Nutrition Data Use and Needs: Findings from an online survey of global nutrition stakeholders

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DataDENT
Data for Decisions to Expand Nutrition Transformation

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Background

With the Sustainable Development Goals, countries have committed to ending malnutrition in all its forms by 2030. Consequently, there is growing global demand for country-specific information to track population-level nutritional status and its determinants including the coverage of key nutrition interventions.

Periodic population-based surveys form the backbone of most national nutrition information systems. Many countries and development partners are investing in strengthening administrative data systems for nutrition. However, data on the coverage of nutrition specific and sensitive interventions remain sparse. Clear evidence of demand for information is needed to justify modifying existing surveys and administrative data collection tools or introducing new data collection channels.

Objective

Identify which nutrition indicators and data sources are used by the global nutrition community and what information gaps remain.

Methodology

We developed an online survey using Qualtrics that was disseminated through nutrition-focused listservs and professional networks. Respondents completed the survey using a unique anonymous link (n=235). Data were collected from July 16 to August 16 2018.

Respondents were asked about their professional background, use of nutrition indicators in the previous year, sources of accessed data, unfilled nutrition data needs, data challenges they experienced, and how they used data in their work. We compared the data sources and use of specific indicators by geographic scope of the stakeholders (single versus multi-country). We calculated Pearson chi-squared statistics using Stata Version 14.0.
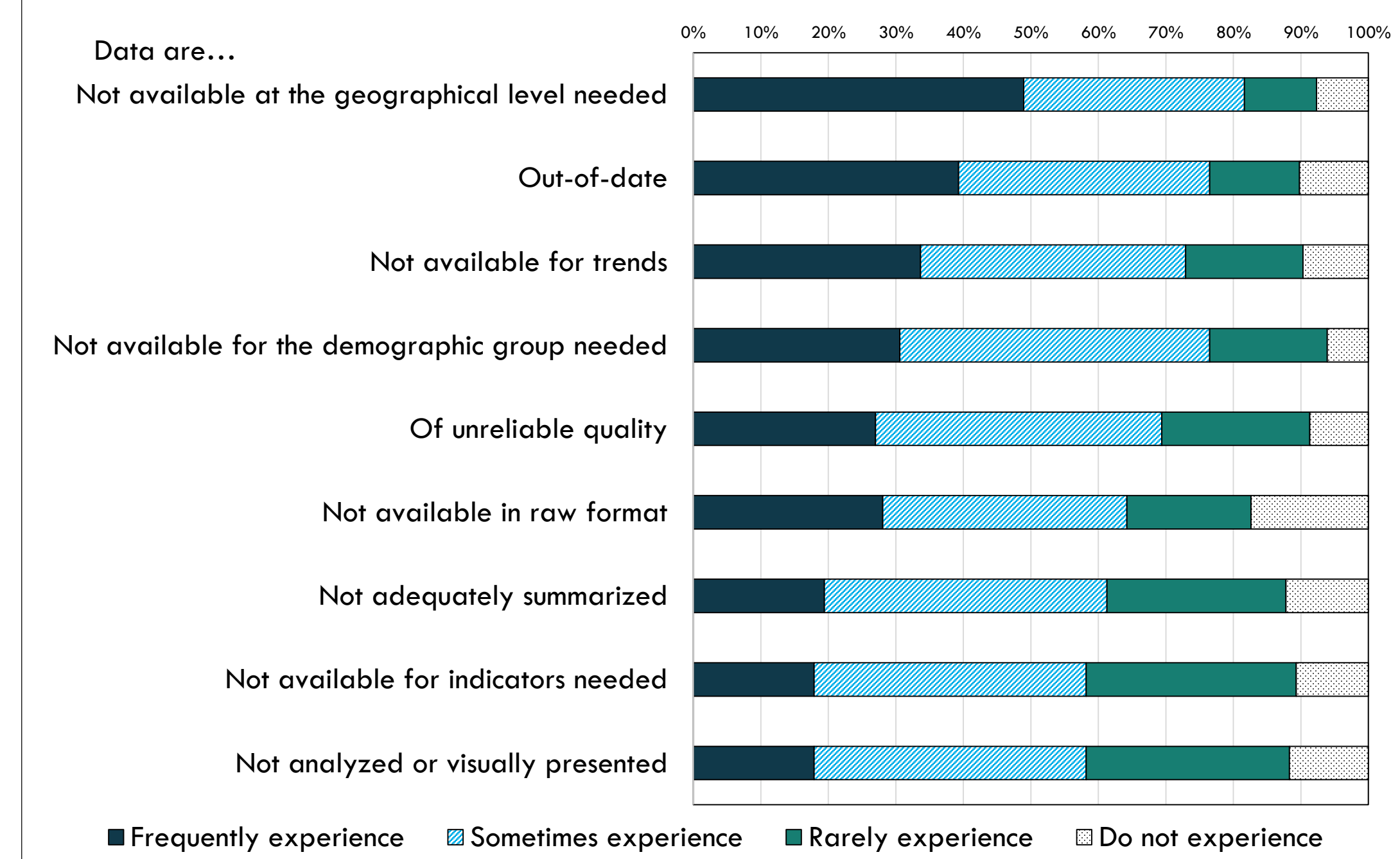
Results

Table 1. Country-specific data sources accessed in the last year by geographic scope of work (n=190)[a]

Country-specific data sources	Stakeholders' geographic scope of work		
	Single country (n=88)	Multi-country (n=102)	Total (n=190)
	n (%)	n (%)	n (%)
Demographic Health Survey (DHS)	53 (60%)[b]	**87 (85%)***	140 (74%)
Multiple Indicator Cluster Survey (MICS)	14 (16%)	**66 (65%)***	80 (42%)
Other National Nutrition Survey	39 (44%)	39 (38%)	78 (41%)
National survey using SMART methodology	26 (30%)	**49 (48%)***	75 (39%)
National Dietary Intake / Food Consumption Survey	33 (38%)	31 (30%)	64 (34%)
Sub-national survey using SMART methodology	23 (26%)	39 (38%)	62 (33%)
DHIS-2 / similar online HMIS portal	29 (33%)	32 (32%)	61 (32%)
Health Management Information System (HMIS)	23 (26%)	30 (29%)	53 (28%)
Household, Income, Consumption & Expenditure survey	17 (19%)	18 (18%)	35 (18%)
National food security "hot spot" monitoring system/FEWS-NET	14 (16%)	20 (20%)	34 (18%)
World Bank Living Standard Measurement Studies (LSMS)	4 (5%)	25 (25%)	29 (15%)
WFP Food Security Monitoring System (FSMS)	6 (7%)	20 (20%)	26 (14%)
Service Provision Assessment (SPA)	6 (7%)	15 (15%)	21 (11%)
WFP Emergency Food Security Assessment (EFSA)	6 (7%)	13 (13%)	19 (10%)

[a] For n=45, unclear whether respondents skipped the question or did not access any of the listed sources
[b] The proportion of respondents who accessed each data source (e.g., DHS) by geographic scope of work
*Chi-squared, p<0.05, calculated for data sources used by at least 15% of respondents

Figure 1. Data challenges experienced by stakeholders (n=196)[a]

Data are…
- Not available at the geographical level needed
- Out-of-date
- Not available for trends
- Not available for the demographic group needed
- Of unreliable quality
- Not available in raw format
- Not adequately summarized
- Not available for indicators needed
- Not analyzed or visually presented

■ Frequently experience ■ Sometimes experience ■ Rarely experience □ Do not experience

[a] For n=39, unclear whether respondents skipped the question or did not experience any of the listed challenges

Results (cont'd)

Figure 2. Nutrition data accessed in the last year (n=235)
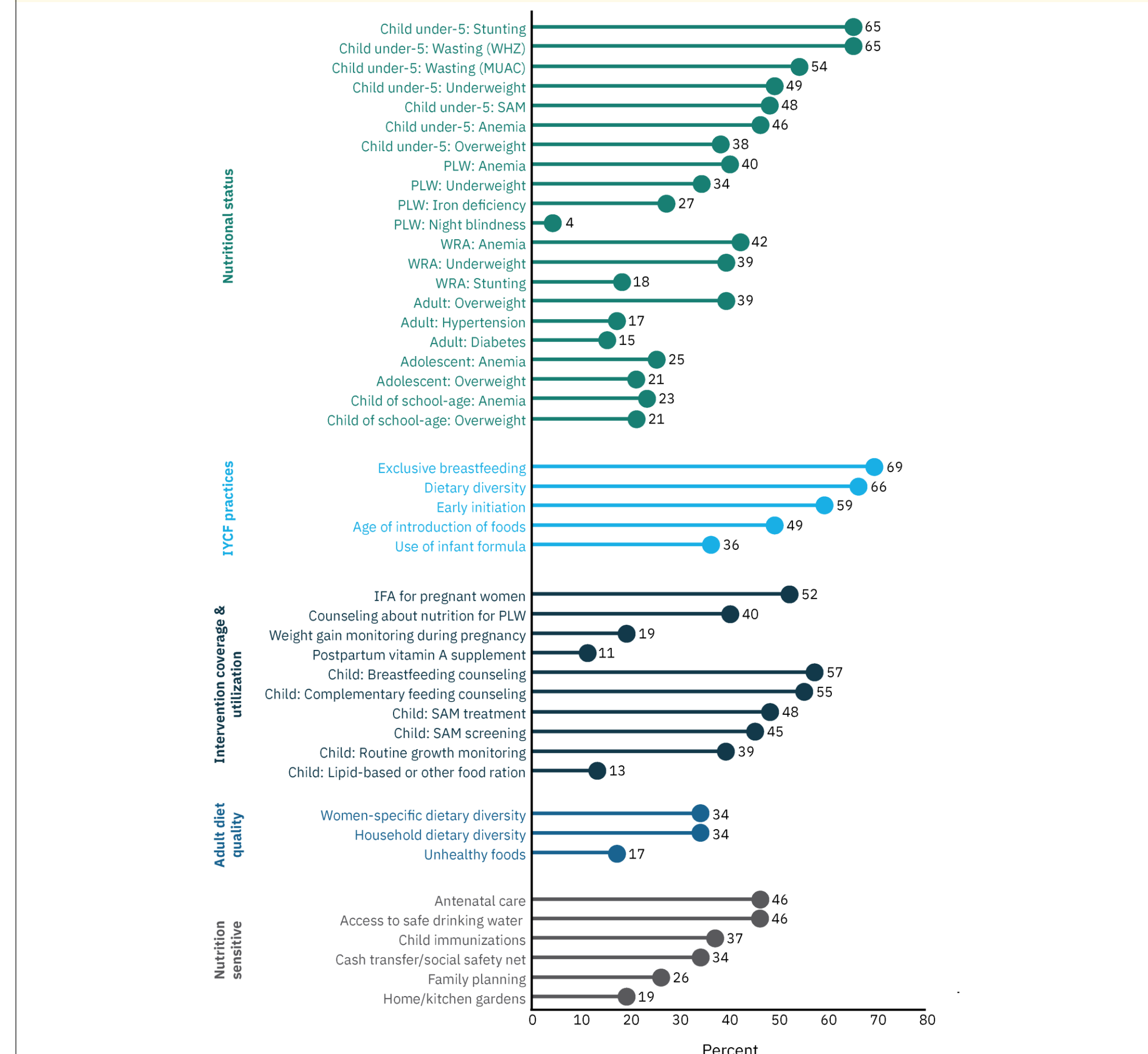
WHZ: Weight-for-height z-score; MUAC: Mid-upper arm circumference; SAM: Severe acute malnutrition; PLW: Pregnant and lactating women; WRA: Women of reproductive age; IFA: Iron and folic acid; IYCF: Infant and young child feeding

Conclusions

The Demographic Heath Surveys (DHS) are the most accessed source of country-specific nutrition data. Global nutrition stakeholders would like more frequent data collection and more data at the subnational level. Given the demand for intervention coverage and utilization indicators, further work is needed to identify the best ways to collect these data.

Acknowledgements