

## 1. MULTI-SECTORAL NUTRITION OVERVIEW

### 1.1 Overview

The purpose of the Multi-sectoral Nutrition Overview (MNO) is to compile and synthesize available data in a visual manner to establish a common understanding of the nutrition situation in-country. It provides a starting point for discussion with key stakeholders on the severity and magnitude of the problem as well as major trends in the country and raise awareness of the country's nutrition issues, including among policymakers. It should prompt an in-depth qualitative causal analysis in order to determine the root causes of undernutrition.<sup>1</sup> Moreover, the MNO provides a basis from which core nutrition actions may be selected to ensure that the nutrition response is aligned with the problems and causes. It also informs other UN-Nutrition analytics, such as the Policy and Plan Overview and Nutrition Stakeholder and Action Mapping, as well as the common country analysis pursued in connection with the development of the United Nations Sustainable Development Framework in a given country.

### 1.2 Inputs

The MNO draws on a range of secondary data, such as:

- National representative health surveys such as DHS, MICS, SMART, etc.
- Food security surveys, including food consumption, dietary diversity, coping strategies index, household food expenditure surveys, etc. (CFSVA, dietary diversity assessments, IPC, etc.)
- Food Balance Sheets and other production statistics (e.g. FAOStat)
- Market surveys (e.g. commodity prices, sites of purchase)
- Census data for population estimates and trends (e.g. age distribution, number/proportion of pregnant women and lactating women, under2s, under5s, urban vs. rural, fertility rate)
- Development partners and NGOs conduct sub-national surveys (e.g. KAP surveys) which can provide important quantitative and qualitative information, and thus additional insight

### 1.3 What is involved? An abbreviated "How to"

The MNO may be conducted in conjunction with participatory multi-sectoral planning workshops, recognizing that knowledge of the nutrition context is a prerequisite for sound planning. Where possible, the exercise is conducted jointly by the facilitators and technical stakeholders. Alternately, a consultant or a specialized resource person, who has strong analytical and quantitative skills, may do the analysis, either in-country or remotely. If the analysis is carried out remotely, it must be thoroughly reviewed and discussed with the facilitators and technical stakeholders. It is critically important for the data used in and reported in the MNO to be accurate and to cite the applicable sources. The exercise is considered finalized once it has been validated by technical stakeholders in-country and consensus has been reached among the relevant country stakeholders. Again, the MNO serves as a compass for successive analyses, exercises and actions. In-country facilitators are essentially the custodians of the analysis, where they are present. The facilitators should continually refer to it as the UN-Nutrition engagement proceeds in a given country, orienting stakeholders to its findings and its linkages to other analyses, exercises and actions. Specific "How To" guidance is provided by the MNO tool, guidance notes and coaching calls, though the main steps and/or responsibilities of the facilitators are outlined below.

To date, the experiences of the facilitators indicate that it is a good idea to have updated MNO slides at hand for easy reference when discussing/clarifying the nutrition challenges in-country and the ensuing prevention and response actions. Hence, facilitators are strongly encouraged to carry a 'flash-disk' with these materials, even a set of hard copies, to share with (or give to) high-level leaders with whom they interact/meet. It is also important for facilitators to regularly update this data set so as to reflect new information to support additional efforts in the scale-up process. This 'snapshot' of facts and figures will become one of the most effective advocacy tools.

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<sup>1</sup> FAO methodology for "joint planning for nutrition methodology" provides guidelines to conduct an in-depth participatory causal analysis and may be drawn upon as part of this process. Link: [http://www.fao.org/fileadmin/user\\_upload/wa\\_workshop/docs/Joint\\_Planning\\_for\\_Nutrition\\_FAO\\_May2011.pdf](http://www.fao.org/fileadmin/user_upload/wa_workshop/docs/Joint_Planning_for_Nutrition_FAO_May2011.pdf)

The more specific and clear the MNO, the easier it will be to focus the subsequent steps on 'what really matters'. The Nutrition Stakeholder and Action Mapping, for example, will become much easier to carry out if one can concentrate on those actors that are directly able to address the factors agreed to be the most important determinants of the existing problems.

**Table 1: Facilitation of the Multi-sectoral Nutrition Overview exercise**

*Outlining the tasks and/or roles to guide the MNO*

<b>Tasks and/or Roles</b>	<b>Description</b>
Guidance and stewardship	Facilitate the overall MNO exercise, defining: objectives, expected results, outcomes and deadlines/timeframe Provide guidance on identifying main sectors related to nutrition (e.g. agriculture/ food security, health, care, water and sanitation, education, social protection, etc.)
Data collection	Spearhead process of compiling secondary data from multiple sources in close collaboration with technical stakeholders. It is important that tasks (e.g. data collection requirements) are assigned to technical stakeholders, though facilitators may carry a greater burden.
Data analysis	Coordinate the data analysis (trends, gender, livelihoods analysis), elaborating graphs, maps, summary tables and/or other visual aids to guide discussions and agree on data quality. Although facilitators are expected to lead the analytical exercise, the UN-Nutrition Secretariat may provide backstopping, as needed.  Facilitate an in-depth qualitative analysis, whereby one intensive (half-day or full-day) or a series of meetings/workshops are conducted to elaborate an undernutrition problem tree and solution tree, applying the food security, health and care classification presented in the conceptual framework on the causes of malnutrition. Facilitate discussion on the relevant linkages between these dimensions.  Revise analysis and supporting charts, maps, etc. in view of discussions on the underlying causes
Review and validation	Organize a workshop with technical stakeholders, where the analysis of findings both - quantitative and qualitative - is presented. During this workshop, discuss data gaps and ways to address them.  Facilitate the selection of situation analysis indicators to be included in the MNO dashboard, engaging the expanded group of technical stakeholders.
Consensus-building	Lead technical stakeholders to consensus on the overall nutrition situation (improving or deteriorating) and on the main undernutrition problems. The resulting consensus should determine the common 'nutrition story' within that country context to inform communications and advocacy messages.
Communications and Advocacy	Advocate for government to organize a forum to present the results to the greater nutrition community in-country, including policymakers. This workshop will help government to gain ownership of the results and prepare the stakeholder community for the next steps of the process.
Knowledge-sharing	Facilitate access to data, assessment tools and/or resource persons in Member Agencies, as related to the MNO.  Document country experiences and any lessons learned.

#### 1.4 Guidelines for analysis

The MNO contains the four components listing below, and draws upon the conceptual framework of malnutrition, developed by the United Nations Children's Fund (UNICEF).

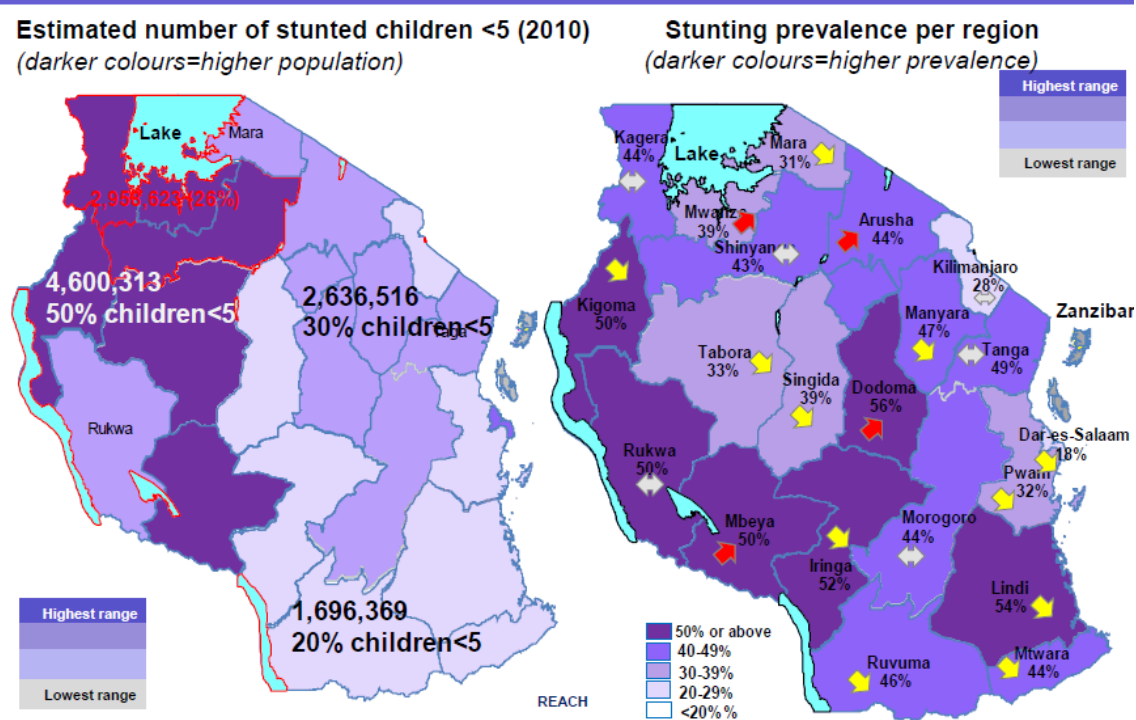
- 1) Basic Nutrition Trends
- 2) Causal Analysis (Underlying causes and basic causes)
- 3) Key messages/Briefs with respect to components one and two
- 4) MNO dashboards (outlined in the next section)

Typically, the first three components are packaged together in one PowerPoint file and are collectively referred to as the MNO slides. This first package (components one through three) includes the following main features of the analysis for illustrative purposes. Additional elements may be included, as appropriate.

- ✓ Target population group quantified at national and sub-national levels
- ✓ Discrepancies identified on key indicators between different sources
- ✓ Data sources selected and agreed with country technical stakeholders
- ✓ Comparative analysis between relative figures (e.g. prevalence) and absolute numbers of undernourished children is completed
- ✓ Trends analysis conducted (e.g. changes over time) of undernutrition levels such as prevalence of stunting, wasting, underweight and other key indicators (e.g. micronutrient deficiencies)
- ✓ Relevant indicators disaggregated according to the following criteria
  - Sub-population group (e.g. under2s, under5s, pregnant women, lactating women)
  - Geography (province, district, etc.)
  - Gender
  - Household economic status
  - Livelihood groups
  - Urban versus rural
  - Parents' education
- ✓ Geographical areas of high nutrition burden identified based on absolute numbers and relative numbers of undernourished children<sup>2</sup>
- ✓ Analysis undertaken comparing areas where there is a high malnutrition burden with causal factors, as appropriate (e.g. food security, sanitation, etc. data) for those areas (e.g. Do they correspond?)

### Figure 1: Excerpt from the MNO in Tanzania

Comparing absolute numbers to prevalence of stunted children under five years old by region, and thus in both cases, the geographical distribution of child stunting



<sup>2</sup> Different priority regions may be identified depending on which indicators are selected.

## 1.5 Outputs

The respective outputs of the MNO are listed below.

- ✓ A causal analysis on undernutrition conducted
- ✓ Slides created with graphs, maps and other visual aids that highlight the results of the MNO in an user-friendly manner
- ✓ A summarized narrative drafted on the nutrition situation at the national level

## 2. MNO DASHBOARD

### 2.1 Overview

The MNO dashboard is one of the most valued UN-Nutrition analytics. The purpose of developing this dashboard (in its respective views) is to provide a synthesized, user-friendly tool for policymakers and practitioners to understand the nutrition issues in-country and the measures being taken to address them. The dashboard summarizes key nutrition indicators across sectors, highlighting the magnitude and severity of nutrition problems (as per the full MNO). In some cases, it may also depict the interventions undertaken to address these nutrition-related issues. In addition to serving as a valuable monitoring tool, the dashboard is an effective advocacy tool, which helps stakeholders communicate common nutrition messages across the multi-sectoral nutrition landscape. While the dashboard has traditionally been developed for the national level, countries may wish to devise similar dashboards for the sub-national level (e.g. regional, district) subject to data availability.

### 2.2 Inputs

The dashboard is a culmination of the first three components of the MNO:

- Basic nutrition indicators and trends as per the MNO slides, including the and the Basic Nutrition Trends, Causal Analysis and Key Messages/Briefs and menu of indicators for the dashboard
- Public health thresholds to determine degree of severity of the situation analysis dashboard indicators
- MNO Dashboard templates

### 2.3 What is involved? An abbreviated “How to”

The dashboard has two main views.

- Overall MNO dashboard
- Gender-sensitive dashboard

Additional views may be created to highlight disparities observed in the country and/or sub-national levels (e.g. urban versus rural).

The MNO dashboards summarize and classify the severity of the nutrition situation based on secondary data from credible, nationally representative nutrition, food security and health surveys (e.g. DHS, MICS, SMART, among other sources) as compiled for the MNO slides (See Section 1). Whereas the overall MNO dashboard describes the general situation for the selected indicators, the gender-sensitive dashboard disaggregates these data by gender. Country stakeholders may also wish to develop coverage dashboards, through the Nutrition Stakeholder and Action Mapping although those dashboards are covered in a separate guidance. Facilitators should be sure to cite the source and year of data collection to which the data refers on the dashboards for accuracy and credibility purposes. Furthermore, the situation analysis indicators are grouped into the following three sub-sections, mirroring the structure of the widely accepted conceptual framework on

#### Keep in mind

The process of defining actions and indicators is on-going and iterative. It is important for stakeholders to understand that these are not ‘set in stone.’ An initial draft should be agreed upon in order to proceed with the relevant data collection and analysis, though this can be re-visited and modified multiple times thereafter.

the causes of malnutrition, developed by UNICEF: nutritional impact; underlying causes and basic causes.

Facilitators orchestrate discussions with technical stakeholders to determine which indicators should be included on the respective dashboards, choosing from a menu of options and data compiled through the MNO slides. These choices should take into account both the nutrition problems and availability of data. Moreover, the process of selecting indicators for the dashboard can be a good opportunity to identify gaps in existing data collection efforts/exercises.

Once coverage dashboards are compiled, stakeholders may wish to bring these two elements together. By tracking situation analysis and coverage indicators in an integrated manner, stakeholders may identify bottlenecks to scaling-up nutrition interventions. The tool helps depict nutrition challenges within the context of the underlying and basic causes of undernutrition in a clear and visual manner.

**Table 2: Facilitation of the Multi-sectoral Nutrition Overview dashboard compilation**  
*Outlining the tasks and/or roles to guide the MNO dashboard compilation*

Tasks and/or Roles	Description
Guidance and stewardship	Facilitate the development of the MNO dashboard, defining the objectives, expected results, outcomes and deadlines/timeline.
Data collection	Organize and prepare the dashboard templates, gathering and/or updating available data and referring to data reported by the MNO slides (Basic Nutrition Trends, Causal Analysis and Key Messages/Briefs).  It is also helpful to create backup spreadsheets in Excel, compiling data from previous years to see whether the situation is improving, deteriorating or constant.
Data analysis	Facilitate discussions with technical stakeholders to: <ul style="list-style-type: none"> <li>(a.) select/refine the applicable indicators for the MNO dashboards, discussing the pros and cons of various options (e.g. food consumption score versus dietary diversity score to report food insecurity);</li> <li>(b.) classify the severity of the data on the situation analysis indicators;</li> <li>(c.) identify trends over time and between genders;</li> <li>(d.) identify data gaps and workaround solutions.</li> </ul> Solicit and document recommendations from technical stakeholders on indicators that should be added to routine data collection and/or periodic nutrition surveys
Review and validation	Lead the discussion with technical stakeholders to agree and validate the selected indicators
Consensus-building	Promote the consensus among the larger nutrition community on: <ul style="list-style-type: none"> <li>• Country's nutrition problems (magnitude and severity)</li> <li>• Sub-national nutrition problems (magnitude and severity)</li> </ul>
Communications and advocacy	Advocate for government to organize a workshop to present the results. Alternatively, the dashboard may become a prime instrument to use by a high-level coordinating committee. It can provide a useful starting point as well as periodic referencing for strategic decision-making.  Support the development of a storyline, identifying local examples and data to justify the need for nutrition action and the consequences of inaction, so as to raise awareness about the nutrition situation and the need to scale-up nutrition actions. The concise and visual nature of the dashboard makes it an effective tool to engage policymakers, and in general, to communicate a large amount of technical information in a brief, user-friendly format.
Knowledge-sharing	Facilitate access to good practices, case studies, etc. from other countries, if available.  Document this country experience, being sure to capture key successes and challenges to help guide similar efforts in other countries.

### 2.4 Guidelines for analysis

Facilitators should refer to the MNO dashboard methodology narrative for comprehensive guidance on the process of assigning stoplight ratings and adding trend arrows. These features are briefly discussed below.

One of the distinguishing features of the MNO dashboard is the stoplight rating system used for the situation analysis indicators. The system applies a four-point rating system, inspired by the red, yellow and green traffic code to classify the level of public health significance, whereby:

Red	denotes an <b>Urgent problem requiring urgent action</b> ;
Yellow	denotes a problem <b>Requiring action</b> ; and
Green	denotes something that is <b>Not currently a serious problem</b> .
White	denotes not applicable

Experience has shown this notation to be readily understood by non-technicians, who often exercise decision-making power and influence policy. The rating system capitalizes on the existing evidence base with respect to population thresholds/public health significance categories.<sup>3</sup> In some cases, this has required existing four- or five-category classifications to be consolidated into three severity categories used by the MNO stoplight system.

In addition, the dashboards provide a **rough estimation on progress** – not upward or downward trends in the nutrition levels themselves – with respect to previous data, by the inclusion of ‘trend arrows’. In many cases, the time series data is not directly comparable due to differing sampling methodology and/or subtle differences in indicators. Where considerable discrepancies are observed between sampling methodologies and/or differing indicator definitions, trends arrows should not be assigned.

**Figure 2: Excerpt from the Multi-sectoral Nutrition Overview dashboard in Sierra Leone**  
Looking at the Overall MNO dashboard, which presents categorized indicators, statistics, data sources, year of data collection, severity stoplights and trends arrows

**Situation Analysis Dashboard**  
National level – Sierra Leone

- Not currently a serious problem
- Requiring action
- Serious problem requiring urgent action
- Threshold not determined

- ↗ Improving; positive trends
- ↔ No change
- ↘ Getting worse; negative trend
- n.a. Data not available

	Indicator	Status	Source	Year	Severity	Trend		
Nutritional Impact	<b>Stunting</b>	Prevalence of stunting among children 6-59 months	31.3%	SMART	2017	● (Red)	↔	
	<b>Wasting</b>	GAM prevalence among children 6-59 months	5.1%	SMART	2017	● (Yellow)	↗	
		SAM prevalence among children 6-59 months	1.0%	SMART	2017	● (Yellow)	↘	
	<b>VAD</b>	Children 6-59 months with vitamin A deficiency	17.4%	SLMS	2013	● (Yellow)	n.a.	
		Children 6-59 months old with iron deficiency	5.2%	SLMS	2013	○	n.a.	
	<b>Iron deficiency</b>	Children 6-59 months old with anaemia	76.3%	SLMS	2013	● (Red)	n.a.	
Non-pregnant women 15-49 years with iron deficiency		8.3%	SLMS	2013	○	n.a.		
<b>IDD</b>	Pregnant women 15-49 years with iodine deficiency	46.1%	SLMS	2013	○	n.a.		
Underlying Causes	<b>Food Security</b>	Households with poor or borderline food consumption (poor & borderline)	53.4%	CFVSA	2015	○	↗	
		Prevalence of undernourishment	22.3%	IFPRI	2016	● (Red)	↗	
		Household dietary diversity scale	5.3	SMART	2017	○	n.a.	
	<b>Health &amp; Sanitation</b>	Reduced Coping Strategy Index	11.96	CSFVA	2015	○	↗	
		Under 5 mortality rate (deaths per 1000 live births)	120.4	IGME	2015	○	↗	
		Low birthweight	7.1%	DHS	2013	○	↗	
	<b>Care</b>	Women 15-49 years old with problems accessing health care	71.9%	DHS	2013	○	↗	
		Household access to improved water source	68.6%	SMART	2017	● (Yellow)	n.a.	
		Household access to improved sanitation facilities	19.8%	SMART	2017	○	n.a.	
	Basic Causes	<b>Education</b>	Timely initiation of breastfeeding	53.8%	DHS	2013	○	↗
			Infants 0-5 months old exclusively breastfed	32.0%	DHS	2013	○	↗
		<b>Population</b>	Children 6-23 months old with adequate complementary feeding	7.0%	DHS	2013	○	↗
Time to fetch water (households that take ≥30 min)			78.3%	SMART	2017	○	n.a.	
<b>Gender</b>		Households washing hands after defecating	96%	SMART	2017	○	n.a.	
		Female literacy rate	35.2%	DHS	2013	○	n.a.	
<b>Poverty</b>	Female literacy rate	35.5%	DHS	2013	○	↗		
	Total fertility rate per woman	4.9	DHS	2013	○	↗		
	Women ages 20-49 years old, with first birth at 15 years	10.2%	DHS	2013	○	n.a.		
<b>Gender</b>	Women's intra-household decision-making power	45.4%	DHS	2013	○	↗		
	GINI Index	35.4	GINI Index	2013	○	n.a.		
<b>Poverty</b>	Population living under national poverty line	52.9%	World Bank	2011	○	↗		

<sup>3</sup> Population thresholds or public health significance categories refer to population-level statistics (e.g. prevalence, mortality rates, etc). For instance, a population where greater than 40% of children ages 6-59 months are anemic would be classified as a severe public health problem.

## 2.5 Outputs

The MNO dashboard(s) produces the below outputs:

- ✓ Dashboards devised which display situation analysis (which may potentially be merged with coverage indicators), noting improvement, deterioration or no change as well as the severity of the problem.
- ✓ A set of recommendations identifying a list of indicators which should be added to routine data collection and/or periodic nutrition surveys.
- ✓ *(Optional)* Recommendations compiled for harmonizing methodologies, indicators and data requirements across surveys.