

featured in the training video engaged caregivers, poor sound quality and visibility on a tablet device made it difficult to show to a group. In future, the video will be rearranged so that the testimonial plays first and captures the attention of the viewer, and it will be played to smaller groups so everyone can see and hear it. Efforts are also being made to produce a better-quality video.

Findings showed that caregivers found sorting picture cards to be a welcome diversion from their daily routines rather than seeing them as silly or childish, and they particularly enjoyed ranking their priorities via such methods.

Next steps and conclusion

Based on the findings from this prototyping phase, a small pilot study will test the behavioural reminder systems and video-based training and testimonial in five Nara communities, reaching up to 300 people. Qualitative and quantitative data will be collected to assess the desirability, viability, sustainability and feasibility of the approach over the two-month period. Following the pilot, an A/B test (or rapid randomised, controlled trial) will evaluate small changes to programme design, such as different methods of motivating tontine leaders and imams, and identify the most effective strategies to encourage behaviour change. These results could then be used to develop an intervention package to be tested via an implementation study with a more rigorous evaluation.

Given the increased global interest in Family MUAC and its widespread usage, an understanding of the challenges and trade-offs of the approach is critical. While caregivers can use the MUAC tape, evidence of them doing so at scale with the fidelity and frequency needed for early detection of wasting is lacking. Taking a behavioural science and UCD approach, this work identified evidence-based reasons for low uptake and informed the co-design of targeted solutions with the communities expected to use the approach. Our hypothesis is that this participatory and evidence-based process will further help optimise Family MUAC and promote early detection of wasting.

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Locally produced nutritious food being promoted at a market, Ivory Coast

Field Articles

Establishing an effective multi-sectoral nutrition information system in Ivory Coast



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KEY MESSAGES

- National nutrition multi-sectoral plans are complex policies that require solid monitoring systems to accurately and timely assess implementation progress. In 2018, the Republic of Ivory Coast implemented the National Information Platform for Nutrition (NIPN) to support the monitoring of its National Multi-Sectoral Nutrition Plan (PNMN) 2016-2020.
- Between 2018 and 2020, the platform team conducted a series of investigations to assess the robustness of indicators included in the PNMN monitoring plan and revealed that 44% of the indicators were not informed by any data.
- Based on these findings, the platform helped develop a web-based tool to centralise multi-sectoral indicators, which highly improved access to data related to nutrition and developed a plan for increasing accountability for PNMN monitoring.

Background

Undernutrition in Ivory Coast represents a major national public health challenge, with 22% of children under the age of five estimated to be stunted and 6.1% wasted (UNICEF/WHO/World Bank Group, 2021). Despite decreasing trends over the last decade, which has seen the percentage of stunting reduce from 34% in 2006, the current pace of stunting reduction is insufficient to achieve 2025 nutrition targets (World Health Organization, 2022).

In recognition of the importance of reducing undernutrition, the Government of Ivory Coast joined the Scaling Up Nutrition (SUN) Movement in 2013 and developed its first five-year National Multi-Sectoral Nutrition Plan (PNMN)

in 2016. A Technical Secretariat (known as SE-CONNAPE) was established and given the official mandate to identify the national priorities in nutrition and to monitor the PNMN. The Technical Secretariat was positioned in the Prime Minister's Office and therefore has a high level of authority to coordinate the key sectors involved in nutrition policy. A multi-sectoral technical committee was also set up to oversee the activities of the Technical Secretariat and coordinate with the 13 ministries involved in the PNMN through Nutrition Focal Points.

To monitor the progress of the PNMN and to guide decision makers towards their political nutrition commitments, a robust nutrition information system was needed to enable the con-

tinuous collection, analysis, and interpretation of nutrition-related data across all sectors involved. When the PNMN was designed in 2016, a Common Result Framework was validated with a list of 150 multi-sectoral indicators to monitor the overall progress of the PNMN. However, no annual reporting of the Common Result Framework was produced between 2016 and 2018. To strengthen the monitoring and evaluation (M&E) mechanisms of the PNMN, the government implemented the National Information Platform for Nutrition (NIPN) in 2018. The overall goal of this collaboration was for the NIPN to provide policy makers with adequate information to effectively implement the plan and achieve its desired outcomes.

This article describes how the NIPN contributed to improving the M&E of the PNMN in Ivory Coast (Box 1) through a sustainable approach, by identifying and effectively engaging with the nutritional data available and supporting dialogue between data providers and data users.

The NIPN

The NIPN is an initiative of the European (page 12) Commission to provide support to countries to strengthen their information systems for nutrition and to improve the analysis of data so it can better inform strategic decisions to prevent malnutrition and its consequences. Within the initiative, a global support mechanism managed by a plethora of joint agencies and actors was set up to help countries develop their own NIPN structures and frameworks and to coordinate technical assistance and capacity building, as well as linking with the SUN Movement and other multi-sectoral nutrition initiatives to ensure coherence.

The NIPN uses a three-step approach comprising of: 1) the formulation of nutrition policy questions linked with national priorities; 2) the gathering and analysis of existing data; and 3) the dissemination of results among identified key policy makers. At country level, the NIPN is rooted within existing institutions and national multi-sectoral coordination systems for nutrition. From the analysis of available data, the NIPN generates M&E evidence that is used by sub-national and national stakeholders for policy development, programme design, and budget allocations. The NIPN country team, comprising of full-time and part-time staff from the national host organisations and technical advisors, is responsible for implementing the NIPN framework. The NIPN Multi-sectoral Advisory Committee (NIPN Global Support) guides the country team, validates its work, and ensures information flows between the NIPN and the national multi-sectoral mechanisms for nutrition.

NIPN implementation in Ivory Coast

In Ivory Coast, the NIPN was initiated in 2018. The platform was designed by SE-CONNAPE, primarily to support the M&E of the PNMN, and was fully embedded within the secretariat. A Project Management Unit was created and specifically dedicated to developing the platform, with five full-time positions created and

Box 1 The PNMN 2016-2020

Overall, the PNMN aimed at reducing stunting by 30% and to triple the rate of exclusive breastfeeding. The plan called for the prioritisation of regions where the rates of malnutrition were highest, with the objective being a convergence of interventions in the same priority zones.

The PNMN was divided into seven strategic axes.

Axis 1: Promoting adapted nutrition practices and preventive measures (12% of total budget planned).

Axis 2: Increasing the treatment of malnutrition (27% of total budget planned).

Axis 3: Increasing the availability and access to nutritious and diverse food (21% of total budget planned).

Axis 4: Increasing safe food security (8% of total budget planned).

Axis 5: Reinforcing the resilience of households facing food and nutritional crisis (12% of total budget planned).

Axis 6: Improving hygiene, access to safe drinking water, and sanitation (17% of total budget planned).

Axis 7: Creating an enabling environment for nutrition and improving governance (3% of total budget planned).

budgeted for by the government within SE-CONNAPE from the outset. SE-CONNAPE established the NIPN, in collaboration with the nutrition sectoral focal points of the 13 ministries involved in the PNMN.

As an initial step, a **nutrition data mapping exercise** was conducted in 2019 (Michel & Apata, 2017) to identify all nutrition data available within each of the 13 government ministries involved in the PNMN. Specific descriptive analysis was used to compare the 150 indicators required for the Common Result Framework and the nutrition indicators effectively available in the ministries (SE-CONNAPE and PNMIN, 2019). These 150 officially selected indicators included 115 indicators to be informed by 10 different ministries and 35 to be informed by SE-CONNAPE. Up to 2020, no indicators from the sectors were either formally centralised or reported on. These official indicators selected to monitor the PNMN implementation were subsequently examined to assess indicator availability, accessibility, timeliness, and completeness. The NIPN team conducted this work in collaboration with nutrition sectoral focal points in the M&E department of each sector.

The NIPN then built a **web-based tool to centralise multi-sectoral indicator collection and collation**, to monitor the 150 multi-sectoral indicators of the PNMN, and to build the capacity of sectoral M&E departments to inform those indicators.

Strengthening the M&E of the national multi-sectoral nutrition plan

The NIPN worked to effectively centralise data from all sectors through a user-friendly web application. This website allows users easily to access specific data regarding various nutritional indicators, while also allowing them to visualise differences in nutritional data points throughout different regions in the country. Designed and funded by the NIPN, this website (PNMIN, 2022) is a critical

tool for monitoring and visualising the indicators of the PNMN.

Thanks to the NIPN's work in coordinating the multi-sectoral effort for nutrition data mapping, in July 2020, for the first time, SE-CONNAPE was able to generate data on 56% of the 115 sectoral indicators available and accessible to policy makers and the public via the web application (Figure 1). The website provides information on the progress made, which will feed into ongoing discussions of the design of the next multi-sectoral plan (the PNMN 2021-2025)

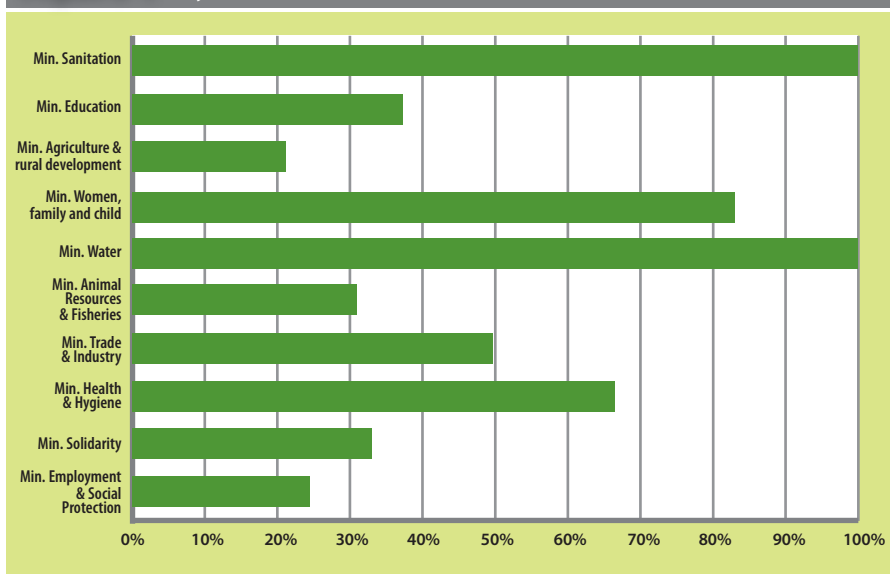
NIPN nutrition data mapping

Nutrition data mapping revealed that 44% of the 115 sectoral indicators were not directly available in sectoral M&E systems (SE-CONNAPE and PNMIN, 2019). Of the seven axes of the PNMN, four were considered poorly informed, with data being available for less than 50% of the desired indicators. Only Strategic Axis seven was completely informed as planned in the design of the reporting system. This axis (35 indicators) was informed directly by SE-CONNAPE and was thus easier to collect than the strategic axes involving multiple sectors.

Challenges to informing the Common Result Framework

As depicted in figure 1, there is a significant range in data availability throughout the different ministries in the country. This partly reflects the fact that some ministries have stronger sector monitoring systems than others. One reason for this could be the structural differences that exist within the ministries. For example, the routine information systems of the Ministry of Education and the Ministry of Health are naturally structured around physical facilities, with each facility reporting on their activities (schools and health centres respectively). On the other hand, within the Ministry of Agriculture, farmers are not organised around a single facility and, as such, do not report on their activities in the same way.

Figure 1 Percentage of monitoring indicators effectively informed by each sector



A second reason for these inconsistencies may be that some ministries are better equipped than others in relation to M&E. For example, while the Ministries of Health, Education, and Water have invested in information system development, other sectors still have limited reporting systems and lack basic resources for M&E. For instance, some ministries face challenges with a lack of digital platforms, poor data collection instruments, and limited teams for data analysis.

Furthermore, while one Nutrition Focal Point per ministry was appointed during the participatory process, different divisions produce data within each ministry. There was, and still is, a lack of coordination within certain ministries regarding what data is made available and what is missing.

Successes and lessons learned

The NIPN in Ivory Coast provided capacity to SE-CONNAPE to support to the Nutrition Focal Points by describing exactly what is required and how to analyse the information gathered. This was critical in informing reliable multi-sectoral monitoring. Identifying the gaps in the M&E framework determined what information was already available and what information still needed to be generated. This differentiation was not immediately clear from the outset of the M&E framework development and took considerable time to determine.

Between 2016 and 2019, no data was effectively shared to SE-CONNAPE to produce quarterly and yearly updates as planned. With no monitoring information, it was difficult to adjust nutritional interventions during the implementation of the PNMN.

Given the complexity of multi-sectoral programming, it is understandable that the desired ideal M&E framework of the PNMN could not be totally and immediately informed by the existing sectoral information systems. The development of a comprehensive, multi-sectoral

M&E plan is in itself a challenge, and establishing such a framework already represents an accomplishment.

The lack of almost half of the official sectoral indicators in the information system highlights the initial ambition of the M&E framework and the work that still remains. Dr Patricia N’Goran, the SUN Focal Point, confirmed that the M&E plan had to overcome this challenge in order to increase sectors ownership. To this end, *“One of the commitments made by Ivory Coast in 2017 at the time of NIPN implementation was to support sectors with regular collection of data that will feed the nutrition information platform.”*

To mitigate such challenges, capacity building on the importance of collecting nutrition indicators and reporting to the centralised platform is vital. As noted previously, the official M&E framework of the PNMN assigns the sectoral Nutrition Focal Point the role of communicating their indicators to SE-CONNAPE. The sectoral Nutrition Focal Points typically sit within the M&E department of their respective ministry and generally have a limited understanding of key nutrition concepts. The NIPN, with the support of UNICEF, has conducted a series of workshops on key nutrition concepts so that each focal point could better assist in the implementation of the PNMN within their respective ministry, as well as understand the importance of having multi-sectoral monitoring of the plan.

It is difficult to evaluate the relative contribution of the capacity building activities in achieving the effective centralisation of multi-sectoral indicators to monitor the PNMN. However, since 2019, SE-CONNAPE has managed to centralise all the indicators available in the ministries, and the platform team members emphasise the importance of the capacity development activities to maintain the active participation of each Nutrition Focal Point.

The NIPN has also provided technical support to the Nutrition Focal Points in each sector by articulating exactly what the M&E plan required of them, and how to process the information in a timely manner. The development of the web-based platform has been a key element in facilitating this work. In addition, a three-day multi-sectoral workshop was conducted, with support from the NIPN team, to identify and discuss potential solutions for better harmonisation of data across sectors. For example, it was noted that different sectors had different definitions of ‘community’ and varying degrees of ability to report on indicators at this level. There was a need to standardise this to limit discrepancies in data collection and collation.

Conclusion

The task of developing an effective M&E system for multi-sectoral nutrition responses is formidable. Even if some indicators are available within the sectors, centralising them requires buy-in and adherence from all government ministries. For this, ministries should understand the added value of such work, they need the tools to centralise the information, and they must communicate and use the information to best serve their sector needs, as well as to inform the nutrition response as a whole.

Effective multi-sectoral coordination and collaboration takes time: ensuring its progress is a lengthy process, and the work to do so requires resources. The Government of Ivory Coast, with the support of the EU, has increased the capacity of SE-CONNAPE to monitor the PNMN through the NIPN. In doing so, the work undertaken to create a central and open platform has been critical. Despite this progress, there is still an important gap: about half the official indicators to monitor the PNMN are still unavailable, and work to support further data availability remains to be done. The new national strategy for nutrition is currently being developed, and it is hoped that lessons learned from the previous monitoring approach will inform the design of this new strategy.

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