

Overview of the 2023 Joint Malnutrition Estimates and Strengthening Anthropometric Data Collection to Improve Future Estimates

Webinar Transcript

Kossana Young

Good morning, everyone. Welcome to today's webinar. Just going to give it a couple of minutes so people can get connected and join audio, but in the meantime, please feel free to introduce yourselves in the chat and say where you're calling in from.

Welcome, everybody. Just giving it a couple of minutes so people can join in and get their audio connected, and we'll get started in just a minute. Please feel free to introduce yourselves in the chat and say where you're calling in from.

[silence]

Hi, everybody. Just giving it a couple of minutes. Great. We'll go ahead and get started. Welcome, everyone. This is a webinar on the "Overview of the 2023 Joint Malnutrition Estimates and Strengthening Anthropometric Data Collection to Improve Future Estimates." We're so happy to have you with us here today. I'm Kossana Young, communications officer with USAID Advancing Nutrition, and I'm just going to go quickly go over some Zoom housekeeping points before I hand it over to our moderator. Next slide, please.

For today, we have interpretation available in Arabic. To hear this webinar in Arabic, please click the "Interpretation" icon to have the option to hear the meeting in Arabic. To hear the webinar only in Arabic, please select "Mute Original Audio." For those of you who are listening in English, please make sure to click the "Interpretation" button and click "English" in the "Interpretation Channel." One of our panelists will be presenting in Arabic today, so to hear her remarks in English, you will need to do that.

Next slide, please. If at any point during today's webinar you are unable to hear the speakers, please make sure you've connected your audio by selecting the "Headphones" icon. Please send a message to everyone in the chat box to introduce yourself or ask for support during today's webinar. We've also included closed captioning in English. To view the live English subtitles on your screen, please click the "CC" button in your control panel and select "Show Subtitles." Finally, please note that this meeting is being recorded and live-streamed.

For today's presentations and for the panelists' presentations, we'll be doing a Q&A following, so please do make all of your questions for panelists in the Q&A box. Panelists will either reply back to you via text in the Q&A box or will answer your questions during the Q&A discussion portion about the webinar. Next slide, please. I will now hand it over to my colleague, Silvia, the director of measurement, to give a welcome and opening remarks.

Silvia Alayon

Hi. Good morning, everyone. Good morning, good afternoon, good evening from wherever you're joining us. Thank you so much for joining today's webinar. We have an exciting agenda to share with you today, and we're so glad you could join us. Can you please go to the next slide?

For today, on our agenda, as you all know, every year, UNICEF, WHO, and the World Bank take on the monumental task of estimating the prevalence of malnutrition, and the numbers of children affected by malnutrition globally and within each country. We're very happy today to be joined by one of the members of the team that produces the joint malnutrition estimates to hear about the latest data. That presentation from the member of the Joint Malnutrition Estimates will be followed by a presentation on the research agenda on anthropometric data quality. As you all know, the utility of the data is only as good as its quality, and as a community, we're always striving to improve on data quality.

After our two presentations, we will hear from three panelists who have kindly agreed to join us this morning and share their experiences in collecting anthropometric data in various settings. We're very excited also to be hearing about some innovations in anthropometric data collection. We'll have a brief question-and-answer session. As Kossana mentioned, we will take questions using the Q&A button at the bottom of the screen, and then we'll close. Next slide, please.

Our first speaker today is Richard Kumapley. He is an epidemiologist with the World Health Organization, and a member of the team that worked on the joint malnutrition estimates. We are very excited to have him here sharing the latest data. He will pass it to Sorrel Namaste, who is a senior nutrition advisor at the Demographic and Health Surveys. Sorrel will be presenting on behalf of the Anthropometry Working Group of the WHO and UNICEF Technical Expert Advisory Group on Nutrition Monitoring. After their presentations, I'll present the panelists and we'll go into the panel discussion. Over to you, Richard.

Richard Kumapley

--and a bit of background on how we produce these joint estimates. Next slide, please. I'm just one member of a much larger team. The Joint Malnutrition Estimates have representatives from all three agencies, UNICEF, WHO, and the World Bank. You can see all their names on this slide. Next slide, please. For the latest edition, the key findings report is available via the URLs on the slide. The last time we released the latest key findings report was in May of 2021. We release the key findings report whenever we update the country-level model estimates and the regional estimates, but we regularly provide country-level data sets that are also available via those URLs.

The country-level data sets contain estimates for stunting, wasting, overweight, severe wasting, and underweight. The primary source for these country-level estimates are household surveys. The databases also serve as the official database for SDG 2.2.1, and 2.2.2. Finally, there's also an online interactive dashboard that summarizes the main messages for each edition but also allows the user to explore various regional aggregates. Next slide, please.

Now, I'll just be presenting the key messages with respect to status. Then following that, I'll provide a key message on the trend. With respect to status, most of the children with malnutrition live in Africa and Asia. This slide also is a bit of a sneak peek because, in our key findings report, we contain several compelling graphs and infographics like this. Next slide, please.

Based on the current data we have right now, it shows that, globally, we're not on track to achieve the 2030 stunting target, which is a 50% reduction in the total number of children stunted in 2012. Based on this, you can see that there is a gap of about 39.6 million children that will be missed based on the current trends we see today. Next slide, please.



Finally, the process of updating the JME, all the items in blue are things the team is doing year-round, but the ones in green, we do periodically to coincide with the launch of every new key findings report. First, is the data collection phase. There are regular searches to update the data source catalog that both agencies use. We also liaise with various country offices, SDG focal points, ministries of health, national statistical offices to ensure that to the furthest extent possible, the latest primary data is available.

Then if the microdata is available, we actually do harmonize the microdata and then standardize it so we can analyze every single data set using the same approach. One of the tools that we use is the WHO

Anthro Analyser. Next is the Data Quality Review, and Sorrel will be touching on that a bit more with respect to anthropometric data quality, but for Data Quality Review, some of the items we look at are sampling, training, response rates, missing data just to ensure that the data is accurate, reliable, and representative.

Next, there's a joint review by all three agencies for every data source that goes into the JME database, and that covers what we do year-round. Regardless of whether a new report is coming out, this is something the team is doing continuously.

Now, for the stuff that we do in preparation for every new launch of the JME key findings report is that there is consistent checking to ensure that the data set is correct, is accurate. As much as possible, we are using the latest data. Then for stunting and overweight, we actually have country-level models. We run the country-level models, we generate the estimates, we review the estimates, and then we also try to then aggregate for regional and global. Then, because these are SDGs, we actually do conduct a country consultation with SDG focal points for all the different countries. We give them the time to comment on the data sources as well as to ask for any additional clarifications.

Then finally, once that consultation is closed, we prepare all the various materials we've shown you such as the key findings report, the data sets, and the online visualization. Thank you all for your time. I'll now hand over to Sorrel.

Sorrel Namaste

Hello, everyone. It's a pleasure to be here with you today. I will be talking about mapping the unfinished research agenda for improving the quality of child malnutrition data to monitor sustainable development goals. Next slide. I am presenting on behalf of the WHO-UNICEF Anthropometry Working Group, which is listed here on the slide. Next slide.

As Richard demonstrated, it's really important to have high-quality anthropometric data to track and target targets, and also inform policies and programs. It turns out that the collection of height and weight data is a bit more challenging to collect in a population-based context than you might expect. This is especially the case with young children who are growing very rapidly. Even very small measurement errors can result in misclassification of children.

About five years ago, there was a discussion within the nutrition community that was raised with concerns on the quality of data collected in population-based surveys for anthropometry. What this resulted in was the WHO, UNICEF team group putting together an anthropometry working group to release guidelines on the basic criteria and standards for collecting and reporting on anthropometric data. The guide draws on both evidence-based guidelines and also on practical experience. This guide is publicly available and will be shared after the webinar.

This guide was a huge game-changer. It's now been uptake by many throughout the world. Speaking on the DHS program specifically where I work, we tested in Nigeria a number of key data quality assurance

procedures that arose from this guide. These included applying pass-fail values for anthropometric standardization exercises during trainings and remeasurements in the field in real-time and also doing a biomarker checklist. As a result, these procedures were scaled up for use in all DHS surveys. Next slide.

What I'm showing here is an evaluation of the impact of these procedures on anthropometric data quality in six recent DHS surveys. Data quality was assessed using a competent anthropometric data quality score in which 155 DHS surveys were ranked. The figure here shows that the data quality ranking for these six countries compared to all 155 DHS surveys, the height for age Z-score ranking is on the left, and the weight for height Z-score ranking is on the right. The figure shows how the most recent survey that includes these new procedures ranked on the right compared to the prior survey in each country on the left. As you can see overall by the increasing slope, there have been improvements in data quality. Despite these improvements, there is more that can be done. Next slide.

In the process of the process of developing the guide, the working group acknowledged there are several unanswered questions that could further inform the collection of high-quality data. Team decided to continue the work of the anthropometry group, and this working group has identified nine research topics to improve anthropometric estimates in population-based surveys.

These topics include anthropometric standardization exercises, technological innovations for anthropometric measurement instruments, age collection methodology, taking replicate length/height measurements, while at the time and taking the initial measurement in the field, hair and clothing, and jewelry obstructions to the height or the weight measurements. The procedure for taking remeasures as a data quality assurance procedure in the field. This is not at the time of the initial measurement, but actually returning to the house later.

Biological and statistical flagging of anthropometric Z-score at the data cleaning phase, thresholds for anthropometric data quality indicators. This one very much points to what Richard was talking about earlier in that we need to have thresholds for what's considered good-quality data in order to determine what data would go into the types of databases that create the estimates Richard presented. Lastly, random and systematic error in anthropometric estimates on whether this can be disentangled.

Three of these topics which are highlighted and bolded on the screen had research briefs that had been released. In the chat, you'll see a link to these briefs so you can review these research briefs. The subsequent six briefs will be released over the next couple of months. Next slide. Each brief includes a statement of the problem, the research question, a proposed research approach, and a research roadmap. Next slide.

In these briefs, diverse research approaches are proposed to address the research agenda as shown on this screen. This includes both qualitative and quantitative research. In some cases, we recommend using secondary data, and in other cases, primary data collection. In all cases, a particular challenge is the research needs to be applicable to population-based survey settings, which at times may be difficult to mimic. Next slide.

I'm now going to share with you the research roadmap for the three briefs that have been completed. The first one I'm showing on the screen is around improvements to existing or new measurement instruments. We propose that periodic reviews be done to identify emerging technologies and that we also need to mobilize experts to develop minimum standards for what we want this equipment to look like and to update a target product profile on anthropometry. UNICEF has already done one in the past, so potentially we can just revise this.

It's also going to be really important to mobilize funds using innovative public-private partnerships. Next, we need to work on developing or adapting technologies to match the target profile standards. Lastly, there needs to be efficacy and effectiveness trials done. We need to develop standards for these as well



as conduct the trials. Once this is completed as with all the research topics, the findings will need to be used to establish standards and develop global guidance. Next slide.

The next topic I'm showing is on collection of age data. There's a number of different ways age can be collected in a population-based survey ranging from the most common of recall, but also looking at records, using event calendars, doing facility visits. We really need to look at the best way to collect this age data. A semi-similar process will be used to what was talked about before in which we review best practices. We will also establish the most accurate sources of age data through, again, efficacy and effectiveness trials really in a field setting.

We will also explore how we can look at data quality indicators during data collection to see if the age data that's being collected is of high quality. Of course, as with the last brief, we will be establishing standards and guidance. Next slide.

The last topic that has been released is on hair and clothing and jewelry obstructions. For this one, we need to determine the magnitude and prevalence of interference. Right now, if people have certain hairdos that can't be pressed down, we might get inaccurate height measurements; if people have heavy pieces of clothings, for instance, we might get inappropriate weight measurements.

We really need to understand the extent that this is a problem and so to assess these obstructions and then we need to develop mitigation strategies and/or adjustment approaches to address the interference. These approaches will need to be validated through efficacy and effectiveness studies and then, of course, we need to establish standards and global guidance. Next slide.

Where are we now? We are currently developing the last of these briefs. The other thing that we really want to mention is that there is an opportunity for people within the community like you to work with us on this. We are really looking for researchers that are interested in taking part in this research, we're looking for funders who are interested in investing in this work, and then once we have the evidence generated, this will be put into the global guidance.

The team working group is really serving as a coordinating body for this work to make sure there isn't duplication and to make sure that the research that's being done is really meeting the research objectives. In the briefs, you'll see there's an email that you can email us at if you are interested in either being a researcher or funder or learning more about this work. Thank you for your time today. I'm going to turn it back over to Silvia.

Silvia Alayon

Thank you so much, Richard and Sorrel, for those wonderful presentations. We are going to turn now to our panelists today. I'll present them one at a time, but I want to make a quick announcement.

Our first panelist will be speaking in Arabic, and we have simultaneous interpretation into English. If you are listening to us on the English channel or if you're listening to us in English, please make sure that you are connected to the English channel. For those of you who are listening in Arabic, if you go to the "Interpretation" icon, the little world icon, make sure you select "Mute Original Audio." I'm going to just ask Kossana if that is the correct way to do it and to correct me if that was incorrect.

Kossana Young

Yes. Thank you, Silvia. That was correct. If you're listening in English, please select English in the interpretation channel; and if you're listening in Arabic, please unmute the original audio.

Silvia Alayon

Great. Thank you so much. Next slide, please. Our first presenter is Walla AlHadidi. I'm sorry, I'm hearing the-- Do I need to mute? I'm hearing the Arabic interpreter in the English Channel. Our first panelist is Walaa AlHadidi. She's a statistical engineer with the Jordan Department of Statistics. She will be joining us to share her recent experience implementing the DHS. Walaa, welcome. I'd like you to tell us a little bit more about your experience in training on anthropometry and standardization during that training process. Over to you, Walaa.

Walaa Alhadidi

Thank you so much. [Arabic language]

Silvia Alayon

[crosstalk] I'm hearing Arabic in the English channel instead of the interpreter. Can we have maybe Courtney or Kossana help with this?

Kossana Young

Yes. Thank you. If the interpreter could come into the English channel, that'd be great.

Interpreter 2

I'm on the English Channel. Can you hear me?

Silvia Alayon

[crosstalk] Yes, we hear you. Thank you.

Interpreter 2

Marhaba. Hello.

Walaa AlHadidi

Marhaba.

Interpreter 2

I'm the interpreter. Should we start?

Walaa AlHadidi

Yes.

Silvia Alayon

Go ahead, Walaa.

Walaa AlHadidi

[Arabic language]

Interpreter 2

I trained in the demographics survey.

Walaa AlHadidi

[Arabic language]



Interpreter 2

The first stage was a little bit hard.

Walaa AlHadidi

[Arabic language]

Interpreter 2

There were certain procedures regarding the anthropometric.

Interpreter 1

Would you like the interpreter to go consecutively?

Silvia Alayon

Yes, please.

Walaa AlHadidi

Continue.

Silvia Alayon

Go ahead, Walaa.

Walaa AlHadidi

[Arabic language]

Interpreter 1

We decided to do the measurements in a clinic under the supervision of the health department?

Walaa AlHadidi

You have the slides? Yes. The next one and the next one. Yes. [Arabic language]

Interpreter 1

As for the statistics, our group was mainly-- the mission was mainly to improve and develop the consistent projects.

Walaa AlHadidi

[Arabic language]

Interpreter 1

Based on my work, of course, I'm an engineer in the unit of the continuous projects and development.

I was honored to be a trainer and an assistant to the manager of the survey.

Walaa AlHadidi

The next slide, please. [Arabic language]

Interpreter 1

We took several procedures. We first thought--It was for training under the supervision of the Ministry of Health. That was because of the difficulty of having the kids in the training location. The first days was the training, the theoretical training, and practical training. The second part when it comes to measurement, it was in the health center. We had enough kids and we got the equipments needed. We trained 34 testers in order to do the testing and take the measurements. The first stage was the exam and the testing for some of the testers--and it was giving us an indicator that the testers arrived and we had chosen the correct ones. 39 of the testers managed to pass the test from the first time. It was because what we had done. She had supported me and also they provided us with the toys and the equipments that we need for the kids. Because taking the measurements, it used to take long time, maybe three to four hours, sometimes less. We managed to get the kids because of our personal connections with the people and the community. We managed to choose the testers based on certain criteria. First thing was the written test for everybody. We agreed on certain specializations and specifications. Medical labs, pharmaceutical, and nursing. These were mainly the specialties that we were having. Of course, the choosing of the testers by myself was a good one. Of course, we gave them certain criteria, and we gave them certain conditions in order to make sure that each one of those testers has the ability for the commitment, has the ability for accuracy, because each one of them has to be patient and take the time to finish the measurements.

Silvia Alayon

Walaa, can you please wrap up in about one minute?

Interpreter I

[Arabic language]

Walaa AlHadidi

[Arabic language]

Interpreter I

Yes, I'm almost done. I just want to mention the last thing. We faced several challenges at the very beginning of the measurements, but we managed to overcome these challenges with the help of ICF and USAID. At the beginning, they were rejecting and refusing, but this became less and less. The last thing is that we managed to make the problems or the issues less in the field by having all the communication channels open all the time through dashboards, through social media pages. Also, we used all the data available and the list available in order to make sure that we have the correct measurements. We managed to eliminate most of the errors.

Walaa AlHadidi

Yes. Thank you so much.

Silvia Alayon

Thank you so much, Walaa. That was great. I apologize, I understand that we're having some issues with the interpretation. I think for our next speaker, our next speaker will be Maggie Kalino.

Maggie will be speaking in English, so I think we'll go back to the original in English and Arabic channels, and I hope that the issues will be resolved.

Maggie Collina, welcome. We're so happy you can join us. Maggie is a consultant for the mixed surveys conducted by UNICEF, and I am very excited that Maggie is here to tell us about some of the



innovations that are being tested for improving anthropometric measurements. Over to you, Maggie. You have five minutes.

Maggie

Thank you so much, Silvia, and greetings to all participants who are joining us on this webinar today. As already mentioned, I'll give a quick overview around the experience from the pilot which was conducted in Eswatini for the digital height measuring device, which is also commonly referred to as the digital height board. It would just be a brief background as to how this pilot came about, then I'll move on to quickly show the digital height board, and then I'll finish off with some experiences and key lessons from the pilot.

Starting with the background, as already highlighted in previous presentations, there's a longstanding concern surrounding the quality of height data for anthropometric measurements. This has been an issue because the quality of length and height data for children can be affected by poor measurements, which can in turn result in inaccurate estimates of child malnutrition prevalence. One of the factors that contributes to this is that with the existing device, the measurer, who's the person responsible for taking anthropometric measurements, they usually have to spread their attention over a number of things before they can take the reading.

For example, for each child, this would involve, firstly, ensuring that the child is properly positioned on the board, and then the measurer would have to adjust their own position to get the reading. This will, of course, vary according to the height of the child. Then, of course, they would need to get the actual reading, which will involve counting off these very tiny lines on the board.

All this is happening while they're also trying to keep the child steadily in position, which you may learn that is actually not as easy as it sounds. As a result, we find that the measurer's attention is normally split between finding the right balance between all these different moving parts. In other words, leaving a lot of room for error, for taking measurements in household surveys.

The rationale behind the use of the digital device was to try and minimize this room for error by freeing the measurer off the other tasks involved in taking a reading so that they can place more focus on just ensuring that the child is properly positioned in order to get the best reading.

By this time, you are probably asking what is this digital height board. As you can see on the slide, this is showing us what it looks like.

Next slide, please. [silence] Yes.

I wanted to start with this slide where we have the full picture showing us how it looks in full. On the left-hand side, you can see that it basically has a headpiece, and on the right-hand side, you'll see that the headpiece has got the reader screen. When the measurer feels that the child has been placed correctly and they're ready to take the reading, all they have to do is just press on that green button there that is showing on the headpiece, and then this would capture the reading of the child and freeze it as well.

What I mean by freezing is basically it'll store the reading even if you remove the chart from the digital board. Then it also allows you to send that reading using the same button to the tablet if you are using copy, for example.

If you could go to the previous slide, please? [silence]

On closer view, then we can see the headpiece and the different parts. There's the display, there's the charging plug, on an off button, the slider break. Some of the key features, the ones that are already mentioned, such as the fact that you can easily download data to copy. Otherwise, this is just a board that has similar properties to the regular one. The key difference being the digital display. It is just worth

mentioning that there are other digital boards that exist, but we specifically needed one that could stand up to difficult survey field conditions.

This board was developed as part of the efforts to try address the problems that I mentioned in the background surrounding the issue of data quality. Basically, the UNICEF held a target product profile innovation challenge for suppliers to come up with innovative products that could support accurate measurements of length and height. Of course one of the key conditions was that this should be suited to difficult survey field conditions, as I've mentioned.

This digital board was submitted, and luckily it was also available for testing. It was first tested for accuracy in a classroom setting, following which the next step was to test it in field conditions that are typical of the mix. We undertook a series of standardization tests using the analog board and the digital board in the field,-

Silvia Alayon

Maggie?

Maggie

-which gave results-- Yes, please.

Silvia Alayon

Excuse me for the interruption, but can you please start wrapping up so we can move on to the next panelist?

Maggie

All right, thank you.

Silvia Alayon

Thank you.

Maggie

I was just going to say, after undertaking the series of standardization tests, we had sufficient results to support the use in a real survey. The pilot test, which was done as standardization test, showed that the new board had similar data quality results to the regular board. Unfortunately, due to restrictions during COVID, the sample size could not detect whether the digital board was actually better. The key main challenges observed with the board was that it was not very sturdy for the field conditions because by the time we completed field work, we had lost about half of them, meaning that they were not working anymore. Then we also experienced issues with the transfer of the data from the board to the tablets.

However, these are issues that are fixable. The supply team is working with the suppliers to address these issues so that hopefully it can be ready for use in the future. Other than that, the foot teams did appreciate the functionality of the board, especially because it was lightweight in comparison to the analog board, and it was also easier to manage, or rather to work with without needing to read off the tape.

At this point, I thank you all for your time, and I will now hand you over back to Silvia.

Silvia Alayon

Thank you so much, Maggie. This is actually very exciting, and we're getting a lot of questions about this. We'll have an interesting Q&A session, for sure.



Can you please go to the next slide?

Thank you so much. Our next panelist is Hailu Wondim. Hailu is a senior program manager with the SMART initiative. As you all know, the SMART initiative are also great producers of quite a bit of anthropometric data, albeit in different circumstances.

Hailu, I want to turn it over to you. If you could please tell us a little bit about the specific adaptations in survey design and in approaches to collecting anthropometric data in emergency settings. You have five minutes

Hailu Wondim

From our experience in emergency settings, we use, typically, surveys that are of two types. The first one is a rapid assessment, and the other one is a comprehensive assessment. In a rapid assessment, usually what we are targeting is to collect data from a representative sample in a short period of time. This takes usually a few days. The purpose of this design is to get and identify the nutritional status, and guide initial responses.

The second one, which is a comprehensive assessment, usually requires a larger sample size, and is conducted over an extended period of time, few weeks at least. Usually, this design is used to monitor change in the nutritional status of population, and guides mid-term to long-term intervention. At SMART Initiative, we use these two methods in an emergency setting. We have used these methods in different contexts.

The first one I would like to mention is in Sudan in a recent conflict. We were supporting the team to decide on the design of the surveys that can provide us initial information on the status of nutrition in the community. In others, like for example, in Libya sometime back last year, we had a comprehensive assessment where we tried to get information on a larger geographic area. It took a few months, I would say, to get this information.

In others, we can use also a mix of these two designs. In Afghanistan, for example, we had a national SMART survey that happened recently. In this survey, in some areas we used a rapid assessment, and in others, a comprehensive assessment. What really matters is the current situation, the context of the area.

I would like to talk to you about the challenge that we usually face. I'm also very glad that most of the presenters were really a step ahead in trying to solve this challenge that we are facing in anthropometric measurement in emergencies.

The first one is a technical capacity in collecting anthropometric data. Usually, it's require strength staff and specialized equipment, which may not really be available in emergency contexts. This has been a challenge for us for some time.

The other challenge that we have is in terms of time constraints. When we pick any design, it has its own pros and cons. For example, when a rapid assessment requires quick data collection which can lead to some errors and inaccuracies in the type of data collected. Because of the time constraint, the process might be rushed, and the results that we'll be getting might have some errors or inaccuracy.

The other one that I would like to mention is access to population, especially when some emergencies access to the affected population can be really challenging due to security concerns or logistical issues in general. It makes it very difficult to collect correct anthropometric data.

Just not to forget about the cultural barriers in some areas where we have to measure anthropometry. Culturally, some areas we will not be able to measure children without clothes, and this is culturally

understandable, but if the steroid managers are not using or following advice procedures on how to adjust the weight of the clause, it also provides us with an inaccurate results

All in all, I would say that anthropometry, as powerful as it is, it can sometimes be misleading if we don't really follow procedures, if we don't really follow the technical advice, and if we don't give time and resources to the assessment.

This is our experience at Smart Initiative. I really appreciate the organizers of this webinar. Thank you very much.

Silvia Alayon

Thank you so much, Hailu. Thank you to Walaa and Maggie as well for your insights on anthropometric data collection.

I see a hand raised, and I'm going to please ask that if you have a question for our presenters or our panelists, that you enter it in the Q&A box. You can find the Q&A button at the bottom. If your question is technological, please ask it in the chat and direct it to our tech support.

Now I'll turn over to our Q&A session. We have already quite a bit of questions coming in in the Q&A box, and some have been answered already. I also want to introduce Julia Krasevek, who's joined us from UNICEF, and is also helping us to field some of the questions.

I'm going to begin with a question from Frank Grasad, and I'm sorry if I'm not pronouncing that correctly. This question, Julia, I see you're typing, but I think it would be useful if all of the participants were able to hear your response. Frank's question is, what will be your recommendations to guarantee the quality of MUAC measurement-- Oh, sorry. Disappeared. During intensive systematic screenings conducted in communities done by community health workers all year round? Julia, do you want to say a few things about that?

Julia

Hi, actually, I have my colleague, Robert, here who's-- Sorry, we should mute the other one. Sorry.

Silvia Alayon

Go ahead, Julia.

Julia

Yes. He's worked a lot with the MUAC in the survey, so I'll let him answer that.

Robert

Yes, there are two recent tools that have been released with the supportive CDC Atlanta, and one is a MUAC data quality review tool for looking at MUAC data quality in screening and surveys, based on the survey data that have been collected on MUAC previously.

Then the other tool is a MUAC screening evaluation tool that provides a lot of background information that allows you to better interpret the MUAC screening data for its appropriate context, and those Julia has shared the links for these in the chat.

Silvia Alayon

Thank you so much to both of you. I think we have a couple of questions related to the digital height boards, and I don't know if that's also for you, Julia, or maybe for Maggie. You guys can let me know. We have several questions. One question is about charging. How long does it take to charge the digital



height board, and if there are any issues related to power supply? The other question is about how well the height boards stand up to extreme weather conditions.

I think there was another question about, maybe that's already been answered, about the cost of the digital height boards. Julia, do you want to take those, or do you want Maggie? [silence] Julia?

Julia

I'm here. Sorry. I muted not noticing it. I'll take a first step and then let Maggie supplement if she has anything to add. In terms of the charging, I saw they were asking how it's charged. It's something that would be plugged into a wall and you could use an adapter for your country. Ideally, it would charge in about a few hours and last a couple of days because just like the digital scales that we use for surveys, it goes into sleep mode about five minutes after any inactivity. Even if they're forgetting to turn it off, it would turn off or shut down by itself to conserve the battery. We did have some issues with the prototype not charging fully, the charger was never fully charged, and that's one of the things that the supply division is working on now with the supplier. Sorry, what was the other question? Because I had you on mute for a little bit also by accident.

Silvia Alayon

Extreme weather conditions.

Julia

We do have a number of, how would you say it, specifications similar to the scales that we would like this board to meet. With the digital scales way back in the first mixed surveys, the scales that were supplied had issues in a lot of the countries because of the difficult terrain and the extreme weather conditions. They had since been adapted so that we do not have those issues anymore. Meeting a number of specifications related to dust, temperature, water droplet permeability, and things like that.

We have asked that the height boards get made with the same specifications and tested for those same specifications. We're in that stage right now where our supply division is working to improve some of the sturdiness specifications and components of the board.

Silvia Alayon

Thank you, Julia. Maggie, do you have anything to add? [silence] Okay, I don't hear anything coming from Maggie. Okay.

I have one last question for Richard, and hopefully, maybe, Richard, if we can answer this briefly so we can wrap up now. We have three minutes left. The question is from Rachel Hickman, and she says, can you clarify which figures should be used, and why there is a difference?

Richard Kumapley

The latest edition is the one you should always use. There's various reasons why. It doesn't mean that the old ones are wrong. It's just that over the course of-- As more time, perhaps as we are able to-- [crosstalk]

Julia

Is Richard possibly muted, or would you like us to-- Maybe I can answer that if you repeat your question.

Silvia Alayon

I'm hearing Richard. I hear Richard.

Richard Kumapley

Can I continue or--

Silvia Alayon

Yes, please go ahead. We can hear you

Richard Kumapley

The latest edition is the one you should always use. There's several reasons why they change. The issue is that at the time they may have in serviced that were conducted, but maybe due to various reasons, their final reports were not out, their microdata was not out, and so whenever we are doing a new edition, we don't just look for just latest data, but we try to fill in the gap as much as possible. The latest edition of the [unintelligible 00:58:28] will have surveys from 2021 that were just not available when we closed the database as in 2022.

Silvia Alayon

Thank you so much, Richard. I think that is the last question we had time for. I want to thank you, Richard. Thank you, Sorrel. Thank you Walaa, Maggie, and Hailu for all of your valuable information and insights. I just want to say that it's very exciting that we have these data, and that we're continually striving to improve the quality of the data, and certainly some of the information about the innovations in training, standardization, and new equipment give us all hope that we're going to see just better and better data in the years to come.

I just want to let you all know, I know there were some questions, if anyone is interested in contributing to the research agenda that Sorrel presented, she has included in the chat and I will repeat it, reentry in the chat. The email addresses to whom you could write if you're interested in participating in or contributing to the research agenda as a researcher or as a funder, feel free to reach out to them directly.

I think with that, I want to thank all of our presenters, and thank all of the participants for coming, and also to remind everyone that we will be sharing a copy of the slides and recording to the webinar after its conclusion via email for those who registered. Thank you all.

Kossana Young

Thank you so much, Silvia. I want to echo that. Thank you to all of our panelists and all of our speakers for their wonderful presentations today. Thank you to our interpreters. I'm sorry for the hiccup that happened during Walaa's presentation, but glad we could hear some of it in English.

I just want to echo Silvia in saying the recording will be available immediately on our LinkedIn channel, and will be available on the event webpage shortly following this webinar, as well as the event materials, including the questions, the transcript, and the PDF of the slides. For upcoming events, please go to our events webpage to keep in touch and stay in tune with our next webinar.

With that, I hope you have a good rest of your morning, rest of your afternoon, rest of your night, and we look forward to having you join us next time,



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