

Report on the annual meeting and field visit
of the Project Steering Committee

Strengthening national nutrition information systems

23–27 October 2023, Lao PDR



NOVEMBER 6, 2023



Photo 1: Participants at the annual meeting, Lao PDR

Strengthening national nutrition information systems

Report on the annual meeting and field visit of the Project Steering Committee

Pullman Hotel, Luang Prabang, Lao PDR

Contents

| | |
|--|----|
| Abbreviations..... | 3 |
| Introduction..... | 5 |
| Objectives | 5 |
| Participants..... | 5 |
| Summary of activities | 6 |
| Courtesy visit to UNICEF management | 6 |
| Courtesy visit to WHO management | 7 |
| Field visit: Luang Prabang province, 24–25 October 2023 | 8 |
| Provincial profile | 8 |
| Health facility visits | 10 |
| Feedback on the field visit | 11 |
| Meeting with the Country Implementation Team, 26 October 2023 | 12 |
| Recommendations based on field visit: | 12 |
| Sharing of regional best practices on nutrition information..... | 14 |
| Annual meeting, 26 October 2023 | 15 |
| Opening remarks..... | 16 |
| Summary of country presentations | 18 |
| i. Lao PcountDR | 18 |
| ii. Zambia | 20 |
| iii. Uganda | 21 |
| iv. Ethiopia..... | 22 |
| v. Côte d’Ivoire | 23 |
| EC-NIS and NIPN case study: Lao PDR and Ethiopia..... | 0 |
| Updates from the Project Steering Committee..... | 0 |
| Debriefing of UNICEF and WHO country management..... | 1 |
| Annex 1: Detailed programme..... | 2 |
| Annex 2: Strengthening Nutrition Information Systems in participating countries..... | 31 |
| Annex 3: Field visit teams | 33 |
| Annex 4: Attendance..... | 34 |
| i. Lao PDR | 34 |
| ii. Ethiopia..... | 35 |
| iii. Zambia | 36 |
| iv. Côte d’ Ivoire | 37 |
| v. Uganda | 37 |

Abbreviations

| | |
|---------|--|
| AICS | Italian Agency for Development Cooperation |
| ASEAN | Association of Southeast Asian Nations |
| C4N | Capacity for Nutrition |
| CHSI | Centre for Health Statistics and Information |
| CMT | Country Management Team |
| CN | Centre of Nutrition |
| DDG | Deputy Director General |
| DDs | District Directorates |
| DHHP | Department of Hygiene and Health Promotion |
| DHIS 2 | District Health Information System 2 |
| DPF | Department of Planning and Finance |
| DQA | Data Quality Assurance |
| EC | European Commission |
| EC-NIS | European Commission -Nutrition Information System |
| eLMIS | electronic Logistics Management Information System |
| EPI | Expanded Programme on Immunization |
| ESCs | Chargés de suivi-évaluation/ Monitoring &Evaluation focal persons |
| EU | European Union |
| FN | Food and Nutrition |
| GIZ | German Agency for International Cooperation (German) |
| GNMF | Global Nutrition Monitoring Framework |
| HANSA | Health and Nutrition Services Access |
| HDMI | Healthy Diet Monitoring Initiative |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |
| HQ | Headquarters |
| IMAM | Integrated Management of Acute Malnutrition |
| JME | Joint Malnutrition Estimate |
| Lao PDR | Lao People's Democratic Republic |
| LQAS | Lot Quality Assurance Sampling |
| M&E | Monitoring and Evaluation |
| MCH | Maternal and Child Health |
| MCHC | Maternal and Child Health Centre |
| MoH | Ministry of Health |
| NIPN | National Information Platform on Nutrition |
| NNIS | National Nutrition Information System |
| NNP | National Nutrition Programme |
| OPD | Outpatient Department |
| PHO | Provincial Health Office |
| PNMIN | National Multisectoral Information Platform for Nutrition (French) |
| PNN | Programme National de Nutrition |
| PSC | Project Steering Committee |
| QI | Quality Improvement |

| | |
|--------|---|
| RDs | Regional Directorates |
| SAM | Severe acute malnutrition |
| SDGs | Sustainable Development Goals |
| SOP | Standard Operating Procedure |
| TB | Tuberculosis |
| TEAM | Technical Expert Advisory Group on Nutrition Monitoring |
| TOT | Training of Trainers |
| TWG | Technical Working Group |
| UHC | Universal health coverage |
| UNICEF | United Nations International Children’s Fund |
| UNISE | United Nutrition Information System for Ethiopia |
| WHO | World Health Organization |

Introduction

In 2020, UNICEF and WHO launched a joint project aimed at improving national nutrition information systems (NIS) in five countries – Ethiopia, Ivory Coast, Lao People's Democratic Republic (Lao PDR), Uganda and Zambia – with financial support from the European Commission (EC). UNICEF and WHO teams in these countries provide technical support and guidance to implement critical activities that aim to improve the generation of timely and quality nutrition data, and enhance its uptake and use for nutrition policies and programmes.

Annual gatherings have been held since 2020 as one method of reviewing the progress of the implementation. In 2022, the meeting was held in Zambia, and it was decided that the participating countries would host subsequent meetings on a rotational basis. Ahead of the meeting, the Project Steering Committee (PSC), made up of UNICEF and WHO headquarters and regional staff, planned to undertake a field visit to observe actual project implementation and hold bilateral meetings with the Country Implementation Team and other relevant partners.

This year, the field visit and annual meeting was held in Lao PDR from 23 to 27 October 2023 (see agenda in Annexes 1 and 2).

Objectives

The meeting objectives were to:

- Review the progress of the EC-NIS project implementation in Lao PDR by meeting the government, partners and relevant stakeholders.
- Discuss the status of the project implementation and the way forward for 2024, the project's final year.
- Conduct a field visit to observe project implementation and provide feedback to the government, partners and stakeholders, including at the national, subnational and facility levels.
- Discuss with the National Information Platform for Nutrition (NIPN) partners on strengthening collaboration and implementation of the EC-NIS project and NIPN in Lao PDR.

Participants

The field visit and annual meeting participants were:

- the Project Steering Committee (PSC) composed of staff from UNICEF and WHO HQ and regional offices;
- the Lao PDR project implementation team;
- Ministry of Health (MoH) representatives, Lao PDR;
- the European Union Delegation, Lao PDR;
- Capacity for Nutrition (GIZ);
- MoH representatives (Côte d'Ivoire, Ethiopia, Uganda and Zambia); and

- UNICEF and WHO country teams (Côte d'Ivoire, Ethiopia, Uganda and Zambia) who attended virtually¹.

Summary of activities

Courtesy visit to UNICEF management

PSC members paid a courtesy visit to UNICEF management in Vientiane. The team met Dr Pia Rebello Britto (Country Representative) and Arturo Romboli (Deputy Country Representative). The UNICEF management underlined the following points:

- the achievements made in addressing malnutrition in Lao PDR before the COVID-19 pandemic;
- the adverse impact of the current macroeconomic situation and successive global crises on the food and nutrition situation in the country, which may well reverse gains made so far and soon have an obvious associated impact on children;
- the critical role of data and evidence generation to guide government and stakeholders on policy choices and actions, especially following the recent crises;
- the close collaboration and partnership with WHO in rolling out the planned activities with regard to the EC-NIS grant; and
- the need for additional investment in nutrition data as part of system strengthening.

PSC members took turns to celebrate the gains made by the Lao PDR country team. About 20 nutrition indicators have already been added to the District Health Information Software (DHIS2) platform, and almost all 18 provinces are currently reporting data on these indicators. PSC members also appreciated that UNICEF and WHO senior management had decided to host the field visit and annual meeting.



Photo 2: PSC courtesy call on UNICEF Senior Management

¹ Only the annual meeting. See the list of participants in Annex 1

Courtesy visit to WHO management

PSC members paid a courtesy visit to WHO management in Vientiane. WHO's Representative for Lao PDR, Dr Ying-Ru Jacqueline Lo, made the following points during her discussion:

- the nutrition sector remains a critical focus in the country, with numerous development partners actively supporting the government's initiatives, although the existing situation may be exacerbated by current macro-economic challenges;
- assistance is required to enhance the quality of routine data generated within the country given the importance of robust data for effective decision-making; and
- establishing connections with other sources of nutrition data in the country, such as nutrition surveillance data and data generated through the World Bank's Health and Nutrition Services Access (HANSA) project, remains a necessity.

PSC members expressed their gratitude to WHO management for expediting project implementation following the successful recruitment of WHO personnel for the project. They also commended WHO's dedication to strengthening routine data in the country.



Photo 3: PSC members with the WHO Country Representative

Field visit: Luang Prabang province, 24–25 October 2023

A one-day field visit was organized in Luang Prabang province to selected health facilities to learn how nutrition data is generated, managed and applied to improve services. Four health facilities were visited:

- Luang Prabang Provincial Hospital;
- Luang Prabang District Hospital;
- Xiangngueun District Hospital; and
- Beu Health Centre.

Before the field visit, staff at the Provincial Health Office (PHO) gave an overview of the health system, services and data management at the provincial level. In Lao PDR, provision of nutrition services is integrated with maternal and child health, immunization, antenatal care and family planning services. Dr Khamphou Chanthavong, Deputy Provincial Director of Health, led the briefing session. He warmly welcomed the PSC and Country Implementation Team, and recognized the contribution of development partners in improving health service delivery in the province: this was the first time in the province's history that a large team of development partners had visited it as part of a health and nutrition information system mission. He indicated that nutrition is one of the government's priority areas: the MoH is expected to report on a total of 11 indicators biannually to the National Assembly, especially on the progress of two nutrition indicators (stunting and underweight). He indicated that the field visit presented an opportunity for the team to observe good practices in the province as well as areas that require improvement.

Provincial profile

- Luang Prabang province has 11 districts and one city, with a total of 753 villages and an estimated total population of 477 651 people.
- There are 96 health facilities served by 1147 staff (740 women).
- In addition to routine nutrition services delivered at the health facilities, the following services are provided in the province:
 - integrated Outreach Services to distant and far communities
 - school health and nutrition services
 - health and nutrition education
 - school nutrition monitoring.
- Regarding health information, DHIS2 is fully operational in all the health facilities:
 - at least two individuals are responsible for data entry at each facility
 - two individuals are responsible for monitoring and verifying data at the district level
 - two individuals are responsible for monitoring and verifying data at the provincial level, along with two assistants.

- Quarterly data validation is conducted with representatives of all health facilities as part of the provincial health and nutrition data quality improvement and assurance system.
- Challenges in data management include:
 - frequent changes of personnel due to staff pursuing studies, changing responsibilities or being relocated;
 - internet connection and speed issues impacting work efficiency;
 - data quality issues due to frequent changes in paper and system forms; and
 - workload disparities and lack of accuracy checks impacting task performance and reporting.



Photo 4: PSC, County Implementation Team and Provincial Office Staff, Luang Prabang

Health facility visits

Two districts were selected for the field visits. Two teams (teams A and B) were organized from PSC members, the Country Implementation Team and central and provincial MoH staff (see Annex 3 for a



detailed list of teams A and B). Both teams had first-hand experience of health and nutrition services provided at the provincial health facilities. They were also briefed on how nutrition data are collected, managed, transmitted and applied to improve services at the various levels. Health staff at the various health facilities took visitors through their respective services. Teams observed well child clinics, growth monitoring, management of acute malnutrition and antenatal care services at the selected sites.

Photo 5: Team A at Luangprabang Provincial Hospital and District Health Hospital

Feedback on the field visit



Photos 6 and 7: Team B Xiangngueun District Hospital and Beu Health Centre



After the field visits, both teams shared their observations and gave feedback to the PHO staff. Their observations can be summarized as follows:

- Good examples: teams noted good data collection and management practices in the province.
- Motivated staff: teams observed motivated staff delivering nutrition services at the health facilities visited.
- Multiple registers for programmes: several log books and registers were inspected during the visits, which represented a workload for frontline health staff.

- Stock-out: some health facilities reported a lack of essential nutrition supplies such as vitamin A, iron-folic acid and some other supplies during the year. This was brought to the attention of the provincial authorities.



Photo 8: Debriefing session with Luang Prabang Provincial Health Office

Meeting with the Country Implementation Team, 26 October 2023

Members of the PSC met with the Country Implementation Team to share global and regional updates and best practices that could benefit the country. They also outlines areas for improvement based on their experience from the field visits. A summary is presented below.

Recommendations based on the field visit:

1. **Data quality.** While acknowledging the success of the Lao PDR country team in adopting 20 indicators for routine monitoring, the government and partners need to focus on improving the quality of data throughout the data value chain: this starts with health facilities using the right equipment and tools for measurements, data capture, reporting and transmission.
2. **Data capture.** Multiple data capture books were observed in some health facilities. Simplified log books and registers were recommended to minimize the workload for frontline health staff. The country team was asked to balance the emphasis on quantity and quality (i.e. collect data that are really needed). Also, there is a need to avoid competing data needs from vertical programmes that lead to an unnecessarily high workload for health care workers.

3. **End-user survey of the nutrition module.** Members of the PSC commended the MoH for its efficient use of DHIS2. An end-user survey was suggested as a means of documenting staff experiences of the platform to provide feedback to the developers and ensure that the system meets user expectations.
4. **Documentation of country experience.** The country team was asked to document the processes and experiences involved in rolling out the nutrition module as a knowledge-management exercise. This could benefit other countries who might do the same in the future.
5. **Data use to improve services.** While applauding the country for the progress made in rolling out the nutrition module on DHIS2, the ultimate goal is to improve nutrition services in the country. The government should therefore strengthen data use at all levels to improve the coverage and reach of nutrition services. The nutrition scorecard and standard report were cited as good tools to enhance managerial uptake of data at all levels.
6. **Stock-out of nutrition supplies:** Some health facilities reported delayed receipt and stock-out of essential nutrition supplies such as vitamin A, iron folate tablets and deworming tablets. It was recommended that supply management and reporting system be strengthened in the country. Since the supply management system (M-Supply) is a standalone information system not linked to the DHIS2, the suggestion was made that both systems should become interoperable in order to improve the supply management and efficient tracking of commodity utilization.



Photo 9: Debriefing session with the Country Implementation Team and sharing of regional best practices

The PSC shared best practices on nutrition information in the ASEAN region that could benefit the country. They are grouped under the headings below.

- **Data quality**
 - Prioritize data accuracy: HMIS could meet all benchmarks and still be inaccurate.
 - Develop a consistent and dedicated capacity to identify and rectify emerging issues.
 - Proactively identify errors in data collection and entry and take immediate corrective actions (supportive supervision and refresher training).
 - Weigh up the pros and cons before making changes in data collection procedures.
- **Roll-out**
 - Develop a comprehensive national roll-out plan while learning from high-performing regions in order to improve data quality in lower-performing regions.
 - Minimize changes in data collection procedures and, if necessary, introduce them periodically rather than in an ad hoc manner.
- **Data use**
 - Maintain quality assurance at the data collection point by using the right tools and equipment.
 - Provide regular feedback on data quality and analysis.
 - Ensure data is used to inform decisions at the health facility level (not just for reporting). At national and provincial level, data can be applied to guide nutrition policies and actions by translating analysis into actionable policy changes and improved programmes.
- **Digitalization**
 - Plan for digitalization from the outset and gradually work towards eliminating paper-based reports. Even if not an immediate priority this should be considered in the strategic plan for developing the nutrition and health information system, while considering alternative solutions for remote areas with low internet coverage.
 - A unique identifier for HMIS cannot be used in isolation: it needs to be a government approach (see Cambodia, which is an example of another country in the region experimenting with this approach).
- **Interoperability**
 - Facilitate data integration. e.g. DHIS2 and NIPN.
 - Streamline data sharing, i.e. one data source for all stakeholders
- **Partnerships**
 - Strengthen stakeholder engagement and coordination, while avoiding parallel data collection and duplication of efforts as much as possible.
 - Ensure additional requests are routed through the relevant coordinating authority.
 - Clarify data flow from private facilities.
 - Develop and communicate a clear implementation plan and rally all partners to support successful execution of the plan.

Annual meeting, 26 October 2023

The third global annual meeting took place on Thursday, 26 October 2023, at the Pullman Hotel, Luang Prabang, Lao PDR. The PSC, Country Implementation Team, MoH staff from the central level and Luang Prabang province, the EU ambassador in Lao PDR and NIPN representatives were in attendance. The remaining four implementing countries – Côte d'Ivoire, Ethiopia, Uganda and Zambia – joined virtually from their respective locations.

A total of 91 participants (34 physically present and 57 online participants) took part in this year's global gathering. See Annex 4 for the detailed list of participants.

The objectives of the annual meeting were to:

- Review the progress of the EC-NIS project implementation in the five beneficiary countries.
- Discuss implementation challenges, opportunities, lessons learnt and the way forward for the project's final year.
- Discuss with NIPN representatives how to strengthen collaboration and implementation of the EC-NIS project and NIPN in Lao PDR.

The opening part of the meeting was co-chaired by:

- H.E. Ina Marčiulionytė, EU Ambassador to Lao PDR;
- Dr Chansaly Phommavong, Deputy Director General, Department of Planning and Finance, Ministry of Health, Lao PDR;
- Mr Arturo Romboli, Deputy Representative, UNICEF, Lao PDR; and
- Dr Achala Jayatilleke, World Health Organization Representative Office for Lao PDR.



Photo 10: Participants at the annual meeting, Pullman Hotel, Luang Prabang

Ministry of Health, Lao PDR

Dr Chansaly Phommavong, Deputy Director General, Department of Planning and Finance, Ministry of Health, Lao PDR, welcomed all participants to the third annual meeting of the EC-NIS project and expressed his appreciation that Lao PDR has been chosen to host the PSC field visit and annual meeting. He indicated that nutrition data are not just numbers; these are like the compass guiding our decisions. He pointed out that evidence-based decision-making, rooted in solid nutrition data, is essential for effective policy formulation and programme implementation. This meeting presented an opportunity to reflect on the successes and challenges related to project implementation and discuss how they could be addressed. The project was also an excellent good platform for countries to share their experiences and best practices, and to learn from each other. He recognized the contributions of the EC and its Delegation's contributions to nutrition in Lao PDR. He also thanked UNICEF and WHO for their invaluable technical and financial contributions to improving the health system in the country, especially for their leadership in bettering the nutrition information system in project countries.'

European Union

H.E. Ina Marčiulionytė, EU Ambassador to Lao PDR, underlined that nutrition is a priority area of focus of the European Union. She drew attention to the fact that all the participating countries have nutrition challenges, and that the project provides an opportunity to use data to improve nutrition actions by allowing countries to learn from each other. She thanked the Government of Lao PDR for hosting the meeting. She highlighted the need for the EC-NIS and NIPN to work collaboratively to increase access to and availability of nutrition data in the countries concerned. She called for increased support for government partners and nutrition stakeholders to ensure that the data generated is used to inform programme design and implementation. She called on the country teams to ensure that data would be shared in a user-friendly, easily understandable manner, and on governments to ensure that data reported were of high quality and provided a reliable basis for sound policy making and efficient programme management.

UNICEF

Mr Arturo Romboli, Deputy Representative, UNICEF, Lao PDR, confirmed that good nutrition is the bedrock of child survival, growth and development, and good data are fundamental to achieving impactful results. He pointed out that data can help paint a clearer picture of the nutrition deprivations facing children and identify those most at risk, while helping to inform policies and programmes and ensure that they are responsive to the needs and situations of children. Data also help us keep track of our interventions and whether they are meeting set targets and, most importantly, reveal where more general improvements are

required. He warned that the present multiple global crises and macroeconomic situation could derail efforts made in the respective countries. He stressed the criticality of good quality data to support governments in making informed decisions. He suggested that even as we celebrate our successes, there is a need to reflect on areas to improve: how nutrition services could be improved using data, how the latest technologies can be leveraged for nutrition information systems, and how they can be made interoperable with other systems or platforms in order to ensure data availability for planning and programming.

WHO

Dr Achala Upendra Jayatilleke, Technical Officer, World Health Organization, Lao PDR, recognized that the long-standing partnership with the MoH is a crucial motor for strengthening the health system and moving towards universal health coverage (UHC). He congratulated Lao PDR for ranking ninth among the ten ASEAN countries in terms of access to digital systems, affordability and quality of internet services, and for being one of the top developing countries with the most advanced health management information system, based on the DHIS2 platform. He mentioned WHO's 10-year commitment to supporting digital transformation and the health information system in Lao PDR since 2013 via the country's Health Sector Reform Strategy, Health Information System Strategic Plan and Digital Health Strategy, all aimed at promoting sustainable digital health interventions to expedite progress toward achieving the SDGs and UHC. He sketched out how nutrition data had been collected in Lao PDR through its national HMIS prior to the launch of the EC-NIS project and some of the project's key achievements in Lao PDR. He pointed out that, in 2023, the primary focus of EC-NIS activities in the country has now shifted from strengthening



data collection to improving data quality and data use for decision-making at all levels. He emphasized that much work remains to establish a robust, sustainable nutrition information system that has been richly strengthened under this project and called for its continuation in order to follow through current developments and achieve its ultimate objectives in the coming years, thereby contributing to broader health sector goals.



Photo 11: Participants at the annual meeting, Pullman Hotel, Luang Prabang and online

Project Steering Committee

Dr Kuntal Saha, WHO Headquarters, on behalf of the Project Steering Committee, highlighted the remarkable achievements made by the project across the various countries despite the initial delays due to the COVID-19 pandemic and other contextual factors. He also acknowledged that implementation of EC-NIS activities had been accelerated in this third year in order to catch up with planned work schedules that had not been accomplished in the first two years due to the pandemic. He gratefully acknowledged the strong partnerships with governments in all the participating countries and their cooperation at every stage of project implementation, which is a key factor for overall achievement. He also noted the contributions made by the country teams and the hard work that been rewarded with success, and suggested that the successful collaboration between EC-NIS and NIPN in Lao PDR could serve as a model for all the participating countries. In view of the initial delays in project implementation, the PSC has requested a no-cost extension of the project for one year, which is under consideration by the European Union. He emphasized that developing a national NIS can take a considerable length of time and that continuity of activities is important for countries to achieve project ownership and sustainability: lessons learned from the EC-NIS project could be useful for other countries in similar settings and with equivalent needs. He also stated that discussions with the EU and NIPN are ongoing in order to identify possibilities for a potential project extension to sustain gains made and scale up the initiative to other countries.

Remarks from the Country Implementation Teams

Heads of departments from the MoH of the other four participating countries which took part in the meeting online shared solidarity messages and remarks. They appreciated the support of the European Union, UNICEF and WHO to improve their routine information systems, and also acknowledged the technical support provided by the PSC towards implementation of their planned activities. They pledged their

commitment to ensuring that these planned activities would be implemented during the remaining phase of the project.

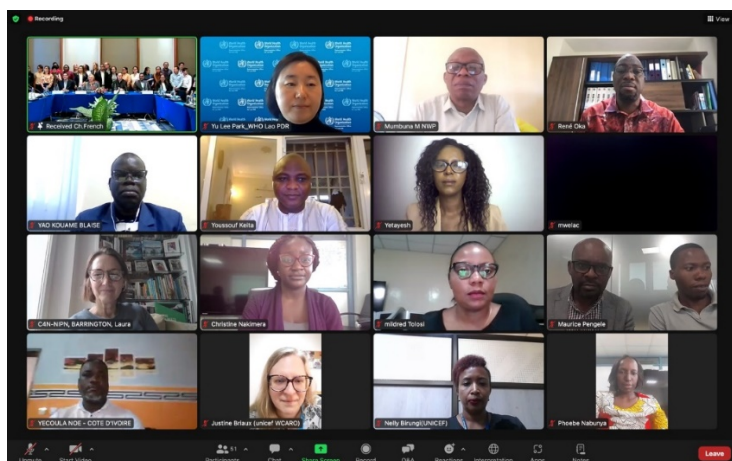


Photo 12: Online participants at the annual meeting

Summary of country presentations

i. Lao PDR

| Key achievements in 2023 | Challenges/lessons learnt | Next steps/2024 plans |
|--|---|---|
| <ul style="list-style-type: none"> i. Strengthened capacity for NIS <ul style="list-style-type: none"> • 17/18 provinces reporting on new nutrition indicators via DHIS2. ii. SOP for routine nutrition monitoring revised and disseminated <ul style="list-style-type: none"> • 1500 copies printed and distributed to all provinces. iii. Developed nutrition bulletin/scorecard using DHIS2 data <ul style="list-style-type: none"> • A nutrition scorecard based on routine data was developed to enhance data use for planning and policy. iv. Developed DHIS2 public dashboard for nutrition <ul style="list-style-type: none"> • Created a public dashboard for nutrition using DHIS2 to increase data access and utilization. v. Leveraged EC-NIS to develop IMAM tracker module in DHIS2 <ul style="list-style-type: none"> • Developed a tracker module using DHIS2 iCapture for monitoring children with SAM from admission to discharge. vi. Developed the first edition of Nutrition and MCH Data Quality Assurance Guideline based on requirements from national and sub-national level <ul style="list-style-type: none"> • Revised and included data quality assurance on the role and responsibilities of subnational level | <p>Challenges</p> <ul style="list-style-type: none"> i. Data quality issues (timeliness, completeness, correctness and consistency). ii. Limited use of data for decision-making at all levels. iii. High turnover of staff without knowledge transfer. iv. Lack of data to establish the infrastructure maintenance plan for data reporting. <p>Lessons</p> <ul style="list-style-type: none"> i. Leveraging other programmes and partners to roll out the nutrition module as part of MCH revised forms (version 2.1) was effective in scaling up the programme. | <ul style="list-style-type: none"> ii. Strengthen data quality and use <ul style="list-style-type: none"> • disseminate data quality assurance guidelines in remaining provinces • roll out monthly nutrition standard report • develop a manual for calculating indicators. iii. Strengthen capacity of health staff to collect and use nutrition data <ul style="list-style-type: none"> • conduct refresher training for targeted provinces. iv. Roll out of DHIS2 IMAM tracker module in selected provinces. v. Support provinces in creating scorecards, dashboards and bulletins for nutrition, using DHIS2 data. vi. Conduct review meeting to assess progress on implementation and end-of-project activities. |

| | | |
|---|--|--|
| <ul style="list-style-type: none"> • Data quality dimensions adapted from WHO global DQA toolkit to national context • A guide for non-technical users to understand nutrition and MCH data capture through DHIS2 and its limitations • Clear definitions of 494 nutrition and MCH data elements, collected routinely, as a guide for data entry, verification and use. • Defined data validation rules for internal consistency verification. <p>vii. Completed design of the monthly standard report in DHIS2 under the “all-in-one” concept</p> <ul style="list-style-type: none"> • Aiming to facilitate routine data quality check, increase data ownership, and promote data use at national and subnational level by facilitating routine indicator visualization and report generation. <p>viii. Standardized supportive supervision visits to maximize value for effort/money.</p> <p>ix. Routine mapping of infrastructure and human resource for nutrition data reporting.</p> <p>x. A country-based annual review meeting was held on 12 October 2023.</p> | | |
|---|--|--|

ii. Zambia

| Key achievements in 2023 | Challenges/lessons learnt | Next steps/2024 plans |
|--|--|---|
| <p>i. Consultative engagements with national and regional stakeholders held</p> <ul style="list-style-type: none"> MoH/M&E TWG committee meetings quarterly provincial review meetings held with the district to track progress of implementation. <p>ii. Reviewed and refined existing data collection tools</p> <ul style="list-style-type: none"> printed nutrition-related HMIS data collection tools to supplement printing done by MoH. <p>iii. Customized the National Nutrition M&H module in DHIS2.</p> <p>iv. Developed and disseminated nutrition information products</p> <ul style="list-style-type: none"> produced policy products (briefs, scorecards) for use in advocacy and programme management. <p>v. Strengthened capacity for nutrition information</p> <ul style="list-style-type: none"> oriented seven districts on nutrition data analysis using paper-based data visualization tools with participants drawn from health centres and hospitals (Northern and Muchinga). | <p>Challenges</p> <p>i. Inadequate number of facility staff oriented on the revised tools.</p> <p>ii. Hospitals entered the next phase of HMIS review, affecting the completeness of reporting since information is sitting on several forms.</p> <p>iii. Inadequate review of data at point of generation, hence compromising data quality.</p> <p>iv. Inadequate availability of computers specifically for the nutrition programme.</p> <p>Lessons</p> <p>i. Development of integrated nutrition dashboards and scorecards in DHIS2 contributed to easy analysis and interpretation of nutrition indicators at various levels</p> <ul style="list-style-type: none"> easy identification of underperforming provinces for targeted technical support and mentorship (Northern and Muchinga Provinces) nutrition programme-specific dashboards and scorecards have made it easy to view performance indicators in a snapshot. improved monitoring of nutrition indicators using data visualization tools integrated into DHIS2. | <p>i. Hire a consultant to execute specialized tasks to strengthen NIS implementation.</p> <p>ii. Hold coordination meetings to track progress of implementation</p> <p>iii. Print HMIS capturing tools and nutrition indicator reference manuals for all facilities.</p> <p>iv. Integrate the nutrition commodity reporting system into eLMIS and roll it out to all facilities.</p> <p>v. Update the NIS training package and other nutrition training modules on the country e-learning platform.</p> <p>vi. Support orientation for second- and third-level hospital staff in NIS</p> <p>vii. Support procurement of equipment for the data operation centre at M&E and nutrition units.</p> <p>viii. Conduct integrated quarterly data quality audits, assessments and mentorship at district level.</p> <p>ix. Produce and disseminate communication and visibility materials.</p> <p>x. Produce policy products (briefs, scorecards) for use in advocacy and programme management to enhance the sustainability of NIS project activities.</p> |

iii. Uganda

| Key achievements in 2023 | Challenges/lessons learnt | Next steps/2024 plans |
|---|---|--|
| <ul style="list-style-type: none"> i. Conducted high-level supportive supervision <ul style="list-style-type: none"> o Planning commissioner and WHO technical officer reviewed one of the OPD registers at a health facility. ii. On-site mentorship on nutrition HMIS/DHIS2 <ul style="list-style-type: none"> o 125 health workers mentored on nutrition HMIS/DHIS and QI o technical supportive supervision and mentorship to health workers across six regions o on-site mentorship in nutrition data management for 50 health facilities in Yumbe, Koboko, Kamwenge and Kyegegwa. iii. Data Quality Assessment (DQA) <ul style="list-style-type: none"> o assessment areas included West Nile, Acholi, Tooro, South Central, Kigezi, Ankole and Busoga subregions. o Assessors' team included nutritionists and M&E officers from national, regional and district levels. iv. Regional Nutrition Performance Review <ul style="list-style-type: none"> o 3-day nutrition regional performance review in Fort Portal, Toro o Engaged biostatisticians, nutritionists/nutrition focal persons and nutrition partners in four districts. v. Developed and disseminated nutrition information products. vi. Supported MoH-Nutrition Division to develop nutrition information products based on DHIS2 data. | <p>Challenges</p> <ul style="list-style-type: none"> i. Limited supervision and follow-up of trained staff to ensure skills are applied. ii. Limited demand for nutrition data. iii. Limited human resources and capacity for nutrition data management within MoH. iv. High turnover rates of nutrition focal points at health facilities leading to skill loss. <p>Lessons</p> <ul style="list-style-type: none"> i. Government leadership: strong government leadership at all levels is crucial for NIS success and policy alignment. ii. Data quality and supervision: quality data, supported by DQA and supervision, is vital for timely emergency response. iii. Nutrition programme integration: inclusion in working group agendas boosts nutrition data use and demand. iv. Information sharing: production of materials and review meetings enhance information sharing. v. Customized indicators: tailored nutrition indicators simplify data analysis and use. | <ul style="list-style-type: none"> i. Support data officers within MoH to develop and disseminate quarterly nutrition newsletters and/or policy briefs. ii. Customize and digitize nutrition module into E-Afya mobile app. iii. Pilot newly revised HMIS tools in four districts (Moroto, Mbarara, Jinja and Wakiso). iv. Support end-term assessment of the project. v. Provide feedback, harmonization and consolidation meeting for revised HMIS tools in Jinja. vi. Review and update the nutrition M&E framework and nutrition validation rules in DHIS2. vii. Review of HMIS SOPs. viii. Validate end-term project evaluation report. ix. Set up project phase-out workshop and disseminate end-term project report, including printing final project report and visibility material for phase-out workshop. |

iv. Ethiopia

| Key achievements in 2023 | Challenges/lessons learnt | Next steps/2024 plans |
|---|---|---|
| <ul style="list-style-type: none"> i. Conducted M&E DQA training for regional nutrition team focal persons and M&E experts <ul style="list-style-type: none"> o conducted national TOTs on NIS for all regions o food and nutrition multisectoral M&E SOP developed. ii. Supported multisectoral FN implementation <ul style="list-style-type: none"> o finalization and validation of multisectoral FN guidelines for all regional nutrition, M&E focal persons. iii. Supported joint supportive supervisions at national level <ul style="list-style-type: none"> o all regions except Tigray and Gambela for two weeks. iv. Supported United Nutrition Information System for Ethiopia (UNISE) scale-up <ul style="list-style-type: none"> o UNISE is a multi-sectoral nutrition scorecard data management tool implemented using DHIS2 to capture, store and analyse multisectoral nutrition data at all administrative levels to drive decision-making, intervention targeting, and ultimately reduce stunting. v. Joint EC-NIS/NIPN support to establish a comprehensive web-based nutrition information-sharing platform <ul style="list-style-type: none"> o e-platform to create access to comprehensive nutrition information from multiple sources for informed decision-making. | <p>Challenges</p> <ul style="list-style-type: none"> i. Conflicts in some parts of the county affected routine health system functionality. ii. Lack of FN structures at lower levels. iii. Low nutrition data quality. iv. Insufficient amount of budget and delayed transfer. <p>Lessons</p> <ul style="list-style-type: none"> i. Development and use of standardized SOP tools for FN M&E. ii. Capacity-building for UNISE implementing in woredas* improved UNISE data utilization. iii. NIS training and advocacy enabled dedicated nutrition rooms to be opened in health centres. iv. Routine lot quality assurance sampling (LQAS)/DQA was carried out in supported health institutions. | <ul style="list-style-type: none"> i. Provide UNISE/NIS training for regional nutrition team focal persons and M&E experts. ii. Support printing and distribution of multisectoral M&E tools and guidelines. iii. Establish a comprehensive web-based nutrition information-sharing platform. iv. Procure and distribute computers to UNISE implementing woredas. v. Organize a consultative workshop and engage nutrition stakeholders to review the multisectoral nutrition indicators. vi. Conduct and support joint supportive supervision. |

*District organization in Ethiopia

| Key achievements in 2023 | Challenges/lessons learnt | Next steps/2024 plans |
|--|--|---|
| <ul style="list-style-type: none"> i. Technical and coordination meetings were organized. ii. Conducted training for regional data managers in targeted districts. iii. Conducted data validation exercise with data being analysed and interpreted by RDs and DDs <ul style="list-style-type: none"> o first bulletin is expected in Q4 2023. iv. Community-based clinical and logistic nutrition data were analysed and interpreted <ul style="list-style-type: none"> o rates of completeness, timeliness, compliance and consistency of nutrition data were assessed o regions and districts were ranked according to their performance in terms of nutrition data quality, and results were presented o recommendations made to regions and districts to improve the quality of nutrition data in DHIS2. v. Workshop for development of training kits for nutrition data management <ul style="list-style-type: none"> o training modules and facilitator's guide have been developed in collaboration with the Directorate of Health Information via sentinel epidemiological surveillance officers (ESC). vi. Coaching of ESCs from 33 regions, NNP and sentinel ESCs in management, analysis and interpretation of nutrition data. | <p>Challenges</p> <ul style="list-style-type: none"> i. Limited understanding of nutrition indicators. ii. Late availability of funds for start of 2023 activities. iii. Limited use of data and project visibility. <p>Lessons</p> <ul style="list-style-type: none"> i. Participation of the National Nutrition Programme in meetings to consolidate and validate nutrition data with health district ESCs. ii. Participation of NNP in semi-annual coordination meetings of the DGS with regional health directorates and priority health programmes (HIV, EPI, malaria, TB). iii. Establishment of a system for continuous data quality control in collaboration with the DIS via sentinel ESC units. iv. Collaboration of NNP with sectoral ministries through the FNMIN and development partners. | <ul style="list-style-type: none"> i. Carry out a reporting monitoring mission in low-performance districts. ii. Carry out two biannual national feedback sessions on results of routine nutrition surveillance (online meeting with RDs and DDs). iii. Develop and disseminate a quarterly newsletter on the nutritional situation. |

EC-NIS and NIPN case study: Lao PDR and Ethiopia

Capacity for Nutrition (C4N) conducted a case study to explore synergies and collaboration between EC-NIS and NIPN from the early stages of project design in two countries, Lao PDR and Ethiopia. Its objective was to assess to what extent implementing both initiatives has enhanced their impact on the nutrition data value chains and evidence generation in both countries.

During the assessment, it was observed that:

- i. regular meetings and teleconferences have been held, involving EU, EC-NIS and also C4N-NIPN;
- ii. UNICEF and WHO country-level teams became involved after the project design had been approved and had to adjust their workplan to the country context and needs; and
- iii. since EC-NIS is managed by EC headquarters in Brussels, EC delegations at the country level might have become less involved.



Photo 13: Dr Ingo Neu making a presentation on the case study

It was recommended, based on the findings of the assessment, that there is **a need to strengthen collaboration moving from information-sharing to a more established coordination and collaboration mechanism.**

After presentation on the case study, a panel discussion featuring Lao PDR, Ethiopia and Uganda was organized: panelists shared their country's experiences about present areas of collaboration, presenting some examples of good collaboration between EC-NIS and NIPN and raising various challenges that may have hindered a fully effective collaboration, as listed below.

- **NIPN website functions as a one-shop stop for all nutrition data**, including DHIS2 routine data supported by EC-NIS.
- **Geographical convergence**: subnational scale up of NIPN will take place in provinces where EC-NIS is already being implemented (Lao PDR).
- NIPN is to be used as a platform to disseminate EC-NIS products (Lao PDR, Uganda).
- In Ethiopia, both teams are working on developing an **Ethiopian food and nutrition information sharing platform**. This platform will encompass routine monitoring systems, various surveys, research briefs backed by NIPN, policy dialogues, events, discussion forums and source documents. Both parties have agreed on the terms of reference for the new portal.
- **NIPN expertise is useful to analyse and use DHIS2 data** including at low decision levels (health districts and provinces).
- Both projects are being implemented by different governmental entities (EC-NIS is under the remit of the MoH while NIPN is often run by statistics institutes).
- NIPN focuses on research and policies while EC-NIS focuses on routine data (Ethiopia).



Photo 14: Panel discussion on NIPN and EC-NIS Collaboration

Updates from the Project Steering Committee

Members of the PSC shared global updates on nutrition information systems, focusing on the points listed below.

- Guidance on the use of nutrition data from administrative/routine systems
 - More and more countries are sharing national routine/administrative nutrition data with us in order to generate national estimates for reporting on progress towards SDG 2.2.
 - During the JME country consultation 2023, several countries shared nutrition administrative data and asked for guidance to generate national statistics: the JME is developing recommendations and best practices.
- Development of a DHIS2 nutrition tracker (“the Pastoral project”)
 - Development of a DHIS2 tracker for nutrition in the framework of an AICS grant to improve access to health and nutrition of pastoralist communities on the border between Ethiopia and Somalia.
- Several tools developed by WHO (nutrition data portal, Global Nutrition Targets Tracking Tool 2030)
 - Recent publications, tools, systems and resources were shared with the countries.



Photo 15: Participants at the Annual Meeting, Pullman Hotel, Luang Prabang

- Various publications and guidelines developed by the Technical Expert Advisory Group on Nutrition Monitoring (TEAM) were presented
 - Operational guidance for GNMF² indicators.
 - Recommendations for data collection, analysis and reporting on anthropometric indicators in children under five years old.
 - Indicators for assessing infant and young child feeding practices: definitions and measurement methods.
 - Guidance on national nutrition information systems.
 - Methodology for monitoring progress towards global nutrition targets for 2025: technical report.
 - Landscape assessment on global monitoring of diet quality.
- Healthy Diet Monitoring Initiative (HDMI)
 - Growing demand for the assessment and monitoring of healthy diets.
 - Guideline development is ongoing.



Photo 16: Chika Hayashi (UNICEF) making a presentation on behalf of PSC

² GNMF: Global Nutrition Monitoring Framework

Debriefing of UNICEF and WHO country management

An exit debriefing meeting was held between members of the PSC and the UNICEF and WHO country teams to share their final reflections on the mission as summarized by the following items.

- Members of the PSC extended their appreciation to UNICEF and WHO management and staff for hosting the 2023 field visit and annual meeting.
- The PSC acknowledged progress made by the country despite the slow start of project implementation which was also impacted by the COVID-19 pandemic.
- The Country Implementation Team was commended for its awareness of implementation challenges and asked to work closely with the government and country stakeholders in order to address these challenges as they emerge.
- There was a call for greater coordination and collaboration between EC-NIS and NIPN and for systematic documentation of country experiences.
- The PSC recommended that the Country Implementation Team document its experiences in videos, publications and journals as part of a knowledge-management effort which could be shared with other countries.
- The Country Implementation Team was asked to focus more on quality improvement of data collected and to support its use for the improvement of nutrition services.

The Country Implementation Team (UNICEF and WHO) expressed its appreciation to the PSC for choosing Lao PDR for the 2023 field visit and annual meeting. The PSC's recommendations and suggestions were acknowledged and the country team gave an assurance that they would discuss them with the country stakeholders prior to their operationalization.

Annex 1: Detailed programme

Project Steering Committee Field Mission to Lao PDR and Annual Meeting for Strengthening Nutrition Information Systems, 23–27 October 2023

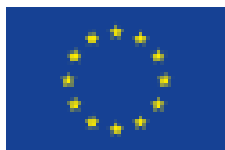
| | |
|--|---|
| Sunday 22 October 2023 | |
| Arrival day in Vientiane of the Project Steering Committee (PSC) | |
| 23 October 2023 | |
| 08:00 Pick up | |
| 09:00 - 09:45 | Courtesy call with UNICEF Senior Management |
| 09:45 - 10:00 | Drive from UNICEF to Crown Plaza Hotel |
| 10:00 - 10:45 | Courtesy call with WHO Senior Management |
| 10:45 - 12:00 | Meeting with Lao PDR UNICEF/WHO Project team at Crown Plaza Hotel Provide an overview of the NIS Project in Lao PDR and progress on preparations for the Global Gathering |
| 12:00 - 13:30 | <i>Lunch at Crown Plaza Hotel</i> |
| 13:45 - 14:00 | Travel to the Ministry of Health (MoH) |
| 14:00 - 14:45 | Courtesy call with MoH |
| 14:45 - 16:00 | Meeting with Lao PDR NIS team (MoH, NFNC UNICEF, WHO and relevant stakeholders) Preparations for the field visit |
| 16:40 - 17:00 | Travel back to the hotel |
| 24 October 2023 | |
| 9:00 – 12:00 | Travel to Wattay Airport en route to Luangprabang (by air) |
| 12:00 – 14:00 | Lunch/ Hotel check-in |
| 14.15 -15.00 | Visit to Provincial Health Office ✓ Briefing on nutrition data collection, management and use ✓ Briefing on the field visit |
| 15.00 – 16.30 | Visit the annual gathering venue, review logistics and discussions |
| 16.30 - | Closing |

| 25 October 2022 | |
|------------------------|---|
| | Field visits Group 1 and Group 2: |
| 08:30 - 12:30 | Parallel field visits to two clinics. The focus of the visit is to include observation of data flow from tallying at the service delivery point until it enters the system. This will include a discussion with staff on their experiences, successes, challenges and recommendations in collecting and using nutrition data. |
| 12:30 – 14.00 | Travel from field + Lunch |
| 14:00 - 15:00 | Feedback session on field visits at the Provincial Health Office |
| 15:00 - 16:00 | Working session to finalize preparations for the NIS Global Gathering |
| 16:00 - 16:30 | Travel back to the hotel |
| 26 October 2022 | |
| 08:30 – 11:30 | Meeting Lao PDR country team and partners: Feedback from field visits and sharing global best practices/discussion on strengthening routine information systems |
| 11.30 – 12.30 | Lunch |
| 13.00 – 17.00 | Annual Gathering (in person and virtual) – <i>See separate Agenda</i> |
| 17:00 | Closing |
| 27 October 2022 | |
| 08:30 - 10:30 | Debriefing meeting (WHO, UNICEF, PSC, EU and others) |
| 10:30 - 11:00 | Travel to Luangprabang Airport |
| 12.45 | Depart for Vientiane |

Annex 2: Strengthening Nutrition Information Systems in participating countries
Year 4 Annual Gathering

Date: 26 October 2023

Host Country: Lao PDR



| Time* | Activity | Responsibility |
|---------------|---|---|
| 12.30 -13.00 | Registration | Various country locations/online |
| 13.00 -13.05 | Announcements and housekeeping | Virtual navigation/translation |
| 13.05 – 13.15 | Welcome and overview of the meeting (10 min) | Dr Chansaly Phommavong, Deputy Director General, Department of Planning and Finance, Ministry of Health, Lao PDR |
| 13.15 – 13.20 | Opening remarks (5 min each) | Mr Vincent Vire, Head of Cooperation, European Union Delegation to Lao PDR |
| 13.20 – 13.25 | | Mr Arturo Romboli, Deputy Representative, UNICEF |
| 13.25 – 13.30 | | Dr Achala Upendra Jayatilleke, Technical Officer, Health Information Systems, World Health Organization Representative Office for Lao PDR |
| 13.30 – 13.35 | | Dr Kuntal Saha, WHO Headquarters/ Project Steering Committee |
| 13.35 – 13.50 | Remarks from MoH of the other project countries (3 min each) | Côte d'Ivoire, Ethiopia, Uganda, Zambia |
| 13.50 – 14.40 | Presentation of country teams: midterm review, impact so far, challenges, key actions for acceleration, ongoing collaboration in the country between EC-NIS and NIPN (15 min/country) | Lao PDR, Zambia and Uganda |
| 14.40 – 15.00 | Discussion/Q&A | |
| Time | Activity | Responsibility |
| 15.00 – 15.10 | Virtual photo session/break (10 min) | |
| 15.10 – 15.40 | Presentation of country teams: midterm review, impact so far, challenges, key actions for acceleration, ongoing collaboration in the country between EC-NIS and NIPN (15 min/country) | Ethiopia and Côte d'Ivoire |

| | | |
|---------------|--|--|
| | | |
| 15.40 – 15.50 | Discussion/Q&A | |
| 15.50 – 16.05 | EC-NIS and NIPN case studies | NIPN (Ingo) |
| 16.05 – 16.35 | Panel on best practices on EC-NIS and NIPN collaboration (Discussion) (30 min) | Lao PDR, Ethiopia and Uganda: NIPN and EC-NIS team |
| 16.35 – 16.45 | Updates from PSC (10 min) | Ms Chika Hayashi, UNICEF HQ/Project Steering Committee |
| 16.45 – 17.00 | Next steps and general information | Louise Mwrigi (UNICEF)/ Elisa Dominguez (WHO) |
| 17.00 – 17.15 | Closing remarks from countries (if any) | Côte d'Ivoire, Ethiopia, Uganda, Zambia, Lao PDR |
| 17.15-17.30 | Closing remarks ✓ European Union ✓ UNICEF ✓ WHO | |
| 17.30 | Closing | |

*Lao PDR Time = Bangkok time: GMT + 7 hours

This means 13.00 Lao PDR time =

- ✓ Côte d'Ivoire = 6.00am
- ✓ Ethiopia = 9.00am
- ✓ Uganda = 9.00am
- ✓ Zambia = 8.00am

Annex 3: Field visit teams

| TEAM A | | | TEAM B | |
|---|--------------------------------|--------------|--|--------------|
| Location: Luangprabang Provincial Hospital and District Health Hospital | | | Location: District Hospital, Xiangngueun and Beu Health Centre | |
| S/N | Name | Organization | Name | Organization |
| 1 | Chika Hayashi | UNICEF | Dr Kuntal Kumar Saha | WHO |
| | Mueni Mutunga | UNICEF | Louise Mwirigi | UNICEF |
| 2 | Dr Laetitia OUedraogou Nikiema | WHO | Alina Michalska | UNICEF |
| 3 | Dr Juliawati Untaro | WHO | Dr Elisa Maria Dominguez Muriel | WHO |
| 4 | Mirsaidova, Manzura | GIZ BE | Baille, Barbara | GIZ BE |
| 5 | Atanaphone Vatthana | EU | Dr Achala Upendrfa Jayatilleke | WHO |
| 6 | Janneke Blomberg | UNICEF | Prosper Dakurah | UNICEF |
| 7 | Kovalan Kumaran | UNICEF | Vilon Viphongxay | UNICEF |
| 8 | Southiny Phiahouaphanh | WHO | Ingo Neu | GIZ BE |
| 9 | Samaikham Boupha | Central MOH | Viengthong Chongwaxiong | MOH |
| 10 | Saiphon | Central MOH | Viensong | MOH |
| 11 | Dr Siriphon | Prov. MOH | Dr Manichan | MOH |

Annex 4: List of participants

i. Lao PDR

| No. | Name | Position | Institution |
|-----|---------------------------------|--|------------------|
| 1 | Dr Chansaly Phommavong | DDG | DPF, MoH Lao PDR |
| 2 | Dr Phonesavanh Keonakhone | Head of CN | CN, MoH Lao PDR |
| 3 | Arturo Romboli | Dep Rep | UNICEF Lao PDR |
| 4 | Janneke Blomberg | Section Chief | UNICEF Lao PDR |
| 5 | Prosper Dakurah | Nutrition Specialist | UNICEF Lao PDR |
| 6 | Vilon Viphongxay | Programme officer | UNICEF Lao PDR |
| 7 | Kovalan Kumaran | Monitoring Consultant | UNICEF Lao PDR |
| 8 | Chika Hayashi | Senior Advisor, Monitoring & Statistics and Unit Chief, Nutrition Data | UNICEF HQ |
| 9 | Louise Mwirigi | Nutrition Specialist (Data and Monitoring) | UNICEF HQ |
| 10 | Alina Michalska | Nutrition Specialist (Information) | UNICEF ESARO |
| 11 | Mueni Mutunga | Regional Nutrition Specialist | UNICEF EAPRO |
| 12 | Dr Elisa Maria Dominguez Muriel | Technical Officer | WHO HQ |
| 13 | Dr Kuntal Kumar Saha | Technical Officer | WHO HQ |
| 14 | Dr Achala Upendra Jayatilleke | Technical Officer | WHO Lao PDR |
| 15 | Southiny Phiahouaphanh | National Professional Officer | WHO Lao PDR |
| 16 | Dr Juliawati Untaro | Technical Advisor (Nutrition) | WHO WPRO |
| 17 | Dr Laetitia Ouedrago Nikiema | Technical Advisor (Nutrition) | WHO AFRO |
| 18 | Mirsaidova, Manzura | Nutrition programme manager | GIZ BE |
| 19 | Baille, Barbara | Nutrition advisor | GIZ BE |
| 20 | Ingo Neu | Consultant | C4N |
| 21 | Banluxay Baythongkham | Prog assistant | UNICEF Lao PDR |

| | | | |
|----|-------------------------|--|-------------------|
| 22 | Viengthong Chongwaxiong | Technical Officer | DPF, MoH Lao PDR |
| 23 | Chansavang Vongkhamsao | DDG | MCHC, MoH Lao PDR |
| 24 | Khankeo Souliyamath | Deputy Head of HIS Division | CSHI, MoH Lao PDR |
| 25 | Phousavanh Muangpak | Technical Officer | DHHP, MoH Lao PDR |
| 26 | Dr Bouloy Mounivong | Chief of training | CHSI, MoH Lao PDR |
| 27 | Dr Khamphou Chanthavong | DDG | PHO , MoH Lao PDR |
| 28 | Souphaxay Khamphanthong | Deputy Head of Scientific Research and Surveillance Division | CN, MoH Lao PDR |
| 29 | Xayphone | Technical Officer | PHO, MoH Lao PDR |
| 30 | Samaykham Boupha | Consultant | HISP Lao PDR |
| 31 | H.E. Ina Marčiulionytė | Ambassador | EU, Lao PDR |
| 32 | Tina | Communication Officer | EU, Lao PDR |
| 34 | Soukviengxone | Deputy Head of HIS Division | MoH Lao PDR |

ii. Ethiopia

| No. | Name | Position | Institution |
|-----|---------------------|-----------------------------------|--------------|
| 1 | Abebe Bitew | | MOH Ethiopia |
| 2 | Daniel Tsegaye | | MOH Ethiopia |
| 3 | Kebede Mamo | Monitoring and Evaluation Officer | MOH Ethiopia |
| 4 | Anbisa Muleta | | NIPN |
| 5 | Yetayesh Maru | Nutrition specialist | UNICEF |
| 6 | Dr Firehiwot Mesfin | Nutrition specialist | UNICEF |
| 7 | Getahun Teka | National Professional officer | WHO |
| 8 | Andualem Bekele | Consultant | WHO |
| 9 | Tarekegn Negesse | Monitoring and Evaluation Officer | WHO-MOH |
| 10 | Sentayehu Wolka | | MOH Ethiopia |

iii. Zambia

| No. | Name | Position | Institution |
|-----|-----------------------------|---|--------------------------|
| 1 | Mr Mwango Mutale | Principal Monitoring and Evaluation Officer | Ministry of Health HQ |
| 2 | Mr David Ngula | Principal Monitoring and Evaluation Officer | Ministry of Health HQ |
| 3 | Ms Mildred Tolosi Kaunda | Senior Monitoring and Evaluation Officer | Ministry of Health HQ |
| 4 | Ms Doreen Bwalya Phiri | Senior Monitoring and Evaluation Officer | Ministry of Health HQ |
| 5 | Ms Chumary Munyinya | Senior Health Information Officer - Western Province | Provincial Health Office |
| 6 | Mr Isaac D. Ngulube | Senior Health Information Officer - Muchinga Province | Provincial Health Office |
| 7 | Mr Clive Gosa | Senior Health Information Officer - Lusaka Province | Provincial Health Office |
| 8 | Mr Malisheni Shibithi Evans | Senior Health Information Officer - Eastern Province | Provincial Health Office |
| 9 | Mr Bande Ngulube | Senior Health Information Officer - Luapula Province | Provincial Health Office |
| 10 | Ms Landa Nambela | Senior Health Information Officer - Southern Province | Provincial Health Office |
| 11 | Lillian Phiri Habeenzu | Ag Principal Nutritionist-Lusaka Province | Provincial Health Office |
| 12 | Mr Ricco Kapela | Principal Nutritionist-Eastern Province | Provincial Health Office |
| 13 | Misozi Namonje | Principal Nutritionists - North Western Province | Provincial Health Office |
| 14 | Mr Martin Liyungu | NIS Consultant | MoH HQ |
| 15 | Ms Dorothy Sikazwe | Chief Nutrition Officer | MOH HQ |
| 16 | Ruth Siyandi | Nutrition Specialist | UNICEF |
| 17 | Wendy Mizinga | Monitoring and Evaluation Officer | UNICEF |
| 18 | Martin Mzumara | National Professional Officer Scaling Up Nutrition | WHO |
| 19 | Aaron Sinyangwe | Data Manager | WHO |
| 20 | Chipso Mwela | National Professional Officer Nutrition | WHO |

iv. Côte d'Ivoire

| No. | Name | Position | Institution |
|-----|------------------------------|--|--|
| 1 | Dr TALL Fatim | Dr Fatim Tall Thiam, OIC, WR/Côte d'Ivoire | OMS, Côte d'Ivoire |
| 2 | Dr ABLA Gisèle SEMDE | National Program Officer Reproductive,maternal, nexborn,chil,and adolescent Heath:heathin Agein | OMS, Côte d'Ivoire |
| 3 | Dr NAHOUNOU, Lanwis Gougoua | National Program Officer. Reproductive,maternal, nexborn,chil,and adolescent Heath:heathin Agein | OMS, Côte d'Ivoire |
| 4 | Mr YAO Koamé Blaise | Chargé de Nutrition et sécurité sanitaire des aliments | OMS, Côte d'Ivoire |
| 5 | Dr René Oka KOUAME | Directeur Coordonnateur | Programme National de Nutrition, Côte d'Ivoire |
| 6 | Dr M'BAHIA Andrée Christelle | Directeur Coordonnateur Adjoint | Programme National de Nutrition, Côte d'Ivoire |
| 7 | Mr YOBOUET Hervé | Responsable Suivi et Evaluation | Programme National de Nutrition, Côte d'Ivoire |
| 8 | Mme Anne-Marie N'DA KOUASSI | Spécialiste Nutrition | UNICEF |
| 9 | Mme Anne-Sophie LE DAIN | Chef Nutrition | UNICEF, |
| 10 | Dr N'DRI | Coordonnateur PNMIN | SE CONNAPE, Côte d'Ivoire |
| 11 | Noé YECOULA | Coordonnateur Adjoint CATSIS | DIS, Côte d'Ivoire |

v. Uganda

| No. | Name | Position | Institution |
|-----|----------------------|---------------------------------|-------------|
| 1 | Mary Nabisere | Nutrition officer | UNICEF |
| 2 | Nelly Birungi | Nutrition Specialist | UNICEF |
| 3 | Nicholas Kirimi | Nutrition Officer/SURGE support | UNICEF |
| 4 | Phoebe Nabunya | Nutrition consultant | WHO |
| 5 | Christine Nakimera | Nutritionist | MoH |
| 6 | Antonia Kiro Ageness | Nutrition Programme Officer | MoH |
| 7 | Kyoko Nishimura | Nutrition Officer | UNICEF |