Data DENT

Data for Decisions to Expand Nutrition Transformation

A landscaping of global data visualization tools for nutrition

Results for Development

Glossary of acronyms

- **ACT:** Artemisinin-based combination therapy
- **ALMA:** African Leaders Malaria Alliance
- **ATNI:** Access to Nutrition Index
- **BMS:** Breastmilk substitute
- **CSANN:** Civil Society Alliance for Nutrition in Nepal
- **DataDENT**: Data for Decisions to Expand Nutrition Transformation
- **DHS:** Demographic and Health Survey
- **DPT3:** Diphtheria-tetanus-pertussis
- **DVT:** Data visualization tool
- **FAO:** Food and Agriculture Organization
- **GFDx:** Global Fortification Exchange
- **GNR:** Global Nutrition Report
- **HANCI:** Hunger and Nutrition Commitment Index
- **iCCM:** Integrated community case management of malaria
- **IFA**: Iron-folic acid
- **IRM:** Insecticide resistance management
- **LLIN:** Long-lasting insecticide net
- **MNCH:** Maternal, newborn and child health
- **MNCH&N:** Maternal, newborn and child health and nutrition
- **MOH:** Ministry of Health
- **MP:** Member of Parliament
- **MSP:** Multi-sectoral platform

- **N4G:** Nutrition for Growth
- **NCD RisC:** Non-Communicable Disease Risk Factor Collaboration
- **NiPN:** National Information Platforms for Nutrition
- **NTD:** Neglected Tropical Disease
- **PANITA:** Partnership for Nutrition in Tanzania
- **PHC:** Primary health care
- **PIM:** Planning, implementation, and monitoring
- **POSHAN**: Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India
- **RDT**: Rapid diagnostic test
- **SDG:** Sustainable Development Goal
- **SOWC**: State of the World's Children
- **SUN MEAL:** Scaling Up Nutrition Monitoring, Evaluation, and Learning
- **UN:** United Nations
- **UNICEF:** United Nations International Children's Emergency Fund
- **USAID:** United States Agency for International Development
- **WHA:** World Health Assembly
- **WHO:** World Health Organization
- **WHO NLiS:** World Health Organization Nutrition Landscape Information System

Key Findings & Recommendations

Summary of Key Findings from a review of existing Data Visualization tools for Nutrition to identify lessons and best practices (1/2)

There is a growing number (22) of Data Visualization tools (DVTs) in nutrition which may lead to mixed messages and confusion

- DVTs with a broad scope report many common indicators, sometimes using different definitions (e.g. IFA supplementation) that lead to different results, potentially making it challenging to identify which DVTs (and indicators) to use for decision-making and advocacy
- Some DVTs use different indicators or methodologies to report on similar topics, which can lead to different rankings (e.g. traffic light ranking) and send mixed messages to users
- Several overlapping DVT launches during the same time period could contribute to confusing messages and fatigue

Very few DVTs have clear and focused theories of change[1] about the decision(s) they are trying to influence

- Most of the DVTs reviewed do not have explicitly clear theories of change in terms of the audience or decisions they are trying to influence
- The African Leaders Malaria Alliance (ALMA) scorecard is a gold star example. It has a clear and focused theory of change with defined objectives and audience, includes a large number actionable indicators, and has a clear engagement plan for its targeted audience

Summary of Key Findings from a review of existing Data Visualization tools for Nutrition to identify lessons and best practices (2/2)

DVTs could include more actionable indicators[1] to support decision-making
- Except for DVTs focused on raising awareness, DVTs could include more actionable indicators for decision-making
- Actionable indicators for nutrition can be broadly grouped into 3 domains: enabling environment, enacted legislations, and coverage
- Three strategies could be used to increase DVTs' number of actionable indicators: 1) use actionable indicators currently reported elsewhere; 2) incorporate and use new actionable indicators; and 3) display actionable indicators for which there is no data to raise the priority of collecting this data

There are different ways of visualizing data; the choice should be based on the DVT's goals, as well as users' decision needs and data literacy levels
- Different ways of displaying data are more or less suitable to respond to particular decision needs and data literacy – e.g., bar charts to compare across interventions, maps to compare across geographies, color coding for intuitive assessment of status, interactive/static, etc.
- A follow-on analysis will be conducted to explore how DVTs are being used and which visualization formats resonate most with global (and where possible country) stakeholders for decision-making through a forthcoming series of stakeholder consultations

Notes:
1 Actionable indicators provide data that can be acted upon to improve performance and management at the program and systems levels.

Recommendations for the Global Community of DVT producers & funders

Recommendations for DVT producers

Have a clear theory of change:
- Which decisions (by which users) does the DVT aim to support?
- What supporting actions are needed to deliver the change?

Include actionable indicators that align with the DVT's theory of change (including indicators with little to no data for advocacy purposes)

Test visualization formats with targeted users to ensure formats align with users' data literacy levels and decision needs

Recommendations for Global Community of DVT producers & funders

Support coordination among the global DVT community to increase synergies, reduce inefficiencies, and share learnings

Convene DVT producers that report on common indicators to reduce differences in definitions and divergent messages

Strengthen capacity of targeted users to interpret and use data for decision-making

Overview and approach

Why visualize data and why are data visualization tools helpful?

① Why visualize data?

- Human brains more rapidly process visuals compared to text

- Data are more persuasive as graphs compared to tables

② What are data visualizations?

Data visualizations are defined as outputs that help people understand the significance of data by placing it in a visual context (e.g., bar graphs, scatterplots, etc.)

③ Why are data visualization tools (DVTs) helpful?

- DVTs are interfaces between data systems and data users, making them useful in facilitating decision-making, advocacy, and communication

- Indicator choices and visuals in DVTs can ensure focus on key priorities and facilitate data interpretation to better support decisions

- Different types of DVTs are usually associated with different types of goals, objectives, and decisions
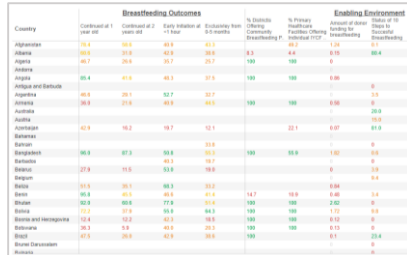
Notes:
1 Source: Adapted from Evergreen, Stephanie DH. *Effective Data Visualization: The Right Chart for the Right Data*. SAGE Publications, 2016.

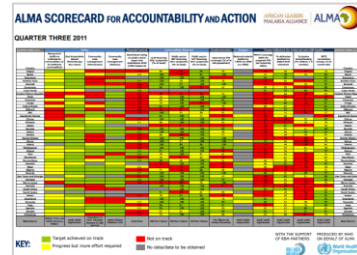# Different types of DVTs are usually associated with different types of goals, objectives, and decisions

Dashboard	Scorecard	Index	Profile

Breastfeeding Dashboard

Dashboards present key performance indicators to achieve goals on a single screen – at a glance, often used for operations or management

African Leaders for Malaria Alliance (ALMA) Scorecard

Scorecards compare performance across units, often used for advocacy and accountability purposes, including "naming, faming, and acting"

Access to Nutrition Index

Indices aggregate several indicators into a simple metric (or composite score) to rank units, often used for advocacy and accountability purposes like "naming, faming, and acting"

Global Nutrition Report (GNR) Country Profiles

Profiles provide a snapshot of how a geographic area is doing in a particular sector, often used to spread awareness across broad audiences

DVTs very rarely fall only into one of these typologies – they often mix goals and features across the different typologies

Scope: landscaping existing DVTs in nutrition at the global level to capture best practices and lessons learned

Objective	**Primary:** The primary objective of the DVT landscaping is to review existing global DVTs in nutrition and examine how they contribute to the nutrition landscape as well as identify best practices and lessons learned on how DVTs are used globally and in countries **Secondary:** A secondary objective is to identify best practices and lessons learned on how data visualizations from other sectors (malaria and primary healthcare (PHC)) are used to support decision-making

Scope of Work

Producers	Users
▪ Across a list of **22 existing DVTs in nutrition at the global level**, the team reviewed: (1) goals and theories of change; (2) domains and indicators; (3) output structure; and (4) dissemination processes ▪ Consultations were held with a select number of DVT producers in nutrition and other sectors (malaria and PHC)	▪ Review evaluations of existing DVTs, when available, to understand how DVTs are being used among their targeted users and their overall impact ▪ Consultations with select users at the global level will be conducted to understand how existing DVTs support decision-making in nutrition and what gaps still currently exist *Ongoing review*

While this analysis focuses exclusively at the global level, a landscaping of nutrition DVTs in India will be completed by IFPRI to complement this analysis to provide a case study with lessons and experiences at the country level.

A three step approach was used to identify and ultimately select 22 global DVTs from a pool of 33 global DVTs

Step I: Scope[1]

1. **DVTs** are outputs that help people understand the significance of data by placing it in a visual context (e.g., bar graphs, scatterplots, etc.). For this analysis, only open access platforms were included

2. DVTs that display nutrition data were included –primarily those with a **nutrition-specific focus.** However, select DVTs focusing on Maternal, Newborn, Child Health, and Nutrition (MNCH&N) such as Countdown to 2030 were included since nutrition is viewed within the continuum of care

Step II: Identification

3. An **internet search** was conducted to review major nutrition initiatives and a Google keyword search was conducted to identify nutrition DVTs

4. **Partner recommendations** of nutrition DVTs were also included in the review

Step III: Selection

5. Only **publicly accessible** DVTs were included. Therefore, paper-based DVTs only available offline or used internally by organizations were excluded

6. Only DVTs that are global products, covering **multiple countries**, were included. Therefore, country-specific DVTs managed by governments or other actors were excluded from this analysis[2]

7. Only **recently refreshed** DVTs (within the past 5 years) were included[3]

Notes:
1 Please see Appendix slide 50 for the full list of global DVTs reviewed for this landscaping.
2 While this analysis did not review country-specific DVTs, IFPRI will be conducting a landscaping of DVTs in India to complement this global analysis with a country perspective.
3 Please note the World Bank Nutrition Country Profiles were included as part of this analysis (despite not having been updated since 2011) as it was the predecessor to other DVTs in nutrition.

Global DVTs in nutrition were reviewed in 2 processes: (1) a desk review focusing on 4 parameters; and (2) a series of stakeholder consultations

1 Desk review

2 Stakeholder consultations

Goal & Audience

Goals: DVTs were grouped into two broad categories: (1) accountability; and (2) planning, implementation, and monitoring

Audience: Where possible, the targeted audience of DVTs was identified

Domains & Data

Domains & Data: DVTs were reviewed by the different domains (e.g., coverage, nutritional status) and indicators they covered. Indicators included in DVTs were also reviewed for their "actionability"[1]

Output Structure

Visualization: Design features such as "naming, faming, and acting" techniques (includes traffic lights, color coding, etc.), profiles, and interactive dashboards with bar graphs, trend data, etc.

Dissemination

Dissemination: Dissemination features (e.g., times of launch or updates) were reviewed across DVTs

DVT producers

10 DVT producers were interviewed regarding:
- Their DVT's theory of change, outputs, dissemination processes, engagement strategies with users, and production/maintenance of the DVT
- Who uses their DVT, how people are using their DVT, and any feedback (positive/areas for development) they have received from users

Existing users of DVTs

Where possible, existing users of DVTs were interviewed regarding:
- Organizational role and responsibilities
- How they use the DVT to support their decision-making needs for nutrition at work
- Strengths and challenges of the DVT in accessing and using data, as well as the DVT's value add relative to other DVTs
- User's experiences with data

Notes:
1 Actionable indicators provide data that can be acted upon to improve performance and management at the program and systems levels.
2 See appendix slides 51-57 for further detail on methods.

Key Findings

Key finding #1

There is a growing number (22) of Data Visualization tools (DVTs) in nutrition which may lead to mixed messages and confusion
- DVTs with a broad scope report many common indicators, sometimes using different definitions (e.g. IFA supplementation) that lead to different results, potentially making it challenging to identify which DVTs (and indicators) to use for decision-making and advocacy
- Some DVTs use different indicators or methodologies to report on similar topics, which can lead to different rankings (e.g. traffic light ranking) and send mixed messages to users
- Several overlapping DVT launches during the same time period could contribute to confusing messages and fatigue

DVTs in nutrition aim to achieve two distinct goals with some nutrition DVTs trying to achieve both goals

Description of Goals

DVTs in nutrition[1] (n= 22)

Accountability: Aims to hold governments or other stakeholders accountable for delivering on a specific commitment or achieving global targets/goals (e.g., WHA targets)
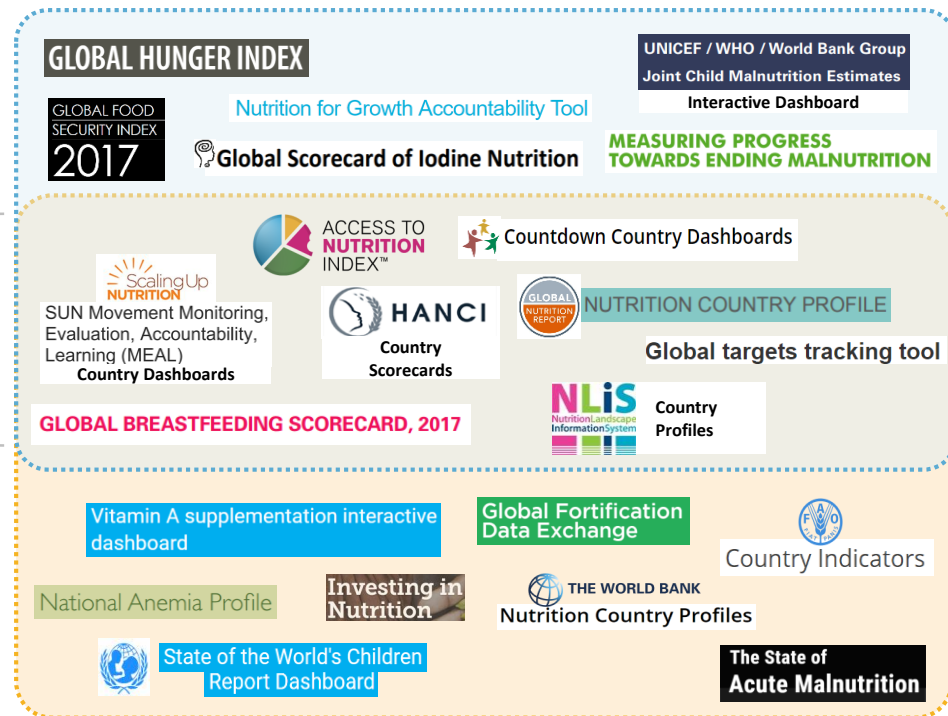
Accountability DVTs tend to focus more on outcome indicators, and use color-coding/rankings

DVTs that aim to achieve both accountability and PIM goals

Planning, implementation, and monitoring (PIM): Aims to provide data to support a range of stakeholders in planning, implementation, and monitoring progress across countries

PIM DVTs focus more on enabling environment, enacted legislation, coverage indicators and, in some cases, also include outcome indicators

GLOBAL HUNGER INDEX

UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates
Interactive Dashboard

GLOBAL FOOD SECURITY INDEX 2017

Nutrition for Growth Accountability Tool

Global Scorecard of Iodine Nutrition

MEASURING PROGRESS TOWARDS ENDING MALNUTRITION

ACCESS TO NUTRITION INDEX™

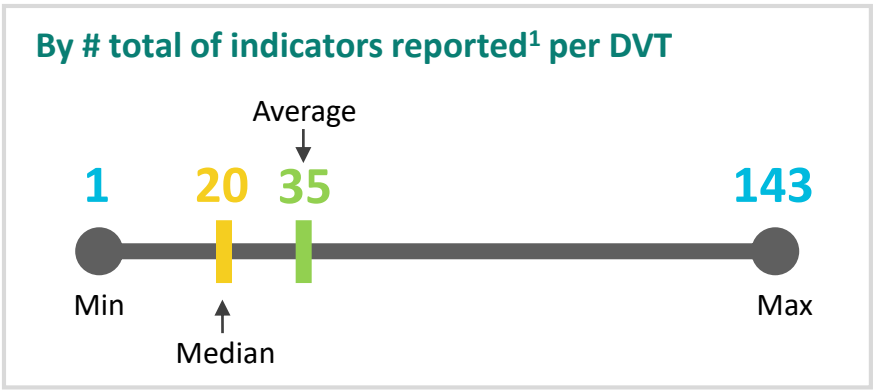Countdown Country Dashboards

Scaling Up NUTRITION

SUN Movement Monitoring, Evaluation, Accountability, Learning (MEAL)
Country Dashboards

HANCI
Country Scorecards

GLOBAL NUTRITION REPORT NUTRITION COUNTRY PROFILE

Global targets tracking tool

GLOBAL BREASTFEEDING SCORECARD, 2017

NLiS NutritionLandscape InformationSystem
Country Profiles

Vitamin A supplementation interactive dashboard

Global Fortification Data Exchange

FAO Country Indicators

National Anemia Profile

Investing in Nutrition

THE WORLD BANK Nutrition Country Profiles

State of the World's Children Report Dashboard

The State of Acute Malnutrition

DVTs can cover singular or multiple topics in nutrition…

Singular

GLOBAL BREASTFEEDING SCORECARD

ACCESS TO **NUTRITION** INDEX™

National Anemia Profile

Global Fortification Data Exchange

The State of **Acute Malnutrition**

Vitamin A supplementation interactive dashboard

Global Scorecard of Iodine Nutrition

Investing in Nutrition

Nutrition for Growth Accountability Tool

Multiple

NLiS NutritionLandscape InformationSystem
Country Profiles

Country Indicators

HANCI **Country Scorecards**

Countdown Country Dashboards

Global targets tracking tool

GLOBAL NUTRITION REPORT NUTRITION COUNTRY PROFILE

MEASURING PROGRESS TOWARDS ENDING MALNUTRITION

State of the World's Children Report Dashboard

UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates
Interactive Dashboard

GLOBAL HUNGER INDEX

GLOBAL FOOD SECURITY INDEX 2017

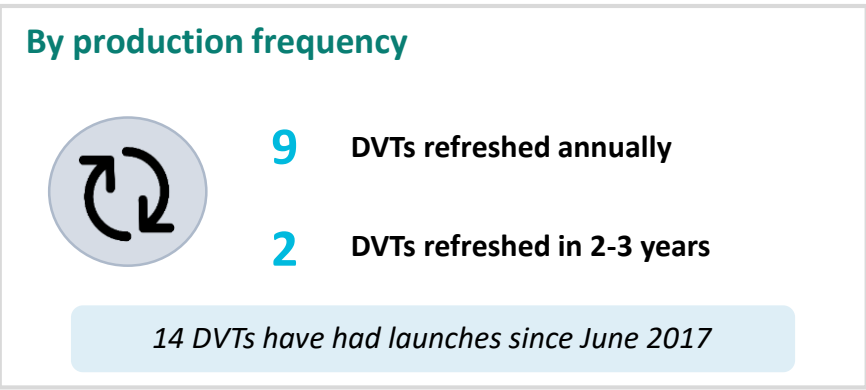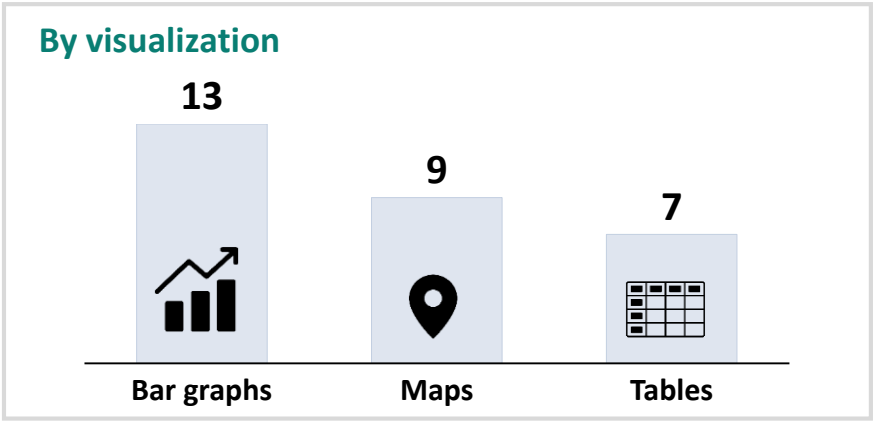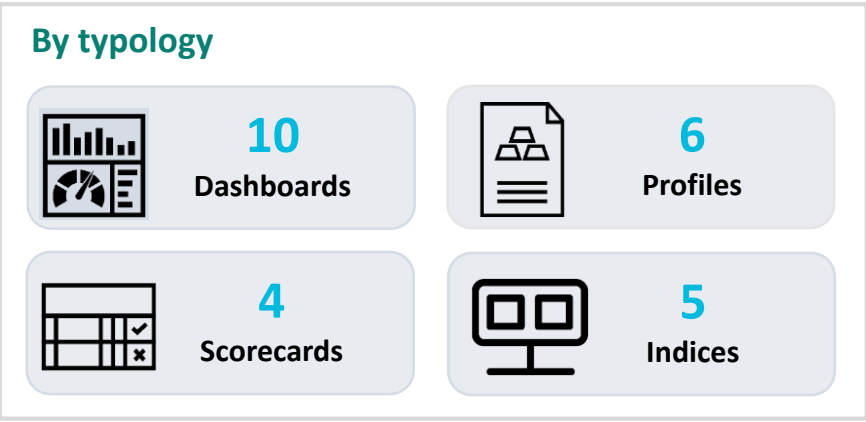THE WORLD BANK Nutrition Country Profiles

ScalingUp **NUTRITION**
SUN Movement Monitoring, Evaluation, Accountability, Learning (MEAL)
Country Dashboards

...and also vary by (1) typology, (2) visualization formats, (3) production frequencies, and (4) number of indicators reported per DVT
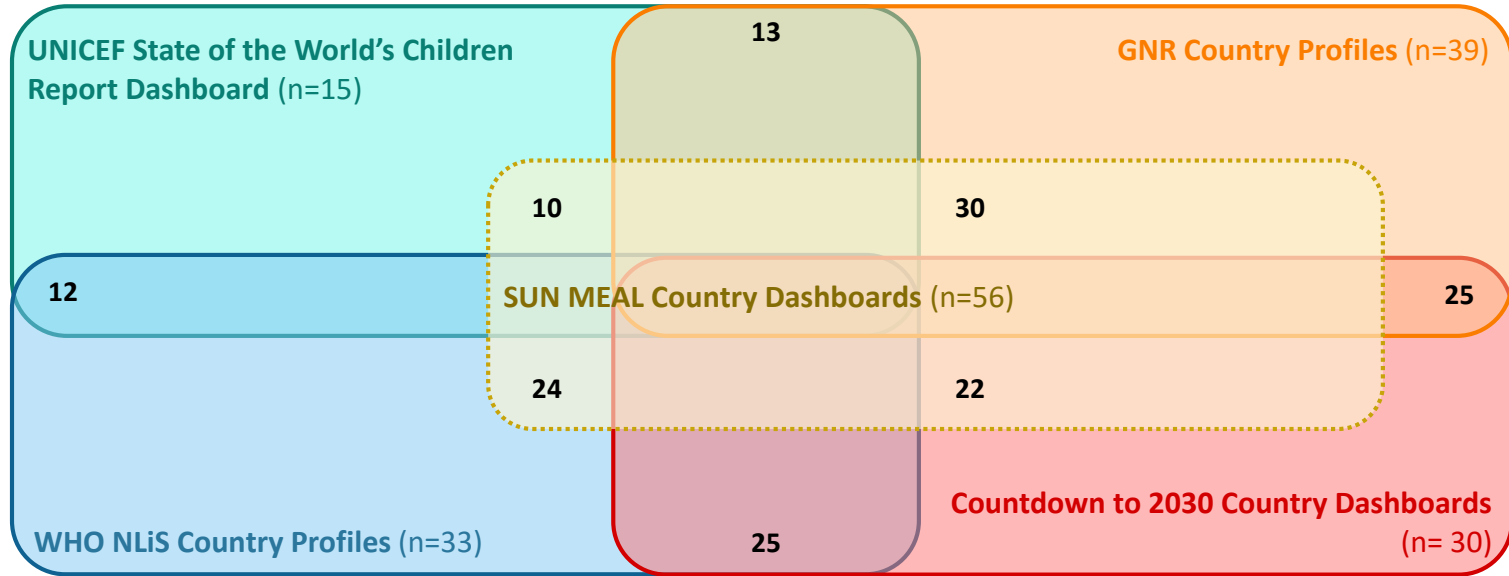
By typology

10 Dashboards

6 Profiles

4 Scorecards

5 Indices

By visualization

13 Bar graphs

9 Maps

7 Tables

By production frequency

9 DVTs refreshed annually

2 DVTs refreshed in 2-3 years

14 DVTs have had launches since June 2017

By # total of indicators reported[1] per DVT

Average

1 Min

20 Median

35

143 Max

Notes:
1 The total number of indicators included on this graph is based on all indicators reported within each DVT.

17

DVTs with a broad scope report many common indicators, sometimes using different definitions

 # = the number of indicators overlapping

UNICEF State of the World's Children Report Dashboard (n=15)

GNR Country Profiles (n=39)

13

10

30

SUN MEAL Country Dashboards (n=56)

12

25

24

22

WHO NLiS Country Profiles (n=33)

Countdown to 2030 Country Dashboards (n= 30)

25

While DVTs report the same definitions for nutrition status indicators, indicators from other domains may have varying definitions, potentially making it challenging for users to identify which DVTs (and indicators) to use for decision-making – e.g., DVTs often report varying definitions for zinc supplementation for diarrhea and antenatal iron supplementation, leading to different results

Notes:
1 This analysis includes nutrition-specific and nutrition-sensitive indicators. For nutrition-sensitive indicators, only indicators measuring interventions with clear evidence of impact on nutrition outcomes and intermediate outcomes were included. (Synthesis of Evidence of Multisectoral Approaches for Improved Nutrition, November 2017, Banking on Nutrition Partnership.)
2 Some indicators covering the same topic were grouped and counted as one indicator to facilitate comparison across DVTs; e.g., indicators for women's anemia (<11g/dL and <12g/dL Hgb) were grouped as one indicator.
3 Aspirational indicators are indicators for which indicator definitions may exist but there is no data. Specifically, SUN MEAL and Countdown have included indicators in the MEAL framework and Countdown tier 3 indicator list, respectively, but are not shown in the visualizations due to lack of data, and as such, those indicators were not included in the analysis conducted to create this slide.
4 While DVTs do have a large number of indicators, they often do go through thoughtful indicator selection processes. Please see examples of SUN MEAL and Countdown 2030's indicator selection processes in the Appendix (slide 58).

18

Some DVTs use different methodologies that lead to different traffic light rankings in similar areas, potentially sending mixed messages to users

Country	Scaling Up NUTRITION — SUN Movement Monitoring, Evaluation, Accountability, Learning (MEAL) — All SUN Countries Dashboard — 2017	MEASURING PROGRESS TOWARDS ENDING MALNUTRITION — 2017	HANCI Country Scorecards — 2017
	Inclusion of WHA targets in nutrition plans	Inclusion and quality of WHA targets in national policies, as well as progress towards meeting WHA targets	Political commitment for hunger reduction and addressing undernutrition
Cambodia	● 3-4 targets = Moderate	● High	● Low commitment
Bangladesh	● 3-4 targets = Moderate	● Low	● Low commitment
Burkina Faso	● 3-4 targets = Moderate	● Medium	● Moderate commitment
Nigeria	● 3-4 targets = Good	● Medium	● Very low commitment
Ethiopia	● 3-4 targets = Good	● Medium	● Very low commitment

Notes:
1 Please note that the colors displayed for each of the ratings have been directly pulled from the DVTs reviewed for this slide. No adaptation has been made to these ratings.
2 For the SUN MEAL dashboard, only the indicator that tracks the number of WHA targets in national nutrition plans was pulled for this review.
3 Please see appendix slide 59-60 for more information on DVT methodologies for constructing color coding / rankings.

19

Several overlapping DVT launches targeting similar audiences in a 12-month period potentially contributes to confusing messages and fatigue

Legend:
- E-launch only (dashed border)
- Nutrition events (solid border)
- Planning, implementation, & monitoring (blue)
- Accountability (orange)
- Both (green)

THE GLOBAL FOOD SECURITY INDEX
26 September: Published online by the Economist

GLOBAL HUNGER INDEX
13 October: Launched at a public conference in Bergamo, Italy

NUTRITION COUNTRY PROFILE
November 4: Launched at the Global Nutrition Summit in Milan, and had several country-specific launches

IHME Child Growth Failure
28 February: Publication and e-launch

UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates Interactive Dashboard
11 May: E-launch

National Anemia Profile
June: E-launch

Timeline:
2017						2018					
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

The State of Acute Malnutrition
July: E-launch

GLOBAL BREASTFEEDING SCORECARD
August: E-launch

Global Fortification Data Exchange
6 September: E-launch

Scaling Up Nutrition — SUN Movement Monitoring, Evaluation, Accountability, Learning (MEAL) Country Dashboards
7 November: Launched at the SUN Global Gathering in Abidjan

Countdown Country Dashboards
13 December: Launch at the PMNCH Board meeting in Malawi (country with strong progress)

State of the World's Children Report Dashboard
December: Release at in-country events in India, a webinar, and social media

ACCESS TO NUTRITION INDEX
23 May: ATNI was launched at Glaziers Hall in London

HANCI Africa - Country Scorecards
23 May: E-launch on Africa Day

20

Key finding #2

Very few DVTs have clear and focused theories of change[1] about the decision(s) they are trying to influence

- Most of the DVTs reviewed do not have explicitly clear theories of change in terms of the audience or decisions they are trying to influence
- The African Leaders Malaria Alliance (ALMA) scorecard is a gold star example. It has a clear and focused theory of change with defined objectives and audience, includes a large number actionable indicators, and has a clear engagement plan for its targeted audience

Notes:
1 A clear theory of change identifies a long-term goal and the pathway(s) needed to achieve that goal, specifically articulating that if the initiative were to perform X action, then Y will change for the following reasons, assuming the right preconditions were in place. In this case, a clear theory of change for a DVT would articulate a long-term goal and pathway for change that the DVT aims to achieve among a targeted group of stakeholders. (Adapted from USAID's Learning Lab, "What is this thing called "Theory of Change?"")

DVTs track many domains related to different audiences: policies, financing, healthy diets, coverage, & progress toward global goals

Audience	Domains	Description

Government → **Nutrition Policies**

- Four DVTs – HANCI, Measuring Progress Towards Ending Malnutrition, the Global Breastfeeding Scorecard, and the Global Scorecard of Iodine Nutrition – **aim to hold governments (sometimes via civil society) accountable for improved nutrition policies** (i.e., strong political commitment to nutrition, incorporating WHA targets in their national plans)

Donors and governments → **Financing for Nutrition**

- Seven DVTs – HANCI, N4G Accountability Tool, Investing in Nutrition, SUN MEAL, Countdown to 2030, the World Bank Nutrition Country Profiles, and the GNR Country Profiles – **aim to hold donors and governments accountable for nutrition financing** by ensuring disbursements for nutrition are tracked for commitments or by advocating for additional funding for nutrition

Industry → **Healthy Diets**

- One DVT – the Access to Nutrition Index (ATNI) – aims to **improve consumer access to healthy foods and improve diets** by ranking the world's largest manufacturers on their nutrition-related commitments, practices, and performance

Government and development partners → **Interventions**

- Nine DVTs– the Global Fortification Data Exchange, Global Breastfeeding Scorecard, Vitamin A Supplementation dashboard, SUN MEAL, Countdown 2030, National Anemia profiles, WHO NLiS profiles, State of the World's Children, and State of Acute Malnutrition – aim **to support government and development partners in planning, implementing, and monitoring activities** by providing information on key nutrition interventions

→ **Progress Towards Global Goals**

- Eight DVTs – WHO Global Targets Tracking Tool, SUN MEAL, Countdown 2030, GNR profiles, Measuring Progress Towards Ending Malnutrition, the Global Food Security Index, the Joint Child Malnutrition Estimates Dashboard and the Global Hunger Index – aim to **hold countries and development partners accountable for achieving global goals**, including WHA targets, SDGs, etc., by publicly tracking progress

22
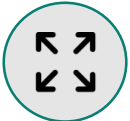
Clearly defined theories of change are critical to influence decision-making and drive change

Many DVTs reviewed seem to have implicitly broad theories of change, meaning they often do not specify:

- A targeted audience or stakeholders
- A set of explicit decisions and/or behavior they are trying to influence
- A clear pathway of how available data and supporting actions leads to the desired change

The African Leaders Malaria Alliance (ALMA) scorecard is often lauded as a successful DVT because it includes:

- **A focused theory of change** with a very **targeted set of decision-makers** (i.e., African Heads of States) it is supporting
- **Actionable indicators that align with their agenda:** Actionable indicators are coded with action loops (i.e., color coding and upward/downward arrows) and recommended actions are provided to facilitate action needed by Heads of States
- **A strong engagement strategy with their targeted decision-makers:** Heads of States are provided with quarterly reports on progress and meet regularly as part of ALMA. When requested, ALMA also facilitates connections to provide technical assistance to countries

Notes:
1 A clear theory of change identifies a long-term goal and the pathway(s) needed to achieve that goal, specifically articulating that if the initiative were to perform X action, then Y will change for the following reasons, assuming the right preconditions were in place. In this case, a clear theory of change for a DVT would articulate a long-term goal and pathway for change that the DVT aims to achieve among a targeted group of stakeholders. (Adapted from USAID's Learning Lab, "What is this thing called "Theory of Change?"")

23

Key finding #3

DVTs could include more actionable indicators[1] to support decision-making
- Except for DVTs focused on raising awareness, DVTs could include more actionable indicators for decision-making
- Actionable indicators for nutrition can be broadly grouped into 3 domains: enabling environment, enacted legislations, and coverage
- Three strategies could be used to increase DVTs' number of actionable indicators: 1) use actionable indicators currently reported elsewhere; 2) incorporate and use new actionable indicators; and 3) display actionable indicators for which there is no data to raise the priority of collecting this data

Actionable indicators – imperative for decision-making – can be broadly grouped into 3 different domains in nutrition

Actionable indicators provide data that can be acted upon to improve performance and management at the program and systems levels

Domain	Sub-domains
Enabling environment	▪ Existence, implementation, and quality of relevant institutions, platforms and coordinating mechanisms ▪ Existence, implementation, and quality of nutrition policies/plans ▪ Availability and capacity of nutrition and relevant professionals ▪ Availability of appropriate budget for nutrition and actual spending/expenditures in nutrition ▪ Active engagement of the private sector
Enacted legislations	Existence, implementation, and monitoring of: ▪ BMS Code legislation ▪ Maternity Protection legislation ▪ Food fortification legislations
Coverage	▪ Maternal intervention coverage ▪ Infant/child intervention coverage ▪ Household intervention coverage ▪ Food fortification coverage

Across DVTs (accountability, PIM, or both), DVTs could still include more <u>actionable</u> indicators[1] to support decision-making

Average # of actionable indicators per DVT by goal and domain

| | 4-6 actionable indicators | 2-3 actionable indicators | 0-1 actionable indicators |

	Accountability	Both	PIM
Enabling Environment for Nutrition	1	4	3
Enacted Legislations	2	4	4
Coverage (includes maternal, infant/child, and other)	0	5	2
Actionable : Not Actionable Indicator ratio	3:5	13:12	9:8

Most commonly reported actionable indicators:

- Government spending on education, health and social protection
- Government spending on agriculture

- BMS Code legislation
- Maternity protection legislation
- Wheat flour fortification legislation

- IFA supplementation during pregnancy
- Antenatal care visits during pregnancy
- Vitamin A supplementation
- Zinc and/or ORS treatment for diarrhea

Enabling environment and enacted legislation actionable indicators could also focus on implementation and monitoring of policies and systems

DVTs could potentially employ three strategies for increasing their focus on actionable indicators

DVTs that currently include few actionable indicators could consider the following strategies – if the inclusion of those actionable indicators aligns with their theory of change:

1
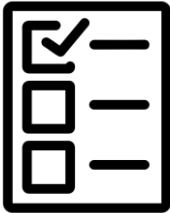
Use currently reported actionable indicators
Use and/or adapt currently reported actionable indicators[1]

2

Incorporate and use new actionable indicators
Incorporate and use new actionable indicators using population-based surveys or other methods (such as annual assessments and policy reviews) to include in DVTs

3

Display actionable indicators with no data
Where actionable indicators cannot be populated due to lack of existing data, consider displaying the indicator on the DVT to raise the priority for collecting the data

<u>**Notes:**</u>
1 Please see the Appendix (slides 61-67) for full list of actionable indicators included in existing DVTs.

Integrating more actionable indicators[1] in DVTs can facilitate decision-making– below are examples of indicators that could be included

■ = indicator not used in DVTs, but could potentially be collected or calculated   ■ = indicator used in select DVTs

Topic	Why it is important	Examples of actionable indicators that could be included
Enabling environment: multisectoral governance	A high-level platform with focal points from each sector and working groups is considered as key for an effective and sustainable multisectoral nutrition system[2]	■ Existence and composition of Multi-Stakeholder Platforms (MSP) (yes/no)[3] ■ Nutrition governance score ("strong", "medium" or "weak")[3] ■ Annual meeting frequency of multisectoral coordination body ("frequently, sometimes, rarely")
Enacted Legislation: BMS code	Global stakeholders need data on BMS code legislation and compliance, as aggressive marketing of BMS can discourage breastfeeding[4]	■ BMS code legislation adopted (yes/no)[5] ■ Women's exposure to BMS promotion (%)
Coverage: maternal	The updated 2016 WHO guidelines on antenatal care for a positive pregnancy experience highlight the importance of nutrition-specific interventions[6]	■ Iron folic acid supplementation during pregnancy (%)[5] ■ Attendance of antenatal care visits (at least 1-4 visits) (%)[5] ■ Nutrition counseling during pregnancy (%)[7] ■ Monitoring weight gain during pregnancy (%)[7]

While more improvement is needed for global actionable indicators, it is also worth considering: (a) when actionable indicators might need to be contextual and country-specific; and (b) when to include these indicators in DVTs based on the goal and ambitions of the DVT

Notes:
1 Please see Appendix slides 61-67 for a full list of actionable indicators currently available in DVTs.
2 Source: Supporting Multisectoral Action: Capacity and Nutrition Leadership Challenges Facing Africa, Jerling et al 2015, ReSAKSS.
3 *MSP existence and composition* is reported in SUN MEAL, while *nutrition governance score* is reported in the WHO NLiS (but please note that this indicator has not been updated since 2009).
4 Source: The International Code of Marketing of Breastmilk Substitutes, WHO 1981.
5 Please note this indicator is commonly reported across several DVTs.
6 Source: Guidelines on Antenatal Care for a Positive Pregnancy Experience, WHO 2016.
7 These indicators are collected by some surveys like the Performance Monitoring and Accountability (PMA) 2020 and the National Family Health Survey (NFHS) in India so are only available for select countries, but are not widely reported on DVTs.

Key finding #4

There are different ways of visualizing data; the choice should be based on the DVT's goals, as well as users' decision needs and data literacy levels

- Different ways of displaying data are more or less suitable to respond to particular decision needs and data literacy – e.g., bar charts to compare across interventions, maps to compare across geographies, color coding for intuitive assessment of status, interactive/static, etc.
- A follow-on analysis will be conducted to explore how DVTs are being used and which visualization formats resonate most with global (and where possible country) stakeholders for decision-making through a forthcoming series of stakeholder consultations

Different ways of displaying data vary in their ability to respond to decision needs and data literacy levels – vitamin A supplementation in Nigeria shows this

Table formats present the statistic only

NLiS Nutrition Landscape Information System
Country Profiles

Children aged 6-59 months receiving vitamin A supplements (dose 1) (%)	2016	56.0
Children aged 6-59 months receiving vitamin A supplements (dose 2) (%)	2016	82.0

NUTRITION COUNTRY PROFILE

Vitamin A supplementation, full coverage[2]	80	2014

Scaling Up NUTRITION SUN Movement Monitoring, Evaluation, Accountability, Learning (MEAL) **Country Dashboards**

Vitamin A Supplementation (children 6-59 mos)

76%	2015
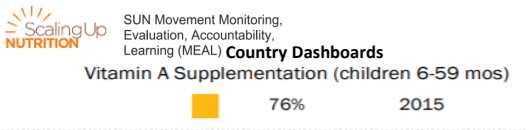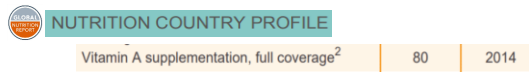
- 3 DVTs present Vitamin A statistics in table format, using data from 2014-16
- SUN MEAL uses an indexed color coded score to show that Vitamin A supplementation coverage is "poor" in Nigeria
- WHO NLiS country profiles is the only DVT using a table to separate dose 1 and 2

Map formats display statistics that allow for country comparison

Vitamin A supplementation interactive dashboard

20%-39% 40%-59% 60%-79% 80% or greater

effective coverage
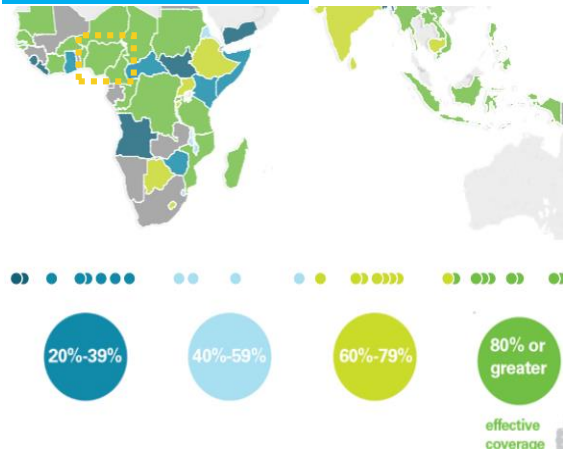
- Coverage statistics are color coded by performance, indicating that Nigeria has 80% or greater coverage in 2016

Bar graphs[1] allow for comparisons against other indicators

Countdown Country Dashboards

33% 51% 20% 53% 35% 40% 14% 33% 17% 49% 51% 76% 35% 34% 67%

Pre-Pregnancy Pregnancy Birth Postnatal Infancy Childhood Environmental

State of the World's Children Report Dashboard

Vitamin A supplementation, full coverage (%)	2015	
Wasting (%), moderate & severe	2011-2016	
Wasting (%), Severe	2011-2016	

0 10 20 30 40 50 60 70 80
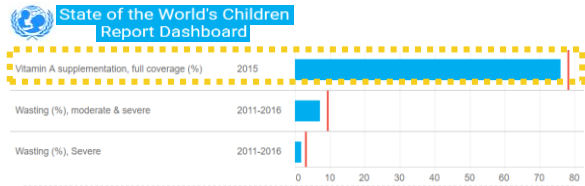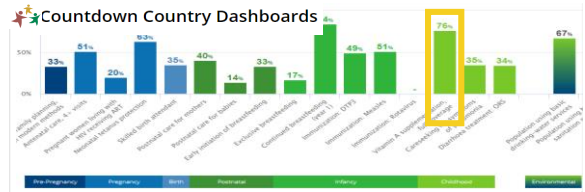
- 2 DVTs present Vitamin A supplementation coverage in bar graphs, using data from 2015
- Countdown presents Vitamin A supplementation coverage as part of the continuum of care
- State of the World's Children report dashboard compares country and regional (red line) coverage statistics[2]

More complex and dynamic visual formats are also used – but are generally better suited for highly technical audiences

The NCD RisC DVT visualizes the global burden of diabetes and shifting trends over time (1/2)
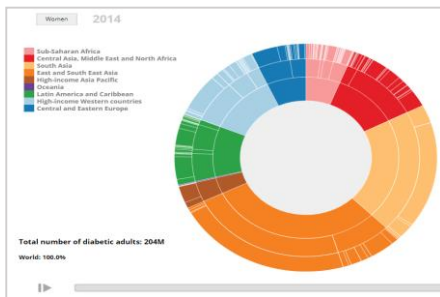
- A **sunburst plot** shows the prevalence of a given indicator across the population
- Here it shows the prevalence of diabetes in women by region

The GBD Compare tool's interactive features allow for exploration of risk factors and causes of diseases

- A **treemap** visualizes the prevalence of an indicator and can be color coded to show different data subsets, such as gender
- Here risks are sized by their attribution to disability-adjusted life years (DALYs)

The NCD RisC DVT visualizes the global burden of diabetes and shifting trends over time (2/2)
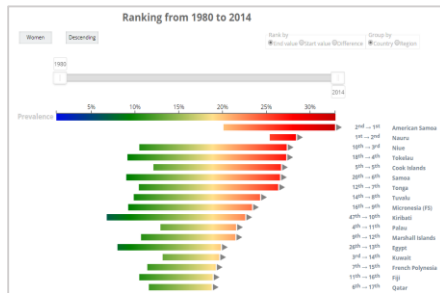
- A **ranking plot** can display trend and prevalence data
- Here it shows the prevalence of diabetes by country and year

The No Wasted Lives State of Acute Malnutrition includes a map of current research on acute malnutrition
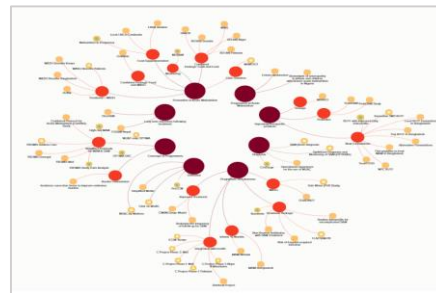
- An **interactive diagram** provides information on current ongoing acute malnutrition research, allowing users to connect studies in the visualization by different elements (e.g. location)
- Here it shows studies connected by topic area

Notes:
1 Please note that the Non-Communicable Disease Risk Factor Collaboration (NCD RisC) DVT and Global Burden of Disease (GBD) Compare tools were not included in this review of nutrition DVTs.

31

Nutrition case studies

The SUN MEAL system facilitates monitoring, evaluation, accountability, and learning across the SUN Movement while also supporting country needs

The country dashboards are based off of SUN MEAL's _theory of change_, aiming to improve nutrition to achieve the SDGs

1. Multiple stakeholders from different sectors come together
2. Multiple stakeholders from different sectors change their behaviors
3. Multiple stakeholders mobilize resources and align implementation
4. Results are achieved through aligned implementation
5. Populations thrive, leading to the end of malnutrition by 2030 (SDG 2.2)
6. Better nutrition contributes to the achievement of SDGs

SUN MEAL intends to _measure the results that SUN aims to achieve_ in SUN countries, grouping 79 indicators in 8 domains:

- Enabling environment for nutrition
- Drivers of nutrition
- Finance for nutrition
- IYCF Practices and dietary intakes
- Interventions and food supply
- Nutrition Status
- Enacted Legislations
- SDGs linked to better nutrition

The SUN MEAL system was created to facilitate monitoring, evaluation, and accountability across the SUN movement and support country-specific needs through these two products: the All SUN Countries Dashboard and the Country Dashboards
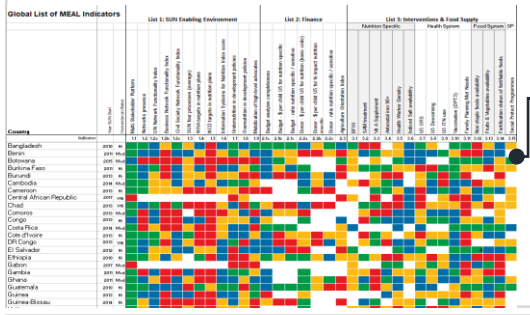
In the All SUN Countries Dashboard, indicators are given a **color-coded score** (corresponding with critical, poor, moderate, or good performance) based on performance relative to other SUN countries except when established cut offs are available.

In the Country Dashboards, the color-coded score, exact statistic, year of data source, and median score of all SUN countries are displayed.

INDICATOR		SCORE	YEAR	SUN COUNTRY MEDIAN
1.1	Existence of a Multi-Stakeholder Platform (MSP)	Yes	2016	56/60
1.2	Number of networks (UN, business, donor, civil society)	4	2016	3
	A) UN Network Functionality Index	4	2016	4
	B) SUN Business Network Functionality Index	1	2016	0
	C) SUN Civil Society Network Functionality Index	5	2016	3
1.3	SUN Movement Processes Score	49%	2016	52%
1.4	WHA Targets in Nutrition Plans	3	2011-16	2
1.5	NCD Targets in Nutrition Plans	0	2011-16	0
1.6	Information Systems for Nutrition Index	26.5	2016	21
1.7	Integration of Undernutrition in National Development Policies	Rank 5	2015	42
1.8	Integration of Overnutrition in National Development Policies	Rank 33	2015	90
1.9	Mobilization of High-level Advocates	All 3 types	2016	1-2

The SUN MEAL was first launched at the SUN Global Gathering in Abidjan in 2017 to assess progress across countries and identify themes and countries where progress is slower paced in order to better respond to countries' demands

33

HANCI country scorecards have a clear theory of change with a select set of indicators to support and influence governments…

HANCI's theory of change asserts that by measuring commitment, governments will be held more accountable…

| Measure commitment | → | Civil society better able to hold governments accountable | → | Governments track and prioritize commitment | → | Government commitments linked to outcomes |
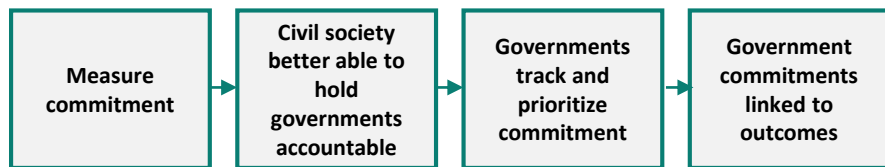
HANCI's domains are narrowly focused on the public spending, policies, and laws that reflect country commitment

1 To assess country commitment towards ending hunger and malnutrition, HANCI focuses on two domains: hunger and nutrition

2 Within these two domains, there are three themes: (1) public spending, (2) policies, and (3) laws, totaling only 22 indicators

3 To compare with other countries, an indexed score is created by weighting each of these domains equally and the country is ranked

HANCI country scorecards' output design, shown for Ethiopia below, allows countries to quickly view areas of high political commitment and gaps, and compare their performance to others through an indexed score

The **public spending** domain assesses government spending on hunger/malnutrition related sectors

The **policies** domain includes government programs and policies on accessing services and interventions

The **laws** domain includes legal frameworks and legislation on citizen rights related to food production and access to care

	Score*	Year	HRCI Rank of 45
Public spending			
Public spending on agriculture as share of total public spending [1]	16.8%	2016	2nd
Public spending on health as share of total public spending [2]	6%	2015	27th
Policies			
Access to land (security of tenure) [3]	Strong	2016	Joint 4th
Access to agricultural research and extension services [3]	Strong	2013	Joint 14th
Civil registration system — coverage of live births	2.7%	2016	45th
Functioning of social protection systems [3]	Weak	2016	Joint 21st
Laws			
Level of constitutional protection of the right to food [3]	Moderate	2016	Joint 8th
Equality of women's access to agricultural land (property rights) [4]	In Law, not in Practice	2014	Joint 1st
Equality of women's economic rights [4]	Not in Law	2014	Joint 26th
Constitutional right to social security (yes/no)	Yes	2006	Joint 1st

Ethiopia's performance in each indicator is **ranked** against the other 45 countries in the HANCI Africa Index to compare country performance

Color-coding allows countries to identify areas with strong, moderate, and poor commitment. Cut offs vary by indicator

34

…and country advocates have noted their success in using HANCI to get nutrition on national political agendas

HANCI was first launched in 2012 globally and has since expanded its reach regionally and in countries…

- Since its launch, HANCI Global is published every 2-3 years; HANCI Africa was also launched in 2016 to focus only on African countries
- While HANCI Global and Africa focus globally and regionally, HANCI works closely with partner organizations in 5 countries – Bangladesh, Malawi, Nepal, Tanzania, and Zambia – to analyze the political will of their governments in reducing hunger and undernutrition

…leading to HANCI's impact being seen in countries – *select anecdotes included below…*

South Africa

Subnational Scorecard
- While South Africa is ranked #1 in the Africa HANCI, **a subnational scorecard is being created** to unpack disparities at the regional level
- The sub-national scorecard will **focus on stunting** using similar methods as HANCI
- The scorecard is meant to be an advocacy and action tool that is **engaging with stakeholders implementing on the ground** *(other countries are also considering building a subnational scorecard)*

Tanzania

Nutrition commitments in political manifestos
- HANCI **trained advocacy group Partnership for Nutrition in Tanzania (PANITA)** on how to use and interpret the HANCI DVT, including how to identify advocacy messages
- PANITA presented HANCI data to parliamentarians, resulting in the inclusion of **nutrition commitments in political manifestos**
- A **subnational scorecard** was piloted for several districts, and HANCI engaged with the government on their own efforts in this area

Nepal

Nutrition discussions in the Constitutional Assembly
- HANCI **trained the Civil Society Alliance for Nutrition in Nepal (CSANN)** to include political commitment/will into their Advocacy and Communications Strategy
- CSANN and HANCI presented HANCI evidence to government representatives and bilateral donors, resulting in **nutrition included as a matter of public importance during Constitutional Assembly debates**

5

The GNR tracks a range of nutrition-related indicators with the goal of strengthening accountability…

GNR's <u>overall goal</u> is to drive greater action to end malnutrition in all its forms with the following objectives

- Remain a highly credible and well respected resource that is a 'go-to' platform for data and evidence on nutrition for both nutrition and non-nutrition actors
- Be an accessible and useful intervention which inspires action that accelerates progress toward a world free from malnutrition
- Inform and shape the debate and discussions on how to tackle malnutrition and contributes to the evidence base

GNR's <u>domains and data</u> are broadly focused on nutrition-related metrics, mostly derived from external data sources

1. The GNR focuses on economics, financial allocations, underlying determinants, enabling environment, coverage, diet, nutrition status, and global nutrition progress
2. The data displayed on the country profiles are derived from outside data sources including DHS, WHO, World Bank, and the UN
3. Progress Against Global Nutrition Targets is a unique score that measures country progress towards specific global metrics

The 2017 GNR country profile's <u>output design</u> allows country-level stakeholders such as governments, policymakers, civil society, donors, and other influential groups to gain a high-level overview of the nutrition landscape within specific countries

PROGRESS AGAINST GLOBAL NUTRITION TARGETS 2017

Under-5 stunting	Under-5 wasting	Under-5 overweight	WRA anaemia	EBF
Some progress	No progress or worsening	Off course	No progress or worsening	NA

Adult female obesity	Adult male obesity	Adult female diabetes	Adult male diabetes
Off course	Off course	Off course	Off course

The 2017 GNR Nutrition Country Profiles can be used to understand the nutrition environment and status of the country across a number of domains

Progress Against Global Nutrition Targets are produced by GNR to hold governments more accountable in reaching global targets for nutrition (see slides 27-28 for methodology notes)

The GNR also visualizes data in its report (in addition to its country profiles) and is looking to update the GNR country profiles to include interactive features
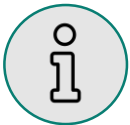
…and there are notable anecdotes highlighting the GNR's credibility as a trusted data resource and key source for informing advocacy

GNR was first launched in 2014 globally and included country profiles for all 193 UN countries

The latest GNR report was launched in November 2018 in Bangkok at the *Accelerating the End of Hunger and Malnutrition* event, where updated and expanded country and regional profiles were released

The GNR is known as a highly credible data source for measuring global nutrition status and progress

- An online survey conducted by Johns Hopkins University found that among stakeholders who accessed aggregated data sources, the most accessed data source was the Global Nutrition Report (by 75% of stakeholders who accessed aggregated data sources)
- Key insights from GNR users – referenced from a consultation conducted by the GNR – highlights the GNR's status as a critical data source in nutrition

India　　**Bangladesh**　　**United States**

The GNR website[1] draws from a number of global audiences
- The majority of users in 2017 were from India, Bangladesh and the United States
- Other top locations also include Pakistan, United Kingdom, Mexico, and Kenya

Country-Level Information
Making clear comparisons for nutrition data between countries

"All of the specific country stuff is really great to have, as opposed to just global numbers, to get a better sense of where the issues lie"

Seeking Data
Searching for raw or visualized data on the GNR Website

"The GNR is a compendium of knowledge and information around current nutrition"

Informing Advocacy
Utilizing a credible source for advocacy purposes

"If I need something to bolster a report or if we're taking MPs to show them some nutrition programmes in a developing country, then the GNR normally is one of the first go-to for that"

Notes:
1 This analysis was conducted on the 2017 GNR website and country profiles. As noted above, the GNR website has since relaunched its website and profiles in Nov 2018.
2 Source: GNR user insights PowerPoint.

NIPN is unique in that it is developing a <u>subnational dashboard</u> for nutrition – it is a template that can be modified by countries

The NIPN's dashboards <u>aim</u> to be produced and used by National Institutions who joined NIPN platform – specifically, to stimulate dialogue and provide a multisectoral analysis of nutrition

1 The dashboards are designed exclusively for in-country use by either national and subnational policymakers (National Institutions) across different sectors who have joined NIPN

2 The objectives are to (a) stimulate dialogue among policymakers and data analysts on multisectoral nutrition indicators, programs, and investments, and (b) provide a multisectoral analysis of nutrition information at the subnational level

<u>Domains and indicators</u> are based on the Lancet Framework and SUN MEAL; National Institutions should adapt as needed

1 Domains are modified from the Lancet Framework for undernutrition, including basic/underlying and immediate determinants of undernutrition with the addition of "finance for nutrition"

2 Indicators are based on the Lancet Framework and SUN MEAL, but can be adapted based on national and subnational priorities

3 Data availability may be a challenge, especially at the subnational level, where NIPN recommends to still display the indicator with missing data or replace with a proxy indicator

The NiPN subnational dashboard template's <u>output design</u> is meant to be flexible, simple to produce, and easy to read and understand for use by country stakeholders from different sectors

▪ The dashboard is a template that NIPN data analysis teams can use to implement the NIPN approach

"Tells the story" by using the impact pathway logic, outlining the linkages from inputs to outcomes, and including key discussion points to stimulate dialogue with policymakers.
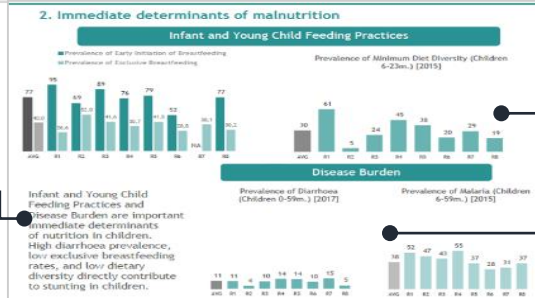
Simple bar charts are used as they are typically well understood. Other tactics like common language (no technical jargon) are also encouraged given that targeted users are often not data experts.

Time trends and geographical comparisons are included to illustrate changes over time and comparisons with national figures respectively.

Each NIPN National Institution has received a customized Excel template, including its country map with sub-national divisions. NIPN countries include: Bangladesh, Burkina Faso, Ethiopia, Guatemala, Ivory Coast, Kenya, Laos, Niger, Uganda, and Zambia

Notes:
1 To inform the development of their DVT, NIPN reviewed existing dashboards including: SUN MEAL, POSHAN district dashboards, GNR profiles, Countdown to 2030, and WHO NLiS country profiles.

Case studies in malaria and primary healthcare

ALMA was designed to meet requests of African Heads of State, providing actionable indicators for monitoring and accountability

ALMA's theory of change asserts that data tracking and support will help generate demand and action

Malaria is eliminated by 2030

African Heads of State and Government consistently prioritize action to reduce malaria-related deaths

Demand generation

The quality of data tracked by ALMA is enhanced	Heads of State and Government are supported to monitor their countries' performance and take action

Data tracking
1. ALMA scorecard and tracer MNCH metrics are updated
2. Best practices are documented

Advocacy
Quarterly reports for countries, annual ALMA awards, ALMA alerts, disseminate best practices, host meetings, disseminate outcomes of meetings; country level scorecards replicating the ALMA regional scorecard approach

Demand-driven response

Requests of Heads of State and Government are proactively addressed	ALMA knowledge and expertise leveraged to provide catalytic support in MNCH and other areas

Facilitated support
1. Collect requests from Heads of State, ministers, and MOH staff
2. Identify partners to provide support
3. Follow-up with partners as required

Catalytic support
Respond to requests made by Heads of State, facilitate country scorecards, advocate for MNCH scorecards at key meetings, mobilize resources, address bottlenecks

The majority of ALMA's indicators are actionable, providing users with knowledge of what they can influence

The scorecard includes indicators from 6 key domains – with majority of the indicators being actionable – to help drive decision-making

ALMA Domains	ALMA Indicators
Commodities financed	▪ **LLIN IRS financing 2018 projection (% of need)** ▪ **Public sector RDT financing 2018 projection (% of need)** ▪ **Public sector ACT financing 2018 projection (% of need)**
Financial control	▪ World Bank rating on public sector management and institutions 2017
Monitoring and Management	▪ Insecticide classes with mosquito resistance confirmed since 2010 ▪ **Insecticide Resistance Monitoring and Management (Monitoring since 2015; National IRM Plan)** ▪ **National Insecticide Resistance Monitoring and Management Plan**
Implementation	▪ **Scale of Implementation of iCCM (2017)** ▪ **Operational LLIN/IRS coverage (% of at risk population)**
Impact	▪ Change in Estimated Malaria Incidence (2010-2017) ▪ Change in Estimated Malaria Mortality (2010-2017)
Tracer indicators for maternal and child health	▪ **Mass Treatment Coverage for Neglected Tropical Disease (NTD Index %)** ▪ **Estimated % of Total Population living with HIV who have access to antiretroviral therapy** ▪ **Estimated % of children (0-14 years old) living with HIV who have access to antiretroviral therapy** ▪ **% deliveries by skilled birth attendant** ▪ **Postnatal care (within 48 hours)** ▪ Exusive breastfeeding (% children < 6 months) ▪ **Vitamin A Coverage (2 doses)** ▪ **DPT3 coverage (vaccination among 0-11 month olds)**

Green = actionable indicators

The ALMA scorecard is unique as it combines elements of a scorecard and dashboard – supporting both accountability and decision-making

Key features of ALMA's structure and design enable it to drive action among Heads of States and countries…

Select Key Features of ALMA	Relevant Examples
Actionable indicators across domains such as monitoring, commodities financed, and implementation enable decision-makers to address problem areas	**Financing commodities**: When Heads of States have a "red" on financing, they have filled resource gaps quickly by reaching out to donors or using domestic funds
Color-coding and trend arrows (up/down)[1] were requested by Heads of States – and allows them to quickly see problem areas *(SMS alerts are also sent to notify senior ministry staff of changes in performance)*	**Action loop and recommended actions:** When countries have red indicators or indicators with downward arrows, a recommended action (or "action loop") is triggered among Heads of States. ALMA also facilitates connections to partners to provide technical assistance as needed
Frequent data updates and data availability is needed for ALMA to be regularly used for decision-making. ALMA refreshes its scorecard once every quarter (even if there are data gaps to advocate for improved data)	**Better data collection**: Previously, UNICEF data on integrated community case management (iCCM) was updated every 3 years, but now it is updated annually
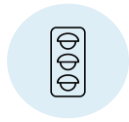
The first ALMA scorecard was launched in 2011 as an accountability tool for African Heads of States

Notes:
1 ALMA works with data owners to set data thresholds to avoid confusion on cut off values for color-coded performance.

The primary healthcare performance initiative (PHCPI) adapted their global DVT for country-level use

PHCPI developed Vital Signs Profiles for country stakeholders to monitor primary healthcare

- The Vital Signs Profiles give a snapshot on country performance in primary healthcare, allowing policymakers, development partners, and advocates to compare areas of the primary healthcare system and pinpoint areas for improvement

PHCPI's theory of change[1] covers the primary healthcare system, but emphasizes healthcare service delivery

- PHCPI initiatives focus on the **"black box" of service delivery performance** because many countries already have data on inputs, outputs, and outcomes, but service delivery lacks data and requires further understanding

- The Vital Signs Profiles cover four pillars, including **financing, capacity, performance, and equity**
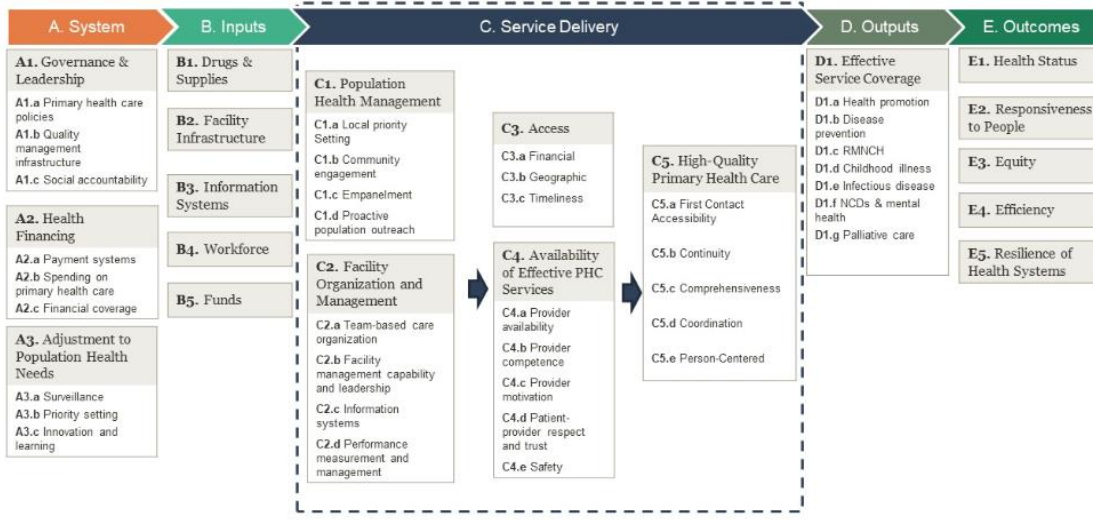
Notes:
1 PHCPI refers to this theory of change as their "conceptual framework".

43

Vital Signs Profiles give a snapshot of country performance in primary healthcare service delivery to pinpoint priorities for improvement

The Vital Signs Profiles provide countries with a snapshot of the PHC system and identifies priorities for improvement in an easy-to-read format for a range of stakeholders – it is innovative because it is the first tool to capture how a PHC system is functioning overall

COUNTRY CONTEXT AT-A-GLANCE

| GDP per capita (PPP int'l dollars) WDI (20XX)	Living in poverty (Under $1.90 int'l dollars / day) WDI (20XX)	Government health spending as % of GDP[1] WHO GHED (20XX)	Life expectancy at birth (Years) WHO (20XX)	Maternal mortality (Per 100,000 live births) WHO est. (20XX)	Neonatal mortality (Per 1,000 live births) WHO est. (20XX)	Premature NCD mortality[2] (Probability) WHO est. (20XX)	Causes of death WHO est. (20XX)
$2,894	22%	2%	68	290	15	18%	44% Non-Communicable Diseases / 46% Communicable and Other Conditions[3] / 10% Injuries

On the website, users are able to see breakdowns of composite scores which are created from the indicators in the system, inputs, and service delivery indicators from the conceptual framework

$ FINANCING
WHO est. (20XX)

Total PHC spending:
$29 Per capita

Prioritization of PHC:
Overall health spending[4]
35% on PHC
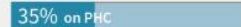
Government health spending[5]
49% on PHC
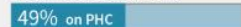
Sources of PHC spending:
14% Government[6]
86% Other
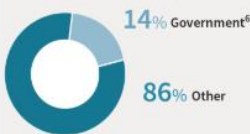
CAPACITY
Primary Health Care Progression Model (20XX data)[7]

Governance
4.0 ■ ■ ■

Inputs
2.5 ■ ■ □ □
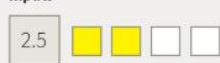
Population Health & Facility Management
1.3 ■ □ □ □

PERFORMANCE

Access Index[8]
DHS STATcompiler (20XX survey)
73 (0–100)

Quality Index[8]
SPA (20XX survey)
82 (0–100)

Service Coverage Index
2017 UHC Global Monitoring Report
58 (0–100)

EQUITY

Access: % with perceived barriers due to cost, by wealth quintile
DHS STATcompiler (20XX survey)
HIGHEST 30 — LOWEST 71 (0–100)

Coverage of RMNCH[9] services, by mother's education
Health Equity Monitor (20XX data)
NONE 40 — SECONDARY + 72 (0–100)

Outcomes: Under-five mortality[10], by residence
Health Equity Monitor (20XX data)
RURAL 35 URBAN 38 (0–200)

The country context at-a-glance, financing, and equity sections are populated with data from global repositories, and are validated by countries

Access and quality indicators are populated by countries' preferred sources, and where relevant, national country proxies

The country scorecards were launched at the October 2018 ALMA ATA Anniversary and scorecards were disseminated in select countries

Looking ahead

Recommendations for the Global Community of DVT producers & funders

Recommendations for DVT producers

Have a clear theory of change:
- Which decisions (by which users) does the DVT aim to support?
- What supporting actions are needed to deliver the change?

Include actionable indicators that align with the DVT's theory of change (including indicators with little to no data for advocacy purposes)

Test visualization formats with targeted users to ensure formats align with users' data literacy levels and decision needs

Recommendations for Global Community of DVT producers & funders

Support coordination among global DVT community to increase synergies, reduce inefficiencies, and share learnings

Convene DVT producers that report on common indicators to reduce differences in definitions and divergent messages

Strengthen capacity of targeted users to interpret and use data for decision-making

Considerations for future research

How do users use DVTs to support decision-making? What user needs are not currently addressed by existing DVTs? For which purposes are DVTs better suited to support decision-making?

Which indicators lead to action by different user groups? Which actionable indicators are missing to support action?

Which data visualization formats are most effective for which type of decision and decision-maker? How does this vary based on the context (user, experience with DVT, and/or culture of data use)?

Appendix

Appendix

Table of Contents	*Slide #*
1 List of global Nutrition DVTs reviewed	*50*
2 Global DVT landscaping methodology	*51-57*
3 Global DVT Indicator Selection Process: SUN MEAL & Countdown 2030	*58*
4 Color-coding / ranking DVT methodologies	*59-60*
5 Actionable indicators included in existing DVTs	*61-67*

List of global nutrition DVTs reviewed

1. Access to Nutrition Index (ATNI)
2. ACF Measuring Progress Towards Ending Malnutrition
3. ACTION Nutrition for Growth Accountability Tool
4. Countdown to 2030 Country Dashboards
5. FAO Country Indicators
6. Global Food security index
7. Global Fortification Data Exchange (GFDx)
8. Global Hunger Index
9. Global Nutrition Report (GNR) Country Profiles (2017)[1]
10. Hunger and Nutrition Commitment Index (HANCI) country scorecards
11. IGN Global Scorecard of Iodine Nutrition
12. No Wasted Lives State of Acute Malnutrition
13. R4D World Bank Invest in Nutrition
14. Scaling Up Nutrition Monitoring Evaluation Accountability and Learning (SUN MEAL) country dashboards
15. SPRING National Anemia Profiles
16. UNICEF State of the World's Children Report Dashboard
17. UNICEF/WHO Global Breastfeeding Scorecard
18. Vitamin A Supplementation Dashboard
19. WHO Global Targets Tracking Tool
20. WHO Nutrition Landscape Information System (NLiS) Country Profiles
21. WHO/UNICEF Joint Child Malnutrition Estimates Interactive Dashboard
22. World Bank Nutrition Country Profiles

Notes:
1 This analysis was conducted using only the 2017 GNR website and country profiles. The GNR website has since relaunched its website and profiles in Nov 2018.

Landscaping existing DVTs in nutrition at the global level to capture best practices and lessons learned

Objective	**Primary:** The primary objective of the DVT landscaping is to review existing global DVTs in nutrition and examine how they contribute to the nutrition landscape as well as identify best practices and lessons learned on how DVTs are used globally and in countries **Secondary:** A secondary objective is to identify best practices and lessons learned on how data visualizations from other sectors (malaria and primary healthcare (PHC)) are used to support decision-making

Scope of Work

Producers	Users
▪ Across a list of **22 existing DVTs in nutrition at the global level**, the team reviewed: (1) goals and theories of change; (2) domains and indicators; (3) output structure; and (4) dissemination processes ▪ Consultations were held with a select number of DVT producers in nutrition and other sectors (malaria and PHC)	▪ Review evaluations of existing DVTs, when available, to understand how DVTs are being used among their targeted users and their overall impact ▪ Consultations with select users at the global level will be conducted to understand how existing DVTs support decision-making in nutrition and what gaps still currently exist *Ongoing review*

While this analysis focuses exclusively at the global level, a landscaping of nutrition DVTs in India will be completed by IFPRI to complement this analysis to provide a case study with lessons and experiences at the country level.

A three step approach was used to identify and ultimately select 22 global DVTs from a pool of 33 global DVTs

Step I: Scope[1]

1. **DVTs** are outputs that help people understand the significance of data by placing it in a visual context (e.g., bar graphs, scatterplots, etc.). For this analysis, only open access platforms were included

2. DVTs that display nutrition data were included –primarily those with a **nutrition-specific focus.** However, select DVTs focusing on Maternal, Newborn, Child Health, and Nutrition (MNCH&N) such as Countdown to 2030 were included since nutrition is viewed within the continuum of care

Step II: Identification

3. An **internet search** was conducted to review major nutrition initiatives and a Google keyword search was conducted to identify nutrition DVTs

4. **Partner recommendations** of nutrition DVTs were also included in the review

Step III: Selection

5. Only **publicly accessible** DVTs were included. Therefore, paper-based DVTs only available offline or used internally by organizations were excluded

6. Only DVTs that are global products, covering **multiple countries**, were included. Therefore, country-specific DVTs managed by governments or other actors were excluded from this analysis[2]

7. Only **recently refreshed** DVTs (within the past 5 years) were included[3]

Global DVTs in nutrition were reviewed in 2 processes: (1) a desk review focusing on 4 parameters; and (2) a series of stakeholder consultations

1 **_Desk review_**

Goal & Audience	**Goals:** DVTs were grouped into two broad categories: (1) accountability; and (2) planning, implementation, and monitoring **Audience:** Where possible, the targeted audience of DVTs was identified
Domains & Data	**Domains & Data:** DVTs were reviewed by the different domains (e.g., coverage, nutritional status) and indicators they covered. Indicators included in DVTs were also reviewed for their "actionability"[1]
Output Structure	**Visualization:** Design features such as "naming, faming, and acting" techniques (includes traffic lights, color coding, etc.), profiles, and interactive dashboards with bar graphs, trend data, etc.
Dissemination	**Dissemination:** Dissemination features (e.g., times of launch or updates) were reviewed across DVTs

2 **_Stakeholder consultations_**

DVT producers	10 DVT producers were interviewed regarding: ▪ Their DVT's theory of change, outputs, dissemination processes, engagement strategies with users, and production/maintenance of the DVT ▪ Who uses their DVT, how people are using their DVT, and any feedback (positive/areas for development) they have received from users
Existing users of DVTs	Where possible, existing users of DVTs were interviewed regarding: ▪ Organizational role and responsibilities ▪ How they use the DVT to support their decision-making needs for nutrition at work ▪ Strengths and challenges of the DVT in accessing and using data, as well as the DVT's value add relative to other DVTs ▪ User's experiences with data

Notes:
1 Actionable indicators provide data that can be acted upon to improve performance and management at the program and systems levels.

Goal classification: Accountability, PIM, or Both

Three criteria were used to classify the goal of a DVT as <u>Accountability</u>, <u>Planning, Implementation, and Monitoring (PIM)</u>, or <u>both</u>. DVTs were classified as one of these typologies if they met 2 of 3 criteria for a particular typology – e.g., if a DVT met 2 out of the 3 criteria for <u>accountability</u>, it would be classified as an <u>accountability DVT</u>.

1 **Percentage of actionable indicators**
Found within enabling environment, enacted legislation, and coverage domains, the number of actionable indicators were counted in all DVTs, then divided by their total number of nutrition-specific and nutrition-sensitive indicators.

DVTs with <60% actionable indicators = Accountability	DVTs with ≥60% actionable indicators = PIM

2 **DVT output typology**
- **Scorecards** compare performance across units, often used for advocacy and accountability purposes, including 'naming, faming, and acting'. (Scorecards often feature traffic light color-coding)
- **Indices** aggregate several indicators into a simple metric (or composite score) to rank units, often used for advocacy and accountability purposes like 'naming, faming, and acting'. (Indices frequently produce composite scores and often feature traffic light color-coding)
- **Dashboards** present key performance indicators to achieve goals on a single screen – at a glance, often used for operations or management. (Dashboards are often interactive DVTs that allow the user to alter the input data to create different scenarios)
- **Profiles** provide a snapshot of how a geographic region is doing in a particular sector, often used to spread awareness across broad audiences. (Profiles are frequently static outputs with a high number of indicators)

Scorecards and Indices = Accountability	Dashboards and Profiles = PIM

3 **Key word search**
Key words were identified in DVTs' descriptions or goal statements

Accountable, SDG, commitment, target, attention = Accountability	Plan, monitor, implement, coverage, action, program = PIM

54

Indicator mapping: Two indicator mappings were conducted, focusing on actionable indicators and overlapping indicators

Actionable indicator mapping

- **Purpose:** To identify actionable nutrition indicators across and within DVTs, as well as which ones are most commonly reported

- **Methods:** We defined actionable indicators as providing data that can be acted upon to improve performance and management at the program and systems levels. For our indicator mapping, we classified indicators in the following 3 domains as actionable :

  Enabling environment

  Enacted legislations

  Coverage

Please note that this mapping only included nutrition-specific and nutrition-sensitive indicators[1]

Overlapping indicator mapping

- **Purpose:** To identify common nutrition indicators across and within DVTs

- **Methods:**
  1. Five DVTs – GNR Country Profiles, SUN MEAL Country Dashboards, WHO NLiS Country Profiles, UNICEF State of the World's Children Report dashboard, and Countdown to 2030 dashboards – were selected for the indicator mapping because they have the largest number of indicators and cover a broad range of domains
  2. All nutrition-specific and nutrition-sensitive indicators in a DVT were included[1]
  3. Aspirational indicators – defined as indicators for which definitions may exist but there is no data – were excluded
  4. Indicators covering the same topic were grouped and counted as one indicator to facilitate topical comparisons (e.g., women's anemia <11 g/dl and <12 g/dl HgB)

Dissemination: Dissemination information was researched to determine the frequency, audience, and method of targeting users

Data sources
We searched the following locations:

DVT websites

Event press releases

Twitter

Data points collected
The following data points were collected from the 3 data sources previously mentioned:

Type
Was the DVT launched publicly for the first time? Or, was it refreshed/updated?

Date
When was DVT launched or refreshed?

Platform
How was the DVT launched? At an in-person event? Online? Or, both?

Audience
Which types of stakeholders is the DVT targeting?

56

Stakeholder consultations: DVT producers and users

Selection of stakeholders

▪ **DVT Producers:** We interviewed DVT producers from other sectors with well-known DVTs (i.e., malaria and PHC), and within nutrition, we interviewed DVT producers that are most used within the nutrition community (e.g., GNR Country Profiles), represent a range of goals, or producers we had existing relationships with (e.g., ACTION, R4D Invest in Nutrition)

▪ **DVT Users:** Where possible, we spoke to users of existing DVTS we were able to identify (please note this only applied for HANCI)

Producers

Nutrition DVTs

1. ACTION Nutrition for Growth Accountability Tool
2. Countdown to 2030 Country Dashboards
3. Global Nutrition Report (GNR) Country Profiles (2017)
4. Institute for Health Metrics and Evaluation (IHME) Global Burden of Disease Compare Tool
5. Institute for Health Metrics and Evaluation (IHME) Non-Communicable Disease Risk Factor Collaboration (NCD RisC) DVT
6. Results for Development (R4D)/ World Bank Invest in Nutrition
7. Scaling Up Nutrition Monitoring Evaluation and Learning (SUN MEAL) Country Dashboards
8. Hunger and Nutrition Commitment Index (HANCI) Country Scorecards

HANCI Users

1. Civil Society for Scaling up Nutrition in Nepal (CS-SUNN)
2. Partnership for Nutrition in Tanzania (PANITA)
3. Stellenbosch University

Other sector DVTs

1. African Leaders Malaria Alliance (ALMA) Scorecard
2. World Bank Doing Business Index
3. Results for Development (R4D) Primary Healthcare Performance Initiative

57

Global DVT Indicator Selection Process: Scaling Up Nutrition Monitoring, Evaluation, Accountability, and Learning (SUN MEAL) & Countdown 2030

	Scaling Up NUTRITION — SUN Movement Monitoring, Evaluation, Accountability, Learning (MEAL)	**Countdown Country Dashboards**
Goal of initiative	To **end malnutrition in all forms by bringing different stakeholders together** to work collaboratively, resulting in mobilized resources and aligned implementation, leading to better results and impact; improved nutrition will contribute to all SDGs.	To accelerate momentum to achieve the SDGs for **ending preventable maternal, newborn, and child deaths** by improving equitable, cost-effective intervention coverage/equity across the continuum of care.
Indicator selection	▪ Indicators are mapped against **global initiatives** (i.e. SDGs, MIYCN, GNR) and build on **SUN specific exercises** (e.g. Joint Annual Assessment, Networks' Assessment, Donor spending reviews and National Budget Analyses) that discuss institutional transformations and spending (providing data for several enabling environment and finance indicators). ▪ Indicators are separated into 8 domains that reflect **the progression through the steps** in the SUN Movement's TOC ▪ **Indicators available across most countries** are pulled from publicly accessible sources to ensure comparability and standardization.	▪ Indicators are **mapped against global initiatives** (i.e. SDGs, Family Planning 2020, GNR, and the Monitoring Framework for the Global Strategy for Women's, Children's and Adolescent Health) and separated by demographic, coverage/equity, and determinants/drivers. ▪ Indicators are ranked by tiers then **reviewed and validated by a technical group of experts**. ▪ **Evidence reviews** were conducted at the outset, and ongoing review is used to update indicators (e.g. data collection, new interventions)
Where indicators are displayed in DVTs	▪ **Country dashboards** display a core set of 79 indicators to track against the SUN MEAL theory of change and assess country performance in reference to other SUN countries or to international standard cut offs. ▪ **Dataset** includes dashboard indicators and raw data used to construct several indicators. ▪ **Baseline Document** includes dashboard indicators and aspirational indicators[1] with sources and definitions.	▪ **Tier 1** indicators are displayed on the static 2-page profiles. ▪ **Tier 2** indicators and Tier 1 indicators are displayed on the interactive dashboards. ▪ **Tier 3** aspirational indicators[1] listed in this document are not displayed due to lack of data.

Notes:
1 Aspirational indicators are indicators for which indicator definitions may exist but there is no data. Specifically, SUN MEAL and Countdown have included indicators in the MEAL framework and Countdown tier 3 indicator list but are not shown in the visualizations due to lack of data.

Methodologies of DVTs with color coding / rankings (1/2)

DVT	Purpose	Methodology
MEASURING PROGRESS TOWARDS ENDING MALNUTRITION	To measure progress towards the adoption of national level nutrition targets and their quality in 50 high-burden countries and hold countries accountable on their performance	Countries are assigned a color-coded score based on the following cut offs: green = 24-29 points, yellow = 20-23 points, orange = 12-19 points, red = 0-9 points. Components of the score include: Existence of a target (2 points for a target in national policies, 1 point for a "Nutrition for Growth" target), Quality of the target (either the target integrated in the national plan or the N4G target, 4 points), Progress to meet WHA global targets (3 points).
HANCI Country Scorecards	To provide information on which areas governments are failing to act will result in increased accountability, leading government policymakers, campaigners, and communities to action.	Countries are assigned a color based on composite scores that are from indicators in two domains: hunger and nutrition. Each of these two domains receive equal weight, each accounting for 50% of a country's overall score. Within these two domains, there are three themes of indicators: (1) public spending, (2) policies, and (3) laws, totaling 22 indicators.
Scaling Up NUTRITION SUN Movement Monitoring, Evaluation, Accountability, Learning (MEAL) **Country Dashboards**	To track progress towards meeting nutrition goals and creating an enabling environment for nutrition in countries that have joined the Scaling Up Nutrition (SUN) movement.	Country performance on indicator 1.4: Existence of WHA targets in nutrition plans is displayed on slide 19, defined as *Availability of the 6 WHA targets in plans (U5 child stunting, U5 child wasting, U5 child overweight, low-birth weight, anemia among women of reproductive age and exclusive breastfeeding for the first six months*). Color coding cut-offs include: red = critical (no WHA targets in policy), yellow = poor (1-2 WHA targets in policy), blue = moderate (3-4 WHA targets in policy) and green = good (5-6 WHA targets in policy).

Methodologies of DVTs with color coding / rankings (1/2)

DVT	Purpose	Methodology
GLOBAL HUNGER INDEX	To raise awareness and understanding of the struggle against hunger, provide a way to compare levels of hunger between countries and regions, and call attention to those areas of the world where hunger levels are highest and where the need for additional efforts to eliminate hunger is greatest.	Countries receive a GHI score, calculated by three steps: (1) For each country, values are determined for undernourishment, child wasting, child stunting, and child mortality. (2) Each of these four indicators is given a standardized score on a 100-point scale based on the highest observed level for the indicator on a global scale in recent decades. (3) Standardized scores are aggregated to calculate the GHI score for each country, with each of the three dimensions (inadequate food supply; child mortality; and child undernutrition, which is composed equally of child stunting and child wasting) given equal weight.
Nutrition for Growth Accountability Tool	To track the ambition and delivery of N4G commitments by key government and philanthropic donors, and it points out what is needed to meet global goals for improved nutrition.	Donor's commitments are assessed by pulling information on commitments from the N4G Executive Summary. Nutrition-specific and nutrition-sensitive definitions are also taken from this summary. Four criteria were used to assess ambition, including (1) Did the donor include a pledge through 2020? (2) Did the pledge represent an increase above baseline? (3) Was a financial pledge of any kind included? (4) Did the pledge specifically mention an amount for nutrition-specific funding? Using these criteria, ambition ratings were assigned as inadequate (0-1 criteria met), business as usual (2-3 criteria met) and ambitious (3-4 criteria met).
GLOBAL BREASTFEEDING SCORECARD	To encourage progress, increase accountability, and document change for all countries as they take the necessary steps to protect, promote, and support breastfeeding.	Countries' performance is displayed across separate color-coded indicators. Data is pulled from publicly accessible sources and color coding cut offs are set differently for each indicator. For example, the rates of continued breastfeeding at two years are coded as green (> 80% of infants continue breastfeeding until two years of age), yellow (60-80%), orange (40-60%), and red (<40%). All data sources and color coding cutoffs are accessible on the website's methodology page.

Actionable indicators included in DVTs (1/7)

■ = indicator not currently reported in specified DVT due to lack of data, but ideally would be reported   ■ = indicator used in select DVTs

Enabling Environment

Institutions, systems, and coordinating platforms

1. Existence and composition of multi-stakeholder platforms: proportion of countries report having a functioning MSP mechanism *(SUN MEAL)* / Whether a multisectoral and multi-stakeholder coordination mechanism exists *(HANCI)*
2. Capacity of MSP to coordinate their partners response to identified annual priority action areas in the Joint Annual Assessment[1] *(SUN MEAL)*
3. Existence, composition and functionality of networks/alliances (UN agencies, CSOs, business): number and type of networks in place *(SUN MEAL)*
4. Nutrition governance score ("strong", "medium" or "weak", depending on the presence of a set of elements identified by countries themselves as crucial for successful development and implementation of national nutrition policies and strategies) *(WHO NLiS)*
5. Compliance of partners with the SUN Movement Principles of Engagement[1] *(SUN MEAL)*
6. Civil society involvement in review of national maternal, newborn and child health programs *(Countdown)*
7. SMART-ness of nutrition commitments by governments and networks / alliances made since the beginning of 2016 *(SUN MEAL)*
8. 'Good' quality of new national multi-sectoral, multi-stakeholder action plans/CRF made since the beginning of 2016 *(SUN MEAL)*
9. Engagement of high-level advocates (champions, parliamentarians, media) *(SUN MEAL)*
10. Demographic and Health Survey / Multiple Indicator Cluster Survey /comparable national nutrition survey was conducted in the past three years *(HANCI)*
11. Information systems for nutrition index score (based on three groups of indicators: a) government commitment & enabling environment; b) national assessment data; c) national performance monitoring data) *(SUN MEAL)*
12. Existence of a regulatory or administrative agency to ensure the safety and health of food *(Global Food Security Index)*
13. Geographic distribution of resources at subnational level (linked with mapping of stakeholders and actions) *(SUN MEAL)*

Capacity

14. Density for each of: physicians (includes generalist and specialist medical practitioners) nurses (Includes nursing and nursing associate professionals, midwifery and midwifery associate professionals. Does not include traditional midwives) *(SUN MEAL)* / Population density of health workers (per 1000 population) - includes physicians, nurses and midwives, and community health workers *(GNR)* / Proportion of physicians, nurses and midwives who are available per 10,000 population *(Countdown)*/ The number of trained nutrition professionals per 100,000 population in the country in a specified year *(WHO NLiS)*
15. Number/percent of health workers trained on SAM treatment *(State of Acute Malnutrition)*
16. SAM treatment is included in training curricula for health professionals and community workers *(State of Acute Malnutrition)*

Notes:
1 Please note these indicators are specific to measuring the progress of the SUN Movement.

Actionable indicators included in DVTs (2/7)

■ = indicator not currently reported in specified DVT due to lack of data, but ideally would be reported   ■ = indicator used in select DVTs

🏛 Enabling Environment

Private sector engagement[1]

17. (A) Corporate strategy, management and governance (12.5% of index score): corporate nutrition strategy, nutrition governance and management systems, and quality of reporting
18. (B) Formulating appropriate products (25% of index score): product formulation and nutrient profiling
19. (C) Delivering affordable, accessible products (20% of index score): F&B product pricing and F&B product distribution
20. (D) Responsible marketing policies, compliance and spending (20% of index score): responsible market policy and auditing and compliance with policy for all consumers and for children
21. (E) Supporting healthy diets and active lifestyles (2.5% of index score): supporting staff health and wellness, supporting breastfeeding mothers in the workplace, and supporting consumer-oriented healthy diet and active lifestyle programs
22. (F) Product labeling and use of health and nutrition claims (15% of index score): nutrition labeling, health and nutrition complains
23. (G) Engagement with governments, policymakers and other stakeholders (5% of index score): lobbying and influencing governments and policymakers and stakeholder engagement

Other

24. Existence of an institutional, legal and market framework for secure land tenure and the procedure for land acquisition and accessibility to all *(HANCI)*
25. Functioning of social protection systems *(HANCI)* / Presence of food safety-net programs to protect the poor from food-related shocks *(Global Food Security Index)*
26. Governments promote complementary feeding practices of children aged 6–9 months and continued breastfeeding of children at ages 12–15 and 20–23 months *(HANCI)*
27. Nutrition monitoring and surveillance *(National Anemia Profiles)* / Government monitors the nutritional status of the general population *(Global Food Security Index)*
28. RUTF is on the national essential supplies list *(State of Acute Malnutrition)*
29. To what extent the agricultural research and extension system is accessible to poor farmers, including women farmers, and is responsive to the needs and priorities of the poor farmers *(HANCI)*
30. Women's legal rights and de facto rights to own and/or access agricultural land *(HANCI)*

Notes:
1 Please note only the indicators that were used to construct the index score for ATNI's corporate profiles are included along with what weighting those indicators were given to construct the index score. The full description of the indicators are included in the ATNI 2018 report. Please also note that this review of the ATNI does not include the product profiles or BMS marketing.

Actionable indicators included in DVTs (3/7)

🏛 **Enabling Environment**

■ = indicator not currently reported in specified DVT due to lack of data, but ideally would be reported　■ = indicator used in select DVTs

---

Nutrition-specific and nutrition-sensitive financing

By government

31. Country has funding available for SAM treatment programs *(State of Acute Malnutrition)*
32. Country has funding available for SAM treatment supplies *(State of Acute Malnutrition)*
33. General government expenditure on health as % of gross domestic product *(Countdown to 2030; WHO NLiS)* / Total expenditure on health as % of gross domestic product; Per capita total expenditure on health *(Countdown)*
34. Government has separate budget line for nutrition *(HANCI)*
35. National budget spending for nutrition (Based on (a) budget analysis completeness, (b) budget spending per child U5 for nutrition-specific, and (c) percentage budgeted for nutrition-specific spending) *(SUN MEAL)*
36. Public expenditure data, percentage of health, education, social protection and agriculture in total spending *(GNR)* / Government expenditure on health, per capita *(Countdown)* / General government expenditure on health as a percentage of total government expenditure *(WHO NLiS; Countdown; HANCI)* / Proportion of total government spending on essential services: education, health, and social protection *(SUN MEAL)*

By donor

37. Donor funding for breastfeeding, calculated by dividing the amount of donor funding earmarked for exclusive breastfeeding by the number of live births in a country *(UNICEF/WHO Global Breastfeeding Scorecard)*
38. Donor funding for nutrition (only CRS basic code for nutrition) (Based on (a) donor spending per stunted child U5 for nutrition, (b) donor spending per child U5 for high-impact interventions, (c) percentage budgeted for nutrition-specific spending) *(SUN MEAL)*
39. Status of nutrition-sensitive pledge delivery by donor *(ACTION Nutrition for Growth Accountability Tool)*
40. Status of nutrition-specific pledge delivery by donor *(ACTION Nutrition for Growth Accountability Tool)*
41. The agriculture orientation index for government expenditures (Calculated as the ratio of Agriculture Share of Government Expenditures to the Agriculture Share of GDP) *(SUN MEAL)* / Government expenditures on agriculture as share of total government expenditures (%) *(HANCI)* / Public expenditure on agricultural research and development *(Global Food Security Index)*

Other

42. Cost needed to achieve WHA target[1] *(Investing in Nutrition)*
43. Financing gap for costed nutrition high-impact interventions *(SUN MEAL)*
44. Gap of funds needed to achieve WHA targets *(Investing in Nutrition)*
45. Percent of funds needed from a given stakeholder group or fund to achieve WHA targets[2] *(Investing in Nutrition)*

Notes:

1 Investing in Nutrition includes separate indicators for stunting, wasting, exclusive breastfeeding, anemia, and stunting.
2 Investing in Nutrition includes separate indicators for donors, domestic, innovative, and household funds.

Actionable indicators included in DVTs (4/7)

■ = indicator not currently reported in specified DVT due to lack of data, but ideally would be reported   ■ = indicator used in select DVTs

Enacted Legislations

BMS Code, Maternity Protection, Constitutional Right to Food, and marketing of foods

46. Country has legislation on the Constitutional Right to Food *(SUN MEAL)* / Assessed level of constitutional protection of the right to food *(GNR)* / Level of constitutional protection of the right to food *(HANCI)*
47. Country has maternity protection laws or regulations in place in line with the ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation No. 191 *(SUN MEAL)* / Country has ratified International Labour Organization Convention 183 or has passed national legislation that is in compliance with the three key provisions of the convention *(Countdown; GNR; WHO NLiS)* / Meets recommended provisions of Recommendation 191 (at least 18 weeks of maternity leave, 100% of previous earnings paid for by a social programme) *(UNICEF/WHO Global Breastfeeding Scorecard)*
48. Country has policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars, or salt *(SUN MEAL)*
49. Legal status of the Code in each country *(SUN MEAL)* / National regulations adopted on all provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions *(GNR; UNICEF/WHO Global Breastfeeding Scorecard)* / National policy has been adopted on all provisions stipulated in International Code of Marketing of Breastmilk Substitutes *(Countdown)* / Adopted legislation for effective national implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes *(WHO NLiS; HANCI)*

Food fortification

50. Country has legal documentation specifying nutrient levels for fortification *(SUN MEAL)* / Amount of each nutrient required in fortified foods, according to a country's fortification standards *(GFDx[1])*
51. Country has legal documentation that has the effect of allowing or mandating food fortification *(SUN MEAL)* / National status of legislation on food fortification of wheat, rice or maize *(Countdown)* / Country has official documentation and/or food standard that provides guidance or regulations for fortification "voluntary fortification" or legal documentation that has the effect of mandating fortification of food with one or more vitamins or minerals "mandatory fortification" *(GFDx[1])*
52. Country has official documentation and/or a food standard that provides guidance or regulations for fortification ("voluntary fortification") or legal documentation that has the effect of mandating fortification of a food with one or more vitamins or minerals ("mandatory fortification"), or countries that have written standards for the nutrients added in fortification ("fortification standards") *(GFDx[2])*
53. The total number of nutrients in fortified foods, according to a country's fortification standards *(GFDx[1,2])*

Notes:
1 The GFDx includes separate indicators for maize, oil, rice, salt, and wheat.
2 The GFDx includes separate indicators for Calcium, Fluoride, Folate, Iodine, Iron, Niacin, Riboflavin, Selenium, Thiamin, Vitamin A, Vitamin B12, Vitamin B6, Vitamin D, Vitamin E, and zinc.

Actionable indicators included in DVTs (5/7)

Enacted Legislations

▇ = indicator not currently reported in specified DVT due to lack of data, but ideally would be reported   ▇ = indicator used in select DVTs

Inclusion of nutrition in national policies, plans, or strategies

54. Availability of the 3 nutrition-related NCD targets in plans (overweight/obesity in adults, diabetes, salt intake) *(SUN MEAL)*
55. Availability of the 6 WHA targets in national plans *(SUN MEAL; Measuring Progress Towards Ending Malnutrition[1])*
56. Governments identify time bound nutrition targets in public policy documents *(HANCI)*
57. Integration of overnutrition in national development plans and economic growth strategies: assesses to what extent undernutrition and overnutrition features in key multiyear national development and economic growth strategies such as Five-Year Plans, Poverty Reduction Strategy papers, Vision 2020/2030 documents, and so forth *(SUN MEAL; GNR)*
58. Integration of undernutrition in national development plans and economic growth strategies: assesses to what extent undernutrition and overnutrition features in key multiyear national development and economic growth strategies such as Five-Year Plans, Poverty Reduction Strategy papers, Vision 2020/2030 documents, and so forth *(SUN MEAL; GNR)*
59. Nutrition features in national development policy (based on a key word search) *(HANCI)*
60. National Nutrition Policy/Strategy exists *(HANCI; Global Food Security Index)*
61. Quality WHA target in national plan or N4G target: target is beyond 2017, runs until 2025, and is time bound *(Measuring Progress Towards Ending Malnutrition[1])*
62. SAM treatment is included in national policies *(State of Acute Malnutrition)*

Other

63. Breastfeeding policy exists[2] *(SPRING Anemia Profiles)*
64. Delayed cord clamping policy exists[2] *(SPRING Anemia Profiles)*
65. Dietary diversity for complementary feeding policy exists[2] *(SPRING Anemia Profiles)*
66. IPTp for pregnant women policy exists[2] *(SPRING Anemia Profiles)*
67. Iron and/or folic acid fortification legislation exists[2] *(SPRING Anemia Profiles)*
68. Iron and folic acid supplementation for pregnant women policy exists[2] *(SPRING Anemia Profiles)*
69. Iron and folic acid supplementation for women of reproductive age policy exists[2] *(SPRING Anemia Profiles)*
70. Iron and folic acid supplementation for adolescent girls policy exists[2] *(SPRING Anemia Profiles)*
71. Long-lasting insecticidal nets (LLINs) for household use policy exists[2] *(SPRING Anemia Profiles)*
72. Micronutrient Powders for children policy exists[2] *(SPRING Anemia Profiles)*
73. National dietary guidelines exist[2] *(SPRING Anemia Profiles; Global Food Security Index)*
74. Nutritional standards exists[2] *(SPRING Anemia Profiles)* / Extent of government commitment to increasing nutritional standards via national dietary guidelines, a national nutrition plan or strategy, and nutrition monitoring and surveillance *(Global Food Security Index)*

Notes:
1 Measuring Progress Towards Ending Malnutrition assesses four WHA targets: wasting, stunting, exclusive breastfeeding, and anemia
2 The SPRING Anemia Profiles include the status of a policy based on information pulled from the Global database on the Implementation of Nutrition Action (GINA) or country documentation.

Actionable indicators included in DVTs (6/7)

Coverage

= indicator not currently reported in specified DVT due to lack of data, but ideally would be reported   ■ = indicator used in select DVTs

Maternal and infant/child coverage indicators

75. Proportion of hospitals and maternity facilities that are designated as a "Baby Friendly" institution (SUN MEAL; UNICEF/WHO Global Breastfeeding Scorecard)

76. Percentage of women aged 15 to 49 with a live birth in a given time period that received antenatal care four or more times *(GNR)* / Percentage of women attended four or more times during pregnancy by any provider *(Countdown)* / Antenatal care - at least 1 visit *(State of the World's Children)* / Percentage of women aged 15–49 years attended at least once during pregnancy by skilled health personnel (doctor, nurse or midwife) *(HANCI)*

77. Percentage of women with a birth in the five years preceding the survey who took iron tablets or syrup (none/ for <60 days to 90+ days/for 90+ days) *(SUN MEAL)* / Percentage of pregnant women who received iron/folic acid supplementation for 90 or more days *(Countdown)* / Proportion of women who consumed any iron-containing supplements during the current or past pregnancy within the last 2 years *(WHO NLiS)* / Percentage of pregnant women who received IFA during their pregnancy (any; took <60; took 60-69; took 90+) *(SPRING Anemia Profiles)*

78. Percent of districts offering community breastfeeding programs *(Global Breastfeeding Scorecard)*

79. Percent of primary healthcare facilities offering individual IYCF counseling *(Global Breastfeeding Scorecard)* / Percent of mothers of children aged 0-23 months who have received counselling, support or messages on optimal breastfeeding at least once in the last year *(WHO NLiS)* [1]

80. Children under 5 with diarrhea receiving ORS *(GNR)* / Prevalence of children under age 5 with diarrhea who received oral rehydration therapy *(WHO NLiS)* / Percent of children under 5 with diarrhea treated with oral rehydration salts *(State of the World's Children)*

81. Percentage of children under 5 with diarrhea receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids) and zinc *(SUN MEAL)* / Percentage of children ages 0–59 months with diarrhea receiving treatment with low osmolarity oral rehydration solution and zinc supplement *(Countdown)* / Percentage of children under 5 years with acute diarrhea who were given supplements of 20 mg zinc daily for 10-14 days or 10 mg/day for infants under 6 months *(WHO NLiS)*

82. Proportion of 6- to 59-month-olds receiving two high-dose vitamin A supplements *(SUN MEAL)* / Percentage of children age 6– 59 months reached with two doses of vitamin A supplements approximately four to six months apart in a calendar year *(Countdown)* / Proportion of children aged 6–59 months who received two high-dose vitamin A supplements in a (given) calendar year *(GNR; Vitamin A Supplementation Dashboard[1])* / Proportion of children aged 6-59 months who received one or two high doses of vitamin A supplements within 1 year *(WHO NLiS; HANCI)* / Vitamin A supplementation, full coverage *(State of the World's Children)*

83. Percent of children 6-23 months receiving micronutrient powders – based on estimates from 32 SUN countries, over 5 million children 6-23 months received MNPs in 2015 *(SUN MEAL)*

84. Percentage of children under age 5 who slept under an insecticide-treated mosquito net the night prior to the survey *(SUN MEAL; SPRING Anemia Profiles)*

85. Number/percent of health facilities offering/providing SAM treatment *(State of Acute Malnutrition)*

86. Number of admissions in children under 6 months for SAM treatment *(State of Acute Malnutrition)*

87. Proportion of children 6–59 months with severe acute malnutrition admitted for treatment *(SUN MEAL)* / Number of children 6-59 months admitted for SAM treatment *(State of Acute Malnutrition)* / Severe acute malnutrition geographical coverage *(Countdown)*

Notes:
1 The Vitamin A Supplementation Dashboard also has an indicator for one-dose Vitamin A supplementation coverage

Actionable indicators included in DVTs (7/7)

■ = indicator not currently reported in specified DVT due to lack of data, but ideally would be reported   ■ = indicator used in select DVTs

Coverage

Other coverage indicators

88. Percent of population participating in social protection and labor programs *(SUN MEAL)*

89. Percentage of surveyed households which have salt they used for cooking that tested positive (>0ppm) for presence of iodine *(SUN MEAL)* / Percent of households with salt iodine content ≥ 15 parts per million (ppm) *(GNR)* / Households consuming salt with any iodine (>0 ppm, %) *(Countdown)* / Households consuming iodized salt containing 15-40 parts per million of iodine *(WHO NLiS)* / Percent of households with iodized salt *(World Bank Nutrition Country Profiles)* / Percent of households consuming salt with iodine *(State of the World's Children Dashboard)* / Households with available iodized salt *(Countdown)*

90. Percentage of the population consuming food that is fortified according to standards (% uses vehicle, % fortifiable, and % fortified) for oil, maize flour, and wheat flour) *(SUN MEAL)*

91. Percentage of the population using at least basic drinking water service (drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing) *(SUN MEAL)* / Population using drinking water from an improved source provided collection time is not more than 30 minutes for a roundtrip including queuing; compliant with fecal and priority chemical standards *(Countdown)* / Percentage of the population using improved drinking water sources *(GNR)* / Percentage of population with access to an improved drinking-water source *(WHO NLiS; HANCI)* / Percentage of population using basic drinking water services *(FAO Country Indicators)* / Percentage of people using at least basic drinking water services, namely piped water, boreholes or tubewells, protected, dug wells, protected springs, and packaged or delivered water *(Global Food Security Index)*

92. Proportion of population using a safely managed sanitation service *(SUN MEAL)* / Percent of population using an improved sanitation facility that is not shared with other households *(Countdown; HANCI)* / Percentage of the population using improved sanitation facilities *(GNR; WHO NLiS)* / Percent of population using basic sanitation services *(FAO Country Indicators)*