

Actionable data is needed

With the commitment outlined in the Sustainable Development Goals of ending malnutrition in all its forms by 2030, there is growing global demand for information to track nutritional status and its determinants including intervention coverage. To document what type of information decision-makers at various levels are currently using and what type of information they still need, [Data for Decisions to Expand Nutrition Transformation \(DataDENT\)](#) developed an online survey that was distributed through nutrition community listservs and professional networks between July and August 2018. Respondents were asked about their professional background, recent (last 12 months) access to specific nutrition indicators and data sources, unmet data needs, and how they use data in their work.

Key findings

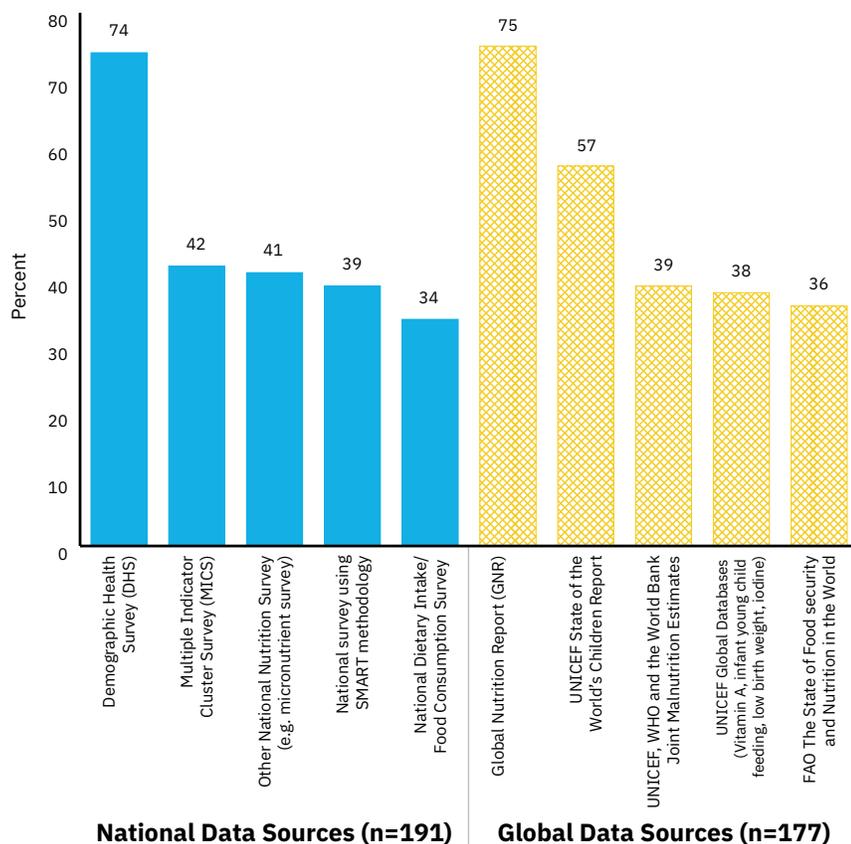


Figure 1. Top five national and global data sources accessed in the last 12 months.

We received 235 completed surveys. The majority of stakeholders were from NGO and research communities, and the sample was split evenly between those who worked in a single country versus across multiple countries. Two-thirds of stakeholders reported using data to make monitoring and evaluation decisions. Participants were asked separately about which national and global data sources they accessed in the previous year. [Demographic Health Surveys \(DHS\)](#) were the most commonly accessed national data source (74%), followed by the [Multiple Indicator Cluster Surveys \(MICS\)](#) (42%) (**Figure 1**). Among stakeholders who accessed the global data sources, most accessed the [Global Nutrition Report \(GNR\)](#) (75%).

In the last year, most stakeholders accessed or used data on at least one indicator of nutritional status (89%). Two-thirds accessed data on child stunting or wasting (**Figure 2**). Exclusive breastfeeding practice (69%) and dietary diversity for children 6-23 months (66%), were the most accessed indicators overall.

Nutrition-sensitive intervention coverage and infant and young child feeding (IYCF) promotion and counseling coverage were identified as priority data gaps. Adult and household diet quality indicators were less accessed overall (54%) compared to other categories of nutrition data, and were also identified as a priority data gap. Common challenges to accessing using nutrition data included data not being available at the geographical level needed (82%) and data being out of out-of-date (77%).

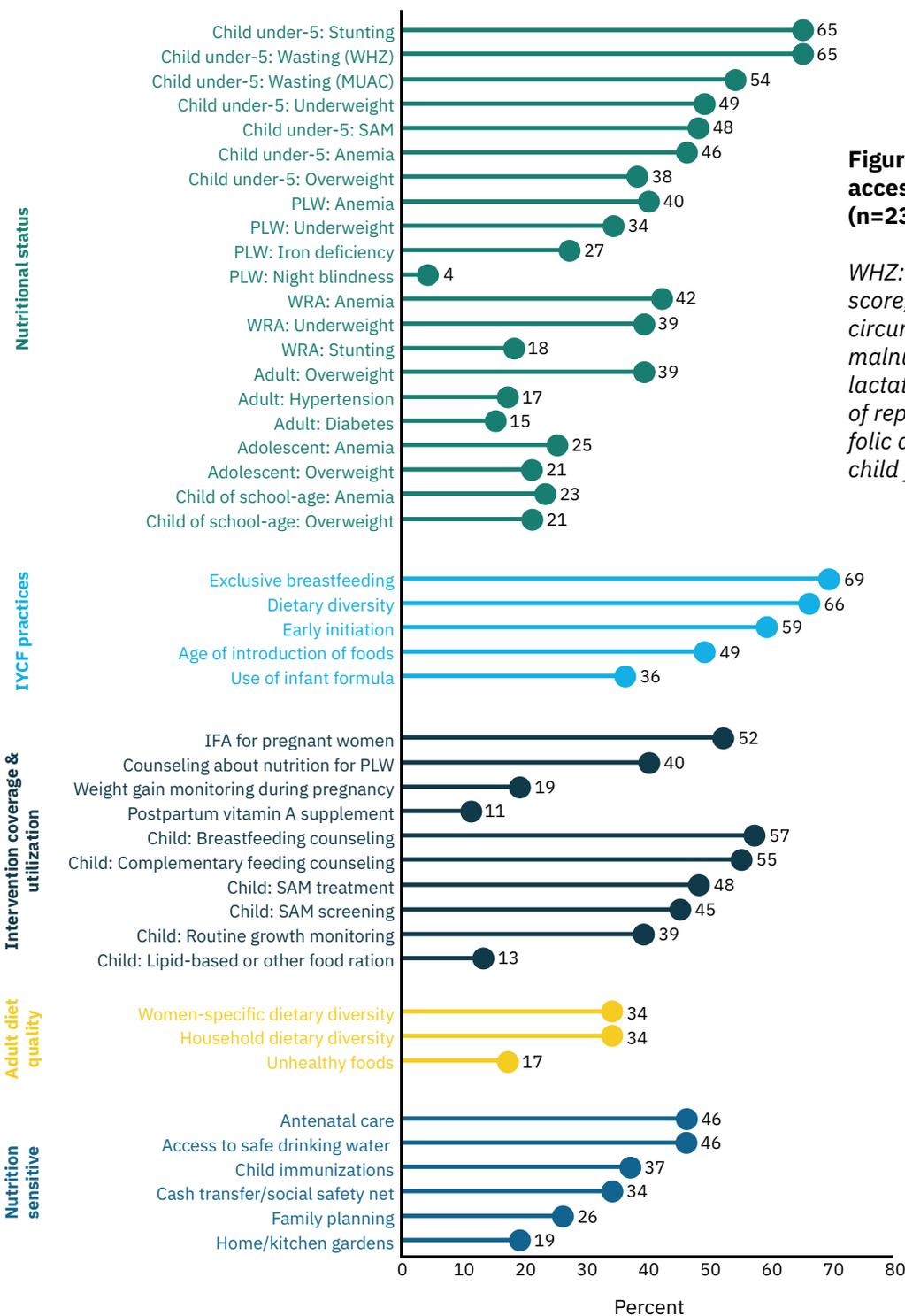


Figure 2. Type of nutrition data accessed in the last 12 months (n=235).

WHZ: Weight-for-height z score; MUAC: Mid-upper arm circumference; SAM: Severe acute malnutrition; PLW: Pregnant and lactating women; WRA: Women of reproductive age; IFA: Iron and folic acid; IYCF: Infant and young child feeding practices

Conclusions

Our survey provided insight into the types of nutrition data currently being accessed from different sources. It also provided important feedback on challenges to accessing and using nutrition data for decision-making. The results of this survey highlight the need for actionable nutrition data to help facilitate progress towards national and global nutrition targets.