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SURVEY FINDINGS BRIEF

Nutrition data under pressure: Findings from the ACTION DATA stakeholder survey

NOVEMBER 2026

Nutrition data are essential to help policymakers make informed decisions that improve nutrition and health outcomes, but reduced development financing is putting them at risk. In response, ACTION DATA - the Collective ACTION Plan for Nutrition DATA, a multi-stakeholder initiative facilitated by the Micronutrient Forum and The World Bank, is working to protect and strengthen the nutrition data ecosystem. It provides a forum for prioritization, planning, and coordination to support more sustainable nutrition information systems at national and global levels.

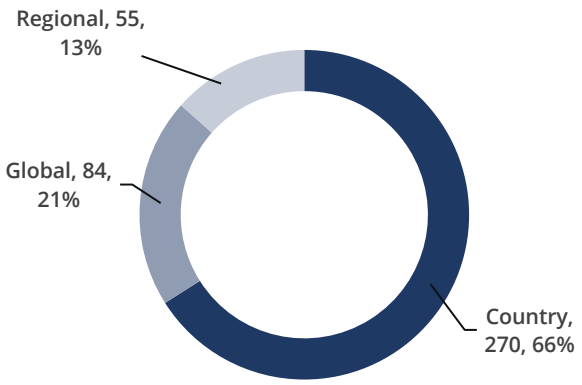
The survey

ACTION DATA conducted a survey online in March and April 2026, jointly with the Global Nutrition Report, to learn about stakeholder experiences and perspectives on how changes in humanitarian and development financing have affected nutrition data work. It received responses from 409 stakeholders in 74 countries, recruited through mailing lists and social media (Fig. 1). The survey also covered broader nutrition work, reported in "Nutrition funding cuts: What is being lost, and what can be rebuilt?" This brief reports on the nutrition data results.

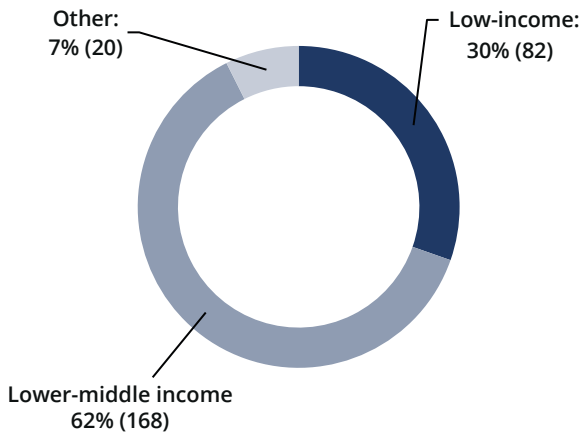
The survey offers first-hand evidence from those delivering nutrition work. The findings reflect conditions at the time of the survey, and the effects of recent cuts may not yet be fully visible. Because the survey does not use a statistically representative sample, results should not be generalized to all countries or organizations.

Figure 1

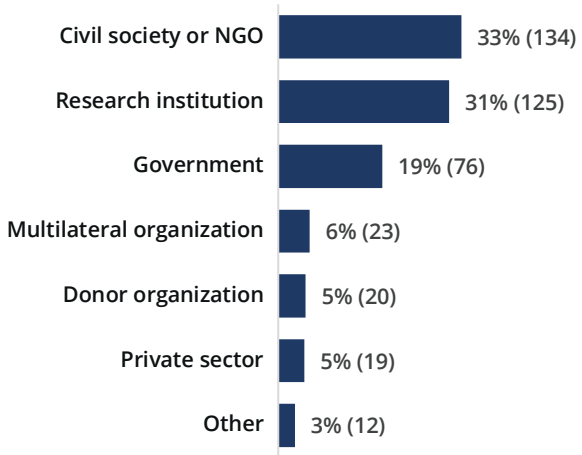
A. Geographic scope of work
(n=409 respondents)



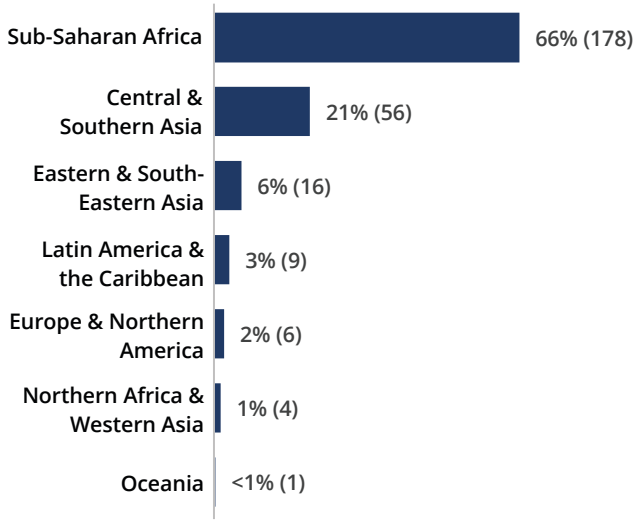
B. Income group of country of work
(n=270 country-level respondents)



C. Type of organization
(n=409 respondents)



D. Region of work
(n=270 country-level respondents)



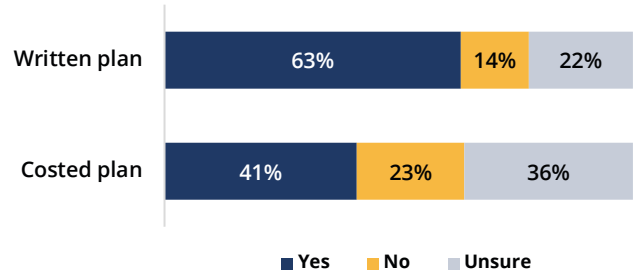
Finding 1. Existing nutrition data systems are vulnerable and face many challenges

Country-level respondents reported that oversight of national nutrition information systems often involved multiple bodies. The Ministry of Health was most commonly reported (91%), followed by National Statistics Offices (40%), Multi-sectoral Nutrition Data Task Forces (36%), the Ministry of Agriculture (28%), and the Ministry of Planning or Finance (20%). Most country-level respondents said their country has a written national plan for the nutrition information system, but fewer than half said the plan is costed (Fig. 2A). Few said the national nutrition information system fully meets their organization's data needs (Fig. 2B).

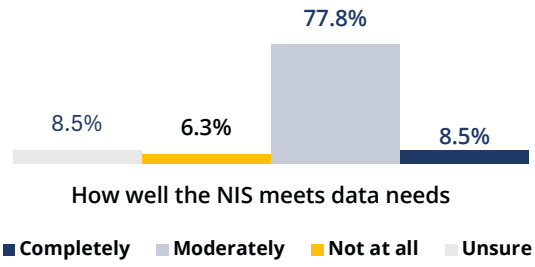
All respondents were asked to rate the extent to which they experienced nine data-related challenges, and 52% to 82% of respondents rated each as a major or moderate challenge (Fig. 2C). In open-text responses, they also described other challenges, including fragmented and poorly coordinated systems, insufficient capacity for data analysis and use, donor-driven priorities, limited government ownership, and a lack of agreed methods and standards.

Figure 2

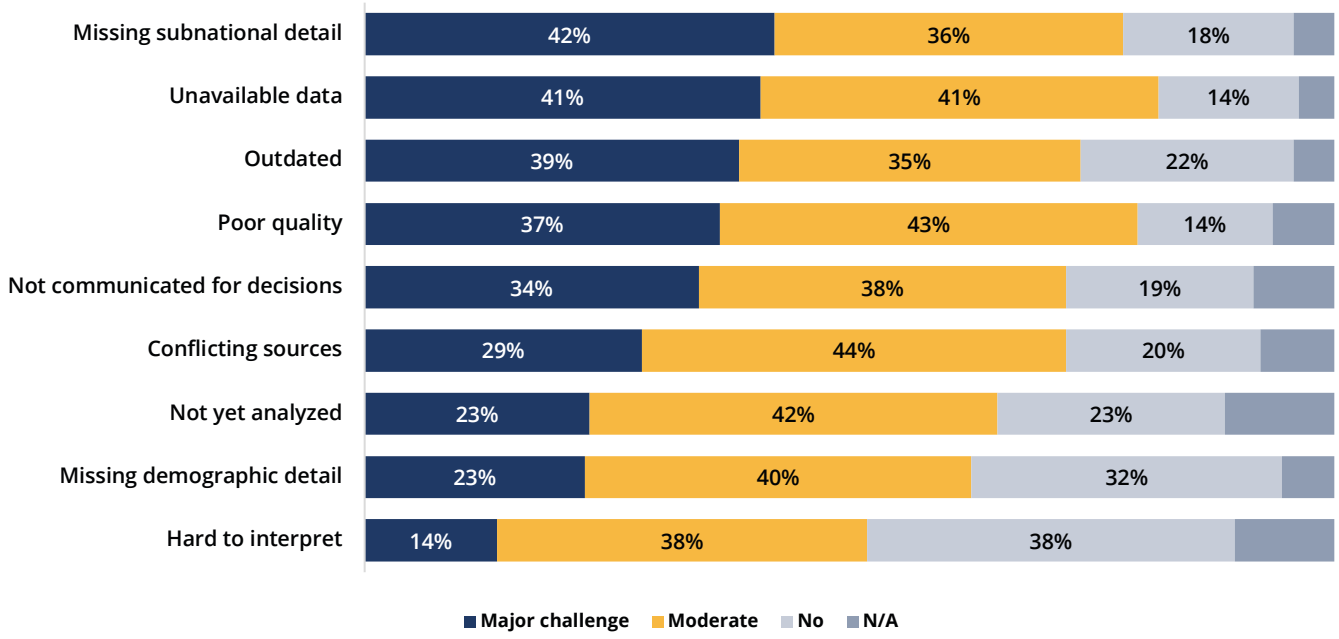
A. National nutrition information system plan
(n=270 country-level respondents)



B. How well the system meets data needs
(n=270 country-level respondents)



C. Challenges experienced when using nutrition data
(n=409 respondents)

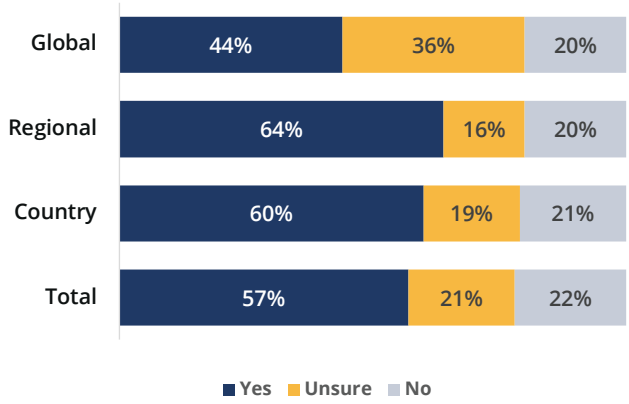


Finding 2. Funding for nutrition data has been cut, delayed, or made unpredictable

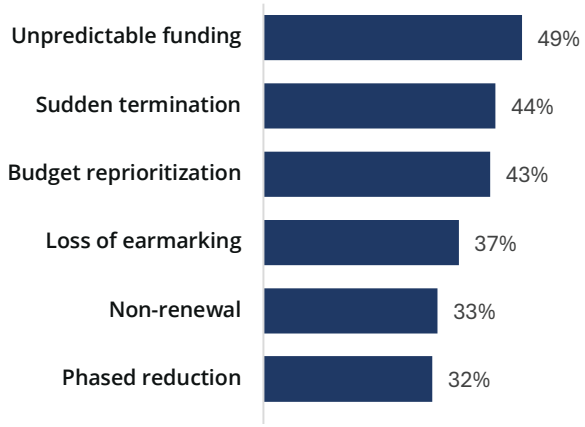
More than half of all respondents said funding reductions affected their work with nutrition data (Fig. 3A). Those affected experienced an average of 2.7 of the seven types of funding changes listed in the survey (Fig. 3B).

Figure 3

A. Whether funding reductions affected nutrition data work
(n=409 respondents)



B. Types of funding changes reported
(n=235 affected respondents; multiple responses allowed)



"Due to funding cuts, we are no longer actively engaged in nutrition data work... Previously, we worked with partners to align indicators with [program] and national priorities."

– survey respondent working at the global level, CSO/NGO

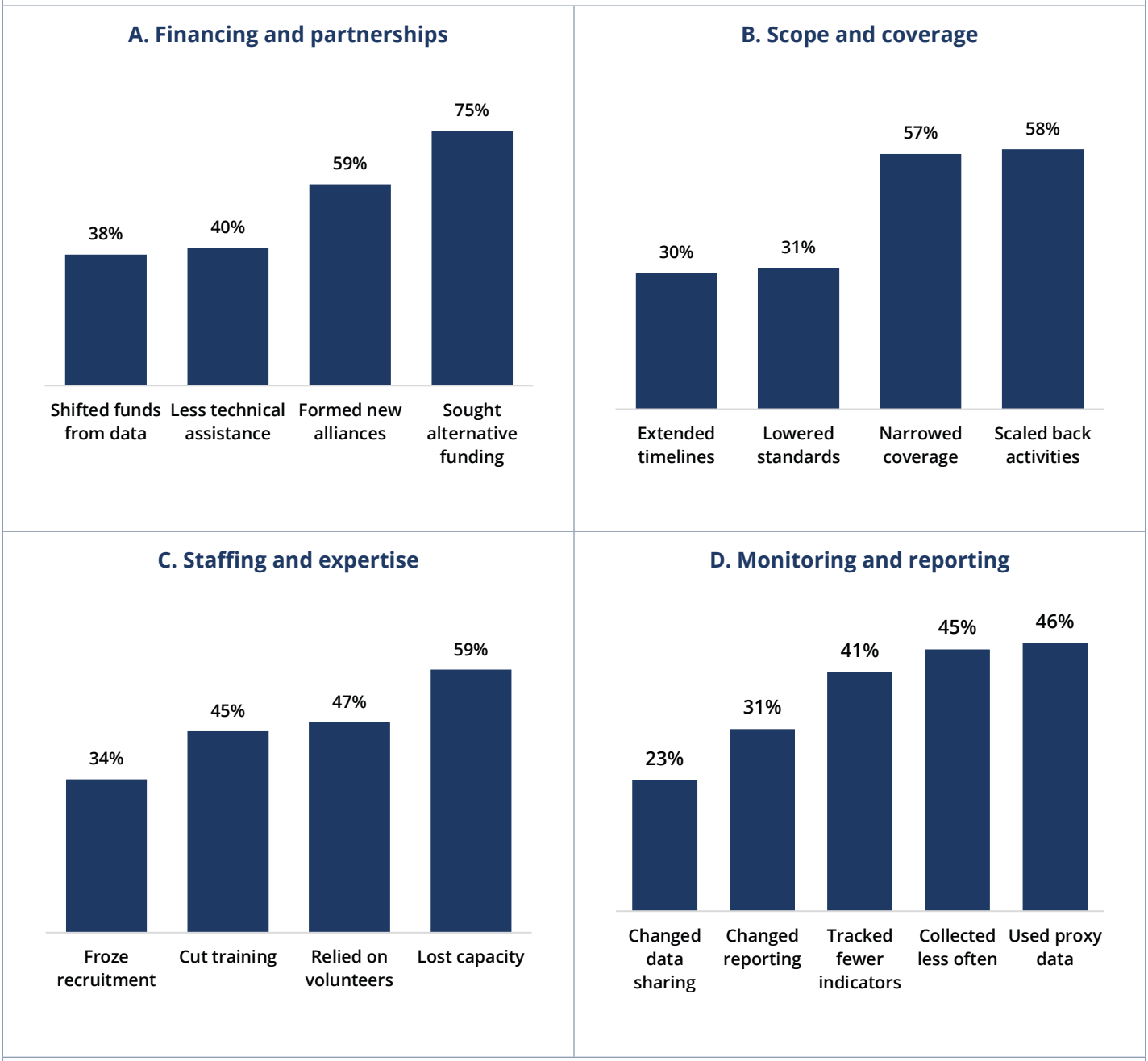


Finding 3. Data work is shrinking, and some data will no longer be collected

Respondents whose data work was affected were asked how their organizations are adapting or planning to adapt to funding reductions. Most are seeking new funding and partners, and many are reducing the scope, frequency, and staffing of their data work (Fig. 4).

Figure 4

Adaptations to funding reductions
(n=235 affected respondents; multiple responses allowed)

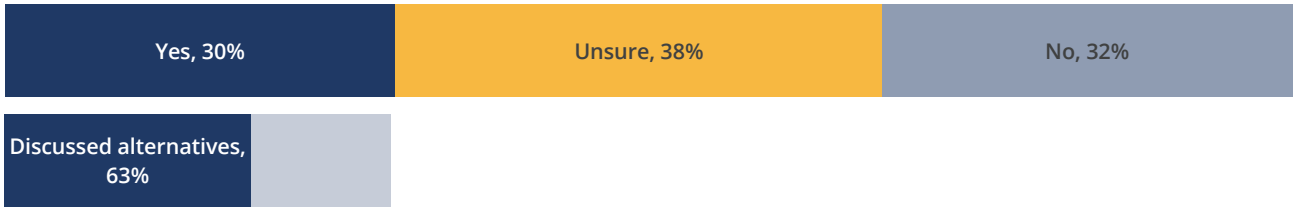


Note: The survey gave examples under some options. "Changed reporting" included fewer review meetings and delayed reporting cycles. "Changed data sharing" included more restricted access to data. "Less technical assistance" covered receiving or providing it. "Relied on volunteers" included health workers.

Country-level respondents expected some previously collected data to stop being collected, and most of those anticipating data loss had discussed alternatives (52 of 82 respondents) (Fig. 5). Respondents who reported discussing alternatives were asked to select the sources being considered from a predefined list of sources. The UNICEF Multiple Indicator Cluster Survey (MICS) was the source selected most often (29 respondents), followed by nutrition-specific surveys (26), surveillance systems (25), administrative or routine data (23), the Household Consumption and Expenditure Survey (HCES) (23), and the Living Standards Measurement Study (LSMS) (19).

Figure 5

Country-level respondents expecting data loss, and those discussing alternatives
(n=270; n=82 among those expecting data loss)





Innovations to strengthen nutrition data work

All respondents were asked for ideas or innovations to strengthen nutrition data work, and 85 provided at least one response. These ideas were grouped into 10 categories organized by the stages of the nutrition data value chain, a framework illustrating how information systems turn data into evidence for decision-making. The stages include prioritization, collection, curation and analysis, and communication and use, supported by cross-cutting enablers.

Stage[1]	Category	n	Examples
Data collection	Timeliness and collection efficiency	33	• Integration of digitized community health worker records into national reporting systems • Paper registers digitized for remote online data entry • Mobile data collection linked to dashboards that automatically edit data, for example by removing duplicates
	Data quality and measurement precision	7	• New laboratory methods for analyzing micronutrient status biomarkers • Biometric identification for tracking patients across visits • Quality checks on annual anthropometric measurements of children under 5
	Coverage expansion	6	• Participatory rural appraisal tools used with communities to collect and discuss data, suited to remote rural areas • Community health workers and caregivers reporting by mobile app or text message
Data curation and analysis	Data integration	19	• A national micronutrient data bank consolidating diverse data sources • Nutrition data integrated with health, agriculture, and economic information
	Analytical methods for targeting and prediction	21	• Early warning models using satellite, climate, and historical data to predict nutrition risks • Use of modeling to obtain more granular prevalence estimates of stunting, wasting, overweight, and micronutrient deficiencies • Machine learning applied to growth-monitoring records for rapid insights into child undernutrition
Communication and use	Decision support, dashboards, and sharing	9	• A dashboard containing country profiles, policies, and a data visualizer • A scorecard for tracking nutrition indicators across sectors • Geographic data used to direct food and nutrition supplies to children in emergencies
Multi-stage	Integrated systems and data-to-decision cycles	6	• An integrated dashboard consolidating routine health data, fortification compliance reports, and mobile field data with validation at entry • Community health workers collecting data in real time and managing cases at the household level
Cross-cutting enablers	Governance and country ownership	7	• Strengthening of government systems rather than parallel donor-led initiatives • National stakeholders' full access to and control over their data
	Capacity and staffing	9	• Dedicated data agent(s) in health districts for data entry, quality control, and analysis • Nutrition data modules in pre-service training • Allowances to help volunteers and health workers pay for internet and a smartphone for reporting
	Financing	7	• A matching fund that pairs donor contributions with domestic resources • Advocacy within ministries for budget allocation to nutrition data • A national pooled fund for a nutrition information system coordinating task force

1 No ideas or innovations were provided at the prioritization stage.

Activities to strengthen nutrition data work

All respondents were asked what their organizations are doing, plan to do, or would like to do to strengthen nutrition data work, and 212 provided at least one activity. Activities are grouped by the nutrition data value chain stage. The number of responses per activity is provided in parentheses.

	Prioritization	Data Collection	Data Curation & Analysis	Communication & Use
Currently doing	• Using indicators from national or global frameworks (10) • Joining externally led indicator-setting, such as United Nations workshops and technical working groups (9) • Choosing indicators to support own programs, studies, strategic plans, or donor reporting (7)	• Collecting priority indicators through routine health information systems such as District Health Information Software 2 (DHIS2), household surveys, and administrative data (12) • Collecting data through community health workers and field staff, sometimes with mobile forms (4) • Using standardized protocols and indicators across studies and countries (2)	• Storing data in structured databases with quality checks (4) • Storing and analyzing data in national systems such as DHIS2 (7) • Making data available through websites on request (3)	• Using data to adjust programs, target at-risk areas and households, and guide standards and budgets (12) • Sharing reports and policy briefs with stakeholders and government at coordination and review meetings (9) • Reporting back to communities and lower levels of the health system (4) • Using data in advocacy and policy dialogue (3)
Planning to do	• Harmonizing indicators with national systems and global frameworks (10) • Involving more stakeholders in prioritization (2) • Adding breakdowns of indicators by gender, age, and vulnerability (4)	• Expanding mobile data collection to more facilities and remote areas (11) • Conducting national micronutrient and food consumption surveys to collect more indicators (6)	• Improving data management systems and staff analysis skills for use beyond reporting (10) • Building centralized national and cloud-based platforms (6) • Standardizing coding, metadata, and protocols and integrating datasets (3) • Adopting dashboards for staff to access and visualize their data (3)	• Making data easier to use with dashboards, visualizations, and tailored policy briefs (10) • Feeding data back to field teams, communities, and districts (5) • Working with policymakers to use data in planning and policy (4)
Would like to do	• Setting up participatory processes with field staff and communities (5) • Standardizing indicator sets across national and global systems (6) • Building multi-sectoral indicator frameworks linking agriculture, health, and nutrition (4) • Using artificial intelligence (AI) and machine learning to identify and prioritize nutrition gaps by population group and region (2)	• Collecting real-time data with mobile tools, such as global positioning system tagging (4) • Adopting digital dietary assessment, geospatial mapping, and wearable devices (3) • Integrating data collection with government health systems (3)	• Developing interoperable platforms linking datasets across studies, sectors, institutions, and time (6) • Using real-time dashboards for decision-making (4) • Using advanced analytics and AI for forecasting and faster data validation (4) • Building repositories and integrated databases (6) • Strengthening capacity in data management and analysis (3)	• Providing interactive real-time dashboards, open-access platforms, and decision-support tools (6) • Building a culture of data use through links with policymakers and tailored tools (5) • Sharing data with communities and giving feedback to data providers (3)

Conclusions

Funding reductions are placing further pressure on already fragile nutrition information systems. This puts at risk decision-makers' ability to identify malnutrition, design intervention programs, and evaluate their effectiveness. The survey findings helped define the challenges facing nutrition information systems and the priority actions to address them, as set out in A Collective Action Plan for Nutrition Data. The Plan provides a shared agenda for stakeholders to coordinate efforts to address immediate disruptions and invest in more sustainable nutrition information systems.



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