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Population-Based Survey Data Use for Improved Nutrition Policies and Programs

Webinar Transcript

Elena Mieszczanski

Hello and welcome everyone. Again, thank you for joining today's webinar on Population-Based Survey Data Use for Improved Nutrition Policies and Programs. My name is Elena Mieszczanski, and I'm a project coordinator with USAID Advancing Nutrition and I will be supporting today's webinar. Before we get started, I'd like to review our Zoom webinar environment before we get into the actual presentations for this event. If you have any questions or issues during today's webinar, please reach out to me in the chat by sending a message to tech support or by emailing info@advancingnutrition.org.

Today some of our speakers will be presenting in English and some in Spanish. Please select interpretation and the language that you would like to hear throughout the event. [Spanish language]

Interpreter

Today some of the presenters will be speaking English, when others, Spanish.

Elena Mieszczanski

[Spanish language]

Interpreter

Please take on interpretation and select the language that you'd like receive the sessions in.

Elena Mieszczanski

If at any point, you are unable to hear the speakers, check to make sure you've connected your audio by clicking on the headphones icon in your Zoom controls. You can send a message to everyone to introduce yourself, and you can send in comments and questions in the chat. Please send in questions throughout the presentation. We'll have a short Q&A at the end of the event and we may answer some of the questions that come up in chat.

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We've also enabled the Zoom closed captioning feature. To start viewing live subtitles on your screen during today's meeting, please click the Closed Caption icon and select Show Subtitle. If you are unable to hear the presenters or see the presentation, please try leaving the meeting and joining it again using

the link sent to you in your registration confirmation email, or call in using the phone number provided in that same registration confirmation. Also, please note that today's meeting is being recorded.

Now, I'd like to introduce Dr. Jennifer Yourkavitch, director of Monitoring, Evaluation, and Learning for USAID Advancing Nutrition, who will be introducing and moderating today's event.

Dr. Jennifer Yourkavitch

Thank you, Elena. Hello, everyone and welcome to our webinar on nutrition data use focusing on data from population-based surveys. I see people are joining from all over the world. Thank you so much. We have a great panel of presenters with us today. They will be presenting on how nutrition data have been and can be used to make decisions and to inform policies and programs with examples from Guatemala and India. We're going to jump right into those presentations now so that we'll have some time for questions and answers afterwards.

As Elena mentioned, we have simultaneous translation, so our speakers will take a measured pace. Our first speaker is Dr. Rukundo Benedict, who will be presenting on a new demographic and health surveys program e-learning course on data and nutrition. Rukundo is the lead nutrition research associate for the DHS Program. She is a public health nutrition practitioner with expertise in infant and young child feeding, adolescent nutrition, community health systems, and the delivery of integrated interventions in low-resource settings. Over to you, Rukundo.

Dr. Rukundo Benedict

Good day, everyone. Thank you for the introduction, Jennifer. I'm happy to be here today to share about the new DHS e-learning course on nutrition indicators in DHS surveys. Next slide, please.

For those who are not familiar with the DHS Program. Since 1984, the DHS has assisted host countries in the collection, analysis, and dissemination of accurate and representative data on population health and nutrition. By doing this, the DHS reinforces the institutional capacities within partnering countries, helps to develop new procedures and methodologies, and improves access to data for dissemination and further analysis. A crucial part of the DHS Program is strengthening the capacity of host country partners to collect, analyze, present, and use data. Next slide, please.

The DHS Program collects several nutrition indicators to meet many current and emerging nutrition data needs, which can be used to track progress and inform national and global decisions on nutrition policies and programs.

On your screen on the left are the nutrition indicators that the DHS has collected throughout DHS-7. On the right are the additional new indicators that will be reported in DHS-8 surveys. Data from DHS-8 surveys is forthcoming with more surveys getting underway. We are excited to have new data on a range of topics that includes nutrition counseling during antenatal care and early childhood that will allow countries to be able to track the coverage and impact of nutrition counseling interventions at multiple time points, data on food or cash assistance during pregnancy, data on women's diets.

The Minimum Dietary Diversity for Women assesses the micronutrient adequacy of women's diets and their intake of healthy and unhealthy foods and helps to fill an important data gap in women's diet quality.

DHS-8 surveys will also report children's unhealthy food and sweet beverage consumption, which is of particular importance given the global increase in overweight and obesity among children. There will be

information on child growth monitoring, which is the second most common nutrition intervention reported by WHO member states.

Finally, data on food insecurity will be available for some countries. The food insecurity data is collected using FAO's Food Insecurity and Experience Scale, The FIES. The FIES is an optional survey module that countries can include in their surveys.

In addition to these new data, there are also a few changes to existing indicators in DHS-8 surveys such as adolescent nutritional status will now be reported separately using BMI for age in alignment with WHO guidelines. Questions on iron supplementation will now capture all types of iron-containing supplements for women and children. Next.

In alignment with the overall DHS mandate to strengthen capacity and promote data use, the nutrition e-learning course was launched earlier this year. The learning objectives of the course are to describe how the DHS Program collects nutrition information in DHS surveys and defines nutrition indicators and to describe interpretation considerations for nutrition indicators in DHS surveys. Next.

The e-learning platform allows for a greater audience to be reached and provides the opportunity for stakeholders in different parts of the world to participate. The e-learning course is designed to orient a variety of stakeholders including professionals from government, civil society, multi-laterals, and other development partners, and more to the nutrition indicators reported in DHS surveys, and how to interpret them. The course is intended for use by both generalists and technical staff who work in nutrition as well as policymakers and program managers. Next slide.

The course applies adult learning principles and is self-paced, allowing participants to maximize the most effective use of their time from anywhere with internet access. The e-learning course is divided into 12 stand-alone modules and can be taken in any order. On your screen, you can see the nutrition data covered in each module, which includes nutritional status for children, adolescents, and adults, anemia status, infant and young child feeding, women's dietary practices, and coverage of several nutrition interventions.

There are also two optional modules on anthropometric data quality, which covers the anthropometric data quality procedures in DHS surveys, and an optional module on food insecurity, which covers the optional food and security module based on FAO's Food Insecurity Experience Scale. Next slide. Every module in the course has a theory section and an application section. The theory section of the course describes the nutrition topic and the value of collecting data on that topic. Next, it describes how data is collected in DHS surveys to construct the indicators. Then defines the indicators reported in DHS surveys. Finally, discusses interpretation considerations for the indicators.

For example, in Module 8 on micronutrient supplementation and deworming in children, the course explains how the questions on iron supplementation are adapted depending on the type of interventions available in the country, and how the types of locally available iron-containing supplements for children are shown to the respondent during data collection.

Finally, the section ends with a short quiz to recap the learning. Next slide.

The application section of the course leads the course participant through an exercise to read the nutrition data tables that appear in DHS final reports. For some topics such as nutritional status, it will be one table, while for others, it may be multiple tables and/or include interpreting a figure like the infant feeding area graph shown on the screen. Course participants will read the tables or graphs and respond to a series of questions on how the data can be used for policy or programs. Next slide.

To give you a feel of the course, I'm going to share a short video from the theory section of Module 4 on infant and young child feeding that describes the IYCF indicators reported in DHS surveys.

[Pause]

Next. Apologies for that, folks. We will definitely share a link so that you can get a snippet of what that looks like.

For the application portion, the e-learning course uses a case study with characters to walk through, as I mentioned, reading and interpreting tables for policy use. To give you a feel for it, I've shared a snippet of the table on iodized salt for you to interpret and respond to a poll question. The poll question, can you bring that up, please? Let's take about 30 seconds to respond to this poll question. You may need to move the poll question to this side so that you can read the table.

The question is, true or false, the percentage of households with iodized salt is higher in rural areas than urban areas? Give folks about 30 seconds to respond to that.

Okay. Can you pull up the poll results, please, Elena? All right. It looks like most people got this correct, about 81% of you. The correct answer is false. The percentage of households with iodized salt is 98.9% in urban areas, and 82.8% in rural areas.

The character in this case study, her name is Regina, notices that in column one, which reports salt that is tested, that the percentage of households with salt tested is similar between urban and rural households. She suspects that in rural areas households have access to salt, but are using non-iodized salt. As part of her work, she plans to work with rural officials to better understand the issues of product availability and affordability, and how to address the lower coverage of household iodized salt use in rural areas.

That's an example of how, during the application section, we try to rope in some policy and programmatic use. Next slide, please.

Hopefully, you've been inspired to either take the course or to share within your networks. The e-learning course takes about two to three hours to complete. It does not have to be completed in a single seating. The course participants that take all 10 modules will receive a certificate of completion. The course is free to all, and participants can register on the DHS Program Learning Hub to take the course. The DHS Learning Hub can be accessed from the DHS Program website. I will share in the chat, momentarily, the link to the Learning Hub. Next slide, please.

In addition to the nutrition e-learning course, the DHS Learning Hub has several other resources to support data use and analysis activities. All courses are free and open to anyone with simple registration on the Learning Hub. Feel free to follow the link that I'll share momentarily if you would like to find out more. Next slide.

With that, I want to thank you for your attention. I will hand this back over to Jennifer to introduce the new speaker. Thank you.

Dr. Jennifer Yourkavitch

Thank you, Rukundo. That was very informative. I've begun taking that course and I can attest that it is quite user-friendly and very good. I encourage you all to check it out. Turning to our next speakers, Mireya Palmieri and Gabriel Perez, they are co-presenting on population-based survey data in Guatemala, and how it has been used for improvement of nutrition policies and programs. Mireya is Director of the Health and Nutrition Epidemiological Surveillance System in Guatemala. Gabriel is sub secretary at the SESAN Nutrition Secretariat Office in Guatemala. Over to you Gabriel and Mireya.

Mireya Palmieri

Thank you, Jennifer. I am Mireya Palmieri. I am working at INCAP, which is the Institute of Nutrition of Central America and Panama. I am very happy to present some information regarding SIVESNU. Later on, I'm going to ask my friend Gabriel, the undersecretary at SESAN, to continue with the presentation. Next, please.

In 2010, various representatives from different institutions in Guatemala got together in order to try and think about coming up with a system that would provide reliable and periodic information on various nutrition indicators. The government of Guatemala, through the Secretariat of Food and Nutrition Security and the Ministry of Health, together with representatives from USAID, from the CDC, INCAP, and UNICEF, got together to find out whether Guatemala was able to respond to certain nutrition surveillance questions. The questions were the following. Next, please.

People asked the following questions: What is the current status of different nutrition indicators in the country? By that, we meant different malnutrition indicators, not only stunting or acute malnutrition, but different malnutrition indicators.

The following question was, "What changes in nutrition problems can we measure and document?" The next one, "What interventions should be improved in order to increase their effectiveness and to attain the different changes?" Finally, a very important question, "What is happening or has happened regarding national and international nutrition goals and targets?"

Remember this was 2010, we were in the middle of the Millennium Development Goals, and we're very interested in trying to find out whether Guatemala was meeting the targets that had been set in the previous century. Next one, please.

Most of the answers to those questions were no. In 2010, we decided to come up with the resources, the technical input, in order to set up the epidemiological health and nutrition surveillance system or SIVESNU, which became a surveillance system based on annual surveys. In fact, after 2011 where the prototype was tested, we carried out six annual surveys.

The second feature was that this survey was a cross-sectional household survey. The data was going to be collected during a period of nine months, more or less because in some instances we have carried out the data collection in a period of three or four months, depending on the circumstances, but roughly, we have carried out data collection in the nine-month period.

The estimates on the whole are nationally representative estimates of all indicators. The design is very flexible. We have made changes and transformations to the original design based on new interests, on new questions that have to be answered.

For example, we included some chronic disease modules after we found out that overweight and obesity was very high in the country. We decided to include a new module of chronic disease information. We also included a module for school-aged children and adolescents, given that it was important to ascertain at the time what were the health and nutrition conditions of this population. Next one, please.

When we were planning each annual cycle, we had in mind different possible potential uses for the data. As I say, the first very, very evident data use was to generate evidence on non-resolved persistent nutrition problems like we're going to see later on when Gabriel presents further information. As I say, non-resolved and persistent nutrition problems like stunting, but also evidence on emergent nutrition problems like overweight and obesity as I was mentioning. This was very important in order to be able to monitor these nutrition problems.

Another potential data use was to be able to monitor the coverage of different health and nutrition programs in order to adjust the plans and institutional budgets. We have been able to successfully monitor some of these programs, especially ones being implemented by the Ministry of Health. We, of

course, also carried out bivariate and multivariate analyses regarding different topics, especially chronic disease, non-communicable chronic disease prevalences in women and in school-age children that were measured in 2017.

We have been also able through SIVESNU to carry out territorial assessments for development, especially in one of the very complex territories, departments in the country. We carried out a special assessment representative for the departmental level which allowed departmental authorities to adjust plans and budgets.

We wanted to also influence public policy design and updating. Gabriel is going to spend quite some time telling you about this effort of updating and adjusting the national food and nutrition security public policy using data from SIVESNU.

Finally, we were also planning to use SIVESNU data in order to evaluate strategies and programs at the national level which has happened. In fact, we use the SIVESNU design to carry out in 2021, 2022, a baseline evaluation of the national nutrition strategy put forward by the government in 2020. The baseline is finished. We have new food and nutrition data, and also data regarding health and agricultural programs which are going to be disseminated very soon.

Now I would like Gabriel, the undersecretary of SESAN, to continue with the presentation regarding actual examples of data use with SIVESNU data. Please go ahead, Gabriel. Thank you very much, Jennifer.

Gabriel

[Spanish language]

Dr. Jennifer Yourkavitch

Thank you so much, Gabriel, Mireya. *Muchas gracias.*

Interpreter

[Spanish language]

Dr. Jennifer Yourkavitch

That system have been used to inform policies and programs. We've got some questions coming in. Thank you. Please continue to put your questions in the chat and we'll return to them after the next presentation. Our final speaker is Esha Sarswat, who will be presenting on data use and district-level nutrition profiles in India. Esha is working as a senior communications specialist with IFPRI. She manages the stakeholder engagement portfolio for IFPRI's POSHAN project, an initiative to support more use of evidence for nutrition programming in India. Over to you, Esha.

Esha Sarswat

Hi. Good evening from India and good morning and good afternoon to all of you joining from across the world. My name is Esha and I work as a senior communication specialist with a program under IFPRI

which is called POSHAN as Jennifer mentioned. POSHAN stands for Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India. As the name suggests, this particular project aims to shorten the evidence gap that exists in India in the nutrition data landscape, and we do that by synthesizing, mobilizing, and generating the nutrition data and evidence to inform policy and programs. Next slide.

Today, I will be talking about one of the tools that we use in India to fill this evidence gap and inform policy and programs. These products are called district nutrition profiles. Just to give you an idea of what a district is. A district in India is an administrative block where mostly, generally, all the government programs are implemented. That's the implementation level where the programs are rolled out. In some of the districts, there are a few subdivisions, but mostly, all the programs are implemented at the district level.

How did we think about having something called a district nutrition profile or the other products that we have? It all started around 2014 before the fourth round of NFHS, the data was out, which is 2015, '16 for India, NFHS is the DHS equivalent of India. There was a rise of demand on nutrition data, and there was also an intent to raise awareness on not only the problem, not just identifying the problem with the available data but also to try and see what are the solutions that we can offer with the available data.

The idea was to have data in such a form which is visually appealing. We all have seen the data sheets that come out, we have a lot of information there, but for somebody who's not a data expert or who doesn't like numbers that much, it's very difficult and very overwhelming to digest all of this, especially for policymakers who have very less time. We wanted to have a product which is visually appealing, which is easy to disseminate, and it forms the basis of a conversation starter as what I said at the district level where the programs are implemented.

This is how we got an idea to put together a four pager, just a four pager which has the basic demographic indicators, the determinants of nutrition, immediate and underlying determinants, and the coverage of interventions, and of course, what's the status of that district on different malnutrition outcomes. Next slide, please. How does the process of generating these DNP started? It was not done sitting in one room in IFPRI's office. There was a consultation help with a group of stakeholders and we identified the needs and the level of engagement.

We sat together with district-level people, the state-level people at the national level, and everybody put together their views which indicators we should use. We used the UNICEF conceptual framework to design the profile. The profile is basically divided into four parts where we talk about the prevalence of the nutrition outcomes, the prevalence of mediate and underlying determinants, and the coverage of intervention, so it's entirely based on science and evidence of the UNICEF conceptual framework.

The indicators were also identified based on the consultation, which indicators are mostly used, widespread use of the indicators, which indicators can help the policymakers to take quick decisions, especially for the low hanging fruits in their particular district because each district has an administrator that is in control of all these programs and to help that administrator to take quick decision based on the numbers, the nutrition indicators, so specific indicators were chosen, and also the availability of indicators in the National Family Health Survey, which is the equivalent of DHS in India.

We first did a pilot round in three states in India, collaborated with three civil society partners, got their inputs. Then first in 2017, we did the automation of the DMPs because in India, at that time, we had more than 640 districts, so it was not possible to do it manually. We did an automation in 2017 and we came out with the first round of DMPs which is based on the NFHS-4 data. That's also available on a website, and then with the recent release of NFHS-5 data in 2021 and 2022, we updated those profiles,

and now as per the new districts in India, which are more than 700, we have 707 profiles available for each of the districts in India. Next slide, please.

The indicators in the district nutrition profiles, DNPs, so as of now, we have 71 indicators that cover a range of nutrition, determinants, and outcomes. We have six demographic indicators, 13 nutrition outcome across men, women, pregnant women, and children, immediate determinants, underlying determinants, and intervention coverage. You can see a little snapshot of the demographic determinants at the bottom of the slide. The criteria of indicator selection for the DMPs I've already discussed, one was, of course, the availability in the NFHS-4 and NFHS-5, but the most important criteria that we kept for selection of indicators is to align it with India's national nutrition mission because as some of you know, India has a very detailed national nutrition mission.

We wanted this product to support the policymaker, so we aligned the indicators and the flow of indicators based on how India's national nutrition mission defines the monitoring, how the monitoring is done with the nutrition indicators. Of course, the applicability to the population, what indicators are needed to monitor the progress that is especially used by the government and the availability. This is how the indicators were selected. Next slide, please. This is just a quick snapshot of the four pages that I talked about.

Of course, the first page has the demographic indicators and a detail about what is the district nutrition profile, for whom this district nutrition profile is important, and how to use this district nutrition profile. Then in subsequent pages, you can see that we have the status of nutrition outcome among children. Then we also have status of nutrition outcome among women. The picture is not here. Then on the top right, you see we have the status of immediate determinants, then below that, we have underlying determinants, and then the coverage of intervention.

This is how it is divided and each section is followed by a set of questions. Those are not questions. It's more a wide question where the district magistrate or the administrator when he looks at the DMP, he can ask the question to his or her team that why if a certain indicator is not performing in the district, it's not performing well, then why it's not performing well, and what can we do about it? It also helps the administrator to prioritize the indicators.

For example, if you look at the purple section, the trends and coverage of interventions across the first a thousand days, right now, we have a lot of NA values here, but as everybody knows, the raw data, the unit level data is out and we'll be updating it very quickly here. An administrator can look at it and say, "Why is something not functioning? Why is the IFA distribution not reaching 90% in my district? Is it a supply chain gap? Is it the women are not coming and taking it? What are we supposed to do and how we can solve the problem?"

There are set of questions that helps the administrator or whoever is looking at the profile to generate and ask the right questions and to prioritize the indicators for their own district because in India, each district has its own issues, has its own problem, and there are no general set of questions that can be asked. As of now, we have 707 profiles available for which 575 profiles has comparable data between NFHS-5 and NFHS-4. The administrator or the user can also see that how the things have moved or changed in a positive direction or a negative direction and what are the reasons for that.

132 are still for non-comparable district. It's because the districts were created after the NFHS-4 was done or there are some comparability issues between the districts in the two phases. Next slide, please. I will briefly talk about how the use cases of this district nutrition profile. With the district nutrition profile version 1, which is based on the NFHS-4 data, we have done trainings of administrators. We have done these trainings with India's apex body of administrator training, which is called the Lal Bahadur Shastri Academy Of Administration.

We have trained the administrators on the basic concepts of nutrition and to help them identify how to tackle malnutrition. Why, again, administrators? Because these are the people who go at district level and are in control of all the programs that are implemented at the district level, whether it's health, whether it's women and child, or even the other ministries like water and sanitation. Next, please.

Another use is that these profiles are widely used by policymakers and influencers at national state and district level, including the development partners when they have to prioritize the issues that they want to work in their particular state or districts or to prepare their own internal organization plans or the plans made by policymaker at the district level. These profiles have influenced a lot of state and district level nutrition plans by the development partners and by government of India and the state governments as well. Next, please.

This is one of the other users of the district profile. This was done based on the first round of district nutrition profile and one of the reporters actually chose two districts which had a similar level of stunting prevalence, and then actually deep dived into the district nutrition profiles for both the districts and saw that maybe the levels of stunting was similar in both the districts in India, but definitely, the factors affecting the level of stunting was not seen. Somewhere there was an issue with the underlying determinants, somewhere there was a problem with coverage of intervention.

Again, the point is that stunting or the undernutrition outcomes can look similar, but the causes behind that undernutrition outcome can be very different in the different districts and different states in India. It's very important to look at the data at the ground level, at the district level where the program is implemented so we can make tailored programs, we can make tailored interventions to reach the low hanging fruits for those particular districts. Next.

This is my final slide and I would just like to end by saying that we have a range of products that we generate using the big data sets like NFHS, DHS, and even the administrative data that comes out in India. Some of them are at state level, some of the reports are at national level, and then we have these district nutrition profiles. All what these products do is basically translate the data into easy-to-understand information and to be available in a two-page or a four-page that can be easily put on an administrator's table or a development partner's table and it's easy to go through.

One thing that we have learned over the course of time is by just putting it out on the internet or printing out the hard copies, the data, it doesn't help. It is very important that proper investment is made in the engagement with data products, so engaging with the policymakers, engaging with the government official, engaging with the development partners to make them understand, walk them with you through these products and to make the best use of these products at all the levels where they are being used.

Engagement is something which we have learned over the course of time is a very important strategy once we generate these data products. This is not the end, but this basically starts as a means to start the conversation at the various levels and help the administrators, influencers, and policymakers to identify the problem and to work towards a solution. With that, thank you so much, and looking forward to the questions.

Dr. Jennifer Yourkavitch

Great. Thank you, Esha. That was a great description of how nutrition profiles make survey data accessible and understandable to different stakeholders. Thanks for sharing that. We are very short on time. I'm going to pose one question about challenges to all the speakers that is, what are some

challenges that stakeholders have faced with using nutrition data? If you could comment on that. I want to assure everyone that the questions you've posed in the chat will be answered.

We will prepare written answers and make those available to you along with the recording and the slides within the next week or so. Those materials will be sent to everyone who registered. Thanks very much, and I'll just turn to our speakers. Rukundo, Esha, Mireya, Gabriel, do you have any comments on different challenges that you know that people face when trying to use nutrition data from surveys?

Dr. Rukundo Benedict

I'll let Esha handle this one I think.

Esha Sarswat

Okay. Yes, so quickly, I can talk about the profiles based on our experience from the past five years we've been using them. A big problem with a country like India definitely is the language. For us, we have them in English primarily for all the states. For fewer states, we have them in Hindi, but in India, these are not the two languages, especially at the district level where the local languages, the colloquial languages are much more spoken.

That is something that if you really want people in every state and every district, basically, to utilize these products, it's important to have them in the regional languages. That is something that we have learned. Also, what we have learned is we all are very used to looking at the graphs and charts and very easy to interpret. It is very easy to interpret for us, but sometimes for people at district level who are not trained to look at data in a way we are trained or who are not very comfortable with data, it's sometimes difficult to explain the visualization.

In the district nutrition profile, the second version that we have come up with the NFHS-5 data, we have spent a lot of time on data visualization. We worked with a consultant, we worked with other partners to find out a way how the data can be much more easy to understand for people who are not used to understand or view data, look at numbers, look at charts, and graphs on a daily basis. I think that is my takeaway that we need to make it as simple and as easy as possible.

Dr. Jennifer Yourkavitch

That user engagement is key. Thank you so much. Mireya, I see your hand.

Mireya Palmieri

Yes, thank you very much. I would say very quickly that we have had two challenges. One is the timeliness of the data. Sometimes we have had problems in terms of processing and analyzing the data on time in order to provide evidence to decision-makers that have to have data for different decisions. That is one challenge. The other challenge, I would say, and we share that with India, of course, are cultural challenges because we have to translate those findings.

We have to translate that evidence into information that makes sense to communities, to families. Unfortunately, for this, we have SESANs, the secretariats, very interesting organization at the territorial level where they have community councils, municipal councils that deal with engaging community and

families at risk, communities, and families so that they can actually understand the data, understand the risks, and then actually carry out different activities. Those are the ones that come to mind right away, but of course, we can continue discussing this in the questions that you're going to send to us. Thank you, Jennifer.

Dr. Jennifer Yourkavitch

Great. Thank you so much, Mireya. Yes, making the data useful for the variety of audiences who need to use it, that is a challenge and our challenge to take on to ensure that that happens. That brings us to the end of our short hour together. Thank you so much for joining us here today and a big thanks, *muchas gracias* to our presenters for sharing your time, information, and learning with us today. You can join us again the third week of June for a webinar on operationalization of updated IYCF and MDD-W, that's Minimum Dietary Diversity for Women guides, those are the measurement guides. You'll receive an email announcement in the coming weeks for that event. Have a wonderful rest of your day. Thanks for staying on. Bye.



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Month Year

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