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Nutrition Data Mapping for Ethiopia: Assessment of the Availability and Accessibility of Nutrition-Related Data

THE PROBLEM

For the last two decades, ending malnutrition has been a national government priority in Ethiopia. The 2012 World Health Assembly (WHA) identified six global targets related to the reduction of stunting, wasting, exclusive breastfeeding, anemia, low birth weight, and childhood obesity to be achieved by 2025. These targets were also adopted by the Sustainable Development Goals (SDGs)[1]. Countries need to track their progress in reducing malnutrition and establish accountability mechanisms, which rely on high-quality and timely data to sustain this commitment [2]. However, several factors hamper national efforts to evaluate progress, show the effectiveness of interventions, and increase investment to end malnutrition. These include, among other things, inadequate or non-existent information systems, unreliable data quality, and gaps in data on nutritional outcomes and nutrition interventions coverage [3]. Identifying existing nutrition data sources and determining their accessibility for further analysis and decision making, is important to support evidence informed decision-making. We assessed the availability and accessibility of data for selected nutrition-specific and nutrition-sensitive indicators among national nutrition actors.

METHODOLOGY

We conducted key-informant interviews with 29 nutrition stakeholders from November 2019 to March 2020. We assessed the availability and accessibility of data for 70 priority nutrition indicators. These indicators were drawn from national policy and program documents and the global nutrition monitoring framework. We also reviewed reports and questionnaires to extract additional information and to complement the information provided by the stakeholders.

KEY FINDINGS

Data sources identified: We identified a total of 62 data sources. The main types of data sources were surveys (87%), randomized controlled trials and longitudinal follow-up studies (8%), and routine monitoring information systems (5%). The majority of the data sources identified were only representative at the project or study implementation areas. Less than a fifth of the data sources were nationally and regionally representative.

Availability of data to track WHA targets: Data were available to track progress for five of the six WHA; with the exception of low birth weight. Limited data were available to adequately track progress at the regional and sub-regional levels.

Data availability for target groups: Almost forty percent of the data sources contained nutrition-related data for households and for children under five years of age. Adolescents and women of reproductive age were the two target groups with the least amount of data available.

1. World Health Organization. Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025. Geneva: WHO; 2017.
2. International Food Policy Research Institute. Global Nutrition Report 2014: Actions and accountability to accelerate the world's program on nutrition. Washington, DC.2014.
3. Piwoz E, Rawat R, Fracassi P, Kim D. Strengthening the nutrition data value chain for accountability and action: Progress, gaps and next steps. Sight and Life; 2019.

Data accessibility: While few of the data sources identified were open access (18%), most of the remaining sources were accessible upon request (73%).

Routine monitoring data information systems: At the time of this nutrition data mapping, only two NNP-II implementing ministries had information systems that collect, analyze, and use routine monitoring data. However, only a limited number of nutrition indicators were included in these systems: eight in the Health Management Information System (HMIS) and none in the Education Management Information System (EMIS). Additionally, the Unified Nutrition Information System in Ethiopia (UNISE) was not yet implemented at a national scale.

Data *for key indicators:* data for infant and young child feeding (IYCF) indicators were collected the most, and among nutrition-sensitive intervention indicators, water, sanitation, and hygiene (WASH) indicators had the most data. Limited data were available to assess the coverage of nutrition-sensitive interventions beyond WASH.

ACTIONS TO FACILITATE EVIDENCE GENERATION AND DATA USE

Future surveys and impact evaluations should focus on filling identified data gaps: These include information on nutritional outcomes for adolescents, dietary intakes, and coverage of nutrition-sensitive interventions. Additionally, the scope of population-based surveys needs to be expanded to include additional indicators to assess nutritional outcomes and to assess the coverage of nutrition interventions.

Routine monitoring information systems should be strengthened and expanded: Actions include;

- Include more nutrition indicators and nutrition-specific intervention coverage indicators into the HMIS to reflect the priority given to nutrition through investments and political commitment.
- Prioritize the establishment of routine monitoring information systems in NNP-II implementing sectors. These systems are needed to track the implementation of nutrition-sensitive interventions.
- Expand the implementation and geographic coverage of the Unified Nutrition Information System for Ethiopia (UNISE). Additionally, considerations should be made to assure the quality of data collected from sectors that do not have information systems.

Facilitate data use by promoting better data documentation and accessibility: Prioritize the establishment and maintenance of central nutrition data repository systems. This will facilitate access to data by providing meta data information on data sources.

Promote the use of the best data sources for specific information needs: Population-based surveys are ideal data sources on nutritional outcomes, while routine monitoring data are useful to track intervention coverage. At times, comparisons are not always feasible for indicators included in more than one data source. Data sources might use different designs and sampling methods (population-based surveys such as the Ethiopia Demographic and Health Survey (EDHS) versus information systems for service users such as the HMIS) and use different indicator definitions, even though the indicator names are the same.

Periodically conduct nutrition data mapping with an expanded scope: The nutrition data mapping did not focus on the whole nutrition data value chain. This includes defining priority and standard indicators, ensuring the quality of the data collection, the management and analysis of the data, the translation of the findings into easy-to-understand formats, and their dissemination and use in decision-making.

FURTHER INFORMATION: The report from which information for this brief was drawn from is available on the NIPN website (http://www.nipn.ephi.gov.et/).

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