Are data available for tracking progress on nutrition policies and programs in South Asia?

B R I E F

Purpose

The World Health Organization (WHO) and other global nutrition and health agencies recommend nutrition actions throughout the life-course to address malnutrition in all its forms. As global recommendations are updated based on available evidence, it is anticipated that governments and stakeholders will, in turn, build on these recommendations to update national policies and programs. Little is known in the South Asia region about policy coherence with globally recommended actions. Even less is known about the degree to which countries are able to track their progress on nutrition actions. To address the gap, this brief summarizes the policy and program gaps in addressing nutrition actions, along with data gaps in population-based surveys in all the countries in the South Asia region, including Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka.

Methodology

First, we identified a list of recommended nutrition actions (n=53) from the following global sources:

- *Essential Nutrition Actions: Mainstreaming Nutrition Through the Life-Course* (WHO 2019)
- *Guideline: Implementing Effective Actions for Improving Adolescent Nutrition* (WHO 2018)
- *Recommendations on Antenatal Care for a Positive Pregnancy Experience* (WHO 2016)
- *WHO Recommendations on Health Promotion Interventions for Maternal and Newborn Health 2015* (WHO 2015)
- *WHO Recommendation on Postnatal Care of the Mother and Newborn* (WHO 2013)
- *Making Pregnancy Safer: The Critical Role of the Skilled Attendant. A Joint Statement by WHO, ICM and FIGO* (WHO 2004)
- "Measuring the Coverage of Nutrition Interventions Along the Continuum of Care: Time to Act at Scale." (Gillespie et al. 2019)
- *The Global Strategy for Women's, Children's and Adolescents' Health 2016–2020* (EWEC 2016)
- "Evidence-Based Interventions for Improvement of Maternal and Child Nutrition: What Can Be Done and at What Cost?" (Bhutta et al. 2013)

Table 1 summarizes the recommended nutrition actions across the life-course. Among recommended actions, we identified applicable[1] nutrition actions based on country context. To identify policy gaps, we reviewed nutrition relevant national/state level policies, plans and strategies and identified whether or not these policies addressed recommended and applicable nutrition actions, directly or indirectly. If addressed at the policy level, we assessed program gaps by reviewing program implementation and operational guidelines. Finally, to identify data gaps in existing population-based household surveys in each country, we reviewed questionnaires

[1] The applicability of some recommended nutrition actions depends on country context or settings; Iron folic acid (IFA) supplementation for adolescents, for example, is only applicable if the anemia prevalence among women of reproductive age is more than 20 percent.

used across surveys except in India, where the data gap came from Tracking India's progress on addressing malnutrition and enhancing the use of data to improve programs (Menon et al. 2020). The key population-based surveys referred in each country were: Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Micronutrient Surveys, and National Nutrition Surveys (NNS).

Table 1. Recommended nutrition actions across the life-course

Stage	Actions	Actions
Adolescence	1. Daily or intermittent iron folic acid (IFA) supplementation[1] 2. Preventive deworming[2]	3. Food supplementation
Preconception	4. Daily or intermittent IFA supplementation[1] 5. Preventive deworming[2]	6. Contraception 7. Iodine supplementation[3]
Pregnancy	8. ANC screening 9. ANC screening in 1st trimester 10. 4+ ANC 11. Food supplementation[4] 12. Daily or intermittent IFA supplementation 13. Vitamin A supplementation[5] 14. Calcium supplementation 15. Iron-containing micronutrient powder (MNP) supplementation[6] 16. Preventive deworming[7]	17. Tetanus toxoid vaccination 18. Nutritional counseling on healthy diet[4] 19. Weight monitoring 20. Advice about weight after weighing 21. Advice on consuming calcium 22. Advice on consuming IFA 23. Advice on consuming additional food 24. Advice on birth preparedness 25. Advice on exclusive breastfeeding
Delivery & Postnatal Period	26. Institutional birth 27. Skilled birth attendant 28. Delayed cord clamping 29. Assessment of birth weight 30. Support for exclusive breastfeeding (EBF) and skin-to-skin contact 31. Optimal feeding of low birth weight (LBW) infants	32. Counsel mothers of LBW infants on Kangaroo Mother Care (KMC) 33. Postnatal care for babies 34. Postnatal care for women 35. Breastfeeding counseling 36. Daily or intermittent IFA supplementation[8] 37. Food supplementation for malnourished lactating women
Early Childhood	38. Breastfeeding counseling 39. Counseling on appropriate complementary feeding 40. Food supplementation for complementary feeding 41. Iron-containing MNP[9] 42. Daily or intermittent IFA supplementation[10] 43. Zinc during diarrhea 44. ORS during diarrhea 45. Vitamin A supplementation[11] 46. Preventive deworming[12]	47. Growth monitoring 48. Counseling on nutritional status 49. Identification of severely or moderately underweight 50. Inpatient management of severe acute malnutrition (SAM) 51. Outpatient management of SAM 52. Management of moderate acute malnutrition (MAM) 53. Immunization

Note: *[1]Daily if anemia prevalence is greater than 40 percent among non-pregnant women and intermittent is anemia prevalence is more than 20 percent. [2]If prevalence of any soil-transmitted helminth infection is 20 percent or higher among adolescents 11 to 19 years. [3]If 20 percent or fewer households have access to iodized salt and pregnant women are difficult to reach. [4]If underweight prevalence among women is more than 20 percent. [5]Where 5 percent or more of women have a history of night blindness during pregnancy in the past 3 to 5 years, or if 20 percent or more of pregnant women have vitamin A deficiency. [6]In settings with a high prevalence of nutritional deficiencies. [7]Where pregnant women have a 20 percent or higher prevalence of infection with hookworm or T. trichiura infection AND a 40 percent or higher prevalence of anemia. [8]With a 20 percent or higher population prevalence of gestational anemia. [9]Where the prevalence of anemia in children under 5 years of age is 20 percent or more. [10]Daily if anemia prevalence among children aged 6 to 59 months is 40 percent or more; intermittent for children aged 24 to 59 months if anemia prevalence among this group is 20 percent or more. [11]Where the prevalence of night blindness is 1 percent or more in children aged 24 to 59 months, or the prevalence of vitamin A deficiency is*

20 percent or higher in infants and children aged 6 to 59 months. [12]Living in areas where the baseline prevalence of any soil-transmitted infection is 20 percent or higher among children aged 12 months and older.

Key Findings

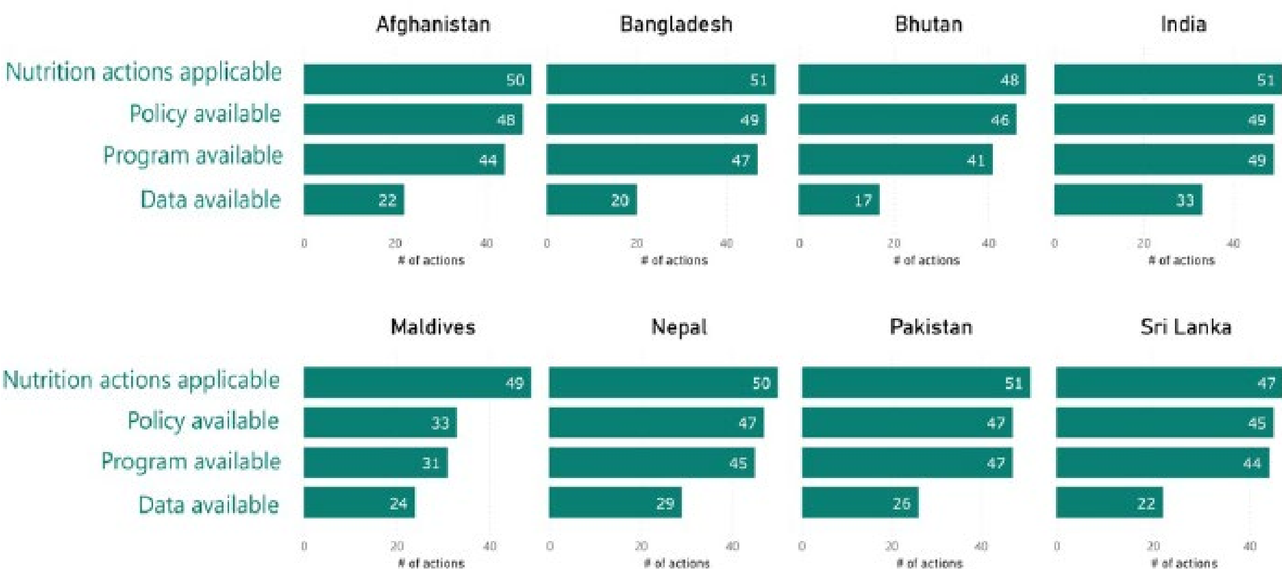
Finding 1. Program gaps were wider than policy gaps in the region

Of the 53 recommended actions, applicable actions ranged between 47 in Sri Lanka and 51 in Bangladesh, India, and Pakistan (Figure 1). All countries had a policy gap of fewer than five actions except Maldives, where the gap was 16 out of 49 nutrition actions. The program gap was highest in Maldives (18 actions), followed by Bhutan (7 actions), Afghanistan (6 actions), Nepal (5 actions), Pakistan (4 actions), Sri Lanka (3 actions), Bangladesh (2 actions) and India (2 actions).

Finding 2. Population-based surveys had limited data to track the coverage of nutrition actions

The data gap was more than 50 percent in five countries (Afghanistan, Bangladesh, Bhutan, Maldives, and Pakistan) (Figure 1). This implies that coverage of about half the available nutrition actions cannot be tracked using data from population-based surveys. Even in India and Nepal, with the smallest data gaps, data was not available for 18 out of 51 (India) and 21 out of 50 nutrition actions (Nepal).

Figure 1. Policy, program and data gaps for applicable nutrition actions in South Asian countries



***Note**: Policy gap is the number of recommended and applicable nutrition actions not addressed by policies, plans, or strategies. Program gap is the number of actions addressed by policies but not by programs, or by both. Data gap is the number of applicable nutrition actions for which data was not available in the nationally representative population-based surveys. The numbers in the bars are the count of nutrition actions.*

Finding 3. Policy and program gaps were smaller during adolescence, pregnancy, and delivery & postnatal period than during preconception and early childhood.

- *Adolescence:* Program gaps existed for iron folic acid (IFA) supplementation and preventive deworming in Maldives and for food supplementation in Afghanistan, Maldives, Pakistan, and Sri Lanka.
- *Preconception:* Policy and program gaps existed for IFA supplementation in Pakistan; program gaps existed for this intervention in Afghanistan, Bhutan, Maldives, and Sri Lanka. Policy and program gaps existed for preventive deworming in Bangladesh, Maldives, and Pakistan.

- *Pregnancy:* Policies and programs across countries focused on antenatal care (ANC) related actions such as IFA supplementation, tetanus toxoid vaccination, nutrition counselling, weight monitoring, advice on consuming IFA, consuming additional food birth preparedness and exclusive breastfeeding. Program gaps existed for calcium supplementation in Afghanistan; in Maldives and Nepal, both policy and program gaps were seen for calcium supplementation.
- *Delivery and postnatal period:* Policies and programs across countries addressed institutional birth, skilled birth attendant, assessment of birth weight, support for early breastfeeding, optimal feeding of low birth infants, counselling on Kangaroo Mother Care (KMC), postnatal care for babies and women, and breastfeeding counselling. Program gaps were seen for delayed umbilical cord clamping in Maldives; policy and program gaps were seen for IFA supplementation in the Maldives, and food supplements for malnourished lactating women in Bhutan and Maldives. In Nepal, program gaps were seen for food supplements for malnourished lactating women.
- *Early childhood:* Policy and program gaps were seen for food supplementation for complementary feeding in Afghanistan, Maldives, Pakistan, and Sri Lanka; in Bangladesh, this was missing in programs. Except India, IFA supplementation for children was not present in either policies or programs in any other country. Program gaps existed for outpatient management of severe acute malnutrition (SAM) in Bhutan, India, and Maldives. Gaps for moderate acute malnutrition were mixed across countries.

Finding 4. Wide gap in the population-based surveys throughout the life-course

- *Adolescence:* Data gaps were seen for IFA supplementation in all countries except Nepal and Sri Lanka. Only Nepal and India had data on preventive deworming. Gaps were seen for data on food supplementation in Bangladesh, Bhutan, Nepal, and Pakistan.
- *Preconception:* Data gaps were found for IFA supplementation in Afghanistan, Bangladesh, Bhutan, India, Maldives, and Sri Lanka. Data on preventive deworming was not available in Afghanistan, Bhutan, and India.
- *Pregnancy:* Data gaps on nutrition counseling coverage were major; data were unavailable on counselling/advise on IFA, calcium, or weight gain in all countries. Gaps existed for data on nutrition counseling on healthy diets in Bangladesh, Nepal and Sri Lanka and on exclusive breastfeeding in Bangladesh, Bhutan and Sri Lanka.
- *Delivery and postnatal period:* Several data gaps existed. Data were unavailable across all countries on timing of umbilical cord clamping, support for early breastfeeding and immediate skin-to-skin contact and optimal feeding of low birth weight infants. Data gaps were seen for counseling on KMC in all countries except India. Data were unavailable on IFA supplementation during postnatal period in all countries except Nepal, and on food supplementation for malnourished lactating women in all countries except India and Sri Lanka.
- *Early childhood:* Data on counselling to support infant and young child feeding (IYCF) and identification and management of SAM and moderate acute malnutrition (MAM) were lacking in all countries. Similarly, data on growth monitoring and counseling on nutritional status were not available in the region, other than in India and Nepal, and data on identification of undernourished children was only available in India. None of the countries had data to track actions on inpatient management of SAM, outpatient management of SAM, and management of MAM in population-based surveys.

Table 2 on the next page summarizes these policy, program, and data gaps.

Table 2. Policy, program, and data gaps by life-course in South Asia

Blue fill indicates available policy (Po), program (Pr), or data in population-based surveys (D)
Pink fill indicates gaps in policy (Po), program (Pr), or data in population-based surveys (D)
N/A *Nutrition action is not applicable based on country settings*

Life-course	Nutrition Actions	AF	BG	BH	IN	ML	NP	PK	SL
Adolescence	1. Daily or Intermittent IFA supplementation	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	2. Preventive deworming	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	N/A
	3. Food supplementation	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
Preconception	4. Daily or Intermittent IFA supplementation	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	5. Preventive deworming	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	N/A	Po Pr D	N/A
	6. Contraception	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	7. Iodine Supplementation	Po Pr D	Po Pr D	N/A	Po Pr D	N/A	Po Pr D	Po Pr D	Po Pr D
Pregnancy	8. Any antenatal care (ANC) screening by a trained provider	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	9. ANC screening by a trained provider during the first trimester	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	10. Four or more ANC visits	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	11. Energy and protein dietary supplementation	N/A	Po Pr D	N/A	Po Pr D	N/A	Po Pr D	Po Pr D	Po Pr D
	12. Daily or intermittent IFA supplementation	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	13. Vitamin A supplementation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	14. Calcium supplementation	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D

Life-course	Nutrition Actions	AF	BG	BH	IN	ML	NP	PK	SL
Pregnancy *(continued)*	15. Iron-containing micronutrient powder (MNP) supplementation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	16. Preventive deworming	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	N/A
	17. Tetanus toxoid vaccination	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	18. Nutritional counseling on healthy diet	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	19. Weight monitoring	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	20. Advice about weight after weighing	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	21. Advice on consuming calcium	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	22. Advice on consuming IFA	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	23. Advice on consuming additional food	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	24. Advice on birth preparedness	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	25. Advice on exclusive breastfeeding	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
Delivery & postnatal period	26. Institutional birth	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	27. Skilled birth attendant	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	28. Optimal timing (delayed) of umbilical cord clamping	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	29. Assessment of birth weight	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	30. Support for early breastfeeding and immediate skin-to-skin contact	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D

Life-course	Nutrition Actions	AF	BG	BH	IN	ML	NP	PK	SL
Delivery & postnatal period *(continued)*	31. Optimal feeding of low-birth-weight infants	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	32. Counseling of mothers of low birth weight infants on Kangaroo Mother Care (KMC)	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	33. Postnatal care for babies around day three and day seven, and within six weeks after birth	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	34. Postnatal care for women within three and seven days of delivery, and within six weeks after delivery	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	35. Breastfeeding counseling	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	36. IFA supplementation	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	37. Food supplementation for malnourished lactating women	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
Early childhood (0-59 months)	38. Breastfeeding counseling	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	39. Counseling on appropriate complementary feeding	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	40. Food supplementation for complementary feeding	Po Pr D	Po Pr D	N/A	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	41. Iron-containing MNP	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	42. Daily IFA supplementation	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	N/A
	43. Zinc supplementation during diarrhea	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	44. Oral rehydration salts (ORS) during diarrhea	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	45. Vitamin A supplementation	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	46. Preventive deworming	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D

Life-course	Nutrition Actions	AF	BG	BH	IN	ML	NP	PK	SL
Early childhood (0-59 months) *(continued)*	47. Growth monitoring (weight assessment)	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	48. Counseling on nutritional status	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	49. Identification of severe or moderate under-weight	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	50. Inpatient management of severe acute malnutrition (SAM)	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	51. Outpatient management of SAM	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	52. Management of moderate acute malnutrition (MAM)	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D
	53. Immunization	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D	Po Pr D

AF=Afghanistan; BG=Bangladesh; BH=Bhutan; IN=India; ML=Maldives; NP=Nepal, PK=Pakistan; SL=Sri Lanka

Points for Consideration

This brief is intended to support discussions among the nutrition policy community in South Asian countries and where relevant, to support decisions about closing both policy and data gaps. We recommend that the nutrition policy community use the findings here and in individual country reports to:

1. **Assess whether the gaps identified in our nutrition policy review are relevant to address** in the context of the current burden of malnutrition in respective countries; if relevant, countries could consider **updating national nutrition strategies** to fully encompass all nutrition actions across the life-course.
2. **Review opportunities for strengthening nutrition data collection** in population-based surveys to close gaps in data needed for tracking progress on existing policies and programs. Given the data gaps identified in our review, efforts to improve the availability of data on child nutrition interventions are likely most important.

For more information on respective country reports, access them at www.DataDENT.org/landscaping-of-policy-and-program-actions-for-nutrition-in-South-Asia/

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