

Technical Consultation on Measuring Nutrition in Population-Based Household Surveys and Associated Facility Assessments

19 & 20 September 2018
Washington D.C.

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Executive Summary

On September 19-20, 2018, the Bill and Melinda Gates Foundation (BMGF) and the United States Agency for International Development (USAID) convened a two-day technical consultation on ‘Measuring Nutrition in Population-Based Household Surveys and Associated Facility Assessments’. The meeting was hosted in collaboration with United Nations Children’s Fund (UNICEF), and the World Health Organization (WHO), with technical support provided by Data for Decisions to Expand Nutrition Transformation (DataDENT), an initiative led by the Johns Hopkins Bloomberg School of Public Health that aims to address gaps in nutrition measurement and advocate for stronger nutrition data systems. This consultation is one of several collaborative efforts between BMGF, USAID, UNICEF and WHO intended to improve the quality, availability, and use of actionable nutrition data.

The two-day gathering brought together 67 nutrition experts from a wide variety of backgrounds and perspectives. Participants include representatives from the donor community, academic institutions, United Nations (UN) agencies, non-governmental organizations (NGOs) and a variety of government agencies, including those from Bangladesh, Ethiopia, India, Malawi and Nigeria.

For most lower and middle income countries (LMICs), population-based household surveys (PBHS) are the primary source of nutrition data for policy and program decision-making. Facility-based surveys, which involve the assessment of service delivery facilities, are also implemented extensively, though generally seen as an underutilized source of data within the maternal, newborn and child health (MNCH) and nutrition communities. The primary goal of this consultation was to produce a set of recommendations for how to *strengthen* the nutrition-related content in large-scale household and facility surveys. The objectives were as follows:

1. To review how nutrition data, including indicators and data sources, are currently being used by different stakeholders at global and country levels and identify the gaps that remain in their information needs that could be filled through household or facility surveys.
2. To review recommendations from recent technical consultations for improving collection of anthropometric and micronutrient status data in large-scale household surveys.
3. To identify ways to augment, improve and/or harmonize questions about nutrition intervention coverage, infant and young child feeding (IYCF) and other diet quality measures using the core questionnaires of the major household and facility surveys as a starting point.

The consultation was designed as a combination of expert presentations, panel discussions, and intensive working group (WG) sessions, with WG participants divided into the following categories of interventions: 1) Child Growth, 2) IYCF, Diet Quality, and Food Security; 3) Maternal, Infant, and Young Child Nutrition (MYCIN) Counseling and Support; and 4) Micronutrients (MN). After four rounds of deliberations, the WGs presented their final outputs in terms of 1) PBHS recommendations, 2) facility survey recommendations, and 3) prioritization of recommendations (in Tiers), including a research and development (R&D) agenda.

As a key input to the WG sessions, preliminary results were compiled from a recently administered stakeholder survey on data use and needs. Other inputs to the WG sessions included presentations by each of the major survey platforms, including Demographic and Health Survey (DHS), Multiple Indicator Cluster Surveys (MICS), Standardized Monitoring and Assessment of Relief and Transitions (SMART), Living Standards Measurement Study (LSMS) and Service Provision Assessments (SPA), along with an update on harmonization efforts between the DHS and MICS. Representatives from Ethiopia, India and Nigeria discussed their most pressing data needs and challenges associated with collection and use of nutrition data in their countries. And updates were provided from recent technical consultations on anthropometry data quality and MN status measurement. Finally, presentations and panel discussion took place with representatives from countries, data platform representatives and donors.

Some key points articulated by **country representatives** included:

- Technical capacity to implement accurate, reliable surveys remains a challenge, with the number of nutrition graduates growing but still insufficient. (*Ethiopia*) The education level of respondents must also be considered when devising potentially complex questions. (*India*)

- Due to capacity constraints (listed above), the inclusion of any new indicators (from upcoming DHS/MICS revisions) would ultimately depend upon the ‘feasibility’ of adding additional questions to already overburdened questionnaires. (*India*)
- Utilization of data remains a notable challenge, with efforts constantly needed to bridge the gap between researcher/technical staff and the policy makers within governments. (*Ethiopia*)
- Improved harmonization of indicators, data collection timing, and sampling modalities is critical for countries to be able to compare nutrition status between rounds of different surveys (e.g. DHS to MICS), and to utilize results for performance budget reviews. (*Nigeria*)

Key considerations articulated by **donors and survey representatives** included:

- There is intense competition among stakeholders from different domains, each wanting their individual interests represented in the DHS and other surveys. Given this, any new submissions (of a new or modified question) should be strongly justified, well-validated, feasible to collect, and comprehensively thought through, including possible responses and a tabulation plan (*DHS*)
- Survey revision is a delicate balancing act, considering key data needs and how they can best be met without overburdening and potentially undermining a given survey. There is always an opportunity cost to adding data. Each time the survey size is increased, the quality of *all* of the data collected is undermined. (*MICS*)

A wide range of valuable ideas and suggestions were generated, including potential modifications for the upcoming DHS questionnaire design, the need for further discussion on nutrition indicators, and the possible creation of a monitoring and evaluation reference group (MERG) for nutrition. This group came together around its shared commitment to quality nutrition data, and to using that data to improve people’s lives. It is hoped that the outputs from this gathering will continue to advance progress towards our shared global nutrition goals.

Summary of Draft Recommendations for DHS 8

Over the course of the two-day meeting, participants identified a number of recommendations and research priorities across the thematic working group areas that can strengthen and streamline the nutrition content of PBHS and facility assessments. A select number of recommendations were more specifically prioritized by working groups for DHS 8 and the next round of SPA questionnaire. Each of these proposed modifications were seen by groups to meet guidelines that may be used to evaluate additions to the DHS including: 1) Specific formulation of validated questions and 2) previous testing at scale. These recommendations are summarized below as they stood at the end of the two-day meeting.

It is acknowledged that revision of the core questionnaires is a process with stringent criteria and that each of these proposed modifications must be fleshed out in greater detail, carefully considering their fit, feasibility, and how this data will be used. In the coming months a sub-group of individuals from the Nutrition Data convening will execute this more detailed work in preparation for submission to the DHS forum expected to open in early 2019. This detailed review will include a review of the list of proposed key indicators, how this will be distilled into key questions, and full justification for modification and inclusion using the DHS Forum requirements. As such the recommendations presented in this report should be considered the preliminary priority topics for inclusion in the DHS that emerged from this meeting, and not the final recommendations with the required level of detail.

In the table below, we distinguish between modifications to the core questionnaire, and additions that are recommended for a new Nutrition Module, that could be requested by countries and adopted to country needs.

Note: The participants also made a series of recommendations for the Service Provision Assessment questions which are not included below. The same detailed review process will be employed for finalization of these indicators and questions.

MIYCN Counseling

Sub-Category	Question	Core vs. Module
Maternal Nutrition	ADD question about whether during last pregnancy woman received information or advice about which foods to eat. Follow-up question about specific messages	Core
Maternal Nutrition	ADD question about whether during last pregnancy woman received information or advice on other nutrition-relevant topics including consumption of specific MN (e.g. IFA, Calcium) and physical activity	Module
BFHI	ADD series of questions for all facility-based births about whether: 1) she had skin-to-skin contact with her baby immediately or within 5 minutes after birth, 2) she received support with learning to breastfeed after delivery, 3) her baby was kept with her in same room for entire period from delivery to discharge, and 4) she was informed about where she could access breastfeeding support in the community after discharge from the birth facility”	Core
BF-PNC	KEEP current questions in PNC section counseling in the first 2 days - but MODIFY to “receive information about BF”. Keep question about observation of BF	Core
BF-ANC	ADD question to ANC section about receiving information about breastfeeding from health care provider or community worker and a follow-up question about specific messages	Core
BF - Within 1 month of life	ADD questions about: 1) receiving information about breastfeeding; and 2) observation of BF from health care provider or community worker after first 2 days but before the first month of life. Follow-up questions about specific messages	Module
Complementary Feeding	ADD question to child health section for all children 6-36 months about receiving information on how to feed child from health care provider or community worker in the previous 6 months and a follow-up question about specific messages	Core
IYCF Mass Media	ADD question to child health section for all children 6-36 months about exposure to mass media regarding IYCF in the previous 6 months.	Core
MIYCN Counseling (male)	ADD question to male questionnaire about IYCN counseling receipt in the previous 6 months	Module

Child growth interventions

ANC – Weight gain	ADD series of questions about monitoring of weight gain during pregnancy including whether during her last pregnancy a) woman was weighed; b) whether it was once or more than once; and c) whether they health provider or community worker talked to her about her weight	Core
ANC – social program (food or cash)	ADD questions about whether women received food or cash assistance during pregnancy. Follow-up questions about type of assistance, content of food support (if applicable), and duration of support	Module
Child - Growth Assessment	ADD question about whether child had specific dimensions of growth assessed in specified recall period: 1) weight, 2) height/length, and/or 3) MUAC (modify which forms and period based on national policies/programs)	Core
Child - Food Assistance	ADD questions about whether child received food assistance during specified recall period. Follow-up questions about specific type of food support (if applicable) and duration of support	Module

Micronutrient interventions

During pregnancy / ANC	ADD questions about receipt and source, as well as consumption of specific forms of MN including Ca, Vitamin D, etc. (These should be added only if national policies and protocols support)	Module
All women of Reproductive Age	If national policies and protocols support, ADD questions about receipt of iron and folate-containing supplements by non-pregnant women and adolescent girls with follow-up questions about specific type, source, and number consumed	Module
HH - Fortification	ADD questions about household-level consumption in the previous 1 week of any food types that are currently being fortified per national policy or that could be fortified in countries that are considering a fortification policy. Requires 2 questions for most (did your HH consume any in last week? Are they able to specify the brand consumed?)	Core or Module (TBD)
HH Fortification	MODIFY current core question to include a follow-up question for those who respond that they do not have salt available in the home, whether or not they consumed any salt in previous 1 week.	Core

Children under 5	MOVE current question about MNP or IRON (as well as RUTF, RUSF) consumption to MODULE as they should only be included if they are part of a national policy or program. Then MODIFY question by: a) separate questions about MNP vs. other forms of iron supplements; b) change recall period(?) from consumption in the previous 1 week to 3 or 6 months	Module
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Diet/food security

Women Diet (WDD)	ADD series of questions to assess minimum dietary diversity in women (MDD-W) and ensure that it is possible to specifically identify consumption of foods of concern including sugar-sweetened beverage (SSB), savory snacks, and sweet snacks.	Core
Child Diet <24m (SSB, Snacks)	MODIFY current food list for dietary recall to identify consumption of sugar-sweetened beverages (SSB), savory snacks, and sweet snacks	Core
Child Diet >24m (SSB, Snacks)	ADD recall questions about consumption of sugar-sweetened beverages (SSB), savory snacks, sweet snacks	Module
FIES (SDG Indicator)	ADD Prevalence of moderate and severe Household Food Insecurity using the Food Insecurity Experience Scale set of 8 standard questions	Core