



Guinea Bissau

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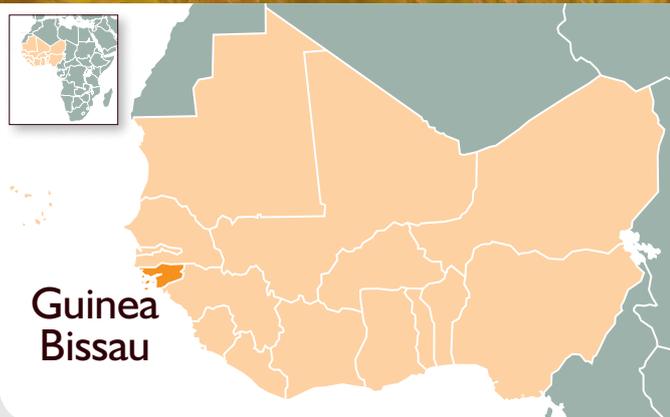


TABLE 1: 17 KEY NUTRITION INDICATORS

		WHA target	Nutrition status	Drivers
Children	U5 stunting			
	U5 wasting			
	U5 overweight			
	Low birthweight			
	Exclusive breastfeeding			
	Early initiation of breastfeeding			
	U5 anaemia			
	Minimum acceptable diet			
	Minimum dietary diversity			
Women of reproductive age	Anaemia			
	Wasting			
	Obesity			
	Minimum dietary diversity			
Adult	Sodium intake			
	Hypertension			
	Diabetes			
	Overweight and obesity			

Research objective

To enable data users to identify the best available data source for a set of 17 key nutrition indicators (see Table 1) according to priorities for the specific data use.

The purpose of this data profile is:

- To summarize all available primary data sources and secondary data aggregation platforms¹ for key nutrition indicators representative at the national level in Guinea Bissau.
- To assess the identified data sources for each indicator across four dimensions (see details in key to Table 2): (i) validity and comparability, (ii) timeliness, (iii) accessibility, and (iv) representativeness.
- To identify data gaps in the national data system to effectively track progress on nutrition and/or inform policy and program decisions for improving nutrition in Guinea Bissau.

¹ All types of data aggregation platforms were included such as scorecards and data visualization tools that reported on at least one of the target indicators for this assessment in a West African country.

² Global Nutrition Monitoring Framework: Operational Guidance for Tracking Progress in Meeting Targets for 2025, Geneva: WHO, 2017. Licence: CC BY-NC-SA 3.0 IGO.

³ World Health Organization NCD monitoring framework

⁴ Transform Nutrition West Africa inception report. 2018

The indicators included in this assessment cover maternal, infant and young child nutrition (MIYCN) status, underlying behaviours that drive nutritional status, and diet-related non-communicable diseases (NCDs). Several of the indicators track Guinea Bissau's progress on global nutrition targets.^{2,3} In addition, the selected indicators represent important regional nutrition challenges and priority issues.⁴

TABLE 2: ASSESSMENT OF PRIMARY DATA SOURCES

Indicators		U5 stunting	U5 wasting	U5 overweight	Low birthweight	Exclusive breastfeeding	Early initiation of breastfeeding	U5 anaemia	Minimum acceptable diet	Minimum dietary diversity	Anaemia	Wasting/thinness	Obesity	Minimum dietary diversity	Sodium intake	Hypertension	Diabetes	Overweight and obesity	
Population		Children									Women of reproductive age				Adults				
Primary source ⁵	Quality																		
Multiple Indicator Cluster Survey (MICS) (2014)	V	++	++	++	++	++	++		++	++									-
	T	++	++	++	-	++	++		++	++									-
	A	+	+	+	+	+	+		+	+									+
	R	++	++	++	++	++	++		++	++									++
Enquête nationale sur l'état nutritionnel des enfants de moins de 5 ans et des femmes en âge de procréer (15 à 49 ans) (2012)	V	++	++			++	++		++	++		++	++						-
	T	-	-			-	-		-	-		-	-						-
	A	-	-			-	-		-	-		-	-						-
	R	++	++			++	++		++	++		++	++						++

KEY TO TABLE 2

Dimension	List of items	Rating	
V Validity/ comparability	Does the data source use the specified global measurement method for the indicator or can it be calculated from other indicators in the dataset?	++	Uses the standard measure and specifies the method of measurement/calculation
		+	Uses the standard measure, but no information is given on the method of measurement/calculation
		-	Uses a different measure than the standard & the standard measure cannot be calculated from other indicators in the dataset
		?	The measure is not specified in any way
T Timeliness	Does the data collection respect the recommended frequency for the indicator?	++	Data collected according to the recommended frequency and last data collection within the window
		+	Data not collected according to the recommended frequency, but last data collection within the window
		-	Data not collected according to the recommended frequency and last data collection not in the window
		?	No information on the year of collection
A Accessibility	Are the results of the survey published?	++	Report and datasets publicly available
		+	Report publicly available and datasets available after authorization
		-	Report publicly available but datasets not available
		?	No information on the survey retrieved
R Representativeness	Is the survey representative at national and first-level administrative divisions?	++	Representative at national and first-level administrative divisions
		+	Representative at national level but not at first-level subdivision
		-	Subnational survey
		?	Representative at national level but no information on representativeness at first-level administrative divisions

⁵ https://westafrica.transformnutrition.org/wp-content/uploads/2019/06/DA_database_primary_sources_Final.xlsx

Search for all primary sources and data platforms completed in November 2018 and data quality validation completed in December 2018. See technical note for further details on search strategy and assessment approach: <https://westafrica.transformnutrition.org/output/data-integration-assessment-technical-note/>

TABLE 3: SECONDARY DATA PLATFORMS

Indicators	U5 stunting	U5 wasting	U5 overweight	Low birthweight	Exclusive breastfeeding	Early initiation of breastfeeding	U5 anaemia	Minimum acceptable diet	Minimum dietary diversity	Anaemia	Wasting/thinness	Obesity	Minimum dietary diversity	Sodium intake	Hypertension	Diabetes	Overweight and obesity
	Children									Women of reproductive age				Adults			
Data platforms																	
UNICEF/WHO/World Bank Group Joint Child Malnutrition estimates																	
Global health data exchange (IHME)																	
WHO data																	
Scaling Up Nutrition																	
World Bank Development Indicators																	
Our World in Data																	
Index Mundi																	
Global Nutrition Report																	
Countdown to 2030																	
Nutrition in the WHO African Region																	
Atlas of the African Health Statistics																	
Alive & Thrive/UNICEF country nutrition profile																	
UNICEF Global database on Infant and Young Child Feeding																	
UNICEF Global database on Iodized salt																	
UNICEF Global Low Birthweight database																	
Iodine Global Network																	
NCD Risk Factor Collaboration																	
Diabetes Atlas																	

 Data platform reports on indicator.

1 Primary data sources (Table 2) and data platforms (Table 3)

- Two nationally representative primary data sources were identified; the Multiple Indicator Cluster Survey (MICS) and the Enquête nationale sur l'état nutritionnel, which each cover nine indicators.
- Eighteen data platforms were identified. Some platforms (8) use data directly from primary data sources, mainly the MICS, although many use data from other platforms. The Global Nutrition Report covers the most indicators (14) followed by Countdown to 2030 (11).
- All indicators covering the World Health Assembly (WHA) targets are reported; except for anemia among women of reproductive age (WRA).
- Minimum dietary diversity for women of reproductive age (WRA) is not covered by any data source or platform.
- Anaemia among WRA; Under five (U5) anaemia; hypertension, diabetes, and obesity/overweight among the general adult population are not covered by any primary data source. Nonetheless, several platforms include modelled estimates of these indicators from the Lancet^{6,7,8} from unspecified sources, or other platforms.
- Indicators of child nutrition are covered by more data sources and platforms compared to indicators of adult nutrition.
- Indicators of nutrition status are covered by more data sources and platforms compared to indicators on nutrition drivers.

2 Assessment of primary data sources

- None of the data sources meet the highest standard across all four data source quality dimensions.
- All primary sources use the specified global measurement method for selected indicators, except for sodium intake.
- One data source (the Enquête nationale sur l'état nutritionnel) is out of date and not within the recommended frequency window for all reported indicators. The most recent data are from the MICS (2014), which is within the recommended frequency window for all reported indicators except for low birthweight and sodium intake, which are also out of date.
- A publicly accessible report is available for both data sources, however, only one data source (MICS) is accessible after receiving authorization, and the Enquête nationale sur l'état nutritionnel does not grant access to the datasets.
- Both data sources are representative at national level and at first-level administrative division.

3 Identification of data gaps

- No data are available on minimum dietary diversity, and anaemia among WRA; U5 anaemia hypertension, diabetes, and overweight/obesity among the general adult population.
- To report fully on the status of WHA targets data are needed on anaemia among WRA.
- There are no data sources on key indicators of diet-related NCDs in Guinea Bissau to report on NCD targets informatively.
- One data source is not timely and is out of date. To optimally inform policy and program processes and track progress, data should be collected within the recommended frequency for each given indicator.

⁶ NCD Risk Factor Collaboration (NCD-RisC) (2017). Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19·1 million participants. *The Lancet*, 389(10064), 37-55.

⁷ NCD Risk Factor Collaboration (NCD-RisC) (2016). Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4·4 million participants. *The Lancet*, 387(10027), 1513-1530.

⁸ NCD Risk Factor Collaboration (NCD-RisC) (2017). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128·9 million children, adolescents, and adults. *The Lancet*, 390(10113), 2627-2642.

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