The UN Network: Using DHIS2 to advance multi-sectoral nutrition efforts

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DHIS2 in Nutrition
Oslo, Norway

Sarah Cruz
Farah Sbytte
The UN Network at a glance

United Nations (5 core Agencies & beyond)

Governmental Nutrition Focal Points

Civil Society

Private sector

Sectoral ministries

MSP

UNN Secretariat
What is the UN Network?

Provides a platform for strengthening action and partnerships for nutrition

Fosters the development of functional and technical capacities to support gov’ts address all forms of malnutrition

Supports the set-up of MSPs & nutrition coordination secretariats

Creates a ‘safe’ space for participatory multi-sectoral nutrition dialogue & governance processes
The UN Network considers nutrition to be a common thread in the SDGs and provides a platform for integrated and coordinated approaches.
Overview of UN Network analytics

- The UN Network works closely with governments to conduct analytical exercises to galvanize and coordinate the efforts of multiple stakeholders across sectors for increased impact

**How?**

- **Support is demand-driven**, specifically tailored to the country-context
- The services provided follow a **cost-sharing model**, whereby countries increasingly contribute to in-country costs
- At global level, the UNN Secretariat provides overall **quality assurance** through a team of multi-disciplinary experts
What is the UN Network Portfolio of Analytical Tools?

The UN Network Portfolio of Analytical Tools draws on the technical expertise of the UN Network and foster a common language around nutrition among a diverse set of actors.

1. Multi-Sectoral Nutrition Overview (incl. MNO Dashboard)
   - Awareness of & consensus on the nutrition problems

2. Policy & Plan Overview

3. Stakeholder & Nutrition Action Mapping

4. UN Nutrition Inventory

5. Nutrition Capacity Assessment
   - A common understanding / scoping of the nutrition landscape informing the development of

National Nutrition Policies, Strategies & Plans
What is the UN Network Portfolio of Analytical Tools?

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3. Stakeholder & Nutrition Action Mapping
   - A common understanding / scoping of the nutrition landscape informing the development of

4. UN Nutrition Inventory
   - A subset of prioritized nutrition actions for...

5. Nutrition Capacity Assessment

National Nutrition Policies, Strategies & Plans
The Nutrition Stakeholder and Action Mapping
A tool developed by the UN Network to support multi-stakeholder coordination, improve planning, and scale-up multisectoral nutrition actions

- Improving coordination
  - Detailed information about the partners and sectors engaged in the support and delivery of core nutrition actions at national and sub-national levels
  - Strengthening the linkages across sectors and stakeholders

- Informing scale up and replicability of nutrition actions
  - Needed to tailor context-specific approaches
  - Needed to tailor context-specific approaches
  - Needed to tailor context-specific approaches

- Supporting planning at central and decentralised levels
  - Informing planning cycles and implementation when conducted prior to annual reviews and policy and programme design

- Promoting equity and inclusiveness
  - Bridging countries' needs to actions allowing adequate coverage and inclusive targeting
  - Looking specifically at gender disparities, humanitarian needs, triple burden of malnutrition, etc.

- Increasing data availability
  - Identifying/filling data gaps at national & sub-national levels, including aggregated intervention coverage
  - Comparing the coverage of outputs with the nutrition situation helps to identify why outcomes or impact may not be reached
  - Identifying potential bottlenecks allowing further sector-specific analysis

- Providing a strong country-owned evidence repository
  - Offering a baseline for countries to monitor the nutrition situation and implementation of nutrition plans

- Data on geographic and beneficiary coverage to identify specific areas/groups that are insufficiently covered and need more support
  - Needed to tailor context-specific approaches

- Detailed information about the partners and sectors engaged in the support and delivery of core nutrition actions at national and sub-national levels

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The Nutrition Stakeholder and Action Mapping
Experience in 30 countries

Mapping conducted: 26
Mapping ongoing: 4
Mapping planned till end of 2019: 8

Note: Lao PDR previously conducted a mapping exercise but is currently updating it.

The DHIS2 web-based tool was used in 5 countries to date, incl.:
- Chad
- Niger
- Senegal
- Sudan
- Zimbabwe
There are many tools and methodologies for “mapping” the nutrition landscape.

Additional layer of information to the traditional 3W:
- The UNN-REACH mapping tool combines the 3W (who does what where) in addition to beneficiary coverage information.
- It analyses “how” beneficiaries are reached by recording delivery mechanisms.

Time and resource efficient process:
- All data is from secondary sources, relying on existing national and partner programmes’ data systems.

Participatory approach beyond traditional actors:
- The process requires multi-sectoral stakeholder engagement every step of the way, starting with the selection of 20-25 Core Nutrition Actions that will be mapped.

The Nutrition Stakeholder and Action Mapping
An answer to four types of questions

<table>
<thead>
<tr>
<th>Qualitative view</th>
<th>Quantitative view</th>
<th>Guidance for scaling up nutrition</th>
<th>Continuous monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recap nutrition situation and nutrition actions</td>
<td>Coverage</td>
<td>Guidance for a stakeholder dialogue</td>
<td>Implementation monitoring</td>
</tr>
<tr>
<td>Who does what where?</td>
<td>What % of the target population is covered?</td>
<td>How &amp; where to scale up nutrition?</td>
<td>Are targets achieved over time?</td>
</tr>
<tr>
<td>1 What is the country nutrition situation</td>
<td>4 What % of the target population is covered nationally?</td>
<td>8 What are the stunting levels (e.g. prevalence)?</td>
<td>13 Is the target population coverage improving over time?</td>
</tr>
<tr>
<td>2 Who are the key stakeholders? What are their roles?</td>
<td>5 What % of target population is covered per action?</td>
<td>9 What is the action intensity per region?</td>
<td>14 Are targets achieved as defined in the national plan?</td>
</tr>
<tr>
<td>3 Which stakeholders are doing what where? And through which delivery mechanisms?</td>
<td>6 What % of the target population is covered per region/district?</td>
<td>10 Which regions are not adequately addressed?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 For each district, who is reaching what % of the target population?</td>
<td>11 Are children receiving the nutrition actions they may need?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>12 Where are there action gaps in addressing key nutrition problems?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>How much of the district budget is being allocated to nutrition activities?</td>
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</tr>
</tbody>
</table>

Comparing coverage outputs with the nutrition situation helps to identify potential bottlenecks (e.g. HR, funds, reach of delivery mechanism, quality of delivery etc.) and what further analysis is required to confirm and address them.
The Nutrition Stakeholder and Action Mapping

Who are the results relevant for?

**For district administrations**
- See what partners are working on nutrition in your district
- Get info on what actions are being conducted, and where
- How many people are being reached by different actions, what needs to be scaled up

**For Ministries**
- Get a better overview of who the partners are and what they do
- Identify potential gaps in geographic and population coverage
- Help planning & scale-up of nutrition actions

**For UN and NGOs**
- Enhance coordination through better info on what organizations are working in the same districts and/or on the same actions
- Identify what districts need further support
- See what actions need to be scaled up, and where

**For Donors**
- Identify what districts need further support
- See what actions need more funds to scale up
- Help identify what organizations can cover different actions and districts

Improve coordination among partners, and help inform planning and scale up of nutrition actions
Nutrition Stakeholder and Action Mapping

The Process
The Nutrition Stakeholder and Action Mapping

The first step: Gathering input from key stakeholders

Conduct bilateral consultations

Conduct workshops with key stakeholders

Initial view of stakeholder landscape

Articulation of mapping scope & country specifics

Group discussion or 1-on-1s with key stakeholders¹

Workshops with key stakeholders¹ at national level

¹Key stakeholders may include: gov't representatives (incl. SUN focal point, members of MSP, focal points of ministries); UN Network for SUN & other UN nutrition colleagues; colleagues from other SUN Networks incl. Civil Society Network Coordinator & other nutrition stakeholders
The Nutrition Stakeholder and Action Mapping

Live Demo

Demo: [link]

Username: Santé

Password: Sante2017
Nutrition Stakeholder and Action Mapping

*What do the results look like?*

Disclaimer: The following examples have been validated at country level and approved for dissemination
The Nutrition Stakeholder and Action Mapping

Types of results

# of actions with coverage of at least 50% of target population
- 1-3 actions
- 4-6 actions
- 7-9 actions

Maps

Charts

Tables

Key Messages

Key messages on the overview of results

- At the national level, 3 actions have population coverage above 80%. These actions include:
  - Sanitation
  - Vaccination
  - Health, nutrition, and hygiene education in schools

- At the subnational level, there are differences in the number of actions taking place. The highest number of actions reaching at least 70% coverage of beneficiaries are in Kayah, Karen, Magway, and Yangon.

- When considering the level of stunting, the regions with the most actions reaching the greatest number of beneficiaries are not always the same. Except for Kayah, Chin, and Rakhine states have high prevalence of stunting but fewer actions taking place at scale.
### The Nutrition Stakeholder and Action Mapping

**Deep understanding of the nutrition situation with a focus on geographic and intervention coverage at sub-national levels**

<table>
<thead>
<tr>
<th>Districts covered</th>
<th>Target Group</th>
<th>% of target covered</th>
<th>Delivery Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/8</td>
<td>Pregnant women</td>
<td>8/8</td>
<td>Health Workers, Community Health Workers/ volunteers</td>
</tr>
<tr>
<td>8/8</td>
<td>Lactating women</td>
<td>8/8</td>
<td>Health facilities</td>
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<tr>
<td>8/8</td>
<td>Mothers of children 6-23 months</td>
<td>8/8</td>
<td>Health facilities</td>
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<tr>
<td>0/8</td>
<td>Pregnant women</td>
<td>0/8</td>
<td>N/A</td>
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<tr>
<td>8/8</td>
<td>Children 6-59 months</td>
<td>8/8</td>
<td>Health facilities</td>
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<td>7/8</td>
<td>Children 12-59 months</td>
<td>7/8</td>
<td>Health facilities</td>
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<td>0/8</td>
<td>Pregnant women</td>
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<td>0/8</td>
<td>Pregnant women</td>
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<td>1/8</td>
<td>Pregnant women</td>
<td>1/8</td>
<td>Health facilities</td>
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<td>5%</td>
<td>Children 0-59 month with SAM</td>
<td>5%</td>
<td>Health facilities</td>
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<tr>
<td>8/8</td>
<td>Mothers of children 0-23 months</td>
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<td>Community Health Workers/ volunteers</td>
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<td>0/8</td>
<td>Primary Schools</td>
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<td>N/A</td>
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<td>8/8</td>
<td>Vulnerable groups</td>
<td>8/8</td>
<td>N/A</td>
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<td>8/8</td>
<td>TASAF beneficiaries</td>
<td>8/8</td>
<td>Agricultural extension workers / village promoters</td>
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<td>8/8</td>
<td>Children 0-59 months</td>
<td>8/8</td>
<td>Health facilities</td>
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<td>7/8</td>
<td>Vulnerable households</td>
<td>7/8</td>
<td>District Councils</td>
</tr>
</tbody>
</table>

% of target group reached:  
- <25%  
- >25% - ≤50%  
- >50% - ≤75%  
- >75%  
- N/A No beneficiary data available

1The indicator for acute malnutrition was collected through the 2016 Tanzania Bottleneck Analysis. The geographic coverage is presented as % of health facilities providing IMAM activities.
The Nutrition Stakeholder and Action Mapping
Which stakeholders are doing what where? Who are the implementers? How much of each region is covered?

Action: Promotion of Complementary Feeding Practices
While implementation is happening in each region, most partners are concentrated in the northern regions.
The Nutrition Stakeholder and Action Mapping

What % of target population is covered per region/district?

**Key Messages**

- At National level, 17% of children between 6 and 59 months received routine vitamin A supplementation in 2017.
- Less than 10% of children in Kidal and Kayes received vitamin A during routine visits with major variation between districts.
The Nutrition Stakeholder and Action Mapping
Which implementing partner support each subnational level?
The Nutrition Stakeholder and Action Mapping
Which delivery mechanisms are used for each action?

<table>
<thead>
<tr>
<th></th>
<th>IYCF</th>
<th>Micronutrients &amp; fortification</th>
<th>Disease prevention &amp; management</th>
<th>Nutrition edu.</th>
<th>WASH</th>
<th>Social protection</th>
<th>Food &amp; agriculture</th>
<th>Rural development</th>
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<td>IYCF practices</td>
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<td>Rice Fortification</td>
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<td>Nutrition and healthy lifestyles for adol.</td>
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<td>Nutrition-sensitive agriculture</td>
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<td>Small-scale horticulture &amp; livestock</td>
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Could some delivery mechanisms be in danger of becoming over utilized or exhausted? Is it possible to increase capacity of such delivery mechanisms?

For the actions with few delivery mechanisms, is there potential to increase reach by extending delivery to other delivery mechanisms?

Frequency of use:
- Low
- High

Excerpt from the Myanmar Stakeholder & Nutrition Action Mapping
The Nutrition Stakeholder and Action Mapping

Which regions are not adequately covered?

Comparing a map of prevalence data with a map of corresponding preventive/responsive actions allows viewers to identify geographic areas that may not be receiving as much support as they may need.

- **Prevalence rate of women anemia**
  - Source: DHS

- **Coverage of iron/folic acid supplementation**
  - Coverage of pregnant women who received iron/folic acid
    - <25
    - > 25 - ≤50%
    - > 50 - ≤75%
    - > 75%

- **Coverage of IPTp**
  - Coverage of IPTp in pregnant women
    - <25
    - > 25 - ≤50%
    - > 50 - ≤75%
    - > 75%
The Nutrition Stakeholder and Action Mapping

Looking at the most vulnerable target groups
Are children receiving the nutrition actions they may need?

At national level, children receive at least 6 actions covering at least 50% of their targets

- Optimal Maternal Breastfeeding*
- Complementary feeding*
- Vitamin A
- At least 4 antenatal care visits
- Iron / Folic Acid supplements
- School feeding
- Dry rations supplies
- WASH Infrastructure
- Sources of drinking water
- Nutrition Education
- Hand washing with soap
- IPTp
- Mosquito nets impregnated with insecticides
- Management of MAM
- Management of SAM
- Growth monitoring of 0-23 months

In all health districts, more than 7 actions cover less than 50% of the target population

Among all actions targeting children or schools, the majority of children receives it in small proportion

Number of actions which cover at least 50% of the target population:
- 7-9 actions
- 10-12 actions
- 11-15 actions

* Note: The awareness on breastfeeding and complementary feeding is conducted in all health districts, however the disaggregated data by target groups were not available.

The actions presented above are those directly targeting children or schools, even though all actions can have an indirect impact on children’s nutrition.
The Nutrition Stakeholder and Action Mapping

Where are the action gaps in addressing nutrition problems?
Regions can be categorized according to their nutrition situation and action coverage

- **Scale up**: Nutrition situation is critical with low coverage of target populations
- **Investigate**: Nutrition situation is critical with adequate coverage of target populations
- **Monitor**: Nutrition situation is not critical with low coverage of target populations
- **Maintain**: Nutrition situation is not critical with adequate coverage of target populations

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Tambacounda
Kolda
Ziguinchor
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Tambacounda
Diourbel
Louga
Saint Louis
Kaffrine
Kedougou
Kolda
Ziguinchor

% of stunting among children 0-59 months

1. DHS 2014
The Nutrition Stakeholder and Action Mapping
Web-based dashboard of results - Zimbabwe
Nutrition Stakeholder and Action Mapping

How have countries used the results?
Costa Rica is the first Latin American country to launch the mapping exercise focusing on the triple burden of malnutrition.

In Senegal, the mapping served as a baseline for the country’s new multi-sectoral action plan on nutrition, covering a range of actions including gender-sensitive actions (e.g. iron/folic acid supplementation for adolescent girls, literacy training for women and the provision of credit accounts for women).

The Gov’t of Burkina Faso has incorporated the mapping into its nutrition M&E framework and has mandated that mapping be conducted every 2 years. Findings from the PPO helped mainstream nutrition into ministry & communal development plans.

In Sierra Leone, UNN supported the advocacy meeting with Parliamentarians as well as Political parties to include support to nutrition in their manifests drawing upon the MNO dashboard & findings.

Key findings from the mapping exercise informed the development of the of the Cote d’Ivoire National Multi-sectoral Nutrition Plan (PNMN) 2016-2020 implementation.

In Sudan, the mapping included humanitarian focused actions at sub-national level.

In Mozambique, the UN Network called attention to gender inequities through the MNO and mapping by including gender indicators, making nutrition dashboards more gender-sensitive and identifying data gaps.

In Zimbabwe, the mapping exercise equipped 50 participants from 19 districts with the skills required to conduct the mapping, using DHIS2 platform.

The Gov’t of Burkina Faso has incorporated the mapping into its nutrition M&E framework and has mandated that mapping be conducted every 2 years. Findings from the PPO helped mainstream nutrition into ministry & communal development plans.

The Nutrition Stakeholder and Action Mapping Achievements at a glance
Nutrition Stakeholder and Action Mapping

New features
The Nutrition Stakeholder and Action Mapping
Financial Analysis Module

**Budget allocated to nutrition actions**
- Per subnational level
- By agencies and governmental offices

**Budget allocated to all nutrition-specific actions**
- Per subnational level
- By agencies and governmental offices

**Budget allocated to all nutrition-sensitive actions**
- Per subnational level
- By agencies and governmental offices
UN Nutrition Inventory

Brief Overview
The UN Nutrition Inventory

What?
The UN Nutrition Inventory:
- Collects UN specific data on a multi-sectoral list of nutrition actions
- Showcases geographic concentration, overlaps and gaps across the country
- Identifies alignment between UN efforts and government priorities
- Provides an overview of the sizes of investments in nutrition and existing UN joint programming

How?
The UN Nutrition Inventory:
- Uses DHIS2 module to take stock of all nutrition actions conducted by the UN in one country
- Spans food & agriculture, health, care, social protection, and multi-sectoral governance
  Indicates which UN agencies support the country’s Core Nutrition Actions

Why?
The UN Nutrition Inventory:
- Provides a common and comprehensive framework / language for describing UN current nutrition actions to enable a common collective strategic conversation on nutrition
- Allows UN agencies in the same country to map/ compare the focus / concentration / magnitude and location of UN nutrition contributions
- Provides a strong evidence base from upon which to develop the UN vision / priorities for nutrition
The UN Nutrition Inventory
Comparison of prevalence rates and the intensity of corresponding UN actions at sub-national levels

UN support compared to stunting prevalence and number of stunted children

Stunting prevalence

- > 40%
- 30-39.9%
- 20-29.9%
- < 20%

Highest prevalence of stunting

Numbers of stunted children

- > 40,000
- 30,000 – 39,000
- 20,000 – 29,000
- < 20,000

Highest numbers of stunted children

UN actions by geographic area

- ≥ 15
- 10 – 14
- 5 – 9
- < 5

Note: The actions included here do not include actions being supported only at national level

Highest numbers of UN nutrition actions

Excerpt from the Sierra Leone UN Inventory – Preliminary Findings
The UN Nutrition Inventory
Providing data needed to achieve increased efficiency particularly in resource-constrained contexts

Multiple agencies are supporting nutrition actions in 7 thematic areas (47%)

<table>
<thead>
<tr>
<th>Thematic Areas</th>
<th># of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumption</td>
<td>6</td>
</tr>
<tr>
<td>Horticulture/Crops</td>
<td>2</td>
</tr>
<tr>
<td>Livestock &amp; Fisheries</td>
<td>1</td>
</tr>
<tr>
<td>Food processing, Fortification &amp; Storage</td>
<td>1</td>
</tr>
<tr>
<td>Infant &amp; Young Child Feeding</td>
<td>2</td>
</tr>
<tr>
<td>Hygiene</td>
<td>4</td>
</tr>
<tr>
<td>Care for Children/ Pregnant &amp; Lactating Women</td>
<td>3</td>
</tr>
<tr>
<td>Maternal, Neonatal &amp; Child Health Care</td>
<td>6</td>
</tr>
<tr>
<td>Micronutrient Supplementation</td>
<td>2</td>
</tr>
<tr>
<td>Mgt. of Acute Malnutrition</td>
<td>2</td>
</tr>
<tr>
<td>Disease Prevention &amp; Mgt.</td>
<td>9</td>
</tr>
<tr>
<td>Water &amp; Sanitation</td>
<td>6</td>
</tr>
<tr>
<td>Social Safety Nets</td>
<td>9</td>
</tr>
<tr>
<td>Market Regulation &amp; Insurance</td>
<td>1</td>
</tr>
</tbody>
</table>

Excerpt from the Chad UN Nutrition Inventory (2016-17)

Actions concerning:

- Supported by 3 or more UN agencies

The UN Nutrition Inventory
Providing data needed to achieve increased efficiency particularly in resource-constrained contexts

Multiple agencies are supporting nutrition actions in 7 thematic areas (47%)

<table>
<thead>
<tr>
<th>Thematic Areas</th>
<th># of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumption</td>
<td>6</td>
</tr>
<tr>
<td>Horticulture/Crops</td>
<td>2</td>
</tr>
<tr>
<td>Livestock &amp; Fisheries</td>
<td>1</td>
</tr>
<tr>
<td>Food processing, Fortification &amp; Storage</td>
<td>1</td>
</tr>
<tr>
<td>Infant &amp; Young Child Feeding</td>
<td>2</td>
</tr>
<tr>
<td>Hygiene</td>
<td>4</td>
</tr>
<tr>
<td>Care for Children/ Pregnant &amp; Lactating Women</td>
<td>3</td>
</tr>
<tr>
<td>Maternal, Neonatal &amp; Child Health Care</td>
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<td>Market Regulation &amp; Insurance</td>
<td>1</td>
</tr>
</tbody>
</table>

Excerpt from the Chad UN Nutrition Inventory (2016-17)
The UN Nutrition Inventory
Providing a breakdown of UN nutrition action intensity by the respective strategic objectives of the national nutrition plan and magnitude of investment

<table>
<thead>
<tr>
<th>Strategic Objectives/Results</th>
<th>No. of actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promotion of optimum infant &amp; young child feeding practices</td>
<td>35</td>
</tr>
<tr>
<td>2. Adoption &amp; implementation of appropriate guidelines for the community-based management of...</td>
<td>32</td>
</tr>
<tr>
<td>3. Integration &amp; strengthening of nutrition services in ante-natal care services</td>
<td>27</td>
</tr>
<tr>
<td>4. Delivery of an integrated package of nutrition services in the school &amp; alternative school system</td>
<td>7</td>
</tr>
<tr>
<td>5. Increasing the supply &amp; consumption of micronutrients to reduce or maintain the prevalence...</td>
<td>26</td>
</tr>
<tr>
<td>6. Increasing food supply at the community level &amp; economic access to the available food supply</td>
<td>19</td>
</tr>
<tr>
<td>7. Promote a healthy lifestyle to prevent a further increase in the levels of overweight &amp; obesity...</td>
<td>n/a *</td>
</tr>
</tbody>
</table>

**Excerpt from the Philippines UN Nutrition Inventory (2016)**

<table>
<thead>
<tr>
<th>Magnitude of investment</th>
<th>Small (&lt;50)*</th>
<th>Medium (50-200)*</th>
<th>Large (200-500)*</th>
<th>Very Large (&gt;500)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promotion of optimum infant &amp; young child feeding practices</td>
<td>20</td>
<td>11</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>2. Adoption &amp; implementation of appropriate guidelines for the community-based management of...</td>
<td>23</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Integration &amp; strengthening of nutrition services in ante-natal care services</td>
<td>12</td>
<td>11</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>4. Delivery of an integrated package of nutrition services in the school &amp; alternative school system</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5. Increasing the supply &amp; consumption of micronutrients to reduce or maintain the prevalence...</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
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<td>6. Increasing food supply at the community level &amp; economic access to the available food supply</td>
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<td>6</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>7. Promote a healthy lifestyle to prevent a further increase in the levels of overweight &amp; obesity...</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* This UN Nutrition Inventory was based on a list of actions focused on stunting, in line with SUN Movement’s priorities at the time. Consequently, actions related to overweight, obesity & NCDs were not captured even though the agencies may be supporting Strategic Objective 7.

**Reported in thousands of USD**
The UN Nutrition Inventory
A number of benefits for UN joint-programming on nutrition aligned with national priorities

- Provides a common, comprehensive framework / language for describing UN nutrition actions
- Allows UN agencies to compare the focus / concentration / magnitude & location of UN nutrition contributions in a meaningful way
- Facilitates mapping UN nutrition work against gov’t priorities, showing alignment / divergence, and opportunity to discuss why
- Promotes data-driven collective thinking on key strategic questions to be addressed by the UN Nutrition Strategy / Agenda
- Provides a common framework to enable collective dialogue on nutrition among government, donors & other partners
- Serves as an entry point to expand UNN membership beyond core nutrition agencies, harnessing potential of UN System

Strengthened UN joint-programming
The UN Nutrition Inventory

Guided the development of the Common UN Agenda on Food and Nutrition Security (2017-2021), a declaration of intent to improve UN policy and programming through a common vision and strategic and programming priorities in nutrition.

Provided a foundation to a Common Nutrition Narrative aiming to step up collective action on nutrition and to strengthen nutrition governance.

Provided a roadmap to a Common Nutrition Narrative helping to further align efforts that are addressing malnutrition.

Served as key inputs for articulating the common vision of the UN Nutrition Agenda to operationalise the ‘Deliver as One’ concept for nutrition by different UN agencies.

Increased the understanding of what UN agencies are doing to support good nutrition which helped to expand the UN Network to non-traditional agencies such as UNDP, UNFPA, UNHCR and UN WOMEN.

How did the countries use the results?
Using DHIS2
A closer look to advantages and challenges
DHIS2 and Nutrition

Advantages

• Flexibility of DHIS2 allowing for contextualization and customization of tools
• Cost-effective for countries already using DHIS2
• User-friendly features (i.e: data entry and cleaning..)
• Automatically generated visuals and reports

Challenges

• Module hosted on national server while in some countries DHIS2 is not operational
• Depends on technical capacity of national teams on DHIS2
• Technical oversight and backstopping often needed
Thank You!

Q&A

Contact:
unnetworkforsun@wfp.org
Sarah.cruz@wfp.org
Farah.sbytte@wfp.org