



More Nutrition Data, Please! Integrating Nutrition Indicators into Health Information System and Facility Assessments

April 4, 2023
9:00-10:00 AM EDT (GMT-4)

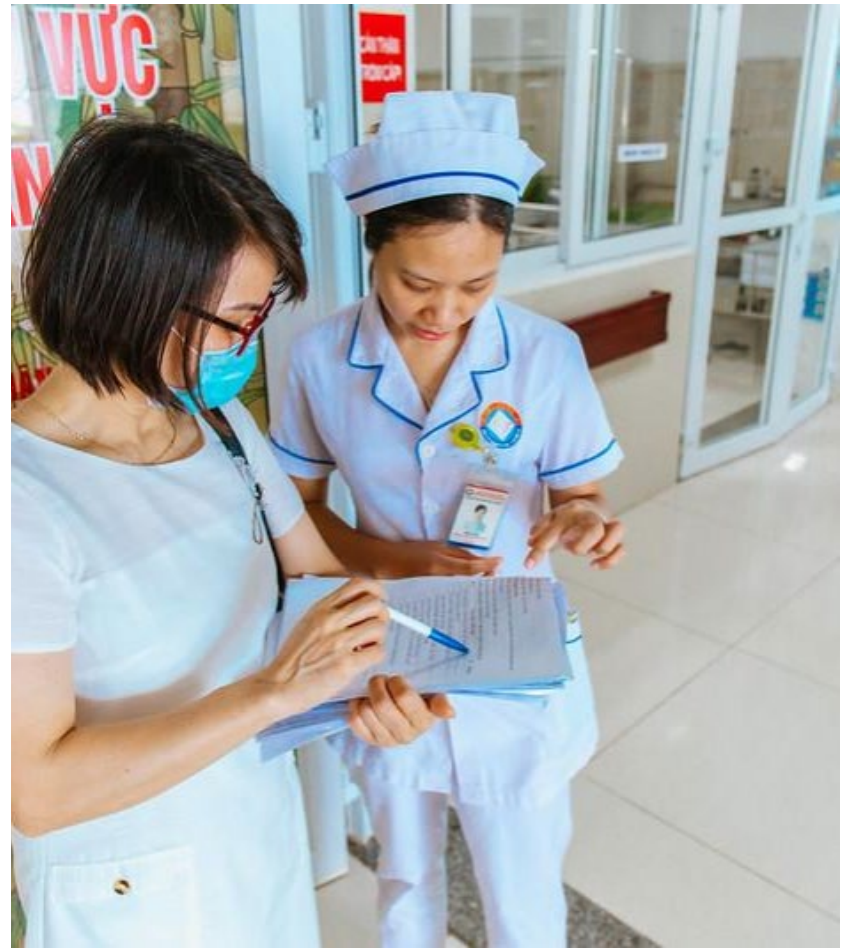


Photo: USAID IMPACT-MED

Agenda

1. Opening remarks
2. Global Guidance: Nutrition in Routine Health Information Systems
3. Experience from Zambia: Changes Made Due to DHIS2
4. Nutrition Data in the Revised Service Provision Assessment (SPA) Survey
5. Use of Nutrition Data from the Recent SPA in Nepal
6. Q&A
7. Closing

Speakers



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Importance of Nutrition Inclusion in Routine Health Information System and Facility Assessments



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Global Guidance: Nutrition in Routine Health Information Systems



Chika Hayashi
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April 4 Webinar - Nutrition in Health Management Information Systems

The case for integrating nutrition (info) within routine health (info) systems

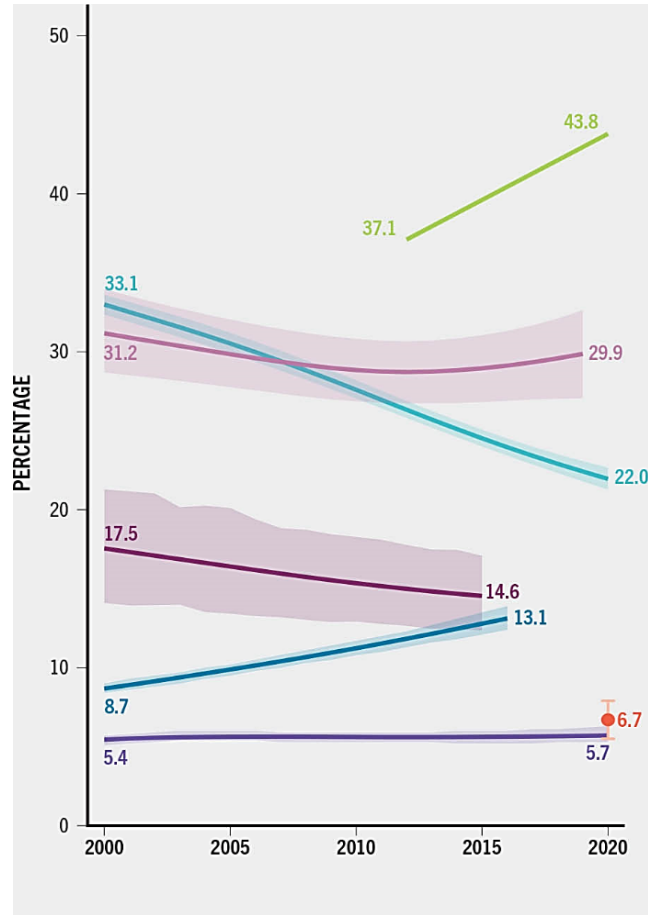


OUTLINE

1. Making the case for integrating nutrition (info) within routine health (info) systems
2. New guidance for collecting routine data for core nutrition indicators in health facilities and community settings
3. DHIS2 NUT aggregate package
4. Overview of the standard NUT routine indicators

An unacceptably large number of people still affected by malnutrition in all its forms

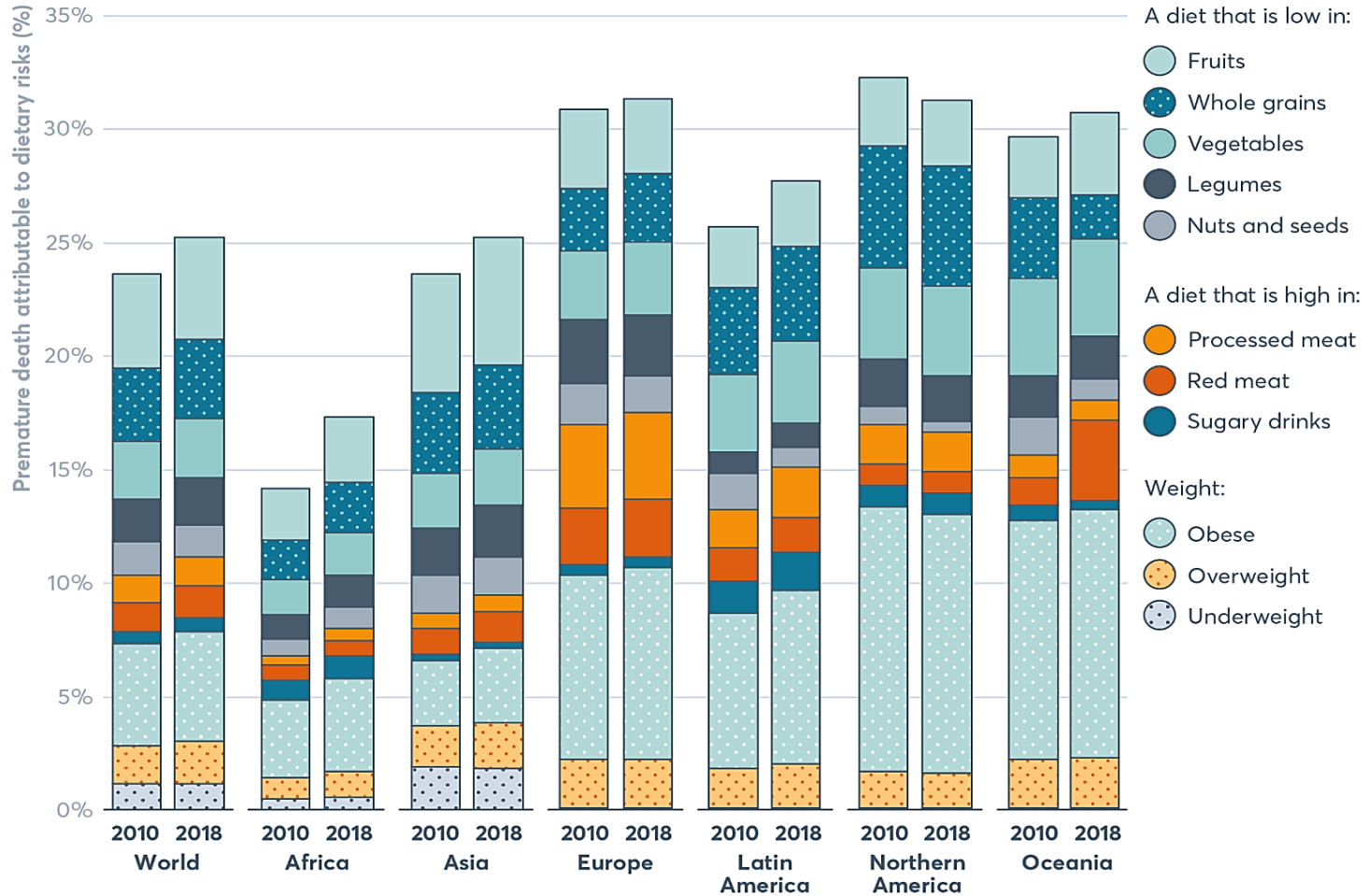
[The State of Food Security and Nutrition in the World 2022](#)



Poor diets and resulting malnutrition are leading to disability and death and causing vast health, economic and environmental burden

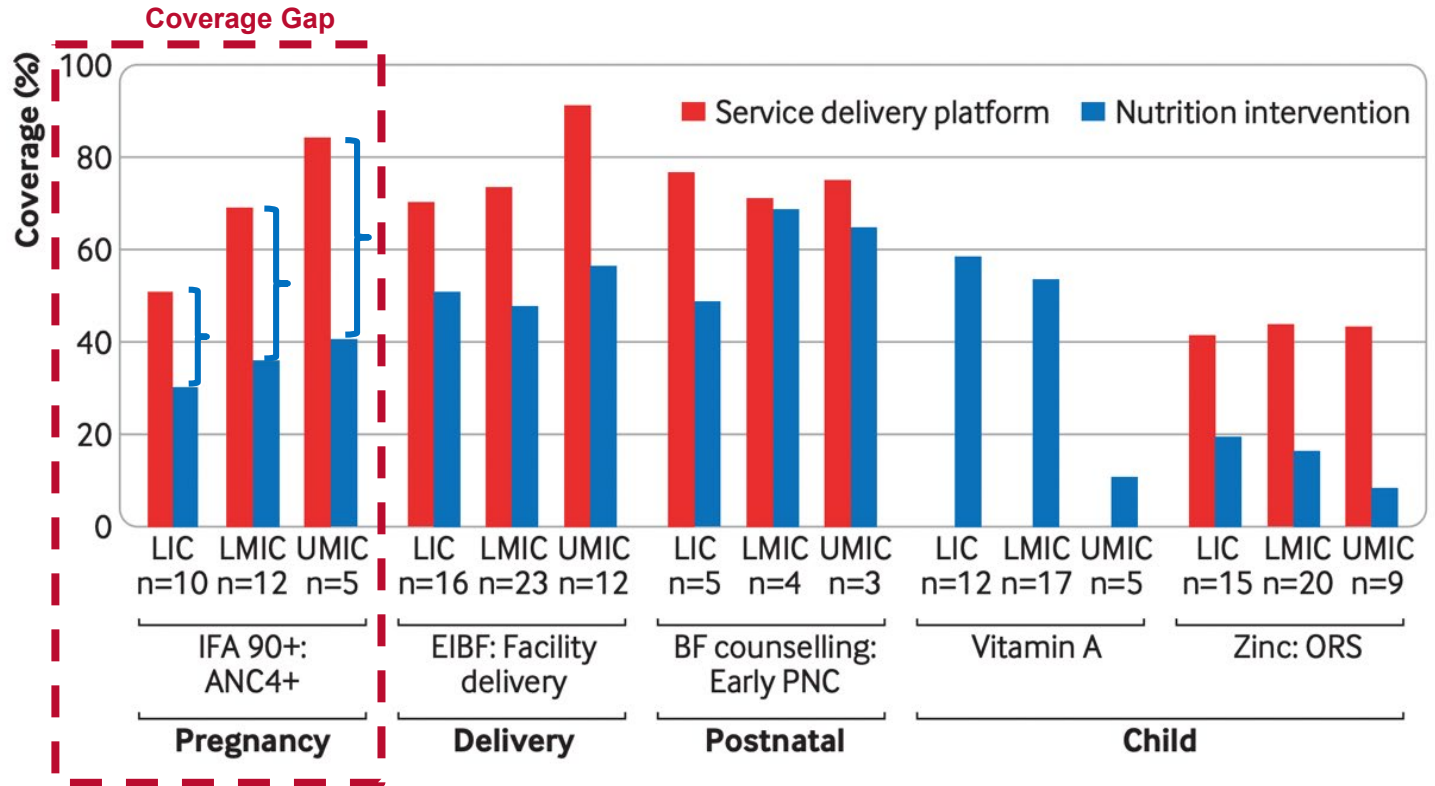
GNR 2020

New analysis based on estimates of food intake from the Global Dietary Database, weight measurements from the NCD Risk Factor Collaboration, diet-disease relationships from the epidemiological literature, and mortality and population estimates from the Global Burden of Disease project.



Coverage of nutrition actions within primary healthcare settings are limited: Coverage Gap

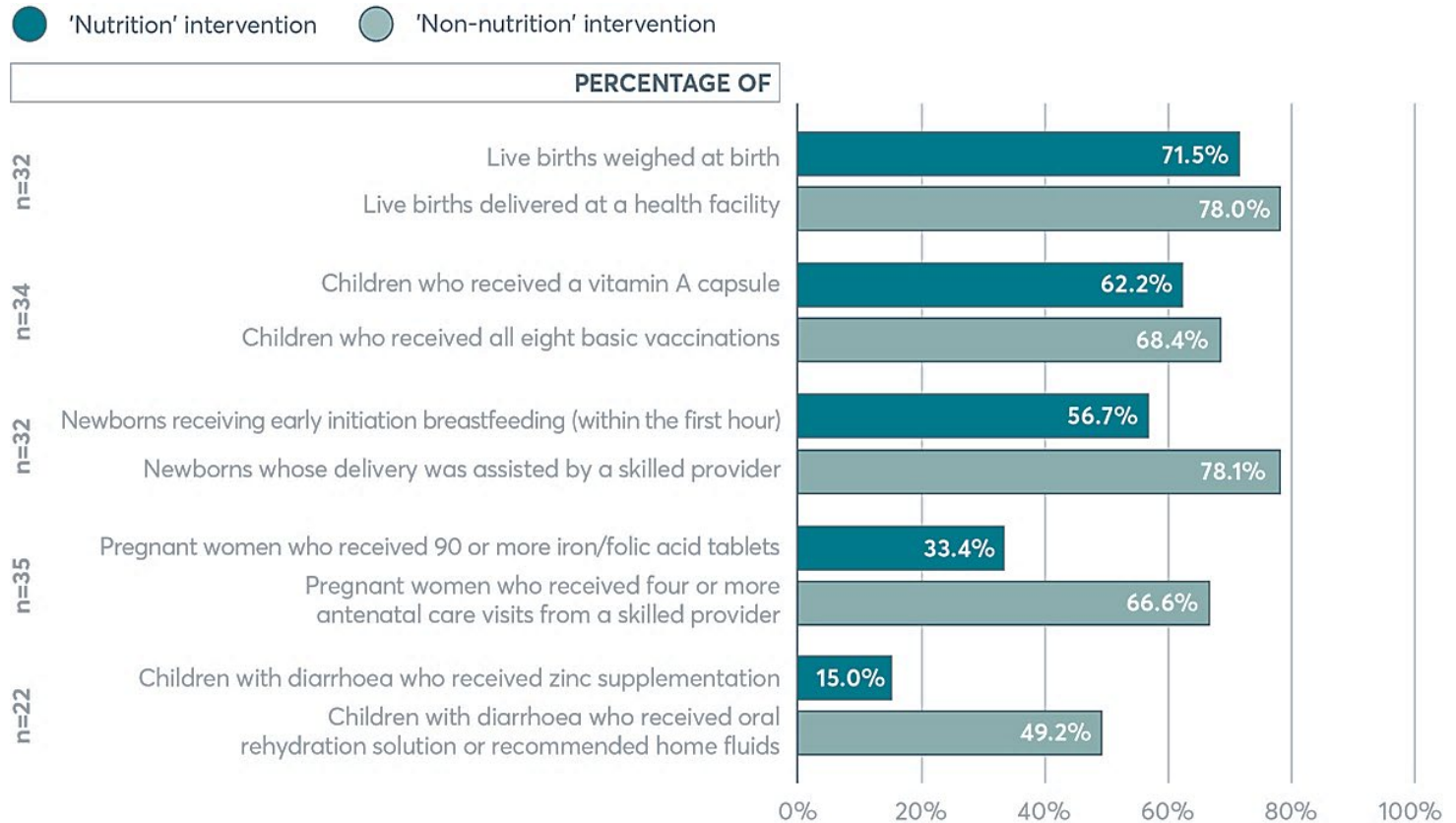
[Journal Article: How Can We Realise the Full Potential](#)



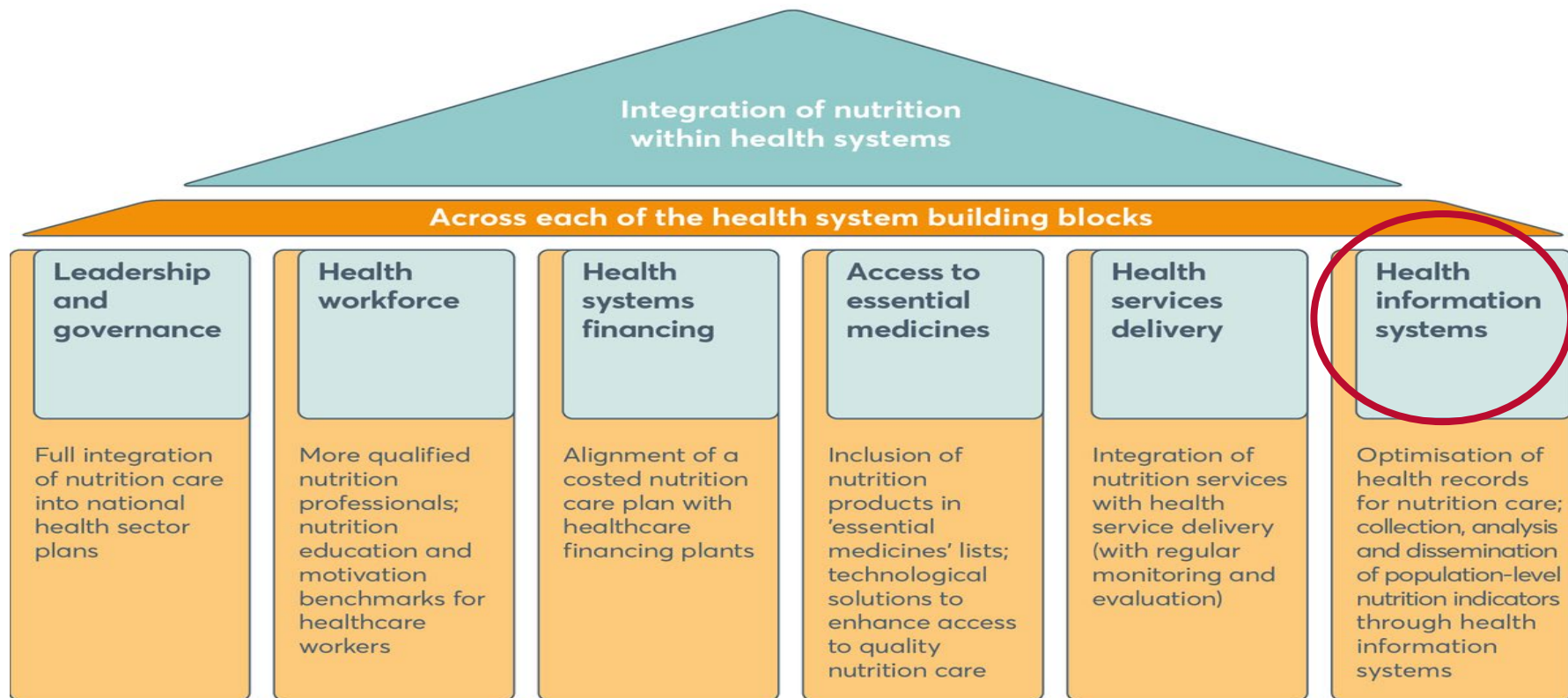
Coverage of nutrition actions within primary healthcare settings are limited

[Mainstreaming nutrition within universal health coverage](#)

Demographic and Health Surveys (DHSs) published between 2012 and 2018, latest available data used by country.



Framework for equitable integration of nutrition within health systems

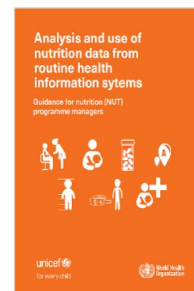


Standard framework: NUT module for RHIS

The **Nutrition module** is the latest addition to the WHO [toolkit for routine health information systems \(RHIS\)](#)

Each module include **three elements**:

1. [NUT Guidance document](#) with standard routine indicators
2. [NUT DHIS2 Digital](#) configuration package
3. **Training** materials



Standard language: NUT guidance

First ever global recommendations on nutrition indicators for routine data collection

- Provides **standard** set of routine nutrition indicators to be collected by nutrition programmes at **health facility** and **community** levels.

Core essential indicators:

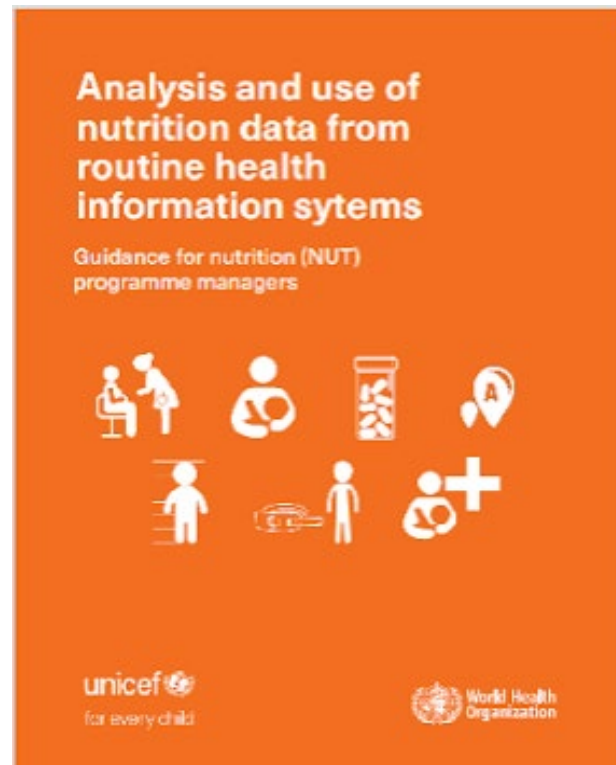
At facility and community level collected
by all countries

Optional indicators:

Suggested to collect if fits
country health system and
needs

Longitudinal indicators:

Suggested to collect if
country is tracking
individuals over time



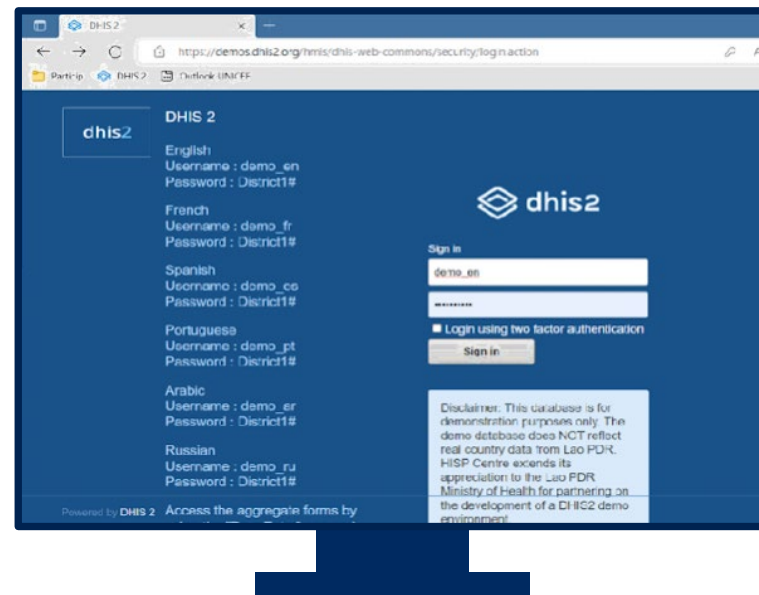
Standard system: DHIS2 NUT digital package

New DHIS2 (NUT) Nutrition package to strengthen the ability of countries to capture, integrate, analyze and use routine nutrition data at national and sub-national levels.

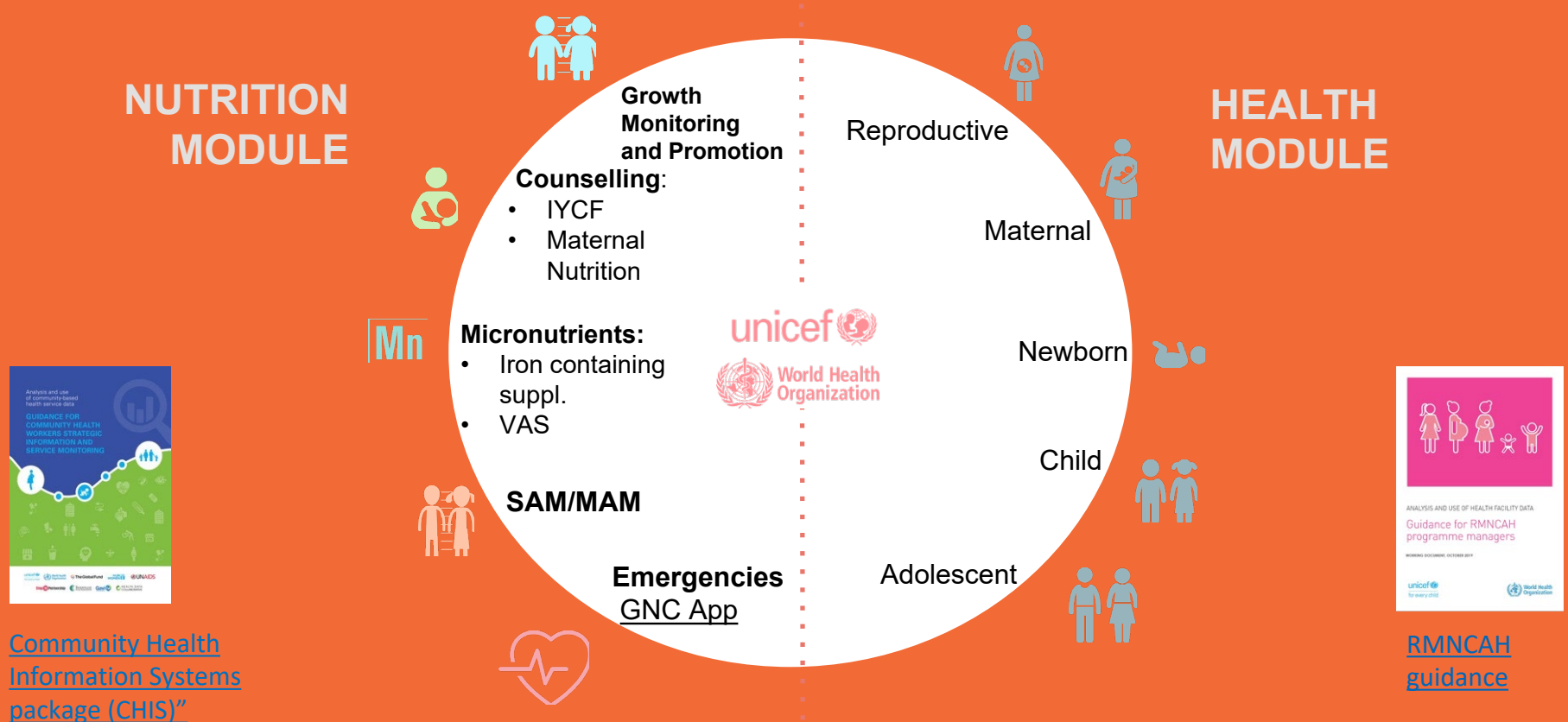


<https://dhis2.org/metadata-package-downloads>

<https://demos.dhis2.org/hmis/dhis-web-commons/security/login.action>



What areas of nutrition programming does the NUT module cover?



Maternal nutrition counselling

18 Core indicators – 12 during ANC, 6 during PNC



ANC/PNC contacts in a **facility/community** during which (pregnant) women received counselling on:

ANC



Appropriate weight gain



Iron-containing supplements



Physical activity

ANC / PNC



Maternal counselling



Maternal nutrition



Healthy diets

Provision of Maternal nutrition counselling

Indicators overview

18 Core – 12 indicators during ANC, 6 indicators during PNC

1 for **facility (shown)**

1 for *community*

Maternal counselling received during ANC/PNC in a facility

(1 for ANC, 1 for PNC)

Numerator:

ANC contacts in a **facility** during which pregnant women received maternal counselling

Denominator:

ANC contacts in a **facility**

Counselling on maternal nutrition received during ANC/PNC in a facility

(1 for ANC, 1 for PNC)

Numerator:

ANC contacts in a **facility** during which pregnant women received maternal nutrition counselling

Denominator:

ANC contacts in a **facility**

Counselling on healthy diet received during ANC/PNC in a facility

(1 for ANC, 1 for PNC)

Numerator:

ANC contacts in a **facility** during which pregnant women received counselling on healthy diets

Denominator:

ANC contacts in a **facility**

Counselling on appropriate weight gain/ physical activity/ Iron-containing supplements (i.e. iron-folic acid or multiple micronutrient supplements) **during ANC in a facility** (3 indicators – 1 for each topic)

Numerator:

ANC contacts in a **facility** during which pregnant women received counselling on **weight gain**

Denominator:

ANC contacts in a **facility**

Data collection on provision of maternal counselling

Maternal Health Counselling (on any of following nutrition/health topics)

1. Breastfeeding within 1 hour of birth (early)
2. Exclusive breastfeeding (no other food/liquid only breastmilk)
3. Healthy diet during pregnancy
4. Weight gain during pregnancy
5. Iron containing supplements: iron folic-acid (IFA) or multiple micronutrient (MMS)
6. Physical activity
7. Hygiene and sanitation
8. Family planning/birth spacing
9. Intermittent preventive treatment of malaria (moderate to high malaria transmission)
10. Undernourished/food insecure populations: balanced energy & protein supplementation

Maternal Nutrition Counselling (on any of the following nutrition topics)

1. Breastfeeding within 1 hour of birth
2. Exclusive breastfeeding
3. Healthy diet during pregnancy
4. Weight gain during pregnancy
5. Iron-containing supplements- IFA or MMS
6. Physical activity

Growth Monitoring and Promotion



17 Optional

- Child referred for MAM/SAM
- Child weight gain/unchanged/lost since last measurement
- Child caregivers counselled on growth promotion
- Child underweight/overweight/obese
- Child obese management plan
- Child stunted
- Child wasted

17 Core indicators

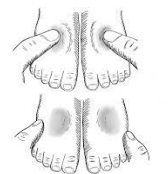


1 for **facility**
1 for **community**
1 for **facility + community**

Liveborn babies delivered with **birthweight** documented in the reporting system ..

- before discharge
- with value < 2500 g
- with value < 1500 g

1 for **facility**
1 for **community**



Child **height/length** measured

Child **weight** assessed

Child **oedema** assessed

Child **MUAC** assessed

Growth Monitoring and Promotion (GMP)

Indicators overview

17 Core

1 for **facility (shown)**
1 for **community**
1 for **facility + community**

- Liveborn babies delivered in a **facility** with **birthweight** documented in the reporting system before discharge
- Liveborn babies delivered in a **facility** with **birthweight** documented in the reporting system with value < **2500 g**
- Liveborn babies delivered in a **facility** with **birthweight** documented in the reporting system with value < **1500 g**

1 for **facility (shown)**
1 for **community**

- Child **height/length** measurement in a **facility**
- Child **MUAC** assessed in a **facility**
- Child **Oedema** assessed in a **facility**
- Child **weight** assessed
- In a **facility**

17 Optional

5 for **facility (shown)**
5 for **community**

- Child **referred** by a **facility** for moderate wasting
- Child **referred** by **facility** for severe wasting
- Child **weight gain** since last measurement in a **facility**
- Child **weight unchanged** since last measurement in a **facility**
- Child **weight lost** since last measurement in a **facility**

7 for **facility**

Child caregivers counselled on growth promotion in facility
Numerator: Child caregivers counselled on growth promotion in a facility
Denominator: Children 0-59 months of seen in a facility

Child underweight
Numerator: Child who is underweight for age who was assessed in a facility
Denominator: Children 0-59 months seen in a facility

Child overweight
Numerator: Child who is overweight for age who was assessed in a facility
Denominator: Children 0-59 months seen in a facility

Child obese (similar to above)

Child stunted (similar to above)

Child wasted (similar to above)

Child Obese management plan
Numerator: child who is obese with management plan
Denominator: Child who is obese

Infant and young child feeding counselling



2 Optional

- Counselling in a facility about healthy eating (6-23m) - focus on avoiding consumption of unhealthy foods
- Sick child counselling in a facility (0-23 months) - focus recuperative feeding during sickness

3 Longitudinal

- IYCF counselling contacts in a facility and/or the community during the first 2 years of life

8 Core indicators

1 for **facility**
1 for **community**



**ANC
breastfeeding
counselling**

ANC contacts in a **facility** during which pregnant women received any breastfeeding counselling



**Early
initiation of
breastfeeding**

Live births in a **facility** put to breast within one hour of birth



**IYCF counselling
(0-5 months)**

Consultations in a **facility** for infants 0-5 months providing counselling on appropriate IYCF



**IYCF counselling
(6-23months)**

Consultations in a **facility** for infants 6-23 months providing counselling on appropriate complementary feeding

Provision of Infant and Young Child Feeding counselling

Indicators overview

8 Core

1 for **facility (shown)**
1 for **community**

Antenatal counselling about breastfeeding in a **facility**

Numerator: ANC contacts in a **facility** during which pregnant women received any breastfeeding counselling

Denominator: ANC contacts in a **facility**

Early initiation of breastfeeding in a **facility**

Numerator: Live births in a **facility** put to breast within one hour of birth

Denominator: Live births delivered in a **facility**

IYCF counselling (0-5 months in a **facility**)

Numerator: Consultations in a **facility** for infants 0-5 months providing counselling on appropriate IYCF

Denominator: Consultation in a **facility** for an infant 0-5 months, includes PNC and other immunization service

IYCF counselling (6-23 months in a **facility**)

Numerator: Consultations in a **facility** for infants 6-23 months providing any counselling on appropriate complementary feeding

Denominator: Consultation/child health visit in **facility** for children, 6-23 months

2 Optional

1 for **facility**

Counselling in a facility about healthy eating

Numerator: Consultations in a facility for children 6-23 months of providing counselling on complementary feeding with a focus on healthy eating (i.e. avoiding consumption of unhealthy foods)

Denominator: Consultations/child health visits in a facility for children 6-23 months

Sick child counselling in a facility

Numerator: Sick-child visits in a facility for children 0-23 months providing counselling on recuperative feeding during sickness

Denominator: Sick-child visits in a facility for children 0-23 months

3 Longitudinal

1 for **facility (shown)**
1 for **community**
1 **facility + community**

IYCF counselling contacts in a facility and/or the community during the first 2 years of life

Numerator: Women with a child 24-35 months of age who were counselled \geq times in a facility and/or community on IYCF

Denominator: Women with a child 24-35 months of age who accessed services in a facility and/or community

Iron-containing micronutrient supplementation in pregnancy



6 Optional

1 Longitudinal

- **Hemoglobin (Hb) testing** at first ANC contact
- **Anemic** at first facility ANC contact
- **Provision** of iron-containing supplements at first facility ANC contact
- **Receipt** of postnatal iron-containing supplements during PNC contacts

Receipt of at least 90 iron-containing supplements throughout pregnancy

Registered pregnant women who came to term in the reporting period who were given/prescribed ≥ 90 iron-containing supplements throughout their pregnancy

Population-based

3 Core indicators

- 1 for **facility** (shown)
- 1 for **community**
- 1 for **facility + community**



Receipt of iron-containing supplements during facility ANC contacts

Includes any type of iron-containing supplement (e.g., iron tablet, iron-folate syrup, multiple micronutrient capsule with iron, etc.) with appropriate dose



Maternal iron containing supplement

Indicators overview

3 Core

1 for **facility (shown)**
1 for community
1 for facility + community

Receipt of iron-containing supplements during facility ANC contacts

Numerator: Facility ANC contacts during which pregnant women were given/prescribed iron-containing supplements

Denominator: Total **facility** ANC contacts

6 Optional

1 for facility

Hemoglobin (Hb) testing at first ANC contact

Numerator: First ANC contacts in a facility during which Hb was tested

Denominator: Total first ANC contacts in a facility

1 for facility

Anemic at first facility ANC contact

Numerator: First ANC contacts in a facility where Hb was tested, and outcome was anaemic

Denominator: Total first ANC contacts in a facility with Hb tested

1 for facility

Provision of iron-containing supplements at first facility ANC contact

Numerator: Pregnant women given/ prescribed iron-containing supplements at first facility ANC contact

Denominator: Estimated number of pregnant women

Population-based

1 for **facility (shown)**
1 for community
1 for facility + community

Receipt of postnatal iron-containing supplements during facility PNC contacts

Numerator: Facility PNC contacts during which women were given/ prescribed postnatal iron-containing supplements or reported already receiving them

Denominator: Total **facility** PNC contacts

1 Longitudinal

1 for facility + community

Receipt of at least 90 iron-containing supplements throughout pregnancy

Numerator: Registered pregnant women who came to term in the reporting period who were given/ prescribed ≥ 90 iron-containing supplements throughout their pregnancy

Denominator: Registered pregnant women who came to term in the reporting period

Vitamin A supplementation



1 Optional

- Monthly target monitoring of VAS coverage

3 Longitudinal

- Individual annual two-dose VAS coverage
- Full Protection with VAS
- Zero Dose VAS

12 Core indicators

- 1 for **facility** (shown)
- 1 for **community**
- 1 for **facility + community**



VAS coverage of children 6-59 months: **Semester 1** in a **facility** (routine)

Vitamin A supplement given to children 6-59 months old in Semester 1/2 at a facility **routine** visits



VAS coverage of children 6-59 months: **Semester 1** at a **facility event**

Vitamin A supplement given to children 6-59 months old in Semester 1 / 2 at a facility **event**

Vitamin A supplementation

Indicators overview

12 Core

1 for **facility** (*shown*)
1 for *community*
1 for **facility +community**

VAS coverage of children 6-59 months: Semester 1 in a facility (routine)

Numerator:

Vitamin A supplement given to children 6-59 months old in Semester 1/2 at a facility routine visits

Denominator:

Population 6-59 months

VAS coverage of children 6-59 months: Semester 1 at a facility event

Numerator:

Vitamin A supplement given to children 6-59 months old in Semester 1 / 2 at a facility event

Denominator:

Population 6-59 months

1 Optional

1 for *facility + community*

Monthly target monitoring of VAS coverage

Numerator: Children aged 6–59 months that received an age-appropriate dose of vitamin A in the last month

Denominator: 1/6 of the total population of children aged 6–59-months

Population-based

3 Longitudinal

3 indicators are for facility + community during routine visits & events.
Disaggregate by: Sex & Age: 6-11 months receiving a 100,000 IU dose; 12-59 months receiving a 200,00 IU dose; 12-23 months and 24-59 months

Individual annual two-dose VAS coverage

Numerator: Children aged 6-59 months eligible for 2 doses in the calendar year who received 2 high-dose prophylactic vitamin A supplements approximately 6 months apart in the calendar year

Denominator: Total population of children aged 6–59-months eligible for 2 doses in the calendar year

Full Protection with VAS

Numerator: Children age 6-59 months who received all high-dose prophylactic vitamin A supplements they were eligible for since the age of 6 months with appropriate spacing to date

Denominator: Total population of children aged 6-59 months

Zero Dose VAS

Numerator: Children age 6-59 months who received none of the high-dose prophylactic vitamin A supplements they were eligible for since the age of 6 months to date

Denominator: Total population of children aged 6-59 months

Moderate and Severe Wasting



20 Core indicators

1 for **facility** (shown)

1 for **community** (screening only)

Moderate & Severe wasting has same indicators

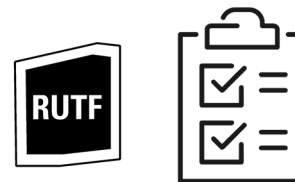
Children screened for wasting in a **facility**

- Either by MUAC, Weight for Height or bilateral oedema



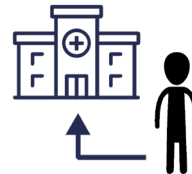
Children treated

- Admission (new)/
- Enrollment
- Treatment coverage



Referrals

- Children with moderate/severe wasting referred to a TFP



Treatment outcomes

- Mortality
- Recovery
- Non-responsive
- Default

Moderate and severe wasting

Indicators overview

20 Core

1 for facility (**shown**, 1 for community (screening only)
Moderate wasting (shown), severe wasting has same indicators

<p>Children screened for wasting in a facility</p> <p>Numerator: Children screened for wasting in a facility either by MUAC, Weight for Height or bilateral oedema</p> <p>Denominator: Children 0-59 months seen in a facility</p>	<p>Moderate wasting Admission into a - Supplementary Feeding Programme (SFP) – Number of children with moderate wasting who are newly admitted into an SFP</p> <p>- Enrollment in an SFP – Number of children with moderate wasting who are currently enrolled in SFP</p> <p>Treatment coverage for moderate wasting</p> <p>Numerator – Children with moderate wasting enrolled in a SFP</p> <p>Denominator: Estimated population of children with moderate wasting</p>	<p>Mortality</p> <p>Numerator: Children with moderate wasting who died while in an SFP</p> <p>Denominator: Treatment outcomes for moderate wasting, including recovered, died, non- responsive and defaulted</p> <p>Recovery</p> <p>Numerator: Children with moderate wasting who recovered or were cured while in an SFP</p> <p>Denominator: Treatment outcomes for moderate wasting, including recovered, died, non- responsive and defaulted-</p>	<p>Non-responsive</p> <p>Numerator: Children with moderate wasting who did not respond to treatment while in an SFP</p> <p>Denominator: Treatment outcomes for moderate wasting, including recovered, died, non-responsive and defaulted</p> <p>Default</p> <p>Numerator: Children with moderate wasting who defaulted treatment while in an SFP</p> <p>Denominator: Treatment outcomes for moderate wasting, including recovered, died, non- responsive and defaulted</p>	<p>Referral to a Therapeutic Feeding Programme (TFP)</p> <p>Number of children with moderate wasting who were referred to a TFP for further treatment</p> <p>Severe wasting: Referral for hospital or inpatient care</p> <p>Number of children with severe wasting who were referred to a TFP</p>
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Emergencies

- Overall, the core indicators used in non-emergency contexts should also be used in emergency settings.
- Ideally, these indicators would be in regular/ongoing use before an emergency arises, ensuring relevant baseline data are available for emergency preparedness and response planning.
- The specified core indicators designated for emergencies, other than the ones used through out this guide, are those recommended by the Global Nutrition Cluster (GNC) - [GNC app](#) and/or partner reporting tool

20 indicators in total

9 Core

35 Additional

0 Longitudinal

Emergencies

Indicators overview – aligned with GNC reporting tool

9 Core

- **Pregnant and lactating women (PLW)** screened for wasting
- PLW with moderate wasting **referred** to a treatment programme
- PLW with moderate wasting **admitted** to a supplemental feeding programme (SFP)
- PLW with moderate wasting who **recovered** or were cured while in an SFP
- PLW with moderate wasting who **defaulted** while in an SFP
- PLW with moderate wasting enrolled in an SFP who are **transferred** to a therapeutic feeding programme (TFP)
- PLW with moderate wasting who **died** while in an SFP

35 Additional

IYCF

- Enrollment / Attendance of breastfeeding mothers in Breastfeeding corners/baby friendly spaces
- Breastfeeding mothers who are screened for breastfeeding difficulties and referred for support
- Cooking demonstrations

- Deworming
- Capacity development
- Blanket Supplementary Feeding Programme (BSFP)
- Cash and voucher assistance

Accountability to Affected Populations

- Feedback from beneficiaries
- New requests for assistance or information from beneficiaries
- New positive feedback from beneficiaries
- New complaints received from beneficiaries
- Action on complaints
- Pending action on complaints

A close-up photograph of a woman with a vibrant red headwrap and a black top, smiling warmly as she holds a young child. The child is wearing a colorful, patterned sweater and is also smiling. The background is softly blurred, suggesting an outdoor setting.

Thank You!

Contact:

Sara Gari-Sanchis at sgarisanchis@unicef.org

Chika Hayashi at chayashi@unicef.org

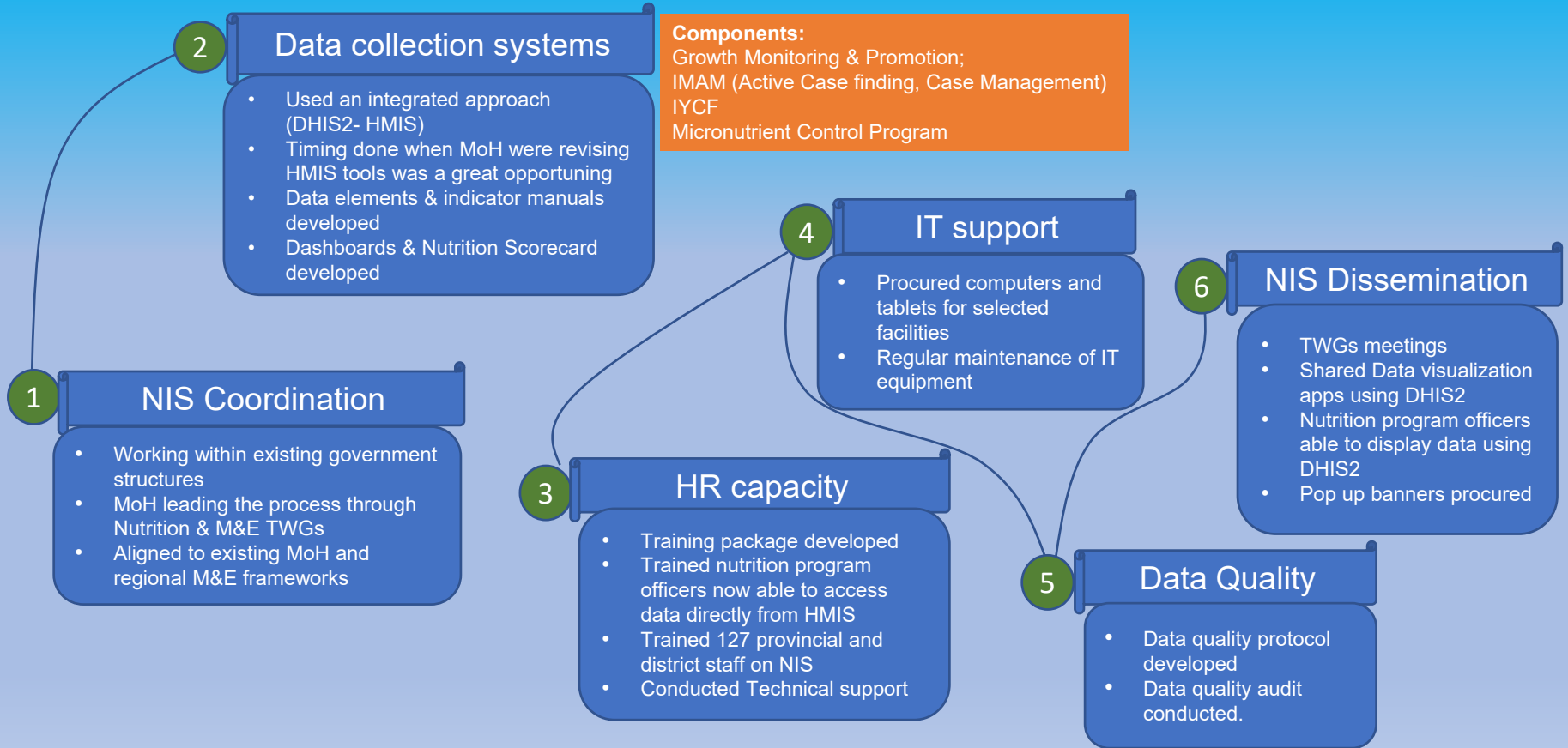


Experience from Zambia: Changes Made Due to DHIS2



Martin Liyungu
Nutrition Information Systems Officer,
Ministry of Health Zambia

Remarks from Zambia on changes made due to DHIS2



Nutrition Data in the Revised Service Provision Assessment (SPA) Survey



Rukundo Benedict
Nutrition Specialist,
Demographic and Health Surveys Program



USAID
FROM THE AMERICAN PEOPLE

SPA Survey

Rukundo Benedict, PhD

Nutrition Specialist, The DHS Program

What is the Service Provision Assessment (SPA)?

- Quality of care
- Collects data on service provision from different perspectives
- Assessment of health facilities by type and managing authority
- Variety of health service areas

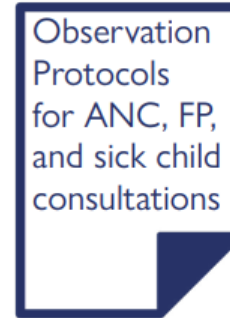
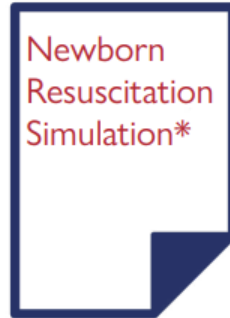


Topics include child health, antenatal care, delivery and newborn care, family planning, malaria, nutrition, WASH, Gender-based violence, HIV/AIDS, non-communicable disease, reproductive cancers, STIs, tuberculosis

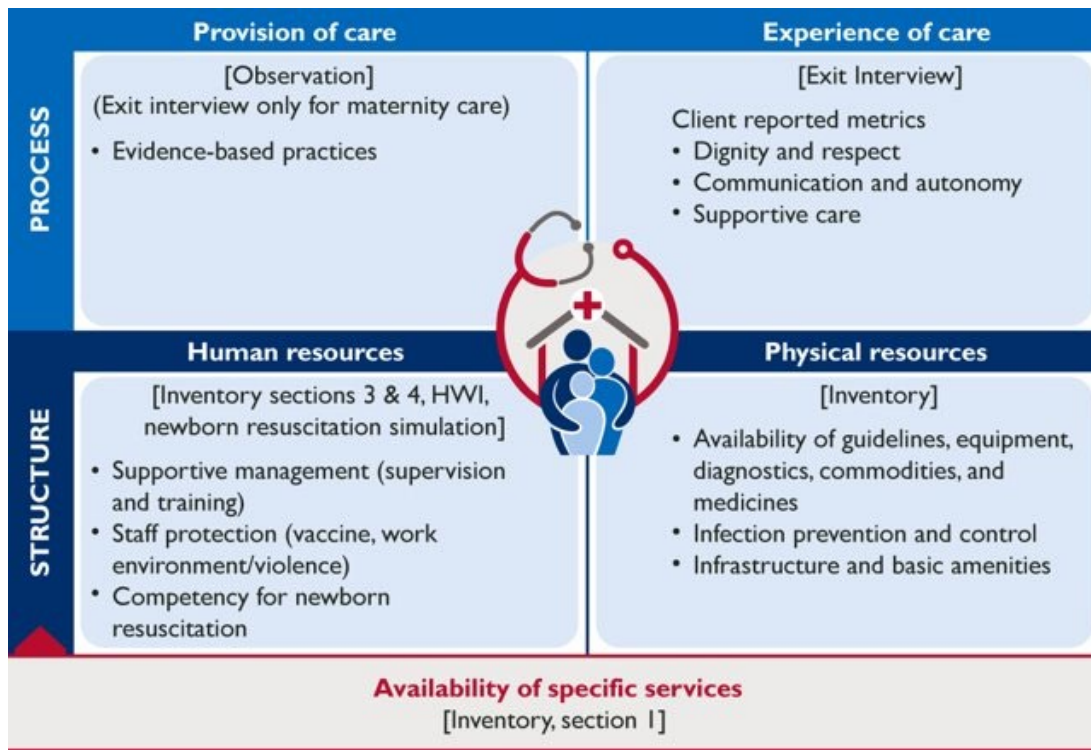
Revised SPA survey questionnaires

***New in revised SPA**

Instruments in Revised SPA



DHS Program's Quality of Care Framework

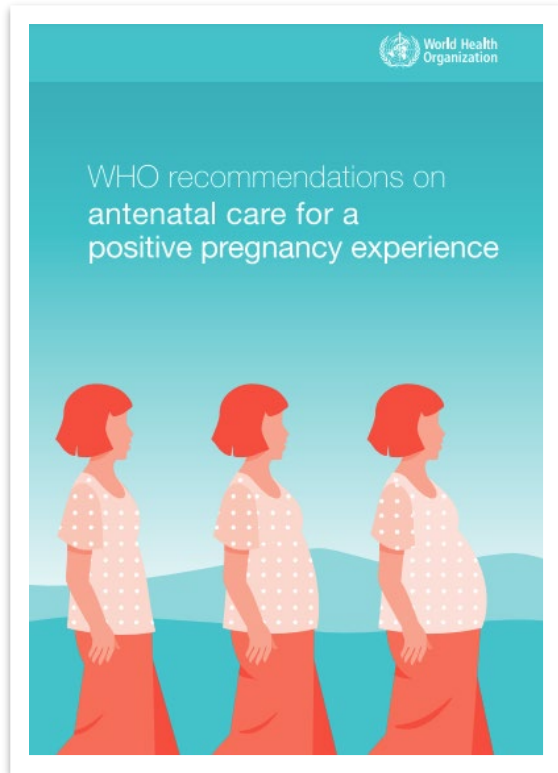


Nutrition data in the SPA

- Antenatal care services
- Newborn and postnatal care services
- Child curative care and growth monitoring services
- Non-communicable disease and HIV/AIDS care services

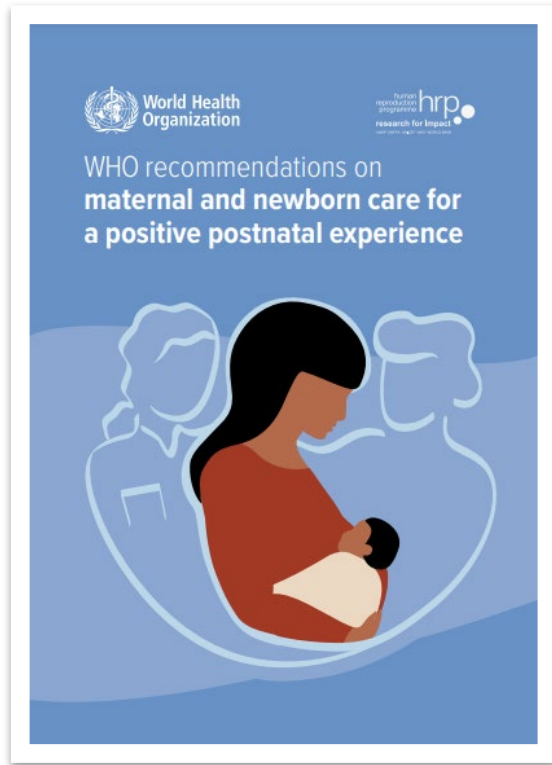


Antenatal Care Services



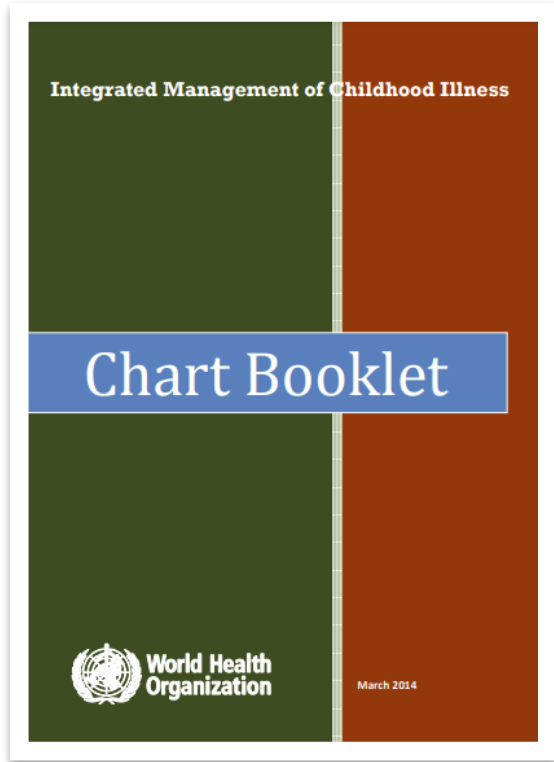
- Availability and provision of micronutrient supplements
- Availability of guidelines in facility
- Health worker training in the last 24 months
- Nutrition counseling
- Physical assessments/tests

Newborn and Postnatal Care Services



- Availability of guidelines in facility
- Health worker training in the last 24 months
- Recommended newborn care practices
- Nutrition counseling

Child Curative Care and Growth Monitoring Services



- Availability and provision of micronutrient supplements
- Availability of nutrition related equipment
- Availability of guidelines in facility
- Health worker training in the last 24 months
- Nutrition counseling
- Physical assessments/tests and treatments

Baby Friendly Hospital Initiative example of nutrition data in SPA



	Hospitals support mothers to breastfeed by...	Because...	
1. Hospital policies	<ul style="list-style-type: none"> Not promoting infant formula, bottles or teats Making breastfeeding care standard practice Keeping track of support for breastfeeding 	Hospital policies help make sure that all mothers and babies receive the best care	✓
2. Staff competency	<ul style="list-style-type: none"> Training staff on supporting mothers to breastfeed Assessing health workers' knowledge and skills 	Well-trained health workers provide the best support for breastfeeding	✓
3. Antenatal care	<ul style="list-style-type: none"> Discussing the importance of breastfeeding for babies and mothers Preparing women in how to feed their baby 	Most women are able to breastfeed with the right support	✓
4. Care right after birth	<ul style="list-style-type: none"> Encouraging skin-to-skin contact between mother and baby soon after birth Helping mothers to put their baby to the breast right away 	Snuggling skin-to-skin helps breastfeeding get started	✓
5. Support mothers with breastfeeding	<ul style="list-style-type: none"> Checking positioning, attachment and suckling Giving practical breastfeeding support Helping mothers with common breastfeeding problems 	Breastfeeding is natural, but most mothers need help at first	✓
6. Supplementing	<ul style="list-style-type: none"> Giving only breast milk unless there are medical reasons Prioritizing donor human milk when a supplement is needed Helping mothers who want to formula feed do so safely 	Giving babies formula in the hospital makes it hard to get breastfeeding going	✓
7. Rooming-in	<ul style="list-style-type: none"> Letting mothers and babies stay together day and night Making sure that mothers of sick babies can stay near their baby 	Mothers need to be near their babies to notice and respond to feeding cues	✓
8. Responsive feeding	<ul style="list-style-type: none"> Helping mothers know when their baby is hungry Not limiting breastfeeding times 	Breastfeeding babies whenever they are ready helps everybody	✓
9. Bottles, teats, and pacifiers	<ul style="list-style-type: none"> Counselling mothers about the use and risks of feeding bottles and pacifiers 	Everything that goes in the baby's mouth needs to be clean	✓
10. Discharge	<ul style="list-style-type: none"> Referring mothers to community resources for breastfeeding support Working with communities to improve breastfeeding support services 	Learning to breastfeed takes time	✓

What is the added value of SPA?

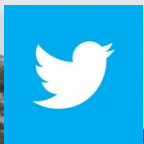
- Large set of standardized quality of care indicators
- Client experience indicators
- Client characteristics
- Triangulation of data
- Effective coverage of nutrition interventions in the health system
- Quality of nutrition services
- Facility readiness to provide nutrition services



More SPA resources

- [Revised SPA Questionnaires](#) are available on The DHS Program website
- Several SPA briefs are available and more forthcoming*
 - [SPA Overview](#)
 - [SPA Methodology](#)
 - [SPA Quality of Care](#)
 - [SPA Person Centered Care](#)
 - [SPA Data Availability and Use](#)
 - [SPA Nutrition Data and indicators*](#)





Social Contact Info.

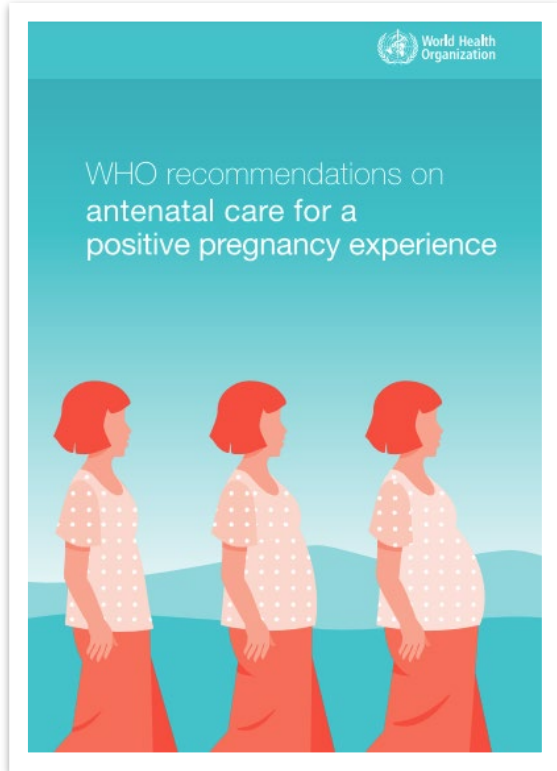


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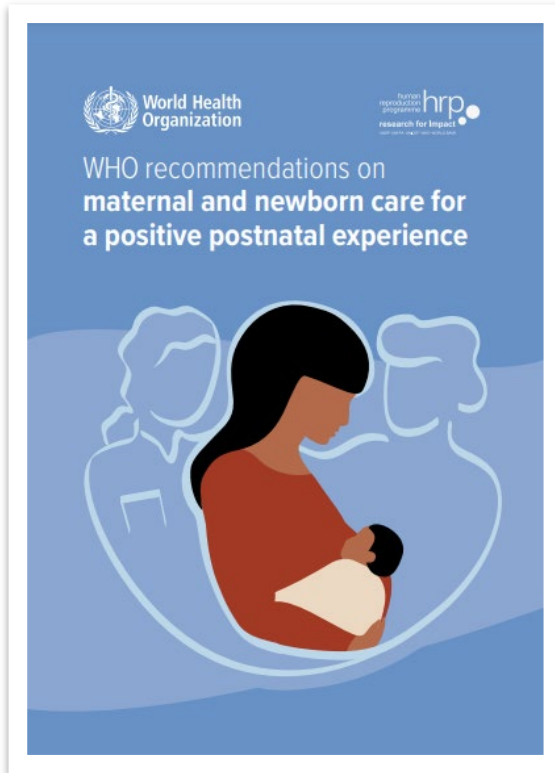
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Additional Antenatal Care Services



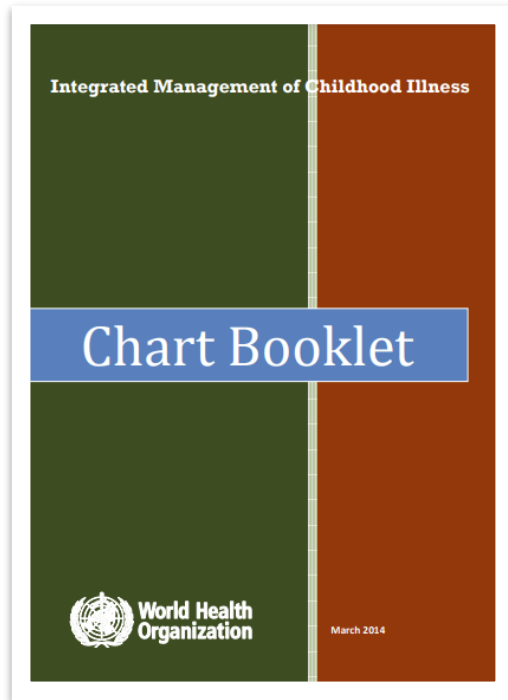
- **Availability and provision of micronutrient supplements:** iron, folic acid, iron and folic acid, calcium (all adult dosages), and multiple micronutrients (ANC dosage)
- **Availability of nutrition related equipment:** adult weighing scale, measuring tape, blood pressure apparatus, anemia testing equipment and supplies, and urine dipsticks
- **Availability of guidelines in facility on:** ANC, micronutrient supplementation, anemia testing, and practices in compliance with International Code of Marketing of Breastmilk Substitutes
- **Health worker training in the last 24 months on:** ANC screening, counseling for ANC, micronutrient supplementation, anemia testing, and early and exclusive breastfeeding
- **Nutrition counseling on:** pregnant women's diet, physical activity and weight gain, micronutrient supplementation, breastfeeding counseling and support, infant and young child feeding for prevention of mother-to-child transmission of HIV, and nutrition for HIV positive pregnant women
- **Physical assessments/tests:** anemia, blood pressure, urine testing, weight

Additional Newborn and Postnatal Care Services



- **Availability of guidelines in facility on:** immediate newborn care, preterm and small babies care, and practices in compliance with International Code of Marketing of Breastmilk Substitutes
- **Health worker training in the last 24 months on:** newborn care, early and exclusive breastfeeding
- **Newborn care:** vitamin K, immediate weighing, skin-to-skin, kangaroo mother care for low birthweight babies, early initiation of breastfeeding, rooming-in, avoidance of prelacteals
- **Nutrition counseling on:** postpartum nutrition, micronutrient supplementation, postnatal breastfeeding and support, infant feeding including responsive feeding

Additional Child Curative Care and Growth Monitoring Services



- **Availability and provision of micronutrient supplements:** iron (pediatric dosage), zinc, and vitamin A (pediatric dosage)
- **Availability of nutrition related equipment:** infant weighing scale, child weighing scale, height/length board, mid-upper arm circumference measuring tape, measuring tape, growth charts, anemia testing equipment, and supplies
- **Availability of guidelines in facility on:** IMCI, diagnosis and management of malnutrition, and growth monitoring
- **Health worker training in the last 24 months on:** IMCI, diagnosis/treatment of diarrhea, diagnosis/management of malnutrition, diagnosis/treatment of micronutrient deficiency, breastfeeding, complementary feeding, and anemia testing
- **Nutrition counseling on:** breastfeeding, infant feeding, feeding during illness
- **Physical assessments/tests:** anemia, weight, height, mid-upper arm circumference, oedema, unable to drink/breastfeed
- **Other treatments:** Ready-to-use therapeutic food, Ready-to-use-supplementary food, F-75 feeding formula, or F-100 feeding formula

Use of Nutrition Data from the Recent SPA in Nepal



Lila Bikram Thapa
Chief of Nutrition Section,
Nepal Ministry of Health and Population

Q&A Discussion

Please submit questions for the panelists in the Q&A box.



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[USAID Advancing Nutrition Events](#)



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USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

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