



Nutrition Humanitarian Needs Analysis Guidance for Piloting

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Overview of today's presentation



1. Purpose and steps of this guidance
2. List of indicators
3. Nutrition Situation Analysis
4. PiN Calculations
5. Questions and answers
6. Next steps

Purpose of the Guidance



This guidance does not

- Include (yet) Joint-Intersectoral Analysis Framework considerations – an *addendum* will be prepared once the JIAF methodology is ready.
- Aim to be **comprehensive/prescriptive** with its three scenarios nor lists of core indicators, particularly given the COVID-19 pandemic

This guidance aims to

- Provide a step-by-step guidance to guide discussions and **consensus-building** on situation analysis and nutritional needs analysis
- Be **iterative** as subsequent versions will be prepared once it is piloted or any new guidelines are released
- Ensure an evidence-based and results-oriented **collective** response

Steps of the guidance

Develop an annual
nutrition
assessment plan



Conduct a
Nutrition Situation
Analysis



Prepare key figures
for the HNO and
subsequent HRP

- Led by the in-country NIS TWG or equivalent
- Key considerations (e.g. seasonality) and reliability of data collection methods

Scenario-based approach:

1. Situations where an IPC Acute Malnutrition analysis can be conducted or utilized;
2. Situations where an IPC Acute Malnutrition cannot be conducted and GAM for children U5 is of primary concern (i.e. prevalence $\geq 5\%$)
3. Situations where GAM for children is $< 5\%$

Recommended « core » list of indicators



- For phase characteristics and thresholds of international standards for GAM and its contributing factors
- Meant to **streamline** this analysis process, not to override the extensive list of indicators that can be used for programming/monitoring purposes

Category	Alignment with IPC AMN framework	Core Nutrition Indicators to guide response planning	Humanitarian Consequence		Severity Scale based on IPC/OCHA phases					Sources used for the thresholds	
			US GAM ≥5% (Scenarios 1 and 2)	US GAM < 5% (Scenario 3)	Phase 1 Acceptable / Minimal	Phase 2 Alert/ Stress	Phase 3 Serious/ Severe	Phase 4 Critical/ Extreme	Phase 5 Extremely Critical/ Catastrophic		
Nutrition outcomes	Acute and chronic malnutrition	Prevalence of GAM based on WHZ<-2 and/or bilateral pitting oedema among children 0-59 months (if no data, use 6-59 months)	Physical and Mental Well-being		<5%	5-9.9%	10-14.9%	15-29.9%	≥30%	IPC Global Partners (2019) Integrated Food Security Phase Classification Technical Manual Version 3.0	
		Prevalence of GAM based on MUAC ^a <125mm and/or bilateral pitting oedema among children 6-59 months	Physical and Mental Well-being		<5%		5-9.9%		≥15%		Preliminary thresholds suggested by IPC Global Partners (2016) Integrated Food Security Phase Classification Technical Manual Version 3.0
					10-14.9%						
Prevalence of GAM based on MUAC<210-230mm (depending on the country's guidelines) among PLW	Physical and Mental Well-being		<12.6%	12.6-19.9%	20-24.9%	25-34.9%	≥35%	Preliminary thresholds based on Somalia's Food Security and Nutrition Analysis Unit (FSNAU)			
Prevalence of stunting based on HAZ <-2 among children 0-5	Living Standards	Physical and Mental Well-being	<2.5%	2.5-9.9%	10-19.9%	20-29.9%	≥30%	De Onis et al (2018) Prevalence thresholds for wasting, overweight, and stunting in children under 5 years			

Overview of « core » indicators

Also includes indicators of:

- WASH
- Immunization
- Health Status
- Availability of and access to health services
- Food Consumption

Category	Alignment with IPC AMN framework	Outcome Indicator Name/label
Primary Outcomes	Acute and chronic malnutrition	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)<-2 and/or bilateral pitting oedema among children 0-59 months (if no data, use 6-59 months)
		Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC) <125mm and/or bilateral pitting oedema among children 6-59 months
		Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210-230 (depending on the contexts) and/or bilateral pitting oedema among PLW
		Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 0-59 months
Contextual Factors*	Other causes	Prevalence of overweight based on weight for height Z-score (WHZ)>2 among children 0-59 months
	Acute malnutrition	Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)<210mm among Older People
*optional depending on the humanitarian situation		Micronutrient deficiencies
	Mortality indicators	
Key Contributing Factors		Immediate causes (Food consumption)
	Crude Death/Mortality Rate (deaths/ 10,000 persons/ day)	
	Underlying causes (Caring and feeding practices)	Under-five Death/Mortality Rate (deaths/ 10,000 children U5/ day)
		Minimum Dietary Diversity in children 6 to 23 months
		Minimum Acceptable Diet in children 6 to 23 months*
		*Requires Minimum Meal Frequency in children 6-23 months to be derived
Underlying causes (Caring and feeding practices)	Exclusive breastfeeding for infants 0-5 months	
	Infants 0-5 months that are not breastfed who have access to Breast Milk Substitutes (BMS) supplies and support in line with the Code and the IFE OG standards and recommendations	
Underlying causes (Caring and feeding practices)	Infants 6-11 months that are not breastfed who have access to Breast Milk Substitutes (BMS) supplies and support in line with the Code and the IFE OG standards and recommendations	
	Infants 6-11 months that are not breastfed who have access to Breast Milk Substitutes (BMS) supplies and support in line with the Code and the IFE OG standards and recommendations	

Conduct a Nutrition Situation Analysis



Prevalence of U5 GAM \geq 5%

Ideally use IPC Acute Malnutrition Analysis – otherwise:

- **Severity classification** uses U5 GAM based on WHZ (as thresholds are provided)
 - If not available, then U5 GAM based on MUAC
 - If not available, then PLW GAM based on MUAC
- Qualitative analysis of contributing factors

Prevalence of U5 GAM $<$ 5%

- **Severity classification** uses a proposed *scoring system* based on 10 indicators that takes into account both vulnerability of the target groups and indicators' reliability
- Qualitative analysis of contributing factors

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	No data
Acceptable/ Minimal	Alert/ Stress	Serious/ Severe	Critical/ Extreme	Extremely Critical/ Catastrophic	
No contributing factor	Minor contributing factor	Major contributing factor	Critical contributing factor		

Prepare key nutrition figures for the HNO

Identification of the **number of People in Need (PiN)** for each specific nutritional need in each geographical area based on the situation analysis of data/information.

A **minimum sub-set** of key nutrition-specific interventions:

Acute and chronic
undernutrition, overnutrition

Infant and Young Child
Feeding Practices

Micronutrient Deficiencies

Nutritional need (Essential Nutrition Actions)	Alignment with a <u>subset</u> of <i>High Impact Nutrition Interventions</i>	Potential population groups to include	<i>(Core)</i> Indicators and key considerations	PiN Calculation formulas
IYCF practices (Protection, promotion and support of optimum breastfeeding)	Establishment of IYCF safe spaces	-PLW -Caregivers with U2 girls and boys (if feasible, access via community leaders and champions)	<ul style="list-style-type: none"> Proportion of PLW counselled on IYCF Proportion of PLW participating in group sessions on IYCF <u>Exclusive breastfeeding (EBF) for children 0-5 months</u> <u>Infants (children 0-5 months) who are not breastfed who have access to BMS supplies and support in line with the Code and the IFE Operational Guidance's standards and recommendations</u> <u>Infants (children 6-11 months) who are not breastfed who have access to BMS supplies and support in line with the Code and the IFE Operational Guidance's standards and recommendations</u> 	<p>Number of PLW counselled (one-on-one) on IYCF = <i>Population figures x % of PLW x Proportion of PLW individually counselled on IYCF</i></p> <p>Number of PLW participating in group sessions on IYCF = <i>Population figures x % of PLW x Proportion of PLW participating in group sessions on IYCF</i></p> <p>Number of children 0-5 months in need of EBF support (disaggregated by sex and disability when available) = <i>Population figures x % of children 0-5 months x (1- EBF proportion)</i></p> <p>Number of non-breastfed children aged 0-5 months in need of BMS supplies and support²³ (disaggregated by sex and disability when available) = <i>Population figures x (# of non-breastfed children 0-5 months in need of BMS supplies and support surveyed / total children 0-5 months surveyed)</i></p> <p>Number of non-breastfed children aged 6-11 months in need of BMS supplies and support^{bid} (disaggregated by sex and disability when available) = <i>Population figures x (# of non-breastfed children 6-11 months in need of BMS supplies and support surveyed / total children 6-11 months surveyed)</i></p> <p>Number of non-breastfed children aged 0-11 months (disaggregated by sex and disability when available) = <i>Population figures x (# of non-breastfed children 0-11 months / total children 0-11 months surveyed)</i></p> <p>Number of children still breastfeeding at 1 year of age (disaggregated by sex and disability when available) = <i>Population figures x (# of children 12-15 months who are fed breastmilk / total children 12-15 months surveyed)</i></p>
	Counselling (one-on-one) -Community -Nutrition and Health facilities -Other settings (e.g. food and cash distributions, women-friendly spaces) as applicable			
	Counselling (group sessions) -Community -Nutrition and Health facilities -Other settings (e.g. food and cash distributions, women-friendly spaces) as applicable	-PLW -Caregivers of non-breastfed girls and boys 0-5 months, 6-11 months, and nutritionally vulnerable infants		

*: may include provision and support with BMS and BMS kit

Where data is unavailable, assume:

- 0-5 months comprise 1.8% of population:
- 6-11 months comprise 1.8% of population:
- PLW combined comprise 5% of population.

Nutritional need (Essential Nutrition Actions)	Alignment with a <u>subset</u> of High Impact Nutrition Interventions	Potential population groups to include	<u>(Core)</u> Indicators and key considerations	PIN Calculation formulas
Micronutrient deficiencies (Iron-containing micronutrient supplementation for children, adolescents, women during pregnancy and postpartum)	Iron or iron/folic acid supplementation	-Girls and boys 6-23 months of age (If resources allow, 6-32 or 6-59 months can be considered) -PW -WRA in populations where the prevalence of anaemia among non-pregnant women is 20% or higher -Women postpartum -Older women and men	<ul style="list-style-type: none"> <i>Prevalence of anemia Hb<11g/dl in children 6-59 months</i> <i>Prevalence of anemia Hb<11g/dl in PW</i> Proportion of children 6-59 months of age receiving micronutrient supplements that contain adequate iron Proportion of PW having received Iron-folic acid supplementation daily in previous 6 months/during pregnancy <p>In areas with high GAM prevalence rate, do not forget to subtract children with GAM as they receive RUTF/RUSF that already contain micronutrients</p>	<p>Number of anemic children 6-59 months (disaggregated by sex and disability when available) = Population figures x % of children 6-59 months x U5 anemia prevalence</p> <p>Number of anemic PW = Population figures x % of PW x PW anemia prevalence</p> <p>Number of children 6-59 months in need of iron supplementation (disaggregated by sex and disability when available) = Population figures x % of children 6-59 months x (1- Proportion of children 6-59 months having received micronutrient supplements that contain adequate iron)</p> <p>Number of PW in need of iron supplementation = Population figures x % of PW x (1- Proportion of PW having received micronutrient supplements that contain adequate iron)</p>
	Calcium supplementation during pregnancy	PW	<ul style="list-style-type: none"> Proportion of PW having received calcium supplementation during pregnancy Proportion of PW having received multiple micronutrient supplementation during pregnancy 	<p>Number of PW in need of calcium supplementation = Population figures x % of PW x (1- Proportion of PW having received calcium supplements during pregnancy)</p>
	Multiple micronutrient supplementation in pregnancy		<p>If no data exists assume PW comprise 2.4% of population (low income countries only)</p>	<p>Number of PW in need of multiple micronutrient supplementation = Population figures x % of PW x (1- Proportion of PW having received multiple micronutrient supplements during pregnancy)</p>
	Balanced energy protein supplementation during pregnancy and breastfeeding	PLW	<ul style="list-style-type: none"> Proportion of PLW having received balanced energy protein supplementation during pregnancy/breastfeeding <p>If no data exists assume 2.4% PW, 2.6% LW (low income countries only)</p>	<p>Number of PLW in need of balanced energy protein supplementation = Population figures x % of PLW x (1- Proportion of PLW having received balanced energy protein supplements during pregnancy and breastfeeding)</p>



Develop an annual nutrition assessment plan

- Indicator Registry
- Classification Thresholds



Conduct a Nutrition Situation Analysis

- Evidence Repository, Reliability
- Analysis team composition
- Scenario 2 Nutrition Analysis + contributing factors
- Scenario 3 Nutrition Analysis + contributing factors



Prepare key figures for the HNO and subsequent HRP

- Population Figures disaggregated by sex and age group
- PiN Spreadsheets with **automatic calculation**

Proposed next steps

GNC-CT will be supporting countries in the implementation of this guidance and collecting lessons learned and eventual changes for subsequent version.

OUR ASK:

- **To share this guidance and to encourage participation of your colleagues in the analysis at country-level**

Questions and answers

Any questions or queries, please contact me at:

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