how the constellation of systems and initiatives on data and accountability might contribute to addressing – or in some cases deepening – those challenges.

3.1 Inherent challenges in nutrition data and accountability

A number of challenges in nutrition data and accountability arise from the nature of nutrition itself: nutrition is **multi-dimensional**, and the data required to understand progress and needs are complex and varied. They include anthropometry, biochemistry status measures, food intake- and other behavioral measures, as well as intervention coverage measurements. Nutrition is **multi-sectoral**, and it therefore relies on data from disparate sources, including from the health and agriculture sectors, as well as market data. Related to this, the collection and analysis of nutrition data requires **multiple areas of highly specific expertise and capacity**.

Existing **information and surveillance systems are largely inadequate** for generating the appropriate types of data for nutrition and the coverage of populations required: health management information systems (HMIS) do not typically include nutrition indicators, and nutrition surveillance systems are limited in scope and coverage. Nutrition is relatively poorly positioned to routinely generate data through service delivery points, which are an important means for collecting data in many sectors (e.g. health facilities, schools). Partly as a consequence of this, nutrition is **highly reliant on population-based surveys** for the collection of data.

3.2 Data availability

The heavy reliance on surveys for the collection of nutrition data has a number of consequences. One significant issue is the **low frequency and lag in the availability of new data**. Household surveys are typically carried out relatively infrequently, e.g. every five years. Often, much of “annual reporting” is based not on new data every year, but rather on new estimates using regression analyses of previously-existing data. There is also often a lag of 1-2 years in the release of the data from the time of its collection.

There are a host of factors that influence which countries conduct household surveys, and when. Of these, one important factor has to do with the priorities of development partners, who often provide much of the financial and technical support required. This means that **surveys are not systematically carried out in all countries**, and for example **developed countries have almost no data**

from DHS or MICS surveys. This impacts the ability of tracking and reporting initiatives to have a truly global scope.

As discussed elsewhere in this report, work is currently on-going to further refine the indicators and reporting guidelines in the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition. The lack of clear guidance on some indicators will continue to drive some ***inconsistency in the data collected, which – amongst other challenges – limits comparability***. In some cases, ***unresolved aspects of the global monitoring framework prevent data collection***. For example, because the starting point for MICS surveys are indicators, when normative standards have not been established on the definition and guidance for monitoring, MICS generally will not collect data on that indicator.

To date, there has been limited ***data on dietary and nutrient intake***. This is an area in which a number of new initiatives are showing promise for filling the data gap, including GIFT, INDDEx and Optifood.²⁸

Some initiatives, such as WHO's Accelerating Nutrition Improvements in Sub-Saharan Africa (ANI), are working to implement ***new data collection models that are less reliant on surveys***, by leveraging and strengthening health information systems.

3.3 Data quality

The nature of this mapping exercise did not lend itself to a comprehensive cataloguing of data quality issues. Nevertheless, data quality was frequently cited as an issue during interviews, with a broad spectrum of reasons noted, including the inconsistency of data collection, lack of capacity for data collection and analysis, inadequate tools for gathering data, and gaps in normative guidance.

Here too, there are initiatives designed to improve specific data quality issues. These include, at a global systems and tools level, the INDDEx project and the collaboration between JHSPH, UNICEF, WHO and LSHTM to refine birth weight estimates. At country level, initiatives that will help to assess and improve data quality include National Evaluation Platforms (NEP) and the National Information Platforms for Nutrition (NIPN). It is worth noting however that both of these country-based initiatives are currently working in a limited scope of countries, and thus will not be effecting data quality improvements at a global scale in the immediate future.

3.4 Data accessibility

There appears to be ***significant fragmentation of the publicly available data across several databases***. The integration or aggregation of databases might

²⁸ Optifood (which is not profiled in detail in this report) is a computer software program developed by WHO in collaboration with LSHTM, FANTA and Blue Infinity that uses mathematical optimization to calculate how to improve diets at the lowest cost using locally available foods. <https://www.spring-nutrition.org/publications/tool-summaries/optifood>

offer strong benefits with regards to the coherence and ease of access for nutrition data.

The inter-agency collaboration to develop UNICEF-WHO-World Bank Joint Child Malnutrition Estimates has been an important step in harmonizing a critical data output. Each agency maintains a separate webpage, each of which offers easy access to the dataset and graphics. However, this also creates the risk of confusion as to whether there are differences in the content or presentation of the data from one agency's website to the next. A joint website and dissemination approach might simplify the process for accessing the data, and reinforce the inter-agency collaborative aspect of the initiative.

To date, much of nutrition data has not been publicly accessible. Increasingly however, there is ***a movement towards promoting, committing to and finding solutions to improve the accessibility of data.*** The Global Open Data for Agriculture and Nutrition (GODAN) initiative has been gaining momentum and partners to promote open data.

On the topic of open data, a number of apparent “tensions” emerged during this exercise:

- A ***tension between open data and country ownership***: a frequent justification for the non-accessibility of data is the principle of country ownership, and effectively the prerogative of countries *not* to share their own data. In unpacking this rationale, there seems to be a variety of reasons why some countries do not provide open access to their data. One of these is fear of a critical response to the data, e.g. because of poor programmatic implementation, or on account of the (sub-optimal) quality of the data. Distrust between civil society and government may also discourage data accessibility. There are also cases where the lack of access seems to stem primarily from a discomfort of the unknown, in terms of who will access the data, towards what end, with what implications on the country's development assistance, etc. The move towards open data will therefore at least partly depend on positioning open data as a public good that enables feedback, refinement of approaches and stakeholder alignment on priorities, whilst providing reasonable assurances to countries of their primacy in terms of establishing priorities and owning national programs, as well as dispelling notional associations between monitoring and penalization.
- A ***tension between quality control and data availability***: there are cases in which datasets are not included in global databases and repositories, because standard quality control measures were not able to be implemented. This is sometimes an indication that there may be serious quality issues with the data, but sometimes it is only an indication that a technical partner has not provided the same degree of assistance and quality control as it typically does. There may be compelling reasons not to treat these datasets in the same way as other datasets from a program. And yet, they nevertheless represent an important public good, and it would seem important to identify ways to facilitate easier access to them.

3.5 Country-level capacity

There is, in many cases, **limited capacity in countries to analyze and interpret data, and to translate them into policy implications**. Today, there are a number of global initiatives working to help build this capacity in countries.

Both DHS and MICS have incorporated capacity building elements into their model, including specifically on analytical capacity. The final workshop model in the MICS program for example (on 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.

NIPN, NEP and IPC are all significantly focused on building country systems and capacity for analytics in nutrition. More broadly (i.e. without a specific focus on nutrition), PARIS21 is working with countries to build their statistics capacities.

3.6 Learning from projects and pilots

NIPN and NEP, as well as WHO's ANI initiative, are currently working in a **limited number of countries**, and therefore do not – in their current forms – represent a large-scale solution to the challenge of building data systems and analytical capacity in countries. Nonetheless, these initiatives offer an important learning opportunity with potential benefits at a larger scale.

This is particularly relevant given the broader context: at global level, key monitoring frameworks are currently emerging,²⁹ but with significant work still on-going to further refine definitions of indicators, develop guidelines for reporting and achieve consensus on coverage indicators. The lack of comprehensive guidance exacerbates the situation at country level, in which there are significant data gaps, fragmentation in the information systems that collect and provide access to nutrition data, and lack of consistent effective use even of the data that is available. These “pilot” initiatives therefore represent a valuable **opportunity to generate lessons on what works, what is possible, and what it would take (in terms of costs and other inputs and factors) to achieve strengthened data systems and capacity in countries**. It will be important to glean these lessons and proactively identify ways to apply them to the benefit of a greater number of countries.

3.7 Global reports on nutrition

The Global Hunger Report (GHI) was first published in 2006, and has played an important role since then as an advocacy tool. The first Global Nutrition Report (GNR) was published in 2014, and it has since also become an important advocacy and accountability tool for the nutrition community. The two reports have major differences, including in their approaches, with the GHI acting primarily as an advocacy tool, whereas the GNR attempts to “straddle” the research and advocacy spaces. But they also have similarities, for example in their common focus on child wasting and stunting, in line with the WHA targets

²⁹ E.g. the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition; the Compendium of Indicators for Nutrition-Sensitive Agriculture; the Indicator and Monitoring Framework for the Global Strategy on Women's, Children's and Adolescents' Health; the SDG indicators.

(the GHI previously used child underweight as its undernutrition indicator, which it replaced with child wasting and stunting in 2015).

Meanwhile, the State of Food Insecurity in the World report (SOFI) published by FAO, IFAD and WFP has to date focused on food security, but is currently in discussion with UNICEF and WHO to potentially expand the focus to also include nutrition.

There may very well be ample space for **three annual global reports on nutrition**. If anything, it is perhaps a positive indication that nutrition has arrived as a critical issue on the global development agenda; and each may serve sufficiently different purposes, with different approaches and audiences. It will be important however to ensure that one report compounds, rather than dilutes, the overall impact, and to avoid fatiguing the attention of audiences through a multiplicity of reports, headlines and launch events.

3.8 Coverage data

Nutrition coverage data has to date suffered from gaps in both indicators and guidance, as well as in the availability of the data itself. Recent initiatives have made important steps to improving this situation. GAIN's FACT tool is helping define effective coverage for micronutrient fortification, as well as to generate data on it. Semi-Quantitative Evaluation of Access and Coverage (SQUAEC) and Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) are methodologies that are improving the availability and quality of coverage data for community-based management of acute malnutrition (CMAM).³⁰ NutriDash is UNICEF's new web-based database collating country-level program output data for UNICEF-supported programs on nutrition.³¹

These initiatives are important, and yet they will not significantly address the quite sizeable gaps in nutrition coverage data.

At the global level, funders of nutrition programs are important “consumers” as well as indirect “producers” of nutrition data, through their role in making data-driven investments, and through the subsequent monitoring and reporting of the programs they are funding. There are examples of **funders playing a significant role in collecting and making available the coverage data for the programs they support**. In the area of HIV/AIDS, both the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria – the two largest sources of external financing for the disease – make available national-level coverage data for key interventions in the programs they support. Providing such data for vertical disease programs is perhaps a very different exercise from doing the equivalent for nutrition, but some degree of this may nevertheless be possible for nutrition. The recent launch of three new funding mechanisms supporting nutrition programs in countries (Power of

³⁰ SQUAEC and SLEAC are not profiled in greater detail in this report. For more information please see <http://www.fantaproject.org/monitoring-and-evaluation/squeac-sleac>

³¹ Although currently the NutriDash datasets are not available publicly.

Nutrition, UNITLIFE and the Global Financing Facility) may present an interesting opportunity to improve the availability of coverage data.

3.9 Coordination and “governance” for nutrition data

In part due to the multi-sectoral nature of nutrition, there is ***no clear “lead” actor in coordinating and assuming ultimate accountability for ensuring coherence in the nutrition data and accountability landscape.***

There is furthermore ***no equivalent of a Monitoring and Evaluation Reference Group (MERG)³² for nutrition***, to facilitate alignment and coordination on M&E, including on standards, tools and guidance (although the recently formed Technical Expert Advisory Group (TEAM) established by WHO and UNICEF may go some way to fulfill that function). This contributes to difficulties with regards to prioritization of work and the fragmentation in approaches and initiatives.

Work is on-going on key nutrition indicators and the guidance for monitoring against them. The Global Monitoring Framework for nutrition will also need to be supplemented with a complementary framework and common metrics for measuring nutrition sensitive programs in other sectors, and for measuring the enabling environment for actions to improve nutrition. This is in addition to the need for greater consistency in the methods and metrics across data collection tools.

Through these processes, the GNR will no doubt continue to raise important questions and identify gaps for stakeholders to respond to. Likewise the SDG2 accountability framework will play an important role in helping to ensure accountability and comprehensiveness in the space.

But it will also arguably require a means for managing the close collaboration and strong alignment of actors to ensure coherence in how these complex pieces come together. There have been efforts to bring together key stakeholders to discuss nutrition data priorities and coordination issues, which have yielded fruitful insights and outcomes in the past. There may be value in establishing a group that meets more systematically to identify and coordinate actions on key data priorities. Arguably, this type of task requires the active engagement and co-ownership by a group of stakeholders that includes not just technical agencies, but also implementing partners and donors, given the interdependencies of these groups’ activities on nutrition data and accountability.

3.10 Linking with gender data initiatives

Since its inception, the language around gender has featured strongly in the strategies and objectives of the SUN Movement, but it has initiated few if any activities to date with direct- or indirect outcomes on gender. The scope of

³² Monitoring and Evaluation Reference Groups (MERGs) exist on a number of topics (e.g. WASH, HIV/AIDS, malaria and child protection), and their function typically is to facilitate alignment of partners on approaches and best practices for monitoring and evaluation; and to identify and respond to emerging research questions and needs related to the implementation of M&E initiatives.

activity specifically on data for gender in nutrition may be relatively limited. However, as noted in Section 2.12, there is significant activity in the broader space of gender data, reflecting a multitude of approaches and investments, as well as a host of organizations and agencies with important areas of expertise. This represents an opportunity for the SUN Movement, as well as for the broader nutrition community, to ***identify concrete opportunities to better deliver against gender outcomes in nutrition, through linking with the on-going gender data initiatives of partners.***

3.11 Linkages with RMNCAH monitoring and accountability

There are significant overlaps between the multi-sectoral topics of nutrition and reproductive, maternal, newborn, child and adolescent health (RMNCAH). These overlaps include their programmatic approaches, stakeholders and data and accountability frameworks. Mindful of these overlaps, considerable efforts have been made to ensure that there is alignment between the two topics, including around the indicators and monitoring framework for both the new Global Strategy on Women's, Children's and Adolescents' Health *and* on Maternal, Infant and Young Child Nutrition. These efforts will need to continue moving forward in order to help streamline, avoid duplication and ensure consistency between the two frameworks and the reporting and data that are generated around them; but also to take advantage of and mutually reinforce the significant energy around the two.