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Nutrition Information Systems: lessons learnt from TA support

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NASC Partners

- DAI
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- Natural Resources Institute
- NutritionWorks

Contact

DAI Global UK Ltd | Registered in England and Wales No. 01858644 | **Address:** 3rd Floor One Smarts Place, London, United Kingdom, WC2B 5LW

DAI Global Belgium SRL | Registered in Belgium No. 0659684132 | **Address:** Avenue de l'Yser 4, 1040 Brussels, Belgium

Facility Director: Paula Quigley, Paula_Quigley@dai.com

Facility Manager: Vesna Kahrmanovic, Vesna_Kahrmanovic@dai.com

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Abbreviations

AMN	Acute Malnutrition
ARI	Acute Respiratory Infection
AWD	Acute Watery Diarrhoea
DfG	De-facto Government (Afghanistan)
DP	Development Partners (including Humanitarian Actors)
ENCU	Emergency Nutrition Coordination Unit (Ethiopia)
FAO	Food and Agriculture Organization
FCDO	UK's Foreign, Commonwealth and Development Office
FEWSNET	Famine Early Warning Systems Network
FSAC	Food Security and Agriculture Cluster
FSNAU	Food Security and Nutrition Analysis Unit (Somalia)
GAM	Global Acute Malnutrition
HMIS/DHIS2	Health Management Information System/District Health Information Software
IFI	International Financial Institution
IPC	Integrated (Food Security) Phase Classification
IPC AMN	Integrated Phase Classification - Acute Malnutrition
KI	Key Informant
MAM	Moderate Acute Malnutrition
MANTF	Multi Agency Nutrition Task Force (ENCU / Ethiopia)
MDD	Minimum Dietary Diversity
NASC	Nutrition Action for Systemic Change
NGO	Non-Governmental Organization
NIS	Nutrition Information System
NIWG	Nutrition Information Working Group (Yemen)
NNP	National Nutrition Plan
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PND	Public Nutrition Directorate (Afghanistan)
SAG	Strategic Advisory Group of the ENCU (Ethiopia)
SAM	Severe Acute Malnutrition
SMART	Standardised Monitoring and Assessment of Relief and Transition
SUN	Scaling Up Nutrition Movement
TA	Technical Assistance
TASC	Technical Assistance to Strengthen Capabilities
ToR	Terms of Reference
UNICEF	United Nations Children's Fund
USAID / BHA	United States Agency for International Development / Bureau for Humanitarian Assistance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive summary

NASC conducted case studies for **Afghanistan, Ethiopia, Somalia and Yemen** to better understand FCDO's experience in receiving technical assistance (TA) on **Nutrition Information Systems (NIS)**. Lessons were documented from these four case studies as well as lessons from TA to Nigeria, Kenya and Myanmar. The lessons were used to develop recommendations to guide future TA in strengthening country NIS. The TA in all four countries was driven by (i) a desire among FCDO staff on the ground to have confidence in their analysis and understanding of the country's nutrition situation, to support appropriate prioritisation and allocation of both development and humanitarian resources, and (ii) a shared concern among Development Partners (DPs), including humanitarian actors, that weaknesses in existing nutrition data were limiting evidence-based decision-making, coordination and effective targeting.

In all countries, DPs experienced **inconsistent interpretations of the nutrition situation**, which slowed and constrained effective decision-making. TA was requested due to concerns that existing nutrition information was unreliable, however the analysis undertaken during the TA showed that **available data were generally sufficient** to inform the strengthening of existing programmes.

All stakeholders valued the consultative approach of the TA, which helped **drive uptake of the recommendations** and **strengthened FCDO's credibility** as a partner with clear, country-specific nutrition advocacy messages. Countries were more likely to implement the recommendations when the TA included a clear implementation plan or roadmap; ensured strong country ownership; secured adequate financing; and, was actively followed up by NASC. Key constraints to implementation included weak leadership, limited structures for multi-sectoral coordination, competing staff priorities, and changes in the security context.

In each country where a situation analysis was undertaken, FCDO benefitted directly through **increased confidence in nutrition-related decision-making** on resource allocation and strengthening of existing interventions. The TA improved the availability and interpretation of nutrition information, enabling clearer identification of gaps and weaknesses in multi-sectoral analysis, messaging, and use of evidence to strengthen programming. DPs involved in TA consultations in some countries also valued inclusion in the process, expressed a desire to work more collaboratively, and for continued learning from experience.

FCDO should therefore consider the following recommendations for future country requests:

- As per advice from the FCDO 'Help Desk'¹, continue to **provide similar support to countries requesting a situation analysis** which is beyond their capacity ('Help Desk' offer maximum 10 days of support), with careful consideration for clear objectives, the amount of time required for effective TA and capacity for the target country advisors and key stakeholders to engage.
- Consider a period of **light, supportive technical follow-up** after the conclusion of in-country TA to support country teams during the implementation of recommendations.
- Facilitate debate on the current **overreliance on anthropometry** and often inappropriate use of 'triggers' and 'thresholds' based on Global Acute Malnutrition (GAM) rates, which leads to delaying interventions until 'sufficient' numbers of children are malnourished or adequately high rates reached.
- **Address continuing critical NIS bottlenecks** to maximise the benefit to vulnerable populations, emphasising the use of existing information and global evidence to develop stronger nutrition integrated programmes.
- FCDO should **advocate for investment in stronger nutrition information systems** to better inform decision-makers and enable more strategic programming in a context of constrained funding.

¹ **FCDO Food Security and Nutrition Analysis Help Desk** (2020-2024). Funded by the East Africa Research Fund/Foreign Commonwealth and Development Office, this is primarily a short-term technical assistance project offering analytical support to FCDO country offices.

1 Introduction

The UK's Foreign, Commonwealth and Development Office (FCDO) has identified nutrition-related information gaps in several crisis-prone and conflict-affected countries where it operates and initiated technical assistance (TA) to better understand and address these gaps. In most cases, this serves two purposes: to strengthen the country's existing Nutrition Information System (NIS) for the benefit of host governments and development partners and enabling FCDO to access short-term situation analyses to strengthen evidence-based decision-making on humanitarian funding allocations.

Between 2020 and 2025, FCDO offices in Yemen, Ethiopia, Somalia, Kenya, Afghanistan, Nigeria, Angola and Myanmar requested support from TASC and NASC to better understand what nutrition-relevant data exists, how it is analysed and shared with decision-makers, and how to strengthen evidence-based planning and programming.

This review aims to learn from experiences in four countries - Afghanistan, Ethiopia, Somalia and Yemen to:

- i. ascertain the extent to which TA/assessment recommendations were adopted/implemented,
- ii. understand whether any change occurred because of the TA (programmatically or otherwise),
- iii. identify potential factors that influenced the uptake of recommendations before, during or after the provision of the TA and,
- iv. explore possible implications for other countries or programmes requesting similar TA support.

FCDO aims to learn from these experiences by identifying shared achievements and challenges across four countries through a review of documents and interviews with in-country key informants. While TASC/NASC has delivered a range of nutrition-related technical assistance, this review focuses specifically on support for Nutrition Information Systems and draws from lessons across other countries including Nigeria, Kenya and Myanmar.

Nutrition information systems in many crisis-prone countries fail to provide timely, credible, accessible and up-to-date information and analysis to adequately support decision-making, particularly for use by the 'humanitarian' community during periods of heightened crises. Systems for generating information for routine nutrition interventions are often not designed to capture or respond to significant fluctuations in acute malnutrition. Multisectoral nutrition analyses, that could adequately explain fluctuations, emerging risks and negative trends, are also generally not well institutionalised. FCDO and other users of nutrition-related information often make humanitarian response decisions without sufficient evidence on needs or the underlying drivers of malnutrition across sectors, increasing the risk of poorly targeted assistance.

Support to strengthen NIS has been uneven and fragmented, largely focused on integrating routine data into health systems, with limited capacity to meet crisis-specific or multisectoral information needs. Short-term, partner-led systems introduced during emergencies are rarely integrated or sustainable and tend to prioritise life-saving interventions over prevention and resilience. Globally, the absence of clear leadership on NIS has limited progress, with most efforts still focused on measuring malnutrition levels rather than enabling timely, integrated analysis to support early and effective crisis responses. Annex 1 lists current systems, partnerships and initiatives related to NIS².

² This list is not exhaustive and does not include examples of functional systems in individual countries. Since the constrained funding situation in 2025, some information systems may no longer be operating due to funding cuts.

2 Country Case Studies

2.1 Afghanistan

Support to Afghanistan for improving NIS and decision-making for nutrition-related responses (March-May 2024)

TA Objectives	Amid a worsening nutrition situation in Afghanistan and unreliable, inconsistent nutrition information, FCDO requested an updated situation analysis to inform programming and strengthening of the NIS. Nutrition-related information was considered contradictory to and inconsistent with geographic severity patterns identified in Integrated Phase Classification (IPC), Famine Early Warning Systems Network (FEWSNET), and Humanitarian Needs and Response Plan (HNRP) analyses, and it impeded appropriate nutrition responses, early warning, and decision-making.
Deliverables	<ol style="list-style-type: none">1. Mapping and review of existing nutrition-relevant information in Afghanistan.2. Light-touch Situation Analysis.3. Recommendation brief on improving decision-making and response planning for the most-at-risk populations in Afghanistan.
Process	<p>The TA supported a mapping and review of existing information and a light situation analysis that included recommendations on programming actions. Collaboration with the Nutrition Cluster and a broad range of partners, including donors, UN, national and international NGOs and the Public Nutrition Directorate (PND) of the De-facto Government (DfG) achieved consensus on six recommendation areas to strengthen nutrition-relevant information system and evidence-based decision-making.</p> <p>Of these six recommendation areas, three fell within the Nutrition Cluster's mandate. NASC developed a TOR for further TA to the Nutrition Cluster through a stand-by partnership to facilitate the implementation of these recommendations, including a cluster-led nutrition multi-sector analysis.</p>
TA Impact	<p>NASC convened nutrition-related partners to discuss information systems, the need to work across multiple sectors, and understand and address drivers of malnutrition. According to direct feedback from FCDO in Afghanistan, TA products are <i>'already informing and influencing FCDO's approach to nutrition, and that of our partners'</i>, and FCDO is committed to <i>'continue to support the implementation of the recommendations'</i>.</p> <p>Donors, including USAID, ECHO and the World Bank, expressed an appreciation for the dialogue generated from the situation analysis exercise as they also search for similar evidence-based nutrition-related information to prioritise programming activities and targeting. As a result of the TA recommendations and support to the Nutrition Cluster, informants reported a significant improvement in the availability of reliable nutrition information for humanitarian programming and nutrition decision making, driven by TA support and internal staffing changes.</p> <p>More specifically, the FCDO TA on NIS supported FCDO Afghanistan to:</p> <ul style="list-style-type: none">• Improve integration of nutrition across its whole portfolio, with a cross-sector FCDO Nutrition Strategic Framework to guide future funding prioritisation and identify programme alignment.• Mobilise funding for a standby partnership surge capacity to the Nutrition Cluster to support the enhancement of multisectoral approaches to addressing the drivers of malnutrition.• Provide FCDO with an overview of the nutrition situation to prioritise available funds for nutrition prevention and treatment.• Inform FCDO on the strengths and weaknesses of the Afghanistan NIS, presenting findings at the Donor Dialogue series in Oct/Nov 2025, which was used to guide the London Compact Food Security and Nutrition Strategy. This Compact committed FCDO partners to streamline integrated and strengthened data collection/analysis to maintain an accurate overview of needs, facilitate principled targeting of assistance, and improve early warning for famine prevention, timely response and resilience-building.
Challenges to TA impact	<p>While three of the recommendations are within the mandate of the Nutrition Cluster and have progressed significantly since the TA period, two recommendations that relate to more institutionalised systems for information will require longer and more dedicated support, most likely to be led by UNICEF as the current custodians of the nutrition information component within the health information system.</p> <p>Funding cuts during 2025 will continue to threaten investments into data collection and analysis, and therefore the improvement of the NIS as a result of this TA could be affected by lack of resources.</p>
Opportunities	Afghanistan has the basic building blocks for a more sustainable and integrated NIS. As a result of the London Compact commitments, FCDO and their partners need to build on this momentum, effectively coordinating food security and nutrition data collection and analysis with one joint strategic plan across humanitarian and basic human needs architectures, looking for opportunities to work closer with the PND.

2.2 Ethiopia

A. Review and analyse available nutrition data in crisis-affected areas³ of Ethiopia (March–June 2022).

B. Follow-on support to the Ethiopia NIS and rapid response mechanism (December 2022–July 2023).

TA Objectives	<p>A. During a period of extreme crisis, FCDO and partners needed support in understanding the nutrition situation. The TA involved (i) mapping existing nutrition data, (ii) providing recommendations on improving the NIS, (iii) undertaking a situation analysis, (iv) identifying underlying drivers of malnutrition, and (v) recommending actions to address the underlying drivers.</p> <p>B. As a follow-up to the findings from the first round of TA, FCDO requested support for the implementation of recommendations that focused on improving the NIS in Ethiopia. This technical support was designed to improve analysis within the Nutrition Cluster / Emergency Nutrition Coordination Unit (ENCU).</p>
Deliverables	<ol style="list-style-type: none">1. Mapping and review of existing nutrition-relevant information.2. Situation analysis for Crisis-Affected Areas of Northern Ethiopia.3. Recommendation brief on how FCDO can achieve better nutrition outcomes and deliver integrated nutrition services in inaccessible or hard to reach areas of Northern Ethiopia through their existing programmes.4. Report - strengthening information for decision-making in Ethiopia with an implementation roadmap.
Process	<p>TA processes for both phases were considered deeply consultative with a broad range of stakeholders, including the government. The second round of TA supported the design of a roadmap to implement the recommendations of the initial report. ENCU credited this process and the related roadmap with '<i>galvanising additional support for the recommended actions and supporting fundraising and partnership development</i>'. The recommended actions aligned with ENCU's mandate, and the Implementation Roadmap became a focus of the Nutrition Information Working Group.</p>
TA Impact	<p>Progress on implementation of the recommendations include the development of the <i>National Guideline for Conducting Multi-sectoral nutrition-centered risk analysis in Ethiopia</i>, which will benefit from REACH support for activation of the first phase. The methodology was proposed and agreed with main NIS partners and included classification of areas of concern, defining a consensus-based analysis (multisectoral) in regions, building scenarios and project cases for 6 months' time.</p> <p>In response to the recommended periodic nutrition surveys, the ENCU supported more than 30 SMART surveys in 2024, with quality improvements supported by SMART Plus-Digitalisation, enhanced national capacity and peer reviews (https://aggregator.smartplusapp.org/).</p> <p>Interpretation of monthly programmatic and monitoring data has been strengthened through a number of additional communication products, robust analysis and software updates. Many decision-makers, including the government, stated that they were more satisfied with the reliability of information, and decisions on resource allocation and targeting are being made with greater confidence. FCDO used the results from the SMART+ survey and MSHA data for the Somali Region and Oromia to review their Ethiopia Crises 2 Resilience (EC2R) programme and FCDO-supported health programmes.</p> <p>Examples of strengthen interpretation of monthly programmatic and monitoring data.</p> <ul style="list-style-type: none">• ENCU update on monthly programmatic monitoring (November 2024)• Monthly synopsis at regional level shared with Federal with analysis based on monthly data• ENCU dashboard review and further improvements with a Frontpage to facilitate easy access and a supplies new dashboard linked to pipeline information with main partners• Monthly MANTF meetings with national and regional ENCUs presenting their analysis, together with ad hoc bulletins• ENCU working closer with the Health Cluster to do malaria/measles & nutrition data triangulation
Challenges to TA impact	<p>Multi-sectoral coordination of nutrition outside the cluster is not yet institutionalised and the Nutrition Cluster continues to experience challenges in achieving strong collaboration in analysis with other sectors.</p> <p>The demand among decision makers, including government and partners, continues to focus more on GAM rates and less on information about drivers '<i>We need to make people shift, no need to wait for 15% GAM</i>'.</p>
Opportunities	<p>Ethiopia has been selected as a pilot country for the Joint UN Initiative on Prevention of Wasting (JUNIPr), intended to generate evidence on what works to prevent malnutrition, particularly wasting.</p> <p>Aiming to increase the sustainability of information systems and coherence of interventions, Ethiopia key stakeholders interviewed would like to see greater institutionalisation of information systems used for humanitarian purposes as part of a more integrated nutrition information system in the country.</p>

³ Northern regions of Ethiopia (Afar, Amhara, Tigray)

2.3 Somalia

Support in understanding the drivers of malnutrition in Somalia (January – May 2023)

TA Objectives	In Somalia and Somaliland, data and reporting across health, nutrition, food security, and WASH were fragmented and insufficient to guide effective short- and long-term responses. To address this, FCDO Somalia requested TA to strengthen nutrition-related information in order to improve nutrition integration within existing programmes. The support aimed to improve multi-sectoral analysis through recommendations on key drivers and the introduction of real-time nutrition monitoring to complement the Food Security and Nutrition Analysis Unit's (FSNAU) biannual assessments. This work was intended to strengthen FCDO programmes and support decision-making across government & development partners.
Deliverables	<ol style="list-style-type: none">1. Real-time Malnutrition Monitoring Framework (RTMF): Recommendations for Scale Up2. Drivers of Undernutrition in Somalia: Key considerations3. Landscape of nutrition-related information systems in Somalia
Process	The TA was used to undertake a multisectoral analysis of the drivers of malnutrition in Somalia and recommended evidence-informed interventions. Ongoing reductions in both technical capacity and financing posed challenges in implementing a more integrated approach needed to address malnutrition, engaging inter-sectoral dialogue to address the key drivers and transparently share information.
TA Impact	<p>The initial TA to develop the real-time monitoring model is currently being taken forward through a co-design process supported by REACH. While further support for strengthening information systems can always be justified, the mechanism through which improved information will directly influence programming remains under discussion.</p> <p>FCDO used the NIS and drivers of malnutrition recommendations to inform their humanitarian programme (HARBS) on how best to integrate nutrition and work with the government, the Nutrition Cluster, the Inter-Cluster Coordination Group (ICCG) and the Food Security and Nutrition Assessment Unit (FSNAU) to provide real-time monitoring data to inform programming within the changing context of Somalia.</p>
Challenges to TA impact	<p>While the presentations following the TA were widely shared and well received, sustaining momentum and implementing the programme changes needed to improve nutrition outcomes have been challenging. DPs and the government continue to use multiple sources of information and interpret these separately. Common messaging on interpreting the nutrition situation and engaging in more focused programming is not happening. Seasonal cycles and determinants of malnutrition are already well known but siloed responses to increasing malnutrition are often implemented without addressing the basic drivers. Programme design remains a challenge with continued use of substantial resources for short-term interventions and missed opportunities for integration of nutrition in programmes across other sectors e.g. cash programs not linked to nutrition or specific behaviour change outcomes.</p> <p>Humanitarian and development partners, including FCDO and other donors work and support programming in respective silos with lack of coordination. Government-led policy direction and coordination continue to be suboptimal, although it appears that government desires full integration of nutrition within the health and food systems.</p>
Opportunities	FCDO is well positioned to convene stakeholders including government to facilitate consensus on stronger approaches to addressing malnutrition and the use of a more integrated information system, with improved inter-cluster coordination. FCDO desires to fully integrate nutrition within current humanitarian and health programmes but is likely to need specific TA on practical implications of integrating nutrition within existing business cases. This can build on the NASC TA support to Somalia following the review of programme documentation, with clear recommendations on where nutrition should be integrated and reflected in the programmes log frame indicators, also reflecting the recommendations that came out of the analysis on the drivers of malnutrition.

2.4 Yemen

Nutrition Information and Analysis Systems in Yemen (November 2020 – May 2021)

TA Objectives	<p>Availability and reliability of nutrition information were considered inadequate by a range of stakeholders, and it was mutually agreed between FCDO and partners that FCDO would provide technical assistance to strengthen the nutrition information system in Yemen.</p> <p>Amid mounting concern regarding the transparency, timeliness, usability and reliability of nutrition information in Yemen and questions regarding how best to utilise nutrition data available in the country, the TA focused on a review of the Nutrition Information and Analysis Systems (NIS) in Yemen through a rapid scoping exercise and an analysis of the pathways of nutrition data management in Yemen.</p>
Deliverables	<ol style="list-style-type: none">1. Scoping of nutrition information.2. Key findings & recommendations.3. NIS situation analysis, key findings reports and slide decks.
Process	<p>The review of the NIS and formulation of a set of recommended actions were informed through in-depth consultation with relevant stakeholders in combination with a desk-based scoping review. Civil conflict in Yemen and COVID-related restrictions meant the TA was delivered remotely by a team of consultants, which was noted as a limitation. Following completion in April 2021, TASC conducted follow-up support in 2021, 2022, and 2023. The report concluded with nineteen detailed recommendations with significant guidance on implementation. A work plan was developed and became the responsibility of the Nutrition Information Working Group (NIWG), which is jointly chaired by UNICEF, the Nutrition Cluster and Ministry of Health representatives from both current governments and also includes WHO, WFP and NGOs. A monitoring matrix and email communications demonstrated the UNICEF team in Yemen's continued commitment to implementing the proposed recommendations.</p>
TA Impact	<p>UNICEF secured funding for approximately 65% of the recommended actions for developing a national nutrition monitoring and evaluation (M&E) accountability framework, aligned with the WHA targets for 2030 and strengthened District Health Information System 2 (DHIS2) reporting. Of the recommendations that were taken forward, constant tracking and follow-up ensured that 80 to 90% were completed by October 2023.</p> <p>Over the past year, significant constraints on public discussion of malnutrition have hindered further development of the NIS. However, interest and commitment have been maintained, and small group technical discussions continue within the NIWG, and an NIS task force meets weekly. Very few SMART surveys have been undertaken recently but confidence has been developed in the use of routine and programme data to inform IPC analysis and to calculate burden and caseload. This in turn has been used to inform resource allocation and supplies. Data quality assessments indicate high accuracy under current conditions. The sustainability of a good quality and reliable NIS remains a concern, and while the technical capacity is available in-country, financing has been constrained. Technical discussions on nutrition information and analysis have been taking place in Amman, Jordan with support from CDC, although many national participants cannot attend. While no verification was undertaken, it appears that Yemen also presents an interesting case of effective coordination both programmatically and through information exchange between regular and humanitarian programming.</p> <p>As a result of the improved NIS, it appears that donors are more confident in making decisions on resource allocation while at the same time, the nature of interventions has not changed significantly, but this is more closely related to the security situation on the ground, which determines what interventions are possible, and the declining availability of resources.</p>
Challenges to TA impact	<p>While the NIWG and the NIS task force continued to function in Yemen with the full collaboration of ministries of health representing both governments of North and South, broader discussion on nutrition information and any further development of the NIS in the country are currently significantly constrained due to limitations on issues that can be publicly discussed.</p>
Opportunities	<p>Follow-up on this TA was conducted by TASC over two years. The follow-up was undertaken by a non-technical staff and primarily for accountability purposes. The team in Yemen felt that it would be very useful if the technical team involved in the initial TA remained available to discuss specific challenges with recommendations and to advise on alternative approaches to address the gaps. Nevertheless, the team in Yemen appreciated the follow-up, which may have served as an additional incentive to maintain momentum in implementing the recommendations.</p>

3 Lessons learned

This section identifies some common issues and observations across the country cases reviewed and proposes some options for addressing these.

3.1 Two main elements prompted the TA requests

The TA in all four countries was driven by two main elements:

1. A desire by FCDO staff on the ground **to feel confident in their analysis and understanding of the country nutrition situation** to ensure (both regular and humanitarian) resources are optimally allocated. While this is often driven by the perception that existing information is inadequate and unreliable, these case studies show that analysis of existing information through TASC/NASC TA has been sufficient to inform the strengthening of existing programmes and prioritise funds.
2. A general sense among DPs (including humanitarian actors) that information on nutrition in the four countries was insufficiently reliable to inform evidence-based decision-making, driven by:
 - The humanitarian community often holds specific and sometimes unrealistic expectations for anthropometric data, placing heavy emphasis on surveys linked to “emergency thresholds” to guide targeting decisions.
 - The humanitarian community has often failed to share clear, consistent, and evidence-based messages on the nutrition situation and priority actions, resulting in information that decision-makers perceive as inconsistent and unreliable. Individual actors rely on programme-specific data that lacks broader contextual analysis. Strengthening consensus-based analysis and communication—central to the IPC approach, with donors playing a key facilitation role—is critical to improving decision-making.
 - Decision-makers often have limited capacity to interpret and use information effectively, even when “good enough” data is available.

3.2 A highly consultative process is critical throughout the TA implementation

Even in countries where the TA was completely or substantively undertaken remotely, consultative processes were used effectively, and stakeholders appreciated the opportunity to discuss and contribute to the work. The suitability of the consultant in most cases was appreciated. In remote settings, the consultant relied on the FCDO advisor to facilitate introductions and arrange meetings with key stakeholders, which often delayed the process. The consultative process was said to stimulate debate and provide the basis for ongoing discussions among donors, cluster leads and other decision-makers. Consultants combined local and international experience helped build trust with both national and international stakeholders.

3.3 Implementation of recommendations is more likely to be successful with a clear roadmap and identified leadership

- **Country ownership of the results:** Support for the implementation of recommendations, including allocation of necessary resources, has been more successful when stakeholders, including governments, were fully involved in the TA process from the point of ToR development to the validation of recommendations. Seeking buy-in at a later stage was less likely to achieve validation of results or a sense of ownership.
- **Leadership:** Where leadership is identified and validated, optimal follow-through of recommendations and utilisation of information for decision-making is more likely to be successful.
- **Technical follow-up can enhance TA impact:** In all countries, the importance of follow-up TA was emphasised as an important part of TA uptake. This might take the form of support with roadmap development (as in Ethiopia) or providing specialised TA to enable the implementation of specific recommendations. Three- and six-month follow-ups of the TA provision were conducted when possible, and ideally by technical team members, ideally those involved in the TA support.
- **Bottlenecks to implementation of recommendations:** included limitations on technical capacity, financing for required hardware/equipment (Yemen), competing priorities/staffing limitations (Somalia) and staff turnover and unwillingness to share data in the case of Ethiopia and Afghanistan.
- **TA provides FCDO with clear advocacy messages:** The TA provides FCDO with clear advocacy messages: FCDO is well positioned to convene government and partners around stronger, more integrated approaches to addressing malnutrition. Nutrition stakeholders recognise FCDO’s long-standing

commitment to nutrition, highlighting its potential leadership role in convening actors and advocating for improved nutrition surveillance, using TA outputs such as recommendation briefs.

3.4 Overall impact on programming as a result of TA

The intended purpose of the TA varied somewhat among countries, so it was challenging to identify the overall impact. In each country where a situation analysis was undertaken, FCDO benefitted immediately and directly through greater confidence in decision-making in relation to resource allocation for nutrition and how to prioritise available funds and, in the case of Somalia, towards integration of nutrition in the existing health programme business case.

In almost all cases, improvements in the *availability* and *accessibility* of nutrition-relevant information resulting from the TA have enabled the identification of gaps and weaknesses in other areas of the overall information system, notably multi-sectoral analysis, interpretation of information, consensus on messaging and use of information to strengthen programming. Improvements in the reliability of nutrition-related information need to be reflected in stronger programming, particularly in preventing malnutrition and addressing drivers by addressing all other components of the overall NIS. See Section 5 and also Annex 2, Figure 2.

Development partners involved in the TA consultations in some countries expressed appreciation for their inclusion in the TA process and acknowledged a desire to work more collaboratively and to continue to learn from experiences.

3.5 TA products remain a valuable resource

TA recommendations and/or products were reported to:

- map what data is available, identify which sources are reliable and define gaps
- consolidated fragmented and localised data into a single, coherent set of outputs for senior decision making
- provided independent confirmation of existing concerns and a practical basis for discussion and decision-making
- built capacity of FCDO advisors and stakeholders in interpreting different data sources
- prompt appropriate, evidence-informed action
- encourage coordination across the sectors – inter-cluster coordination mechanisms
- stimulate greater collaboration during analysis and programme design
- act as an advocacy and reference tool for governments and other stakeholders
- serve as a mechanism for consensus development and advocacy around a specific course of action.

3.6 Capacity of FCDO staff on use of nutrition information to guide programming

Nutrition-related information is generated through country-specific systems, each with distinct strengths and limitations. FCDO staff are exposed to diverse—and sometimes conflicting—perspectives from implementing partners, where the most prominent voices do not always provide the most reliable analysis. In country offices without an in-house nutrition specialist, sectoral colleagues face capacity constraints, including technical and time availability, in making well-informed decisions on resource allocation, programme design, and partnerships.

In country contexts where nutrition information systems are weak or FCDO staff have limited capacity to interpret available data, the following steps could be taken:

Step 1: Map nutrition data sources

Support FCDO staff to complete a standard matrix of country-level nutrition data and information sources (Annex 4), clarifying what exists and where gaps remain.

Step 2: Conduct a situation analysis

Use a standard PowerPoint template to compile available data and analysis, with sources clearly referenced, to inform decision-making and enable rapid response during emerging crises. Strengthen links with cluster leads to ensure timely access to data and analysis.

Step 3: Review programmes and identify gaps

Review the country-level full portfolio of programmes, identify programming/response gaps across the sectors, and develop advocacy messages to convene others to fill the gaps that FCDO cannot fill - similar to the National Nutrition Strategic Framework developed for Afghanistan by NASC.

4 Linking Nutrition Information Systems to decision-making – discussion points

By investing in NIS in crisis-prone populations, FCDO aims to strengthen the evidence and processes that lead to more effective nutrition-related interventions for the most vulnerable. Despite decades of investment, NIS in many crisis-prone countries do not function adequately, unable to provide timely information to inform early, strategic responses reaching those most at risk. This review discusses a number of areas that are more challenging to address and yet where FCDO can potentially focus attention in future TA.

Multiple other factors influence decision-making even when ‘good enough’ information is available. The response remains a consistent blunt instrument, very often generic and inadequately focusing on drivers, despite the availability of evidence.

Food security information systems, including the IPC and FEWSNET, and other monitoring systems, such as Health Information Systems and Outbreak Surveillance, often provide *adequate* information to identify areas and populations facing increased vulnerability or already experiencing the impact of shocks. Paraphrasing one FCDO staff: *‘we understand the seasonal cycles and drivers, so why not respond to those; why always remain in crisis mode when it comes to nutrition?’*.

Continued demand for and reliance on SMART surveys, GAM rates and more precise measurements of anthropometry. Supplementary information approaches in crisis-prone populations inadequately integrated into existing information systems.

Measurement of nutritional status, if undertaken when the impact of a shock has already been felt, usually provides evidence that early information did not prompt an appropriate, timely or adequate response, and therefore, children are bearing the consequences and are already malnourished. It is difficult to justify the continued demand for ‘evidence’, i.e. GAM rates, before the necessary supports and interventions are put in place. Reliance on GAM rates to inform discussions on triggers and thresholds continues, despite both logical and ethical arguments to challenge that approach.

During periods of extreme civil unrest and the collapse of existing systems and services, e.g., in Tigray, Ethiopia, independent surveillance systems may be justified. However, in many cases, e.g., Afghanistan, Ethiopia, Somalia, and Yemen, health systems, including a nutrition component, continue to function, albeit somewhat suboptimal. The demand for less sustainable supplementary surveillance and monitoring persists, even as these countries have experienced periodic crises for decades and will likely continue to do so. New approaches need to have integration, scale and sustainability built into the design.

Institutionalising multisectoral analysis of nutrition is an ongoing challenge.

In the absence of functional systems, structures and leadership to enable the participation of multiple sectors in nutrition-related analysis, fragmented approaches to analysis and implementation persist. It is likely that much of the data required for this analysis is at least in the ‘good enough’ category and is accessible and adequate for undertaking regular analysis and recommending actions to address drivers of malnutrition. There are too few examples of continuous or routine periodic analysis of likely drivers or associated factors, although all countries recognise the need.

Over-focus on the data components of the NIS while inadequately addressing interpretation, consensus building, and communication of clear and consistent messages.

Even when nutrition-relevant data is ‘good enough’, gaps in interpretation, consensus building, and communication with decision-makers pose significant challenges and need to be considered in future TA. See graphics of full NIS cycle in Annex 2. According to KI feedback, FCDO itself contributes to fragmentation in messaging and response by encouraging individual partners to communicate their own interpretation of a situation. This further cultivates unhelpful rivalry among partners at a time when FCDO could convene them around the table to strengthen consensus. Individual donors approach governments with individual programmes developed based on their own analysis, also adding to fragmentation in country-level programming and response.

Continuing disconnects between routine/regular and humanitarian information and programming in nutrition. Nutrition interventions inadequately integrated into health systems in crisis-prone populations.

All countries reviewed describe the importance of developing stronger links between information systems and programming approaches for regular and humanitarian programmes. This has the potential to ensure that basic systems and services are in place for crisis-prone populations, systems are designed to provide additional support during periods of crisis, and attention is paid to both humanitarian and routine high-impact nutrition interventions with the same level of rigour.

While much of the TA has made strong reference to 'regular' nutrition information systems there has been an emphasis throughout on strengthening systems to respond to crisis situations. More detailed work is needed at the country level to ensure that nutrition information systems function effectively for all purposes, including tracking all nutrition interventions, identifying bottlenecks, and providing continuous coverage estimates. Throughout communities in crisis-prone populations, acute malnutrition is common in young children, with its related heightened mortality risk, along with other high-risk conditions such as Acute Respiratory Infections (ARI) and AWD (Acute Watery Diarrhoea). Unfortunately, in many situations, the systems and structures for the treatment of acute malnutrition are not well established until prevalence in the community has already reached an extremely high level.

5 Recommendations

All four case studies found that NIS support to FCDO countries was appreciated, and similar TA requests in the future should build on lesson learnt from past support. The following recommendations were identified:

- 1. Further support to FCDO offices on NIS and decision-making**
 - Support country offices to do their own **scoping of information systems** if capacity allows so that FCDO advisors understand where they can access reliable and timely data information from different systems. This could be through a rapid scoping process using the NIS template matrix, which was successfully piloted in Nigeria (see Annex 4).
 - Support FCDO to understand what platforms (national and sub-national) are actively collating and analysing data and communicating it for decision-makers across the different sectors. FCDO needs to focus on supporting **analysis, interpretation and communication of information** that already exists.
 - Support continued **development of alternative methodologies for estimation of GAM rates**, use of proxy estimates and triangulation to produce 'good enough' estimations of malnutrition rates during periods of crisis.
 - Until institutional mechanisms for cross-sectoral/multi-sectoral analysis are in place and functioning, consider financing dedicated TA (individual or institution) to work consistently with Nutrition Clusters or relevant structures to support **periodic multi-sectoral analysis of nutrition**. Ethiopia, Somalia and Afghanistan will have useful experiences and resources for broader sharing. Consider including causal analysis, multi-variate analysis, and regression models to identify relationships among drivers of malnutrition to direct more resources towards prevention of malnutrition.
- 2. Address critical NIS bottlenecks** that maximise benefit to vulnerable populations. This implies a more balanced approach between the quest for 'gold standard' information and facilitating the use of existing information, together with global evidence, to develop stronger programmes. This will include support to:
 - interpretation of information within a given context and in relation to ongoing programmes, particularly considering programmes that address drivers and aim to prevent malnutrition.
 - development of consensus on key information, bringing a level of credibility as well to the analysis.
 - strong communication to directly influence decisions that benefit the population.
 - periodically reviewing the use of available information to influence programming decisions, resource allocation and implementation.
- 3. Products to be packaged** for broader availability and use/suggestions for further opportunities to disseminate to ensure products are used. Existing NIS situation analysis and recommendation briefs need to be accessible, realistic and relevant to the context.
- 4. Consider a period of light, supportive technical follow-up** after the conclusion of TA. This will facilitate the identification of specific bottlenecks to implementing recommendations, the possible need to adjust recommendations that become infeasible, and the planning of an appropriate course of action through feedback and consultation with the FCDO.
- 5. Optimise existing resources** in the Global Cluster, NGOs (AAH, REACH), and UN agencies (UNICEF, WHO, WFP) to improve the quality and reliability of existing systems with an additional emphasis on identifying areas for integration between regular and humanitarian programming.
- 6. Engage with Global NIS where appropriate** (as listed in Table 1) to link countries with available expertise e.g. IPC, NIPN, Global Cluster, REACH and SUN Movement.
- 7. Optimise the potential of FCDO's commitment to nutrition and respect among fellow donors, UN, implementing partners and governments through advocacy and convening.** The focus of the most impactful interventions will vary according to the nature of the crisis but will invariably include health, food and WASH sectors for short-term interventions, expanding to social protection, education and others for medium to longer-term impact. Be ready to challenge fellow donors and other decision-makers on the use of available evidence to address drivers of malnutrition.

Annex 1: Systems, initiatives and resources related to NIS

System	Functions
Health management information systems (HMIS/DHIS2)	Many countries receive substantial support to integrate nutrition indicators into existing country-level health information systems.
National Information Platforms for Nutrition (NIPN)	An initiative of the European Commission to provide support to countries to strengthen their information systems for nutrition and to improve the analysis of data to better inform the strategic decisions they face to prevent malnutrition and its consequences. The NIPN initiative aims to support countries with a high burden of undernutrition that are committed to delivering progress and action to scale up nutrition and participate in the SUN movement, to set up an analytical platform to better inform policies for nutrition. The initiative currently involves Burkina Faso, Ethiopia, Guatemala, Côte d'Ivoire, Kenya, Lao PDR, Niger, Uganda and Zambia.
DataDENT	Aims to develop and disseminate global public goods that serve diverse audiences with a current focus on Nigeria, Ethiopia, India, Burkina Faso and regional initiatives in West Africa and South Asia.
Global Nutrition Cluster NIS Technical Alliance.	Co-chaired by Action Against Hunger and UNICEF and with 35 members representing NGOs, UN academia. The focus of the Global Nutrition Cluster remains on short-term systems to support a specific humanitarian response i.e. treatment of acute malnutrition.
The Integrated Phase Classification / Acute Malnutrition (IPC AMN)	Classification provides key information for decision-makers that focuses on short- to long-term objectives to decrease acute malnutrition. In addition to the IPC Acute Food Insecurity classification, the IPC Acute Malnutrition classification provides information on acute food insecurity, making IPC an inclusive classification system to inform both acute food insecurity and acute malnutrition. IPC Acute Malnutrition classification is conducted according to the four functions of the IPC, including consensus building, methodical evaluation, review and convergence of all evidence available against global thresholds, strategic communication for action and quality assurance. Where it exists, the IPC system and structure offer opportunities for analysis of the nutrition situation during periods of crisis and, more recently, have been exploring approaches that are less reliant on surveys.
Real Time Monitoring / IMPACT REACH	IMPACT REACH provides granular data, timely information and in-depth analysis from contexts of crisis, disaster and displacement. Activities are conducted in support and within the framework of inter-agency coordination mechanisms at field and global levels to enable more efficient aid planning and response. Where operational, REACH's work on Real Time Monitoring provides regular granular data and analysis on the evolution of needs in between annual humanitarian planning cycles, identifying hotspots and supports the understanding of underlying needs of populations affected by sudden-onset shocks to inform an effective emergency.
Nutrition Vulnerabilities Assessment in Crisis (NuVAC)	A joint initiative co-led by UNICEF and WFP, aiming in the long term to be a source of recognised consensual nutrition analysis and a mechanism to facilitate more coordinated anticipatory actions to prevent and respond to any deterioration of nutritional context. Currently piloting this initiative in South Sudan and Madagascar.
SUN / National Nutrition Plans	Related monitoring systems.
UNICEF Global Database	Open-access database on nutrition-specific indicators: https://data.unicef.org/topic/nutrition/child-nutrition/
Multi indicator cluster surveys (MICS) and Demographic and Health surveys (DHS).	A valuable source of information on a broad range of nutrition-relevant indicators at the country level. Facilitates tracking of key indicators over time to understand baselines and trends.

Annex 2: Interview guiding questions

1. Technical assistance process.
 - a. Approach used. Establishing level of engagement in and understanding of earlier TA.
 - b. Understanding approach used throughout the process. Who identified the need for the TA and how was the ToR developed?
 - c. Level of stakeholder participation / collaboration. Use of Steering committee. Consultations. In-person. Remote.
 - d. Perception of involvement in discussions, input to the work and level of agreement on final recommendations among partners.
 - e. Presentations of findings. Validation process.
2. Outputs / products / deliverables.
 - a. Relevant for audience? Accessible? Dissemination?
 - b. Who accepted ownership of the recommendations / responsibility for leading implementation?
3. Appropriateness, and uptake/implementation of recommendations.
 - a. Did the TA identify next steps and those responsible?
 - b. Were recommendations realistic, viable, implementable? (Detail)
 - c. To what extent were TA recommendations adopted / implemented? (Detail)
 - d. What contributed to successful implementation or what prevented implementation?
 - e. Which factors (positive or negative) influenced the uptake of recommendations either during the provision of the TA or consequently.
 - f. Have the recommendations led to other initiatives/action plan etc?
4. Understand whether any change has occurred because of the TA (programmatically or otherwise)
 - a. Beyond the recommendations of the TA, were there any additional benefits to the TA (process, discussions, coordination across organisations, tools developed, capacity developed??)
 - b. Who have been the main actors pushing forward the recommended action points, roadmaps and workplans, where relevant?
 - c. Any unexpected or unintended consequences?
5. Learning
 - a. With reference to Q1, 2 and 3 above:
 - b. Is this type of TA useful?
 - c. What might be done differently in future?
 - d. What can be an alternative approach to having this type of assistance in the future? How might TA more ideally be provided with who involved at which stage?
 - e. Could this TA be provided by local consultants?
 - f. How can such TA be provided in a way to ensure momentum is sustained?

Annex 3: Sample models of Nutrition Information Systems - processes, data, systems and structures. (examples from Ethiopia)

Figure 1 - Data types used during multi-sectoral analysis of nutrition.

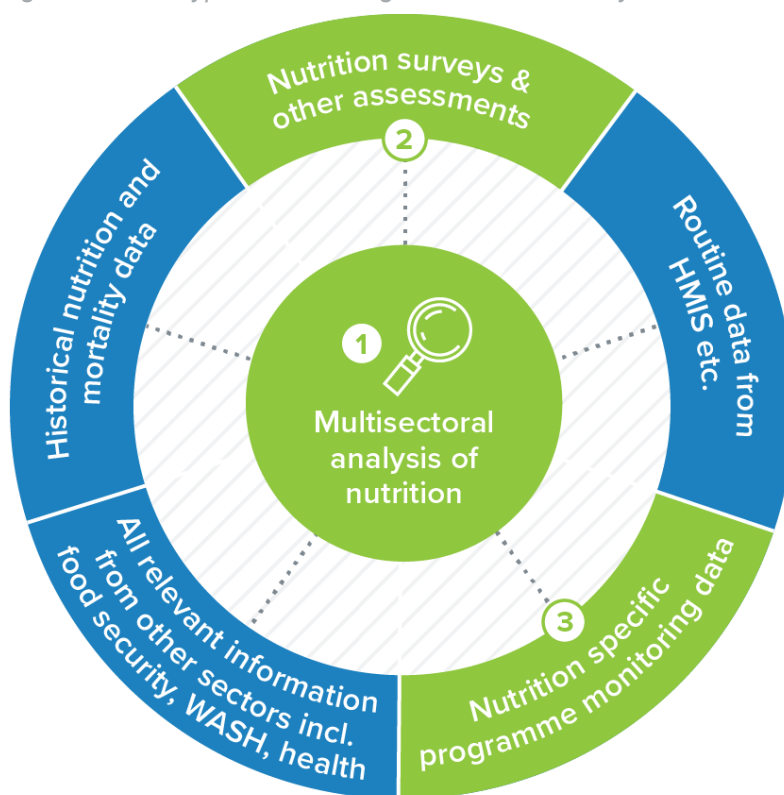
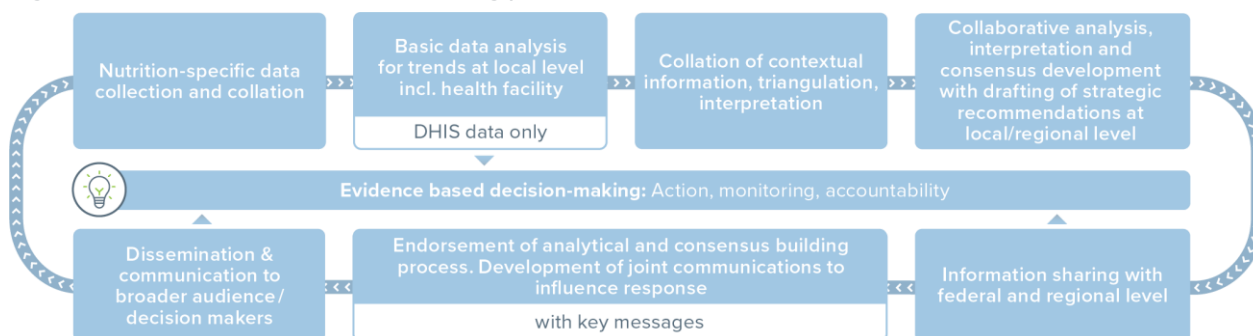


Figure 2 - Information for decision-making process



Annex 4: 'Template' matrix to guide scoping of nutrition data in different contexts

See supporting spreadsheet