

# **Guiding Principles for Rapid Nutrition Assessments**

**ENCU/DPPA**

31 March 2006

## CONTENTS

### ABBREVIATIONS

1. **BACKGROUND**
2. **OBJECTIVES**
3. **IMPLEMENTING STRATEGY**
  - 3.1. Criteria
  - 3.2. Team
  - 3.3. Activities
  - 3.4. Reporting and Decision Making
  - 3.5. Rapid Response Strategies
4. **METHODOLOGY AND ACTIVITIES**
  - 4.1. Selection of Geographical Areas
  - 4.2. Assessment Implementation
  - 4.3. Key Informant Interviews
  - 4.4. Focus Groups
  - 4.5. Transect Walk
  - 4.6. Screening
5. **REPORTING**
  - 5.1. Report Structure
  - 5.2. Report Summary Table

Form No. 1: Key Informant Interviews

Form No. 2: Checklist for Focus Group Discussions

Form No. 3: Checklist for Transect Walks

Form No. 4: Screening Data Collection

## ABBREVIATIONS

ARI	Acute Respiratory Infection
BoA	Bureau of Agriculture
DPPA	Disaster Prevention and Preparedness Agency
DPPB	Disaster Prevention and Preparedness Bureau
DPT3	Diphtheria, Pertusis, Tetanus
ENCU	Emergency Nutrition Coordination Unit
EPI	Expanded Programme on Immunisation
EW	Early Warning
EWU	Early Warning Unit
FGD	Focus Group Discussion
GRP	General Ration Programme
MoH	Ministry of Health
MoWR	Ministry of Water and Resources
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organisation
PA	Peasant Association
UN	United Nations
RA	Rapid Assessment
SFP	Supplementary Food Programme
STI	Sexually Transmitted Illness
TB	Tuberculosis
TFP	Therapeutic Feeding Programme
WFH	Weight For Height Index
WHZ	Weight For Height Index in Z-scores

## **1. BACKGROUND**

The use of Rapid Assessments (RA) is not new to Ethiopia as governmental and non-governmental organisations (NGOs), including the Disaster Preparedness and Prevention Agency, have been conducting them for some time. RA is a useful tool when the situation is deemed critical based on information generated by Early Warning Systems, and when time and/or resources do not allow for a standard emergency nutrition assessment to take place.

Rapid Nutrition Assessments can be undertaken as part of initial assessments to obtain an overview of the nutritional situation, and determine areas and population groups affected by an emergency. It is also reasonable to recommend and implement nutrition interventions temporarily based on RA results. However the RA should not be taken as a substitute for the standard nutrition assessment. Once an appropriate intervention has been identified, a standard emergency nutrition assessment should be conducted simultaneously with implementation.

In this document Nutrition Rapid Assessments refer to the collection of a combination of quantitative and qualitative information on the immediate and underlying causes of malnutrition (Health, Food Security, Water and Sanitation, etc) including quantification of the outcome, i.e. acute malnutrition. In order to standardise the methodology for Rapid Nutrition Assessments, the Emergency Nutrition Coordination Unit/DPPA has developed the present guiding principles.

## **2. OBJECTIVES**

- To verify whether flagged areas of concern by Early Warning (EW) reports are actually hot spots areas
- To assess whether there is a need for a standard emergency nutrition assessment
- To trigger an immediate response where acute needs are identified in specific areas or population groups

## **3. IMPLEMENTING STRATEGY**

### **3.1. Criteria**

Rapid nutrition assessments are triggered on the basis of secondary data/information generated by Early Warning Systems from the DPPA at Woreda, Zonal or Regional level, UN agencies and NGOs which show a decline in food security and/or unusual increase in mortality, malnutrition, disease outbreak and/or displacement of people.

### **3.2. Team**

The team undertaking a rapid nutrition assessment will ideally be interagency and interdisciplinary. Given the inherent time constraints of RAs and in order to ensure high quality data, team members who will be taking anthropometric measurements must have prior and extensive experience in measurement techniques and testing for oedema.

### **3.3. Activities**

Rapid nutrition assessments include key informant interviews, focus group discussions, transect walks and anthropometric measurements of children 6 – 59 months.

### **3.4. Reporting and Decision Making**

Data collected during the RA must be summarised throughout the field visit. Upon completion of the RA, preliminary data will be presented at an oral debriefing session with the EW committee at the Woreda level. Initial results/preliminary data are to be presented during the debriefing, while recommendations are to be

finalised at a later stage, following discussions with Regional authorities. Results must be presented in a written format to the ENCU/DPPA and should be shared with the EW department at Zonal and Regional levels [See recommended report format in section 6.2]. If during the debriefing session it is mutually decided that the results exceed the capacity at the Woreda level, external assistance may be required.

The decision making authority on the choice and implementation of appropriate interventions vary from situation to situation and from place to place. Decisions can normally be made at Federal or Regional and to a lesser extent, at Woreda level. However, as interventions involve allocation of resources which is usually done at Federal level, the Federal DPPA, MoH or MoWR, depending on the type of interventions, may be the appropriate decision makers on the need for and type of intervention. However, this should not exclude the Regional and/or Woreda offices from the decision making process or mandate. In conclusion, it is necessary that the decision on the need for intervention as well as the types of interventions to be implemented be handled on a case-by-case basis.

### **3.5. Rapid Response Strategies**

As part of the initial debriefing, joint agreements must be made when life-saving interventions are deemed necessary based on the results of the RA and the overall evaluation of the area assessed. The following points must be considered when determining the appropriate intervention:

- If the capacity (staff, expertise to follow National guidelines, facilities, supplies, etc.) of the local facilities is overwhelmed by the high prevalence of acute malnutrition, capacity building of existing facilities or interventions by non-governmental agencies will be required for implementation.
- Consideration of other aggravating factors in the assessed area (i.e. Health, Food Security, Socio-Economic Status, Water and Sanitation, etc.)

## **4. METHODOLOGY**

### **4.1. Selection of Geographical Areas**

The selection of the localities to be assessed within the woreda of interest is based on purposive sampling, i.e. the worst affected Kebele are selected for the assessment. The process of selecting worst affected Kebele is undertaken in conjunction with the Woreda. Typically, Kebeles have been categorized by the Woreda Administration into three categories: *worst affected*, *close monitoring* and *normal*. However to date there is no standardised procedures and criteria for categorization of Kebeles. Though a number of indicators are taken into account, i.e. crop production, livestock condition, market prices there is no pre-determined benchmarks for each indicator. Thus categorization of Kebele is rather subjective and prone to bias. It is therefore recommended to randomly select three Kebeles from those categorized as the *worst affected*. The purposive sampling followed by a random sampling allows for the team to assess a subset of Kebeles deemed most affected by the current crisis.

Note: with purposive sampling specific localities are deliberately selected because they represent a certain situation rather than the situation of the whole area. Therefore the assessment findings are not representative of and cannot be extrapolated to the whole area.

### **4.2. Assessment Implementation**

The following activities are expected to be implemented during a rapid assessment:

- Meet Woreda officials
- Request for designation of volunteers to assist in translation and with other RA activities
- Carry out Key Informant interviews with Woreda officials
- Randomly select three Kebeles
- Carry out key Informant Interviews with Kebele officials

- Request for information of the community for anthropometry for following days by Kebele officials
- Carry out Focus groups discussions
- Carry out transect walk
- Carry out anthropometric measurements

Depending on the number of teams, ideally two teams, it is anticipated that the full RA will take 3 days.

#### **4.3. Key Informant Interviews**

Key Informant interviews should be carried out with as many of the following persons as possible: Heads of Woreda Administration, Woreda Health Bureau, Rural Development/Agriculture, Water Bureau, DPPB and the Kebele chairperson, representative staff from health facility (if exists). These officials will be able to provide specific information used in forming an overview and establishing a background of the situation in the Kebele. It may be appropriate to undertake other interviews with elders, church leaders, officials (education, health) or other members of the community that can give specific information that is relevant to the assessment.

#### **4.4. Focus Groups**

In the selected Kebele Focus Group Discussions (FGD) are carried out to gather qualitative information reflecting community perception and perspective of the overall health, food security and nutritional situation in the area. Each group typically consists of 8-12 homogenous (by sex) participants selected from the village. When in the village, you should request volunteers to participate in the focus group; generally people are happy to volunteer. The facilitator should introduce the focus group and assure participants that they can speak freely on any number of issues that they may be facing.

Central to the facilitator's role is the ability to passively guide the discussion and foster a dialogue. He/she should be able to facilitate the discussion from a neutral position while the translator should also be someone with no vested interest in the results of the focus group discussion.

With these guidelines in mind, the checklist is prepared to assist in facilitating the focus group discussion, and should not be used as a series of questions asked to the group. The list is prepared in a question format, and a question may occasionally be used to stimulate further discussion, but should not be systematically worked through, as this would undermine the nature of the discussion.

#### **4.5. Transect Walk**

In the same selected Kebele, Transect Walks must be carried out. This involves visual observation of the prevailing conditions in the Kebele and households. It is imperative that the team ask permission to enter randomly selected households while walking from one end of the village to the other. Time must be taken at the end of the day one to complete the summary form - one form completed per Kebele visited- (Use Form No 3).

#### **4.6. Screening**

##### **▪ Indicators**

The Mid Upper Arm Circumference (MUAC) is recommended considering that it is the rapid assessment tool *par excellence*- it is quick, simple and cheap. The presence of nutritional bilateral oedema is also assessed.

Note: one has to bear in mind that there is a number of limitations associated with the use of MUAC to determine the rate of malnutrition as an alternative of Weight for Height. This includes the lack of agreed reference value for moderate malnutrition, the use of a single cut-off point to classify children aged 6-59 months, the poor correlation between MUAC and WFH in some population groups. Based on available data from nutrition surveys undertaken in non-pastoralist populations of Ethiopia a MUAC cut-off of 125 mm is expected to provide similar estimate of malnutrition as a WHZ below – 2 z-scores. It is however anticipated that there would be a great discrepancy between the two estimates in pastoralist populations. Data from

previous surveys conducted in Somali region showed that MUAC underestimated consistently malnutrition rates as compared to WHZ.

The MUAC cut-off points recommended are 110 mm for severe malnutrition<sup>1</sup> and 125 mm for moderate malnutrition. The case-definitions for acute malnutrition are, as follows:

Severe Acute Malnutrition: MUAC < 110 mm and/or presence of bilateral oedema

Moderate Acute Malnutrition: 110 mm =< MUAC < 125 mm

Global Acute Malnutrition: MUAC < 125 mm and/or presence of bilateral oedema

MUAC values and presence of oedema are recorded in the data collection form (Form No 4). At a later stage the prevalence rates are calculated with the following steps:

- 1- determine the number of children with oedema = A
- 2- determine the number of children with MUAC < 110 mm but without oedema = B
- 3- determine the number of children with 110 mm =< MUAC < 125 mm but without oedema = C
- 4- severe acute malnutrition will be A + B
- 5- global acute malnutrition will be A +B +C
- 6- calculate the rates of malnutrition

- **Target population:** children from 6 to 59 months or 65 to 110 cm of length/height
- **Sampling of children**

Children should be selected by using the house-to-house method. This method should be strictly followed to avoid child selection bias. When children are gathered at a central location for measurement some of the children are inevitably missed out. Younger or older children might be preferably brought while sick/malnourished children might be brought or left at home. Therefore calling children in the centre of a locality can result in significant bias in child selection, and in turn results in over- or under estimation of malnutrition, bearing in mind that it is not possible to determine the direction of the bias.

Two methods of sampling are proposed according to the population size (or number of households) and density of the locality under assessment: exhaustive sampling for small and scattered localities and systematic sampling for large and concentrated localities. In both cases a plan or map showing all households and the location layout is required. These 2 approaches will need first to be tested in the field in order to determine in which context they are the most appropriate. Meanwhile it is recommended to use the exhaustive approach in pastoralist settings and adopt a pragmatic approach to decide whether to go through the whole locality exhaustively or systematically in sedentary populations.

Note: if for some reasons the house-to-house method cannot be applied there is little added value in including MUAC screening into the rapid assessment. It is then preferable to leave out the anthropometric component and solely collect qualitative and quantitative information on the immediate and underlying causes of malnutrition.

## 5. REPORTING

### 5.1. Report Structure

#### 1. Summary Table

Key indicators and Recommendations/priority actions

---

<sup>1</sup> Approved and recommended by WHO since November 2005 as an independent case definition in 6-59 months old children

2. Background Woreda/Kebele

Overall goal of the assessment, Historical information - pre-famine conditions

Kebeles/Peasant Associations (PAs), Woredas, Zone, and the Region

Estimated population size and Under Five population, population density, land holding size

Agro-ecological zone - Highland, mid-land, or lowland (Dega, Woina Dega, Kola) or livelihood zone

3. Health

Mortality & morbidity, Vaccination status, Health surveys - significant findings to date

4. Nutrition

WFH and oedema, rates of global and severe acute malnutrition for the kebeles assessed

Nutrition surveys to date - significant findings

5. Food security

General food ration/supplementary feeding/TFC or CTC– amounts, occurrences, etc.

Distribution of seeds, implements, fertilizer, Subsistence and livestock

6. Water and sanitation

Safe drinking water

Latrine availability/use, open-air defecation

7. Recommendations and conclusions

8. List of contacts

People and organizations spoken to, contact number (if available)



## 5.2. Report Summary Table

<b>Team</b>	
-------------	--

<b>Objective</b>	
------------------	--

<b>WOREDA (Population)</b>	<b>KEBELE (Population)</b>	<b>ASSESSMENT DATE</b>	<b>MAIN ACTIVITIES</b>

<b>Kebeles</b>		<b>Average size family</b>	
----------------	--	----------------------------	--

<b>Indicator</b>	<b>Nutritional status</b>	<b>Number</b>	<b>Percentage</b>
Oedema = A	Kwashiorkor	$N_A$	$N_A / N \times 100$
MUAC < 110 mm = B	Severe wasting	$N_B$	$N_B / N \times 100$
110 =< MUAC < 125 = C	Moderate wasting	$N_C$	$N_C / N \times 100$
MUAC >= 125 mm = D	Well-nourished	$N_D$	$N_D / N \times 100$
<b>Total</b>		<b>N</b>	
A + B	Severe acute malnutrition	$N_{A+B}$	$N_{A+B} / N \times 100$
A + B + C	Global acute malnutrition	$N_{A+B+C}$	$N_{A+B+C} / N \times 100$

<b>Health</b>	
---------------	--

<b>Water</b>	
--------------	--

<b>Crops/Livestock:</b>	<b>Status:</b>	<b>Issues:</b>

<b>NGOs</b>	
-------------	--

<b>Beneficiary number</b>	Drought affected:	Close monitoring:
<b>Food aid</b>	General ration Ration size:	Targeting:

### Main Problems identified

•
---

### Recommendations

•
---

**Form No. 1**  
**Key Informant Interviews**

**Date** \_\_\_\_\_ **Woreda** \_\_\_\_\_ **Kebele** \_\_\_\_\_

Name of Interviewee	Position	Contact details

**1. Introduction**

1 What is your perception of the current situation (cause and outlook) in this Woreda?

---

---

---

2 What are the pre-emergency conditions in the affected area?

---

---

---

**2. Geographical characteristics of the RA site:**

Provide brief description of the geographical, ecological and demographic characteristic of the Woreda with the following information:

- 2.1 Location in the Zone \_\_\_\_\_  
2.2 Number of Kebele \_\_\_\_\_  
2.3 Number of villages \_\_\_\_\_  
2.4 Agro-ecological area \_\_\_\_\_  
2.5 Topographic characteristics \_\_\_\_\_  
2.6 Population density \_\_\_\_\_  
2.7 Population of Woreda \_\_\_\_\_  
2.8 Population of Kebele \_\_\_\_\_

**3. Socio economic status:**

3.1. What are the main livelihoods of population in woreda, give-estimated percentage of families engaged in each of the following livelihood category?

Agriculture: \_\_\_\_\_ Livestock: \_\_\_\_\_  
Petty trade: \_\_\_\_\_ Skilled labour: \_\_\_\_\_  
Unemployment: \_\_\_\_\_ Gov.job: \_\_\_\_\_

**4. Health facilities:**

4.1. Outline the health facilities in the Woreda (ie hospital, clinic, health post etc): numbers, services provided, number of beds, number of doctors/nurses, electricity, refrigeration etc;

---

---

---

---

---

Type of health facility	Number	Kebele	Remarks
Hospital			
Health Centre			
Health Station/Clinic			
Pharmacy			
Drug shops			
EPI centers			
Others			

4.2. Are traditional practitioners available in your Woreda:

TBA                      T Healers                      Bonesetter

4.3. What is the distance between the peripheral parts of Woreda and the health facility? (hours walking) \_\_\_\_\_

4.4. List the top 5 diseases at this time, and this time last year (<5 years & >5 years) (Malaria, ARI, Diarrhoea, Kwashiorkor, Marasmus, Measles, Dysentery, Meningitis, STI, TB etc);

No	Disease	This Year		Last Year	
		<5	>5	<5	>5
1					
2					
3					
4					
5					
Total					

4.5. What are the main diseases/epidemics in the last three months?

---

4.6. What is the DPT3 coverage for the last year?

- Has there been a measles /vitamin A campaign recently?      Yes          No
- When did it take place?      \_\_\_\_\_
- What was the coverage?      \_\_\_\_\_

## 5. Water and sanitation:

5.1. What is the main source of drinking water in Woreda and in Kebele?

- 1.
- 2.
- 3.

5.2. What is the approximate percentage of population with easy access to safe drinking water in your Woreda/ Kebele: \_\_\_\_\_ % of population?

5.3. Explain the water drainage system of your Woreda/Kebele? Is there stagnant water? \_\_\_\_\_

## 6. Food, food safety and food security:

6.1. What is the staple food of the area?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

6.2. Is the staple food available all the time? \_\_\_\_\_

6.3. Food distributions in the Woreda/Kebele

	General Ration	SFP	TFP
--	----------------	-----	-----

Start date			
Current beneficiary numbers			
Number of Kebeles targeted			
Ration size & composition			
Implementing agency			

**7. Emergency indicators:**

7.1. Are there any unusual deaths due to the current drought emergency? If yes, can you estimate the numbers of death? Which age group is the most affected?

7.2. Is there any unusual migration due to the recent crisis? If yes, where have they migrated to?

7.3. Are the Kebeles categorized by the level of crisis (worst affected, close monitoring, normal). If yes, what are the criteria for categorization, who defines the categories?

---



---



---

7.4. Is there any kind of intervention carried out by government or agencies to decrease the impact of the present crises?

**Form No. 2**  
**Checklist for Focus Group Discussions**

---

**INTRODUCTION**

- What is your perception of the event (the cause and the outlook)?
- How is life in the community?
- Discuss types of problems currently faced?
- Outline the pre-emergency conditions in the affected area (for example determine when the last good year in the community was and ask about conditions then)?
- In the current situation what is the adequacy of security and prevalence of violence/theft?
- What are the priority needs of the affected population (i.e.: shelter, etc.) at the moment?
- What is the average household size?

**HEALTH**

- What are common health problems people face – certain groups/water related?
- Who are the most vulnerable people in the community (orphans, female headed households, sick and or elderly)?
- Outline the current access to food, water (quality) and shelter
- Outline the adequacy and limitations of sanitation/number of latrines in the community?
- What health facilities are available to the community (adequacy of services, distance to, free of charge etc)?
- Have there been any epidemics in the community in the last 3 months?
- What is the overall opinion of the health services for the community?
- Are there local remedies for health problems, and are they widely use?
- Is there any unusual increase in mortality in the last 3 months? Give details

**NUTRITION**

- What was the main food consumed in the household in the past four weeks?
- What type of food did you prepare for your family yesterday?
- How many meals a day are you and your family eating?
- What is the typical diet at this time of year (i.e. in a good year)?
- What are the child feeding practices (exclusive BF, weaning practices)?

**FOOD SECURITY**

- What are the main sources of food at the moment? Rank the following
  - Own production
  - Own stock/ store from previous harvest
  - Purchase from the market
  - Borrowing from friends/ relatives/ neighbours
  - Food Aid
  - Others (specify)
- Is there Food Aid in the Kebele? Give details of food distribution (type and ration distributed per household; how often; when was the last distribution; is it easy to collect the food; how far is the distribution site?) and outline the future food needs of the community?
- What is the condition of livestock health? Are there any outbreaks of animal disease? Is there adequate access to pasture /forage? Is there adequate water for livestock and what is the distance to it?
- What are the crops grown? What is the condition of these crops?
- What farming implements do people have? Do they have seeds and fertilizers for the next planting season? Outline the future seeds needs of the community, types of seeds required and when they are required.
- What are the current market prices and the Terms of Trade ((grain vs livestock)? How do they compare to the same time of the year in a normal year? (this information needs to be crosschecked with Woreda Officials / or verified by visiting a market)
- What are the causes of food insecurity in this area?
- What are the coping mechanisms used (i.e. migration, sale of assets, reduction of number of meals per day, wild food consumption etc)?

**Form No. 3**  
**Checklist for Transect Walks**

**Date** \_\_\_\_\_ **Woreda** \_\_\_\_\_ **Kebele** \_\_\_\_\_

**Environmental health**

**WATER**

- Type of water sources,

Water Sources	All Year Round				Quality
Spring (protected)	Y		N		
Spring (unprotected)	Y		N		
Pond	Y		N		
River	Y		N		
Shallow Well	Y		N		
Bore Hole	Y		N		
Water Harvesting	Y		N		
Other					

- Water storage/use re-use
  - Y  N
  - o distribution points Y  N
  - o washing areas Y  N
- Distance from water sources to settlements/villages \_\_\_\_\_

**SANITATION**

- Latrines facilities: availability Y  N  Estimate coverage: \_\_\_\_\_
- Evidence of garbage Y  N

**VECTOR CONTROL**

- Do you observe any of the following;

Vector breeding sites			Stagnant Water			Uncovered pit latrines			Uncovered water containers		
Y		N	Y		N	Y		N	Y		N

- Do you observe an obvious problem with:

Insects/Pests	Y	N	Insects/Pests	Y	N	Insects/Pests	Y	N
Flies			Mosquitoes			Rodents		
Fleas			Lice			Cockroaches		
Bedbugs								

- State of housing Good  Average  Poor

**Food security**

- Are any of the following foodstuffs seen in households

Foodstuff <sup>2</sup>	Y	N	Foodstuff	Y	N	Foodstuff	Y	N
Cereals			Roots/Tubers			Dark Green Leaf		
Vegetables			Fruit			Pulses / Nuts		
Meat / Fish			Egg / Dairy			Oil / Fat		
Sugar			Wild Foods			Food Aid		

Others (list) \_\_\_\_\_

<sup>2</sup> Cereals (teff, wheat, barley, rice), Roots/Tubers (sweet potatoes), Dark Green Leaf (spinach, wild green vegetables), Vegetables (tomato, onion, carrot), Fruit (orange, papaya, mango), Pulses/Nuts (beans, lentils, chick peas), Meat, Dairy products (Milk/yogurt), Egg, Fat/Oil, Sugar and others (coffee, tea)

- Household food stock    Y     N

- Agricultural situation:

Crops Observed	Condition of crop	Comments

- Kitchen gardens;

Plants Observed	Condition of Plants	Comments

- Livestock condition;

Livestock Observed	Condition of Livestock	Comments

- Quality of pasture / forage                      Good       Average       Poor
- Availability of water for livestock            Good       Average       Poor

- If you observed a market, comment;

Produce Available	Abundance / Price	Comments
Grains		
Vegetables		
Livestock		

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form No. 4  
**Screening Data Collection - Children 6 – 59 months (65 cm – 110 cm)**

Date		Woreda		Kebele			
No	Sex (F/M)	Oedema (yes/no)	MUAC (mm)	No	Sex (F/M)	Oedema (yes/no)	MUAC (mm)
1				51			
2				52			
3				53			
4				54			
5				55			
6				56			
7				57			
8				58			
9				59			
10				60			
11				61			
12				62			
13				63			
14				64			
15				65			
16				66			
17				67			
18				68			
19				69			
20				70			
21				71			
22				72			
23				73			
24				74			
25				75			
26				76			
27				77			
28				78			
29				79			
30				80			
31				81			
32				82			
33				83			
34				84			
35				85			
36				86			
37				87			
38				88			
39				89			
40				90			
41				91			
42				92			
43				93			
44				94			
45				95			
46				96			
47				97			
48				98			
49				99			
50				100			