Are data available to measure and track progress in the coverage of Essential Nutrition Actions in South Asia? A review of Demographic and Health Surveys in seven countries, 2005-2018

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BACKGROUND

- South Asian countries carry the largest burden of undernutrition globally.
- The World Health Organization has recommended a set of Essential Nutrition Actions (ENA) to tackle all forms of malnutrition.
- Limited evidence exists on the availability of data in nationally representative surveys to analyse coverage patterns and to track progress on these actions.

STUDY OBJECTIVE

To understand extent of availability of data on nutrition coverage interventions (ENAs) across Demographic and Health Surveys In 7 countries of South Asia region.

METHODS

- We reviewed household and woman questionnaires from Demographic and Health Surveys conducted in South Asia — Afghanistan (2014), Bangladesh (2011 and 2014), India (2006 and 2016), Maldives (2009 and 2017), Nepal (2011 and 2016), Pakistan (2013 and 2018), and Sri Lanka (2006 and 2016)—to assess the availability of data to track coverage of the ENAs in South Asia region.
- For each ENA, we examined questionnaires to identify the availability of questions that could be used to construct coverage indicators.

Table 1: Recommended ENAs for adolescent girls, non-pregnant women, pregnant women, post-partum women and children (0-59 months)

ADOLESCENTS
- Intermittent or daily iron and folic acid supplementation

PRECONCEPTION
- Intermittent or daily iron and folic acid supplementation for non pregnant women (15-49 years)
- Iodine supplementation

PREGNANT WOMEN
- Nutritional counselling on health diets
- Energy and protein dietary supplements
- Daily iron and folic acid supplementation
- Vitamin A supplementation
- Calcium supplementation
- Multiple micronutrient supplements that contain iron and folic acid

POST PARTUM WOMEN
- Oral iron and folic acid supplementation
- Counsel women to improve breastfeeding practices

INFANTS
- Optimal timing of umbilical cord clamping
- Support early initiation, establishment and maintenance of breastfeeding and immediate skin-to-skin contact
- Create an enabling environment for breastfeeding in health facilities
- Enable exclusive breastfeeding for the first 6 months of life
- Enable continued breastfeeding

INFANTS
- Optimal feeding of low-birthweight and very low-birth-weight infants
- Enable kangaroo mother care for low-birth-weight infants
- Identify infants under 6 months of age with severe acute malnutrition
- Inpatient management of infants under 6 months of age with severe acute malnutrition
- Outpatient management of infants under 6 months of age with severe acute malnutrition

CHILDREN
- Enable feeding of appropriate complementary foods for infant and young children 6-23 months
- Provision of iron-containing micronutrient powders
- Daily iron and folic acid supplementation
- Iodine supplementation
- Zinc supplementation for management of Diarrhea
- High-dose vitamin A supplementation for infants and children aged 6-59 months
- Screening for severe acute malnutrition of children aged 6-59 months
- Inpatient management of infants and children aged 6-59 months with severe acute malnutrition
- Outpatient management of infants and children aged 6-59 months with severe acute malnutrition
- Management of infants and children aged 6-59 months with moderate acute malnutrition
- Provision of supplementary food for wasted children in health facilities
- Growth monitoring and assessment for children under 5 years
- Nutrition counselling for children under 5 years
- Develop a management plan for overweight children under 5 years

KEY FINDINGS

- Data for more than half of the ENAs across the continuum of care are not collected in DHS questionnaires.
- Revisions to national survey instruments will be needed to include indicators for ENAs coverage tracking.

Table 2: Availability of ENAs in DHS surveys across continuum of care in South Asia

Countries	Adolescent girls (out of 1 ENA)	Women of reproductive age (out of 2 ENAs)	Pregnant women (out of 6 ENAs)	Postpartum women (out of 2 ENAs)	Children (0-5 years) (out of 24 ENAs)	Total ENAs across life stages (out of 35 ENAs)
Afghanistan		1	1	1	5	8
Bangladesh		1		1	2	4
India		1	3		7	11
Maldives			2	1	3	6
Nepal		1	1	1	12	15
Pakistan			1	1	4	6
Sri Lanka		1	1	1	4	7

=0 ENAs = half ENA or less

Availability of data across life stages

1. For adolescents and women of reproductive age, DHS questionnaires ask about prenatal iron folic acid (IFA) supplementation in zero countries and use of iodized salt in five countries.
2. For pregnant women, out of six recommended ENAs, five are measured at least in one country: health and nutrition education, energy and protein supplementation, IFA supplementation, calcium supplementation, and multiple micronutrients that contain IFA.
3. For postpartum women, data on iron supplementation and breastfeeding counselling are collected in only four countries.
4. For early childhood, DHS surveys only measure 6 of 25 ENAs; only vitamin A supplementation is being tracked in DHS across all seven countries, while children who were breastfed early, had immediate skin to skin contact and zinc supplementation are measured in most countries.
5. Of all ENAs, only vitamin A supplementation in early childhood is being tracked in DHS across all seven countries.

CONCLUSIONS

- Data for more than half of the ENAs across the continuum of care are not collected in the South Asian DHS questionnaires; gaps exist both for interventions and among countries.
- Coverage data from household surveys are critical to enable countries to track progress towards national coverage goals and to examine equity in reach of interventions.
- Substantial efforts will be needed to strengthen national data collection systems in ways that enable effective intervention coverage tracking.

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Reference: Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: World Health Organization; 2019